Content of the Health Record—Administrative Data

**Learning Outcomes**

At the end of this chapter, the student should be able to:

3.1 Identify administrative data elements.
3.2 Explain the administrative uses of data.
3.3 Explain the use of the Master Patient (person) Index (MPI).
3.4 Apply procedures to register a new patient in PrimeSUITE.
3.5 Apply procedures to schedule a patient’s appointment in PrimeSUITE.
3.6 Apply procedures to edit demographic information in PrimeSUITE.
3.7 Follow the steps performed upon patient check-in.
3.8 Apply procedures to capture insurance information in PrimeSUITE.
3.9 Locate the Help feature in PrimeSUITE.

**Key Terms**

Administrative data
Chief complaint
CMS-1500
Data dictionary
Demographic data
Health Level Seven (HL7)
International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM) codes
Library
Master Patient (person) Index (MPI)
Master Patient List
Meaningful use (MU)
Medical record number
Patient List
Policyholder
Primary insurance
Shortcut key
UB-04
The Big Picture

What You Need to Know and Why You Need to Know It

In Chapters 1 and 2 we talked about the importance of each patient having only one record in the EHR of that facility. Remember though, that one record may have many individual encounters attached to it, one for each visit to the facility as a patient. In this chapter we will discuss the administrative data, including demographic (identifying) data that is collected about each patient, thus forming the master record or master patient index for each patient.

3.1 Administrative Data Elements

Administrative data is non-clinical data; it does not include data relative to the diagnosis, prognosis, treatment, or plan of care. Demographic data is a subset of administrative data and includes data collected to identify a particular patient. It includes the patient’s full name, date of birth, gender, social security number, marital status, address, and phone number. Additional information that may be collected includes employer/student status, employer name and address, next of kin, race, ethnicity, and insurance policy name, policy number, and group number. In addition to identifying patients, many administrative data elements are required to complete insurance claim forms such as the **CMS-1500** and the **UB-04**, as required by HIPAA. The CMS-1500 form is used to bill outpatient encounters, and the UB-04 is used to bill hospital admissions/encounters. Both the CMS-1500 and the UB-04 are available on the Online Learning Center at http://www.mhhe.com/greenway.

Identifying information for inpatients and outpatients, as included in the core health data elements recommended by the National Center for Vital and Health Statistics in 1996, should include the data elements listed below.

- Full Name
- Personal/Unique Identifier – this is also referred to as medical record number or chart number
- Account or billing number
- Date of Birth
- Gender
- Race and Ethnicity
- Residence (address)
- Marital Status
- Current or Most Recent Occupation (employer)
- Type of Encounter (inpatient, emergency room visit, physician’s office visit, etc.)
- Admission Date (inpatient) or date of encounter (outpatient)
- Discharge Date (inpatient)
- Facility Identification (unique identifier of the medical office, hospital, outpatient surgery center, etc.)
• Type of Facility/Place of Encounter (hospital, physician’s office, surgicenter, etc.)
• Healthcare Practitioner Identification (outpatient)
• Provider Location or Address of Encounter (outpatient)
• Attending Physician Identification (inpatient)
• Patient’s Expected Sources of Payment (Medicare, Medicaid, insurance, self-pay, etc.)
• Injury Related to Employment
• Total Billed Charges

These data elements are also included in the Health Level Seven (HL7) standards. HL7 allows different software packages to interface with one another, i.e., it allows them to share data. There are many different companies that develop healthcare applications and systems, and by writing the software according to HL7 standards, the applications “talk to each other;” otherwise the data would have to be entered separately for each. Hospitals or medical practices may have different vendors for different systems. For instance, there may be one vendor for the laboratory system, one for the pharmacy system, one for tracking incomplete records, etc. Through use of HL7 standards, if something is changed in one system, say the patient’s telephone number, the change would be reflected in all three. This is a very important requirement, because without this standard language the interoperability that was discussed in Chapter 1 would not be possible. More explanation of the protocol itself is not necessary in this text, but will be covered in more advanced health information technology courses.

One data element that is not included above, but that should be collected is a patient’s previous name, if applicable. This could be a maiden name or previous married name. Collecting this data element allows for cross-referencing of files. If a woman was previously seen at that facility under her maiden name, but is being seen for the first time using her married name, she is still one and the same person and should be listed only one time in the master list of patients.

In an outpatient setting, the data elements listed above are collected on a patient registration form, which is completed at the time care is established with that facility or office. The information should be verified with the patient each time he or she is seen to assure that there has been no change in information, and that there have been no additions or deletions to the information. Examples would be change in address, telephone number, or marital status. In a hospital setting, the information may be required prior to a patient undergoing an elective admission, or would be collected face-to-face in the registration department when the patient presents for care.

Equally important for collecting sufficient identifying information is that each data element is consistently defined in the facility. Use of a data dictionary will ensure that each member of the registration staff has defined the data element correctly, and that only valid entries are made in a particular data element.
Let us look at a few examples. First, consider the possible data dictionary choices for marital status. The typical choices are single, married, separated, widowed, divorced, or unknown. If that is the definition of marital status in your facility, then those are the only choices available in the practice management system. Data dictionaries should be very specific. Each choice could be further defined. An example is the definition of “separated.” Some facilities may consider a patient to be separated only if she presents a legal document stating such, and if she cannot do that, she is considered married for data collection purposes even though she considers herself to be separated in the legal sense.

Another example is the patient’s full name. In the facility’s data dictionary the full name may be defined as the patient’s last name, first name, middle name. Or, it may be defined as the last name, first name, middle initial. Thus, when a patient is registered, the name should be collected exactly as defined in that facility’s data dictionary. Failure to follow the data dictionary definitions will result in unreliable data.

For consistency of wording and to save time, many fields in PrimeSUITE have a library of possibilities from which to choose. These are called drop-down menus. Examples of libraries would be: employers, common medications, religions, ethnicities, medical conditions, and elements of a physical exam, just to name a few.

3.2 Administrative Uses of Data

In addition to identifying a particular patient, administrative data is also used to satisfy HIPAA data requirements, which in turn are used to file electronic health claims for reimbursement. The CMS-1500 form is used to submit claims electronically for outpatient encounters, and the UB-04 is used to submit hospital claims. There are five major sections or levels on the claim form:

1. Provider information
   The name, address, national provider identifier (NPI) number, and telephone number of the provider.

2. Subscriber and patient information
   This section includes information about the person who is the policyholder (subscriber) of the insurance and the patient identifying information. These may be one and the same, if the patient is the policyholder (the primary insured). Below is a partial list of information collected but it is not limited to:
   - Policyholder’s (subscriber’s) name
   - Group or insurance plan name
   - Identification (policy) number
   - Patient’s relationship to the policyholder

3. Payer information
   - Group or insurance plan name
   - Plan identification
   - Address
   - Assignment of benefits authorization (allows payment to be made directly to the provider)
• Release of information authorization (allows clinical information to be released to the insurance company)
• Referral number (if patient was referred by another provider)
• Prior authorization number (obtained when insurance plan requires procedures to be approved for payment in advance)

4. Claim details. A partial list of data includes:
• Individual account number or identification for that particular encounter
• Total charges submitted
• Place of service code
• Provider signature
• Details about the onset of the illness/accident
• Date(s) of service
• Amount collected from the patient
• Unique identifier (medical record number or chart number)

• **International Classification of Diseases, 9th edition, Clinical Modification (ICD-9-CM)** diagnosis codes. ICD-9-CM is a classification system that converts diagnoses and procedures into numeric form. It is published by the World Health Organization (WHO) and is the required code set for documenting diagnoses and procedures for inpatients. An example of an ICD-9-CM code is 250.01, which is type I diabetes mellitus.
• Whether the encounter was due to an auto or other accident or was a work-related injury

5. Services
• Procedures performed as indicated by **Current Procedural Terminology (CPT)** codes. CPT codes convert written procedures and services into numeric form. It is published by the American Medical Association (AMA) and is the required code set for submitting procedures and services for outpatients. An example of a CPT code is 82247, which is the code for a total bilirubin test.
• Date(s) of service

Information collected in each of these major sections may overlap. For instance, the place of service code or dates of service code would be collected only once, but satisfies the claim details as well as the services section requirements.

Administrative data, as well as clinical data which describes the patient’s diagnosis and procedures, may also be used to satisfy reporting requirements. **Meaningful use** of data was discussed in Chapter 2—reporting that the race and ethnicity of all patients is collected would be an example of the administrative use of data to satisfy meaningful use regulations. Other administrative data elements that are required to satisfy meaningful use are the patient’s preferred language, gender, and date of birth. An example of a clinical data element that is collected from within the provider’s documentation or in the health history would be the patient’s smoking status (if the patient is 13 years of age or older). A report that includes the total number of
patients living in a particular ZIP code with a diagnosis of COPD is an example of a report that uses both administrative and clinical data. Another would be the total number of patients between the ages of 13 and 50 years of age who are smokers and have a diagnosis of asthma. Either of these reports may be used by public health agencies or in educational materials used in a smoking cessation class.

### 3.3 The Master Patient (Person) Index (MPI)

All of the administrative data elements discussed above are included in a **Master Patient Index**, also known as the Master Person Index, and referred to as the MPI. The acronym MPI is used more in the hospital setting than in the outpatient setting, although the objective is the same: one file of all the patients seen in the facility, with each patient listed in the index only **once**. In a medical practice, this may be referred to as the **Patient List or Master Patient list**. Each patient then has a second level of information that reflects individual visits to the facility. For instance James Philips has been a patient at Memorial Hospital. He was admitted as an inpatient in January 2010 for appendicitis. He was then seen in the emergency department of the hospital in June of 2010 for a fracture of his right radius. In September he underwent outpatient blood work ordered by his primary care physician. In this instance, James will have one entry in the MPI, but will have three individual encounters attached to his record (one inpatient, two outpatient encounters).

The MPI should be kept permanently, since it is the master list of all patients seen at a particular facility. In the hospital setting, records are filed by **medical record number**, which is a unique number assigned to each individual patient. Should the MPI be destroyed or unavailable for some reason, it would be difficult if not impossible to locate the patient’s health record, if using paper records.

Though physician’s offices typically file alphabetically by the patient’s last name, best practice still dictates that a master index (list) of all patients be kept.

In some facilities or offices, the MPI is kept manually. With the move toward an electronic record, an electronic MPI is more the norm. **Figure 3.1** is an example of a manual MPI card. **Figure 3.2** is

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**Figure 3.1** Master Patient Index (MPI) card

**Figure 3.2** Example of PrimeSUITE demographic screen
an example of the equivalent of an MPI entry in PrimeSUITE. Notice that in the electronic version, much more demographic information is collected and stored in this patient’s master file than for the patient with the manual MPI card.

### 3.4 Registering a New Patient in PrimeSUITE

Before any information, administrative or clinical, is entered for a patient, he or she must be registered in the practice management software, which, in turn, populates basic information in the EHR as well. This function is carried out in every healthcare setting.

In a physician’s office the registration process is completed by the reception staff. In the hospital setting this is part of the registration process. Some hospitals have a centralized registration department, meaning that regardless of the type of patient (inpatient or outpatient), all registration is done from a central location. Other hospitals have decentralized registration, meaning that there is an admissions department that registers inpatients, an emergency department registration area for emergency patients, a Radiology Department registration area for outpatient radiology patients, and so on. In Exercise 3.1 we will follow a patient through registration in a physician’s office.

(continued)

**Register a New Patient**

In this exercise, we will be registering a new patient, Juan X. Ortega. He has called Greensburg Medical Center, asking if any of the providers were taking new patients. The healthcare professional tells him that Dr. Ingram, a Family Practice physician, is taking new patients and asks if he would like to establish care with Dr. Ingram. Since Mr. Ortega does want to do so, the following steps are completed to register him in the Practice Management and EHR system of Greensburg Medical Center.

From the initial phone call, basic information such as full name, date of birth, address, and telephone number(s) are taken. He tells the healthcare professional that his name is Juan Xavier Ortega. He was born on 07/31/1945. His address is 117 Greenway Blvd., Carrollton, GA 30117, and his phone number is (770) 555-5555.

The healthcare professional will mail Mr. Ortega some paperwork to complete before he arrives for his appointment. Typically, the paperwork includes a form to collect administrative information, a past medical history form, and authorization forms. The administrative information includes information such as address, telephone number, next of kin, insurance information, ethnicity, race, etc. The insurance information is entered as soon as it is available so that verification of insurance can be done (more about insurance verification is in Chapter 6).

For our purposes, we will assume that Mr. Ortega completed the initial paperwork and brought it to the office before the day of his appointment with Dr. Ingram, as noted in Figure 3.3.

(continued)
## Greensburg Medical Center
### REGISTRATION FORM
(Please Print)

**Today's date:** February 12, 2011

**Care Provider:** Dr. Ingram

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient's last name:</th>
<th>First:</th>
<th>Middle:</th>
<th>Marital status (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ortega</td>
<td>Juan</td>
<td>Xavier</td>
<td>Single / Mar / Div / Sep / Wid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this your legal name?</th>
<th>If not, what is your legal name?</th>
<th>(Former name):</th>
<th>Birth date:</th>
<th>Age:</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td>07 / 31 / 1945</td>
<td>65</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street address:</th>
<th>Social Security no.:</th>
<th>Home phone no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>117 Greenway Blvd.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P. O. Box:</th>
<th>City:</th>
<th>State:</th>
<th>ZIP Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>GA</td>
<td>30177</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation:</th>
<th>Employer:</th>
<th>Employer phone no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>Greenway Medical Tech</td>
<td>(770) 555-6666</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail address:</th>
<th>Cell phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:jxuanortega@greenwaymedical.com">jxuanortega@greenwaymedical.com</a></td>
<td>(770) 555-7777</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Ethnicity:</th>
<th>Primary language:</th>
<th>Religion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>declined</td>
<td>Hispanic</td>
<td>Spanish</td>
<td>Catholic</td>
</tr>
</tbody>
</table>

Other family members seen here:

### INSURANCE INFORMATION
(Presentation of Insurance Card is required at time of each visit)

<table>
<thead>
<tr>
<th>Person responsible for bill:</th>
<th>Birth date:</th>
<th>Address (if different):</th>
<th>Home phone no.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juan Ortega</td>
<td>07 / 31 / 1945</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this person a patient here?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Occupation:</th>
<th>Employer:</th>
<th>Employer address:</th>
<th>Employer phone no.:</th>
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<tbody>
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<td>Greenway Medical Tech</td>
<td></td>
<td>(770) 555-6666</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this patient covered by insurance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate primary insurance

- [ ] McGraw-Hill Healthmark Insurance
- [ ] BlueCross/Shield
- [ ] [Insurance]
- [ ] [Insurance]
- [ ] [Insurance]
- [ ] [Insurance]
- [ ] Workers' Compensation
- [ ] Medicare
- [ ] Medicaid (Please provide card)
- [ ] Other

<table>
<thead>
<tr>
<th>Subscriber's name:</th>
<th>Subscriber's S.S. no.:</th>
<th>Birth date:</th>
<th>Group no.:</th>
<th>Policy no.:</th>
<th>Co-payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juan Xavier Ortega</td>
<td></td>
<td>07 / 31 / 1945</td>
<td>6500</td>
<td>GAR5679009</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient's relationship to subscriber:</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
<th>Other</th>
<th>Effective Date: 01/06/1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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</table>

Name of secondary insurance (if applicable):

None

<table>
<thead>
<tr>
<th>Name of secondary insurance (if applicable):</th>
<th>Subscriber's name:</th>
<th>Group no.:</th>
<th>Policy no.:</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient's relationship to subscriber:</th>
<th>Self</th>
<th>Spouse</th>
<th>Child</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### IN CASE OF EMERGENCY

<table>
<thead>
<tr>
<th>Name of local friend or relative (not living at same address):</th>
<th>Relationship to patient:</th>
<th>Home phone no.:</th>
<th>Work phone no.:</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>( )</td>
<td>( )</td>
</tr>
</tbody>
</table>

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.

Patient/Guardian signature

Date

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**Figure 3.3** Juan Ortega registration form
Follow these steps to complete the exercise on your own once you have watched the demonstration and tried the steps with helpful prompts. Use the registration form in Figure 3.3 to complete the steps below.

1. Click **Search for Patient**.
2. The **Last Name** field is filled out. Press the tab key to confirm your entry.
3. The **First Name** field is filled out. Press the tab key to confirm your entry.
4. The **Middle Name** field is filled out. Press the tab key to confirm your entry.
5. Click **Search**.
6. Click **OK**.
7. The **Date Of Birth** field is filled out. Press the tab key to confirm your entry.
8. Click **Sex** drop-down menu.
9. Clicking the entry **Male** selects it.
10. The **Home Phone** field is filled out. Press the tab key to confirm your entry.
11. The **Work Phone** field is filled out. Press the tab key to confirm your entry.
12. Click **Add New**.
13. Click **Yes**.
14. Click **Registration**.
15. Click **Information**.
16. Click **Race** drop-down menu.
17. Clicking the entry **Declined** selects it.
18. Click **Primary Language** drop-down menu.
19. Clicking the entry **Spanish** selects it.
20. Click **Religion** drop-down menu.
21. Clicking the entry **Catholic** selects it.
22. Click **Ethnicity** drop-down menu.
23. Clicking the entry **Hispanic/Latino** selects it.
24. The **Address Line 1** field is filled out. Press the tab key to confirm your entry.
25. The **Zip** field is filled out. Press the tab key to confirm your entry.
26. The **Cell** field is filled out. Press the tab key to confirm your entry.
27. The **Email** field is filled out. Press the tab key to confirm your entry.
28. Click **Preferred Communications** drop-down menu.
29. Clicking the entry **Email** selects it.
30. Clicking the **scroll button** displays the desired screen area.
31. Click **Search Employers**.
32. The **Employer Name** field is filled out. Press the tab key to confirm your entry.
33. Click **Search**.
34. Click **Select**.
35. Click **Status** drop-down menu.
36. Clicking the entry **Full-Time** selects it.
37. The **Occupation** field is filled out. Press the tab key to confirm your entry.
38. Click **Save**.

✅ You have completed Exercise 3.1
3.5 Scheduling an Appointment

In PrimeSUITE, the “Appointment Scheduling” function is used to make the appointment with the provider who has been assigned to that patient. In Juan Ortega’s example, he was a new patient, and was assigned to Dr. Ingram.

In an office setting, the healthcare professional will need to know the reason for the visit in order to allot enough time for the visit. For example, a follow-up visit for hypertension is going to take less time than a physical exam. She will also ask for convenient days and times before beginning the search for the appointment. In a hospital setting, outpatient procedures such as CT scans or MRIs are scheduled in advance, and the process is similar.

Appointment scheduling is a very involved process. The time allotted to a patient is dependent on the reason the patient is being seen. A follow-up appointment for a child’s ears following an ear infection may be allotted only 15 minutes, whereas a patient who is going to have a complete medical exam may be allotted 30 minutes. Each care provider is set up in the PM system to show their typical schedule. For instance, Dr. Ingram may prefer to start the day at 9:00 a.m., break for lunch from noon to 1 p.m., and end his day at 5:30 p.m. Dr. Rodriguez, on the other hand, may prefer to start seeing patients at 8 a.m., break from seeing patients between 11 and 11:30 a.m. to return phone calls and perform administrative tasks, see patients from 11:30 a.m. until 1:00 p.m., and then break for lunch from 1:00 p.m. until 2:00 p.m. His last appointment of the day is scheduled for 4:30 p.m. In addition, some care providers prefer to do complete physical exams only in the morning. Many offices leave open appointment times for urgent visits. Patients who do not show up for an appointment, or who cancel at the last minute, can wreak havoc on a schedule!

Schedule an Appointment

Recall that we registered Mr. Ortega in Exercise 3.1, so his name is located in PrimeSUITE’s master patient list. The healthcare professional asked Mr. Ortega which day(s) of the week work best for him. He does not have a preference of day, but he would like to be seen soon, so she starts the search beginning with May 10. Since Mr. Ortega is establishing care with this office, the type of visit he will have is a Routine Office Visit (ROV). He will be having a complete exam. By selecting the correct type of visit, the amount of time allotted for that visit is automatically assigned by the system. In this case, it will be a 30-minute appointment. He then states that a morning visit on a Wednesday is best for him, so 9:30 a.m. on May 11th is selected by the healthcare professional. Mr. Ortega also stated that he was having shortness of breath, so that will be entered as his chief complaint, which is the reason (in the patient’s own words) that he has made the appointment.

Now we will perform the process of scheduling an appointment for Juan Ortega.

Follow these steps to complete the exercise on your own once you have watched the demonstration and tried the steps with helpful prompts.
3.6 Editing Demographic Data

People move, their last names change, their emergency contact information changes—just about anything except their first name and date of birth can change at one time or another. It is important that an office always have up-to-date information on a patient.

At the time of check-in, many offices will print out the identification page and have the patient review it either on a yearly basis or even every time a patient is seen. If changes need to be made, the patient communicates them to the office staff, and the information is edited appropriately. To save paper, some offices have a computer terminal where the patient can view the information on the screen, or the healthcare professional may just swivel her screen around for the patient to view and either verify that there are no changes necessary or tell her what information does need to be changed.

Edit Demographic Information

In this exercise, Mr. Ortega realizes that he has moved since initially completing the registration paperwork; he calls in to the office to give his new address. He tells the healthcare professional that his address is now 2024 Peachtree Parkway, Carrollton, GA 30117.

Follow these steps to complete the exercise on your own once you’ve watched the demonstration and tried the steps with helpful prompts.

(continued)
3.7 Checking in a Patient

One of the advantages of using PM software is the ability to track a patient’s flow through the office. The flow starts when the patient checks in. As a patient, you are aware of this part of the process—it is when you either sign your name on a log sheet or verbally inform the healthcare professional that you have arrived. This process is used in a physician’s office setting, but would not necessarily have a use in the hospital environment other than in the outpatient registration area.

The typical flow is the following:

Patient checks in at front desk > patient is seen by clinical support team (MA or nurse) > patient is seen by the care provider (physician or physician’s assistant or nurse practitioner) > patient stops at the cashier or check-out desk > billing processes begin.

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PrimeSUITE®

Default values are used throughout PrimeSUITE. This means that the most common entry in a particular field is already placed in a field when the screen appears. If that information is correct, nothing is done, and the healthcare professional tabs through the field. If the default information for that patient is not correct, then the drop-down menu of choices is searched for the appropriate information. Examples include the Visit Type and Service Location fields.

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EXERCISE 3.4

Check in a Patient Who Has Arrived

In the following demonstration, Juan Ortega has arrived and he has just signed the log, which alerts the healthcare professional that she can check him in for his appointment.

Follow these steps to complete the exercise on your own once you have watched the demonstration and tried the steps with helpful prompts.

1. Click Ortega, Juan X.
2. Click Close.
3. Click *Visit Type drop-down button.
4. Clicking the entry Routine Office Visit selects it.
5. Click *Service Location drop-down button.
6. Clicking the entry Greensburg Medical Center selects it.
7. Click Check-In.

✓ You have completed Exercise 3.4
3.8 Capture Insurance Information

Although a medical practice or hospital is in business to care for patients, in the end, it is also just that—a business. In order to stay financially viable, there must be organized, effective policies and procedures in place to ensure cash flow and fiscal success.

You will learn about the intricacies of setting up fee schedules, billing insurance plans, and collection procedures in another course. In this exercise, though, you will learn about the information that must be collected for any patients who have private group insurance or who participate in a government health plan.

Figure 3.4 is a sample insurance card. This card should be presented each time a patient arrives for an encounter. An office may scan the front and back of the card as an image that will reside in PrimeSUITE, or they may photocopy the front and back of the card and keep it in the patient’s chart.

The information must be entered in PrimeSUITE exactly as it appears on the insurance card. For instance, say Juan Xavier Ortega does not use his first name; instead he uses J. Xavier Ortega. But his insurance card reads Juan Xavier Ortega. In PrimeSUITE, or any other PM software, he should be entered as Juan Xavier Ortega.

Any typographical errors within PrimeSUITE will result in a delayed or denied claim. That will slow payment, which is not good business practice for the office!

<table>
<thead>
<tr>
<th>Figure 3.4 Sample insurance card</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group Number</strong></td>
</tr>
<tr>
<td>6500</td>
</tr>
<tr>
<td><strong>Juan Xavier Ortega</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>McGraw-Hill HealthMark Insurance</strong></td>
</tr>
<tr>
<td><strong>Copay</strong>: $20</td>
</tr>
</tbody>
</table>

### Capture Insurance Information of a Patient

In the exercise that follows, Mr. Ortega has presented his insurance card to the healthcare professional and he has completed the insurance information on his registration form (Figure 3.3). Mr. Ortega only has coverage through one insurance company, so that is the primary insurance (the first insurance that is billed).

Follow these steps to complete the exercise on your own once you have watched the demonstration and tried the steps with helpful prompts.

1. Click **Priority** drop-down menu.
2. Clicking the entry **Primary** selects it.
3. Click: **Click here to search for a plan.**
4. Click **Insurance Co** drop-down menu.
5. **m** is now pressed.
6. Click **scroll button**.
7. Click **McGraw-Hill HealthMark Insurance**.
8. Click **Search**.
9. Click **Select**.
10. **Tab** is now pressed to advance to the policy holder field.
11. **Tab** is now pressed to advance to the policy number field.

(continued)
3.9 Utilize the Help Feature

The “HELP” feature is a staple of almost any computer software program. What is important is that you use the Help feature when you need to. For many of us, it is easier to ask someone how to perform a particular function than to search for the solution ourselves. The problem is—the person you are asking may give you the incorrect answer, or you may be in a position where you need an answer fast and there is no one around to ask. It shows initiative and will also help you to remember the steps more easily if you seek out the answer on your own. Consider this analogy—you remember how to get to a particular destination when you have driven there yourself rather than as a passenger, correct? The same applies here. You will remember and understand the process if you look up the steps on your own.

Selecting the Help feature will connect you to the PrimeSUITE User’s Manual. Features you may typically use are:

- Getting Started and navigating PrimeSUITE Help
- PrimeSUITE Topics

![Image of PrimeSUITE Help feature](http://connect.mcgraw-hill.com)

Figure 3.5 Help feature, PrimeSUITE user’s manual
Use the Help Feature

In this scenario you are fairly new to Greensburg Medical Center, but you have been there for several weeks and you are comfortable using PrimeSUITE. You would like to make the process easier, and one of your coworkers has told you about using Shortcut Keys (keys that link directly to a function rather than choosing it from a menu). She has told you about some of the more common ones, but you would like to know more, so you go to PrimeSUITE Help for more guidance.

Follow these steps to complete the exercise on your own once you have watched the demonstration and tried the steps with helpful prompts.

1. Click PrimeSUITE Help.
2. Click Shortcut Keys.

✓ You have completed Exercise 3.6
### LEARNING OUTCOME CONCEPTS FOR REVIEW

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>CONCEPTS FOR REVIEW</th>
</tr>
</thead>
</table>
| **3.1** Identify administrative data elements. Pages 44–46 | - Demographic data is identifying data  
- Administrative data includes demographic data as well as additional non-clinical data  
- A data dictionary is necessary to assure consistency and reliability of data  
- CMS-1500, UB-04, and HIPAA regulations dictate much of the administrative data captured |
| **3.2** Explain the administrative uses of data. Pages 46–48 | - Insurance purposes (file claims)  
- Satisfy regulatory requirements and meaningful use  
- Five sections of the claim form  
  - Provider  
  - Subscriber  
  - Payer  
  - Claim detail  
  - Services |
| **3.3** Explain the use of the Master Patient (person) Index (MPI). Pages 48–49 | - A means of tracking that a patient was seen in a healthcare facility  
- Only one entry per patient  
  - Each encounter has its own entry, filed under the patient’s master entry  
- Medical record (chart) number is unique to each patient—links the patient to his/her health record  
- Can be manual or electronic  
- Is kept permanently |
| **3.4** Apply procedures to register a new patient in PrimeSUITE. Pages 49–51 | - Patient must have an entry in the Master Patient Index or patient list before any other functions can occur (scheduling, patient’s chart, etc.)  
- Registration process occurs in every healthcare setting  
- Registration process ultimately results in the patient being a part of the MPI  
- In the physician office setting this is done by a healthcare professional  
- In hospital setting this is done by a registration department |
| **3.5** Apply procedures to schedule a patient’s appointment in PrimeSUITE. Pages 52–53 | - Before scheduling an appointment, a provider has to be assigned, if a new patient, or select the patient’s usual provider  
- Must know the reason for the visit in order to allot sufficient time for the visit  
- Select a date and time that works for the patient |
| **3.6** Apply procedures to edit demographic information in PrimeSUITE. Pages 53–54 | - All information about a patient must be current and correct  
- Verification of demographic and administrative information is done by administrative personnel at the time a patient checks in  
- Information is edited, added, or deleted as appropriate |
<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>CONCEPTS FOR REVIEW</th>
</tr>
</thead>
</table>
| **3.7** Follow the steps performed upon patient check in. Page 54 | - Knowing where the patient is in the flow through the office is important to maintain efficiency  
- Typical flow:  
  - Patient checks in at reception desk  
  - Patient is called back to the exam room by the healthcare professional  
  - Patient is seen and examined by the provider  
  - Patient checks out  
  - Claim process begins |
| **3.8** Apply procedures to capture insurance information in PrimeSUITE. Pages 55–56 | - Capturing complete, correct insurance information is vital to cash flow and financial success  
- Require patients to present their insurance card on every visit  
- Information in the practice management system must match what is on the insurance card |
| **3.9** Locate the Help feature in PrimeSUITE. Pages 56–57 | - Help feature is available in any software  
- User’s Manual Includes:  
  - Getting Started and navigating PrimeSUITE Help  
  - PrimeSUITE Topics  
  - Frequently Asked Questions  
  - Work Flow Solutions |
MATCHING QUESTIONS
Match the terms on the left with the definitions on the right.

1. [LO 3.5] chief complaint  
   a. information, such as a patient’s gender and date of birth, that is required to be collected under HIPAA
2. [LO 3.2] ICD-9-CM  
   b. list of correct definitions for a facility’s unique terms and jargon
3. [LO 3.7] check-in  
   c. administrative task that begins patient flow
4. [LO 3.1] administrative data  
   d. primary person who is covered by an insurance policy and whose name is on an insurance card
5. [LO 3.4] registration  
   e. found on a patient’s insurance card,
6. [LO 3.3] medical record number  
   f. unique identifier assigned to an individual patient
7. [LO 3.8] policy number  
   g. reason for a patient’s appointment; may determine the length of an exam visit
   h. process of entering a new patient into the Master Index
9. [LO 3.2] policyholder  
   i. feature of the PrimeSUITE Help section that helps users locate information
10. [LO 3.1] data dictionary  
    j. comprehensive listing of national diagnosis codes

MULTIPLE-CHOICE QUESTIONS
Select the letter that best completes the statement or answers the question:

1. [LO 3.1] _____ data includes demographic data.
   a. Useful  
   b. HIPAA  
   c. Administrative  
   d. Patient
2. [LO 3.3] Anna Jacobs presented to the ER of County Hospital three times in the past year. She will appear in County’s MPI:
   a. once.  
   b. twice.  
   c. three times.  
   d. four times.
3. [LO 3.1] Which of the following is NOT an example of demographic data?
   a. Full name
   b. Primary physician
   c. Social security number
   d. Date of birth

4. [LO 3.2] Administrative data is used to satisfy _____ requirements.
   a. CCHIP
   b. HITECH
   c. HIPAA
   d. ONC

5. [LO 3.4] Before a patient can be treated at a healthcare setting, she must be:
   a. prepped.
   b. registered.
   c. logged.
   d. admitted.

6. [LO 3.3] How many years should a facility’s Master Patient Index be kept?
   a. three
   b. five
   c. seven
   d. permanently

7. [LO 3.1] Recording a patient’s previous or married name might help with:
   a. cross-referencing data.
   b. compiling family history.
   c. legal proceedings.
   d. Privacy Rule compliance.

8. [LO 3.9] One of the common Help features is:
   b. Quick Start Guide.
   c. Frequently Asked Questions.
   d. Topical Outline.

9. [LO 3.4] _____ is part of a patient’s administrative information found on a registration form.
   a. Occupation
   b. Chief complaint
   c. Provider number
   d. Co-pay amount

10. [LO 3.1] Patient demographic information should be verified:
    a. at initial visit.
    b. at each visit.
    c. once a year.
    d. when patient initiates a change.
11. [LO 3.8] An insurance claim may be denied if the receptionist fails to:
   a. collect a patient’s co-pay.
   b. make a copy of the patient’s insurance card.
   c. enter all data correctly.
   d. have the patient sign the front-desk log.

12. [LO 3.5] _____ is part of the appointment scheduling feature of PrimeSUITE.
   a. Occupation
   b. Chief complaint
   c. Provider number
   d. Co-pay amount

13. [LO 3.3] A Master Patient Index can be kept:
   a. electronically.
   b. manually.
   c. both are acceptable
   d. neither are acceptable

14. [LO 3.2] A facility’s collection of patient data might be used to satisfy _____ requirements.
   a. data dictionary
   b. meaningful use
   c. incentive
   d. interoperability

15. [LO 3.6] Editing a patient’s mailing address is accomplished by using:
   a. drop-down menus.
   b. free-text fields.
   c. Help topics.
   d. patient flags.

16. [LO 3.3] In a hospital’s health information department, patient records are most often filed by:
   a. patient’s last name.
   b. number of patient encounters.
   c. provider identification number.
   d. medical record number.

17. [LO 3.7] Patient check-in is the _____ part of patient flow.
   a. first
   b. second
   c. last
   d. least important

18. [LO 3.2] Information such as a policyholder name and insurance plan name appear in the _____ section of a claim form.
   a. payer
   b. provider
   c. services
   d. subscriber
SHORT ANSWER QUESTIONS

1. [LO 3.3] What is another name for the Master Patient Index?

2. [LO 3.4] What is the difference between centralized and decentralized registration centers in a hospital setting?

3. [LO 3.8] What is a co-pay?

4. [LO 3.6] List at least three ways that an office can obtain updated patient information.

5. [LO 3.1] Why is it important that every staff member in a facility uses terminology _____?

6. [LO 3.9] List the four most commonly used features of PrimeSUITE’s Help feature.

7. [LO 3.5] Explain why the receptionist needs to ask for the reason for a patient visit when scheduling an appointment.

8. [LO 3.2] The CMS-1500 form is used to submit claims for _____ encounters while the UB-04 form is used to submit _____ claims.

9. [LO 3.6] Discuss the importance of reliable, up-to-date patient information.

10. [LO 3.9] Discuss why being able to use PrimeSUITE’s Help feature is so important.

11. [LO 3.1] List at least five required pieces of demographic information collected for each patient.

12. [LO 3.7] In PrimeSUITE, the Visit Type field is a _____.

13. [LO 3.3] What is a medical record number?

14. [LO 3.2] List the five major sections on a standard claim form.

15. [LO 3.4] A patient may _____ to provide certain optional pieces of information if they feel uncomfortable.

16. [LO 3.8] List at least three things typically found on a patient’s insurance card.

APPLYING YOUR KNOWLEDGE

1. [LOs 3.4, 3.5, 3.6, 3.7, 3.8, 3.9] Which of the PrimeSUITE exercises completed in this chapter do you think will be used most often in the office setting? Explain your answer.

2. [LOs 3.1, 3.2, 3.6] As the receptionist for Greenway Clinic, you recently mailed an informational letter to all patients listed in your MPI. One morning you come into work and see Juan Ortega’s letter marked “Return to Sender, Address Unknown” sitting on your desk. What do you do?

3. [LOs 3.1, 3.2] Discuss why administrative data such as race, ethnicity, and preferred language might need to be reported to satisfy meaningful use requirements.

4. [LO 3.3] The text mentions that if a MPI was inaccessible or unavailable for any reason, it would be nearly impossible to locate a patient’s record. With the reality of
computer system freezes and crashes, would this not be an argument against maintaining an electronic MPI? Explain your answer.

5. **[LOs 3.1, 3.2, 3.3]** One of your colleagues has been asked to update the office’s data dictionary. She remarks that she does not see why having the data dictionary is so important, because most terms are easily understood by most people in the office. How would you explain to her, with examples, the importance of a solid data dictionary for your practice?

6. **[LOs 3.4, 3.5, 3.6, 3.7]** Discuss the advantages of using a practice management tool such as PrimeSUITE to complete tasks such as patient registration and appointment scheduling.