PIMS V. 5.3 ADT Module User Manual
ADT Outputs Menu

Overview
10/10 Print without New Registration
ADT Third Party Output Menu
  Patient Review Document
  Review Document by Admission Range
  Veteran Patient Insurance Information
AMIS Reports Menu
  AMIS 334-341 Reports
  AMIS 345-346 Reports
  AMIS 401-420 Reports
Bed Availability
Disposition Outputs Menu
  Disposition Time Processing Statistics
  Log of Dispositions
  Summary of Dispositions
Enrollment Reports
  Enrolled Veterans Report
  Pending Applications for Enrollment
  Enrollees by Status, Priority, Preferred Facility
  Upcoming Appointments without Enrollment
  EGT Impact Report
Gains and Losses (G&L Sheet)
Inconsistent Data Elements Report
Inpatient/Lodger Report Menu
  Absence List
  ASIH Listing
  Current Lodger List
  Female Inpatient List (Current)
  Historical Female Inpatient List
  Historical Inpatient Listing
  Inpatient Listing
  Inpatient Roster
  Insurance List of UNKNOWNs for Inpatients
  Lodgers for a Date Range
  Patient Movement List

- Religion List for Inpatients
- Seriously Ill Inpatient Listing
- Treating Specialty Inpatient Information

Means Test Outputs

- Hardship Review Date
- List Required/Pending Means Tests
- Means Test Indicator of 'U' Report
- Means Test Specific Income Amount Report
- Means Test Specific Income Less Threshold Report
- Means Test w/Previous Year Threshold
- Patients Who Have Not Agreed To Pay Deductible
- Required Means Test At Next Appointment

N/T Radium Treatment Pending Verification List

Pending/Open Disposition List

Print Patient Label

Scheduled Admission Statistics

Scheduled Admissions List

Treating Specialty Print

VBC Form By Admission Date

VBC Form for Specific Patient

Waiting List Output

Overview

The ADT Outputs Menu provides the software necessary to produce a variety of reports related to the admission, discharge, transfer function. The following is a brief description of the options included in this menu.

10/10 PRINT WITHOUT NEW REGISTRATION
This option is used to print 10-10 reports for patients previously registered for care.

ADT THIRD PARTY OUTPUT MENU

PATIENT REVIEW DOCUMENT
This option is used to print Third Party Review Form by patient name and admission date specifications.

REVIEW DOCUMENT BY ADMISSION RANGE
This option is used to print Third Party Review Form for each patient admitted within a specified date range.

VETERAN PATIENT INSURANCE INFORMATION
This option provides insurance information on veteran patients.

AMIS Reports Menu

AMIS 334-341 REPORTS
This option is used to print the AMIS segments that record admission-discharge-transfer activity.

AMIS 345-346 REPORTS
This option is used to print the AMIS segments that record the activity of the VA Nursing Home Units and Domiciliary Units.

AMIS 401-420 REPORTS
This option is used to sort and print patient registrations by veteran category and disposition type.

BED AVAILABILITY
This option provides a list of available rooms/beds on selected ward(s).

Overview

DISPOSITION OUTPUTS MENU

Disposition Time Processing Statistics
This option provides a statistical breakdown by disposition action of the number of patients dispositioned within various time frames.

LOG OF DISPOSITIONS
This option provides a listing of patient disposition records within a specified time frame. All dispositions may be included or just those pending.

SUMMARY OF DISPOSITIONS
This option provides a summary report by disposition action of the number of 10/10 visits, unscheduled visits, and applications without exam.

ENROLLMENT REPORTS

ENROLLED VETERANS REPORT
This option is used to produce the enrolled veterans report, which contains a summary of the number of patients in each enrollment priority group.

PENDING APPLICATIONS FOR ENROLLMENT
This option is used to generate a list of patients with enrollment statuses of unverified and pending for selected facilities within a specified date range.

ENROLLEES BY STATUS, PRIORITY, PREFERRED FACILITY
This option is used to produce a report that provides counts of patients by preferred facility, enrollment status, and enrollment priority.

UPCOMING APPOINTMENTS WITHOUT ENROLLMENT
This option is used to generate a report of patients with future appointments who are not enrolled and do not have pending enrollment applications.

EGT IMPACT REPORT
This option provides four separate reports concerning veterans who are affected by an EGT change.

GAINS & LOSSES (G&L) SHEET
This option is used to generate the daily Gains and Losses Sheet, Bed Status Report, and Treating Specialty Report.

Overview

INCONSISTENT DATA ELEMENTS REPORT
This option is used to generate a report of patients identified by the Consistency Checker as having inconsistent/unspecified data in their records.

INPATIENT/LODGER REPORT MENU

ABSENCE LIST
This option provides a listing of all active patients who are absent from the facility on a selected date.

ASIH LISTING
This option provides a listing of patients who are residents of the Nursing Home Care Unit or Domiciliary Unit, currently absent sick in hospital.

CURRENT LODGER LIST
This option is used to produce a listing of inpatients who are lodgers.

FEMALE INPATIENT LIST (CURRENT)
This option provides a list of current female inpatients.

HISTORICAL FEMALE INPATIENT LIST
This option provides a list of female inpatients for a selected date in the past.

HISTORICAL INPATIENT LISTING
This option provides a list of inpatients for a selected date in the past.

INPATIENT LISTING
This option provides a list of current inpatients.

INPATIENT ROSTER
This option provides a listing of patients by ward.

INSURANCE LIST OF UNKNOWNS FOR INPATIENTS
This option lists the inpatients who have "Unknown" or no answer in their insurance file.

LODGERS FOR A DATE RANGE
This option is used to produce a listing of lodgers for a specified date range.

Overview

PATIENT MOVEMENT LIST
This option lists all patient movements from a specified date/time in the past (not more than 5 days ago) to the current date.

RELIGION LIST FOR INPATIENTS
This option lists the inpatients and their religious affiliations.

SERIOUSLY ILL INPATIENT LISTING
This option provides a list of patients currently on the Seriously Ill List.

TREATING SPECIALTY INPATIENT INFORMATION
This option is used to generate outputs containing treating specialty inpatient information for a specified date.

MEANS TEST OUTPUTS

HARDSHIP REVIEW DATE
This option is used to generate a listing of patients whose hardship review date falls within a selected date range.

LIST REQUIRED/PENDING MEANS TESTS
This option provides a printout of patients in need of Means Testing or whose Means Tests are pending adjudication.

MEANS TEST INDICATOR OF 'U' REPORT
This option is used to list PTF records, within a specified date range, for which Means Test have not been done or not been completed.

MEANS TEST SPECIFIC INCOME AMOUNT REPORT
The Means Test Specific Income Amount Report is used to print veteran information for those who reported a specific dollar amount.

MEANS TEST SPECIFIC INCOME LESS THRESHOLD REPORT
The Means Test Specific Income Less Threshold Report is used to print veteran information for those whose income fell below the threshold amount by a specified dollar amount.

MEANS TEST W/PREVIOUS YEAR THRESHOLD
This option generates a listing of patients that have had a Means Test using the prior year thresholds as the current year thresholds were not yet available.

Overview

PATIENTS WHO HAVE NOT AGREED TO PAY DEDUCTIBLE
This option generates a listing of patients who have not agreed to pay the Means Test deductible.

REQUIRED MEANS TEST AT NEXT APPOINTMENT
This option generates a listing of patients who will require a new Means Test at their next appointment.

N/T RADIUM TREATMENT PENDING VERIFICATON LIST
This option generates a listing of patients who claim to have received Nose and/or Throat Radium Treatment while in the military and whose claims are pending verification.

PENDING/OPEN DISPOSITION LIST
This option provides a printout of open and pending dispositions within a specified date range of registrations.

PRINT PATIENT LABEL
This option prints patient labels containing the patient name, social security number, date of birth and (optionally) the inpatient location (ward/room#). These labels may be affixed to medical record forms in lieu of using the current embossed cards to imprint this information.

SCHEDULED ADMISSION STATISTICS
This option provides a statistical report by cancellation reason of cancelled admissions within a specified date range. The report is broken down by ward/treating specialty.

SCHEDULED ADMISSIONS LIST
This option provides a printout of active and/or cancelled scheduled admissions within a specified date range.

TREATING SPECIALTY PRINT
This option provides a report of Treating Specialties broken down by specified fields.

VBC FORM BY ADMISSION DATE
This option provides a printout of Veterans Assistance Records for admitted patients within a specified date range.

VBC FORM FOR SPECIFIC PATIENT
This option provides a printout of Veterans Assistance Records for specified patients.

WAITING LIST OUTPUT
This option provides a current list of patients on the waiting list.

10/10 Print without New Registration

The 10/10 Print without New Registration option is used to print a 10/10 report for patients who have previously been registered for care. The 10/10 form is an Application for Medical Benefits. It includes several types of information about a patient. The Supplemental Data Sheet, the Patient Drug Profile, the 10/10F (Financial Worksheet), the 10/10I (Insurance Information Form), the 10-10T, the Third Party Review Sheet, and Encounter Forms can also be printed through this option. Specific printers may be designated to automatically print most of these forms through the MAS Parameter Entry/Exit option. A YES entry at the "Ask Device in Registration" parameter will force the DEVICE prompt at the beginning of registration the first time through and set the 10/10, routing sheet, and drug profile printer to that device. This takes precedence over all devices defined as default printers or closest printer.

The 10-10T is an application for medical benefits form comprised of the questions used to obtain the minimum data required to begin the medical care process.

The Supplemental Data Sheet contains some of the same information found on the 10/10 (social security number, next of kin) along with clinic information including clinic enrollment and future appointments. This form will automatically be printed along with the 10/10 form if the MAS parameter "Supplemental 10/10" is set to YES.

The Patient Drug Profile lists the patient's prescriptions that are on file and any pending outpatient clinic appointments. You may choose to print an action or informational type drug profile. Whether or not the drug profile prompts appear in this option will depend on how the MAS parameter "Print Drug Profiles with 10-10" is set at your facility.

The 10/10F provides financial information on the veteran for Means Test tracking purposes. It shows all assets including salaries, interest and dividends, stocks, bonds, real estate holdings, etc. The prompt to print this form will only appear if the patient has a completed Means Test.

The 10/10I contains information concerning the veteran's private health insurance. The name, address, and telephone number of the patient's local insurance agent is provided. This information will be provided for each different health insurance the veteran has. The prompt to print this form will only appear if the patient has private medical insurance.

10/10 Print without New Registration

The Third Party Review Sheet is used in connection with veterans admitted to the hospital who have private medical insurance. The insurance data is not displayed on the form if the insurance has expired. The prompt to print this form will only appear if the patient has private medical insurance and past or scheduled admissions.

Whether or not the health summary prompts appear in this option will depend on your site running the Health Summary package V. 2.5 (Patch #3 or higher) and how the MAS health summary site specific parameters are set.

You also have the ability to print patient data cards through this option. The "Ask EMBOSS at Registration" site parameter must be set to YES in order for the data card prompts to appear here. With the installation of the Veteran Identification Card (VIC) software, the prompt "Download VIC data?" has been added which allows you to download the selected patient's demographic data to the photo capture station. The existing "EMBOSS DATA CARD?" prompt has been changed to "EMBOSS (OLD) DATA CARD?".

Whether or not the encounter form prompts appear in this option will depend on how the MAS encounter form site parameters are set at your facility.

At multidivisional facilities, the primary facility will be listed on the forms.

ADT Third Party Output Menu
Patient Review Document

The Patient Review Document option is used to print the Third Party Review Form by patient name and admission date specifications. This form is used in connection with veteran patients admitted to the hospital who have private medical insurance. The form provides patient's name, patient ID#, admission date, diagnoses, and ward location. Insurance information provided includes insurance company name, address and phone number, policy number, and group number. The insurance data is not displayed if the insurance has expired.

The form is then divided into four sections. Section one concerns pre-admission certification. It shows whether or not pre-admission certification is required. If required, it provides information concerning the decision made by the insurance company regarding the admission including: number of days certified, whether medical information is insufficient, whether outpatient care is more appropriate, etc. Section two concerns the need for a second surgical opinion, if required, and results of the second opinion. Section three provides information concerning the length of stay review: if further stay was approved or if disapproved, the reasons for denial. Section four shows bill status; denied in full, denied in part, or paid in full. If denied, the reasons for denial are given. The bill number is also shown.

After the patient name is entered, the system checks the file for admissions. If the patient has had past admissions or is currently an active patient, you will be asked to select the admission date for which you wish to see the report. If none is selected, scheduled admissions will be checked. If there are scheduled admissions on file, the Third Party Review Form printed will be for the next scheduled admission date.

ADT Third Party Output Menu
Review Document by Admission Range

The Review Document by Admission Range option is used to print the ADT Third Party Review Form by admission date specifications. This form is used in connection with veteran patients admitted to the hospital who have private medical insurance. The form provides patient's name, patient ID#, admission date, diagnoses, and ward location. Insurance information provided includes insurance company name, address and phone numbers, policy number, and group number. The insurance data is not displayed if the insurance has expired.

The form is then divided into four sections. Section one concerns pre-admission certification. It shows whether or not pre-admission certification is required. If required, it provides information concerning the decision made by the insurance company regarding the admission including: number of days certified, whether medical information is insufficient, whether outpatient care is more appropriate, etc. Section two concerns the need for a second surgical opinion, if required, and results of the second opinion. Section three provides information concerning the length of stay review: if further stay was approved or if disapproved, the reasons for denial. Section four shows bill status; denied in full, denied in part or paid in full. If denied, the reasons for denial are given. The bill number is also shown.

The report is sorted sequentially by admission date. Depending on the number of applicable admissions and the size of the date range specified, this report could be time-consuming. You may choose to queue the report to print during off-hours. The output should be generated at a 132 column margin width.

If you accept the default at the first prompt, the printout will start with the first admission date and go to the last.

ADT Third Party Output Menu
Veteran Patient Insurance Information

The Veteran Patient Insurance Information option provides insurance information on veteran inpatients. This includes such information as insurance company, insurance number, group number, and insurance expiration date. Medical information is also shown. Dates of admission and discharge and status of the PTF Records are provided. The report is broken down by patient with information on length of stay for each bedsection, diagnoses, and diagnostic codes. The total length of stay is shown with the primary diagnosis.

The form indicates whether or not the policy shown will reimburse the VA for the cost of medical care. If the REIMBURSE field of the INSURANCE COMPANY file is set to NO for any of the companies that cover the applicant, an asterisk (*) will be shown next to the insurance company name and the following message will appear:

* - Insurer may not reimburse!!

All of this information is used in billing the insurance companies for the cost of the veteran's care.

The report may be sorted sequentially by discharge or admission date. You will be prompted for a date range and device. Depending on the number of applicable admissions and the size of the date range specified, generation of this report could be time-consuming. You may choose to queue the report to print during off-hours.

AMIS Reports Menu
AMIS 334-341 Reports

The AMIS 334-341 Reports option is used to print the AMIS segments that record admission-discharge-transfer activity. AMIS stands for Automated Management Information System. It is a general system of computer programs used to process management reports.

The general title that applies to each segment is VA Hospital Inpatient Service. The subtitle of each segment is the specific service being reported. Facilities will only report on segments for which they have a corresponding service. The subtitle for each segment is as follows.

334 - Psychiatry	335 - Intermediate Medicine
336 - Medicine	337 - Neurology
338 - Rehabilitation Med	339 - Blind Rehabilitation
340 - Spinal Cord Injury	341 - Surgery

The report is selected by date (month/year) and each segment is printed as a separate report. The MAS System Status, which may be displayed whenever you enter the ADT Menu, will show you the last run date for AMIS 334-341. Each report provides such information as number of total admissions, transfers in, deaths, transfers out, female patients remaining, operating beds, patient days of care, bed occupants at end of month, days of authorized absence, etc. At a multi-divisional facility, the numbers for each division will be listed separately.

The segment balancing routine is displayed at the end of each segment report. The system will display an informational message if the segment is out of balance. Informational messages will also be displayed if beginning/ending of month statistics are missing for any applicable ward.

If a default code sheet printer has been specified through MAS parameters, you may generate the code sheets through this option providing segments are balanced.

AMIS Reports Menu
AMIS 345-346 Reports

The AMIS 345-346 Reports option is used to print the AMIS segments that record the activity of the VA Nursing Home Units and Domiciliary Units. AMIS stands for Automated Management Information System. It is a general system of computer programs used to process management reports.

Segment 345 reports on Nursing Home Unit activity. Segment 346 reports the same information for the Domiciliary Unit. Some of the information provided includes admissions after rehospitalization greater than 30 days, all other admissions, discharges, deaths, absent bed occupants, those patients absent-sick-in-hospital, female patients remaining, patient days of care, and days of authorized absence less than 96 hours. At a multidivisional facility, the numbers for each division will be listed separately.

The report is selected by date (month/year) and each segment is printed as a separate report. The MAS System Status, which may be displayed whenever you enter the ADT Menu, will show the last run date for AMIS 345-346.

The segment balancing routine is displayed at the end of each segment report. The system will display an informational message if the segment is out of balance. Informational messages will also be displayed if beginning/ending of month statistics are missing for any applicable ward.

If a default code sheet printer has been specified through the MAS parameters, you may generate the code sheets through this option providing segments are balanced.

AMIS Reports Menu
AMIS 401-420 Reports

The AMIS 401-420 Report option is used to generate or reprint the AMIS 401-420 series report for a selected month/year. AMIS stands for Automated Management Information System. It is a general system of computer programs used to process management reports.

The AMIS 401-420 series report is a breakdown of applications for care (registrations) by veteran category and disposition grouping. Only registrations for veteran patients are included on this report. The 401-420 AMIS series correspond to the twenty veteran categories.

While running the report, the system searches for open and pending dispositions. The report will not run if open dispositions exist. You will receive a MailMan message advising of such and, rather than the report printing on the device specified, a listing of "Pending/Open Dispositions" will print. If pending dispositions exist, the report will run placing these dispositions in the "pending" disposition category.

When generating the report for the first time for a selected month/year, the system tabulates the data - which takes roughly one hour per 1500 applications. You may also reprint a previously generated report or regenerate it. Whenever generating or regenerating the report, you will be given the opportunity to include a patient list with it. This lists all patients whose registration data was used to formulate the report. For each patient, the following information will be provided.

- AMIS Segment
- Last four digits of Social Security Number
- Registration Date/Time
- Benefit
- Registration Eligibility Code
- The block number(s) under which they have an entry (which in some cases may be multiple)
- Disposition Type

This patient listing may be very helpful in interpreting the data given in the report as it indicates the actual blocks in which each patient is entered. Patients with disposition types falling in blocks 1-10 will only have one entry. Patients having Ineligible Disposition Types (blocks 11-15) will have one corresponding entry in blocks 16-19 and another in blocks 20-21 for a total of 3 entries. Patients having a Treatment Modality Unavailable disposition type, blocks 22-25, will have one corresponding entry in blocks 26-29 for a total of two entries. Patients having a Low Priority Disposition Type, blocks 30-33, will have a corresponding entry in blocks 34-37 for a total of two entries.

If a default code sheet printer has been specified through the MAS parameters, you may generate the code sheets through this option providing segments are balanced.

To reflect the elimination of Category B as a Means Test category, AMIS Segment 419 has had the INACTIVATION DATE field of the AMIS SEGMENT file set to October 1, 1991. If the last day of the AMIS month/year being printed is on or after the inactivation date, Segment #419 will not print. For dates prior to the inactivation date, Segment #419 will continue to print.

Division prompts will appear at multidivisional facilities, and if you are printing a report for which the totals have previously been generated.

Information providing further explanation of how the data is tabulated can be found at the end of this option documentation.

AMIS Reports Menu
AMIS 401-420 Reports

The following is an example of the MailMan message generated when open/pending dispositions are found while running the report.

```
MailMan message for REYNOLDS,WANDA
Printed at VAMC-SAN DIEGO   17 AUG 88 14:04
SUBJ: PENDING/OPEN DISPOSITIONS, MONTH OF 'AUG 1988' 17 AUG 88 14:06   12
Lines
From: POSTMASTER (Sender: REYNOLDS,WANDA) in 'IN' basket.  **NEW**
-------------------------------------------------------------------------

I've accomplished a preliminary search of your database in preparation for
generation of the AMIS 401-420 series reports for the range shown above.  In
this search there were "open" dispositions found which caused the actual
generation of the report to cease.  There were, possibly, some "pending"
dispositions found also.  Although these do not stop the report from
generating every effort should be made to properly disposition these
registrations also.  A listing of these open/pending dispositions should have
printed for your use in properly dispositioning them.  If you can't locate
this list there is an option available to regenerate this listing without
generating the report.

Number of PENDING Dispositions found: 0
Number of OPEN Dispositions found   : 1
```

AMIS Reports Menu
AMIS 401-420 Reports

HOW BLOCK PLACEMENT OF DATA IS DETERMINED

BLOCK 01 - The total number of applications which were received.

BLOCK 02 - Patients whose AMIS 401-420 DISPOSITION GROUP is "Hosp Admit".

BLOCK 03 - Patients whose AMIS 401-420 DISPOSITION GROUP is "Hosp W/L".

BLOCK 04 - Patients whose AMIS 401-420 DISPOSITION GROUP is "NHCU Admit".

BLOCK 05 - Patients whose AMIS 401-420 DISPOSITION GROUP is "NHCU W/L".

BLOCK 06 - Patients whose AMIS 401-420 DISPOSITION GROUP is "Dom Admit".

BLOCK 07 - Patients whose AMIS 401-420 DISPOSITION GROUP is "Dom W/L".

BLOCK 08 - Patients whose AMIS 401-420 DISPOSITION GROUP is "OP Care Rec". Also includes patients who have been dispositioned to something other than "Ineligible", "Low Priority" or "Trt Mo Unavail" but whose AMIS 401-420 DISPOSITION GROUP is one of the following:

a. Community
b. Fee Basis
c. Other
d. OP Care Rec
e. Other VA

BLOCK 09 - Patients whose AMIS 401-420 DISPOSITION GROUP is "No Care Req".

BLOCK 10 - Patients whose AMIS 401-420 DISPOSITION GROUP is "Cancel".

BLOCK 11 - Patients whose disposition type is one of the two ineligible types and who have a TYPE OF CARE APPLIED FOR of DENTAL.

AMIS Reports Menu
AMIS 401-420 Reports

HOW BLOCK PLACEMENT OF DATA IS DETERMINED

BLOCK 12 - Patients whose disposition type is one of the two ineligible types and who have a TYPE OF CARE APPLIED FOR of PLASTIC SURGERY.

BLOCK 13 - Patients whose disposition type is one of the two ineligible types and who have a TYPE OF CARE APPLIED FOR of STERILIZATION.

BLOCK 14 - Patients whose disposition type is one of the two ineligible types and who have a TYPE OF CARE APPLIED FOR of PREGNANCY.

BLOCK 15 - Patients whose disposition type is one of the two ineligible types and whose TYPE OF CARE APPLIED FOR is not DENTAL, PLASTIC SURGERY, STERILIZATION or PREGNANCY.

BLOCK 16 - Patients whose disposition type is one of the two ineligible types and whose TYPE OF BENEFIT APPLIED for is HOSPITAL.

BLOCK 17 - Patients whose disposition type is one of the two ineligible types and whose TYPE OF BENEFIT APPLIED FOR is NURSING HOME.

BLOCK 18 - Patients whose disposition type is one of the two ineligible types and whose TYPE OF BENEFIT APPLIED FOR is DOMICILIARY.

BLOCK 19 - Patients whose disposition type is one of the two ineligible types and whose TYPE OF BENEFIT APPLIED FOR is other than HOSPITAL, NURSING HOME or DOM.

BLOCK 20 - Patients whose disposition type is INELIGIBLE-DISP COMMUNITY. The AMIS 401-420 DISPOSITION GROUP must be defined as COMMUNITY otherwise this will be counted in Block 21.

BLOCK 21 - Patients whose disposition type is INELIGIBLE-DISP OTHER. The AMIS 401-420 DISPOSITION GROUP must be defined as OTHER. If the AMIS 401-420 DISPOSITION GROUP is defined as COMMUNITY these dispositions will count in Block 20.

BLOCK 22 - Patients whose disposition type is one of the four Trt Mod Unavail types whose TYPE OF BENEFIT APPLIED FOR is "HOSPITAL".

HOW BLOCK PLACEMENT OF DATA IS DETERMINED

BLOCK 23 - Patients whose disposition type is one of the four Trt Mod Unavail types whose TYPE OF BENEFIT APPLIED FOR is NURSING HOME.

BLOCK 24 - Patients whose disposition type is one of the four Trt Mod Unavail types whose TYPE OF BENEFIT APPLIED FOR is DOMICILIARY.

BLOCK 25 - Patients whose disposition type is one of the four Trt Mod Unavail types whose TYPE OF BENEFIT APPLIED FOR is other than HOSPITAL, NURSING HOME or DOMICILIARY.

BLOCK 26 - Patients whose disposition type is TRT MOD UNAVAIL-DISP COMMUNITY. The AMIS 401-420 DISPOSITION GROUP must be defined as COMMUNITY since block placement is based on this data element.

BLOCK 27 - Patients whose disposition type is TRT MOD UNAVAIL-DISP OTHER VA. The AMIS 401-420 DISPOSITION GROUP must be defined as OTHER VA since block placement is based on this data element.

BLOCK 28 - Patients whose disposition type is TRT MOD UNAVAIL-DISP FEE BASIS. The AMIS 401-420 DISPOSITION GROUP must be defined as FEE BASIS since block placement is based on this data element.

BLOCK 29 - Patients whose disposition type is TRT MOD UNAVAIL-DISP OTHER. The AMIS 401-420 DISPOSITION GROUP must be defined as OTHER since block placement is based on this data element.

BLOCK 30 - Patients whose disposition type is one of the four Low Priority types whose TYPE OF BENEFIT APPLIED FOR is HOSPITAL.

BLOCK 31 - Patients whose disposition type is one of the four Low Priority types whose TYPE OF BENEFIT APPLIED FOR is NURSING HOME.

BLOCK 32 - Patients whose disposition type is one of the four Low Priority types whose TYPE OF BENEFIT APPLIED FOR is DOMICILIARY.

HOW BLOCK PLACEMENT OF DATA IS DETERMINED

BLOCK 33 - Patients whose disposition type is one of the four Low Priority types whose TYPE OF BENEFIT APPLIED FOR is other than HOSPITAL, NURSING HOME or DOMICILIARY.

BLOCK 34 - Patients whose disposition type is LOW PRIORITY-DISP COMMUNITY. The AMIS 401-420 DISPOSITION GROUP must be defined as COMMUNITY since block placement is based on this data element.

BLOCK 35 - Patients whose disposition type is LOW PRIORITY-DISP OTHER VA. The AMIS 401-420 DISPOSITION GROUP must be defined as OTHER VA since block placement is based on this data element.

BLOCK 36 - Patients whose disposition type is LOW PRIORITY-DISP FEE BASIS. The AMIS 401-420 DISPOSITION GROUP must be defined as FEE BASIS since block placement is based on this data element.

BLOCK 37 - Patients whose disposition type is LOW PRIORITY-DISP OTHER. The AMIS 401-420 DISPOSITION GROUP must be defined as OTHER since block placement is based on this data element.

BLOCK 38 - Patients whose disposition type is PENDING DETERMINATION. The AMIS 401-420 DISPOSITION GROUP must be defined as PENDING since block placement is based on this data element.

BLOCK 39 - Patients whose disposition type is REFUSED TO PAY DEDUCTIBLE. This AMIS 401-420 DISPOSITION GROUP must be defined as REFUSED TO PAY since block placement is based on this data element. This count is displayed on segment 420 only.

BLOCK 40 - Regardless of disposition type, registration type, etc. the total number of patients who were registered with a NON-VETERAN eligibility code will be displayed in this block - segment 420 only.

AMIS Reports Menu
AMIS 401-420 Reports

DETERMINATION OF SEGMENT ON WHICH A REGISTRATION WILL FALL

a. If patient is registered with a service connected eligibility code:

1) If service connected percentage not specified, place on segment 412 (Other SC).

2) If service connected percentage is NOT a number divisible by 10 and is NOT 0%, place on SEGMENT 412 (Other SC). Example would be a 25% SC veteran.

3) Place on Segment 401-411 based on service connected percentage of 100, 90, 80, 70, 60, 50, 40, 30, 20, 10 or 0 as appropriate.

b. If patient is registered with a non-veteran eligibility code, place on SEGMENT 420 (MT Copay Required).

c. If patient is registered with eligibility code PRISONER OF WAR, place on SEGMENT 413 (Former Prisoners of War).

d. If either the EXPOSED TO AGENT ORANGE or EXPOSED TO RADIATION prompts are answered YES, place on SEGMENT 414 (Agent Orange/Ionizing Radiation).

e. If patient is registered with eligibility code of either MEXICAN BORDER PERIOD or WORLD WAR I, place on SEGMENT 415 (World War I).

f. If patient is registered with eligibility code of NSC, VA PENSION, place on SEGMENT 416 (VA Pensioner).

g. If during the registration process the user indicates that the patient is eligible for MEDICAID, place on SEGMENT 417 (Medicaid).

h. If none of the above conditions are met, then check the MEANS TEST file at the time the report is actually generated and determine segment placement (418-420) as follows: if patient met any of the above criteria, the segment of placement is stored at the time of disposition (or whenever the disposition log is edited) and used when generating the report.

AMIS Reports Menu
AMIS 401-420 Reports

DETERMINATION OF SEGMENT ON WHICH A REGISTRATION WILL FALL

When checking the MEANS TEST file, the date which occurred nearest to (but not after) the registration date/time will be used for classification purposes.

1) If patient is NOT in the MEANS TEST file, place on SEGMENT 418 (MT Copay Exempt).

2) If there was no means test applied prior to the disposition date/time, place on SEGMENT 418 (MT Copay Exempt).

**3) If the patient is identified as CATEGORY B, place on SEGMENT 419 (Category B).

4) If the patient is identified as MT Copay Required or the means test is PENDING ADJUDICATION, place on SEGMENT 420 (MT Copay Required).

5) If the patient is identified as MT Copay Exempt, REQUIRED or MEANS TEST NO LONGER REQUIRED, place on SEGMENT 418 (MT Copay Exempt).

**To reflect the elimination of Category B as a Means Test category, AMIS Segment 419 had had the INACTIVATION DATE field of the AMIS SEGMENT file set to October 1, 1991. If the last day of the AMIS month/year being printed is on or after the inactivation date, Segment #419 will not print. For dates prior to the inactivation date, Segment #419 will continue to print.

Bed Availability

The Bed Availability option produces a listing of available beds. You may choose to see the bed availability for a single ward (abbreviated listing) or multiple wards or services (expanded listing). You can choose to have the room-bed description displayed on either listing.

The expanded report can be sorted by ward or service. One, many, or all wards/services may be selected. The user may also select to have the report show future scheduled admissions and/or lodgers. If there are no beds available on a selected ward/service, a message stating this will be displayed.

Disposition Outputs Menu
Disposition Time Processing Statistics

This option provides a printout of registration/disposition time statistics for a given period.

The report is sorted by disposition action, listing the number of patients dispositioned for each action and the average processing time per disposition. It is further broken down to show the number of dispositions within 1 hour, 2 hours, 8 hours, 24 hours, 48 hours, 72 hours, 7 days, 30 days, and over 30 days of registration.

This report includes neither applications without an examination, applications for nursing, domiciliary, or dental care nor does it include undispositioned registrations. You may, however, choose to print a listing of undispositioned registrations for the selected time period. This report includes patient name, SSN, division, and registration date/time.

At multidivisional sites, a summary table showing the totals for each division is provided. If there are patients not associated with any division, those patients will print on a separate page with a heading of UNSPECIFIED.

Disposition Outputs Menu
Log of Dispositions

The Log of Dispositions option provides a report of patient disposition records.

The report may either be produced for all dispositions (open and closed dispositions within a specified log-in date range) or "in process" dispositions. "In process" shows open dispositions only. The report will be sorted by log-in date/time. A YES will appear in the 10-10T column if the registration was entered using the 10-10T form.

If you are at a multidivisional facility, you may select to have the report broken down by division.

If you choose all dispositions and a lengthy date range, it may be best to queue production for off-hours.

Disposition Outputs Menu
Summary of Dispositions

The Summary of Dispositions option provides a report of dispositions by disposition type for a selected date range.

The report will show the number of dispositions in the 10-10 visits, unscheduled visits, and applications without exam categories by disposition type. Totals will also be provided.

If you are at a multidivisional facility, the report will be separated by division.

Enrollment Reports
Enrolled Veterans Report

This option is used to produce the Enrolled Veterans Report. The report contains a summary of the number of patients in each enrollment priority group and includes the enrollment category (Enrolled, Not Enrolled, and In Process)

The only prompt is for device.

For information about how a veteran's priority is derived, please refer to the Enrollment Priority Algorithm section found in the ADTBE.pdf file.

Enrollment Reports
Pending Applications for Enrollment

The Pending Applications for Enrollment option is used to generate a list of patients with enrollment statuses of *Unverified* and *Pending* for selected facilities within a specified date range. The report is sorted by preferred facility and enrollment status. Patients are listed chronologically by appointment date.

You are prompted to select a date range, the facilities you want to include in the report, and a device. If you print the report to include ALL facilities, the report will include only selected institutions as determined by the patients' chosen preferred facility.

Enrollment Reports
Enrollees by Status, Priority, Preferred Facility

The Enrollees by Status, Priority, Preferred Facility option is used to produce a report that provides counts of patients by preferred facility, enrollment status, and enrollment priority.

The report is divided into two parts, Summary Statistics and Patient Listing. The Patient Listing portion of the report will only be printed if you choose to include the list of selected patients. You may select one/many/all enrollment statuses and enrollment priorities if you include the list of patients. Otherwise all applicable statuses and priorities will be included in the report.

If you choose to include the list of patients, the following patient-specific information will be displayed.

- name
- SSN
- date of birth
- enrollment status
- enrollment priority
- enrollment date
- end date
- enrollment category

Enrollment Reports
Upcoming Appointments without Enrollment

The Upcoming Appointments without Enrollment option is used to generate a report of patients with future appointments who are not enrolled and do not have pending enrollment applications.

You are prompted to enter a date range in the future. You can sort by all clinics, all clinics in a particular division(s), or individual clinics. For patients with multiple appointments, you may choose to list only the first appointment or to list all appointments.

Enrollment Reports
EGT Impact Report

After the EGT change is received at the medical center and the MailMan bulletin has been sent to notify staff of the changes, a process is needed to allow the staff to determine which specific veterans may be affected by the EGT change. Four separate reports which may be generated through this option provide this information.

Sort criteria includes *preliminary* reports or *actual* reports.

- If preliminary is selected, the output is calculated based on a comparison of the EGT setting and the veteran's enrollment priorities as recorded in VISTA.

- If actual is selected, the output is calculated based on a comparison of the EGT setting and the veteran's enrollment priorities as provided by HEC and recorded in VISTA.

Sort criteria includes *summary* reports or *detail* reports.

- If summary is selected, the output provides a count, by enrollment priority, of those patients potentially affected (preliminary) or actually affected (actual) by the EGT change.

- If detailed is selected, the output provides patient specific information and enrollment information. The selection of actual or preliminary is a key factor in this output. The user may choose to include future appointments in the detailed reports.

EGT Preliminary Summary Impact Report - This report provides a preliminary, summarized count of patients who are potentially affected by the EGT change.

EGT Preliminary Detailed Impact Report - This report provides a preliminary, detailed count of patients who are potentially affected by the EGT change and includes patient information and enrollment information.

EGT Actual Summary Impact Report - This report provides a count of patients who are actually affected by the EGT change.

EGT Actual Detailed Impact Report - This report provides a detailed count of patients who are actually affected by the EGT change and includes patient information and enrollment information.

Gains and Losses (G&L) Sheet

The Gains and Losses (G&L) Sheet option is used to generate the daily Gains and Losses Sheet, Bed Status Report, and Treating Specialty Report for the medical center. A display of how the G&L parameters are set at your facility appears after the option is selected.

The first portion of this report (Gains and Losses Sheet) provides information concerning patient movement for the date selected. It shows all gains (admissions, transfers in from other facilities, returns from authorized and unauthorized absence) and losses (discharges, transfers out, and deaths). Interward transfers are counted as both a gain and loss. It also displays lodger checkins/checkouts. Admission type (direct, ambulatory care, etc.) and discharge type (regular, service connected, non-service connected, etc.) are specified. Applicable patient names, social security numbers, and ward locations are listed under the appropriate sections. The total number in each category is displayed next to the heading. Nursing home totals may be listed separately. Corrections to previous G&L Sheets may also appear in this portion of the report.

Footnotes which may appear on the G&L include the following. They will only appear if there is an applicable patient for the day the G&L is printed.

+	Third Party Reimbursement Candidate
a	MT Copay Exempt veteran
c	MT Copay Required veteran
g	GMT Copay Required veteran
r	Current Means Test Required but not Completed
#	Discharge within 48 hours of admission

The plus sign (+) appears if the patient has private medical insurance and the REIMBURSE field in the INSURANCE COMPANY file is not set to NO. If the patient has multiple insurance policies, the indicator will appear even if only one policy has the REIMBURSE field not set to NO.

Whether or not information concerning patients on authorized absence and patients on pass less than 96 hours appears on the G&L Sheet will depend on how the site parameters are set at your facility. The parameters may also be set to print your nursing home, domiciliary, and medical center data on separate sheets. At multidivisional facilities, the parameters may be set differently for each division. A separate G&L Sheet will be printed for each division at multidivisional facilities.

Gains and Losses (G&L) Sheet

The Bed Status report is the second portion of the G&L Sheet. While the first portion provides actual patient names, this section provides only statistical information. Each ward in the service is listed with the following information: bed section, number of patients previously reported, gains, losses, number of patients remaining, those on pass, authorized absence, unauthorized absence and absent-sick-in hospital, vacant beds, beds out of service, operating beds, number over capacity, authorized beds, cumulative occupancy rate, and cumulative patient days. The totals for each service are shown as well as a grand total line. Nursing Home Unit totals may be listed separately.

The Bed Status report portion of the G&L Sheet lists the planned and actual cumulative ADC (Average Daily Census) for the medical center, nursing home unit, and domiciliary unit (if applicable). Cumulative totals for admissions, discharges, interward transfers, interservice transfers, and patient days are listed for each service for the last fiscal year and current fiscal year. A grand total line may also be shown. Elapsed fiscal days are displayed.

The G&L sheet has been enhanced by adding a third portion - an output that displays statistical data in terms of treating specialty. This Treating Specialty Report (TSR) reflects inpatient activity by the actual treating specialty assigned to each patient movement. Proper crediting of workload regarding "boarders" will now take place as the credit will be to treating specialty as opposed to a ward location.

Each facility treating specialty in each service is listed with the following information: previous patients remaining, gains, losses, current patients remaining, those on pass, authorized absence, unauthorized absence and absent-sick-in hospital, average daily census, and cumulative patient days of care. The totals for each service are shown as well as a grand total line. Nursing Home Unit totals may be listed separately.

Gains and Losses (G&L) Sheet

In addition to generating the G&L Sheet, this option is also used to enter the projected figures for cumulative and monthly planned ADC. At multidivisional facilities, these prompts will appear for each division. At the beginning of each fiscal year, the projected figures for cumulative planned ADC are entered at each of the following prompts.

CUM PLANNED ADC
*CUM PLANNED NH ADC
*CUM PLANNED DOM ADC

At the beginning of each month, the projected figures for monthly planned ADC are entered at each of the following prompts.

MONTHLY PLANNED ADC
*MONTHLY PLANNED NH ADC
*MONTHLY PLANNED DOM ADC

These figures will subsequently appear as defaults at these prompts each time the report is run. The user may then default through these prompts to print the G&L Sheet.

When running the G&L for T-l (yesterday), the user will be asked "TRANSMIT OVERDUE ABSENCE BULLETIN?" if a mail group has been specified for OVERDUE ABSENCES GROUP in the Bulletin Selection option. If YES is answered, a background job will run which will look at all inpatients and determine: 1) have they been on pass more than 4 days 2) have they been on authorized absence more than 30 days (NHCU/DOM) 3) have they been on authorized absence more than 14 days (VAMC) 4) have they been on unauthorized absence more than 30 days. If any of these conditions are met, a message will be transmitted to the mail group selected by the facility showing those patients now overdue.

Provided at the end of this option documentation is an explanation of system messages which may appear while using this option and an explanation of the columns on the Bed Status Report portion of the G&L Sheet.

*Only applies to facilities with nursing home and/or domiciliary units.

Gains and Losses (G&L) Sheet

1) If a G&L Sheet is printing at the time this option is called, the following message will be displayed and you will be exited from the option.

   "G&L is already running started at {date and time}"

2) If the "Recalculate G&L Cumulative Totals" function is running at the time this option is called, the following message will be displayed and you will be exited from the option.

   "Recalc is running and currently processing on {date}
   Do you wish to print G&L anyway?"

3) If the G&L Sheet has not been run in the last 7 days at the time this option is called, the following message will be displayed and you will be exited from the option. Utilize the Recalculate G&L Cumulative Totals option.

   "G&L has not been run in last week use recalc first"

4) If you enter a date to print the G&L before the date defined in EARLIEST DATE FOR G&L MAS parameter, the following message will be displayed.

   "Date entered is too early, Earliest date allowed is {date}"

5) If ward census has not been collected for date selected, the following message will appear after the site name.

   "WHAT WAS THE CENSUS ON {date}?"

Gains and Losses (G&L) Sheet

The following are the formulas and/or manner derived for the G&L/BSR columns.

Column	Title	Formula and/or Manner Derived
1	Ward	NAME field (#.01) of the WARD LOCATION file (#42). 7 characters displayed out of 2-30 allowed.
2	Bed Section	BEDSECTION field (#.02) of the WARD LOCATION file (#42). 10 characters displayed out of 2-10 allowed.
3	Prev Rem.	PATIENTS REMAINING field (#1) of the CENSUS file (#41.9). [prior day patients remaining on this ward as of midnight]
4	Gain	GAINS-TOTALS [CUM] field (#28) of the CENSUS file (#41.9) (current census day) **minus** GAINS-TOTALS [CUM] field (#28) (prior census day).
5	Loss	CUM LOSSES field (#24) of the CENSUS file (#41.9) (current census day) **minus** CUM LOSSES field (#24) (prior census day).
6	Pt's Rem.	PATIENTS REMAINING field (#1) of the CENSUS file (#41.9) (current census day). [Prev Rem. (prior census day) **plus** Gains **minus** Losses (current census day).]
7	Pass	PATIENTS ON AA<96 field (#105) of the CENSUS file (#41.9). [Patients on PASS as of that day - **not cumulative**.]
8	AA	PATIENTS ON AUTHORIZED ABSENCE field (#106) of the CENSUS file (#41.9). [Number of patients on AA on that census day - **not cumulative**.]
9	UA	UNAUTHORIZED ABSENCE field (#107) of the CENSUS file (#41.9). [Number of patients on UA on that census day - **not cumulative**.]
10	ASIH	ASIH field (#108) of the CENSUS file (#41.9). [Number of patients on ASIH on that census day - **not cumulative**.]
11	Vacant Beds	OPERATING BEDS field (#102) of the CENSUS file (#41.9) (current census day) **minus** PATIENT REMAINING (#1) field (current census day). [**opposite of over capacity**.]
12	Beds OOS	BEDS OUT OF SERVICE field (#109) of CENSUS file (#41.9). This field is populated when the user enters a bed out of service through Bed Out-of-Service Date Enter/Edit option found under Supervisor ADT menu.

Gains and Losses (G&L) Sheet

Column	Title	Formula and/or Manner Derived
13	Oper Beds	OPERATING BEDS field (#102) of CENSUS file (#41.9). [**** Computed - NOT user editable ****] [AUTHORIZED BEDS field (#110) **minus** BEDS OUT OF SERVICE field (#109) of the CENSUS file (#41.9)]
14	Over Cap. Beds	PATIENTS REMAINING field (#1) **minus** OPERATING BEDS field (#102) of the CENSUS file (#41.9). [**opposite of vacant beds**]
15	Auth Beds	AUTHORIZED BEDS field (#110) of the CENSUS file (#41.9). This figure is entered based on hospital beds that have been authorized by VA Central Office for a particular facility.
16	Cum ADC	CUM PATIENT DAYS OF CARE field (#2) of the CENSUS file (#41.9) **divided by** days in service (days into fiscal year minus out of service days).
17	Cum Occ. Rate	CUM PATIENT DAYS OF CARE field (#2) of the CENSUS file (#41.9) **divided by** CUM BEDS field (#3) **multiplied by 100**.
18	Cum Patient Days	CUM PATIENT DAYS OF CARE field (#2) of the CENSUS file (#41.9). Continually **add** each day's PATIENT DAYS OF CARE, e.g., if yesterday's **CUM PATIENT DAYS OF CARE** is 1300, and today's **PATIENT DAYS OF CARE** is 500, the CUM PATIENT DAYS OF CARE for today would equal 1800.

Inconsistent Data Elements Report

The Inconsistent Data Elements Report option generates a report of patients identified by the Consistency Checker as having inconsistent/unspecified data in their records for a selected date range. This report contains entries in the INCONSISTENT DATA file (#38.5).

The Consistency Checker must be turned ON at your site in order to run this report.

You may elect to run this report within a specified date range of either admission dates, identification dates (dates inconsistent/unspecified data were identified), or registration dates. It may be listed by terminal digit or patient name.

The listing will include the patient name, home phone #, social security number, date of identification, initials of person who last edited the file, and the number(s) corresponding to the inconsistent/unspecified data elements. A legend will be given at the bottom of the report showing what inconsistent/unspecified data item each number corresponds to.

Inpatient/Lodger Report Menu
Absence List

The Absence List option provides a listing of all inpatients who are absent from the medical center on a particular date on pass, authorized absence, or unauthorized absence. Patient names are listed alphabetically by last name along with patient ID#, type of absence, date patient left, date of return, and ward location.

At multidivisional facilities, the report is separated by division.

Inpatient/Lodger Report Menu
ASIH Listing

The ASIH (absent sick in hospital) Listing option provides a listing of patients, for a selected date, who are residents of the Nursing Home Care Unit or Domiciliary Unit but who are currently hospitalized on an acute care ward. Patients are listed alphabetically. Patient ID number, date placed on the ASIH List, and current ward location are also provided.

At multidivisional facilities, the report will be sorted by division.

Inpatient/Lodger Report Menu
Current Lodger List

The Current Lodger List option is used to produce a listing of lodger patients. At multidivisional facilities, a listing may be printed for one/many/ all divisions.

The list may be generated for one/many/all wards and you may request the listing to include lodgers at another facility. This list is generated in chronological order by check-in date within each ward.

Information on the output will include: patient name, short ID, date the lodger checked in, bed assignment, reason for lodger status, and any additional comments. The listing should be printed at 132 columns.

Inpatient/Lodger Report Menu
Female Inpatient List (Current)

The Female Inpatient List (Current) option provides a listing of females who are currently inpatients in the medical center. The only prompts are for device.

The Female Inpatient List is usually sorted alphabetically by name and will include patient ID#, ward location, room-bed, and date admitted. Supervisors may change the format of this report by selecting a template through the Template Selection option of the ADT System Definition Menu. At multidivisional facilities, the report will be broken out by division.

Inpatient/Lodger Report Menu
Historical Female Inpatient List

The Historical Female Inpatient List option is used to provide a listing of female inpatients for a specific day in the past.

The listing is usually sorted by name and will include patient ID#, ward, room-bed, and date admitted. The Supervisor may choose to change the format of the output by choosing a template through the Template Selection option of the ADT System Definition Menu.

At multidivisional facilities, the report will be broken out by division.

Inpatient/Lodger Report Menu
Historical Inpatient Listing

The Historical Inpatient Listing option is used to provide a listing of inpatients for a specified date.

Patients are listed in alphabetical order by ward and you may choose all wards or a range of wards. The report will include patient name, PT ID#, date admitted, last transfer date, date of discharge, and pass status. If you are at a multidivisional facility, the report will be broken out by division. Subcounts for each ward will be given and cumulative subcounts per division will be noted. A total count is also provided.

Note that such a report may be time consuming to run and you may opt to produce this report during off-hours depending on the size of your database and the range of your specifications.

Inpatient/Lodger Report Menu
Inpatient Listing

The Inpatient Listing option provides a listing of current inpatients.

The report may be sorted by patient name or ward. You may select the report with a ward breakout which will print all interward transfers during this admission. If ward breakout is not selected, only the current ward will be shown. If ward breakout is selected, you may also elect to have the listing generated with a DRG breakout. The message "No DRG can be calculated" will appear when there is not enough information to allow for DRG calculation.

The figure listed on the report after "TOTAL" in the Ward Location column indicates the cumulative movements of that single patient. For patients who are currently ASIH, only the transfers which occurred during this ASIH admission will be listed.

Information which may be provided on the output includes patient ID#, admission/transfer date, ward location, length of stay, and days on authorized absence, pass, unauthorized absence, and ASIH. DRG information may include average LOS, trim values, etc.

Note that such a report may be time-consuming to run and you may opt to produce this report during off-hours depending on the size of your database and the ranges specified.

If DRG breakout is selected, the output should be generated at a 132 column margin width.

Inpatient/Lodger Report Menu
Inpatient Roster

The Inpatient Roster option generates a listing of current inpatients by ward or provider. If sorted by ward, the report may be run for one/many/all divisions and one/many/all wards. Selected wards must be associated with selected divisions at multidivisional facilities. If sorted by provider, the report may be run for one/many/all providers. Sorting by provider, you will be further prompted for primary physician, attending physician, or either. If either is chosen, the report will list a patient entry if the provider is either the attending or primary physician. This could result in a given patient potentially being listed twice; once under his attending physician and once under his primary physician. A secondary sort is by room number or patient name.

The following information may be displayed for each patient on the listing: name, ID, age, admission date, number of days hospitalized, ward, room-bed, primary physician, attending physician, treating specialty, and current Means Test status.

The user may choose how many copies to print and may request the report be double spaced. The report requires printing at 132 column output.

Inpatient/Lodger Report Menu
Insurance List of UNKNOWNs for Inpatients

The Insurance List of UNKNOWNs for Inpatients option is used to produce a list of active patients with unknown or unanswered insurance data.

You may choose to display the report for a date range or the current date. You may also choose to include service-connected inpatients.

The report will list the patients in alphabetical order and will include the following information: patient ID#, date of birth, the date and time of admission, and whether or not the patient is a veteran and/or service connected. A patient will appear on the list if either the information was unknown or the prompt was left unanswered by the user at the time the insurance data was being entered into the system. A "#" is used to distinguish the patients whose insurance data was unanswered from those whose information was unknown.

If you are at a multidivisional facility, the report will be sorted by division. A totals page for the entire medical center is also provided.

Inpatient/Lodger Report Menu
Lodgers for a Date Range

The Lodgers for a Date Range option is used to produce a listing of lodger patients at your facility for a specified date range. At multidivisional facilities, a listing may be printed for one/many/all divisions.

The list may be generated for one/many/all wards and you may request the listing to include lodgers at another facility. The report will be generated in chronological order by check-in date within each ward.

Information on the output will include: patient name, short ID, date the lodger checked in, bed assignment, reason for lodger status and, if applicable, the date the lodger checked out, length of stay, disposition, and any comments. The listing should be printed at 132 columns.

Inpatient/Lodger Report Menu
Patient Movement List

The Patient Movement List option is used to produce a listing of all patient movements from a specified date/time in the past to the current date. The starting date for this list cannot be more than five days in the past. The report will include all admissions, discharges, and transfers that occurred within the designated time frame. This listing will be generated in chronological order by admission/ discharge/transfer date. If a time is not entered, all movements for the selected date range will be displayed.

Data supplied on this listing will include: date range of report, patient name and ID#, date/time of movement, and the "to and from" locations.

Inpatient/Lodger Report Menu
Religion List for Inpatients

The Religion List for Inpatients option is used to produce a list of inpatients with their religious affiliations.

You will be asked to choose whether to display the report for a date range or current date. If you select date range, the report will display all patients that were admitted to the medical center during the range of dates you specify. If you select current date, the report will display only those patients who are currently inpatients.

You may list the report by religion or ward. You may choose to include those patients whose religion is "not specified". If the report is listed by religion, the major sort is by religion and within each religion the patient names are sorted by ward. Each religion is printed on a separate page. If the report is listed by ward, the major sort is by ward and within each ward the patient names are further sorted by religion. Each ward is printed on a separate page.

In addition to the patients' religion and ward, the following information will be included in this report: room number, patient name, patient ID#, and the date and time of admission.

If you are at a multidivisional facility, the report will also be sorted by division.

Inpatient/Lodger Report Menu
Seriously Ill Inpatient Listing

The Seriously Ill Inpatient Listing option provides a listing of those patients currently on the Seriously Ill List.

The report is sorted by name and includes patient ID#, ward location, room-bed, religious preference, and the date that the patient was entered on the Seriously Ill List. The Supervisor may change the format of this report through the Template Selection option of the ADT System Definition Menu, if desired.

If you are at a multidivisional facility, the report will be separated by division.

Inpatient/Lodger Report Menu
Treating Specialty Inpatient Information

The Treating Specialty Inpatient Information option is used to generate outputs containing treating specialty inpatient information for a specified date. Three separate reports may be generated.

The patient listing by ward and patient listing by treating specialty reports print individual patient information such as name, ID, admission date, last facility treating specialty (for listing by ward), inpatient ward (for listing by treating specialty), last treating specialty service, and absences. Subcounts and totals are included.

The patient count by treating specialty report prints the subcounts and totals for each facility treating specialty by division. Other than information on absences, individual patient information is not provided.

Depending on your facility and the reports selected, this output could be quite lengthy. You may wish to queue it for off-hours.

When printed, each report will begin on a separate page.

Means Test Outputs
Hardship Review Date

The Hardship Review Date option is used to generate a listing of patients for a selected date range, whose hardship review date falls within that range. Hardship exemptions are usually reviewed annually.

The output includes the date range, report run date, patient name, patient ID, and hardship review date.

Means Test Outputs
List Required/Pending Means Tests

The List Required/Pending Means Tests option is used to generate a listing of patients who either require Means Testing or whose Means Tests are pending adjudication. The patient name, patient ID number, Means Test source, and date of test are provided. The patients are listed in alphabetical order on the output.

You will be prompted for the Means Test status (REQUIRED or PENDING ADJUDICATION), a date range, and a device.

Means Test Outputs
Means Test Indicator of 'U' Report

The Means Test Indicator of 'U' Report option is used to list PTF records, within a specified date range, for which the Means Test is not done or not completed. The system searches every PTF record for each patient in the date range selected for a Means Test indicator of 'U'. It then determines, by looking at the patient record in the PATIENT file, if the indicator should still be 'U'. If so, these patients are listed on the report. If not, the system updates the Means Test indicator to the appropriate value in the PTF record and these patients will not appear on this report.

The user may choose to run the report for either a discharge date range or admission date range. The report can be sorted by patient last name or terminal digit (social security number). Information provided includes patient name and social security number, PTF number, and applicable date of test. This date is the Means Test date that is used to determine the Means Test indicator, as it may be possible to have more than one Means Test date for a single admission.

The system looks for the closest Means Test date previous to the discharge date for the applicable date of test. If there is no discharge date, it will search for the closest test date previous to the admission date. If no test date is found, the date shown on the report in the applicable date of test column will be the admission date if admission date range is chosen and the discharge date if discharge date range is chosen. These dates are signified on the report by a double asterisk (**).

Means Test Outputs
Means Test Specific Income Amount Report

The Means Test Specific Income Amount Report is used to print veteran information for those who reported a specific dollar amount. The user will be asked for a date range and an income range.

The output includes veteran name, social security number, income amount, and the date the Means Test was completed.

Means Test Outputs
Means Test Specific Income Less Threshold Report

The Means Test Specific Income Less Threshold Report is used to print veteran information for those whose income fell below the threshold amount by a specified dollar amount. The user will be asked to enter a dollar range.

The output includes veteran name, social security number, dollars below threshold, and Means Test completion date/time.

Means Test Outputs
Means Test w/Previous Year Threshold

The Means Test w/Previous Year Threshold option is used to generate a listing of patients, for a selected date range, that have had a Means Test using the prior year thresholds, as the current year thresholds were not yet available.

The output includes the date range, report run date, patient name, patient ID, and date of test.

Means Test Outputs
Patients Who Have Not Agreed to Pay Deductible

The Patients Who Have Not Agreed to Pay Deductible option is used to generate a listing of "active" patients, for a selected date range, who have not agreed to pay the Means Test deductible. Active includes any dispositions, patient movements, or clinic appointments 365 days back from the beginning date of the date range. Future clinic appointments and scheduled admissions are also checked.

The output includes the date range, report run date, patient name, Means Test status, patient ID, Means Test source, and whether occurrence found was in the past, future, or in house. In house is a current inpatient, past is within the selected date range, and future is after the current date/time.

Means Test Outputs
Required Means Test At Next Appointment

The Required Means Test At Next Appointment option is used to generate a listing of patients, for a selected date range, who will require a new Means Test at their next appointment.

You may select to report one/many/all divisions and one/many/all clinics. The output includes the date range, report run date, clinic name, division, patient name, patient ID, appointment date/time, appointment type, Means Test status, and date of incomplete Means Test.

N/T Radium Treatment Pending Verification List

This option is used to generate a list of patients who claim to have received Nose and/or Throat Radium Treatment while in the military, and whose claims are pending either the documentation verification or the verification of diagnosis of head and/or neck cancer. The list can be sorted alphabetically by patient name or by the date/time the claim was entered.

The first section of the list contains patient names that are pending documentation verification. The second section of the list contains patient names that have verified documentation, but are pending verification of a diagnosis of head and/or neck cancer.

Information provided in the report includes the following.

SSN	Social Security Number
NT	Yes/No/Unknown - Does the patient claim to have received nose and/or throat radium treatment while in the military?
AVI	Yes/No - Did the patient serve as an aviator in the military before 1/31/55?
SUB	Yes/No - Did the patient have submarine training in the military before 1/1/65?

Pending/Open Disposition List

This option is used to print a list of open and pending dispositions (excluding unscheduled visits) within a specified range of registration dates.

Each patient registration for care must receive a corresponding disposition. A disposition shows the final outcome of the registration; whether the patient was admitted, treated and released, scheduled for a return visit, etc. An open disposition is a registration which has not received a disposition. A pending disposition is a registration which was dispositioned with a disposition type of PENDING DETERMINATION.

Your system uses the data gathered through the registration and disposition processes to compile the AMIS 401-420 series reports. You will not be able to run this AMIS report if you have open dispositions within the date range specified. Also, you will not be able to reregister these patients until these open dispositions are dispositioned. If you have pending dispositions, the AMIS 401-420 report will run, however these dispositions will appear in the PENDING block of the report.

The output is sorted alphabetically by patient last name. For each patient, it will include the patient ID#, date/time of the registration, application type (benefit applied for), and whether it is open or pending.

If you are at a multidivisional facility, each division will be reported separately.

Print Patient Label

The new Veteran Identification Card, provided by the VIC Card Replacement project, does not allow for the embossing of protected health information. The Print Patient Label option was created to allow printing of labels containing that protected information; patient name, social security number, and date of birth. An optional fourth line contains the patient's inpatient location (ward and room #). The labels may then be affixed to medical record forms in lieu of using the embossed cards to imprint the information.

If you choose to print the inpatient location on the label and the patient is not an inpatient, the label will read "Ward: UNKNOWN".

The option supports plain text printing to dot matrix and laser printers by prompting for the number of lines that the label stock can contain. In addition, bar code labels printers, such as Zebra and Intermec, are supported on systems that have the appropriate Kernel patch installed (XU*8*205).

An example of how the label may appear is provided below.

```
Name: ONE,TESTPATIENT
 SSN: 123-45-6789
 DOB: 01/10/1940
Ward: SURG 32-3
```

Scheduled Admission Statistics

The Scheduled Admission Statistics option is used to generate statistics, for a specified date range, for patients scheduled for admission versus those which were cancelled. The report is broken down by ward/treating specialty showing the total number of scheduled admissions and total cancellations. Cancellations are further broken down by reason for cancellation. The cancelled scheduled admissions are categorized by the entries in other options such as Cancel a Scheduled Admission, Death Entry, and Gains and Losses (G&L) Sheet. Subtotals are provided for each ward/treating specialty.

At multidivisional facilities, a separate report will print for each division.

Scheduled Admissions List

This option provides a printout of scheduled admissions within a selected date range. The user has the option of producing reports listing future scheduled admissions which have been cancelled, future scheduled admissions which are still active, or both. The report is sorted chronologically by date of scheduled admission.

Information provided in the report includes division name, patient's name, last four digits of social security number, phone number, reservation date, treating specialty or ward location, care provider, whether or not the patient is to undergo surgery, the scheduled admission's status, etc. At multidivisional facilities, the report will be broken down by division.

The output format of this option may be changed by substituting a local template in place of the distributed template through the Supervisor ADT Menu option, Template Selection.

Treating Specialty Print

The Treating Specialty Print option provides a listing of treating specialties for your medical center. Information which may be provided includes facility treating specialty name, effective date, active status (YES/NO), treating specialty, providers, service, and abbreviation.

The EFFECTIVE DATE and ACTIVE? fields will be displayed for both the facility treating specialties (NAME column on the report) and the associated treating specialties from the SPECIALTY file (SPECIALTY column on the report).

The report can be sorted by one or more fields. (Consult the VA FileMan user manual for information on sorting techniques, if necessary.)

Depending on the sort specifications you have selected, the following prompt may appear: "Store in 'SORT' Template". If this prompt does appear and you wish to set up a sort template, please refer to the VA FileMan user manual for further assistance with sort templates.

Depending on the ranges you specify and the size of your database, the report may be quite lengthy. You may wish to queue the report to run during off-hours.

VBC Form By Admission Date

This option provides a printout of the Veterans Assistance Unit Record for each veteran patient admitted within a specified date range. Records will be printed alphabetically by name. The Veterans Assistance Unit Record replaces the card used by the Veterans Benefits Counselor (VBC).

The following information is included on the form: patient name, DOB, patient ID#, claim #, address, confidential address (if applicable), service data, admission data, monetary benefits, SC disabilities (if applicable), POW status, marital status, and Means Test category.

The bottom of the form provides space for the counselor to keep a record of the veteran's visits to his/her office.

VBC Form for Specific Patient

This option generates a printout of the Veterans Assistance Unit Record for a specific veteran patient or for a group of patients (up to 15). Records are printed alphabetically by name. The Veterans Assistance Unit Record replaces the card used by the Veterans Benefits Counselor (VBC).

The following information is included on the form: patient name, DOB, patient ID#, claim #, address, confidential address (if applicable), service data, admission data, monetary benefits, SC disabilities (if applicable), POW status, marital status, and Means Test category.

The bottom of the form provides space for the counselor to keep a record of the veteran's visits to his/her office.

The Veterans Assistance Unit Record would be printed for every patient on the list.

Waiting List Output

The Waiting List Output option is used to generate a listing of those patients entered through the Waiting List Entry/Edit option who are currently awaiting future admission. The only prompts are for device selection.

The report will include the patient's name, priority group number, bedsection the patient is applying to, treating specialty, date/time of application, and whether or not the patient is service connected. At multidivisional facilities, the report will be separated by division.