

January 19, 2006

DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy and procedures (see Att. A) for entry of administrative data elements for VHA beneficiaries into VHA computerized information systems.

2. BACKGROUND: Administrative and demographic data are key elements of information collected by VHA necessary to establish and manage a patient's record, support VHA business functions, and provide quality health care. This information includes, but is not limited to: address, personal contacts, employment and insurance information, military history, and eligibility for VA health care benefits. Complete and accurate administrative information facilitates business processes that support essential VHA functions such as: provision of appropriate medical care, prescription services, eligibility for care, complete and accurate billing, and access to complete health record information. Incomplete or inaccurate patient demographic information can adversely affect patient safety.

3. POLICY: It is VHA policy that all administrative data elements be accurate and consistent (see Att. A).

4. ACTION: Facility Directors are responsible for ensuring that:

a. Staff members directly responsible for entry of administrative data into VHA information systems are properly trained in the use of these guidelines. This includes staff at facilities with outpatient clinics and community-based outpatient clinics assigned to their jurisdiction.

b. All staff additionally involved in the data entry of identity information will adhere to the specific guidelines established by this Directive.

c. Any local policies related to data entry coincide with the guidelines set forth in this directive.

d. Any future consideration for local implementation of data entry guidelines that deviate from the guidance in this directive or that will have an impact on data at a national level are referred for approval to the Administrative Data Quality Council prior to implementation. Such requests must be submitted to the mail group at

VHAADMINISTRATIVEDATAQUALITYCOUNCIL@med.va.gov

5. REFERENCES

a. United States Postal Service, Publication 28.

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- b. VHA Handbook 1907.1.
- c. VHA Directive 2004-038, Modifications to VHA Class I Software.
- d. VHA Handbook 1050.1.
- e. Current Data Quality Requirements for MPI and Identity Management Functions

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Office is responsible for the content of this Directive. Questions may be referred to 404-235-1286.

7. RESCISSIONS: None. This VHA Directive will expire on July 19, 2009.

S/Jonathan B. Perlin, MD, PhD, MSHA, FACP
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 1/20/2006
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 1/20/2006

GUIDELINES FOR ADMINISTRATIVE DATA ENTRY

1. ADDRESSES

a. **United States (U.S.) Addresses.** U.S. addresses should follow the standard U.S. Postal Service (USPS) format as closely as possible. USPS Publication 28 outlines those standards. The Veterans Health Administration (VHA) has a standard list of values for States and Counties. The standard list may be located at: <http://vaww.vhaco.va.gov/dataquality/ADQMisc.htm> ,
NOTE: These values may not be altered.

b. **Temporary Address.** Temporary Address fields should be utilized when a patient will be away from their permanent address for an extended period of time. In the case where a patient spends several months at another location (i.e., seasonal travel to a different residence), the permanent residence address is to remain as the Permanent Address and the seasonal residence address will be entered into the Temporary Address fields with the appropriate active dates.

c. **Confidential Address.** Confidential Address is to be utilized at the request of the patient to mail select correspondence related to Eligibility and Enrollment, Appointments and Scheduling, Co-payments and Billing, Health Records, and All Other to a specified address. Staff will not solicit a confidential address. The categories are defined as:

(1) **Eligibility and/or Enrollment.** VA Forms and correspondence relating to Enrollment and Eligibility applications and determinations.

(2) **Appointment and/or Scheduling.** All correspondence relating to Scheduled Appointments, Follow-ups, Cancellations, etc.

(3) **Co-payments and/or Billing.** All correspondence relating to Patient Bills, co-payments, appeals, denials, waivers, etc.

(4) **Medical Records.** All correspondence relating to Health Records, including Pharmacy medication records.

(5) **All Other.** All other patient correspondence including form letters, surveys, invitations, etc.

d. **Bad Address Indicator.** The BAD ADDRESS INDICATOR is a method to designate the permanent address as invalid or incorrect. There are four categories for the BAD ADDRESS INDICATOR. They will be used in the following manner:

(1) **No Entry.** “NO ENTRY” indicates that the patient’s address is assumed to be good.

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(2) **Undeliverable.** “UNDELIVERABLE” indicates that a piece of mail was sent and returned with no forwarding address. It would also be entered if it was known that mail cannot be delivered to that address.

(3) **Homeless.** “HOMELESS” indicates that a patient has no known address.

(4) **Other.** “OTHER” indicates that an address is not Undeliverable or Homeless, but that it is not be shared with other sites or used for mailing.

e. **Foreign Addresses.** With foreign addresses, the delivery addresses must be placed in all uppercase letters and should have no more than five lines. The last line of the address block area must include only the complete country name (no abbreviations). The limitation in the Veterans Health Information System and Technology Architecture (VistA) software at this time precludes a user to accurately input a foreign address. An address will require editing based on the need.

(1) If the intent is to eliminate the inconsistency and transmit workload, the address needs to be completed as follows:

STREET ADDRESS [LINE 1]: GENERAL DELIVERY
STREET ADDRESS [LINE 2]: SAN IGNICO
STREET ADDRESS [LINE 3]: BELISE
ZIP+4: 75999 **NOTE:** *In order to enter this zip code into VistA, a user must hold the EAS GMT COUNTY EDIT security key.*
STATE: // FOREIGN COUNTRY

[NEW ADDRESS] GENERAL DELIVERY
 SAN IGNICO
 BELISE
 CENTRAL AMERICA, FOREIGN COUNTRY 75999

(2) If the intent is to provide the veteran with mail, the address may be set up as outlined as follows: **NOTE:** *By placing the address in this format, it allows the piece of mail to be accurately delivered. If a fourth line is required, then the CITY field may be used for the COUNTRY. However, addressing in this manner does not allow it to pass the consistency checks applied to the intake data and the outpatient workload data. The following shows the order of information for the destination address:*

LINE 1: STREET ADDRESS OR POST OFFICE BOX NUMBER
LINE 2: CITY OR TOWN NAME, OTHER PRINCIPAL SUBDIVISION (i.e., PROVINCE STATE, COUNTY, ETC.) AND POSTAL CODE (IF KNOWN) **NOTE:** *In some countries, the postal code may precede the city or town name.*
LINE 3: COUNTRY NAME (UPPERCASE LETTERS IN ENGLISH)

For example:

STREET ADDRESS [LINE 1]: 1ST AND 10TH FLOORS BRUNEL HOUSE
STREET ADDRESS [LINE 2]: 2 FITZALAN ROAD
STREET ADDRESS [LINE 3]: CARDIFF CF24 0UY

ZIP+4:
CITY: UNITED KINGDOM

[NEW ADDRESS] 1ST AND 10TH FLOORS BRUNEL HOUSE
 2 FITZALAN ROAD
 CARDIFF CF24 0UY
 UNITED KINGDOM,

(3) Army Or Air Force Post Office (APO) And/Or Fleet Post Office (FPO) Addressing

(a) According to the USPS, the proper way to address a letter to an APO or a FPO is in the following formats:

1. SSGT Patient Mail
Unit 2050 Box 4190
APO AP 96278-2050
2. SGT Patient Mail
PSC 802 Box 74
APO AE 09499-0074
3. Seaman Patient Mail
USCGC Hamilton
FPO AP 96667-3931

(b) To enter this information into VistA, complete it in the following manner:

1. STREET ADDRESS [LINE 1]: PSC 802 Box 74
STREET ADDRESS [LINE 2]:
ZIP+4: 09499
2. Select one of the following:
FPO
APO

NOTE: *If the zip code entered does not pull up the appropriate FPO or APO, a Remedy ticket is to be logged to correct the file.*

CITY: // 1 FPO (APO)
STATE: ARMED FORCES AF, EU, ME, CA

2. PHONE NUMBERS

a. Phone numbers will be entered using the format of (NNN)NNN-NNNN. If the number includes an extension, it should be entered by following the last number by a small "x" then the

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extension with no spaces i.e., (NNN)NNN-NNNNxNNNN). If no work or home phone exists, fields will be left blank.

b. Access for country codes for foreign phone numbers may be located at <http://www.countrycallingcodes.com/index.html>.

3. MARITAL STATUS

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

4. RELIGION

If a patient states "Christian" as the religious preference, further clarification is required to appropriately select the correct value. Christian Scientist is not to be used unless the patient specifically states "Christian Scientist."

5. RACE and ETHNICITY

These fields are self-reported by the patient. If the patient chooses not to disclose this information, then DECLINED TO ANSWER is to be selected. If the patient was not asked, then the field is to remain blank.

6. NEXT-OF-KIN

A next-of-kin is a person of legal age and a relationship of spouse, children, parents, siblings, uncles, and aunts. In-laws are not included. If the patient has no legal next-of-kin, the fields are to remain blank.

7. EMERGENCY CONTACT

The emergency contact is a person that would be contacted in the event of a health care crisis or problem that warranted communication with a person the patient chooses. Complete and accurate information is required. The data collected needs to adhere to the preceding guidance in paragraphs 1 and 2 related to address and phone number.

8. DESIGNEE

A designee is a person whom the patient identifies to receive personal funds deposited at the facility and/or personal effects. Often this will be the same as the next-of-kin. Complete and accurate information is required. The data collected needs to adhere to the preceding guidance in paragraphs 1 and 2 related to address and phone number.

9. MILITARY SERVICE NUMBER

This is a number used by the branches of service within the Department of Defense for identification purposes. It is part of a patient's military service data. It may contain a unique Military Service Number or it may be the patient's Social Security Number (SSN). If the SSN is the appropriate value, VistA supports an entry convention allowing the user to type in capitals 'SSN' or 'SS' and the system automatically populates the field with the beneficiary's SSN. It will not auto-populate if the beneficiary has a pseudo SSN.

10. CLAIM NUMBER

The claim number is a 7-8 character unique number utilized by the Veterans Benefits Administration (VBA) prior to its conversion to use of the SSN. The data field will accept either this 7-8 character unique number or the SSN. A claim number is established only if the beneficiary has filed a benefit claim with VBA. If a claim number has not been established leave this field blank. The SSN data entry convention of typing in capitals 'SSN' or 'SS' is also supported for this field. A pseudo SSN is not appropriate for this field.

11. ALL OTHER DATA FIELDS

Every attempt is to be made to obtain complete and accurate information. If the data value is not known, the field is to be left blank until information can be obtained. Values such as "unknown," "deceased," "none," and other inappropriate responses are not be used. If a selection list of values is presented, any one of those values may be selected.

12. IDENTITY MANAGEMENT FIELDS

Detailed data entry guidelines related to the input and editing of data elements used to determine the unique identity of the patient are considered part of the identity management process. In addition, the following fields addressed in this directive are also used for identity management purposes: RACE, ETHNICITY, RELIGION, CLAIM NUMBER, MILITARY SERVICE NUMBER, and MARITAL STATUS. As such, it is imperative that complete and accurate information is entered and maintained in these fields, to help ensure the correct identification of patients so that patient safety issues are avoided.