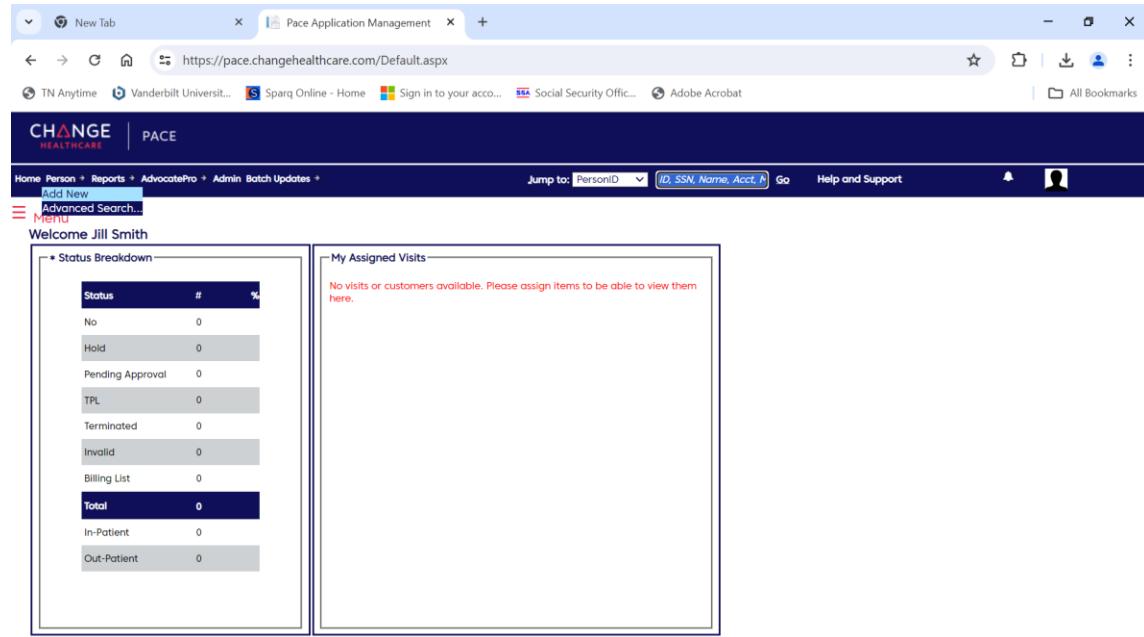


## SOP for adding a New Person in PACE:

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.

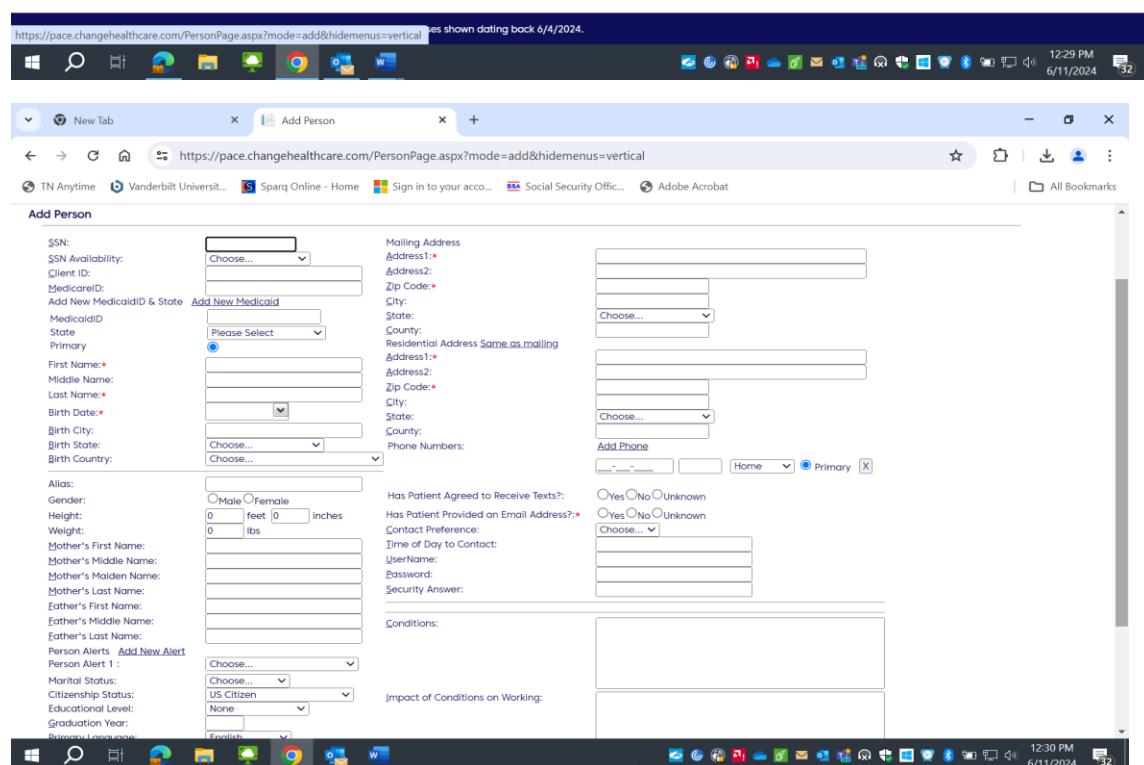
Under Person Click on Add New:



The screenshot shows the Pace Application Management interface. On the left, there is a 'Status Breakdown' table with the following data:

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

On the right, there is a section titled 'My Assigned Visits' with the message: 'No visits or customers available. Please assign items to be able to view them here.'

The screenshot shows the 'Add Person' form. The form includes fields for personal information such as 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, and Person Alerts. It also includes mailing address fields for both mailing and residential addresses, contact preference fields (Username, Password, Security Answer), and a conditions section. At the bottom, there are fields for Person Alert 1 and 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

The screenshot shows a web browser window titled "Add Person" at the URL <https://pace.changehealthcare.com/PersonPage.aspx?mode=add&hidemenu=vertical>. The form is divided into several sections:

- Personal Identification:** SSN (234-45-7896), SSN Availability (Have), Client ID, Medicare ID, Medicaid ID (Add New Medicaid), State (Please Select), Primary (radio button selected).
- Name:** First Name (Jack), Middle Name (Smith), Last Name (Smith), Birth Date (1/1/2000), Birth City (Nashville), Birth State (Tennessee), Birth Country (Choose...).
- Address:** Mailing Address (123 Country Drive Lane, 37203, NASHVILLE, Tennessee, DAVIDSON).
- Contact Information:** Phone Numbers (615-555-5555), Home (radio button selected), Primary (radio button selected).
- Medical History:** Has Patient Agreed to Receive Texts? (Yes, Unknown), Has Patient Provided an Email Address? (Yes, Unknown), Contact Preference (Choose...), Time of Day to Contact (Choose...), UserName, Password, Security Answer.
- Conditions:** Conditions (Congestive heart failure 15-20%), Impact of Conditions on Working.
- Demographics:** Alias, Gender (Male, Female), Height (5 feet 5 inches), Weight (0 lbs), 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), 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.

Select continue to visit page:

The screenshot shows the same "Add Person" form as above, but with a blue button bar at the bottom containing "Continue to Visit Page" and "Cancel". The "Continue to Visit Page" button is highlighted with a blue border.

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.

**Add Visits for Princess Cinderella Disney**

<b>Visit Information</b> Hospital Account: 123456 #:* Medical Record #: 12345 Hospital: zTest Customer HCR: PACE, HCR Medical Service: Choose... Category: Visit Type: In-Patient Visit Result: Pending Approval Visit Detail: Choose...		Total Charges: \$ <input type="text"/> Balance: \$ <input type="text"/> Admit Date: 6/8/2024 Referral Date: 6/12/2024 Discharge Date: <input type="text"/> Is Pregnant (OB): <input type="checkbox"/> PreCert Status: Choose... PreCert Number: <input type="text"/> Was the Patient screened? Yes/No: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable Yes/No: 6/12/2024 Custom Field 1: <input type="text"/> Custom Field 2: <input type="text"/> Timely Filing Days: <input type="text"/>
		<a href="#">Remove this Visit</a>
<b>Visit Information</b> Hospital: <input type="text"/> Total Charges: \$ <input type="text"/>		