Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1604
Transmittal Sheet
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DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Directive provides policy for electronic entry of administrative data into the Veterans Health Information Systems and Technology Architecture (VistA) and the Enrollment System (ES) at the Department of Veterans Affairs (VA).

2. SUMMARY OF MAJOR CHANGES: This VHA Directive updates the criteria for the local use and management of consistency checks in VistA and ES.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Chief Business Office (10NB) is responsible for the content of this Directive. Questions may be addressed to 202-382-2500.

5. RESCISSIONS: VHA Directive 1604, dated March 19, 2015, and VHA Directive 1126, dated May 5, 2015, are rescinded.

6. RECERTIFICATION: This VHA Directive is due to be recertified on or before the last working day of April 2021.

David J. Shulkin, M.D.
Under Secretary for Health

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DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

1. PURPOSE

This Veterans Health Administration (VHA) Directive provides policy for electronic entry of administrative data into the Veterans Health Information Systems and Technology Architecture (VistA) and the Enrollment System (ES) at Department of Veterans Affairs (VA). **AUTHORITY:** 38 U.S.C. 7301(b).

2. BACKGROUND

a. The administrative and demographic data that VHA collects is a key component of establishing and managing a patient's record and supporting VHA business functions. This information includes, but is not limited to, the following: addresses, personal contacts, employment and insurance information, military history, and eligibility for VA health care benefits. Complete and accurate administrative information facilitates business processes that support essential VHA functions, such as the provision of appropriate medical care, prescription services, eligibility for care, accurate billing, and access to complete health information. Incomplete or inaccurate patient demographic information can adversely affect patient safety.

b. In 2003, the Chief Business Office (CBO) and the Office of Health Information (OHI) formed the Administrative Data Quality Council (ADQC) to be responsible for creating the data quality vision, policy and goals as they relate to administrative data for VHA.

c. The VistA and Enrollment patient registration software completes consistency checks on enrollment data transmitted to ES to ensure its consistency and allows authorized users to maintain parameters to identify whether a check should be turned on or turned off.

3. POLICY

It is VHA policy that all administrative data be accurate and consistent.

4. RESPONSIBILITIES

a. **VA Medical Facility Director.** Each VA medical facility Director is responsible for ensuring that:

(1) Facility staff directly responsible for the entry of administrative data in VistA and ES is properly trained in the use of these guidelines; this includes staff at facilities with outpatient clinics and community-based outpatient clinics assigned to their jurisdiction;

(2) Each facility Enrollment Coordinator and supervisor involved in the activities of entering patient data follows the instructions provided in this Directive;

(3) All staff responsible for the entry of administrative and demographic information is informed of the requirements provided in this Directive;

(4) All staff involved in the entry of patient information adheres to the specific guidelines established by this Directive in order to ensure data accuracy and consistency;

(5) All staff involved in the entry of identity information adheres to VHA Directive 1906, Data Quality Requirements for Healthcare Identity Management and Master Veteran Index Functions;

(6) Appropriate staff members conduct a review of any local policies related to data entry to ensure those policies coincide with the guidelines set forth in this Directive;

(7) Primary and secondary points of contact (POCs) are designated to perform local monitoring for adherence to this Directive, to include, but not limited to, the following:

(a) Daily review of administrative data through the VistA INCONSISTENT DATA ELEMENTS REPORT to ensure information fields are complete and in the proper format and to;

1. Ensure inconsistencies that prevent transmission of data to ES are corrected within 1 business day of initial identification. VistA consistency checks that prevent Z07 transmissions to the HEC are listed in the Admission Discharge Transfer (ADT) User Manual - Supervisor ADT Menu available on the VistA Documentation Library at: http://www.va.gov/vdl/application.asp?appid=55; and

2. Ensure all inconsistencies that do not prevent data transmissions to ES are evaluated and corrected, if appropriate, within 10 business days of initial identification.

(b) Monthly review of administrative data entries through a random sample of 10 percent or 100 (whichever is less) of the new records to ensure information fields are accurate with a margin of error at the 95 percent confidence level with no more than plus or minus 2.5 percentage points. The VistA Log of Dispositions output and the FileMan screening on the "Date of Entered into File" field can be used to identify these records. *NOTE: Refresher training must be offered to staff when the error rate is below the acceptable level*;

(c) Periodically run the VistA PURGE INCONSISTENT DATA ELEMENTS option to purge administrative data from the VistA INCONSISTENT DATA file for those patients who have not registered or have been admitted since a selected date; and

(8) Any future consideration for local implementation of data entry guidelines that will affect data at a national level is referred to ADQC for approval prior to implementation. Requests must be submitted to the mail group at VHA Administrative Data Quality Council;

(9) Staff reviews active patient records and proactively correct foreign addresses, as well as contact patients for race, ethnicity, and gender identity information when using the VistA registration menu load/edit application and/or pre-registration software; and

(10) Appropriate staff ensures internal business practices exist so that compliance improvements are implemented in responses to issues identified by auditing and monitoring activities of the facility Compliance Committee which may include, but are not limited to, the following:

(a) Monitors are in place to review the integrity of enrollment data entered into VistA following, but not limited to, post-contingency or planned downtimes;

(b) Monthly VistA INCONSISTENT DATA ELEMENTS REPORT identifying inconsistent data elements and corrective actions status are generated by the designated point of contact (POC) and provided to the facility Compliance and Business Integrity (CBI) Officer; and

(c) CBI Officers review the VistA INCONSISTENT DATA ELEMENTS REPORT with the facility Compliance Committee on a quarterly basis or more often if necessary. The Compliance Committee evaluates the status of corrective actions, effectiveness of data integrity monitors and provides recommendations to senior leadership regarding improvement of internal controls and related local policies and procedures, as needed.

b. **Health Resource Center Director.** The Health Resource Center (HRC) Director is responsible for ensuring that:

(1) HRC staff directly responsible for the entry of administrative data into VistA is properly trained in the use of the guidelines in this Directive;

(2) Each HRC supervisor involved in the activities of entering patient data follows the guidance provided in this Directive;

(3) All HRC staff responsible for the entry of administrative and demographic information is informed of the requirements provided in this Directive; and

(4) All HRC staff involved in the entry of patient information adheres to the specific guidelines established by this Directive in order to ensure data accuracy and consistency.

c. **Consolidated Patient Account Center Director.** Each Consolidated Patient Account Center (CPAC) Director is responsible for ensuring that:

(1) CPAC staff directly responsible for the entry of administrative data into VistA is properly trained in the use of the guidelines in this Directive;

(2) Each CPAC supervisor involved in the activities of entering patient data follows the guidance provided in this Directive; and

(3) All CPAC staff responsible for the entry of administrative and demographic information is informed of the requirements provided in this Directive.

5. REFERENCES

a. United States Postal Service, Publication 28.

b. VHA Handbook 1907.01, Health Information Management and Health Records.

c. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook.

d. VHA Handbook 1605.1, Privacy and Release of Information.

e. VHA Directive 1906, Data Quality Requirements for Healthcare Identity Management and Master Veteran Index Functions.

f. 38 CFR 17.32.

g. 45 CFR 164.522(b).

DATA ENTRY INSTRUCTIONS

1. ADDRESSES

a. **State and Country Codes.** United States (U.S.) addresses are to follow the standard U.S. Postal Service (USPS) format as closely as possible. Publication 28 from the USPS outlines those standards. The Veterans Health Administration (VHA) Administrative Data Quality Council (ADQC) has a standard list of values which may not be altered for States and Counties in the VistA Standard List: State and County Codes, located on the ADQC Web site: http://vaww.vhadataquality.va.gov/index.php?option=com_phocadownload&view=category&id=15&Itemid=238&lang=en. ***NOTE:*** *This is an internal Department of Veterans Affairs (VA) Web site that it is not available to the public.*

b. **Temporary Address.** The temporary address field is used when the patient requests to be contacted at an address that is different from the patient's permanent address for a period of time specified by the patient. When the patient is temporarily at another location (i.e., seasonal travel to a different residence), the permanent residence is to remain in the permanent address field and the temporary address is entered into the temporary address field, with the applicable start and end dates. ***NOTE:*** *The permanent address is determined by which address the patient determines as their primary residence.*

c. **Confidential Address.** The confidential address field is used to mail a patient's correspondence to a separate address. Title 45 Code of Federal Regulations (CFR) 164.522 (b), protects individually identifiable health information, and applies to both computer-generated and manually-created correspondence. When the patient makes a verbal or written request to a staff member to allow for the receipt of written communications at an alternative address other than the permanent or temporary address of record, the patient <u>must</u> specify a "start date" for use of the confidential correspondence address. The start date cannot be a date in the past. The patient <u>may</u> specify an "end date" for use of the address, but an "end date" is not required. The confidential address categories are defined as:

(1) Eligibility and/or enrollment;

(2) Appointment and/or scheduling;

(3) Copayments and/or Veteran billing;

(4) Health records; and

(5) All others.

d. **Bad Address Indicator.** The Bad Address Indicator has four categories that must be used in the following manner.

(1) **No Entry.** No Entry indicates that the patient's address is assumed to be good.

(2) **Undeliverable.** Undeliverable indicates that a piece of mail was sent and returned to VA with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address. If a forwarding address is provided, the new information is entered into the patient's permanent address field, as appropriate.

(3) **Homeless.** Homeless indicates that a patient has no known address. The VA health care facility address may be used in conjunction with the Homeless indicator.

(4) **Other.** Other indicates that an address does not fit within Undeliverable or Homeless and it is not to be shared with other sites or used for mailing.

e. **Foreign Address**. The ability to enter a foreign address includes the patient's permanent, temporary, and confidential addresses. Upon entry of a country other than the United States (the default), VistA prompts the entry of a postal code rather than a zip code, and a province instead of a state and county.

(1) When a user encounters a foreign address that is currently in the system, the user must re-enter the address using the established structure. The structure asks the user to enter the country first, and then it prompts the user for the street address, city, province, and postal code.

(2) ARMY OR AIR FORCE POST OFFICE (APO) FLEET POST OFFICE ADDRESSING: According to the USPS, the proper way to address a letter to an APO or FPO is in the following format:

(a) SSGT Patient Mail
       Unit 2050 Box 4190
       APO AP 96278-2050

(b) SGT Patient Mail
       PSC 802 Box 74
       APO AE 09499-0074

(c) Seaman Patient Mail
       USCGC Hamilton
       FPO AP 96667-3931

(3) To enter an APO or FPO address into VistA, enter the address in the following manner:

STREET ADDRESS [LINE 1]: PSC 802 Box 74
STREET ADDRESS [LINE 2]:
ZIP+4: 09499

(a) Then select one of the following:

FPO*
CITY: // 1 FPO*

STATE: ARMED FORCES AF, EU, ME, CA

(b) If the zip code entered does not pull up the applicable FPO or APO, the appropriate VA medical facility staff should contact the VA National Service Desk to log a Remedy ticket and correct the file.

2. PHONE NUMBERS

a. Phone numbers will be entered using the format of (NNN)NNN-NNNN. In all cases, the area code will be entered as part of the number. If the number includes an extension, it should be entered by following the last number by a small "x" and the extension with no spaces (i.e., (NNN)NNN-NNNNxNNNN). If a work, home, or mobile phone does not exist, such fields will be left blank.

b. Country codes for foreign phone numbers may be located at: http://www.countrycallingcodes.com/index.html.

3. MARITAL STATUS

The marital status field contains standard values. The values provided in the standard file may not be altered at the local level. If a person's marital status is unknown, then the value "UNKNOWN" will be selected.

4. RELIGION

If a person states they have no religious preference, then the value of "UNKNOWN/NO PREFERENCE" is to be selected.

5. BIRTH SEX

The birth sex field contains standard values. The values provided in the standard file should not be altered at the local level. The value, MALE or FEMALE, must be entered.

6. SELF IDENTIFIED GENDER IDENTITY

The self-identified gender identity field contains standard values. The values provided in the standard file may not be altered at the local level. The values are: MALE, FEMALE, TRANSMALE/TRANSMAN/FEMALE-TO-MALE, TRANSFEMALE/TRANSWOMAN/MALE-TO-FEMALE, OTHER, and INDIVIDUAL CHOOSES NOT TO ANSWER.

7. RACE AND ETHNICITY

The race and ethnicity fields are self-reported by the patient. If the patient chooses not to disclose this information, then "DECLINED TO ANSWER" is to be selected. If the patient was not asked, then the field remains blank.

8. NEXT-OF-KIN

a. The next-of-kin (NOK) field is used to define the individual authorized by law to make certain types of decisions for or on behalf of a Veteran. Such individuals are typically related to the Veteran. If the patient has no next-of-kin, the field will remain blank.

b. The definition of NOK to be used depends on one's purpose. The term is defined in a variety of VA regulations. The Veteran's NOK must be properly identified and documented. Some examples of the use of NOK include, but are not limited to:

(1) 38 CFR 1.10, Eligibility for and disposition of the United States flag for burial purposes;

(2) 38 CFR 17.170, Autopsies;

(3) 38 CFR 38.632, Headstone or marker application process; and

(4) 38 CFR 38.633, Group memorial monuments.

NOTE: Questions concerning the proper identification of a NOK in a specific case should be addressed to Regional Counsel.

c. The NOK is to be distinguished from the term "surrogate" which is the term used by VHA to identify the individual who is authorized by VA regulation to make treatment decisions for a Veteran found to lack decision-making capacity, consistent with 38 CFR 17.32(e). A Veteran's NOK may, by operation of the priority order set forth in section 17.32(e), be identified as the patient's "surrogate," but even in those cases "surrogate" is the proper term to be used. *NOTE: Questions regarding the disclosure of patient information and identification of persons authorized to receive such information should be directed to the VHA Privacy Office.*

9. EMERGENCY CONTACT

The emergency contact is a person that would be contacted in the event of a health care crisis or a problem that warranted communication with a person the patient chose. Complete and accurate information is required. If the patient has not designated a person, then the fields remain blank.

10. DESIGNEE

A designee is an individual who the patient designates in writing to receive the patient's funds and effects in the event of such patient's death in a VA medical facility. Complete and accurate information is required. If the patient has not designated a designee, then the fields remain blank.

11. MILITARY SERVICE NUMBER

The military service number is a number used by the Department of Defense (DoD) before the use of the Social Security Number (SSN). It is part of a patient's military service data. The military service number field may contain the Military Service Number or the patient's SSN. If the SSN is the appropriate value, then type in capitals 'SSN' or 'SS' and the system automatically populates the field with the patient's SSN. It does not auto-populate if the patient has a pseudo SSN. The field remains blank if the actual number is not known.

12. MEMBER IDENTIFIER

The member identifier is a unique number assigned by the Department of Defense and is also known as the Electronic Data Interchange Personal Identifier (EDIPI).

13. CLAIM NUMBER

The claim number is a 7 to 8 digit unique number provided by the Veterans Benefits Administration (VBA) prior to the use of the SSN. The field can contain either this 7-8 unique number or the SSN if the patient has filed a claim with VBA for compensation or pension. If the patient has not filed a claim, leave this field blank. If the SSN is the appropriate value, then type in capitals 'SSN' or 'SS' and the system will automatically populate the field with the patient's SSN. It will not auto-populate if the patient has a pseudo SSN. The field should remain blank if the actual number is not known.

14. IDENTITY MANAGEMENT FIELDS

Detailed data entry instructions regarding the input and editing of data used to determine the unique identity of patients can be found in VHA Directive 1906 – Data Quality Requirements for Healthcare Identity Management and Master Veteran Index Functions. In addition, the following fields addressed in this Directive are used for identity management purposes: BIRTH SEX, SELF IDENTIFIED GENDER IDENTITY, RACE, ETHNICITY, CLAIM NUMBER, ADDRESS, and PHONE NUMBER. As such, it is imperative that complete and accurate information is entered and maintained in these fields so that the correct identification of patients can be completed and patient safety issues be avoided.