

# Registration

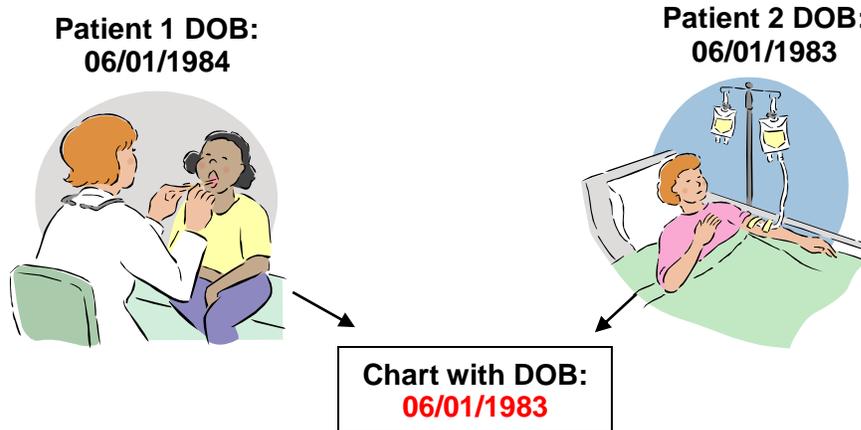


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# Patient Overlaps

A registration overlap occurs when **one patient's record is combined with another patient's record** and places both patients in serious clinical risk. This can happen if demographic information is changed in error.



## Scenario:

Belinda Rgtest calls for an appointment and says her DOB is **6/1/1984**. The PSR/BSR chooses the choice below assuming the DOB entered was incorrect.

| Patient Selection |             |             |             |            |              |
|-------------------|-------------|-------------|-------------|------------|--------------|
| Patient Name      | SHC#        | EMRN        | SSN         | DOB        | Tel          |
| RGTEST,BELINDA    | 106-000-056 | 04-09-12-30 | XXX-XX-8888 | 06/01/1983 | 619-446-1625 |
| RGTEST,BELINDA    | 106-000-057 | 04-09-12-31 | XXX-XX-5544 | 09/30/1975 | 619-446-1625 |

The PSR/BSR changes the patient's DOB in Advanced Web (the change also affects the patient's medical chart in Touchworks)

This 'overlapped' her identity with another person. **TWO patients with the same name now share ONE medical chart.**

This can cause serious health risks for both patients if either is given incorrect medications or diagnoses.

| Full Registration |                |              |           |                   |                   |             |            |
|-------------------|----------------|--------------|-----------|-------------------|-------------------|-------------|------------|
| Registration      | Regulatory     | EmployerInfo | Guarantor | Spouse/ParentInfo | Oth ContactInfo   | SRS PCP     | General Cc |
| Name:             | RGTEST,BELINDA |              | SSN:      | SSN: XXX-XX-8888  | EMRN:             | 04-80-77-21 |            |
| AKA:              |                |              | DOB:      | DOB: 06/01/1983   | SHC#:             | 107-861-940 |            |
| Preferred Nm:     |                |              | DOB Val:  |                   | SSN Val:          |             |            |
| Sex:              | F              | Gend:        | MS:       | SINGLE            | NB Time of Birth: |             |            |



**Belinda Rgtest DOB 06/01/1984 is a different person than the Belinda Rgtest DOB 06/01/1983 and the registration should not be changed!**

# Patient Overlaps

## Preventing Patient Overlaps

- ✚ Always use **PatientSecure** or ask for **government issued picture identification**. (Examples: driver's license, passport)



- ✚ Verify patient demographics by **having patients tell you** their DOB, address, or telephone number.
  - Do not tell the patient what information we have in our system. Have patients verbally confirm what we have is up to date and accurate.



- ✚ **NEVER make changes to Name, DOB, or SSN.**
  - Any uncertainty on a patient's name, DOB or SSN should be referred to the Site Support Services department with documentation. (Support Services: Lead, Specialist, and BSR). (Refer to Policy & Procedure 17302.01).

## Duplicate Registrations

Duplicate registrations occur when **the same patient is registered more than once** in AW.

## Preventing Duplicate Registrations

- Always identify patients using PatientSecure.
- Search for patients in Advanced Web using Multi Factor Lookup
- Entering a patient's name, social security number, DOB or gender will cause AW to search for possible patients in the system.
- If a social security number is recognized in the system, cancel the quick registration and search for the patient by social security number.

### Scheduling Registration - New Patient:

The screenshot shows the 'Scheduling Registration - New Patient' form in Centricity Business. The form fields are as follows:

- Patient Name:** SRSTEST,GEORGE
- AKA:** (empty)
- Date of Birth:** 05/05/1955
- Sex:** M
- SHC #:** 107-992-763
- SSN #:** (empty)
- EMRN #:** (empty)
- PCP:** (empty)
- Add/Edit PCP?:** (dropdown menu)
- Privacy Notice:** (dropdown menu)
- Home Phone:** (empty)
- Cell Phone:** (empty)
- Email:** (empty)
- Comment:** (empty)
- Appt Rm:** (empty)
- Work Phone:** (empty)

A warning dialog box is overlaid on the form, titled 'Centricity® Business'. The message reads: 'Warning... the following patients also have this SSN. 04-81-61-60 SRSTEST,TONY'. An 'OK' button is visible at the bottom right of the dialog box.

**Note:** *It is always preferable to create a duplicate registration than to select an incorrect registration. Selecting the wrong record and replacing one patient's information with another patient is a clinical risk to both patients and a liability risk to Sharp HealthCare (refer to P&P 17302.01).*

## Quick Registration

**Quick registration is used to create a new patient's chart.** This type of registration typically occurs when speaking with a new patient over the phone.

**Note:** Pressing the Tab key is the best method to navigate all required fields.

*A patient must be created within the application before any actions can be taken. You will need to generate the patient's Medical Record Number (EMRN).*

### How to create a Quick Registration:

1. Click **Scheduler** on the Vertical Toolbar (VTB)
2. Type the patient's name: **LastName,FirstName** in the Patient field (do not include a space between the comma and the first name).

#### New Appointment Screen

The screenshot shows the 'New Appointment' screen. The 'Patient' field is highlighted with a red box and contains the text 'SRSDT,BEN'. Other fields include 'Appt Reason', 'Provider', 'Department', 'Team', 'Category', 'Appt Type', 'Duration', 'From Date' (12/01/2015), and 'Location'. A 'Search' dropdown is set to 'Schedule'.

3. Press **Tab**

#### Multi-Factor Lookup Screen

The screenshot shows the 'Multi Factor Lookup' screen. The 'Name' field is highlighted with a blue box and contains the text 'SRSDT,BEN'. Other fields include 'Gender', 'SSN Last 4', 'DOB', and 'Age (if no DOB)'. 'OK' and 'Cancel' buttons are at the bottom.

4. At the *Multi Factor Lookup* screen, select the patient's **Gender** and type the **DOB**
5. Click **OK**

## Quick Registration

**Note:** Pressing the Tab key is the best method to navigate all required fields.

Quick registration is used when **scheduling or taking a message** for a **new patient**.

*A patient must be created within the application before any actions can be taken. You will need to generate the patient's Medical Record Number (EMRN).*

### How to create a Quick Registration:

1. Click **Scheduler** on the Vertical Toolbar (VTB)
2. Type the patient's name: **LastName,FirstName** in the Patient field (do not include a space between the comma and the first name).

New Appointment Screen

The screenshot shows the 'New Appointment' screen. The 'Patient' field is highlighted with a red box and contains the text 'SRSTEST,BARBIE'. Other fields include 'Appt Reason', 'Provider', 'Category', 'Appt Type', 'Duration', and 'From Date' (12/28/2018).

3. Press **Tab**

Multi-Factor Lookup Screen

The screenshot shows the 'Multi Factor Lookup' screen. The 'Name' field is highlighted with a yellow box and contains the text 'SRSTEST,BARBIE'. Other fields include 'Gender' (F), 'SSN Last 4', 'DOB' (01/01/1991), and 'Age (if no DOB)'.

## Quick Registration

4. At the *Multi Factor Lookup* screen, select the patient's **Gender** and type the **DOB**



PSR AW Menu | Join Link | Hide VTB

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial Comments | Sched User Reports

Scheduling Registration - New Patient: RGTEST,ONEONEONE

Effective date of change: 09/10/2018

| Group | Reason for change | HMO | Contract # |
|-------|-------------------|-----|------------|
| PCP   | RSN (RSNEW)       |     |            |
|       |                   |     |            |
|       |                   |     |            |
|       |                   |     |            |

- Press **Tab** at *Effective date of change* field
- Type the name of the **PCP** (Primary Care Physician) and press **Tab**
- At Reason for change, type **RSN (RSNEW)** and press **Tab**

PSR AW Menu | Break Link | Hide VTB

Scheduler | New Appointment | Appointment List | Provider Schedules | Bump List | Wait List | Front Desk | Financial

Scheduling Registration - New Patient:

Patient Name: SRSTEST,GEORGE | SHC #: 107-992-763  
 AKA: | SSN #: XXX-XX-0000  
 Date of Birth: 05/05/1955 | Sex: M | EMRN #: 04-87-36-25  
 PCP: / | OM #: |  
 Add/Edit PCP? |  
 Privacy Notice: |  
 Home Phone: |  
 Cell Phone: |  
 Email: |  
 Comment: |

Centricity® Business  
 Notice is required  
 OK

PCP is required for Group 3

The **Privacy Notice** is a required HIPAA field. Patients sign a form that describe how their medical information is used and disclosed at Sharp Rees-Stealy.

- Select No (**N**) if the patient is on the phone and you are unable to have them sign the form.
  - o **Select a reason if the Privacy Notice was not given to the patient.**

(Select Yes (**Y**)  
 in the clinic and  
 have them sign

once the patient is  
you are able to  
the form.)

## Quick Registration

Privacy Notice Screen

Notice Given: N | Date Given: |

Reason Not Given: PHONE REGISTRATION |

Date Mailed: PHONE REGISTRATION

- Select a reason if the Privacy Notice was not given to the patient
- Press **Tab** until you get back to the registration screen.

The screenshot shows a web-based scheduling application. The main window is titled 'Scheduling Registration - New Patient:'. It contains several input fields for patient information:

- Patient Name:** SRSTEST,GEORGE
- AKA:** (empty)
- Date of Birth:** 05/05/1955
- Sex:** M
- SHC #:** 107-992-763
- SSN #:** XXX-XX-0000
- EMRN #:** 04-87-36-25
- OM #:** (empty)
- PCP:** (empty)
- Add/Edit PCP?:** (dropdown menu)
- Privacy Notice:** N
- Home Phone:** 951-753-4593
- Cell Phone:** 951-753-7913
- Email:** GEORGE.SRSTEST@SHARP.COM
- Comment:** BLUE CROSS PPO
- Appt Rmdr:** (dropdown menu)
- Work Phone:** (empty)

A 'Phone Preferences' dialog box is open in the foreground, titled 'Centricity® Business'. It contains a table with the following data:

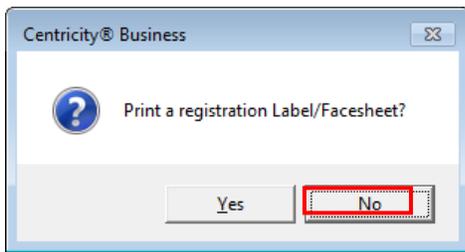
| Name                     | Number |
|--------------------------|--------|
| CELL                     | 3      |
| CELL TEXT                | 4      |
| EMAIL                    | 6      |
| HOME                     | 1      |
| OPT OUT                  | 5      |
| VENDOR REQUESTED OPT OUT | 11     |

The dialog box has 'OK' and 'Cancel' buttons at the bottom.

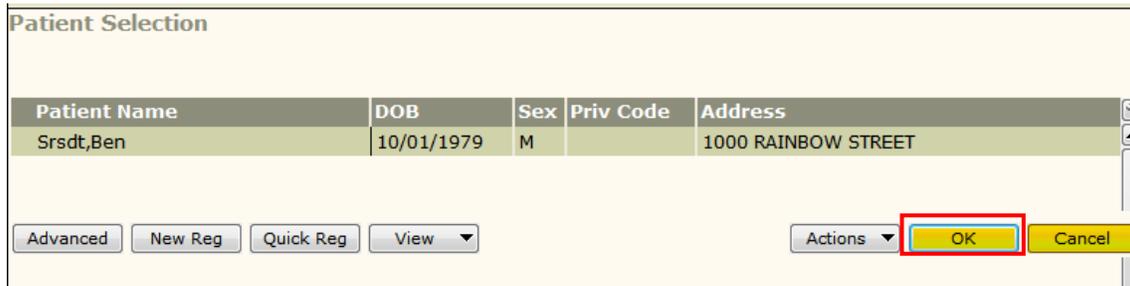
- Fill in the patient's **Home Telephone**
  - This is the patient's primary phone number
- Select an **Appt Rmdr:** for the patient. The option you select MUST have a number in the corresponding field. (i.e. If 'Cell' is selected, the 'Cell Telephone' field must be filled in)

## Quick Registration

- Click **OK**.



- Click **No** at 'Print a registration Label/Facesheet?'



- Patient Selection Screen - Click **OK**
- View patient's information in Patient Banner Bar.

## Entering / Editing Registration Information

Once the patient arrives in the clinic, you will give them a **registration form** to complete during the check-in process.

## How to Access Full Registration:

1. Use PatientSecure or Standard Patient Look-up to **find the patient**.

The screenshot shows the Scheduler interface with the patient information for SRS DT, BEN. The patient's details include SHC#: 104-861-795, IFD: (blank), Facility: SRS, DOB: 10/01/1979, HMO: (blank), BAF: FORWARD, A-S: 36 years-M, and H Phone: 619-466-1717. The 'Reg' button is highlighted in a red box.

2. Click **Reg** to access the patient's demographics/registration. This function will be used only to **view** or **edit** the patient's registration information.

The screenshot shows the 'Registration Edit' dialog box in Centricity Business. The dialog box contains the following text: 'Registration Edit options: 1) Reg only, 2) FSCs only, 3) Case only, 4) All'. Below this, there is a 'Selection:' label and a text input field containing the number '1'. There are 'OK' and 'Cancel' buttons at the bottom right.

3. Type the number **1** to view or edit the patient's registration.

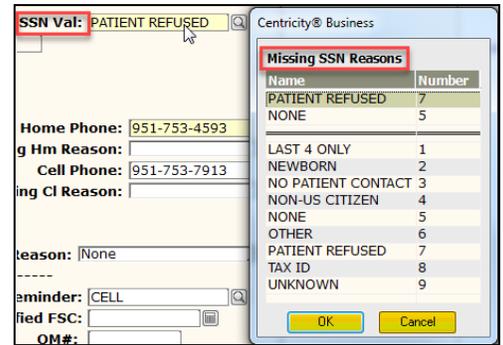
4. Click **OK**.

## Entering / Editing Registration Information

### Registration Screen

The screenshot shows the Registration Screen for SRSTEST, GEORGE. The patient's details include SHC#: 107-992-763, IFD: (blank), Facility: (blank), DOB: 05-May-1955, HMO: (blank), BAF: (blank), A-S: 64 years-M, and H Phone: 951-753-4593. The 'Full Registration' section is active, showing fields for Name, SSN, EMRN, AKA, DOB, SHC#, and DOB Val. The 'DOB Val' field is highlighted in a red box and contains the value 'Valid'. The 'SSN Val' field contains the value 'PATIENT REFUSED'.

The screenshot shows a close-up of the 'DOB Val' dropdown menu. The menu is open, showing three options: 'Valid', 'No Patient Contact', and 'Valid'. The 'Valid' option is selected.



- If the patient's DOB is either 01-01-xxxx or 07-01-xxxx update the **DOB Val** field
- If the patient did not provide their SSN#, update the **SSN Val** field
- Update **address** if necessary
  - Entering the Zip Code will auto-populate the City,St
  - Verify Country
  - Update Adr Type
  - Change Adr Stat to '**Current**'
- Update **Home Phone** and **Cell Phone**
- Update **e-mail** if necessary
  - If patient does not provide e-mail, update 'Missing Email Reason' field
- To update PCP, select 'Y' at Add/Edit PCP?
  - Press Tab
- Verify **C.O.R.** has been signed
  - Conditions of Registration form must be signed by the patient (if the patient is a minor, it must be signed by a guardian).
  - C.O.R. must be signed every calendar year
  - Look at the **year** to verify if it is up-to-date

## Entering / Editing Registration Information

### Regulatory Screen

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                        |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|-----------------------|--------------------|------------------|------------------------|-----------|---------|----------------|--|--|--|--|------------|----------|------|--|----------|--|--|-------|-----|-----------|--|--|--|--|-------------|---|------|---|---------------|---|------------------------|-----------|--------------------|-------------------|--|--|--|--|-----------|--|--------------|--|--|--|--|-----|--|------------------------|--|--|--|--|--------|--|--------------------|--|--|--|--|-----------|--|------|--|--|--|--|-----------|--------------------------|----------------|--|--|--|--|----------------|--|--------|--|---------|--|--|
| New Appointment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Appointment List         | Provider Schedules     | Bump List             | Wait List          | Front Desk       | Financial Comments     |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| <b>SRSTEST, SCAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | SHC#: 107-992-644      | IFD:                  | Facility: SRS      |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Select Patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | DOB: 01-Feb-1990       | HMO:                  | BAF:               |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | A-S: 29 years-M        | H Phone: 619-548-8752 | BGAF:              |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| <b>Full Registration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                        |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Regulatory               | Employer Info          | Guarantor             | Spouse/Parent Info | Oth Contact Info | SRS PCP                |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| <table border="0"> <tr> <td>Language:</td> <td>ENGLISH</td> <td>DMV License #:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ethnicity:</td> <td>DECLINED</td> <td>POB:</td> <td></td> <td>Veteran:</td> <td></td> <td></td> </tr> <tr> <td>Race:</td> <td>DEC</td> <td>Religion:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIE (SDHC):</td> <td>Y</td> <td>NPP:</td> <td>Y</td> <td>Notice Given:</td> <td>Y</td> <td>Date Given: 07/19/2019</td> </tr> <tr> <td>SRS ADHC:</td> <td>NONE:INFO PROVIDED</td> <td>Reason Not Given:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HOS ADHC:</td> <td></td> <td>Date Mailed:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PP:</td> <td></td> <td>Pt. Sat. Survey (Y/N):</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHOTO:</td> <td></td> <td>Excl. Auto Dialer:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ACO TYPE:</td> <td></td> <td>GPS:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deceased:</td> <td><input type="checkbox"/></td> <td>Infec Control:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date of Death:</td> <td></td> <td>SCMG#:</td> <td></td> <td>TAX ID:</td> <td></td> <td></td> </tr> </table> |                          |                        |                       |                    |                  |                        | Language: | ENGLISH | DMV License #: |  |  |  |  | Ethnicity: | DECLINED | POB: |  | Veteran: |  |  | Race: | DEC | Religion: |  |  |  |  | HIE (SDHC): | Y | NPP: | Y | Notice Given: | Y | Date Given: 07/19/2019 | SRS ADHC: | NONE:INFO PROVIDED | Reason Not Given: |  |  |  |  | HOS ADHC: |  | Date Mailed: |  |  |  |  | PP: |  | Pt. Sat. Survey (Y/N): |  |  |  |  | PHOTO: |  | Excl. Auto Dialer: |  |  |  |  | ACO TYPE: |  | GPS: |  |  |  |  | Deceased: | <input type="checkbox"/> | Infec Control: |  |  |  |  | Date of Death: |  | SCMG#: |  | TAX ID: |  |  |
| Language:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENGLISH                  | DMV License #:         |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Ethnicity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DECLINED                 | POB:                   |                       | Veteran:           |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Race:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DEC                      | Religion:              |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| HIE (SDHC):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Y                        | NPP:                   | Y                     | Notice Given:      | Y                | Date Given: 07/19/2019 |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| SRS ADHC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NONE:INFO PROVIDED       | Reason Not Given:      |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| HOS ADHC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Date Mailed:           |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| PP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Pt. Sat. Survey (Y/N): |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| PHOTO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Excl. Auto Dialer:     |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| ACO TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | GPS:                   |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Deceased:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Infec Control:         |                       |                    |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |
| Date of Death:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | SCMG#:                 |                       | TAX ID:            |                  |                        |           |         |                |  |  |  |  |            |          |      |  |          |  |  |       |     |           |  |  |  |  |             |   |      |   |               |   |                        |           |                    |                   |  |  |  |  |           |  |              |  |  |  |  |     |  |                        |  |  |  |  |        |  |                    |  |  |  |  |           |  |      |  |  |  |  |           |                          |                |  |  |  |  |                |  |        |  |         |  |  |

- Update Language, Ethnicity/Race, DMV License #
- Select 'Y' in HIE (SDHC)
  - Health Information Exchange (HIE) San Diego Health Connect (SDHC) – Participating organizations that have securely agreed to share electronic health information (i.e. labs, imaging, medications, allergies, etc.) to reduce health care costs associated with redundant tests or procedures. Shared records are view access only. Participating providers include UCSD Medical Center, Scripps Health, Rady Children’s Hospital, Kaiser Permanente Southern California, and the VA San Diego Healthcare System.
    - Y a letter was mailed or patient came into facility with consent
    - N patient who choose not to participate, Opt Out forms available at Sharp.com
    - U patients on the phone only
  - Patients can e-mail [SDHD@sharp.com](mailto:SDHD@sharp.com) or information line at (858) 499-2415
  - Update Occupation information

## Entering / Editing Registration Information

### Employer Information Screen

- Fill in Employment Status
- Fill in Employer information
  - The first field is a Dictionary Field – there is already a preset list of options
  - **Employer FT** = Free Type (if the employer is not in the dictionary)
- Fill in Date of Retirement if applicable
  - Fill in with approximate year

## Entering / Editing Registration Information

### Guarantor Screen

|                          |                          |                        |                       |                    |                  |                        |
|--------------------------|--------------------------|------------------------|-----------------------|--------------------|------------------|------------------------|
| New Appointment          | Appointment List         | Provider Schedules     | Bump List             | Wait List          | Front Desk       | Financial Comments     |
| <b>SRSTEST, SCAR</b>     |                          | SHC#: 107-992-644      | IFD:                  | Facility: SRS      |                  |                        |
| Select Patient           |                          | DOB: 01-Feb-1990       | HMO:                  | BAF:               |                  |                        |
|                          |                          | A-S: 29 years-M        | H Phone: 619-548-8752 | BGAF:              |                  |                        |
| <b>Full Registration</b> |                          |                        |                       |                    |                  |                        |
| Registration             | <b>Regulatory</b>        | Employer Info          | Guarantor             | Spouse/Parent Info | Oth Contact Info | SRS PCP                |
| Language:                | ENGLISH                  | DMV License #:         |                       |                    |                  |                        |
| Ethnicity:               | DECLINED                 | POB:                   |                       | Veteran:           |                  |                        |
| Race:                    | DEC                      | Religion:              |                       |                    |                  |                        |
| HIE (SDHC):              | Y                        | NPP:                   | Y                     | Notice Given:      | Y                | Date Given: 07/19/2019 |
| SRS ADHC:                | NONE:INFO PROVIDED       | Reason Not Given:      |                       |                    |                  |                        |
| HOS ADHC:                |                          | Date Mailed:           |                       |                    |                  |                        |
| PP:                      |                          | Pt. Sat. Survey (Y/N): |                       |                    |                  |                        |
| PHOTO:                   |                          | Excl. Auto Dialer:     |                       |                    |                  |                        |
| ACO TYPE:                |                          | GPS:                   |                       |                    |                  |                        |
| Deceased:                | <input type="checkbox"/> | Infec Control:         |                       |                    |                  |                        |
| Date of Death:           |                          | SCMG#:                 |                       | TAX ID:            |                  |                        |

The **Guarantor** field identifies the person who assumes financial responsibility. **If the patient is a minor (under the age of 18) there must be a Guarantor entered in their registration.**

If the patient is the Guarantor, this field may be left blank.

The **Guarantor Address** is required even if it is the same as the patient. If this address is the same as the patient, type **@P** at the address prompt and press Tab.

The guarantor field should always be current. Reasons to change a patient's guarantor include the following:

- Updating from a parent/guardian when the patient becomes an emancipated minor.
- Updating from a parent /guardian to the patient when the patient becomes an adult.
- Updating from someone other than the patient to the patient when the patient is an adult.
- Updating from the patient or another person to someone other than the patient if the guarantor will sign a Conditions of Registration (COR).
- Updating a deceased patient's account to "the Estate of..."

## Entering / Editing Registration Information

### Spouse/Parent Information Screen

New Appointment Appointment List Provider Schedules Bump List Wait List Front Desk Financial Comments

**SRSTEST, SCAR** SHC#: 107-992-644 IFD: Facility: SRS  
 DOB: 01-Feb-1990 HMO: BAF:  
 A-S: 29 years-M H Phone: 619-548-8752 BGAF:

Select Patient [i] [minus] [plus]

Full Registration

Registration Regulatory Employer Info Guarantor Spouse/Parent Info Oth Contact Info SRS PCP General Cc

Sp/Parent: SRSTEST,RACHEL SSN: XXX-XX-0001 DOB: 04/01/1990  
 Rel to Pat: SPOUSE  
 Address: 5651 COPLEY DR Home Phone: 619-548-8752  
 City,St: SAN DIEGO,CA Cell Phone: 858-652-2555  
 Zip: 92111

Sp/P Empl: ALBERTSONS SUPERMARKET  
 Sp/P Empl FT: ALBERTSONS SUPERMARKETS (ALL) Employment Stat: FULL TIME  
 Address: 8895 MIRA MESA BLVD  
 City,St: SAN DIEGO,CA  
 Zip: 92126  
 Empl Ph Num: 877-932-7948

## Other Contact & Emergency Contact Information Screen

New Appointment Appointment List Provider Schedules Bump List Wait List Front Desk Financial Comments

**SRSTEST, SCAR** SHC#: 107-992-644 IFD: Facility: SRS  
 DOB: 01-Feb-1990 HMO: BAF:  
 A-S: 29 years-M H Phone: 619-548-8752 BGAF:

Select Patient [i] [minus] [plus]

Full Registration

Regulatory Employer Info Guarantor Spouse/Parent Info Oth Contact Info SRS PCP General Comments

**Additional Contact**

Name: SRSTEST,ALAN Employer: QUALCOMM  
 Type: Rel to Pat: BROTHER Empl FT:  
 SSN: 000-00-0001 Address: 8546 GENETIC CENTER DR  
 Address: 8601 LANDERS DR City,St:  
 City,St: SAN DIEGO,CA ZIP: 92126  
 Home Phone: 615-452-2574 Work Ph: 858-200-3568  
 Cell Phone: 615-656-3526

**Emergency Contact**

Name: SRSTEST,DANA  
 Rel to Pat: SISTER Pri Phone: 313-565-0587

- Update **Additional Contact** information
- Update **Emergency Contact** information if applicable
  - If the patient does not wish to provide an Emergency Contact, update field to either: "None per pt" or "No Patient Contact"

Type: [dropdown]  
 Rel to Pat: NONE PER PATIENT  
 SSN: NO PATIENT CONTACT  
 Address: NONE PER PATIENT

## Entering / Editing Registration Information

**Note:** If the system does not recognize the entered address, verify with the patient the **Corrected Address**

## IDX Address Corrector

Once you exit the patient's registration (or *click OK*), it may bring you to the *IDX Address Corrector Screen*. The application is connected to the **USPS database** and will alert you if there is an **error in the patient's address**.

From this page, you can either:

- 1.) **Override** the "Corrected" suggestion
- 2.) **Go back into registration** and edit the address.

### To override the Address Corrector (if the Address you entered is Correct):

- Select '**Y**' at File this Address
- Select '**N**' at Return to Reg Screen
- Click the magnifying glass to select a **Reason for override** (Per Pt Instruction)

IDX ADDRESS CORRECTOR

\*\* Patient Address

|                              |   |                        |
|------------------------------|---|------------------------|
| <b>Corrected Address</b>     | ← | <b>Entered Address</b> |
| Address Line 1: 2001 4TH AVE |   | 2001 FOURTH AVE        |
| Address Line 2:              |   |                        |
| City, State: SAN DIEGO, CA   |   | SAN DIEGO, CA          |
| Zip Code: 92101              |   | 92101                  |
| Zip+4: 2303                  |   |                        |
| Delivery Point: 01           |   |                        |
| Check Digit: 8               |   |                        |

File this Address (Y/N)?  Return to Reg Screen?

Reason for overriding Address Corrector:

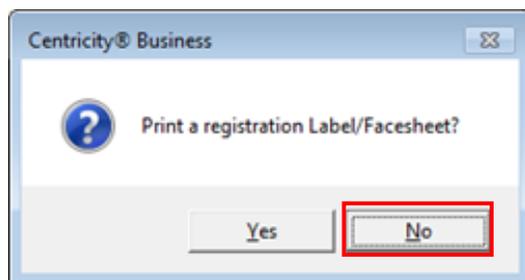
### To correct the address in registration and NOT override the Address Corrector

*This will bring you back to the Registration Screen*

- Select N in the **File this Address** box
- Select Y in the **Return to Reg Screen** box
- Click OK to return back and enter the correct address

File this Address (Y/N)?  Return to Reg Screen?

Reason for overriding Address Corrector:



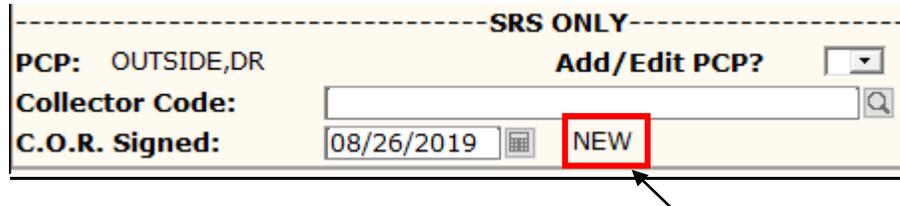
- **Click No** at 'Print a registration Label/Facesheet?'

# Entering / Editing Registration Information

## Changing the Home Chart Location (HCL) NEW → EHR

The **Home Chart Location (HCL)** status of “NEW” is automatically assigned during the quick registration and initial full registration process. You must change the HCL to the status of “EHR” once the patient has been seen in the clinic and has signed the C.O.R.

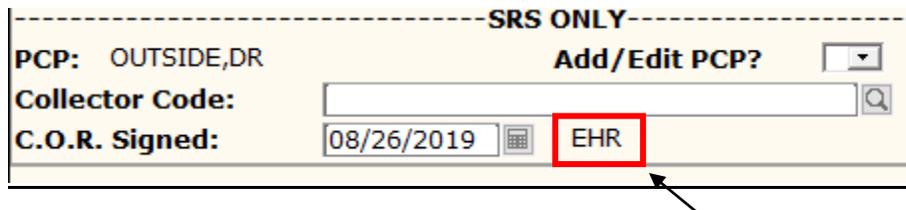
*The HCL is located on the bottom left corner of the Registration Screen.*



The screenshot shows a registration form with the following fields: PCP: OUTSIDE,DR; Add/Edit PCP? (dropdown); Collector Code: (text input); C.O.R. Signed: 08/26/2019 (calendar icon); and HCL: NEW (highlighted in a red box with an arrow pointing to it).

### When to change the HCL:

1. At the patient's first visit, but only after the C.O.R. (Conditions of Registration has been signed) and the registration process has been completed.
  - a. Change the HCL of “NEW” to “EHR” (Electronic Health Records)
2. **DO NOT** change the HCL to “EHR” if the patient refuses to sign the C.O.R.
3. The HCL of “STO” (Storage) should be changed to “EHR”
  - a. Storage-purged after 10 years of inactivity
4. The HCL of “CRR” should **NOT** be changed.
  - a. **CRR** = Central Record Room. This means the patient has a paper chart and



The screenshot shows the same registration form as above, but the HCL status is now EHR (highlighted in a red box with an arrow pointing to it).

# Entering / Editing Registration Information

## How to change the HCL:

1. On the VTB click 'Patient Services'
2. On the HTB click 'Edit HCL'

### Patient Services Screen

Centricity™ Framework - Internet Explorer  
https://rsmcfqat.sharp.com/idxweb/

PSR AW Menu Break Link Hide VTB

Patient Services Patient Services **Edit HCL** Front Desk Financial Comments General Comments

Scheduler  
Patient Services  
Front Desk  
TES Activities  
BAR Activities  
Schd Archive  
Credit Card  
OWA Email  
View Dictionary  
Dict View

**SRSTEST, FERRIS**  
Select Patient

SHC#: 107-861-928  
DOB: 01-Jan-1991  
A-S: 27 years-M

IFD:  
HMO: SRS  
H Phone: 123-

Patient Services

Name: SRSTEST, FERRIS

Registration  
123 LOVELY LN  
SAN DIEGO, CA 92115

Financials  
Current Stmt Balance  
SRS: 0.00

Appoin  
Last: 21  
TRUE MD  
FAMILY I

4. At the **Record Room** field, type in "EHR"

### Edit HCL Screen

Centricity™ Framework - Internet Explorer  
https://rsmcfqat.sharp.com/idxweb/

PSR AW Menu Break Link Hide VTB

Patient Services Patient Services **Edit HCL** Front Desk Financial Comments General Comments

Scheduler  
Patient Services  
Front Desk  
TES Activities  
BAR Activities  
Schd Archive  
Credit Card  
OWA Email  
View Dictionary  
Dict View

**SRSTEST, FERRIS**  
Select Patient

SHC#: 107-861-928  
DOB: 01-Jan-1991  
A-S: 27 years-M

IFD:  
HMO:  
H Phone:

Chart Tracking

Record Room: EHR

MPV Portal

# Entering / Editing Registration Information

## 5. Press **Tab** or Click **OK**

Centricity™ Framework - Internet Explorer  
https://rsmcfqat.sharp.com/idxweb/

PSR AW Menu | Break Link | Hide VTB

Patient Service: Patient Services | Edit HCL | Front Desk | Financial Comments | General Comments | Insurance | PIM Function 1

Scheduler  
Patient Services  
Front Desk  
TES Activities  
BAR Activities  
Sched Archive  
Credit Card  
OWA Email  
View Dictionary  
Dict View  
MPV Portal

**SRSTEST, FERRIS**  
SHC#: 107-861-928  
DOB: 01-Jan-1991  
A-S: 27 years-M  
IFD:  
HMO: SRS  
H Phone: 123-456-7232  
Facility: SRS  
BAF: CURRENT  
BGAF:

Select Patient

\*\*\* Edit homebase location \*\*\*

**New homebase location:**

**Group to which new homebase belongs:** REES-STEALY

**Patient:**

## 6. At **New Homebase Location**, Type “EHR”

## 7. Press **Tab** *The patient's name will auto-populate*

## 8. Press **Tab** or Click **OK**

Centricity™ Framework - Internet Explorer  
https://rsmcfqat.sharp.com/idxweb/

PSR AW Menu | Break Link | Hide VTB

Patient Service: Patient Services | Edit HCL | Front Desk | Financial Comments | General Comments | Insurance | PIM Function 1

Scheduler  
Patient Services  
Front Desk  
TES Activities  
BAR Activities  
Sched Archive  
Credit Card  
OWA Email  
View Dictionary  
Dict View  
MPV Portal

**SRSTEST, FERRIS**  
SHC#: 107-861-928  
DOB: 01-Jan-1991  
A-S: 27 years-M  
IFD:  
HMO: SRS  
H Phone: 123-456-7232  
Facility: SRS  
BAF: CURRENT  
BGAF:

Select Patient

\*\*\* Edit homebase location \*\*\*

**New homebase location:**

**Group to which new homebase belongs:** REES-STEALY

**Patient:**

Centricity® Business  
Homebase location changed from NEW RECORD ROOM to ELECTRONIC HEALTH RECORD.  
OK

## 9. A **pop-up** appears indicating that the **HCL** has been changed.

# Address Status

The **Address Status** indicates the most current status of the patient's mailing address. There are three choices for this field:

**Current** – the address listed is **valid and up-to-date**

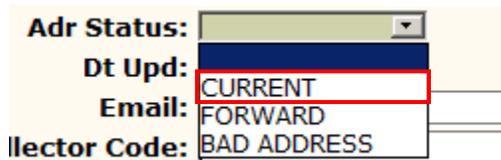
**Forward** – Sharp has received a “**Notification of Forwarded Address**” from the USPS

**Bad Address** – the address on file is **invalid**, and needs to be updated to “Current”

## Address Status – CURRENT

The *Adr Status* field **MUST** be updated **every time a patient's address is verified.**

**Scripting:** “*Hi Mr. Jones. For your security, would you please verify the numeric portion of your mailing address and the last 4-digits of your best contact number?*”

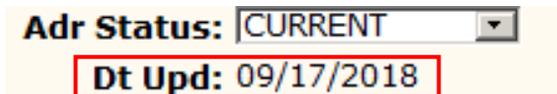


A screenshot of a form with the following fields and options:

|              |                      |
|--------------|----------------------|
| Adr Status:  | <input type="text"/> |
| Dt Upd:      | <input type="text"/> |
| Email:       | <input type="text"/> |
| lector Code: | <input type="text"/> |

The dropdown menu for 'Adr Status' is open, showing three options: 'CURRENT', 'FORWARD', and 'BAD ADDRESS'. The 'CURRENT' option is highlighted with a red box.

The system will auto-populate the *DT Upd:* field with the date a new address is entered.



A screenshot of a form with the following fields:

|             |                                         |
|-------------|-----------------------------------------|
| Adr Status: | <input type="text" value="CURRENT"/>    |
| Dt Upd:     | <input type="text" value="09/17/2018"/> |

The 'Dt Upd:' field is highlighted with a red box.

### **If the patient gives the same address listed:**

Update the *Address Status* to “**Current**”.

### **If the patient gives a different address than what is listed:**

Change the address to the one given by the patient, and update the *Address Status* to “**Current**”.

# Address Status

## Address Status- FORWARD

Sharp receives notification from the USPS if an address change was filed and a forwarding address was given.

**Scripting:** “Hi Mr. Jones. Sharp has received notification of an address change, would you please verify your mailing address and phone number”?

**Adr Status:** FORWARD  
**Dt Upd:** 09/17/2018

Example: Patient’s address is 8695 Spectrum Center Blvd. A USPS notification is received indicating the forwarded address is 7901 Frost St.

**If the patient gives the same address listed:**

Update the *Address Status* to “**Current**”.

**If the patient gives a different address than what is listed:**

Ask if there is any reason we may have received a forwarded address from the USPS and document the patient’s response in Registration Notes.

Change the address to the one given by the patient, and update the Adr Status to “**Current**”.

**Adr Status:** CURRENT  
**Dt Upd:** 09/17/2018

# Entering / Editing Registration Information

## Address Status- **BAD ADDRESS**

When a piece of mail is **returned from the USPS**, the *Address Status* field will display “Bad Address” & the *Bad Address (BA)* field will display “YES”.

**Scripting: “Hi Mr. Jones. I noticed that Sharp has received some returned mail from the USPS. Would you please verify your mailing address and phone number”? Check the previous address used in Registration Notes.**

|                    |               |
|--------------------|---------------|
| <b>Address:</b>    | RETURN MAIL   |
| :                  |               |
| <b>City,St:</b>    | SAN DIEGO,CA  |
| <b>Adr Status:</b> | BAD ADDRESS ▾ |

### **If the patient gives a different address than what is listed:**

Change the address to the one given by the patient, and update the *Address Status* to “**Current**”.

**If the patient gives you the same address found in registration notes:** Ask if there is any reason we received Return Mail from the US Postal Service. Confirm the address listed on the patient’s driver’s license. Was there a missing apartment or space number? Was the street name spelled correctly?

- **If there are no changes to the “Bad Address”:** Document in Registration Notes indicating the patient provided the same address that was marked “Returned Mail”. Change the address to the one given by the patient, and update the Address Status to “Current”.
- **If it is the 2<sup>nd</sup> (or more) occurrence:** **Do NOT** update the address. Leave the Address Status as “BAD ADDRESS” and notify a lead or supervisor.

|                    |            |
|--------------------|------------|
| <b>Adr Status:</b> | CURRENT ▾  |
| <b>Dt Upd:</b>     | 09/17/2018 |