

CMS Net

Patient Registration

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Preface

Legend

In procedures on the following pages you will see various symbols used.

- √ When a procedure is described, the check mark indicates the result of an action.
- ⇐ The arrow indicates a content note.

Patient Registration

Patient Registration

When you select the Patient Registration option, all of the screens are in full-screen format. There are six screens. The first two screens contain all required fields. The next three are all optional fields. The sixth screen is for display only.

The Patient Registration – Face Sheet screens allow you to enter or edit data collected from a patient referral.

Requirements for CMS Net

CMS Net requires a Client Index Number (CIN) from the Statewide Client Index (SCI) Search screen, if a CIN is not already on the patient's record.

- If there is a CIN on the record already, you will only see a prompt for the SCI Search in case you need to make some change in the linked record.
- If no change is needed, select "NO" and you will go directly to the Patient Registration-Face Sheet screens.

Continued on next page

Revised 1/18/2011

Patient Registration, Continued

Common Keys & Functions

The following is a chart displaying the common keys and functions for the Patient Registration Face Sheet.

Key(s)	Functions
Down arrow / Up arrow	Moves cursor to next / previous field
Page Up / Page Down	Moves to next / previous screen
Action Menu Key (PC = F2)	On last screen, allows user to save or cancel entries. On all other screens, pages down to next screen. (You must complete all screens before you can exit.)
Delete Key (F7)	Deletes entry in field. YOU MUST DELETE AN EXISTING ENTRY BEFORE YOU CAN ENTER A NEW ONE.
Help Key (PC = F1)	Gives help message or pick list.
Cancel Key (PC = Shift+F2)	Allows the user to cancel entry from any screen.

Continued on next page

Patient Registration, Continued

**Steps to Access
the Patient
Registration**

Step	Action
1	From the Primary Menu, select Registration. Press <Enter>. √ The Registration Menu displays.
2	Select Patient Registration/Edit from the Registration Menu. Press <Enter>. √ The Patient ID Screen displays.
3	Identify and select your patient. Press <Enter>.

Patient Registration, Continued

PATIENT REGISTRATION FACE SHEET (CMFS-10)

CMSS **PATIENT REGISTRATION FACE SHEET** **CMFS-10**

Name:	Last SMITH	App First THOMAS	Middle S	Case#: T734372
Birth:				CIN: 37621672A 0
Alias:			SSN:	Pseudo:
Gender:	MALE	DOB: 01/01/2010	Birthplace: LOS ANGELES	

Status: PENDING	1st Referral Date: 12/22/2010
Ref/Trf Dt: 12/22/2010	Type: REFERRAL
Res Co: SACRAMENTO	Ref Source: RELATIVE
Lgl Co: SACRAMENTO	Ref By: SMITH,ED
Ethnic: UNKNOWN	Language: ENGLISH
Mo First Nm: ANGELA	Mo Mdn Nm: WARREN
Mo DOB:	Mo SSN:

TXDX-

PrimDX: 996.84	COMPLICATIONS OF TRANSPLANTED LUNG
Sec DX: 227.9	BENIGN NEOPLASM OF ENDOCRINE GLAND, SITE UNSPECIFIED
0th1DX:	
0th2DX:	
0th3DX:	

Consent Form: N	Date:	SCI Last Updated: 12/22/2010
Known to: CCS		

F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12

VT420-7 48 Caps Wrap Hold On Line

Continued on next page

Patient Registration, continued

Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 1, CMSFS-10.

⇒ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Patient Name	Required LASTNAME Appellation, FIRSTNAME Middle Initial
2	Birth Name	Required only if different than Patient Name LASTNAME Appellation, FIRSTNAME Middle Initial
3	Case #	Required For CCS: Enter “T” to assign a temporary number or enter an existing CCS case number For GHPP: No “T” numbers will be assign. GHPP Case number will be auto assigned on new cases after Statewide Client Index inquiry.
4	Alias	Optional LASTNAME Appellation, FIRSTNAME Middle (If patient name is edited, the previous patient name will automatically become an alias)
5	SSN	Optional – Patient’s SSN Enter 999-99-9999 format DO NOT enters Mother’s SSN in this field!!
6	Client Index Number	Display Only – Assigned and updated only in Statewide Client Index (SCI).
6a	Pseudo	Display Only – Pseudo Social Security Number is filed from the SCI Inquiry function and will automatically clear when the patient's social security number is entered on the Face Sheet.

Patient Registration, Continued

Field #	Name	Description
7	Gender	Required Enter 'M'ale, or 'F'emale
8	Date of Birth	Required Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19XX. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
9	Birthplace	Required Enter County, State or Country (from pick list)
10	Status	<p>Required (See Note 1 and Note 2 below)</p> <ul style="list-style-type: none"> • 'P' for PENDING <i>(Initial Referral, After an Initial Denial)</i> • 'R' for REOPEN PENDING <i>(Case that was Open/Active, Closed & now Reopened)</i> • 'N' for NOT OPEN <i>(Case is referred, but no application received after 3 letters sent.) (Active/Open, but in process of being sent to another county.)</i> <p><u>Note 1:</u> Active, Closed and Denied are <u>only</u> selectable in Client Eligibility AND Transfer/Active is only selectable in Pending Transfer.</p>

Continued on next page

Patient Registration, Continued

Note 2: For CCS: Depending upon the current status of a case, "Status" field only display valid choices to the user.

If Current Status is	Case Status in Pick List (Yes=Allowed No=Not Shown)						
	Active	Closed	Denied	Pending	Reopen Pending	Transfer	Not Open
Active	Yes	No	No	No	No	No	No
Closed	No	Yes	No	No	Yes	No	No
Denied	No	No	Yes	Yes	Yes	No	No
Pending	No	No	No	Yes	Yes	No	Yes
Reopen Pending	No	No	No	Yes	Yes	No	Yes
Transfer	No	No	No	No	No	Yes	No
Not Open	No	No	No	Yes	Yes	No	Yes
New referral	No	No	No	Yes	Yes	No	No

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Data Entry Fields (continued)

Field #	Name	Description
11	1 st Referral Date	Display ONLY (Defaults from Ref/Trf Dt field.)
12	Referral/Transfer Date	Required Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
13	Type	Required For CCS: (R) eferral or (T) ransfer from another county For GHPP: Type will always be a Referral
14	Residence County	Required Select county from pick list.
15	Legal County	Required For CCS: Enter county from pick list (Legal county is the county responsible for paying claims.) For GHPP: Drop down list will have GHPP as pick list item. Value GHPP will be auto populated when registering Pending or Re-open case
16	Referral Source	Required For CCS: Enter source from pick list. For GHPP: Pick list will be “Advocate” “Conservator” “Medi-Cal” “Relative” “Self” “Special Care Center” “Spouse”

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17	Referred By	Required Enter name of person/facility referring patient.
18	Ethnicity	Required Select from pick list.
19	Language	Required Select from pick list. If Spanish is selected, Correspondences to Client/Family will print in Spanish.

Continued on next page

Patient Registration, continued

Data Entry Fields (continued)

Field #	Name	Description
20	Mother's First Name	Required Enter patient's mother's first name or "unknown".
21	Mother's Maiden Name	Required Enter patient's mother's maiden name or "unknown"
22	Mother's Date of Birth	Optional Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
23	Mother's SSN	Optional Enter 999-99-9999 format
24	Treatment or Diagnosis	A two character field indicating treatment or diagnostic evaluation. DX or TX
25	Primary Diagnosis	Required For CCS: Enter ICD-9 code or part of the description and Select from pick list. For GHPP: Pick list will be GHPP eligible diagnosis only.
26	Secondary Diagnosis	Optional Enter ICD-9 code or part of the description Select from pick list.
27	Other Diagnosis 1	Optional Enter ICD-9 code or part of the description Select from pick list.

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Data Entry Fields (continued)

Field #	Name	Description
28	Other Diagnosis 2	Optional Enter ICD-9 code or part of the description Select from pick list.
29	Other Diagnosis 3	Optional Enter ICD-9 code or part of the description Select from pick list.
	Consent Form?	Not in use – defaults to NO
	Date	Not in use
	SCI Last Updated	Not in use
	Known To	Displays from SCI Search

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⇒ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

PATIENT REGISTRATION FACE SHEET (CMFS-20)

CMSS **PATIENT REGISTRATION FACE SHEET** **CMFS-20**

Pt Nm: SMITH, THOMAS S **Case#:** T734372 **CIN:** 37621672A 0
Gender: M **DOB:** 01/01/2010 **Lgl Co:** SACRAMENTO **REG=** PENDING **MED=** F/R=

Pt Address: ST1: 123 TEST DRIVE ST2: APT #123 CTY: FAIR OAKS ST: CA ZIP: 95628 PH: Email: Pt Address Verification:	Primary Addressee: NM: ANGELA WARREN ST1: 123 TEST DRIVE ST2: APT #123 ST: CA CTY: FAIR OAKS ST: CA ZIP: 95628 Email: Primary Address Verification: PH: WK1: WK2: Phone Notes: 916-111-2222 Relation to Pt: Parent(s)
---	--

Caregiver's Name:
Placed Out Of Home: **Type of Placement:**
Where Placed:
Where Placed Other Text:

F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12
 VT420-7 86 Caps Wrap Hold On Line

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Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 2, **CMSFS-20**.

⇒ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Patient Street Address 1	Required Enter patient's street address Example: 123 MAIN STREET APT 3
2	Patient Street Address 2	Optional Enter patient's second street address Example: PO BOX 123
3	Patient's City	Automatically filled when Zip Code entered (zip code must be in zip code table)
4	Patient's State	Automatically filled when Zip Code entered (zip code must be in zip code table)
5	Patient's Zip Code	Required Enter 5-digit zip code (must be in zip code table). If zip code is unknown, type in the first 5 letters of the city. A list of 1 or more options will appear for the user to select from.
6	Patient's Phone	Optional Enter as 999-999-9999 or (999)999-9999
7	Patient's Email Address	xxxx@xxxxxx.com
8	Primary Addressee Name	Required FIRSTNAME MIDDLE LASTNAME APPELLATION OR LASTNAME APPELLATION, FIRSTNAME MIDDLE

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Data Entry Fields (continued)

Field #	Name	Description
9	Primary Addressee Street Address 1	Required Enter Primary Addressee street address Example: 123 MAIN STREET APT 3
10	Primary Addressee Street Address 2	Optional Enter Primary Addressee second street address Example: PO BOX 123
11	Primary Addressee City	Automatically filled when Zip Code entered (zip code must be in zip code table)
12	Primary Addressee State	Automatically filled when Zip Code entered (zip code must be in zip code table)
13	Primary Addressee Zip Code	Required Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
14	Pt Address Verification	Initial value is blank. Valid Pick-list Value: 'C' Only use 'C' when the family notifies you that they did not receive a BIC card.
15	Primary Address Verification	Initial value is blank. Valid Pick-list Value: 'C' Only use 'C' when the family notifies you that they did not receive a BIC card.
16	PH	Primary Addressee telephone number All zero's or all nine's (000) 000-0000 or (999) 999-9999 are not allowed

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Data Entry Fields (continued)

Field #	Name	Description
17	WK1	Optional Primary Addressee Work Phone number 1 Format: (999) 999-9999
18	WK2	Optional Primary Addressee Work Phone number 2 Format: (999) 999-9999
19	Phone Notes	Optional User can enter free form text as notes, messages, etc regarding the phone number.
20	Primary Addressee's Relationship to Patient	Required Select from pick list
21	Caregiver's Name	Optional - Can enter as First name Middle Last name Appellation or Last name Appellation, First name Middle
22	Placed Out of Home	Optional (Y)es or (N)o
23	Type of Placement	Required if Placed Out of Home = Yes (V)oluntary or (I)nvuntary
24	Where Placed	Required if Placed Out of Home = Yes Select from pick list
25	Where Placed Other Text	Optional If "Other" selected for Where Placed, can enter free text to explain.

⇒ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

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PATIENT REGISTRATION FACE SHEET (CMFS-30)

```

(b) TELNET (cmsdev01.cahwnet.gov) - PowerTerm Interconnect/32
File Edit Terminal Communication Sessions Options Script Help
CMSS PATIENT REGISTRATION FACE SHEET CMSFS-30
Pt Nm: SMITH, THOMAS S Case#: T734372 CIN: 37621672A 0
Gender: M DOB: 01/01/2010 Lgl Co: SACRAMENTO REG= PENDING MED= F/R=
Other Addressee:
NM: SUSAN SMITH Relation to Pt: Friend
ST1: 120 FOREST DRIVE
ST2:
CTY: FAIR OAKS ST: CA
ZIP: 95628
PH: (916) 456-3333
WK1: WK2:
Siblings known to CMSNet:
Case#: CIN:
Case#: CIN:
Case#: CIN:
Case#: CIN:
Case#: CIN:
F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12
VT420-7 8:7 Caps Wrap Hold On Line
    
```

Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 3, **CMSFS-30**.

⇒ Press the <Down Arrow> to move from field to field.

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Field #	Name	Description
1	Other Addressee Name	Optional First name Middle Last name Appellation or Last name Appellation, First name Middle
2	Other Addressee Street Address 1	Optional Enter Other Addressee street address Example: 123 MAIN ST APT 3
3	Other Addressee Street Address 2	Optional Enter Other Addressee second street address Example: PO BOX 123
	Other Addressee City	Automatically filled when Zip Code entered (zip code must be in zip code table)
	Other Addressee State	Automatically filled when Zip Code entered (zip code must be in zip code table)
4	Other Addressee Zip Code	Optional Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
5	Other Addressee Phone	Optional Enter as 999-999-9999 or (999)999-9999
6	Other Addressee Work Phone #1	Optional Enter as 999-999-9999 or (999)999-9999
7	Other Addressee Work Phone #2	Optional Enter as 999-999-9999 or (999)999-9999
8	Relationship to Patient	Required (only if Field #1 – Other Addressee Name is filled in), select from pick list
9	Sibling’s Name	Optional – Enter Name, Case#, or CIN
10	Sibling’s Case#	Display Only
11	Siblings CIN	Display Only

Important Note A sibling entered into the Sibling’s Name field can only be known to CMS Net.

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Error! Not a valid bookmark self-reference., Continued, Continued

⇒When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

PATIENT REGISTRATION FACE SHEET (CMFS-40)

NOTE: For GHPP users there is no MTP program. Hence MTP related fields will be disabled and cursor should land under Name (NM) field of Medical Home.

The screenshot shows a terminal window titled '(B) TELNET (cmsdev01.cahwnet.gov) - PowerTerm Interconnect/32'. The main content is a form titled 'CMSS PATIENT REGISTRATION FACE SHEET CMSFS-40'. The form fields are as follows:

- Pt Nm: SMITH, THOMAS S Case#: T734372 CIN: 37621672A 0
- Gender: M DOB: 01/01/2010 Lgl Co: SACRAMENTO REG= PENDING MED= F/R
- MTP Only: NO IEP: Status: Name:
- School: Nm: Patient Grade: ST1: ST2: Cty/St: Zip: Ph:
- Medical Home: Nm: St1: St2: Zip: Ph: Fax: Email:
- Assigned SCC: Type: Nm: St1: St2: Zip: Cty/St: Ph: Fax: Email:

At the bottom of the terminal window, there is a function key bar with labels F1 through F12 and a status bar showing 'VT420-7 6:11 Caps Wrap Hold On Line'.

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Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 4, **CMSFS-40**.

⇒ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	MTP Only?	Default = NO Enter (Y)es if patient has MTP services only
2	IEP?	Enter (Y)es if patient has Individualized Education Program or enter (N)o
3	MTU Name	Enter if patient enrolled in any MTU Select from pick list
4	MTP Status:	Display Only: Open or Closed
5	School Name	Optional: Select from pick list
6	School Street Address 1	Displays from School table Example: 123 MAIN ST APT 3
7	School Street Address 2	Displays from School table Example: PO BOX 123
8	School City	Displays from School table
9	School State	Displays from School table
10	School Zip Code	Displays from School table
11	School Phone	Displays from School table

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Data Entry Fields (continued)

Field #	Name	Description
12	Patient Grade	Optional: Enter any grade K thru 12
13	Medical Home Name	Optional: This is the Primary Physician. Enter LASTNAME MD,FIRSTNAME Select from pick list (Vendor File)
14	Medical Home Street Address 1	Displays from Provider Registration file
15	Medical Home Street Address 2	Displays from Provider Registration file
16	Medical Home City	Displays from Provider Registration file OR Automatically filled when Zip Code entered (zip code must be in zip code table)
17	Medical Home State	Displays from Provider Registration file OR Automatically filled when Zip Code entered (zip code must be in zip code table)
18	Medical Home Zip Code	Displays from Provider Registration file OR Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
19	Medical Home Phone	Displays from Provider Registration file OR Enter as 999-999-9999 or (999)999-9999
20	Medical Home Fax	Displays from Provider Registration file OR Enter as 999-999-9999 or (999)999-9999
21	Medical Home Email	Displays from Provider Registration file OR Enter

⇒When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

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Field #	Name	Description
1	Assigned SCC:	SCC unique center ID number. Auto populated when name of Center is selected from Nm: field.
2	Type:	Optional: SCC Type: Type the first few letters of the SCC Type and press <enter>. Select from pick list.
3	Nm: Name of SCC.	Type the first few letters of the SCC's Name and press <enter>. Select from pick list.
4	St1: SCC Address	Displays from Provider Registration file.
5	St2: SCC Address	Displays from Provider Registration file.
6	Cty/St: SCC City and State	Displays from Provider Registration file.
7	Zip: SCC Zip Code	Displays from Provider Registration file.
8	Ph: SCC Phone	Displays from Provider Registration file
9	Fax: SCC Fax	Displays from Provider Registration file OR Enter as 999-999-9999 or (999)999-9999Enter
10	Email: SCC Email	Displays from Provider Registration file OR Enter:

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PATIENT REGISTRATION FACE SHEET (CMFS-50)

CMSS PATIENT REGISTRATION FACE SHEET CMSFS-50

Pt Nm: SMITH, THOMAS S Case#: T734372 CIN: 37621672A 0
Gender: M DOB: 01/01/2010 Lgl Co: SACRAMENTO REG= PENDING MED= F/R=

Caseload Type: Generic CL: 34Z001 Is Sheltered: NO
Case Mgr Reg Office: County:
County Chart #: County Close Req Dt: HRIF: NO

Specialist: Nm: St:
St1: St2:
Cty: St:
Zip: Ph:
Specialty:

Comments:

F1 F2 F3 F4 F5 F6 F7 F8 F9 F10 F11 F12
VT420-7 8:16 Caps Wrap Hold On Line

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Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 5, **CMSFS-50**.

⇒ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Caseload Type	Default: Generic. Select the type of caseload for the case.
2	CL (Code)	Defaults the caseload code
3	Is Sheltered	If the case has a shelter flag select yes or no.
4	Regional Office Case Manager	Optional Enter the user's last name and select from the pick list. The case manager MUST have a CMS Net access code to be selected from the list (same as for Mail)
5	County Case Manager	Optional Enter the user's last name and select from the pick list. The case manager MUST have a CMS Net access code to be selected from the list.
6	County Chart Number	Optional Used for counties that keep separate chart numbers in addition to the Case#. Free text
7	County Close Request Date	Optional Used for dependent counties to record the date they requested the regional office to close the case. Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000

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Data Entry Fields (continued)

Field #	Name	Description
8	High Risk Infant indicator	Selecting Y or N from pick list
9	Specialist (Can enter more than one specialist)	Optional Type the first few letters of the specialist's name and press <enter>. Select from pick list.
10	Specialist Street Address 1	Displays from Provider Registration file
11	Specialist Street Address 2	Displays from Provider Registration file
12	Specialist City	Displays from Provider Registration file
113	Specialist State	Displays from Provider Registration file
14	Specialist Zip Code	Displays from Provider Registration file
15	Specialty	Optional Enter the specialty for the specialist entered. Select from pick list
16	Comments	Optional Free text

⇒ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

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PATIENT REGISTRATION FACE SHEET (CMFS-60)

CMSS PATIENT REGISTRATION FACE SHEET CMFS-60

Pt Nm: **SMITH, THOMAS S** Case#: **T734372** CIN: **37621672A 0**
 Gender: **M** DOB: **01/01/2010** Lgl Co: **SACRAMENTO** REG= **PENDING** MED= **F/R=**

Elig Start Date: Date Closed: Date Denied:
 CMS Elig Status: Reason:
 PSA Status: Current Program Eligibility Period:
 Appl Status: Begin: End:
 Pending Program Eligibility Period:
 Begin: End:
 Mgd Care Plan: Pending Elig Type:
 Plan #: Insurance/Other Coverage:
 M/C#:

Reg By: **GORHE, SANJEEV** Reg Date: **12/22/2010**

Transfer/Referral History:
 Date: **12/22/2010** Type: **REFERRAL** County: **SACRAMENTO**
 Date: Type: County:
 Date: Type: County:
 Date: Type: County:

Last Update By: **GORHE, SANJEEV** Date: **12/22/2010**

⇒ The Referral/Transfer Date History displays the history of updates to the Referral/Transfer Date, Type, and County. The vertical bar to the right of the field indicates there can be more entries to view. To view more, press the <Down Arrow> for scrolling. To scroll back, press the <Up Arrow>.

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Data Element Fields All fields are DISPLAY ONLY

FIELD #	FIELD NAME	DESCRIPTION
1.	ELIG START DATE:	Date patient became eligible for CMS services. Displays the Elig Start Date from Client Eligibility Format: MM/DD/YYYY
2.	DATE CLOSED:	Displays the Date Closed from Client Eligibility
3.	DATE DENIED:	Date patient case closed/ineligible from Client Eligibility Format: MM/DD/YYYY
4.	CMS ELIG STATUS	Reason that patient's case was closed in CMS Displays from Client Eligibility
5.	REASON	display the Reason Closed/Denied from Client Eligibility
6.	PSA STATUS	Ex: Required or Not Required (Display Only)
7.	CURRENT PGRM PERIOD	Displays the Current Program Eligibility Period Dates from Eligibility if present.
7a	CURRENT BEGIN DATE	Display the Current Program Eligibility Begin Date: Format: mm/dd/yyyy
7b	CURRENT END DATE	Display the Current Program Eligibility End Date: Format: mm/dd/yyyy
8	APPL STATUS	Ex: Signed Application, mm/dd/yyyy
9	PENDING ELIG TYPE	Displays from Pending Eligibility Values: <ul style="list-style-type: none"> • Elig Period Only • Interview Pending • Medi-Cal Pending
10	MGD CARE PLAN	Managed Care Plan Name
11	PLAN#	Managed Care Plan Number

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FIELD #	FIELD NAME	DESCRIPTION
11	INSURANCE/ OTHER COVERAGE	Insurance/Other Coverage Name
12	M/C#	Medi-Cal Number
13	REG BY::	Name of person registering patient in CCS/GHPP (User ID Table)
14	REG DATE	Date patient was registered in CMS Format: MM/DD/YYYY
TRANSFER/REFERRAL HISTORY		
15.	DATE:	History of dates that patient transferred/was referred to CMS Format: MM/DD/YYYY
16.	TYPE:	Referral/Transfer History (R or T) R = Referral T = Transfer
17.	COUNTY:	Legal County History
18.	LAST UPDATE BY:	Name of person who updated patient file last
19.	DATE	Date user last updated Patient Registration data Format: MM/DD/YYYY

Error! Not a valid bookmark self-reference., Continued, Continued

To Exit this Screen

To exit this screen, do the following:

Step	Action
1	Press the <Down Arrow> key to the <i>Last Update By</i> field.
2	Press the <Down Arrow> key one more time. OR Press the Action Menu key. ✓ The following prompt will appear:

Select One: <input type="radio"/> Save <input type="radio"/> Cancel <hr style="width: 10%; margin: 10px auto;"/> [Quit]

Continued on next page

Error! Not a valid bookmark self-reference., Continued, continued

To Cancel Face Sheet Entries

To Cancel all Face Sheet entries, press the <Up Arrow> to select Cancel (or type C and press <Enter>).

After pressing <Enter>, the Patient Registration Branch Menu (as seen on the previous page) will appear.

To Quit the Action Menu Prompt

To Quit and return to the Face Sheet screens, press <Enter> at the Quit prompt. Returns to Face Sheet Page 1.

Registration of Patient Data Complete

You have successfully completed entry of patient registration to CMS Net.

Continued on next page

Patient Registration, continued

NOTES

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