

PIMS V. 5.3 ADT Module User Manual

The manual is broken down into the following PDF files.

User Manual - Menus, Intro, Orientation, etc.

User Manual - ADT Outputs Menu

User Manual - Bed Control Menu

User Manual - Contract Nursing Home RUG Menu

User Manual - Copay Exemption Test Supervisor Menu

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User Manual - Supervisor ADT Menu

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Revision History

Initiated on 11/5/04

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
7/2014	DG*5.3*850 (ICD-10 Implementation): <ul style="list-style-type: none"> Added the following section in ICD-10 Searches: <ul style="list-style-type: none"> ICD-10-CM Diagnosis Code Search ICD-10-PCS Procedure Code Search Updated Online Help section Changed ICD-9 to ICD in MST Outputs section 	Taraiza Bennett, VA PM Mike Klein, ICD-10 PM	Bob Thomas / Ellen Phelps
6/25/2011	DG*5.3*840 – ESR 3.5 VistA changes for PL111-163. Updated Query menu with CURRENT MOH INDICATOR field. Added Public Law 111-163 explanation to Priority Algorithm section. Updated glossary.	Jennifer Freese	Jill Headen
12/3/2010	DG*5.3*754 – ESR 3.1 VistA Added and removed fields in the PATIENT file (#2). Updated <i>Enrollment Priority Algorithm, PG 6</i> algorithm.	Jennifer Freese	Tom Hamilton
5/18/10	DG*5.3*754 – ESR 3.1 VistA <ul style="list-style-type: none"> Added addition fields in the PATIENT file (#2) will be uploaded as a result of the query reply in the Enrollment Query Process section. 	Brian Morgan	Tom Hamilton
11/17/09	DG*5.3*754 – ESR 3.1 VistA Changes to Priority Algorithm: <ul style="list-style-type: none"> New Special Treatment Authority Expiration date fields for Agent Orange and SWAC to the Means Test User Menu section. 	Lynne Case	Tavia Leonard

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
6/10/09	DG*5.3*803 – Priority Group 8 Changes <ul style="list-style-type: none"> Updated the <i>Enrollment Priority Algorithm</i> section and <i>Enrollment Priority Group</i> table Updated <i>Continuous Enrollment Rules</i> in <i>Enrollment Priority Algorithm</i> section 	Lynne Case	Tom Hamilton
3/30/09	DG*5.3*688 – Enrollment VistA Changes Release 2 (EVC R2) <ul style="list-style-type: none"> Updated Enrollment Priority Group 6 in Enrollment Priority Algorithm Added Project 112/SHAD Indicator to Enrollment Query Process section Changed <i>Environmental Contaminants</i> to <i>SW Asia Conditions</i>. 	Laura Prietula	Tavia Leonard Cory Spielvogle
1/29/09	Name change update - Austin Automation Center (AAC) to Austin Information Technology Center (AITC)	Kevin Jackson	Tavia Leonard
6/4/08	DG*5.3*644 – Home Telehealth – enhancements	Zach Fain	Corinne Bailey
9/6/07	DG*5.3*729 - PTF Fields No Longer Needed - enhancements	Zach Fain	Corinne Bailey
7/11/07	DG*5.3*653 – Enrollment VistA Changes Release 1 (EVC R1) – <ul style="list-style-type: none"> Added names of new pseudo SSN report options Updated Enrollment Priority Algorithm section for SHAD exposure Added new Z07 Build Consistency Check option Added Rule 8 to Continuous Enrollment Rules 	Laura Prietula	Karen Stella
11/3/06	DG*5.3*659 – Updating Ionizing Radiation exposure methods – revised Enrollment Priority Group 6 in the Enrollment Priority Algorithm table	Katherine Harris	Karen Stella
9/27/06	DG*5.3*717 – Continuous Enrollment Enhancements – revised the continuous enrollment rules in the Enrollment Priority Algorithm section	Katherine Harris	Karen Stella
7/14/06	DG*5.3*694 – Added new option, Invalid State/Inactive County	Katherine Harris	Karen Stella

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
	Report, to Registration Menu		
6/20/06	DG*5.3*702 - Edit Census Date Parameters option changed to display only	Carol Greening	Tim Dawson
3/22/06	DG*5.3*687 - Remove PTF Archive/Purge function	Carol Greening	Tim Dawson
2/21/06	DG*5.3*672 – Enrollment VistA Changes Early Release Added new option to Supervisor ADT menu. Updated continuous enrollment priority algorithm. Updated PG3 in enrollment priority algorithm.	Katherine Harris	Karen Stella
11/9/05	DG*5.3*658 – Address Updates. Added <i>Patient Address Update</i> option to Registration Menu and Option Index	Katherine Harris	Tom Hamilton
11/3/05	DG*5.3*635 Enhancements – PTF 801 screen updates	Jeff Podolec	Nancy Armitage
8/12/05	DG*5.3*624 - 10-10EZ 3.0 Enhancements	Melissa Livingston	Tom Hamilton
8/5/05	DG*5.3*666 Enhancements - add 2 options to Security Officer Menu	Zach Fain	Corinne Bailey
11/23/04	Manual updated to comply with SOP 192-352 Displaying Sensitive Data	Lyn Litwa	Corinne Bailey
11/5/04	DG*5.3*564 - HEC VistA Enhancements	Gerry Lowe	Thomas Hamilton

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Introduction

The PIMS User Manual is divided into modules, ADT and Scheduling. The PIMS ADT User Manual provides instructional guidance to a broad range of users within VA medical facilities in daily use of the Admission-Discharge-Transfer (ADT) Module of the PIMS software.

The ADT module of the PIMS package provides a comprehensive range of software dedicated to the support of administrative functions related to patient admission, discharge, transfer, and registration. The functions of this package apply throughout a patient's inpatient and/or outpatient stay, from registration, eligibility determination and Means Testing through discharge with on-line transmission of Patient Treatment File (PTF) data to the Austin Information Technology Center (AITC), (formerly the Austin Automation Center (AAC)). The ADT software also aids in recovery of cost of care by supplying comprehensive PTF/RUG-II and Means Test software.

Several features have been designed to maximize efficiency and maintain control over user access of specified sensitive patient records. The Patient Sensitivity function allows a level of security to be assigned to certain records within your database (i.e., records of employees, government officials, etc.) in order to maintain control over unauthorized user access. The Patient Lookup screens user access of these records. It also provides for efficient and faster retrieval of patient records and identifies potential duplicate patient entries.

The information gathered and maintained by the ADT software is available on-line to a broad range of users within the medical facility to assist in daily operations; providing for greater efficiency, reduction of paperwork, and minimization of error. The ADT software provides for efficient and accurate collection, maintenance, and output of data, thus enhancing your health care facility's ability to provide quality care to its patients.

With V. 2.2 of Order Entry/Results Reporting, OE/RR notifications for ADT may be displayed for admissions, death discharges, deaths, and unscheduled (1010) visits. The notifications (ADMISSION, DECEASED, and UNSCHEDULED (1010) VISIT) will be displayed for patients who are defined as members of a list in the OE/RR LIST file (#100.21). The recipients of the notifications would need to be defined as users in the same OE/RR LIST entry. The notifications will appear as "alerts" when the user is prompted to select an option from a menu. Please refer to the documentation for Order Entry/Results Reporting for more information concerning OE/RR notifications.

Introduction

ADT is fully integrated with the VA FileMan, thus allowing ad hoc reports to be extracted by non-programmer personnel. It is integrated with Version 2.1 of the Fee Basis software allowing Fee personnel to register patients through a select Fee option.

ADT includes the following menus:

- ADT Outputs Menu
- Bed Control Menu
- Contract Nursing Home RUG Menu
- Copay Exemption Test Supervisor Menu
- MAS Code Sheet Manager Menu
- Means Test Supervisor Menu
- PTF Menu
- Registration Menu
- RUG-II Menu
- Security Officer Menu
- Supervisor ADT Menu
- Veteran ID Card (VIC) Menu

The Eligibility Inquiry for Patient Billing option documentation and the Patient Inquiry option documentation can be found in the Registration Menu.

Other related materials are the PIMS Technical Manual, the PIMS Installation Guide, and the PIMS Release Notes. The Technical Manual is provided to assist the site manager in maintenance of the software. The Installation Guide provides assistance in installation of the package and the Release Notes describe any modifications and enhancements to the software that are new to the version.

The ADT module makes use of Current Procedural Terminology (CPT) codes which is an AMA copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the American Medical Association.

Introduction

The Eligibility/ID Maintenance Menu provides the options needed to accommodate VA/DOD sharing agreement requirements with regard to Patient Identification Number. For most medical centers, the PT ID will be the social security number of the patient and the SHORT ID will be the last four digits of the patient's social security number. For those sites with DOD sharing agreements using VA/DOD software developed by the Dallas CIOFO, the PT ID will be determined by the ID number given that patient by the military.

For most sites, each eligibility simply needs to be associated with the VA STANDARD format.

Other than The Primary Eligibility ID Reset (All Patients) option, the remaining six options would only be used by DOD sites using VA/DOD software developed by the Dallas CIOFO. They should not be run without Central Office and/or DOD approval/direction. Please contact your local CIOFO for guidance if you feel your site needs to utilize these options.

Documentation for the options in the Eligibility/ID Maintenance Menu can be found in the PIMS Technical Manual under the Implementation and Maintenance Section.

NOTE: MAS is an acronym for Medical Administration Service. This service, where it still exists, is now generally referred to as Health Administration Service. Several file names, option names, and reports in the PIMS software contain the initials MAS. These will be retained to avoid confusion and ensure continuity.

Orientation

How To Use This Manual

The ADT User Manual is provided in Adobe Acrobat PDF (portable document format) files. The Acrobat Reader is used to view the documents. If you do not have the Acrobat Reader loaded, it is available from the **VISTA** Home Page, “Viewers” Directory.

Once you open the file, you may click on the desired entry name in the table of contents on the left side of the screen to go to that entry in the document. You may print any or all pages of the file. Click on the “Print” icon and select the desired pages. Then click “OK”.

Each menu file contains a listing of the menu, a brief description of the options contained therein, and the actual option documentation. The option documentation gives a detailed description of the option and what it is used for. It contains any special instructions related to the option.

ICD-10 Searches

The ADT package provides the ability to search on International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes and International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) procedure codes.

NOTE: Existing ICD-9 functionality has not changed.

ICD-10-CM Diagnosis Code Search

The ADT ICD-10 diagnosis code search functionality allows the end user to select a single, valid ICD-10 diagnosis code and display its description. The ADT user interface prompts the user for input, invokes the Lexicon utility to get data, and then presents that data to the end user.

This search method provides a “decision tree” type search that uses the hierarchical structure existing within the ICD-10-CM code set, as defined in the ICD-10-CM Tabular List of Diseases and Injuries, comprising categories, sub-categories, and valid ICD-10-CM codes.

ICD-10-CM diagnosis code search highlights include:

- At least two characters must be entered to start a diagnosis code search.

- Text-based search using one or more words as search terms, finding matches based on full descriptions, synonyms, key words, and shortcuts associated with ICD-10-CM diagnosis codes, which are inherently built into the Lexicon coding system.
- The more refined the search criteria used (i.e., the more descriptive the search terms), the more streamlined the process of selecting the correct valid ICD-10 diagnosis code will be.
- The user is presented with a manageable list of matching codes with descriptions, consisting of any combination of categories, sub-categories, and valid codes. The length of the list of items that is presented is set to a default of 20,000. If the list is longer, the user is prompted to refine the search.
- The user can “drill down” through the categories and sub-categories to identify the single, valid ICD-10-CM code that best matches the patient diagnosis.
- Short descriptions for the valid ICD-10-CM codes display.
- Partial code searches are also possible, as is full ICD-10-CM code entry, for situations where all or part of the code is known.

ICD-10-PCS Procedure Code Search

The ADT ICD-10 procedure code search functionality allows the end user to select a single, valid ICD-10 procedure code and display its description. The procedure code selection is based on the individual characters of ICD-10-PCS codes. The user must enter at least one character of a code. The system displays the possible values for the next digit, so the user can build the procedure code dynamically. The ADT ICD-10 procedure code search utility provides the user interface, which prompts the user for input and invokes the Lexicon utility to get data and then presents that data to the end user for selecting either a single, valid ICD-10 procedure code character or ICD-10 procedure code.

This search method provides a “decision tree” type presentation which makes use of the specific ICD-10-PCS code format and structure, where all codes consist of seven characters, with each position in the code having a specific meaning, as shown in the following table:

Position	1	2	3	4	5	6	7
Aspect	Section	Body System	Root Operation/ Type	Body Part	Approach	Device	Qualifier

ICD-10-PCS procedure code search highlights include:

- This is a completely code-based search (i.e., not text-based). The user essentially “builds” the ICD-10 procedure code as they go, character by character.

- The user is presented with the list of possible values, with their descriptions, for each character (position) in the code, as they enter/select a value for each character.
- The list of options presented for each character is based on the values selected for each previous character up to that point. Initially, the user is presented with the list of possible values for character 1 (Section). Then, as the value for each character is entered/selected, the list of possible values for each subsequent character displays.
- Additional information (i.e. Definitions, Explanations, and/or Includes Examples) is provided along with the values and descriptions for each character, if applicable, to assist with the selection of the correct value.
- If part of the full ICD-10-PCS code is known, the user can enter the initial characters and the system displays the list of possible values for the subsequent character. Full code entry is also possible, if the full ICD-10-PCS code is known.
- When values for all seven characters have been entered/selected, the code and full description display for user verification. Short descriptions for the ICD-10-PCS codes display.

Orientation

On-line Help

When the format of a response is specific, there usually is a HELP message provided for that prompt. HELP messages provide lists of acceptable responses or format requirements which provide instruction on how to respond.

A HELP message can be requested by typing a "?" or "??". In some cases, such as at an ICD-10 Diagnosis Code or Procedure Code search prompt, typing "???" provides an additional level of help. The HELP message will appear under the prompt, then the prompt will be repeated. For example, perhaps you see the prompt

FACILITY TREATING SPECIALTY:

and you need assistance answering. You enter ? and the HELP message would appear.

Enter the TREATING SPECIALTY assigned to this patient with this movement.

This must be an active treating specialty.

Answer with FACILITY TREATING SPECIALTY NAME

FACILITY TREATING SPECIALTY:

For some prompts, the system will list the possible answers from which you may choose. Any time choices appear with numbers, the system will usually accept the number or the name.

A HELP message may not be available for every prompt. If you enter a "?", "??", or "???" at a prompt that does not have a HELP message, the system will repeat the prompt.

Enrollment Query Process

As part of the enrollment functionality provided by Patch DG*5.3*147, sites are able to query the Health and Eligibility Center (HEC) (formerly known as the IVM Center) for patient eligibility and enrollment information. The queries are generated automatically when you register a patient using the Register a Patient option.

You can also send a query for patient enrollment and eligibility data by using the new Send Query action of the Patient Enrollment option. When using the Patient Enrollment option to query HEC, you can choose whether or not you should be notified via a MailMan message when the reply is received. The status bar will display the status of the last enrollment/eligibility query sent for the specified patient, (whether or not a reply was received), and, if received, whether or not the reply resulted in patient data being uploaded to the local database. Use the Check Query Status action to check the status of an outstanding query.

Patch DG*5.3*147 established a new mail group, DGEN ELIGIBILITY ALERT, which is used when uploading eligibility data to notify the site of certain changes. HEC may also use the mail group to communicate with the site regarding patient eligibility. Local users who are responsible for maintaining patient eligibility information should be entered as members of this mail group.

There is no guarantee that you will receive the query reply immediately, but, in most cases, the reply should be received very quickly. You are allowed to proceed with your business without waiting for the reply. Within the Register a Patient option, the software checks every time you navigate between screens. If the reply has been received, and is currently being processed, you will be notified that "Upload of patient enrollment/eligibility data is in progress ..." and you will experience a short pause. The MS 3/9/05 registration software handles the receipt of the query reply similarly.

If HEC has an enrollment record for the patient being enrolled, the reply will contain that patient's enrollment record. If HEC has eligibility data on file, that data will also be included in the query reply. The data will be automatically uploaded to the PATIENT file (#2) and the PATIENT ENROLLMENT file (#27.11), unless a problem is detected. All the fields in the PATIENT ENROLLMENT file (#27.11) will be uploaded as a result of the query reply.

Enrollment Query Process

The following fields in the PATIENT file (#2) will be uploaded as a result of the query reply.

- ELIGIBILITY STATUS DATE
- ELIGIBILITY STATUS
- ELIGIBILITY VERIF. METHOD
- CLAIM NUMBER
- *CLAIM FOLDER LOCATION
- POW STATUS INDICATED?
- POW FROM DATE
- POW TO DATE
- POW LOCATION
- SC AWARD DATE
- TOTAL ANNUAL VA CHECK AMOUNT
- VETERAN Y/N?
- SERVICE CONNECTED?
- SERVICE CONNECTED PERCENTAGE
- COMBINED SC PERCENT EFFECTIVE DATE
- RECEIVING A VA PENSION?
- RECEIVING A&A BENEFITS?
- RECEIVING HOUSEBOUND BENEFITS?
- RECEIVING VA DISABILITY?
- DISCHARGE DUE TO DISABILITY
- MILITARY DISABILITY RETIREMENT
- AGENT ORANGE EXPOS. INDICATED?
- RADIATION EXPOSURE INDICATED?
- RADIATION EXPOSURE METHOD
- SW ASIA CONDITIONS?
- PRIMARY ELIGIBILITY CODE
- PATIENT ELIGIBILITIES ← *Uploaded data will replace the data currently in the file.*
- P&T
- UNEMPLOYABLE
- INELIGIBLE DATE
- INELIGIBLE REASON
- INELIGIBLE VARO DECISION
- ELIGIBLE FOR MEDICAID?
- DATE MEDICAID LAST ASKED
- PREFERRED FACILITY
- RATED DISABILITIES (VA) MULTIPLE, FIELD .3721, MULTIPLE 2.04
 - RATED DISABILITIES (VA) ← *Uploaded data will replace the data currently in the file.*
 - DISABILITY %
 - SERVICE CONNECTED
 - EXTREMITY AFFECTED
 - ORIGINAL EFFECTIVE DATE
 - CURRENT EFFECTIVE DATE
- CATASTROPHIC DISABILITY:
 - REVIEW DATE
 - DECIDED BY
 - FACILITY MAKING DETERMINATION

- DATE OF DECISION
- PROJECT 112/SHAD INDICATOR
- AGENT ORANGE EXPOSURE LOCATION
- SPINAL CORD INJURY
- CURRENT MOH INDICATOR

Enrollment Query Process

The HEC also has the capability of sending unsolicited updates of enrollment and eligibility data to local sites. An example of when HEC will use this capability is as follows: a veteran visits multiple facilities and reports a change to one of them. The other facilities will be automatically updated via an unsolicited update from HEC, which will contain the same data as the enrollment/eligibility query response.

Enrollment Priority Algorithm

This section describes the algorithm used to derive a patient's enrollment priority. The following is the General Counsel's interpretation of the law and the data elements associated with deriving each Enrollment Priority Group in **VISTA**. The priority algorithm uses the value of the data elements at the time the priority is derived. The value of the data elements used is then stored with the enrollment record. All groupings apply to patients who are veterans that are eligible for care.

Note that if the Means Test Status for a veteran is Required **or** a Means Test does not exist for a non-service-connected veteran or for a veteran who is 0% SC and is required to have a Means Test, Enrollment Priority Groups 5, 7 and 8 will not be determined until the Means Test is completed.

Unemployable SC Enrollment Priority Group Change:

Veterans who are unemployable and whose Service Connection is greater than 0%, and whose total check amount is greater than \$0, and who are not receiving VA Pension, A&A or HB will be enrolled in Priority Group 1 and be exempt of Pharmacy Copayments.

Relaxation of Priority Group 8 Enrollment Restrictions Change:

The 2009 Appropriations Act directed the Department of Veterans Affairs to support increased enrollment for veterans in Priority Group (PG) 8 with income exceeding the applicable Means Test (MT) or Geographic Means Test (GMT) threshold by 10% or less. In support of these enrollment rule changes, additional PG8 sub-categories 'b' and 'd' and continuous enrollment rules have been added for implementing changes in Enrollment to allow veterans with income equal to or less than 10% above the applicable Department of Veterans Affairs (VA) MT threshold or GMT threshold to be enrolled in the VA healthcare system.

Public Law 111-163 Change:

On May 5, 2010, the President signed into law, Public Law (PL) 111-163, the Caregivers and Veterans Omnibus Health Services Act of 2010. This law provides assistance to caregivers of Veterans and improves the provisions of healthcare services to Veterans. Section 511 prohibits collections of copayments from Veterans who are Catastrophically Disabled. This includes pharmacy copayments.

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
1	Veterans with service-connected disabilities rated greater than 0%	<p>[Unemployable is Yes AND SC >0% AND Total Check Amount >\$0 AND Receiving a VA Pension is No AND Eligibility Code of AID & ATTENDANCE is No AND Eligibility Code of HOUSEBOUND is No] OR [Service-Connected is Yes AND Service-Connected Percentage between 50 and 100%] OR [Eligibility Code of SERVICE CONNECTED 50% TO 100%]</p>
2	Veterans with service-connected disabilities rated 30% or 49%	<p>[Service Connected is Yes AND Service Connected Percentage between 30 and 49% AND Eligibility Code of SC LESS THAN 50%]</p>
3	<ul style="list-style-type: none"> Former prisoners of war Veterans who are awarded the Purple Heart Veterans with service-connected disabilities rated 10% or 20% Veterans discharged or released from active military service for a compensable disability that was incurred or aggravated in the line of duty Veterans who are in receipt of Section 1151 benefits 	<p>[POW Status Indicated is Yes] OR [Eligibility Code of POW] OR [PH Indicated is YES] OR [Service Connected is Yes AND Service Connected Percentage between 10 and 29% AND Eligibility Code of SC LESS THAN 50%] OR [Disability Ret. From Military is 2 for Yes, Receiving Military Retirement in Lieu of VA Compensation] OR [Discharge Due to Disability is YES] OR [Military Disability Retirement is YES]</p>

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
4	<ul style="list-style-type: none"> Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason being permanently housebound Other veterans who are catastrophically disabled 	[Receiving A&A Benefits is Yes] OR [Eligibility Code of AID & ATTENDANCE] OR [Receiving Housebound Benefits is Yes] OR [Eligibility Code of HOUSEBOUND] OR [Catastrophically Disabled is Yes]
5	Veterans who have annual income and net worth below the Means Test threshold	[Means Test Copay Exempt] OR [Eligible for Medicaid is Yes] OR [Receiving a VA Pension is Yes] OR [Eligibility Code of NSC, VA PENSION]
6	All other eligible veterans who are not required to pay a copayment for their care	[Eligibility Code of WORLD WAR I] OR [Eligibility Code of MEXICAN BORDER WAR] OR *[Agent Orange Expos. Indicated is Yes] AND [Agent Orange Expos. Loc. is Vietnam] OR [Radiation Exposure Indicated is Yes] AND Radiation Exposure Method is 2, 3, or 4] OR *[SW Asia Conditions is Yes] OR [Total Annual VA Check Amount is greater than 0] OR [Combat Veteran Eligible is Yes] OR [SHAD Exposure is Yes] AND SHAD Exposure is the sole reason for enrollment]
7	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index (a.k.a. GMT Threshold)	[GMT Copay Required] OR [Means Test is Pending Adjudication] Note: All Priority Group 7 veterans will be prioritized into a sub-category (a, c, e, or g) based on qualifications as noted.

* Agent Orange and SW Asia Conditions will include new Special Treatment Authority Expiration date fields that will be added to the MAS PARAMETERS file (#43). The initial

value of these fields will be null or empty. A subsequent patch will be released to populate the date fields once the expiration of the Special Treatment Authority is scheduled to expire. The assigning of newly enrolled veterans to Priority Group 6 determination rules whose AO Indicator is "Y" and Location is *Vietnam* and/or their SWAC exposure indicator is "Y" will be ignored if the Special Treatment Authority Expiration Date fields are not null or empty.

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
7a	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index (a.k.a. GMT Threshold)	<p>[GMT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Eligibility Code of SC LESS THAN 50% AND Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
7c	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index (a.k.a. GMT Threshold)	<p>[GMT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is No AND Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
7e	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index (a.k.a. GMT Threshold)	<p>[GMT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND NOT Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
7g	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index (a.k.a. GMT Threshold)	<p>[GMT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is No AND NOT Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
8	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold	<p>[MT Copay Required] OR [Means Test is Pending Adjudication] Note: All Priority Group 8 veterans will be prioritized into a sub-category (a, b, c, d, e, or g) based on qualifications as noted.</p>
8a	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold)	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Eligibility Code of SC LESS THAN 50% AND Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
8b	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold) plus 10%	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Initial enrollment date is on or after 1/1/2009 AND Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Not Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
8c	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold)	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is No AND Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
8d	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold) plus 10%	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Initial enrollment date is on or after 1/1/2009 AND Service Connected is No AND Not Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>

Enrollment Priority Algorithm

Enrollment Priority Group	Veterans Included	How They Qualify
8e	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold)	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is Yes AND Service Connected Percentage is 0 AND Total VA Check Amount is 0 or null AND Not Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>
8g	Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index (a.k.a. GMT Threshold)	<p>[MT Copay Required] OR [Means Test is Pending Adjudication AND Service Connected is No AND Not Enrolled on a date specified in the Federal Register and enrolled continuously thereafter (Refer to the continuous enrollment rules following this table). AND EGT is Type 4, Enrollment Decision]</p>

Enrollment Priority Algorithm

Continuous Enrollment Rules

To determine a veteran's current enrollment record for the purpose of continuous enrollment, ignore any records with an enrollment status in the following list and look to the most recent record that is not in one of these statuses:

- Pending Means Test Required
- Pending Purple Heart Unconfirmed
- Pending Eligibility Status Unverified
- Pending Other
- Pending No Eligibility Code
- Deceased
- Not Eligible; Ineligible Date
- Not Eligible; Refused to Pay Copay

Once the current enrollment record has been determined, the following rules will be executed in this order:

1. If the beneficiary's initial enrollment date occurred on or after 1/1/2009
AND
the most current financial assessment identifies income above the VA MT or GMT threshold (whichever is higher) by 10% or less
AND
the beneficiary is currently non-compensable 0% service-connected
THEN
the system shall continuously enroll and set the enrollment priority/sub-priority to 8b.

If the beneficiary's initial enrollment placed the veteran in an 8e
AND
is a 0% non-compensable service-connected veteran who submits a 2008 Income Year Means test or later
AND
the system calculates the income (income minus medical and educational expenses) to be under the VA MT threshold and Income plus assets are greater than or equal to \$80K
THEN
the system shall continuously enroll and set the enrollment priority/sub-priority to 8b.

Enrollment Priority Algorithm

2. If the beneficiary's initial enrollment date occurred on or after 1/1/2009
 AND
 the most current financial assessment identifies income above the VA MT or
 GMT threshold (whichever is higher) by 10% or less
 AND
 the beneficiary is currently non-service-connected
 THEN
 the system shall continuously enroll and set the enrollment priority/sub-priority
 to 8d.

 If the beneficiary's initial enrollment placed the veteran in an 8g
 AND
 is a non-service-connected veteran who submits a 2008 Income Year Means test
 or later
 AND
 the system calculates the income (income minus medical and educational
 expenses) to be under the VA MT threshold with Income plus assets greater
 than or equal to \$80K
 THEN
 the system shall continuously enroll and set the enrollment priority/sub-priority
 to 8d.
3. If the enrollment record is in a REJECTED enrollment status due to a manual
 override [at the HEC] (i.e., Enrollment Status Override =YES), it will remain in
 a REJECTED status unless the veteran is assigned to an enrollment priority
 group that is being accepted for enrollment
 OR
 until a new EGT is set that could qualify the veteran for enrollment
 OR
 the record in a REJECTED enrollment status is manually overridden [at the
 HEC] to ENROLLED.
4. If the enrollment record is in a REJECTED enrollment status, it will stay
 REJECTED as long as the veteran stays in an enrollment priority group that is
 not being accepted for new enrollment.

Enrollment Priority Algorithm

5. If the enrollment record is in a VERIFIED enrollment status due to a manual override [at the HEC] (i.e., Enrollment Status Override =YES), the veteran will remain ENROLLED until a new EGT is set that could disqualify the veteran from enrollment
OR
the record in an ENROLLED category is manually overridden [at the HEC] to a REJECTED enrollment status.
6. If the enrollment record is in a CANCEL/DECLINED enrollment status on or after the EGT Effective Date, it will be treated the same as a record in a REJECTED enrollment status. The veteran will not be continuously enrolled as long as s/he stays in an enrollment priority group that is not being accepted for new enrollments.
7. If the current enrollment record does not meet any of the conditions in Rules 1-6 above, the veteran's enrollment records will be evaluated from most current to earliest, with the following rules applied in this order:
 - If the earliest Effective Date of Change is prior to the EGT Effective Date, the veteran will be continuously enrolled.
 - If there is any Enrollment Application Date prior to the EGT Effective Date, the veteran will be continuously enrolled.
8. If the veteran has ever had a verified enrollment record with an eligibility in the following list, s/he will be continuously enrolled:
 - SC 10% or greater
AND
SC% is changed to SC 0% non compensable (total check amount \$0 or null)
 - Aid & Attendance = YES
AND
A&A is now not YES
 - Housebound = YES
AND
Housebound is now not YES

Enrollment Priority Algorithm

- VA Pension = YES
AND
VA Pension is now not YES
- AO indicator = YES
AND
Location = DMZ was entered prior to Enrollment System Redesign V. 3.0 (ESR) implementation.
- The CV End Date expires on or after the Enrollment Application Date (or, in the absence of an Application Date, the earliest Effective Date of Change)
AND
the CV End Date has not been removed.
- The veteran is enrolled due to a Means Test that qualifies for enrollment
AND
a subsequent income year Means Test was added or edited that would place the veteran in a priority group that is not being enrolled
UNLESS
the Means Test on the first verified enrollment record is edited to a Means Test Status that places the record in a priority group not being enrolled and veteran has no subsequent record that would qualify for enrollment
OR
the Means Test on the first verified enrollment record is converted by IVM to a Means Test Status that places the record in a priority group not being enrolled and veteran has no subsequent record that would qualify for enrollment.

Enrollment Priority Algorithm

9. If the enrollment record history does not support any of Rules 1-8 above
 AND
 the base priority is numerically greater than the EGT threshold
 THEN
 the decision is to REJECT enrollment.

10. If the veteran's SHAD Exposure indicator is changed to NO or deleted (by the HEC only)
 THEN
 the veteran may be placed in a REJECTED status
 AND
 the veteran will not be continuously enrolled if his/her sole reason for enrollment was SHAD exposure.

Military Sexual Trauma stand-alone Menu

The Military Sexual Trauma (MST) software provides the following stand-alone menu that can be added to the user's secondary menu.

MST Status Add/Edit

MST Outputs

- Print Statistical Report

- MST Summary Report

- Detailed Demographic Report

- MST History Report by Patient

Military Sexual Trauma stand-alone Menu

MST Status Add/Edit

This option is used to enter, edit, delete, and display new MST status codes for patients through a series of List Manager Screens. The EL Edit Entry and DL Delete Status Entry actions will only be allowed for entries that you make in the current session. You cannot modify entries made in previous sessions.

When you exit the option, HL7 messages are triggered to send the updated MST status, date MST status changed, and site determining MST status information to the Health Eligibility Center (HEC).

Military Sexual Trauma stand-alone Menu

MST Status Add/Edit

Screen Actions

Synonym	Action Name	Description
EP	Enter by Patient	<p>Displays the following information for each patient for whom entries were made during the current session.</p> <ul style="list-style-type: none">• Last four numbers of patient's SSN• Name of patient• MST status• Name of the provider who determined the MST status• Date of last status change <p>Prompts the user to enter the following information for each patient.</p> <ul style="list-style-type: none">• Patient's name• New/changed MST status• Date of new/changed status• Provider determining new/changed status
ES	Enter by Status	<p>Displays the following information for each patient for whom entries were made during the current session.</p> <ul style="list-style-type: none">• Last four numbers of patient's SSN• Name of patient• MST status• Name of the provider who determined the MST status• Date of last status change <p>Prompts the user to enter the following information for each patient.</p> <ul style="list-style-type: none">• New/changed MST status• Patient's name• Date of new/changed status• Provider determining new MST status/status change
EX	Expand Patient	<p>Displays the following information on the MST Status History Screen for the selected patient.</p> <ul style="list-style-type: none">• Status Date - date and time of the last status update• MST Status - single alpha character representing the MST status code entered for the selected patient• Site - primary station number of the site determining MST status• Provider who determined the MST status for the selected patient• User who entered the MST status for the selected patient
EL	Edit Entry	Edit status entries made in the current session only
DL	Delete Status Entry	Delete status entries made in the current session only
DP	Display Patient	Displays the MST Status History Screen for the selected patient and provides the same information as the EX action

Military Sexual Trauma stand-alone Menu

MST Outputs

Print Statistical Report

This option is used to print the MST Statistical Report. The report displays the number of new cases identified for MST and provides the following statistics for a user-specified date range.

Outpatient	Inpatient
<ul style="list-style-type: none">• Number of outpatient encounters related to MST• Number of outpatient encounters not related to MST• Number of unique outpatients treated for MST• Average number of encounters related to MST• Average number of encounters not related to MST• Number of male/female outpatient encounters by ICD code	<ul style="list-style-type: none">• Number of inpatient episodes related to MST• Number of inpatient episodes not related to MST• Number of unique inpatients treated for MST• Average number of inpatient episodes treated for MST• Average number of inpatient episodes not treated for MST• Total length of stay of inpatients treated for MST• Average length of stay of inpatients treated for MST• Number of male/female inpatient encounters by ICD code

Military Sexual Trauma stand-alone Menu

MST Outputs

MST Summary Report

This option is used to print the MST Summary Report. The report provides total overall patient count, total counts by patient gender, and the percentage of all patients for the following MST statuses within a user-specified date range.

Synonym	Status Name	Description
Y (YES)	Screened, Reports MST	Indicates that the patient has been screened and reports MST
N (NO)	Screened, Does Not Report MST	Indicates that the patient has been screened and does not report MST
D	Screened, Declines to Answer	Indicates that the patient has been screened and declines to answer
U	Unknown, Not Screened	Indicates that the patient has not been screened

Military Sexual Trauma stand-alone Menu

MST Outputs

Detailed Demographic Report

This option is used to print the MST Detailed Demographic Report. The report provides the following demographic data for user-specified MST status codes within a user-specified date range.

- SSN
- Name, address, and phone number
- Gender
- Eligibility Code
- Period of Service
- Service Indicator

The software prompts for the following sort criteria.

- MST status code - allows selection of multiple status codes
- Gender
- Period of Service - sorts the report by patient name or by period of service (and within period of service, by patient name)

Military Sexual Trauma stand-alone Menu

MST Outputs

MST History Report by Patient

This option is used to print the MST History Report. The report provides the following information from the MST HISTORY File (#29.11) for user-specified patient(s).

- Patient's name and SSN
- Status date(s) - date of the original status entry and date(s) of any status change(s)
- MST status code
- Site - primary station number of the site determining MST status
- Provider name
- Name of the person who entered the MST status

Home Telehealth stand-alone Menu

The Home Telehealth software provides the following stand-alone menu that can be added to the user's secondary menu.

Home Telehealth Menu

The following submenu options were created under the Home Telehealth Menu.

- Patient Sign-Up/Activation

- Patient Inactivation

- Patient Summary Report

- Transmission Report

Home Telehealth Menu

Patient Sign-Up/Inactivation

Patient Sign Up /Activation is the continuation of a process that is started by a Care Coordinator. Care Coordinators are licensed health care professionals who help veteran patients self-manage their condition.

The Care Coordinator creates a consult using VistA's Computerized Patient Records System (CPRS). After the consult is completed, an authorized Care Coordinator can sign-up/activate a patient needing Home Telehealth services through this option.

When adding a Home Telehealth patient, the user is required to enter information in the following fields: patient, vendor, consult number, and care coordinator. Upon completion of these required fields, the user is asked if they want to "send sign-up/activation". If YES, the patient information is sent to the Home Telehealth vendor server system via the Austin Interface Engine.

If the patient has already been signed-up with a vendor, that information will be displayed, and the user is asked if they want to continue the sign-up/activation.

Home Telehealth Menu

Patient Inactivation

This option allows the user to inactivate a Home Telehealth patient.

The selected patient's active Home Telehealth record is displayed. The user then enters the inactivation date and time.

Home Telehealth Menu

Patient Summary Report

This option is used to generate a report displaying a summary of all patients that have been signed up for Home Telehealth care for a specified date range. The user may sort the report by patient or transmission date.

Information provided for each patient on the report includes patient name, status (active/inactive), date of last change, and Home Telehealth vendor. Total numbers for active patients, inactive patients, and patient records are provided.

Home Telehealth Menu

Transmission Report

This report provides the Care Coordinator with detailed information pertaining to the transmission of the HL7 A04 (register) sign-up/activation message and the HL7 A03 (discharge) inactivation message. A HL7 A04 (register) message is transmitted through the Patient Signup/Activation option while a HL7 A03 (discharge) message is transmitted through the Patient Inactivation option.

The user must select a date range, message status, and one/many/all care coordinators. The report contains the following data.

Column Header	Description
Patient	Name of the Home Telehealth patient
SSN	Last 4 digits of the Home Telehealth patient's Social Security Number
HT Vendor	This is the name of the Home Telehealth vendor with which this patient is signed up.
Care Coordinator	Name of the Care Coordinator that has signed up the Home Telehealth patient.
Consult #	Internal entry number of the consultation.
Event/Trans Date	Date and time the event (patient VistA Interface Engine) was transmitted to the Home Telehealth vendor server.
Message ID	Message control ID of the transmission of Home Telehealth patient sign-up/activation to the Home Telehealth vendor server.
ACK Date/Time	Acknowledgement date and time of when the Home Telehealth vendor server received the transmission.
Status	Acknowledgement of the transmission has one of the following statuses: <ul style="list-style-type: none">• Accepted• Rejected• Unknown
Message Type	This is the type of message transmitted for the Home Telehealth patient: <ul style="list-style-type: none">• Activation -This is a 'A04' (register) HL7 type message• Inactivation. This is an 'A03' (discharge) HL7 type message
Reject Message	If there is an error in the processing of the transmission message, this field contains the 3-50 characters of the error message.
Retransmitted	Indicates the number of retransmissions. This number is used by a site configurable parameter to identify the number of retransmits that are allowed before a bulletin is sent to a mail group.

Glossary

ADC	Average Daily Census
ALOS	Average Length of Stay
AMIS	Automated Management Information System
attending physician	Supervising physician who is responsible for the care of the patient. Non-affiliated hospitals may choose not to use this field.
breakeven day	A day on which the actual cost of care equals the estimated allocation.
catastrophically disabled (CD)	CD is a permanent, severely disabling injury, disorder, or disease that compromises the individual's ability to carry out the activities of daily living to such a degree that s/he requires personal or mechanical assistance to leave home or bed, or requires constant supervision to avoid physical harm to her/himself or others.
CDR	Cost Distribution Report
collateral visit	A visit by a non-veteran patient whose appointment is related to or associated with a service-connected patient's treatment.
Consistency checker	Provides a method of assuring the accuracy of data contained in a patient file.
Copay Test	A financial report used to determine if a patient may be exempted from pharmacy copayments.
DRG	Diagnostic Related Group
DXLS	Diagnosis responsible for the major portion of a patient's stay.
G&L	Gains and Losses
HINQ	Hospital Inquiry
Means Test	A financial report used to determine if a patient may be required to make Copayments for care.
MOH	Medal of Honor

Glossary

PAI	Patient Assessment Instrument
PAF	Patient Assessment File
primary physician	The health care provider with primary responsibility for the direct care of the patient. This may be the resident or intern in a teaching facility or the staff physician in a non-affiliated hospital.
PTF	Patient Treatment File
routing slip	When printed for a specified date, it shows the current appointment time, clinic, location and stop code. It also shows future appointments.
RUG	Resource Utilization Group
security code	A code assigned to each user identifying them specifically to the system and allowing them access to the functions/options assigned to them.
security key	Used in conjunction with locked options or functions. Only holders which perform a sensitive task.
Special Survey	An ongoing survey of care given to patients alleging Agent Orange or ionizing radiation exposure. Each visit by such a patient must receive special survey dispositioning which records whether treatment provided was related to that exposure. This data is used for congressional reporting purposes.
stop code	A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.
third party billings	Billings where a party other than the patient is billed.
trim point	The expected Length of Stay range based on the LOS distribution for each DRG category.
VADATS	Veterans Administration Data Transmission System
WWU	Weighted Work Unit

Military Time Conversion Table

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
09:00 PM	2100 HOURS
08:00 PM	2000 HOURS
07:00 PM	1900 HOURS
06:00 PM	1800 HOURS
05:00 PM	1700 HOURS
04:00 PM	1600 HOURS
03:00 PM	1500 HOURS
02:00 PM	1400 HOURS
01:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
09:00 AM	0900 HOURS
08:00 AM	0800 HOURS
07:00 AM	0700 HOURS
06:00 AM	0600 HOURS
05:00 AM	0500 HOURS
04:00 AM	0400 HOURS
03:00 AM	0300 HOURS
02:00 AM	0200 HOURS
01:00 AM	0100 HOURS

Option Index

Does not include stand-alone options

099 Transmission

099 Transmission for Census Record

10/10 Print

Absence List

Add a New Means Test

Add a Copay Exemption Test

Add/Edit Beds

Add/Edit/Delete Catastrophic Disability

Add New Appointments to Call List

Adjudicate a Means Test

Admissions without an Associated PTF Record

Admit a Patient

ALOS Report for DRGs

AMIS 334-341 Reports

AMIS 345-346 Reports

AMIS 401-420 Reports

ASIH Listing

Batch Code Sheets

Batch Edit

Batch Multiple DRG Reports

Batches Waiting to be Transmitted

Bed Availability

Bed Out-of-Service Date Enter/Edit

Bulletin Selection

Calling Statistics Report

Cancel a Scheduled Admission

Census Status Report

Check-in Lodger

Check Routine Integrity

Checkoff PTF Message

Clear the Call List

Close a CNH PAI Record

Close a PAI Record

Close Open Census Record

CNH PAI Edit

Code Sheet Edit

Code Sheets Ready for Batching

Collateral Patient Register
Complete a Required Means Test
Comprehensive Census Report
Comprehensive Report by Admission
Copay Exempt Test Needing Update At Next Appt.
Create a CNH PAI Record
Create a Code Sheet
Create a PAI from Past Admission/Transfer
Current Lodger List
Current MAS Release Notes
Death Entry
Delete a CNH PAI Record
Delete a Code Sheet
Delete a Copay Exemption Test
Delete a Means Test
Delete a PAI
Delete a Registration
Delete Means Test/Copay Dependents
Delete PTF Record
Delete Waiting List Entry
Detailed Inpatient Inquiry
Determine Inconsistencies to Check/Don't Check
Device Selection
Diagnostic Code PTF Record Search
Discharge a Patient
Display Census Date Parameters
Display Preregistration Call List
Display User Access to Patient Record
Disposition an Application
Disposition Log Edit
Disposition Time Processing Statistics
Document Comments on a Means Test
DRG Calculation
DRG Case Mix Summary
DRG Frequency Report
DRG Index Report
DRG Information Report
Duplicate Dependents Report
Duplicate Spouse/Dependent SSN Report
Edit an Existing Copay Exemption Test
Edit an Existing Means Test
Edit Bed Control Movement Types
Edit Data Card File (39.1)
Edit Embosser Device File (39.3)
Edit Inconsistent Data for a Patient

Edit Ward Out-of-Service Dates
EGT Impact Report
Eligibility Inquiry for Patient Billing
Eligibility Verification
Enrolled Veterans Report
Enrollees by Status, Priority, Preferred Facility
Enter/Edit Patient Security Level
Enter/Edit Transmission Routers File
Enter PTF Message
Establish PTF Record from Past Admission
Extended Bed Control

Fee Basis Census Status Report
Female Inpatient List (Current)

G&L Parameter Edit
Gains and Losses (G&L Sheet)
Gains and Losses Initialization
Generate a Code Sheet
GMT Thresholds Lookup by Zip Code

Hardship Review Date
Hardships
Historical Female Inpatient List
Historical Inpatient Listing

Incomplete PAIs by Location
Inconsistent Data Elements Report
Inpatient Card Download
Inpatient Listing
Inpatient Roster
Inquire Census Record
Inquire PTF Message
Inquire PTF Record
Institution File Enter/Edit
Insurance Company Entry/Edit
Insurance List of UNKNOWNNS for Inpatients
Invalid State/Inactive County Report
ISO Sensitive Records Report-Export
ISO Sensitive Records Report-Formatted Report

Keypunch a Code Sheet

List Incomplete Copay Exemption Test
List Required/Pending Means Tests

Listing of Records by Completion Status
Load/Edit Patient Data
Load/Edit PTF Data
Lodger Check-out
Lodgers for a Date Range
Log of Dispositions

Mark Batch for Retransmission
Mark Code Sheets for Rebatching
MAS Parameter Entry/Edit
Means Test Indicator of 'U' Report
Means Test Signature Detail Report
Means Test Signature Summary Report
Means Test Specific Income Amount Report
Means Test Specific Income Less Threshold Report
Means Test Threshold Entry/Edit
Means Test w/Previous Year Threshold
Merge Duplicate MT/Copay Dependents
Military Service Data Inconsistencies Report
MPCR Inquiry

Non-Treating Preferred Facility Clean up
N/T Radium Treatment Pending Verification List

Open a Closed or Transmitted CNH PAI
Open a Closed or Transmitted PAI
Open Closed Census Records
Open Closed PTF Record
Open PTF Record Listing
Open Released or Transmitted Census Records
Open Released or Transmitted PTF Records
Outpatient Card Download

PAI Enter/Edit
PAIs for a Date Range
Patient Address Update
Patient Enrollment
Patient Inquiry
Patient Movement List
Patient Review Document
Patient Summary by Admission
Patient Type Update
Patients Who Have Not Agreed To Pay Deductible
Pending Applications for Enrollment
Pending/Open Disposition List

Percentage of Patients Pre-Registered Report
PIMS Events Transmitted for Date Range
PIMS Events Transmitted Yesterday
Pre-Registration Source Report
Preadmission Card Download
Preregister a Patient
Print a Code Sheet
Print Patient Label
Print Patient Wristband
Print Preregistration Audits
Print Special Transaction Request Log
Pro Fee Coding Not Sent to PCE
Productivity Report by Clerk
Productivity Report by Clerk (Census Only)
Provider Change
Pseudo SSN Report for Means Test Dependents
Pseudo SSN Report (Patient)
PTF Expanded Code Listing
PTF Transmission
Purge Call Log
Purge Contacted Patients
Purge Duplicate Income Tests
Purge Income Test Monitor
Purge Inconsistent Data Elements
Purge Non-sensitive Patients from Security Log
Purge Record of User Access from Security Log
Purge Scheduled Admissions
Purge Special Transaction Request Log
Purge Transmission Records/Code Sheets
Purple Heart Request History
Purple Heart Status Report

Quick Load/Edit PTF Data

Reasons for Lodging Entry/Edit
Rebuild Inconsistency File
Recalculate G&L Cumulative Totals
Reimbursable Insurance Primary EC Report
Record Print-Out (RPO)
Record Status Report
Records By Completion Status (Census Only)
Regenerate Census Workfile
Register a Patient
Release Closed Census Records
Release PTF Records for Transmission

Religion List for Inpatients
Report - All Address Change with Rx
Report - All Address Changes
Report - All Patients flagged with a Bad Address
Report - Patient Catastrophic Edits
Required Means Test At Next Appointment
Retransmit Admission Data
Retransmit Entry in ADT/HL7 PIVOT File
Retransmit Patient Demographics
Review a Code Sheet
Review Document by Admission Range
RUG-II Grouper
RUG-II Index
RUG Semi-Annual Background Job

Schedule an Admission
Scheduled Admission Statistics
Scheduled Admissions List
Seriously Ill Inpatient Listing
Seriously Ill List Entry
Set Transmit Flag on Movements
Set Up Non-VA PTF Record
Sharing Agreement Category Update
Show MAS System Status Screen
Single PAI Print
Single Patient Download Request
Status of all Batches
Summary of Dispositions
Surgical Code PTF Record Search
Switch Bed

Template Selection
Test Grouper
Transfer a Patient
Transmission via VADATS
Transmit Census Records
Transmit Code Sheets
Transmit/Generate Release Comments
Transmitted Census Records List
Transmitted Records List
Treating Specialty Inpatient Information
Treating Specialty Print
Treating Specialty Set-up
Treating Specialty Transfer
Trim Point DRG Report

Unreleased Census Records Report
Unreleased PTF Record Output
Unsupported CV End Date Report
Upcoming Appointments without Enrollment
Update Inconsistency File
Update Transfer DRGs for Current FY

Validity Check of PTF Record
VBC Form By Admission Date
VBC Form for Specific Patient
Veteran Patient Insurance Information
View a Past Copay Test
View a Past Means Test
View Copay Exemption Test Editing Activity
View G&L Corrections
View Means Test Editing Activity
View Patient Address
View Registration Data

Waiting List Entry/Edit
Waiting List Output
Ward Definition Entry/Edit
WWU Enter/Edit for RUG-II

Z07 Build Consistency Check