

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

User Manual - MAS Code Sheet Manager Menu

User Manual - Means Test Supervisor Menu

User Manual - PTF Menu

User Manual - Registration Menu

User Manual - RUG-II Menu

User Manual - Security Officer Menu

User Manual - Supervisor ADT Menu

User Manual - Veteran ID Card Menu

Revision History

Initiated on 11/5/04

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
11/5/04	DG*5.3*564 - HEC VistA Enhancements	Gerry Lowe	Thomas Hamilton
11/23/04	Manual updated to comply with SOP 192-352 Displaying Sensitive Data	Lyn Litwa	Corinne Bailey
8/5/05	DG*5.3*666 Enhancements - add 2 options to Security Officer Menu	Zach Fain	Corinne Bailey
8/12/05	DG*5.3*624 - 10-10EZ 3.0 Enhancements	Melissa Livingston	Tom Hamilton
11/3/05	DG*5.3*635 Enhancements – PTF 801 screen updates	Jeff Podolec	Nancy Armitage
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
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
3/22/06	DG*5.3*687 - Remove PTF Archive/Purge function	Carol Greening	Tim Dawson
6/20/06	DG*5.3*702 - Edit Census Date Parameters option changed to display only	Carol Greening	Tim Dawson
7/14/06	DG*5.3*694 – Added new option, Invalid State/Inactive County Report, to Registration Menu	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
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

Revision History

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
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
9/6/07	DG*5.3*729 - PTF Fields No Longer Needed - enhancements	Zach Fain	Corinne Bailey
6/4/08	DG*5.3*644 – Home Telehealth – enhancements	Zach Fain	Corinne Bailey
1/29/09	Name change update - Austin Automation Center (AAC) to Austin Information Technology Center (AITC)	Kevin Jackson	Tavia Leonard
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

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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.

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 "??". 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?
- SC AWARD DATE
- TOTAL ANNUAL VA CHECK AMOUNT
- VETERAN Y/N?
- SERVICE CONNECTED?
- SERVICE CONNECTED PERCENTAGE
- 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?
- SW ASIA CONDITIONS?
- PRIMARY ELIGIBILITY CODE
- PATIENT ELIGIBILITIES ← *Uploaded data will replace the data currently in the file.*
- P&T
- UNEMPLOYABLE
- RATED INCOMPETENT?
- INELIGIBLE DATE
- INELIGIBLE REASON
- INELIGIBLE VARO DECISION
- ELIGIBLE FOR MEDICAID?
- 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
- CATASTROPHIC DISABILITY:
 - REVIEW DATE
 - DECIDED BY
 - FACILITY MAKING DETERMINATION
 - DATE OF DECISION
 - PROJECT 112/SHAD INDICATOR
 - AGENT ORANGE EXPOSURE LOCATION

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.

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 	<p>[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]</p>
5	Veterans who have annual income and net worth below the Means Test threshold	<p>[Means Test Copay Exempt] OR [Eligible for Medicaid is Yes] OR [Receiving a VA Pension is Yes] OR [Eligibility Code of NSC, VA PENSION]</p>
6	All other eligible veterans who are not required to pay a copayment for their care	<p>[Eligibility Code of WORLD WAR I] OR [Eligibility Code of MEXICAN BORDER WAR] OR [Agent Orange Expos. Indicated is Yes] OR [Agent Orange Expos. Loc. is Yes] 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]</p>
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)	<p>[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.</p>

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, c, 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>
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>

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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 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.
2. 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.
3. 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.

Enrollment Priority Algorithm

4. 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.
5. If the current enrollment record does not meet any of the conditions in Rules 1-4 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.
6. 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
 - 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.

Enrollment Priority Algorithm

- 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.
7. If the enrollment record history does not support any of Rules1-6 above,
 AND
 The base priority is numerically greater than the EGT threshold,
 THEN
 The decision is to REJECT enrollment
8. 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-9 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-9 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.
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.
PAI	Patient Assessment Instrument
PAF	Patient Assessment File

Glossary

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

Glossary

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

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099 Transmission for Census Record

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Add/Edit/Delete Catastrophic Disability

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Code Sheets Ready for Batching
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Comprehensive Report by Admission
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Create a Code Sheet
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Z07 Build Consistency Check