

Web Patient Registration

as of 1/17/13

System Maintenance Change Request

SMCR200607-688

Version 6.0

AMENDMENTS

Amendment #	Description	Date
Section 1.2	Added Include IR 2441 Patient tables: Clean up redundant fields	08/3/12
Section 1.2	Added the word modifying and removed saving from the main functionalities	08/3/12
Section 1.2	Add the words “from Legacy” to the bullet about Correct/Referral.module.	08/3/12
Section 1.2	Remove IR 2459 – Sibling updates the DR was completed this week.	08/3/12
Section 1.2	Remove one of IR 2146 – Entered twice.	08/3/12
Section 1.2	Remove Note.	08/3/12
Section 2.1	Add to the sentence: coding standards as <i>defined</i> in the CMS Coding Standards <i>document</i> .	08/3/12
Section 2.1	Add to the sentence: Disconnect the relationship between generating the <i>Pending Transfer</i> letters and the status.	08/3/12
Section 3.2.1	Removed sentence: The user has four options from the Search...	08/3/12
Section 3.2.3.1	Remove the sentence: The ‘Required’ section of the Face Sheet must Add new sentence which states all required fields are on the 1 st page.	08/3/12
	Remove Out of State from Residence County dropdown in Registration and SCI Inquiry.	09/11/12
	Primary Diagnosis and other Diagnosis- Search by code and description. Also add unlimited diagnosis for the user to enter on the web.	09/11/12
	Fix patient records with a gap in the last name: Ruiz See example email	09/11/12
Section 1	During the conversion, identify and correct any records which show Out of State as a Residential County.	09/11/12
Section 1	Do not allow duplicates diagnosis to be entered. Correct any records with duplicates during the conversion.	09/11/12
4.1.3.2	Added more functional details to the Referral/Transfer section	09/24/12
	Allow the diagnosis field to be left blank but put in a validation which requires a valid DX in Medical Eligibility to make Eligible in Medical Eligibility, to make Active and to Authorize a SAR.	09/25/12

4.1.3.2	Indicate what fields may be updated during the Correct referral process.	09/25/12
	Remove the Co Request Close Dt field.	09/25/12
	Broke out Conversion Rules and Business Rules and added new rules for both.	09/26/12
4.3.1.3	When a user enters a Medical Home, a pop up box should appear which states the following: Children in the CCS program will have a designated primary care physician and/or physician who provides a medical home.	10/11/12
4.3.1.3	Add new Relation to Patient table.	10/11/12
4.2.3.6	Added new rules surrounding the Caregiver fields which included in the Addressee Section fields.	10/11/12
3.1	A case number may not be reused once assigned to a case.	10/15/12
2.3	Allow user to search by Pseudo or SSN in the SSN field in the search screen.	10/15/12
4.1.4.1	Add Financial Eligibility and Residential Eligibility split out in the face sheet.	10/17/12
4.1.3.6	Removed caregiver from the relationship to patient table.	10/17/12
4.1.5	Add the option to select the required documents for the Medical Report Request. Have the ability to mark it as requested and received	11/7/12
2.2	Add the Medi-Cal and Mom's Medi-Cal to the Patient Registration primary screen <i>All name fields will be split into first name, middle name, last name, title and appellation. If the name is not identified by first, middle and last such as "The Parents of" we will have another field to capture generic titles.</i>	11/7/12
2.3	Clear Chart # field upon reopening the case to another county. If the case number changes preserve the case number with the correspondence at the time the letter is generation	11/7/12
2.4	Do not allow duplicate case numbers. Create a report to identify and reassign any duplicate case number to another number. For those counties who choose not to participate in the Caseload Distribution will have a Nurse Case Manager and Financial Eligibility workers assigned to all cases in the caseload.	11/7/12
4.1.3.3	For those counties who choose not to participate in the Caseload Distribution will have a Nurse Case Manager and Financial Eligibility workers assigned to all cases in the caseload.	11/7/12

4.1.3.3	IR201105-2070 Face Sheet CMSFS-50: new field or code in Case Load Type to indicate Temporary Transfer	11/19/12
2.3	We will have two SSN fields. We will have a permanent SSN field that contains a valid SSN and a pseudo-SSN. User may change only permanent SSN. If the user changes the SSN and the GZ10 gets rejected, the user will have to manually fix the SSN on our (CMS) record to match the MEDS value.	11/28/12
2.3	Present a message to the user when an “active” case is being marked as duplicate, the user “must” close the case manually to take action on any SARs, letters, etc. before losing the CIN on that patient. For the other statuses, we will allow the case to be marked as duplicate provided it passes the existing rules.	11/28/12
4.1.3.4	Edit case Number Matrix The matrix below defines the User Security roles for editing a case number. Currently, users may modify an existing case number through the Edit Case Number module. This module will be removed and all edits will be done directly on the Patient Registration screen if the user has the proper authority. These rules will be used in determining whether a user has the authority to edit the number on the Patient Registration screen Case Number field.	11/29/12
4.1.3.2	Add an Effective Date field associated to the Not Open status on the Registration screen.	12/3/12
4.1.3.3	Allow the user to do a MEDS Inquiry on the Patient Registration header and save the data to the appropriate places such as the Medi-Cal screen, HF screen and the Display MEDS log too.	12/3/12
2.2	Related to IR 2575 – (SMCR 2288 fix) The case note template for the Insur-MEDSElig is not populating any data in the case note template. This will be automatically fixed with the file clean up process.	12/3/12
2.2	Added DR201204-2405 and DR201204-2406 will be worked because Patient Registration changes impacts business objects.	12/3/12
4.13.14	The user to be able to enter a telephone number in the correct format, select the relationship from the table and enter free text (anything) in the phone notes field. Which hopefully they will only enter valid details associated to the phone number or the relationship.	12/11/12
	Updated to include denied or not opened to the following sentence: The check in the transfer check box will automatically be removed when the case is closed/denied or not open.	
4.1.21	The name field in the search screen will be divided into three different fields, Last, first and middle. The results screen sort order will continue to be last name.	1/16/13

<p>4.6.5 – 4.6.10</p>	<p>The MEDS Inquiry Display menu option will continue to be presented in Event Tracking menu for users to view history of previous saves of the Medi-Cal, Managed Care and HF data.</p> <p>At the time of saving in the Patient Registration web a MEDS Inquiry (MEDS 400) will save to log for view. The save is only allowed once per day.</p> <p>The user can save the Patient Registration as many times per day as they would like per day but the MEDS Inquiry will only save once, the first time they save the screen per day.</p> <p>A MEDS Inquiry will be saved to a history log for retrieval at any time through a Jasper report at the time of saving.</p> <p>Once the display MEDS screen is populated with the data from the MEDS 400 transaction the data will automatically save for future reference to a new report.</p>	<p>1/16/13</p>
<p>4.9.1</p>	<p>Replaced “The rules do not apply to existing caseloads”... to “These rules do not apply to customized caseloads”</p>	<p>1/16/13</p>
	<p>When a case is assigned a Temp number the CMSNet system the system will use the same numbers from the T number and assign it to the permanent number with an additional digit applied to the end of the number. Temp #: T123456 Permanent number: 1234561</p>	<p>1/17/13</p>

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2 Introduction

2.1 Purpose

The purpose of this SMCR is to convert CMS Net Legacy patient registration into a web version using the Internet Explorer browser.

2.2 Scope

The scope of this SMCR is to:

- 2.2.1 Make Patient Registration available on the Internet Explorer browser
- 2.2.2 Ensure all the main menus of Legacy patient registration are converted and are accessible in the Web
- 2.2.3 All standard functionality such as adding, modifying, deleting and printing data are working as designed.
- 2.2.4 Remove all references to Patient Registration such as Patient Registration, Registration Display, Registration Narrative, Print Face sheet, Edit Case #, Correct Referral, Identify Different patient, Current Patient Registration and Registration Main Menu in Legacy.
- 2.2.5 Verify the functionality has been accounted for in the new web Patient Registration such as Patient Registration, Registration Display, Registration Narrative, Print Face sheet, Edit Case #, Correct Referral, Identify Different patient, Current Patient Registration and Registration Main Menu from Legacy.
- ~~2.2.6 Add four-digit number to zip code (zip + four code) to accommodate MEDS recon address updates.~~
- 2.2.7 On the header split out Financial (F)/Residential (R) into to separate fields and display each separately.
- 2.2.8 Ensure all fields on every screen are in tab order as well as moving the cursor with the mouse.
- 2.2.9 Correct Referral/Transfer module will be removed from legacy.
- 2.2.10 A user will have the ability to add or modify the referral information in Registration based on their security level.
- 2.2.11 Create a method to identify a record as duplicate
- 2.2.12 Ability to mark a record as duplicate.
- 2.2.13 Search by Primary Diagnosis and other Diagnosis code and description.
- 2.2.14 Add unlimited diagnosis for the user to enter on the web.
- 2.2.15 Fix patient records with a gap in the last name: Ruiz

- 2.2.16 Include SMCR 1945 –Referral Tracking will be incorporated into this SMCR.**
- 2.2.17 Include IR 2146 - Provide a cross reference (drop down to previously used case numbers for that case)**
- 2.2.18 County System Admin only have the ability to modify the case number within Patient Registration screen.**
- 2.2.19 Store the previously used case number.**
- 2.2.20 Display previously used case numbers.**
- 2.2.21 Include IR 1654 - Eliminate reference to the school 370000 table and District. Add the schools and Districts to the PMF.**
- 2.2.22 Include IR 2152 – Remove reference to the vendor 2 table. Add providers from the Vendor 2 to the PMF.**
- 2.2.23 Include IR 2436 Allow hyphen in middle name; strip it for the SCI Inquiry.**
- 2.2.24 Include IR 2439 Selecting invalid SCC causes error.**
- 2.2.25 Include IR 2422 Unable to search for a client on the web.**
- 2.2.26 Include IR 2441 Patient tables: Clean up redundant fields**
- 2.2.27 Include IR 2452 Ability to create a GZ10 transaction to update client’s pseudo number to a permanent SSN in MEDS.**
- 2.2.28 Include IR 2452 Ability to send a GZ10 transaction to update client’s pseudo number to a permanent SSN in MEDS.**
- 2.2.29 Include IR 2453 Registration: SSN and Pseudo SSN missing - require one or the other**
- 2.2.30 Include IR 2508 Remove Out of State from Residence County dropdown in Registration**
- 2.2.31 Include IR 2508 Remove Out of State from Residence County dropdown in SCI Inquiry**
- 2.2.32 Remove the Co Closure Request Date field.**
- 2.2.33 The Referral Source table has all of the correct values listed; are selectable in the appropriate fields, in the correct format and correct order.**

- 2.2.34 The Relationship to Patient table has all of the correct values listed; are selectable in the appropriate fields, in the correct format, in the correct order.**
- 2.2.35 Mapping the existing Referral Source table values to the new table Referral Source.**
- 2.2.36 Change CCS Case Findings to County in the Referral Source table**
- 2.2.37 Remove Transfer from the Referral Type table**
- 2.2.38 Add a Transfer flag - indicating there is a pending transfer**
- 2.2.39 Add a Transfer check box in Patient Registration**
- 2.2.40 Allow user to uncheck the Transfer check box in Patient Registration**
- 2.2.41 Business Objects can identify transfers by Case Closure reason Transfer flag is present, County in the Referral Source field.**
- 2.2.42 Remove the Transfer/Active status from the Status table**
- 2.2.43 Add a validation to prevent duplicate diagnosis.**
- 2.2.44 Add a new subject code for Transfer cases.**
- 2.2.45 If the client has MTP coverage show a second page to the face sheet (MTP face sheet) which will include all the details relating the to the MTP case.**
- 2.2.46**
- 2.2.47 Add the Client's Medi-Cal to the Header and Mom's Medi-Cal to the Patient Registration primary screen.**
- 2.2.48 All name fields will be split into first name, middle name, last name, title and appellation.**
- 2.2.49 If the Primary Addressee Name is not identified by first, middle and last such as "The Parents of" we will have another field to capture generic titles.**
- 2.2.50 Design an audit report to replace the fields currently used in Transaction Tracking module.**
- 2.2.51 IR 2575 - The case note template for the Insur-MEDSElig is not populating any data in the case note template. This will be automatically fixed with the file clean up process.**

- 2.2.52 Map the tables changed by release 058 to Business Objects once the table changes are complete.**
- 2.2.53 DR201204-2405 (send address types “Other” and “Special Care Center” from Patient Registration to Business Objects)**
- 2.2.54 DR201209-2506 (send correct Share of Cost values to Business Objects. impacted by 058)**
- 2.2.55 Add 4 digit zip code extensions to all address fields.**
- 2.2.56 The Registration 6000 fields have been moved to the Patient Information table or fields are removed completely**
- 2.2.57 Allow for multiple correspondence address types for provider addresses**
- 2.2.58 The existing or most recent patient identification is retained until the session expires or when the user chooses a different patient to work on.**
- 2.2.59 The Patient header is enhanced and reused from the existing modules.**
- 2.2.60 The search screens built for User and Provider may be reused.**
- 2.2.61 The application outer border width is increased from 763 to 900. This change attributes to the recommended usability changes per SMCR 2451**
- 2.2.62 Allow navigation to edit multiple cases, one case at a time without navigating back to the search results screen**
- 2.2.63 User may search for existing patients or add a new patient from this screen. Order is preserved from top to bottom horizontally**
- 2.2.64 Module Title: Patient Registration**
- 2.2.65 Screen Title: Search Patient**
- 2.2.66 Entering the case number performs the search based on the unique case number assigned to the patient record. The user may also enter the temporary case number or a historical case number to search even when the patient has been assigned a permanent number. An exact search is performed. When case number is entered, all the other search fields are disabled and data is cleared on those fields.**
- 2.2.67 Validation is performed on allowable characters.**
- 2.2.68 Entering the CIN (Client Index Number) performs the search based on the**

unique CIN assigned by SCI to the patient record. An exact search is performed. When CIN is entered, all the other search fields are disabled and data is cleared on those fields.

- 2.2.69 Validation is performed on allowable characters within the CIN field.
- 2.2.70 The unique referral tracking number may be used to search for a patient record. The patient associated with the referral is the output of this search. An exact search is performed. When Referral Tracking # is entered, all the other search fields are disabled and data is cleared on those fields.
- 2.2.71 Validation is performed on allowable characters within the Referral Tracking # field.
- 2.2.72 The social security number may be used to search for a patient record. A regular SSN or pseudo-SSN may be used to search for the patients. An exact search is performed. When SSN is entered, all the other search fields are disabled and data is cleared on those fields.
- 2.2.73 Validation is performed on allowable characters during entry. For regular SSN, the ninth character is a number, whereas for a pseudo-SSN, the ninth character is an alphabet.
- 2.2.74 Advance search will allow a user to search by all registration statuses which will be available in a dropdown list.
- 2.2.75 Advance search will allow a user to search by the Medical record number entered on patient contact records are used to search based on the data entered on this field. An exact search is performed
- 2.2.76 Advanced search may be accomplished using the date range for registration. User may modify the date range to suit their search criteria. The date fields use the new date feature as part of the usability changes in SMCR 2451. The date format must be “mm/dd/yyyy” and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field
- 2.2.77 Existing user search module is utilized to search for users who register the case record into CCS or GHPP. The values selected are used to search in the *Patient.InfoHistory* table when the case is assigned a case number. Multiple users may be selected.

- 2.2.78** The field is split into three to accommodate the format in which the SSN is entered. The first field can contain three digits and only numbers are allowed. The second field can contain two digits and only numbers are allowed. The third field can contain four characters of which the first three are digits and the last character may be a digit or alphabet for pseudo-SSN.
- 2.2.79** Validation is performed on allowable characters during entry. For regular SSN, the ninth character is a number, whereas for a pseudo-SSN, the ninth character is an alphabet.

2.3 Business Rules:

- 2.3.1 Once a case is closed for RES 3 or NEG 1 the referral fields cannot be modified until the status has been changed in Registration from closed to Reopen Pending or Pending.**
- 2.3.2 When the case is active, county referrals may not be added**
- 2.3.3 Remove the current requirement for the DX field**
- 2.3.4 Do not require a diagnosis for Pending or Denied SARs.**
- 2.3.5 An initial referral cannot ever have a referral source as County**
- 2.3.6 Automatically check the Transfer check box if a transfer letter is being generated from correspondence**
- 2.3.7 The following fields may be edited through correct historical referral: Referral Received Date, Referral Source, Legal County, Name, Address, Phone, Email, Comments (for case notes).**
- 2.3.8 Users may remove the check from the Transfer checkbox field at any time.**
- 2.3.9 The check in the transfer check box will automatically be removed when the case is closed/denied or not open.**
- 2.3.10 MTP Only, IEP, MTU Status, Name, School, Patient Grade will be removed from the Patient Information screen.**
- 2.3.11 MTP Only, IEP, MTU Status, Name, School, Patient Grade will be visible on the MTP face sheet**
- 2.3.12 Users will only be able to update these fields through the MTP module.**
- 2.3.13 Allow user to search by Pseudo or SSN in the search screen in the Social Security Number field.**
- 2.3.14 Clear the Chart number field upon reopening the case to another county.**
- 2.3.15 If the case number changes preserve the case number with the correspondence at the time the letter is generation. Therefore, you may have on the same patient one case number on one letter and a different case number on a different letter.**
- 2.3.16 We will have two SSN fields. We will have a permanent SSN field that contains a valid SSN and a pseudo-SSN.**

- 2.3.17** User may change only permanent SSN.
- 2.3.18** If the user changes the SSN and the GZ10 gets rejected, the user will have to manually fix the SSN on our (CMS) record to match the MEDS value.
- 2.3.19** Present a message to the user when an “active” case is being marked as duplicate, the user “must” close the case manually to take action on any SARs, letters, etc. before losing the CIN on that patient.
- 2.3.20** For the other statuses, we will allow the case to be marked as duplicate provided it passes the existing rules.
- 2.3.21** When a referral entered in Referral Tracking and has been marked as Complete Registration it will display in the associated client record.
- 2.3.22** User will have the ability to enter a referral directly into Patient Registration and bypass the Referral Tracking module.
- 2.3.23** When another referral (not duplicate) is entered in Referral Tracking for a case which is reopen pending (re-referral) and is been marked as Complete Registration it will display for selection in the associated client record.
- 2.3.24** When another referral is received on for a reopen pending (re-referral) the user will be able to bypass the Referral Tracking module and add data directly into Patient Registration.
- 2.3.25** When another referral is received and added through Referral Tracking which has been determined to be a duplicate it will not display for selection in Patient Registration.
- 2.3.26** Allow users to modify Provider address’s and add a new correspondence address for the provider in the Referral Source field, Requestor/Provider/Plan Name field or any addressee which is related to a provider such as Specialist, SCC, Medical Home or any Other Addressee.
- 2.3.27** Patient name, Date of birth, Referral tracking #, Primary addressee and Caseload can be entered and search for by itself as a search parameter.
- 2.3.28** These fields must be provided (combined criteria) Legal County, Gender and Registration status (Incomplete records are also included).
- 2.3.29** Partial search is allowed on patient names. The data entered in this field is used to search on the last, first name of the patient.
- 2.3.30** Entering the primary addressee name performs the search using the name on

the patient contact table for the primary addressee contact type. Partial name search is allowed. The data is assumed to have the format of Last name, First name when searched for. If there is no comma in the name, it is assumed to be the last name

- 2.3.31 Legal County is filtered to only show all the legal counties from *Dictionary.Office* and grouped per the current standard. The County is defaulted to the logged in user's primary office in case of County or GHPP user. The user is allowed to change the County, if they chose to
- 2.3.32 Caseload code is filtered to only show all the codes for the selected legal county from *Dictionary.Office*. The dropdown consists of the code and the nurse case manager name for each listed option.
- 2.3.33 The date field uses the new date feature as part of the usability changes in SMCR 2451The date format must be "mm/dd/yyyy" and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field. The calendar does not allow future dates.
- 2.3.34 The gender field is a dropdown field and the available options are: Male, Female and Unknown.
- 2.3.35 Search Patient Results screen is used to display the existing patients based on the search criteria given through the search patient screen. User may view and edit existing patient registration or add a new patient from this screen. User may also view multiple patient face sheets. User may also update duplicate registration.
- 2.3.36 The following fields will be listed in the search results listing:

Case Number	County
Caseload Code	Registration Status
Patient Name	Medical Eligibility Status
AKA (Alias, Birth indicators)	Financial Eligibility Status
Date of Birth	Residential Eligibility Status
Gender	Program End Date
CIN (Client Index Number)	Client Eligibility (Aid Code)
	Primary Addressee Name

- 2.3.37 Header sort is available on all the fields listed above.
- 2.3.38 Pagination is implemented for the list.

- 2.3.39 The collection for the results is held on the session to allow sorting through various pages.
- 2.3.40 New date calendar object with functionality attributing to the usability changes per SMCR 2451 is utilized throughout the new screens.
- 2.3.41 Popups are utilized only when there are multiple records in the search results. If the result set contains only one record, the record is chosen automatically and added to the result section or navigated to the target screen. This feature attributes to the recommended usability changes per SMCR 2451.
- 2.3.42 Managed Care Plans and Healthy Families Plans must be chosen from our Carrier Master File. The user may not add *new* plans through the patient referral fields in the Patient Info screen into CMS Net.
- 2.3.43 The result set limitation is increased to 1000 records from 200 records for lists when searches are performed.
- 2.3.44 All dropdown options are in title case and sorted alphabetically unless specified otherwise.
- 2.3.45 To restrict users clicking on the button multiple times immediately after submission, the “please wait” flash message is utilized.
- 2.3.46 All text fields are validated through the encoding/decoding mechanism to handle special symbols before saving.
- 2.3.47 Administrative lock caseload restrictions will be applicable for existing patients.
- 2.3.48 All new JSP will include the standard application header and footer. The application header may be made invisible for popup screens.
- 2.3.49 Existing CATS transactions are utilized for SCI inquires. Under Registration, when users are updating fields and tabbing through screens, confirmation to save the unsaved data is presented
- 2.3.50 Under Registration, when users are updating fields and tabbing through screens, confirmation to save the unsaved data is presented.

2.4 Conversion Rules:

- 2.4.1 This is a part of the web conversion process and focuses on converting Legacy patient registration only to the web using the Internet Explorer browser.**
- 2.4.2 For the conversion, change all current entries in Referral Source which state CCS Case Finding to County**
- 2.4.3 For the conversion, change all current entries in the Referral Type which states Transfer to Case**
- 2.4.4 For conversion, transfer/active status will be converted to active and the transfer flag is set.**
- 2.4.5 Do not allow duplicates diagnosis to be entered. Correct any records with duplicates during the conversion.**
- 2.4.6 During the conversion, identify and correct any records which show Out of State as a Residential County.**
- 2.4.7 Do not allow duplicate case numbers. Create a report to identify and reassign any duplicate case number to another number.**
- 2.4.8 During the conversion, identify records which reference the Vendor 2 table. Create a report to identify and assess how to deal with the data.**
- 2.4.9 All address records will have a 4 digit zip codes to all address fields.**

2.5 Definitions, Acronyms, and Abbreviations

Table 2-1 lists the definitions, abbreviations and acronyms that may be used within this document:

Table 2-1, Definitions, Abbreviations and Acronyms

Term	Definition
CCS	California Children’s Services
CIN	Client Index Number
CMS	Children’s Medical Services
DHCS	Department of Health Care Services
SMCR	System Maintenance Change Request
SAR	Service Authorization Request

3 Overall Description

3.1 Assumptions and Dependencies

- 3.1.1 This SMCR will encompass referral tracking and patient registration activities until further enhancements are added to CMS Net web system.**
- 3.1.2 Business rules defined in Legacy will be applied to the web.**
- 3.1.3 All development will follow the coding standards as defined in the CMS Coding Standards Document.**
- 3.1.4 If the CIN is not obtained do not allow user to proceed until an SCI is complete. The 'Patient Registration' option can only be accessed if a CIN is assigned.**
- 3.1.5 The Pending Transfer letters will be added to Correspondence.**
- 3.1.6 Disconnect the relationship between generating the pending transfer letters and the status.**
- 3.1.7 When a referral is added valid from Referral Tracking data will cross populate to Patient Registration.**
- 3.1.8 Come up with an interim solution for identifying and marking duplicate cases until File Merge is in place.**
- 3.1.9 All coding must be ADA compliant such as Dragon Software**
- 3.1.10 A case number may not be reused once assigned to a case.**
- 3.1.11 The existing rules for GHPP will also be incorporated into the Web Patient design as well.**

3.2 Fields Matrix

Table 3-1 lists of the fields identified between the Referral Tracking module, SCI and Registration

Table 3-1, Field Matrix

Field Name	Referral	SCI	Registration
Alias			X
Assigned SCC			X
Bad Address			X
Birth name (Last, app, middle, first)		X	X
Birth place		X	X
CIN		X	X
Caregiver			X
Case #		X	X
Case Manager Regional Office			X
Caseload Type			X
CL			X
Comments	X		X
County Case Mgr			X
County Chart Number			X

Web Patient Registration

Field Name	Referral	SCI	Registration
Current Alias		X	X
Date Referral Received	X		X
Do not send mail			X
Duplicate Pre-Registration Referral	X		
Entry Date	X		
Ethnicity		X	X
Fax Number	X		
First Referral Dt			X
Gender	X	X	X
HRIF			X
Is Sheltered			X
Known to			X
Language			X
Legal County	X		X
Medical Home			X
Mom's DOB		X	X
Mom's First Name		X	X

Web Patient Registration

Field Name	Referral	SCI	Registration
Mom's Maiden Name		X	X
Mom's SSN		X	X
Mom's Medi-Cal Number			X
Medi-Cal Number			X
NPI/ Plan number	X		
Other Addressee			X
Other DX 1			X
Other DX 2			X
Other DX 3			X
Patient Address			X
Patient Name (last, app, middle, first)	X	X	X
Phone Notes			X
Placed Out of Home			X
Pre-Registration Referral number (system generated)	X		X
Primary Addressee Name			X
Primary Addressee			X

Web Patient Registration

Field Name	Referral	SCI	Registration
Primary Phone			X
Primary Work Phone 1			X
Primary Work Phone 2			X
Provider Address	X		
Patient DOB	X	X	X
Primary DX			X
Provider Name	X		
Provider Type: Provider/MCP/HF	X		
Pseudo			X
Referral By	X		X
Referral Source	X		X
Referral Tracking	X		
Referral Type	X		X
Relationship to Patient			X
Requestor Address	X		
Requestor Fax	X		
Requestor Name	X		

Web Patient Registration

Field Name	Referral	SCI	Registration
Residence address	X		X
Residence County	X	X	X
Residence Zip Code		X	X
Requested Services	X		
Return Request reason	X		
SCI Last Updated			X
School			X
Secondary DX			X
Siblings			X
Specialist			X
SSN	X	X	X
Suspected Dx	X		
Status			X
Type of Placement			X
Where Placed			X
Where Placed - Other Text			X

4 Functional Requirements

4.1 Web Patient Registration

- 4.1.1 Search Client - A search for a client is required in order to begin using the Patient Registration module.**
- 4.1.2 The system provides the user a method for searching and selecting a client. Utilize the existing search methods as developed in other web modules.**
- 4.1.3 The 'Back' button returns to the 'Client Search' screen.**
- 4.1.4 If the system cannot find the record based on the search criteria, the system indicates that no records are found and gives the user the option to go back and begin a new search or continue by entering a new patient record**
- 4.1.5 The 'New Patient' button proceeds to the 'SCI Inquiry' screen. This button will be presented if no patient is found on search.**
- 4.1.6 If a patient is found the SCI Inquiry button will be presented.**
- 4.1.7 Users will have the ability to search for a client which includes a hyphen.**
- 4.1.8 Users will have the ability to search by historical case numbers.**
- 4.1.9 If 'Back' is selected, a new search screen will display and new search criterion may be entered and executed**
- 4.1.10 If the check box is selected next to the client and the New Patient button is clicked the SCI screen will display.**
- 4.1.11 If the check box is selected next to the client and the Edit Patient button is clicked the patient record in Registration will display.**
- 4.1.12 If only one client record is found, the system defaults the selection by automatically filling in the radio button.**
- 4.1.13 If no clients are found matching the search criteria, display the New Patient button for beginning the SCI.**
- 4.1.14 If a referral was entered through Referral Tracking and 'New Patient' is selected the SCI Inquiry screen will display the common elements.**
- 4.1.15 A new field will be added to the search by: Caseload Code**

- 4.1.16 The Search for existing patients' button navigates to the "Registration - Patient Search Results" screen that lists all the patients based on the given criteria.**

The search may also include the cases that never got registered, but are accepted for registration through the pre-registration screen. Rejected cases that were never registered are excluded.

When the required fields or combination of fields are not entered, a validation message appears and search is not performed.

When the search does not yield any records, the screen does not navigate, however a message indicates that no records were found.

- 4.1.17 Reset button clears all the fields and sets the default values for the fields as applicable. The user list is cleared as well.**
- 4.1.18 Clicking on the Edit Patient button navigates to the Registration screen to modify the selected patients. Note multiple patients may be selected to be viewed or updated using this button.**
- 4.1.19 Clicking on the Edit Duplicate button navigates to the Edit Duplicate Patient screen to mark the selected patient as duplicate patient. Note only one patient may be selected to be updated using this button. This button is visible only if the logged in user holds the security role to mark or unmark patients as duplicate**
- 4.1.20 Clicking on the Edit Patient button opens a popup window and displays the face sheet for all the selected patients. Multiple patients may be selected.**
- 4.1.21 The name field in the search screen will be divided into three different fields, Last, first and middle. The results screen sort order will continue to be last name.**
- 4.1.22 The name of the patient where displayed in screens and reports is displayed in the format: Last App,First Middle. All the letters and forms, will use the spoken name format: First Middle Last App.**
- 4.1.23 The Medical Eligibility screen in legacy is impacted as follows:**
- MTU providing treatment is display only and is derived from the MTU assignment in MTP module.**

The patient diagnosis entries are stored in *Patient.Dx* and when the Dx is not entered in registration, it is required in this module for the case to become eligible.

The Medical Home selection is synchronized with the selection in Registration module. Any changes made in the Medical Eligibility screen will update the existing MH/PCP information stored in *Patient.Contact*

4.2 SCI Inquiry Screen

Statewide Client Index (SCI) is the file clearance process used to determine whether a client is already known on a local or state database and whether multiple records exist on any other state database. In addition, the sharing of information in the Common Application Transaction System (CATS) system generates a unique client identification number for clients statewide. The primary index is called the Client Index Number (CIN).

The SCI Inquiry screen is used to send a request to SCI to obtain or verify if the patient has a CIN. The CIN is a number assigned by the SCI and shared across all programs participating in the use of SCI, including Medi-Cal, Healthy Families, CCS and GHPP or other programs. A CIN can accurately identify a single patient record in MEDS.

The section called 'SCI Inquiry Options' contains all the various processes that can be executed. These options are identical to the ones in CMS Net legacy and should execute the same way.

4.3 SCI Inquiry Search

- 4.3.1 Every inquiry where the client is known to CMS Net the user will automatically display the results from the query for each possible match**
- 4.3.2 If SCI was not completed or CIN was not assigned for some reason, clicking on the Edit Patient button will navigate to SCI inquiry**
- 4.3.3 If SCI was completed and the CIN was assigned, clicking on the *Edit Patient* button will navigate to the Patient Information screen.**
- 4.3.4 Add: (Force Add will be included) System searches for a match. Combining Inquiry/add and add. This option will always do a search and display results.**
- 4.3.5 Link: This patient already has a CIN, and user will link to this CIN.**
- 4.3.6 Module Title: Patient Registration Tab title: SCI Inquiry. The SCI Inquiry screen is used to perform inquiry on the Statewide Client Index (SCI) system to obtain existing patient information or register a new patient in SCI and obtain a CIN.**
- 4.3.7 The existing transactions that send the request to CATS are used and will remain. The entry fields on the screen are read only for currently registered cases. The entry fields are editable for new patients to perform the search.**
- 4.3.8 The “Add” feature adds the patient to SCI creating a new CIN. “Link” feature replaces the CIN on the selected patient with the CIN on the inquiry.**
- 4.3.9 SCI Inquiry is the first tab of Patient Registration Screen. SCI Inquiry tab is the default tab for patients not having CIN. New patient and existing patient without CIN always navigate to SCI Inquiry tab. Existing patient having CIN will navigate to Patient Registration tab directly. However user can do SCI Inquiry by clicking on SCI Inquiry tab.**

- 4.3.10 Patient Name: The listed fields are:**
Last Name
Appellation
First Name
Middle Name
Appellation is a dropdown field with the values retrieved from the Appellations table. Rest of the fields is free form. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.3.11 Case Number - Case number is read only on this screen and displayed for informational purposes. For new cases, the case number is empty.**
- 4.3.12 Client Index Number**
Client index number is read only on this screen and displayed for informational purposes. For new cases, the CIN is empty.
- 4.3.13 Birth Name**
The listed fields are:
Last Name
Appellation
First Name
Middle Name
Appellation is a dropdown field with the values retrieved from the Appellation table. Rest of the fields is free form. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.3.14 Date of Birth**
The date field uses the new date feature as part of the usability changes in SMCR 2451. The date format must be “*mm/dd/yyyy*” and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field. The calendar does not allow future dates.
- 4.3.15 Gender**
The gender field is a dropdown field and the available options are:
Male
Female
Unknown
- 4.3.16 Social Security Number (SSN)**
The field is split into three to accommodate the format in which the SSN is entered. The first field can contain three digits and only numbers are allowed. The second field can contain two digits and only numbers are allowed. The third field can contain four characters of which the first three

are digits and the last character may be a digit or alphabet for pseudo-SSN. Restrictions on what characters and symbols may be entered in these fields are handled during entry.

4.3.17 Birth place

The birth place is a dropdown field with the values retrieved from Office table using the Office type (USA, foreign, cty) to filter the required values. The old dictionary *CMS_dic.County_3998* values are migrated to *Dictionary.Office*. For countries, -1 alpha-3 standard codes are utilized.

4.3.18 Ethnicity

This is a dropdown field with values retrieved from Ethnic Group table.

4.3.19 Residence County

Residence County is filtered to only show all the legal counties from *Dictionary.Office.DictionaryDAO.getLegalCountiesAL()* is used to retrieve the residence counties. The County is defaulted to the logged in user's primary office. The user is allowed to change the County, if they chose to.

4.3.20 Residence Zip Code and Extension with Find button

The zip code and extension are two separate fields. Only numeric characters are allowed and validation is handled during entry. The Find button utilizes the existing functionality to search for the zip code and provides a popup for the City and State to be selected.

4.3.21 Mother's First Name

Restrictions on what characters and symbols may be entered in these fields are handled during entry.

4.3.22 Search SCI button performs search on the SCI system and retrieves the patient information along with their CIN if found on SCI. The results are displayed in the results section. This button is not visible for existing registered patients in CMS Net as the Search is performed during entry and the results populated.

4.3.23 Following properties are required to perform SCI search:

- Current Name (last and first)
- Birth Name (last and first)
- DOB
- Gender
- Birth Place
- Ethnicity
- Residence County
- Residence Zip
- Mother's First Name

- 4.3.24 The results section contains the following fields:**
Current Name
Birth Name
Gender
Date of Birth
CIN
SSN
CMS Patient indicator
- 4.3.25 Only one patient record may be selected. Hence a radio button is available for selection. Based on the selection, the buttons are made visible or invisible. The rules are defined below on the button specifications.**
- 4.3.26 Last Updated By and Last Updated On**
These fields display the user's name and the date when the last SCI action was performed on the selected patient.
- 4.3.27 Previous Patient button**
The previous patient button appears only when there are multiple patients selected from the search results and there are patients in the list before the current processing record.
- 4.3.28 Back button**
The back button navigates back to the screen from which it came from (search patient screen).
- 4.3.29 Add/Continue button**
If an inquiry result is selected with the same CIN as given record, Continue will display. Proceed to registration with no change. If an inquiry result is not selected, clicking Add "force add" the record to SCI and use the new CIN to proceed to registration.
- 4.3.30 Clicking on the 'Add' button without selecting any SCI Inquiry result "force adds" the current patient (whether new / existing without CIN / existing with CIN) to SCI System.**
- 4.3.31 The SCI system will generate a new CIN for this patient and application uses this newly generated CIN to proceed to patient information tab.**
- 4.3.32 If current patient is new, application will assign newly generated CIN to current patient and will execute an Insert query to create a new Patient Info**

record in CMS database.

- 4.3.33 If current patient is existing (with or without CIN), application will assign newly generated CIN to current patient and will execute an update query to update a current Patient Info record in CMS database.
- 4.3.34 *Clicking 'Add' button after selecting any SCI Inquiry result* proceeds to 'Patient Information' tab with selected CIN. No request will be send to SCI system in this case either for generating CIN or creating patient record.
- 4.3.35 If current patient is new then application will assign selected CIN to current patient and will execute an insert query to insert a new patient Info record in CMS database.
- 4.3.36 If current patient is existing patient without CIN then application will assign selected CIN to current patient and will execute an update query to update current patient Info record in CMS database.
- 4.3.37 If current patient is existing patient and have a valid CIN then 'Add' button will not be visible.
- 4.3.38 **Link button**
Link button appears only for existing patients with a selected CIN number different than the given CIN. Upon clicking this button, the application updates CMS record with new CIN and proceeds to Patient Information tab.
- 4.3.39 **Reset button**
Reset button resets the screen to the initial state of entry. For existing patients registered in CMS, Reset button is invisible as they cannot enter any information.
- 4.3.40 **Next Patient button**
The next patient button appears only when there are multiple patients selected from the search results and there are patients in the list after the current processing record.

4.4 Bad Record (Incomplete Record)

4.4.1 Bad Record occurs when a user completes the SCI inquiry and assigns a CIN but for whatever reason (system outage, closes out of session, etc) the user doesn't get the opportunity to assign the case number.

4.4.2 The user will look up the patient by CIN or name, DOB and county through the Patient Registration search screen and then will have the opportunity to update the record and finishing the process through the Patient Information tab.

4.5 Patient Information screen

- 4.5.1 The Face Sheet is organized by three tabs. All required fields will be indicated by the red asterisks mark.**
- 4.5.2 Required fields will only reside on the Patient Information screen.**
- 4.5.3 Patient Information screen will include everything from CMSFS10 and CMSFS20. All information on this field must be saved before moving to the second tab.**
- 4.5.4 Move caseload related fields to this screen. Caseload Type, Caseload Code, Temporary, Sheltered and Case Managers (User selection)**
- 4.5.5 Add a hyperlink on the header for face sheet.**
- 4.5.6 Provide Comments/Case note in the Additional Information tab for user entry.**
- 4.5.7 Upon saving the Comment/Case note will save to the Case Notes module and clear the from the Additional Information tab.**
- 4.5.8 A new subject code will be created for the Patient Registration case note.**
- 4.5.9 Add the Primary and Patient Addressee to the Patient Information screen.**
- 4.5.10 Users will be able to save all required fields from the first screen.**
- 4.5.11 Add medical record number field to any provider.(free text)**
- 4.5.12 Allow the users to leave it blank and then require it when Medical Eligibility is established, don't allow the case to be made active without a valid DX and don't allow authorization to be authorized until a valid DX is entered.**
- 4.5.13 The Additional Information screen will include all information regarding the siblings.**
- 4.5.14 Patient and Primary entry are required before leaving the screen.**
- 4.5.15 Add a new field: Effective Date (associated to the Not Open Status)**
- 4.5.16 The Not Open Effective Date should follow the same rules as the denied/closed effective dates on the client screen.**
- 4.5.17 The Not Open Effective Date cannot be before the birthdate**
- 4.5.18 The Not Open Effective date cannot be before the referral date**

- 4.5.19 **The Not Open Effective date field is enabled only when the status is changed to Not Open.**
- 4.5.20 **No history is required to be stored for the Not Open Effective Date field.**
- 4.5.21 **Clear the Not Open Effective Date field when the status is changed from Not Open to Pending or Reopen Pending**
- 4.5.22 **The Not Open Effective Date cannot be in the future.**
- 4.5.23 **No user security rules are enforced associated to the Not Open Effective Date.**
- 4.5.24 **The Not Open Effective Date can be after the client's 21st birthday.**
- 4.5.25 **The Not Open Effective Date format must follow the standards document requirements?**
- 4.5.26 **The Not Open Effective Date should display on the Case Note that is generated when a case status changes.**
- 4.5.27 **Module Title: Patient Registration Tab title: Patient Information**
- 4.5.28 **When a patient record is an existing record, the navigation will always default to Patient Information Tab from wherever the action is taken to view/edit patient, unless specified otherwise**
- 4.5.29 **This section uses one common coding thread for handling the patient related information on Referral, SCI Inquiry and Patient Information in Registration. The layout is preserved as much as possible between different modules where this common coding thread is being used**
- 4.5.30 **The layout is preserved as much as possible between different modules where this common code thread is being used.**
- 4.5.31 **The Patient Fields: Last Name, Appellation, First Name and Middle Name. Appellation is a dropdown field with the values retrieved from the Patient_dic.Appellation using DictionaryDAO.getAppellationList() method. Rest of the fields is free form. Restrictions on what characters and symbols may be entered in these fields are handled during entry.**
- 4.5.32 **Add Prior Name as Alias. Checking this checkbox adds the original name before modification to the alias list.**

- 4.5.33 Case number field is editable when the logged in user has the necessary privilege to edit the case number. The edit case number function is incorporated within this screen. Prior assigned case numbers are shown in a div by default and follow the same functionality of key press function from date fields. Case numbers may not be reassigned. Validation will happen while saving the patient record.
- 4.5.34 Birth Name: listed fields are: Last Name, Appellation, First Name, Middle Name Appellation is a dropdown field with the values retrieved from the Patient_dic.Appellation using DictionaryDAO.getAppellationList() method. Rest of the fields is free form. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.35 Current Client Index Number is read only on this screen and displayed for informational purposes Prior assigned CINs are shown in a div by default and follow the same functionality of key press function from date fields.
- 4.5.36 Aliases follow the same name pattern as the real or birth name of the patient. The listed fields are: Last Name, Appellation, First Name, Middle Name Appellation is a dropdown field with the values retrieved from the Patient_dic.Appellation using DictionaryDAO.getAppellationList() method. Rest of the fields is free form. Restrictions on what characters and symbols may be entered in these fields are handled during entry. Same restrictions as the name fields apply here.
- 4.5.37 Add Alias button adds a new row to the Alias section for the user to manually enter the alias name.
- 4.5.38 The date field uses the new date feature as part of the usability changes in SMCR 2451. The date format must be “mm/dd/yyyy” and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field. The calendar does not allow future dates.
- 4.5.39 The gender field is a dropdown field and the available options are: Male, Female, Unknown
- 4.5.40 Social Security Number: The field is split into three to accommodate the format in which the SSN is entered. The first field can contain three digits and only numbers are allowed. The second field can contain two digits and only numbers are allowed. The third field can contain four characters of which the first three are digits and the last character may be a digit or alphabet for pseudo-SSN. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.41 Pseudo Number - This field is read only and is assigned by MEDS.

- 4.5.42 The birth place is a dropdown field with the values retrieved from *Dictionary.Office* using the *OfficeLevel* (USA, foreign, cty) to filter the required values. *OfficeId* and *Name* key pair is used in the dropdown. The old dictionary *CMS_dic.County_3998* values are migrated to *Dictionary.Office*. For countries, ISO 3166-1 alpha-3 standard codes are utilized.
- 4.5.43 Ethnicity: This is a dropdown field with values retrieved from *Patient_dic.EthnicGroup* using *DictionaryDAO.getEthnicGroup()* method.
- 4.5.44 Language is a dropdown field with the values retrieved from *Patient_dic.Language* using *DictionaryDAO.getLanguages()* method.
- 4.5.45 Mother's First Name: Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.46 Mother's Maiden Name: Restrictions on what characters and symbols may be entered in these fields are handled during entry
- 4.5.47 The field is split into three to accommodate the format in which the SSN is entered. The first field can contain three digits and only numbers are allowed. The second field can contain two digits and only numbers are allowed. The third field can contain four digits. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.48 The date field uses the new date feature as part of the usability changes in SMCR 2451. The date format must be "mm/dd/yyyy" and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field. The calendar does not allow future dates.
- 4.5.49 Mother's Medi-Cal Number: Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.50 Effective date (for Not Open status) is visible only when the status is changed to Not Open or when the case is opened with Not Open status. The current value is cleared when the status is changed to a value other than Not Open and made invisible. The date field uses the new date feature as part of the usability changes in SMCR 2451. The date format must be "mm/dd/yyyy" and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field. Future dates are not allowed.

- 4.5.51 **Status** is a dropdown field with the values retrieved from Patient_dic.Status using DictionaryDAO.getRegistrationStatus() method. The dropdown values are filtered based on the current status of the patient record. The values are derived using the logic described in the matrix and stored as flags in the dictionary. When status is changed the following actions are performed upon saving: When changed to “Not Open” auto case note is generated. When changed to “Pending or Reopen Pending” from Denied or Not Open (original status) confirmation is obtained to clear the current referral information. When changed to “Reopen Pending” from Closed (original status), the current referral information is automatically cleared. The referral is in new mode.
- 4.5.52 **Case Transferring to another County:** This is a checkbox indicator the user may use to indicate whether the case is currently in transfer mode by the current legal county. This indicator replaces the “transfer/active” status and will be cleared automatically when the case is closed or denied. The user is also allowed to check and uncheck as needed
- 4.5.53 **ICD Code:** The ICD code field is used to search for ICD-9 codes from the Patient_dic.Dx dictionary based on the code. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.54 **ICD Description:** The description field is used to search for ICD-9 codes from the Patient_dic.Dx dictionary based on the given name. Partial entry is allowed. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.5.55 **Find button:** This button opens a popup to display the diagnosis results for selection based on the code or name entered. The popup screen is reused from the existing diagnosis search from MTP module.
- 4.5.56 **Diagnosis List:** Only active diagnoses are listed in this list. There is no limit and this list is contained within a div.
- 4.5.57 The list contains the following fields to be displayed: ICD Code (read only label), Description (read only label), D/T Indicator – a dropdown to indicate if it is treatment or diagnostic. Remove icon – clicking on this icon will deactivate the diagnosis record with the current date and remove from the screen. Priority arrow icons – to change the priority of the diagnosis. Note: For new diagnoses, the activation date is the current date and assigned while saving.

- 4.5.58 **Patient / Primary Addressee:** The patient and primary addressee list is required for a new patient. Hence these two addressee types are listed on the Patient Information tab. A common coding thread for the addressee details is used between Patient Information tab and Addressee tab. This coding thread is used on the popup from Patient Information tab and is included in the Addressee tab.
- 4.5.59 The list here contains the following fields: Addressee Type (link to open the popup for editing) Name and Address (Name on the first line and address on the second line) Relationship to patient Phone(s) – formatted and separated by comma
- 4.5.60 *Add Addressee button:* This button opens a popup to add the addressee details. The addressee detail object is stored on the Patient Information JSP and saved upon saving the entire patient record.
- 4.5.61 Also note that the addressee type in the popup is filtered only for the patient and primary addressee types and if both the addressee is already present, then this button will be invisible.
- 4.5.62 The addressee type dropdown in the popup is also filtered to one that does not exist already with the patient record. (e.g.) if primary addressee is present, only patient is available and vice-versa.
- 4.5.63 If the patient and primary addressee have the same address, only one record is saved for the primary addressee and the patient address is derived from the primary addressee record.
- 4.5.68 **Other Information:** The other information section contains other relevant fields for the patient and information only fields
- 4.5.69 *Chart Number:* This field is a free-form text field for the user to enter anything without restriction. Non-standard symbols will be allowed and validated upon entry.
- 4.5.70 *HRIF indicator:* This indicator field is a checkbox to indicate if the patient is a high risk infant and is set by the user
- 4.5.71 The following fields are labels and used for informational purposes: Known to programs : (CCS/GHPP), SCI Last Updated On Date (per standard), Registered By (user name per standard), Registered On Date (per standard), Last Updated By (user name per standard) Last Updated On Date (per standard)
- 4.5.72 Last Updated By and Last Updated On - These fields display the user's name and the date when the last SCI action was performed on the selected patient.

- 4.5.73 **Previous Patient button** - The previous patient button appears only when there are multiple patients selected from the search results and there are patients in the list before the current processing record.
- 4.5.74 **Back button** - The back button navigates back to the screen from which it came from.
- 4.5.75 **Save button** - Save button creates a new patient record or updates an existing patient record with the details from the Patient Information screen.
- 4.5.76 **Validation is performed on Save for several of the fields based on the given requirements and the message is posted at the top of the screen if there are errors related to saving the information**
- 4.5.77 **The following fields are labels and used for informational purposes:**
 - Known to programs: (CCS/GHPP)**
 - SCI Last Updated On Date (per standard)**
 - Registered By (user name per standard)**
- 4.5.78 **The matrix below defines the User Security roles for editing a case number. These rules will be used in determining whether a user has the authority to edit the number on the Patient Registration screen Case Number field.**
- 4.5.79 **No user may change a T number to a permanent number except through making it active.**
- 4.5.80 **For LA the existing rules will apply**
- 4.5.81 **No user may change a permanent number to a T number. *New rule**
- 4.5.82 **Currently, users may modify an existing case number through the Edit Case Number module but this module will be removed and all edits will be done directly on the Patient Registration screen if the user has the proper authority.**
- 4.5.83 **The current patient header section is modified to split the Financial Eligibility and Residential Eligibility fields.**
- 4.5.84 **The patient's Medi-Cal number is included in the patient header.**
- 4.5.85 **The indicator to show if the patient is in a temporary caseload is included in the patient header.**

- 4.5.86 MTP Demographics - The MTP demographics screen is modified to incorporate the addressee updates similar to the Addressee tab in the Patient registration module. The same functionality and screens are used to update the various addressees from the MTP module.**

4.6 MEDS Inquiry.

- 4.6.1 Sibling will include search option with the same features as the client search fields.**
- 4.6.2 MEDS Inquiry button: This button is visible only for an existing case, Upon clicking this button, MEDS Inquiry is performed and the updates are made to the case with the response from MEDS.**
- 4.6.3 Reset button: Reset button resets the screen to the initial state of entry to this screen.**
- 4.6.4 Next Patient button: The next patient button appears only when there are multiple patients selected from the search results and there are patients in the list after the current processing record. The MEDS Inquiry menu option will continue to be presented in the Even Tracking menu for users to view and select to Medi-Cal, Managed Care and HF options.**
- 4.6.5 The MEDS Inquiry Display menu option will continue to be presented in Event Tracking menu for users to view history of previous saves of the Medi-Cal, Managed Care and HF data.**
- 4.6.6 At the time of saving in the Patient Registration web a MEDS Inquiry (MEDS 400) will save to log for view. The save is only allowed once per day.**
- 4.6.7 The user can save the Patient Registration as many times per day as they would like per day but the MEDS Inquiry will only save once, the first time they save the screen per day.**
- 4.6.8 A MEDS Inquiry will be saved to a history log for retrieval at any time through a Jasper report at the time of saving.**
- 4.6.9 Once the display MEDS screen is populated with the data from the MEDS 400 transaction the data will automatically save for future reference to a new report.**
- 4.6.10 A new report will be created called "MEDS Eligibility Log History". When a user selects the "MEDS Eligibility Log History" (Jasper report) the MEDS 400 transaction data will be retrieved by date.**

4.7 Edit Case Number Rules

Security Role	Change Temporary #	Change Permanent #	New Case Add Temp #	New Case Add Perm #
GHPP	None	No	No	Yes
Statewide	No	No	Yes	Yes
Regional Office	No	No	Yes	Yes
Independent County	No	No	Yes	Yes
County System Admin	Yes	Yes	Yes	Yes
County Plus System Admin	Yes	Yes	Yes	Yes

Table 4-1, Edit Case Number Rules

4.7.1 When a case is assigned a Temp number the CMSNet system the system will use the same numbers from the T number and assign it to the permanent number with an additional digit applied to the end of the number. Temp #: T123456
Permanent number: 1234561

4.8 Referral Transfer Process

[J:\SIR Reporting\SMCR Requests\SMCR 1945 - Referral Tracking](#)

- 4.8.1 Change Ref/Trf Dt to Date Referral Received
- 4.8.2 Add a new field called Referral Tracking #
- 4.8.3 On referrals received by a provider, HF, MCP auto-populate Date Referral Received, Residential County, Legal County, Client name, DOB, gender, Referral Type, Referral Source, and Referred By from the Referral Tracking when status is Complete Registration.
- 4.8.4 The referral type/referral number will determine whether the referral was entered through Referral Tracking or Patient Registration.
- 4.8.5 Correct Historical Referral button will only display for users who have the privilege to correct historical referrals.
- 4.8.6 The historical case referrals for the patient will be displayed using the referral search results page and the user may edit each individual referral one at a time using edit/referral screen.
- 4.8.7 All the case referrals for the patient will be selected by default so that user may take advantage of the previous/next button on the edit referral screen.
- 4.8.8 Only the following fields may be edited through correct historical referral: Referral Received Date, Referral Source, Legal County, Name, Address, Phone, Email, Comments/Case Notes
- 4.8.9 Data is pre-populated for existing referrals and fields are empty for new referrals
- 4.8.10 A common coding thread is used and included for the referral information section. This coding thread is then shared across modules where referral information is displayed or edited.
- 4.8.11 Referral Type. Type is always "Case". This field value is a display only label.
- 4.8.12 Tracking Number: The tracking number field is read only. Tracking number is auto-generated when a new referral is saved. This is the referralId field in *Patient.Referral* for case referrals.
- 4.8.13 Referral Entered On: The date field is read only and may not be edited. The field is populated by the database stored procedure which creates the referral entry.

- 4.8.14 Referral Received On: The date field uses the new date feature as part of the usability changes in SMCR 2451. The date format must be “mm/dd/yyyy” and any other format is disallowed. Validation happens as the field loses focus. Any short date similar to the above format is converted to a full date upon losing focus on the date field.
- 4.8.15 The calendar does not allow future dates.
- 4.8.16 Referral status is filtered based on the Case Referral type. For all referrals, the referral status is defaulted to “Completed for Registration” in this screen. This is a read-only field.
- 4.8.17 Residence County is filtered to only show all the legal counties from *Dictionary.Office*. *DictionaryDAO.getLegalCountiesAL()* is used to retrieve the residence counties. The County is defaulted to the logged in user’s primary office. The user is allowed to change the County, if they chose to
- 4.8.18 Legal County is filtered to only show all the legal counties from *Dictionary.Office* and grouped per the current standard. *DictionaryDAO.getLegalCountiesAL()* is used to retrieve the legal counties. The County is defaulted to the logged in user’s primary office. The user is allowed to change the County, if they chose to
- 4.8.19 Source is retrieved from *Dictionary.AddresseeRelationshipToPatient* using *DictionaryDAO.getReferralSources()* method using *isUsedAsCaseReferralSource*
- 4.8.20 This field is visible only when the selected referral source is Provider or Healthy Families or Managed Care Plan. When the source is other than the above listed, the address, phone, fax and email fields are invisible. The provider/plan number is used to search for existing providers or plans in CMS depending on the selected referral source using their NPI or Medi-Cal/Denti-Cal/SCC numbers or carrier codes, if any. The Provider Master table is used to search for the given number and the data is populated with the value in our database upon selection of the provider or plan. Carrier Master Table is merged with Provider Master. New provider types are created for the corresponding carrier types.

- 4.8.21 Provider / Plan Number Find button** - This button is visible only when the selected referral source is Provider or Healthy Families or Managed Care Plan. Clicking on the find button for provider or plan number, a search is performed on the Provider Master table to bring the records that match the given number. The search is based on the Referral Source selected. If Referral Source is not selected, then a message is displayed to the user to select the source. Existing provider search results classes and JSP are used to display the search results in a popup window that match the given number to be searched. Upon selection of the provider/plan in the search results window, the details such as the provider number, name, address, phone, fax and email address are populated on the View/Edit Referral window. If the provider does not exist in our system, then a new record for the provider is created on our Provider Master table as a non-PMF record. Note that for a non-PMF provider, the identification number may only be an NPI. If NPI is unknown, the provider must be left empty. Any data on provider/plan number field is cleared if not selected from the popup window.
- 4.8.22 Provider Type** This field is required only when the selected referral source is Provider. This field will be used when creating a new provider record. For existing provider records, this field will be read only.
- 4.8.23 Requestor Name** This field is used to capture the referral requestor's name. For Providers, Healthy Families and Managed Care Plans, the requestor name is used to search for existing providers or plans in CMS depending on the selected referral source using their name. The Provider Master table is used to search for the given name and the data is populated with the value in our database upon selection of the provider or plan. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.8.24 Requestor Name Find button** This button is visible only when the selected referral source is Provider or Healthy Families or Managed Care Plan. Clicking on the find button for provider or plan name, a search is performed on the Provider Master table to bring the records that starts with the given name. The name may be entered partially. The search is based on the Referral source selected. Existing provider search results classes and JSP are used to display the search results in a popup window that match the given name to be searched. Upon selection of the provider/plan in the search results window, the details such as the provider number, name, address, phone, fax and email address are populated on the Patient Information tab.

- 4.8.25 Provider / Plan Address** The address, phone, fax and email fields are visible only when the selected referral source is Provider or Healthy Families or Managed Care Plan. When the source is other than the above listed, the address, phone, fax and email fields are invisible. The address fields are editable and if updated by the user, the address information is created as a new correspondence address on the selected provider record. The addressee record is of type correspondence when saved for updated addresses. Phone number, fax and email are updated on the selected address record. *Dictionary_Provider.Contact* table will be used to store the address. *ProviderUtil.java* has the methods to create the provider and address records. City and State are read only fields and are populated based on the zip code selection. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.8.26 Correct Historical Referral Button:** This button is displayed only if the logged in user has the necessary privilege to edit historical referral information. Clicking this button navigates to the referral search results screen from where the user may choose any referral to edit and perform updates. Note the current referral may be modified or updated from the Patient Information tab itself. New Referral Button
- 4.8.27** This button is displayed only if the logged in user may edit the current patient and the current registration status is not active and there is an existing case referral in place for the patient. Clicking this button clears all the fields in referral information section and any subsequent updates are saved into a new referral.

Referral Source Table

Table 4-1 lists of the field cross reference from the current table to the future table.

Table 4-2, Referral Source Table

Advocate	Advocate
ARMC	Provider
CCS Case Findings	County
CHDP EPSDT	Other
Children's Hospital	Provider
Conservator	Conservator
DD Regional Ctr	Provider
DDS	Provider
Healthy Families	Healthy Families
Loma Linda Univ Med Ctr	Provider
Managed Care Plan	Managed Care Plan
Medi-Cal	Other
Other	Other
Other Hospital	Provider
Other Provider	Provider
Parents	Parents
Physician	Provider
RCRMC	Provider
Relative	Relative
School	School
Self	Self
Special Care Center	Provider
Spouse	Spouse
University Hospital	Provider

4.9 Caseload Distribution

- 4.9.1 These rules do not apply to customized caseloads which have already been established through the Caseload Distribution module or to Counties currently using the Caseload Distribution module.
- 4.9.2 These rules are based on Generic Caseloads being created by counties through the Patient Information screen as a client's case is created/or the user/roles are defaulted at implementation of the Patient Registration module.
- 4.9.3 As the two users/roles are selected for a client's case in the Patient Information screen the system create (auto generates) a Generic Caseload based on the selection of the two users when a caseload for the combination does not exist already.
- 4.9.4 The Generic Caseload will appear for selection in the Caseload Type field next time a client from that county is added or modified.
- 4.9.5 Each caseload created through Patient Registration may have a minimum of 0 and a maximum of 2 member/roles per Generic Caseload.
- 4.9.6 If a user sets up a Generic Caseload (ABC) with only 1 user/role and decides at a later time to add another User/role; the system automatically creates a new/different 2 user/role Generic Caseload (DEF).
- 4.9.7 Any changes to the users/roles will result in a new/different Generic Caseload being created.
- 4.9.8 Users/roles many belong to multiple county caseload and may cross counties. Users must belong to the same legal county of the patient's caseload or the legal county of patient in case of new patient.
- 4.9.9 If a user is deactivated and the role is updated with another user on a patient record a new Generic Caseload is created.
- 4.9.10 There may be duplicate roles for different people in the same OU.
- 4.9.11 A Nurse Case Manager may not be added subordinate to level.
- 4.9.12 The Caseload conversion will only be applied to Active, Pending and Reopen pending cases.
- 4.9.13 Suggested for the conversion and after review, we may use the users listed in the two fields to set up the defaulted Generic Caseload.

- 4.9.14 **Regional office users will never be selected or used in a Caseload at any time.**
- 4.9.15 **For counties currently using Caseload Distribution they will only be able to select the caseload types to populated the users/roles. They will not be able to select or change the names/roles within the Patient Information screen.**
- 4.9.16 **A duplicate check will be added to ensure if a user has added to two names which already exist in an established Generic Caseload the system will be intuitive enough to auto select the existing caseload.**
- 4.9.17 **Currently only one Nurse Case Manager is allowed per caseload. Currently more than one Nurse Case Managers may be used, but the reports are skewed.**
- 4.9.18 **User security to be enhanced in the future to remove the Users from the select list when the users are deactivated through User Security.**
- 4.9.19 **Caseload usage will be analyzed based on the creation of generic caseloads and if the numbers run out, the county may be asked to use a hierarchy based caseload structure.**
- 4.9.20 **IR201105-2070 Face Sheet CMSFS-50: new field or code in Case Load Type to indicate Temporary Transfer**
- 4.9.21 **Add a new field of face sheet or code in Case Load Type to show case in under Temporary Transfer. NEW FIELD = CL assign: Temp Transfer or Caseload Type: Temp Transfer**

PHN staff are utilizing the temp transfer when staff go on leave so that work is distributed (and this is great) but it causes confusion when SAR needs to go to the financial/residential staff based on case load/team assignment. Also calls from providers/clients will be correctly directed.

Benefits: Cut down on confusion and questions from staff whether case belongs to them, faster transition between units, and especially allow receptionist to give callers correct information regarding the case management team assigned to cases. Related: SMCR1945

- 4.9.22 Caseload code is a dropdown field filtered based on the selected caseload type.
- 4.9.23 The values are retrieved from *Dictionary.Office* using *Caseload_dic.getCaseloadListForDropDown()* method.
- 4.9.24 The field is disabled when the user does not have the privilege (CaseLoad.Detail_ActionIsPermittedOnCase (UserId,"transfer",PatientId) returns false).
- 4.9.25 Caseload code may be assigned based on the user selection for the case managers list.
- 4.9.26 The value defaults to the MTU caseload if MTU assignment is made.
- 4.9.27 If there is only one value in the dropdown, the value is auto-set.
- 4.9.28 For archive caseloads, ActiveOrgUnitId_ro->Code is displayed.
- 4.9.29 To determine the access to a caseload first the 'user' is determined. If the user is a state admin, county admin, if the case is not assigned to a caseload or if the current caseload county is different than the legal county it is 'System admin (13)' anything else it is the user's id. CaseLoad access for each user is determined by an index in CaseLoad.MemberUser.
- 4.9.30 Temporary Caseload indicator The temporary caseload indicator shows if the case is currently in a temporary caseload. When the user changes the caseload this indicator text is cleared. The indicator is derived from *Patient.Info.CaseloadIsTemporary_ro* field.
- 4.9.31 Sheltered Indicator This field is a checkbox to indicate if the patient is sheltered in the chosen caseload.
- 4.9.32 Case Managers - The case managers list allows only two users to be selected at any time. The users are selected the same way as in Caseload maintenance screen. The list contains the user name, role and remove icon. Users are selected using their name, county or region. For counties participating in caseload process, the list is read-only and is derived from the selected caseload. For counties not participating in caseload process, for the combination of users in the list, a caseload is derived when the combination exists already or a new caseload is created using the existing caseload creation methods. Clicking on remove will deactivate the user in the caseload member table.
- 4.9.33 Only 1 Generic Caseload with 0 member roles may be in the Organizational Unit per County. (Essentially this means that any one county cannot have more than one Generic caseload with no member roles)

4.10 Addressee Tab

- 4.10.1 The Addressee screen is used to maintain the addressee related to the selected patient. The tab is enabled only for when the selected patient record has an assigned case number..**
- 4.10.2 This screen will include all the addressee types.**
- 4.10.3 Users will have the ability to select an address which was previously used for another addressee. Such as: Patient address to the Primary Addressee address.**
- 4.10.4 Clicking 'Save' will save all the entered information for this section and will activate the 'Next' button and the remaining tabs. Required fields will not be allowed to be bypassed.**
- 4.10.5 Depending on the type on addressee additional fields maybe added or removed.**
- 4.10.6 If the provider address is not present allow the user to add/update to the Provider file.**
- 4.10.7 The Addressee screen will include addresses and types which includes caretaker information**
- 4.10.8 Allow user to select multiple Other Addressee addresses.**
- 4.10.9 Show only those field associated with the type. For example: specialist show the specialty field.**
- 4.10.10 When a user enters a Medical Home, a pop up box should appear which states the following: Children in the CCS program will have a designated primary care physician and/or physician who provides a medical home.**
- 4.10.11 The Addressee screen is used to maintain the addressee related to the selected patient.**
- 4.10.12 Addressee Type: Patient, Primary, Secondary contact, Other, SCC, Specialist, Medical Home, MTU(display only from the MTP component), School(display only from the MTP component)**
- 4.10.13 Relation to Patient: See table.**
- 4.10.14 Fields include Name, Attention, ST 1, ST 2, City, ST, Zip + extension, Email, Fax, Phone with 4 extension**
- 4.10.15 Type: Include a phone pick list which includes: home, work, cell, fax, other**

- 4.10.16 Last updated by and date on each addressee entry.
- 4.10.17 Add a column called Relationship to Patient which displayed list on the screen and select when adding addressee.
- 4.10.18 The user to be able to enter a telephone number in the correct format, select the relationship from the table and enter free text (anything) in the phone notes field. Which hopefully they will only enter valid details associated to the phone number or the relationship.
- 4.10.19 New addressee called Secondary Contact addressees. This will allow a user to enter another contact for the client.
- 4.10.20 Two new fields: Do not send mail and Bad Address. Do not send mail allows a county to notify others to restrict mail from being sent to a specific address. Example absent parent and Bad Address allows a county indicate the address provided is not valid and mail is returned when sent to that address in addition it may also be used for a mailing system to restrict the correspondence from being sent.
- 4.10.21 MTP related data will be display only (MTU and school,)
- 4.10.22 Add a "Same as Patient" check box to prepopulate the Primary Address field.
- 4.10.23 Addressee Name field when the Primary addressee is selected.
- 4.10.24 A check box will be to identify the Primary Addressee as the caregiver.
- 4.10.25 Add relationship to every phone record. The dropdown will contain the same value list as the relationship for addressee.
- 4.10.26 The rule to require either phone or phone notes will still hold good for Primary addressee.
- 4.10.27 If the Primary Addressee and the Caregiver are not the same a person the user may select a different addressee type as Caregiver. In addition, the user will be able to add multiple Caregivers.
- 4.10.28 Identifying and adding a Caregiver will not be required for the record.
- 4.10.29 Involuntary will be the only option to check. If it is not check there will be an assumption that the placement is voluntary.
- 4.10.30 Caregiver Name will become the Addressee Name

- 4.10.31 Placed out of home: yes or no will be removed
- 4.10.32 Every type of addressee will require details to be either selected from a file as group homes, children protective services agencies, skilled nursing facility, etc. or enter a new address for reference.
- 4.10.33 Where placed will become Relationship to Patient. It will include all the values from the Where Place field. Where Placed: Foster Home, Group Home, ICF-DD Facility, Other, Pediatric Sub Acute Facility, Relative, Skilled Nursing Facility.
- 4.10.34 Medical Home, SCC, MTU can be added by selecting the NPI or SCC #.
- 4.10.35 The addressee list displays all the addressee types that are added to the patient record. Note that primary and patient addressee records are not listed here since they are included in the patient information tab. The addressee types include: Medical Therapy Unit. Displayed only if the patient has an active MTU assignment in the MTP module.
- 4.10.36 This type is for informational purposes only and may not be edited. School is displayed only if the patient has school information in the MTP module.
Addressee
- 4.10.37 Only one of this addressee type is allowed: Medical Home SCC, Specialist.
- 4.10.38 Multiple records for this type is allowed: Other
- 4.10.39 The list includes the following fields to display: Addressee Type, Name and address, Relationship to patient and Phone(s)
- 4.10.40 The selection is using radio buttons, i.e. only one record may be chosen at any time
- 4.10.41 The relevant fields are made visible or invisible depending on the addressee type (on change)
- 4.10.42 This is a dropdown containing the addressee type that is already in place for the selected patient. The values contain the addressee type and name of the addressee to distinctly identify the addressee record.
- 4.10.43 On change of option in this dropdown, the values for the following fields related to the record are set to the current record: Address Line 1, Address Line 2, City ,State, Zip Code, Zip Extension, Email Address ,Bad Address flag, Do not send mail flag, Phones, Phone Notes
- 4.10.44 Addressee type - This field is a dropdown derived from *Patient_dic.ContactType* using the *DictionaryDAO.getContactTypes()* method

- 4.10.45 **Relationship to Patient** - This field is a dropdown derived from *Patient_dic.Relationship* using the *DictionaryDAO.getRelationships()* method.
- 4.10.46 **On change of the relationship value**, the individual's name fields are made visible (four fields) or the organization's name field (single field) is made visible based on the flag in the dictionary that determines if the relationship is an individual or an organization
- 4.10.47 **Provider Number** - This field is visible when the selected relationship is of type provider. The value is used to search and populate the address and relevant information such as phones, email, fax, etc. from the Provider Master File, when found
- 4.10.48 The field is optional and is not stored in the database as part of the addressee record and is used only for search purposes
- 4.10.49 **Find Button** - The find button is visible when the provider number field is visible. Clicking on this button opens the popup to display provider records that match the given provider number. Selecting the record in the popup populates the addressee section with the relevant information as described above.
- 4.10.50 **Caregiver** - This field is a checkbox to indicate if the addressee is a caregiver
- 4.10.51 **Involuntary Placement**. - This field is a checkbox and is visible only when caregiver is checked. Otherwise the field is made invisible.
- 4.10.52 The provider type dropdown is visible when the selected relationship is of type provider. The values for the dropdown are derived from *Dictionary_Provider_dic.ProviderType* using the *ProviderUtil.getAllProviderReferenceList()* method
- 4.10.53 The Provider type - The field value is not stored as part of the addressee record and is used only for search purposes
- 4.10.54 **Name** - If the addressee is individual (based on the selected relationship), there are four name fields (last name, appellation, first name and middle name).
If the addressee is an organization (based on the selected relationship) then there is a single field.
Standard validations applicable to other name fields are applied here as well.
Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.10.55 **Find Button** - This button is visible only when the selected relationship is of type provider. The provider type is required when searching by name.

- 4.10.56 Clicking on this button opens the popup to display provider records that match the given provider number. Selecting the record in the popup populates the addressee section with the relevant information as described above.
- 4.10.57 Specialty This field is visible only when the selected addressee type is "Specialist". This field is a dropdown derived from Provider_dic.Specialty using the ProviderUtil.getProviderSpecialties() method. The dropdown is filtered when provider type is selected or changed
- 4.10.58 Medical Record Number - This field is visible only when the selected relationship is of type provider. Restrictions on what characters and symbols may be entered in these fields are handled during entry
- 4.10.59 Attention - This field is a free form field. Restrictions on what characters and symbols may be entered in these fields are handled during entry. Standard validations applicable to other name fields are applied here as well.
- 4.10.60 Do not send mail indicator - This field is a checkbox to indicate if the addressee should not receive letters. If this flag is set, this addressee will not appear in the correspondence distribution list
- 4.10.61 Bad Address indicator:- This field is a checkbox to indicate if the address is bad or missing information. If this flag is set, this addressee will not appear in the correspondence distribution list.
- 4.10.62 Address Line 1 - This field is a free form and required field. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.10.63 Address Line 2 - This field is free form and optional. Restrictions on what characters and symbols may be entered in these fields are handled during entry.
- 4.10.64 City - City is a read only field and populated based on the zip code entry. When zip code is updated, this field is made empty and updated based on the selection.
- 4.10.65 State - State is a read only field and populated based on the zip code entry. When zip code is updated, this field is made empty and updated based on the selection.
- 4.10.66 Zip Code - This field is required and contains the five digit zip code. Only numeric entries are allowed. Restrictions on what may be entered in this field are handled during entry.
- 4.10.67 Zip Code Extension - This field is optional and contains the four digit extension. Only numeric entries are allowed. Restrictions on what may be entered in this field are handled during entry.

4.10.68 Clicking on the find button searches for the given zip code using the *USPSUtil.getCityStateForZip()* method. This method utilizes the USPS real-time utility for retrieving the City and State based on the zip code.

If the result has only one record, the City and State are populated with the resulting values. If there are multiple resulting records, a popup is opened to allow the user to choose the City and State. Existing zip code lookup is modified to utilize the USPS utility

4.10.69 This field is free form and optional. Restrictions on what characters and symbols may be entered in these fields are handled during entry. The phones list contains the following fields and does not have the limitations on the phone numbers an addressee may have.

- Preferred indicator
- Phone type (Home, Mobile, Pager, Fax, Work)
- Phone number
- Phone Extension (10 chars may be entered)
- Relationship
- Notes

Only one record may be indicated as preferred (radio button).
Type and Relationship are dropdown fields.
“X” icon is used to remove the phone record.

Notes are a free form text area. Validation to check if phone number or notes are not entered happens during the save operation

4.10.70 Add Addressee button: This button opens a popup to add the addressee details. The addressee detail object is stored on the Patient Information JSP and saved upon saving the entire patient record. Also note that the addressee type in the popup is filtered only for the patient and primary addressee types and if both the addressee is already present, then this button will be invisible. The addressee type dropdown in the popup is also filtered to one that does not exist already with the patient record. (e.g.) if primary addressee is present, only patient is available and vice-versa

4.10.71 USPS Address Tool validation - The USPS address tool is utilized to validate addresses entered by the user in CMS Net.

The validation results in the following three scenarios:
When the validation results in an exact match or a match from USPS tool, the USPS address overrides the user entered address.

When the validation results in an invalid address or no match from USPS, a message is displayed to the user to confirm and verify the address. The user may cancel and correct the address or have the entered address save as is. The address is marked as bad in this case.

When the validation results in more than one match, a popup window is opened for the user to select from the list of matching addresses and the selected address overrides the user entered address

Web Patient Registration

Service	266 Green Valley Rd, Freedom, CA 95019	(831) 761-1141
Payment	266 Green Valley Rd, Freedom, CA 95019	
Last Update Date 10/06/2009 Last Update By Administrator System		
<input type="button" value="Back"/> <input type="button" value="Add Address"/> <input type="button" value="Save"/> <input type="button" value="Undo"/>		

Addressee				
Type	Name and Address	Relation	Phone(s)	Remove
Patient				
Primary Address see				
Other				[X]
Specialist				[X]
SCC				[X]
Medical Home				[X]
Caregiver				[X]
MTU				
School				

Patient: Smith, Joe

Type:

Provider/SCC #:

Specialty

Relation to Patient

Name

Attention: No mail sent

Address Line 1: Bad address

Address Line 2:

City: State: Zip Code:

Phone : () Ext: Type

Phone : () Ext: Type

Phone : () Ext: Type

Email :

*Phone Notes:

Required when Primary Address home phone is not present.

Last Updated By: Last Updated Date:

4.11 Relationship to Patient

Table 4-2 lists of the values to be included in the future Relationship to Patient table.

Table 4-3, Relationship to Patient Table

Relationship To Patient	Patient	Primary	Secondary	Other	Medical	Specialty	SCC
Advocate			x	x			
Aunt			x	x			
Brother			x	x			
Caregiver		x					
Children's Hospital			x	x			
Clergy			x	x			
Conservator		x	x	x			
County child protective service			x	x			
Cousin			x	x			
Coworker			x	x			
Daughter			x	x			
DD Regional Center			x	x			
DDS			x	x			
Father		x	x	x			
Father in law			x	x			
Foster home							
Foster parent		x	x	x			
Friend		x	x	x			
Grandfather			x	x			
Grandmother			x	x			

Web Patient Registration

Relationship To Patient	Patient	Primary	Secondary	Other	Medical	Specialty	SCC
Grandparents		x	x	x			
Group home provider							
Healthy Families			x	x			
Hospital			x	x			
Husband			x	x			
ICF-DD Facility							
In home provider							
Managed Care Plan			x	x			
Medi-Cal			x	x			
Mother		x	x	x			
Mother in law			x	x			
Neighbor			x	x			
Nephew			x	x			
Niece			x	x			
Other		x		x			
Other relation		x		x			
Outside medical care facility							
Paternal parent			x	x			
Pediatric sub-acute facility							
Physician			x	x			
Provider			x	x			
Relative							
School			x	x			
Self		x	x	x			

Web Patient Registration

Relationship To Patient	Patient	Primary	Secondary	Other	Medical	Specialty	SCC
Sibling		x	x	x			
Sister			x	x			
Skilled nursing facility							
Social worker		x	x	x			
Son			x	x			
Spouse		x	x	x			
Step father			x	x			
Step mother			x	x			
Therapy Unit			x	x			
Uncle			x	x			
Unknown		x		x			
Wife			x	x			
Adoptive parent		x		x			
Legal guardian		x		x			
Parents		x		x			

4.12 Additional Information Tab

- 4.12.1 The tab is enabled only for when the selected patient record has an assigned case number.
- 4.12.2 Sibling will be separate sections below the addresses and may collapse and expand.
- 4.12.3 Module Title on screen: Patient Registration Tab title: Additional Information Section title: Additional Information for patient: FirstName MiddleName LastName
- 4.12.4 The standard patient header is used in the Additional Information tab which that displays the patient information as read only labels
- 4.12.5 The existing patient search section is utilized for adding siblings to the selected patient record. The select all checkbox in the header row and the select checkbox in the detail rows are hidden
- 4.12.6 The same patient may not be added again.
- 4.12.7 The patients added to the list are assigned the same family number along with the current patient.
- 4.12.8 The list is pre-populated with the patient records that have the same family number.
- 4.12.9 If there is a family number already for the current patient or one of the patient's in the sibling list, then that family number is assigned for all the selected patients as well as the current patient.
- 4.12.10 When a patient is removed from the sibling list, the family number is made null in the database. The documentation section captures certain documents related to the patient's case that is on file such as progress notes, discharge summary, etc.
- 4.12.11 The documentation list contains the following fields (display only labels): Document Type (link to edit), Description and Received Date
- 4.12.12 *Add Document button:* This button opens a popup window to enter the document specific information.
- 4.12.13 Along with the above mentioned fields, the address of the source from where the document was received is captured. The addressee module is reused to capture those details and added to the patient contact table with an addressee type as "Document Addressee".

- 4.12.14** This type of addressee is not listed on the addressee tab. If the addressee is a provider, the information is stored in the PMF as correspondence address and linked to the patient contact record
- 4.12.15** A common code thread is used for getting the document information in the popup that is reused with the Medical Report Received module (SMCR 2529)
- 4.12.16** The submit button in the popup sets the information in the request to be saved and populates the parent window (additional information tab of registration module). When the tab is saved, the details are saved in the database.
- 4.12.17** Document Type and received date are required fields when a documentation record is added.
- 4.12.18** Previous Patient button - The previous patient button appears only when there are multiple patients selected from the search results and there are patients in the list before the current processing record
- 4.12.19** .Back button The back button navigates back to the screen from which it came from.
- 4.12.20** Save button - Validation is performed on Save for several of the fields based on the given requirements and the message is posted at the top of the screen if there are errors related to saving the information. The documentation records are saved to the database during the save operation. The same address validation methods as in the addressee tab are utilized here as well for the documentation addressee..
- 4.12.21** The documentation records are saved to the database during the save operation. The same address validation methods as in the addressee tab are utilized here as well for the documentation addressee
- 4.12.22** Reset button - Reset button resets the screen to the initial state of entry to this screen.
- 4.12.23** Next Patient button - The next patient button appears only when there are multiple patients selected from the search results and there are patients in the list after the current processing record.

4.13 Summary Screen

- 4.13.1 The Summary screen is used to display several events that have happened for the selected patient such as letters, case notes, ticklers, appointments, etc.
- 4.13.2 Data will auto-populate data from other locations in the system. The standard web patient header will display. A chronological order by date of events will display as well. Show the most current activity on top with the ability to sort.
- 4.13.3 The tab is enabled only for when the selected patient record has an assigned case number.
- 4.13.4 Module Title on screen: Patient Registration, Tab title Summary Section title Summary for patient: FirstName MiddleName LastName
- 4.13.5 The standard patient header is used here that displays the patient information as read only labels
- 4.13.6 Events - The events section is grouped by date of the event such as correspondence, case note, tickler, appointment, etc. For each date, the items are listed in reverse chronological order of entry. All the events are retrieved and sorted based on their date in the collection and then passed for display. The section table consists of the following fields: Time, Event (Case note, SAR, Tickler, Correspondence, Appointment) Information
- 4.13.7 The information section contains the link to the relevant event and opens a popup upon clicking on the link to display the details of the event in PDF format. If the event may not be printed, it is navigated to the view screen of the event.
- 4.13.8 Last Updated By and Last Updated On - These fields display the user's name and the date when the patient record was last updated.
- 4.13.9 Previous Patient button-- The previous patient button appears only when there are multiple patients selected from the search results and there are patients in the list before the current processing record.
- 4.13.10 Back button - The back button navigates back to the screen from which it came from.
- 4.13.11 Next Patient button- the next patient button appears only when there are multiple patients selected from the search results and there are patients in the list after the current processing record.

Summary

<<Patient Header goes here>>

Events

<<Date Range

Time	Event	Description
HH:MM:SS	Case Note	Subject:
HH:MM:SS	Letter	Correspondence:
HH:MM:SS	Appointment	Appointment:
HH:MM:SS	Tickler	Follow-up

<<Date>>

Time	Event	Description
HH:MM:SS	Case Note	Subject:
HH:MM:SS	Letter	Correspondence:
HH:MM:SS	Appointment	Appointment:
HH:MM:SS	Tickler	Follow-up

4.14 Face Sheet Changes

- 4.14.1 The Face sheet will display on header as a hyperlink**
- 4.14.2 The Face sheet will be redesigned to be easier to read. The current patient face sheet template is reworked to add line breaks for sections and give section headings**
- 4.14.3 Move the Co Case Mgr, RO Case Mgr, Co Chart #, Co Closed Req Dt, Reg Dt, on to the top of the Face Sheet.**
- 4.14.4 Program Eligibility: The current and pending eligibility periods dates and will display begin and end date, pending eligibility type, and PSA status.**
- 4.14.5 Client Eligibility: Client Eligibility will display current eligibility status, start date, date closed/denied/not opened and reason.**
- 4.14.6 Medical Eligibility will display eligibility status, date determined eligible, determined by and treatment or diagnosis.**
- 4.14.7 Financial Eligibility will include the Financial Status and Reason Not Required or if required it will include Date Financial Determined, Income Source, Tax Year, Family Size, State and Federal Gross Income.**
- 4.14.8 Residential Eligibility will include Residential Status and reason if not eligible and the date determined and proof of residence if eligible.**
- 4.14.9 Application status will display on the face sheet. Application Status section is created to show the history of the letters and its status**
- 4.14.10 A summary of referral/transfers will be displayed on the Face Sheet.**
- 4.14.11 The new referral and transfer fields will be on the Face Sheet and will be split out from regular referrals. Transfer history and Referral history sections are added with the letters and their status.**
- 4.14.12 Both sections on the Face Sheet will include Date Closed, Date Opened, Reason and county. Both sections will have referral type added.**
- 4.14.13 The insurance section will be included in the Face sheet and display the types (MCP, HF, HCP, private), start date, end date, and policy number. Add client's and mom's Medi-Cal number too.**
- 4.14.14 The MTP Face Sheet will be combined with the Patient Registration Face Sheet when it applies.**

- 4.14.15 Patient's Medi-Cal and Mom's Medi-Cal number are added to the patient face sheet
- 4.14.16 The MTP demographics screen is modified to incorporate the addressee updates similar to the Addressee tab in the Patient registration module. The same functionality and screens are used to update the various addressees from the MTP module

- 4.15 Conversion Activities
 - 4.15.1 Existing cases with "Transfer/Active" status will be marked as "Active". The "case transferring to another county" flag will be set. There will be no action on existing letters related to the patient status during conversion
 - 4.15.2 Remove all the data in the Co. Request Closed Dt field and remove the field as well.
 - 4.15.3 Carrier Master records will be converted into PMF (Dictionary_Provider.Master) for Healthy Families and Managed Care Plan entries.
 - 4.15.4 If the addressee is an organization (based on the selected relationship) then there is a single field. For the cases where there is no Primary Addressee Name or invalid names we will add CCS cases add To the Parents of and for GHPP it will be the client's name

Table 4-4 lists of the values to be included in the conversion.

Table 4-4, Conversion Table

Old name	New name	Remarks (rules, special comments, etc.)
Registration 6000	Patient.Info	
Registration 6000 (case nr and temp case nr)	Patient.CaseNr	
Registration 6000 (real name and birth name)	Patient.Name	
Addressee type 6000.01	Patient.Contact	
Addressee type 6000.01 (Phones)	Patient.ContactPhone	
Alias 6000.05	Patient.Name	Will be stored as four name components (last name, first name, middle name, appellation)
Referral date 6000.08	Patient.Referral	
Diagnosis 6000.10	Patient.Dx	
Patient 6	Patient.Info	
Narrative Date 6.6	Patient.Note	Case notes converted to move away from Master 6 dependency. No rules or functionalities are changed unless specified.
Diagnosis 46	Patient.dic.Dx	Code will be the id.
Reason narrative flagged as error 3971	Patient.dic.NoteReason	
Specialty 3982	Provider.dic.Specialty	Class also used by Provider.Panel
Referral source 3992	Patient.dic.Relationship	
County 3998	Dictionary.Office	Used for birthplace.
Registration status 6002	Patient.dic.Status	Ids will change to be letters. Impacts Client Eligibility 6500
Ethnic group 6003	Patient.dic.EthnicGroup	
Relation to patient 6004	Patient.dic.Relationship	
Language 6005	Patient.dic.Language	
Addressee type 6007	Patient.dic.ContactType	
Type of placement 6008	Patient.dic.Relationship	
Other SCI programs 6009	Dictionary.Programs	
Appellation 6010	Patient.dic.Appellation	
Other agencies 10000	Dictionary.Programs	

4.16 Registration Case Notes

4.16.1 New case note will include the following: Date Case Note Entered, Subject Code: RefReg-ReferralInfo, Entered By, Name, Title (County), Date Received, Referred By, Attachments: Free Text, Case Assignment: Free Text

4.16.2 New case note “Patient Registration Change” for the existing code “RefReg-PatientRefRegChange”

4.17 Documentation

- 4.17.1 This would allow user to track different types of documents and provide a description on each document. . Would be similar to the case note where users may save hyperlinks, emails, etc.
- 4.17.2 Add the option to select the required documents for the Medical Report Request. Have the ability to mark it as requested and received.

*"Attachments" Pull Down Options: Notice of Admission

H & P

Progress Notes

Discharge Summary

Clinic Visit Notes

Court Papers

Other

Free-text option related to the "Attachments" so specific identifying details related to the attachment(s) can be noted.

4.18 Registration Reports

4.18.1 Build a generic audit table with the list of audited fields that will be used to audit the entries from the web module for Registration and Referral. When the legacy registration is retired, the legacy track transactions module will no longer report on registration entries. We will need to build a report using the generic audit table to show the transactions on registration.

4.18.2 New report is developed to list the MEDS Inquiry log based on the date of service and county.

4.19 External Interfaces: Incoming and Outgoing

This section identifies the interface testing requirements for impacts related to implementation of SMCR-688. SMCR-688 will create new class structures for the Patient files, as well as direct impacts to import/export routines used by CMS Net. Interface testing will consist of verifying correct mapping of from the new structures in the export routines. Verifying the data is consistent between systems and there is no truncation or misinterpretation of the information is the primary objective. Through testing will be conducted to evaluate whether the modifications made to CMS Net accurately update systems with our trading partners.

Incoming

File	Source	Purpose	Testing Phases	Testing Approach	Analyst
4.19.1 SCI Referral File	SCI	Monthly file received from ITSD to sync with SCI on updated CINs	System test and UAT	Validate data load after processing with new Registration Structures	Traci
4.19.2 MEDS Reconciliation File	MEDS	Monthly file received from ITSD to sync with MEDS on updated Medi-Cal Eligibility	System test and UAT	Validate data load after processing with new Registration Structures	Traci/ Brenda

		Information			
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Outgoing

File	Recipient	Purpose	Testing Phases	Testing Approach	Analyst
4.19.3 HI36	MEDS	Daily add/update Transaction to MEDS for Other Health Coverage	System test and UAT	System test-visual inspection of file UAT - transmit file to ITSD to pass through edits	Traci
4.19.4 HI40	MEDS	Daily Transaction to MEDS to report Personal Injury Information	System test and UAT	System test-visual inspection of file UAT - transmit file to ITSD to pass through edits	Traci/ Brenda
4.19.5 GZ10	MEDS	Daily update Transaction to MEDS for SSN updates	System test and UAT	System test-visual inspection of file UAT - transmit file to ITSD to pass through	Traci

Web Patient Registration

File	Recipient	Purpose	Testing Phases	Testing Approach	Analyst
				edits	

File	Recipient	Purpose	Testing Phases	Testing Approach	Analyst
4.19.6 GZ20	MEDS	Daily add/update Transaction to MEDS for all updates		System test-visual inspection of file UAT – transmit file to ITSD to pass through edits	Traci
4.19.7 SAF	CA-MMIS (Medi-Cal/ Denti-Cal)	Daily service authorization file to Medical and Dental FIs	System Test	Visual Inspection	Traci
4.19.8 PTR	CA-MMIS (Medi-Cal)	837 claim transaction to FI	System Test and UAT	Upload file to Medi-Cal Test site	Divya
4.19.9 Business Objects	ITSD	Daily extract file to load to CMS BO Universe	System Test and UAT	Upload test file to CMS BO Test Universe	Brenda
4.19.10 Los Angeles e-chart	Los Angeles	Daily extract file to server for county use in their e-chart system	System Test and UAT	System test-visual inspection of file UAT – transmit file to ITSD to pass through edits	Traci/ Mark
4.19.11 Los	Los	Daily extract file to server for	System Test	System test-visual	Traci/

File	Recipient	Purpose	Testing Phases	Testing Approach	Analyst
Angeles Patient Update File	Angeles	county use in their tracking system	and UAT	inspection of file UAT - transmit file to ITSD to pass through edits	Mark
4.19.12 Ventura Patient Update File	Ventura	Daily extract file to server for county use in their tracking system	System Test and UAT	System test-visual inspection of file UAT - transmit file to ITSD to pass through edits	Traci/ Patty

File	Recipient	Purpose	Testing Phases	Testing Approach	Analyst
4.19.13 Los Angeles SAF File	Los Angeles	Daily extract file for server for county to use in SAR report writing	System Test and UAT	System test-visual inspection of file UAT - transmit file to ITSD to pass through edits	Traci/Mark
4.19.14 PEDI	Providers and Plans			Testing during regression?	