

SOP for adding a New Person in PACE:

Before adding a new person make sure you followed the SOP for searching if a patient is already in PACE. We want to avoid duplicates if possible and less data entry if already in PACE.

Under Person Click on Add New:

The screenshot shows the PACE application management interface. The top navigation bar includes links for Home, Person, Reports, AdvocatePro, Admin, and Batch Updates. A search bar is present with options for PersonID, ID, SSN, Name, Acct, and P. The main content area displays a welcome message for Jill Smith and a status breakdown table.

Status	#	%
No	0	
Hold	0	
Pending Approval	0	
TPL	0	
Terminated	0	
Invalid	0	
Billing List	0	
Total	0	
In-Patient	0	
Out-Patient	0	

My Assigned Visits: No visits or customers available. Please assign items to be able to view them here.

The screenshot shows the 'Add Person' form in the PACE application management interface. The form is divided into several sections for data entry.

SSN: SSN Availability: Choose... Client ID: Add New Medicaid & State: Add New Medicaid MedicaidID: Please Select State: Primary: First Name: Middle Name: Last Name: Birth Date: Birth City: Birth State: Birth Country: Alias: Gender: Height: Weight: Mother's First Name: Mother's Middle Name: Mother's Maiden Name: Mother's Last Name: Father's First Name: Father's Middle Name: Father's Last Name: Person Alerts: Add New Alert: Marital Status: Citizenship Status: Educational Level: Graduation Year: English: Choose... US Citizen: None: English: Choose...

Mailing Address: Address1: Address2: Zip Code: City: State: County: Residential Address Same as mailing: Address1: Address2: Zip Code: City: State: County: Phone Numbers: Add Phone: Home: Primary: X

Has Patient Agreed to Receive Texts?: Yes No Unknown
Has Patient Provided an Email Address?: Yes No Unknown
Contact Preference: Choose...
Time of Day to Contact:
Username:
Password:
Security Answer:

Conditions:
Impact of Conditions on Working:

You should see this screen below and need to fill out as much information that you have:

Shortcut: type in address and tab down to zip code and type in zip code hit enter the city and state will auto populate for you

SSN: 234-45-7896
SSN Availability: Have
Client ID:
Medicare ID:
Add New Medicaid & State: Add New Medicaid
Medicaid ID:
State: Please Select
Primary: ☒
First Name: Jack
Middle Name:
Last Name: Smith
Birth Date: 1/1/2000
Birth City: Nashville
Birth State: Tennessee
Birth Country: Choose...
Alias:
Gender: ☒ Male ☐ Female
Height: 5 feet 5 inches
Weight: 0 lbs
Mother's First Name:
Mother's Middle Name:
Mother's Maiden Name: Heinz
Mother's Last Name:
Father's First Name:
Father's Middle Name:
Father's Last Name:
Person Alerts: Add New Alert
Person Alert 1: Choose...
Marital Status: Divorced
Citizenship Status: US Citizen
Educational Level: 12th Grade
Graduation Year:
Primary Language: English
Secondary Language: Choose...
Mailing Address
Address1: 123 Country drive Lane
Address2:
Zip Code: 37203
City: NASHVILLE
State: Tennessee
County: DAVIDSON
Residential Address Same as mailing
Address1:
Address2:
Zip Code:
City:
State: Choose...
County:
Phone Numbers:
Add Phone: 615-555-5555 Home Primary
Has Patient Agreed to Receive Texts?: ☒ Yes ☐ No ☐ Unknown
Has Patient Provided an Email Address?: ☒ Yes ☐ No ☐ Unknown
Contact Preference: Choose...
Time of Day to Contact:
Username:
Password:
Security Answer:
Conditions: Congestive heart failure 15-20%
Impact of Conditions on Working:

Select continue to visit page:

First Name: Jack
Middle Name: Smith
Last Name: Smith
Birth Date: 1/1/2000
Birth City: Nashville
Birth State: Tennessee
Birth Country: Choose...
Alias:
Gender: ☒ Male ☐ Female
Height: 5 feet 5 inches
Weight: 0 lbs
Mother's First Name:
Mother's Middle Name:
Mother's Maiden Name: Heinz
Mother's Last Name:
Father's First Name:
Father's Middle Name:
Father's Last Name:
Person Alerts: Add New Alert
Person Alert 1: Choose...
Marital Status: Divorced
Citizenship Status: US Citizen
Educational Level: 12th Grade
Graduation Year:
Primary Language: English
Secondary Language: Choose...
Date of Death:
Address1:
Address2:
Zip Code:
City: Choose...
State: Choose...
County:
Phone Numbers:
Add Phone: 615-555-5555 Home Primary
Has Patient Agreed to Receive Texts?: ☒ Yes ☐ No ☐ Unknown
Has Patient Provided an Email Address?: ☒ Yes ☐ No ☐ Unknown
Contact Preference: Choose...
Time of Day to Contact:
Username:
Password:
Security Answer:
Conditions: Congestive heart failure 15-20%
Impact of Conditions on Working:
Is Detained: ☐
Reason Detained:

Continue to Visit Page Cancel

Need to fill out everything with Red Asterix: If there are screening notes then pt was screened so you can fill in the date as referral date if not sure, then click save when you scroll down to bottom of page.

Disney, Princess Cinderella Pace#3194661 SSN:003-52-5252 DOB: 09/01/50 Age: 73 Gender: F		Add Visits for Princess Cinderella Disney	
Adobe eSignature		Visit Information	
Text/Email		Hospital Account #: 123456	
Person		Medical Record #: 12345	
- Edit		Hospital: * zTest Customer	
- Financial		HCR: * PACE, HCR	
Other Applicant		Medical Service Category: Choose...	
- Add		Visit Type: * In-Patient	
- Link		Visit Result: * Pending Approval	
Visits		Visit Result Detail: * Choose...	
- Add		Total Charges: \$	
- Link		Balance: \$	
Applications		Admit Date: * 6/8/2024	
- Add		Referral Date: * 6/12/2024	
Contacts		Discharge Date: *	
- Add PE		Is Pregnant (OB): <input type="checkbox"/>	
- Add TP		PreCert Status: Choose...	
- Add AG		PreCert Number: *	
		Was the Patient screened? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	
		Yes/No: * 6/12/2024	
		Custom Field 1: *	
		Custom Field 2: *	
		Timely Filing Days: *	
		Remove this Visit	
		Visit Information	
		Hospital: *	
		Total Charges: \$	