MASTER PATIENT INDEX/PATIENT DEMOGRAPHICS (MPI/PD) VISTA

USER MANUAL

Version 1.0

April 1999

Revised July 2012

Revision History

Document History

The following table displays the revision history for this document. Revisions to the documentation are based on a continuous dialogue with the Common Services (CS) Technical Writers and evolving industry standards and styles.

Date	Description	Author
7/2012	Documentation updates _not_ related to a patch release: • Replaced VistA Logo w/VA Seal on title page. • Updated appendix titled: "Data Stored on the MPI in Austin" to reflect current MPI VETERAN/CLIENT file (#985). • Updated appendix and table titled: "Primary View Identity Traits" to reflect Primary View of the MPI. • Updated Glossary based on HC IdM feedback.	Susan Strack, Technical Writer, Oakland OIFO; Chris Chesney, Team Lead, Birmingham OIFO; Gregory St. Julien, Project Manager
1/2012	Documentation updates: • As of Patch RG*1*59, the following two fields were added to the VistA PATIENT file (#2) in support of the Defense Eligibility Enrollment Reporting System (DEERS). These fields are used by the Master Veteran Index to support the linking of patient records across VA and DoD. – TEMPORARY ID NUMBER (#991.08) – FOREIGN ID NUMBER (#991.09) **NOTE:** Both new fields are turned on for auditing in the PATIENT file (#2) for MPI/PD VistA. • The TEMPORARY ID NUMBER (#991.08) and FOREIGN ID NUMBER (#991.09) fields have been added to the VistA Patient MPI/PD Data Inquiry [RG EXCEPTION TF INQUIRY] option. The fields are displayed if they are populated for the selected patient record. The fields are also shown on the Display Remote Patient Data Query [RG REMOTE PDAT DISPLAY] option if populated. • The obsolete CMOR and CMOR History sections of the Patient MPI/PD Data Inquiry [RG EXCEPTION TF INQUIRY] option have been removed. These fields were also removed from the Display Remote Patient Data Query [RG REMOTE PDAT DISPLAY] option.	Susan Strack, Oakland OIFO; Donnie Canham; Gregory St. Julien, Project Manager
08/02/11	Two updates _not_ generated from a patch release: • The appendix titled: _"MPI/PD Business Rules"_ has been updated to remove the CMOR references and renamed to	Susan Strack, Oakland OIFO; Christine Chesney, Birmingham OIFO;

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Date	Description	Author
	"MPI Glossary of Working Concepts." • Reviewed documentation to update for current organizational references and standards.	Gregory St. Julien (SPAWAR), Project Manager
12/17/10	Updates via Patch DG*5.3*825: Added the following text to the PIMS screen captures listed below "User will be prompted for the Alias SSN if the Alias Name is added; however, the Alias SSN is optional.": • Figure 7-1: No match found, patient is added to MPI • Figure 7-2: Exact Match found on MPI. PATIENT file (#2) updated • Figure 7-3: Load/Edit Patient Data–Add patient to PATIENT file (#2) and MPI for first time • Figure 7-4: Load/Edit Patient Data—Select patient for processing already having ICN and CMOR • Figure 7-5: Register a Patient- Add new patient, and connect to MPI for first time • Figure 7-8: Computer dialogue displayed if MPI direct connection becomes unavailable	Susan Strack, Oakland OIFO; Christine Chesney, Birmingham OIFO; Gregory St. Julien (SPAWAR), Project Manager
07/2010	Updates via Patch RG*1*57: MPI_CR1893(MPI_CodeCR1982) as they apply to this documentation: • Upon logon to the system, members of the RG CIRN DEMOGRAPHIC ISSUES Mail Group now only see the one notification alerting users if there are Primary View Reject exceptions that need to be reviewed (Potential Matches Returned are obsolete). • The "PMR Potential Match Rev" action has been removed from the MPI/PD Exception Handling [RG EXCEPTION HANDLING] option. • All exceptions of type "Potential Matches Returned (218)" with the status NOT PROCESSED have been marked PROCESSED in the MPI/PD Exception Handling [RG EXCEPTION HANDLING] option. • On the Management Reports menu, the Unresolved Exception Summary option now only shows totals for Primary View Reject exceptions. NOTE: The Potential Matches Returned exception in the VistA Exception Handler was made obsolete via VistA Patch MPIF*1*52 in that the logging of Potential Matches Returned exceptions was removed from the VistA HL7 message processor routines.	Susan Strack, Oakland OIFO; Paulette Davis, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
11/2009	Final updates to documentation implementing feedback from Product Support (PS) for national release.	Susan Strack, Oakland OIFO;

Date	Description	Author
		Danila Manapsal, Oakland OIFO, Project Manager
8/2009	Updates via Patch RG*1*54: • MPI_CR1680(MPI_CodeCR1736) The Display Only Query needs to be able to handle upper and lower case data entry. Updated the Display Only Query screen capture and descriptive text to reflect this.	Susan Strack, Oakland OIFO; Chris Chesney, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
7/2009	MPI_CodeCR1713: Identity Management Data Quality (IMDQ) name change to Healthcare Identity Management (HC IdM).	Susan Strack, Oakland OIFO; Danila Manapsal, Oakland OIFO, Project Manager
7/2009	Updates via Patch DG*5.3*712: • Healthcare Identity Management (HC IdM) requested that BAD ADDRESS INDICATOR field (#.121) be added to the fields monitored and stored on the MPI for use by the matching logic. This VistA field has been added to the existing VistA field trigger mechanism. • MPI_CR1502 (MPI_CodeCR1520) The Patient MPI/PD Data Inquiry option has been updated to display a Bad Address Indicator data, if available. This update is being released with Patch DG*5.3*712. The data is derived from the BAD ADDRESS INDICATOR field (#.121) in the PATIENT file (#2). • A new style cross-reference has been added to the following three fields in the VistA PATIENT file (#2) so that when the field is edited, that information is included in the ADT/HL7 PIVOT file (#391.71) in order to update the Master Patient Index: – BAD ADDRESS INDICATOR (#.121) – EMAIL ADDRESS (#.133) – PHONE NUMBER [CELLULAR] (#.134) • Obsolete MPI Options Removed from the OPTION file (#19): – Patient Data Review [VAFC EXCEPTION HANDLER] – Purge Patient Data Reviews [VAFC PDR PURGE] • Healthcare Identity Management (HC IdM) requested that AUDITING be turned on for the ALIAS (#2.01) multiple, and the ALIAS (#.01) and ALIAS SSN (#1) fields in the PATIENT file (#2). • Identity Management Data Quality (IMDQ) name change to Healthcare Identity Management (HC IdM).	Susan Strack, Oakland OIFO; Chris Chesney, Birmingham OIFO; Tami Winn; Oakland OIFO; Danila Manapsal, Oakland OIFO, Project Manager

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Date	Description	Author
1/2009	MPI_CR1073(MPI_CodeCR1429): 3.2.2 - Master Patient Index/Patient Demographics (MPI/PD) VistA Enhancements released with Patch MPIF*1*52: • Prevent logging of local exceptions for potential matches. • Auto-resolve existing VistA Potential Match exceptions. • Remove from the MPI/PD Exception Handler the action for resolving a Potential Match Exception and all associated screens and actions. This functionality will be supported by the IMDQ Toolkit.	Susan Strack, Oakland OIFO; Danny Reed, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
1/2009	50BMPI_CR1024 (MPI_CodeCR1381): Enhancement Display Only Query Display−IMDQ reported that place of birth state is showing up with the gender on the display only query when there isn't a place of birth city released with Patch MPIF*1*52. Updated the following screen captures in the Display Only Query option (Edits in Red in the manual): • Figure 5-40: Display Only Query when Patient exists in Patient File • Figure 5-41: Display Only Query when patient does not exist in PATIENT file (#2) • Figure 5-42: Display Only Query with an Open Data Management Case	Susan Strack, Oakland OIFO; Chintan Naik, Dallas OIFO; Danila Manapsal, Oakland OIFO, Project Manager
6/2008	Patch RG*1*52 makes the following changes in the MPI/PD software: • MPI/PD Patient Admin User Menu Removed The MPI/PD Patient Admin User Menu [RG ADMIN USER MENU] was distributed with patch RG*1.0*49 (released 4/10/08) as obsolete with an Out of Order message. This option is being distributed in this build as DELETE AT SITE in order to remove it from the menu structure. There are other MPI/PD options in the MPIF* and VAFC* namespaces that are also obsolete that will be removed in future MPIF* and DG* patches. • The following Date of Death exceptions in the MPI/PD Exception Handler have been made obsolete: - **Exception Type:** Death Entry on MPI not in VISTA. **Description:** MPI had Date of Death field populated. Vista did not have Date of Death. **Exception number:** 215. - **Exception Type:** Death Entry on Vista not in MPI. **Description:** VISTA had Date of Death field populated. MPI did not have Date of Death. **Exception number**: 216. - **Exception Type:** Death Entries on MPI and Vista DO NOT Match. **Description:** MPI and VistA had different dates of death for this	Susan Strack, Oakland OIFO; Paulette Davis, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager

Date	Description	Author
	patient. **Exception number:** 217. • REMOTE DATE OF DEATH INDICATED Bulletin Made Obsolete: - The Remote Date of Death Indicated notification message generated from the MPI has been made obsolete. This bulletin indicated that the patient had a date of death entered from the sending site but not at the receiving site. • Obsolete Data Removed from the Unresolved Exception Summary report: Data referencing the Patient Data Review and CMOR Requests Status has been removed from the Unresolved Exception Summary report. Those issues were made obsolete in earlier patches.	
4/2008	As of Patch RG*1*49 and DG*5.3*766, the Patient Data Review option has been disabled by placing the MPI/PD Patient Admin User Menu Out of order.	Susan Strack, Oakland OIFO; Paulette Davis, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
3/2008	As of Patch DG*5.3*756, the ALIAS [#1] multiple in the PATIENT (#2) file will be updated in VistA resulting from the edits made to that information on the MPI by the IMDQ team. The VistA data will be synchronized to match the MPI values. Additionally, when a facility revises their local ALIAS data, the information will be transmitted to the MPI, which in turn will update all treating facilities where the patient is known. NOTE: Patch DG*5.3*756 was released on September 6, 2007.	Susan Strack, Oakland OIFO; Chris Chesney, Birmingham OIFO
1/2008	A Remote Procedure Call (RPC) sends a request for data to the Master Patient Index (MPI) from VistA for the Primary View Display from MPI [RG PRIMARY VIEW FROM MPI] option, the View PV Rej Detail (PVR) action, and the MPI Primary View (PR) action on the MPI/PD Exception Handling [RG EXCEPTION HANDLING] option. This RPC has been updated in Patch RG*1*53 to allow the query to be resent when delays are encountered.	Susan Strack, Oakland OIFO; Paulette Davis, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
12/2007	These are the Release Notes for Patch RG*1*50, which reflects Identity Management Data Quality's (IMDQ) request that the MPI/PD Exception Purge option, [RG EXCEPTION PURGE], be changed to process Primary View Reject exceptions similar to other MPI/PD exception types. Now, the purge job RG EXCEPTION PURGE eliminates duplicate exceptions for the same patient/exception type for *all* MPI/PD exception types, keeping only the most recent occurrence.	Susan Strack, Oakland OIFO; Paulette Davis, Birmingham OIFO; Danila Manapsal, Oakland OIFO, Project Manager
8/2007	Documentation updates for the Patches RG*1*48 and MPIF*1*48, including functionality from Patch DG*5.3*756, which is part of the	Susan Strack, Oakland OIFO; Danny Reed,

Date	Description	Author
	Master Patient Index (MPI) Changes Project, Iteration 4. • VA facilities now have the ability to remotely view Primary View patient identity fields on the Master Patient Index (MPI). This information is available on the MPI in the MPI Patient Data Inquiry [MPI DATA MGT PDAT MPI] option. The report generated by this option displays the current activity scores for individual patient identity fields (i.e., Primary View of the MPI). • In the Primary View of the MPI, the ALIAS multiple (#50) is stored in the MPI VETERAN/CLIENT file (#985). In VistA, the ALIAS multiple (#1) is stored in the PATIENT file (#2). All edits made by Identity Management Data Quality (IMDQ) staff to any of the fields in the ALIAS multiple on the MPI via the Edit PV Alias Values [MPI DATA MGT EDIT PV ALIAS] option, including any pre-existing alias data in that same patient entry that was not edited, is sent to the Primary View of the MPI and now synchronized out to all systems of interest (e.g., VistA treating facilities) for that patient. Site updates to the ALIAS multiple (#1) in the VistA PATIENT file (#2) will be updated in VistA and synchronized to match the MPI values. Additionally, when a VA facility updates their local ALIAS data, the information is sent to the Primary View of the MPI and synchronized back out to all other treating facilities (systems of interest) in which that patient has been seen for care. • The CIRN HL7 EXCEPTION LOG file (#991.1) has been modified to record VA facility personnel who use the MPI/PD Exception Handling option to resolved exceptions and the date/time the resolution occurred. Patch RG*1*48 adds the following new fields to File #991.1: - DATE/TIME PROCESSED field (#7) - WHO MARKED PROCESSED field (#8) This data is now being captured and Identity Management Data Quality (IMDQ) staff will have the capability to view this information. • A change has been made in the MPI/PD EXCEPTION HANDLING [RG EXCEPTION HANDLING] option. Upon selecting the MPI/PD Exception Handling option, instead of being prompted to run the exception purge, you are now notified when the last purge took place. The purge process runs automatically if it has not run within the past two hours; however, the MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] option should be scheduled to run once an hour via TaskMan. It can take a few minutes to run, but once the job is finished, you can go back to the Message Exception Menu and choose MPI/PD Exception Handling to view the results of the purge process. • A stand-alone option named View VistA Exceptions for Patient [MPI DATA MGT VISTA EXCEPTION] has been implemented on the MPI in Austin for the Identity Management Data Quality (IMDQ) team allowing them to query a VistA site for a selected patient and view all the existing VistA exceptions for a given date	Paulette Davis, Chris Chesney, Chris Link, and Dan Ihlenfeld, all from Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager

Date	Description	Author
	range. The VistA side support for this new MPI option came in as part of Patch RG*1*48.	
4/2007	As of Patch DG*5.3*707, the following enhancements were made to the Patient MPI/PD Data Inquiry [RG EXCEPTION TF INQUIRY] option: • Display SSN Verification and Pseudo SSN Reason. • Remove the call to calculate CMOR score and remove the display of CMOR Score and Subscription Control Number. • Modify format of display.	Susan Strack, Oakland OIFO; Chris Link, Birmingham OIFO; Paulette Davis, Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager
3/2007	As of Patches MPIF*1*46 and RG*1*44, this documentation has been updated to reflect the following: Patch MPIF*1*46: • Processing to account for the HL7 PID segment message being greater than 245 characters. • Resume correct prompting for identity fields in the first part of PIMS Registration options for new patients. • Updated screening to prevent Primary View Reject exceptions from entering the Potential Matches Returned logic. • Changed exception text for the new Primary View Reject exception. Patch RG*1*44: • Functionality incorporated into the MPI/PD Exception Handling RG EXCEPTION HANDLING option to automatically process the "Primary View Reject" exceptions. Name change for exception action that processes reject exceptions "PVR View PV Rej Detail." • MPI/PD Exception Purge process updated. For every date that an exception occurs for a patient, the exception occurs in the Exception Handler for review. However, if more than one active Primary View Reject exception occurs during the same day for the same patient, the purge will remove the duplicate occurrences, leaving only the most recent. • Alias Social Security Numbers included in the HL7 ADT-A31 update message. • Processing to ensure that pending updates to the Primary View waiting in the ADT/HL7 PIVOT file (#391.71) are not lost in IMDQ override process.	Susan Strack, Oakland OIFO; Danny Reed, Birmingham OIFO; Paulette Davis, Birmingham OIFO; Chris Chesney, Birmingham OIFO; Dan Ihlenfeld, Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager
1/2007	As of Patches MPIF*1*44 and RG*1*45, this documentation has been updated to reflect the following: • The concept of a "CMOR facility" is being phased out and will be replaced by the Primary View when Patch MPI*1*40 is installed on	Susan Strack, Oakland OIFO; Danny Reed, Paulette Davis, Chris Chesney, and

Date	Description	Author
	the Austin MPI. VistA Patch MPIF*1*44 sets all VistA options related to "CMOR" out of order, rendering them obsolete. The OUT OF ORDER MESSAGE field for these options is marked as "Obsolete with Patch MPIF*1*44." • As of Patch MPIF*1*44, the Site Parameters Edit for CMOR [MPIF SITE PARAMETER] option, located on the MPI/PD Patient Admin Coordinator Menu, is obsolete and has been placed out of order. • As of Patch MPIF*1*44, the AUTO CHANGE CMOR NIGHT JOB [MPIF CMOR REQUEST AUTO JOB] option is obsolete. Sites that have this option scheduled to run via TaskMan, should unschedule it. • SSN VERIFICATION STATUS field (#.0907) is now synchronized out to Sites when updated by Enrollment System Redesign (ESR) as of Patch RG*1*45.	Dan Ihlenfeld, Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager
4/2006	Updated documentation based on VistA Patch DG*5.3*707. Changed the Patient MPI/PD Data Inquiry option display: • Added SSN Verification and Pseudo SSN Reason • Remove call to calculate CMOR score and remove display of CMOR Score and SCN	Susan Strack, Oakland OIFO; Christine Link, Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager
4/2006	Updates to documentation based on Patches MPIF*1*43 and RG*1*43, which comprise the changes to the MPI/PD software resulting from the Health Eligibility Center (HEC) Enumeration to the Master Patient Index (MPI).	Susan Strack, Oakland OIFO; Christine Chesney and Paulette Davis, Birmingham OIFO; Dan Soraoka, Oakland OIFO, Project Manager
4/2005	Updated documentation based on Patch MPIF*1*37 as follows: • Included new "Appendix I: Change To Identity Management Fields, Patch MPIF*1*37" • Updated all affected screen captures from Patch MPIF*1*37. Corrected test data for patient name. Corrected screen captures for misplaced prompts: • PATIENT SERVICE CONNECTED?: • PATIENT MULTIPLE BIRTH INDICATOR:	Susan Strack, Oakland OIFO, Paulette Davis, Birmingham OIFO
12/2004	Implemented new conventions for displaying TEST data. See Orientation section for details.	Susan Strack, Oakland OIFO
5/2004	MPI/PD VistA Version 1.0 User Manual released in conjunction with patches MPIF*1*33, RG*1*35 and DG*5.3*589 to support the MPI Changes Iteration 2 project.	Susan Strack, Oakland OIFO; Christine Chesney,

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Date	Description	Author
		Christine Link, and Paulette Davis, Birmingham OIFO
12/2003	Updates to documentation based on Patches RG*1*29 and DG*5.3*479.	Susan Strack, Oakland OIFO; Lauren Hardeen, Bay Pines OIFO
6/2003	MPI/PD VistA Version 1.0 User Manual released in conjunction with patches DG*5.3*505, and MPIF*1*28 of the MPI Changes Iteration I project.	Lauren Hardeen, Bay Pines OIFO; Susan Strack, Oakland OIFO
4/1999	Initial MPI/PD and MPI VistA User Manuals were created for release with the MPI/PD V.1.0 software in April 1999.	Dianne Barker, Silver Spring OIFO; Susan Strack, Oakland OIFO

Table 1-1: Documentation Revision History

Patch History

For the current patch history related to this software, please refer to the Patch Module (i.e., Patch User Menu [A1AE USER]) on FORUM.

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Orientation

How to Use this Manual

This manual uses several methods to highlight different aspects of the material. The following symbols are used in the manual to alert the reader about special information:

- Various symbols are used throughout the documentation to alert the reader to special information. The following table gives a description of each of these symbols:

Symbol	Description
	NOTE: Used to inform the reader of general information including references to additional reading material
	CAUTION: Used to caution the reader to take special notice of critical information

Table 1-2: Documentation Symbol Descriptions

- Descriptive text is presented in a proportional font (as represented by this font).

- "Snapshots" of computer online displays (i.e., character-based screen captures/dialogs) and computer source code are shown in a *non*-proportional font and enclosed within a box. Also included are Graphical User Interface (GUI) Microsoft Windows images (i.e., dialogs or forms).

  - User's responses to online prompts will be boldface type.

  - The "**<Enter>**" found within these snapshots indicate that the user should press the Enter or Return key on their keyboard.

  - Author's comments are displayed in italics or as "callout" boxes.

     NOTE: Callout boxes refer to labels or descriptions usually enclosed within a box, which point to specific areas of a displayed image.

- All uppercase is reserved for the representation of M code, variable names, or the formal name of options, field and file names, and security keys (e.g., the XUPROGMODE key).

- Conventions for displaying TEST data in this document are as follows:

  - The first three digits (prefix) of any Social Security Numbers (SSN) will begin with either "000" or "666".

  - Patient and user names will be formatted as follows:

    [Application Name]PATIENT,[fictitious given name] and [Application Name]USER,[fictitious given name] respectively

    The "Fictitious given name" represents a fabricated given name for the patient or user. This is done to more clearly represent patient and user names used in descriptive text in

this documentation. For example, for the Master Patient Index (MPI) test patient and user names would be documented as follows: MPIPATIENT,NANCY; MPIPATIENT,SAM; MPIPATIENT,DEBRA; etc. and MPIUSER,RICH; MPIUSER,JOHN; etc.

Who Should Read this Manual?

This manual has been written with many job functions in mind. Personnel responsible for registering patients, data integrity, Patient Information Management System (PIMS) Automated Data Processing Application Coordinators (ADPACs), and IRM personnel involved with using all aspects of the Master Patient Index (MPI) should read this manual. If you need more information, it is suggested that you look at the various Office of Enterprise Development - VistA & Health*e*Vet Development Web pages for a general orientation to VistA at this address:

http://vaww.vista.med.va.gov

Reference Materials

In order to competently operate this package you must be familiar with the operations of the VistA computer system, in general. This information can be obtained at the Office of Enterprise Development - VistA & Health*e*Vet Development Web site:

http://vaww.vista.med.va.gov

Readers who wish to learn more about the Master Patient Index/Patient Demographic (MPI/PD) software should consult the following Web sites:

- VA Software Document Library at the following address:

    http://www.va.gov/vdl/application.asp?appid=16

    The MPI/PD VistA product documentation, as found at the link above, includes the following manuals:

    - *Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual*

    - *Master Patient Index/Patient Demographics (MPI/PD) VistA HL7 Interface Specifications*

    - *Master Patient Index/Patient Demographics (MPI/PD) VistA Technical Manual*

    - *Master Patient Index/Patient Demographics (MPI/PD) VistA Exception Handling*

    - *Master Patient Index/Patient Demographics (MPI/PD) VistA Programmer Manual*

    - *Master Patient Index (MPI) VistA Monograph*

    Also see the following VistA Duplicate Record Merge product documentation, found at the following link http://www.va.gov/vdl/application.asp?appid=2, includes the following manuals:

    - *Duplicate Record Merge: Patient Merge Release Notes for Kernel Toolkit Patch XT*7.3*113.*

    - *Duplicate Record Merge: Patient Merge User Manual, Version 7.3, Patch XT*7.3*113*

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- *Duplicate Record Merge: Patient Merge Technical Manual, Version 7.3, Patch XT*7.3*113*

- Master Patient Index (MPI) Web site:

    http://vista.med.va.gov/mpi/index.asp

- Healthcare Identity Management (HC IdM) team at:

    http://vista.med.va.gov/mpi_dqmt/

- Security & Other Common Services at:

    http://vista.med.va.gov/iss/

- VistA documentation is made available online in both Microsoft Word format and Adobe Acrobat Portable Document Format (PDF). It can be downloaded from the VHA Software Document Library Web site at:

    http://www.va.gov/vdl/

Installation Information and Procedures

The Master Patient Index VistA and Patient Demographics (PD) were distributed and installed together. All installation information and procedures involved with the MPI VistA is included in the *CIRN Patient Demographics (CIRN-PD) Pre-Installation and Implementation Guide v.5* document:

NOTE: One of the major pre-implementation tasks is the merging of duplicate patient records at a site. The *"Duplicate Record Merge: Patient Merge (Patch XT*7.3*23) User Manual"* is required for this task. Patches XT*7.3*49, RG*1*6, and RG*1*10 allow sites with MPI/PD to resolve duplicate records. If you do not have these patches installed, it is recommended that the option to merge patient records be placed out of order.

Interaction Between MPI/PD and Other Packages

Because of the close interaction between MPI/PD and other packages, you may also find it helpful to review the documentation for the following VistA software:

- VistA *HL7 V. 1.6*

- *PIMS V. 5.3 Admission, Discharge and Transfer (ADT)*

VistA documentation is made available online in Microsoft Word format and in Adobe Acrobat Portable Document Format (PDF). Adobe Acrobat Portable documents *must* be read using the Adobe Acrobat Reader (i.e., ACROREAD.EXE), which is freely distributed by Adobe Systems Incorporated at the following web address:

    http://www.adobe.com/

How to Obtain Technical Information Online

Exported VistA M-based file, routine, and global documentation can be generated using Kernel, MailMan, and VA FileMan utilities.

NOTE: Methods of obtaining specific technical information online will be indicated where applicable under the appropriate topic.

Help at Prompts

VistA M-based software provides online help and commonly used system default prompts. Users are encouraged to enter question marks at any response prompt. At the end of the help display, you are immediately returned to the point from which you started. This is an easy way to learn about any aspect of VistA software.

Obtaining Data Dictionary Listings

Technical information about VistA M-based files and their associated fields is stored in data dictionaries. You can use the List File Attributes option on the Data Dictionary Utilities submenu in VA FileMan to print formatted data dictionaries.

NOTE: For details about obtaining data dictionaries and about the formats available, please refer to the "List File Attributes" chapter in the "File Management" section of the *VA FileMan Advanced User Manual*.

DISCLAIMER: The appearance of external hyperlink references in this manual does not constitute endorsement by the Department of Veterans Affairs (VA) of this Web site or the information, products, or services contained therein. The VA does not exercise any editorial control over the information you may find at these locations. Such links are provided and are consistent with the stated purpose of the VA.

Chapter 1: Introduction

Overview of Master Patient Index/Patient Demographics

Master Patient Index/Patient Demographics (MPI/PD) was developed to initialize active patients to the Master Patient Index (MPI) and to establish the framework for the sharing of patient information between sites. During the process of initialization to the Master Patient Index, each active patient received:

- An Integration Control Number (ICN)

- A Coordinating Master of Record (CMOR)

- A Treating Facility List of sites where the patient is also known by this ICN

Each site becomes part of the network of sites that share key demographic data for patients via HL7 messaging. Master Patient Index VistA (MPI) and Patient Demographics (PD) were distributed and installed together. This manual covers the functionality of both packages.

The objectives of the MPI/PD VistA are to:

- Create an index that uniquely identifies each active patient treated by the Veterans Administration.

- Identify the sites where a patient is receiving care.

This is crucial to the sharing of patient information across sites.

Master Patient Index Patch MPI*1*40 constituted a change in the business process that updates the patient identity fields across VA facilities. Patch MPI*1*40 phased out the use of the facility Coordinating Master of Record (CMOR) concept, and introduced the Primary View methodology. Primary View is an enterprise view of the most current data for a patient based on authority scoring and the latest data rules.

History

MPI/PD was originally part of the Clinical Information Resource Network (CIRN) project. CIRN was to be a three-phase project consisting of Phase 1: Pre Implementation (site cleanup), Phase 2: Master Patient Index/Patient Demographics (Master Patient Index seeding for VHA-wide patient identification and patient demographics synchronization), and Phase 3: CIRN Clinical Repository. Master Patient Index/Patient Demographics is now a separate, independent package. Due to its beginnings, you will still notice references to CIRN (e.g., shared name and number spaces, file names, package terminology, etc.). The clinical repository is now a separate, independent project called Health Data Repository (HDR).

NOTE: During the 1980s, the policy for creating patients in the PATIENT file (#2) that were also employees was to enter them as EEE followed by their social security number (SSN). That policy was subsequently revoked but did not include any cleanup of the existing EEE patients. During the implementation phase of the Master Patient Index/Patient Demographics (MPI/PD) application, a report was generated to identify these patients. Some of them were changed to

their correct names, but many still had not been resolved. It was possible for these EEE patients to be assigned an ICN, either local or national. Since this data does not assist in the identification or sharing of patient data, it was decided that these patients should not be assigned an ICN of any kind, nor should an exception be logged that they have been touched. Prior to Patch MPIF*1*33, patients who had both an "EEE" as the first three characters of their last name and an ICN (local or National) were inactivated (following the rules for inactivation) from the MPI during the post initialization for Patch MPIF*1*21. These EEE patients were included in the screen of patients *not* to be sent to the MPI.

This screen on EEE patients was reviewed again in the MPI Changes 2 project and removed in Patch MPIF*1*33. Patients with last names beginning with "EEE" will no longer be screened from getting a local or national ICN. In addition, no exception message will be logged in the local VistA exception handler when these patient entries are touched.

Distinguishing MPI (Austin) from MPI/PD (VistA)

MPI (Austin) refers to the actual index located at the Austin Corporate Franchise Datacenter (CFD). MPI/PD (VistA) refers to the software that resides in VistA at sites and sends patient data to the MPI (Austin). These terms [i.e., MPI (Austin) and MPI/PD (VistA)] are used throughout this manual only when it is not obvious which component of the MPI the documentation is referring. Otherwise, the reader should assume the information is referring to MPI/PD (VistA).

MPI Identity Hub for the Healthcare Identity Management (HC IdM) Team

As of the release of MPI/PD Patches MPIF*1*52 and RG*1*54, the MPI Identity Hub for Healthcare Identity Management (HC IdM) was implemented enabling the change from the current MPI patient deterministic lookup to an Identity Hub based probabilistic patient lookup.

Initiate was purchased to be integrated with the MPI and Person Service Identity Management (PSIM) for the purpose of improving the matching of patients and persons across VHA. PSIM will serve as the interface to the commercial Identity Management system and the MPI will interact with PSIM.

The Initiate centralized probabilistic search algorithm will replace the local VistA KERNEL DUPLICATE RECORD MERGE search process for identifying local potential duplicate PATIENT file (#2) records. When the search algorithm identifies potential duplicates, they are automatically added to the VistA DUPLICATE RECORD file (#15).

NOTE: For more information on the VistA DUPLICATE RECORD MERGE release, please refer to Kernel Toolkit Patch XT*7.3*113.

Installation Information

The Master Patient Index VistA and Master Patient Index/Patient Demographics (MPI/PD) were distributed and installed together. All installation information and procedures involved with MPI have been referenced in the following MPI/PD documents:

- *CIRN Patient Demographics (CIRN-PD) Pre Installation and Implementation Guide V. 5*

- *Master Patient Index/Patient Demographics (MPI/PD) Installation and Implementation Guide V. 2.*

In October 2002, the three-phase release of patches for the MPI/PD VistA software enhancement began. Phase I consisting of three patches, contains the protocols and routines to execute a new messaging structure. The overall objective of the new messaging is to reduce the amount of facility-to-facility messaging by using the Master Patient Index (MPI), rather than the CMOR, as the source for update messages.

The second phase of patches updates the necessary routines to call the new trigger events using the updated messaging structure. The trigger events include the following:

- Add new patient to the MPI.

- Link to an existing patient on the MPI.

- Update to non-key fields on an existing MPI entry.

- Update to key fields on an existing MPI entry.

- Update to date last treated.

- Resolution of duplicates at the site where both entries exist on the MPI.

- Resolution of duplicates on the MPI.

- Identification and resolution of a mismatched patient.

- Inactivation of existing entry on the MPI.

This phase also includes a data synchronization process to populate new fields in the MPI FACILITY ASSOCIATION file (#985.5) on the MPI for each facility associated with a national integration control number (ICN). Before this is done though, all facilities must install the patches for the second phase.

The third phase of patches contains additional messaging functionality that cannot be implemented until the synchronization process has completed. This final group of patches will clean up obsolete routines, protocols, and options that are no longer used.

Chapter 2: Product Description• What Comprises the Master Patient Index?

Master Patient Index (Austin)

The Master Patient Index (MPI) is located at the Austin Information Technology Center (AITC). It is composed of a unique list of patients and an associated list of VAMCs (Veterans Affairs Medical Centers) and other systems of interest where each patient has been seen. This enables the sharing of patient data between operationally diverse systems. Each patient record (or index entry) on the MPI contains multiple demographic fields which are updated to the Primary View of the MPI.

> **NOTE:** For a list of the fields stored on the MPI, see the section titled: "Appendix D: Data Stored on the MPI in Austin" in this documentation.

When a patient is first presented into the MPI for an Integration Control Number (ICN) assignment, that patient's identifying information (i.e., name, Social Security Number (SSN), date of birth, gender, mother's maiden name, multiple birth indicator, place of birth city and state) is passed to the MPI. The MPI checks to see if an exact match on Name (first and last), SSN, date of birth, and gender is found. A check is also made to see if the patient's internal entry number (DFN) from the querying site is already known to the MPI. If so, this is also considered an exact match. If an exact match is found, the ICN, and ICN Checksum are returned to the requesting site. The requesting site is added to the list of treating facilities (TF) in which this patient has been seen and the updated list is broadcasted to all systems of interest, including VAMCs.

If an exact match is not found, the MPI returns a message indicating this. The patient entry is then added to the MPI. If a potential match is found, a potential match exception is logged for the HC IdM group to review, the patient is still added to the MPI.

> **NOTE:** The term "systems of interest" refers to VA facilities that have seen patients and entered them as entries onto the MPI. This also refers to non-VistA systems that have a registered interest in a patient (e.g., Federal Health Information Exchange [FHIE], HomeTeleHealth, Person Service Identity Management [PSIM], Health Data Repository [HDR], etc).

HC IdM Team is Data Steward for the Master Patient Index (MPI)

The Healthcare Identity Management (HC IdM) team is the Data Steward for the Master Patient Index (MPI). The HC IdM team is comprised of analysts who have considerable experience working with the MPI and patient data updates. They have the ability to perform the following functions on the Primary View of the MPI:

- View and/or edit the authority values for the Primary View business rules criterion.

- Override Primary View identity traits for selected identity fields in the MPI VETERAN/CLIENT file (#985) and broadcast the new Primary View out to the systems of interest.

- View the Primary View Reject Report from the data in the MPI REJECTED UPDATE file (#985.65).

> **NOTE:** Data on this report is a duplicate of the same information generated in the Reject Exceptions report at the sites.

Master Patient Index/Patient Demographics (VistA)

The Master Patient Index/Patient Demographics (MPI/PD) software resides in VistA enabling sites to:

- Request an ICN assignment

- Resolve a potential duplicate on the MPI.

- Review and process exceptions received from MPI including Primary View Reject exceptions.

- Query the MPI (Austin) for known data.

- Update the MPI when changes occur to demographic fields stored on the MPI or of interest to other facilities/systems of interest.

Requesting an ICN Assignment

During the initialization of the MPI database in Austin, each VA Medical Center sent batch HL7 messages to the MPI (Austin) requesting ICNs for all of its patients whose records reflected activity in the past three fiscal years (i.e., active patient records).

In day-to-day operations, patients are presented to the MPI via:

- PIMS options:
    - Load/Edit Patient Data
    - Register a Patient
    - Electronic 10-10EZ Processing
- Local/Missing ICN Resolution background job

When a new patent record is created via the PIMS options, a real-time connection is established to the MPI requesting an ICN assignment. If communication cannot be established or is lost with the MPI before the ICN assignment process has completed, a local ICN is assigned. Otherwise, a national ICN is assigned to the patient. The ICN can either be newly created or already on the MPI for that patient. The ICN, ICN checksum, and list of facilities, including other systems of interest (e.g., FHIE and HDR), are updated in the site's VistA system.

If an existing patient record is edited via the PIMS options, and if this patient does not have an ICN (national or local), the same process occurs as was illustrated for a newly created patient.

If a patient record is edited or created outside of the PIMS options, they are presented to the MPI for ICN assignment via the Local/Missing ICN Resolution background job.

If an exact match is not found the MPI returns a message indicating this and that the patient is being added to the MPI. If potential matches are found, a new ICN is assigned to the patient, and an exception is logged for the Health Care Identify Management (HC IdM) group to review and provide the appropriate action. If the patients are truly the same person, then the records will be linked together with one ICN becoming the primary ICN that all records will be linked under and the other will be deactivated. The sites that had the deactivated ICN will be updated to the primary ICN.

> **NOTE:** As of MPI/PD Patch MPIF*1*52, all screens and actions associated with the MPI/PD Exception Handler functionality for resolving Potential Match Exceptions have been removed from MPI/PD VistA. This functionality is now supported in the IMDQ Toolkit.

> **NOTE**: MPI/PD updates as of VistA Patches MPIF*1*43 and RG*1*43:
> - The only times local ICNs are assigned to patient records are when:
>   - The connection to the MPI cannot be established, or has been lost before the ICN assignment was completed.
>
>   This happens regardless of which process is used to present the patient to the MPI for ICN assignment (i.e., Register a Patient, Load/Edit Patient Data, Electronic 10-10EZ Processing, and/or the Local/Missing ICN Resolution Background Job).
>   - The site edits an existing patient or adds a new patient using an option that doesn't directly interact with the MPI (e.g., VistA Lab or VA FileMan).
> - All existing exceptions that were active in the CIRN HL7 EXCEPTION LOG file (#991.1) of the types listed below, were marked with a status of PROCESSED:
>   - Required field(s) missing for patient sent to MPI
>   - SSN Match Failed
>   - Name Doesn't Match
>
>   These three exceptions listed are no longer generated.
> - As part of RG*1*43, the View Potential Match Patient [RG EXCEPTION POTENTIAL MATCH] option has been removed from the Message Exception Menu [RG EXCEPTION MENU] as it is obsolete.

The Display Only Query option allows the site to query the MPI to see what the MPI would return if the patient was presented for ICN assignment without actually making the request. The patient can be an existing patient or the user can choose to enter the name, date of birth and SSN (not required) and see what the MPI returns.

> **NOTE:** More information about the "Potential Duplicate PATIENT records found by MPI" message is available via the installation of VistA Kernel Toolkit Patch XT*7.3*113.

Primary View Replaces Obsolete CMOR View

As part of the MPI Changes Project, Iteration 4, the concept of a "CMOR facility" is being phased out and will be replaced by the Primary View when Patch MPI*1*40 is installed on the Austin MPI. VistA Patch MPIF*1*44 sets all VistA options related to "CMOR" out of order, rendering them obsolete. The OUT OF ORDER MESSAGE field for these options is marked as "Obsolete with Patch MPIF*1*44." Obsolete options will be removed from the Coordinating Master of Record (CMOR) Request [MPIF CMOR MGR] menu at a future date.

Systems of Interest to the MPI—Treating Facilities and Non-VistA Systems

The term "systems of interest" refers to VA facilities that have seen patients and entered them as entries onto the MPI. This also refers to non-VistA systems that have a registered interest in a patient (e.g., Federal Health Information Exchange [FHIE], HomeTeleHealth, Person Service Identity Management [PSIM], Health Data Repository [HDR], etc).

A facility's relationship to a patient determines what information it receives and sends. MPI/PD VistA stores this information.

Any facility where a patient is identified by the same ICN (regardless of VISN) is placed on the Treating Facility List. The list may contain other systems of interest that are not VAMCs (e.g., FHIE and HDR).

NOTE: The Treating Facility List is utilized by several other VistA applications, including Inter-facility Consults and Remote Data Views in CPRS.

Chapter 3: Primary View—How are VistA Sites Affected by this Change to the MPI?

What is the Primary View?

Patch MPI*1*40 constituted a change in the business process that updates the patient identity fields across VA facilities referred to as the Primary View of the MPI, overview as follows:

- Primary View is an update to the patient identity fields across VA facilities.

- Primary View creates a centralized view of the patient data, aka a Primary View.

- Primary View has the best data from any combination of sites for the patient.

- Synchronizing the patient identity fields becomes centralized under a new set of business rules on the MPI.

- Primary View is a transition from and *disassociated* with the Coordinating Master of Record (CMOR) view of the MPI.

- Primary View removes the burden placed on sites to process the Patient Data Review (PDR) entries.

- Primary View allows for:

    - VistA sites to continue to edit their own patient data.

    - Patient data is sent to a central system (i.e., the Master Patient Index) to determine validity and quality

This is an enterprise view of the most current data for a patient based on authority scoring and the latest data rules. Edits to patient identity traits (listed below) are evaluated based on the same. The highest score achieves the best quality of data updates to the Primary View.

- Name

- Social Security Number

- Date of Birth

- Gender

- Mother's maiden name

- Multiple birth indicator

- Place of birth, city and state

- SSN Verification Status

- Pseudo SSN Reason

- Alias

How Does the Primary View Work?

Before Patch MPI*1*40, patient data reviews were done at the CMOR sites. All 128 VA facilities had responsibility to manage and maintain their set of patients. With the release of Patch MPI*1*40, patient updates will be controlled by centralized business rules and Primary View scoring on the Master Patient Index (MPI). HC IdM staff will have the ability to override the rejection process of any valid edits.

In the transition to Primary View, when a patient is new to the MPI or an existing patient is initialized under the latest business rule changes, the CMOR process for resolving Patient Data Reviews will no longer exist. Instead, edits will be processed against the centralized data rules and Primary View scoring on the MPI. If the data update is rejected, the editing site will receive a Primary View Reject Exception report. This takes the burden off CMOR sites to review other sites' edits for acceptance or rejection.

Business Rules for Data Validity and Integrity

The Healthcare Identity Management (HC IdM) team has developed two spreadsheets that dictate business rules for the Primary View:

- "Business Processes That Update Person Identity"—Authority score

- "Primary View Data Rules"—Data rules

Patient identity fields in the Primary View of the MPI are evaluated and updated based on scoring and data rules. The Primary View score is evaluated based on criteria captured from patient encounters at VA facilities (e.g., active prescriptions, admission or registration in the last year, lab test, or radiology exam in the last year) that are sending the inbound update (i.e., data entered by users or sent from a system of interest) to the MPI. The score is calculated from data updates coming from the site. Data is weighed on a field-by-field basis against any differences on the MPI to determine if the score for the inbound edits is equal to or greater than the score for the existing Primary View. Next, the inbound edit is evaluated against Primary View data rules.

Edits to key patient identity fields accepted for the update to the Primary View are broadcasted out to all systems of interest that subscribe to updates for that patient that do not already have the updated data. Data that does not meet or exceed the current score and pass the data rules generate reject exceptions, which are sent back to the site that attempted the edit. As of Patch MPI*1*40, sites received a new exception type in their MPI/PD Exception Handling option and a new exception action named View PV Rej Detail (PVR). This new exception shows them when their edit was rejected and why.

> The term "systems of interest" refers to VA facilities that have seen patients and entered them as entries onto the MPI. This also refers to non-VistA systems that have a registered interest in a patient (e.g., Federal Health Information Exchange [FHIE], HomeTeleHealth, Person Service Identity Management [PSIM], Health Data Repository [HDR], etc).

> NOTE: For a list of the patient identity fields that make up the Primary View on the MPI, see the section titled "Appendix G: Primary View Identity Traits" in this documentation.

NOTE: For information on Primary View Reject exceptions, see the following topics:

- "MPI/PD Exception Handling: Primary View Reject Type and View PV Rej Detail (PVR) Action"

- "Primary View Reject Exception Type and View PV Rej Detail (PVR) Exception Action"

NOTE: The MPI VETERAN/CLIENT file (#985) comprises the Primary View, which is all the pertinent identity fields and general demographic fields and is resident on the Austin MPI.

MPI Fields Broadcast to Systems of Interest

The following fields are auto-updated in the VistA PATIENT file (#2) and broadcast by the MPI to systems of interest:

- Name

- SSN

- DOB

- Gender

- Mother's Maiden Name

- Multiple Birth Indicator (Sent and updated to Primary View as of Patch RG*1*45. Added to the list of fields auto-updated [synchronized] in VistA as of Patch RG*1*47.)

- SSN Verification Status (Verified, Invalid Per SSA, and null) (Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of DG*5.3*688 [EVC R2].)

- Pseudo SSN Reason (Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of RG*1*47 and DG*5.3*653 [EVC R1].)

- Alias (As of Patch DG*5.3*756, the ALIAS [#1] multiple in the PATIENT (#2) file will be updated in VistA resulting from the edits made to that information on the MPI by the HC IdM team. The VistA data will be synchronized to match the MPI values. Additionally, when a facility revises their local ALIAS data, the information will be transmitted to the MPI, which in turn will update all treating facilities where the patient is known.)

NOTE: For a description of the recent patient identity fields auto-updated in the VistA PATIENT file (#2) and broadcast by the MPI to systems of interest, see the "Enhanced MPI-to-VistA Synchronization—Additional Patient Identity Fields" topic located in the "Message Exception Menu" section in this documentation.

Patch MPI*1*40 introduces the concept of Primary View, which utilizes central business rules and removes the manual review process (Patient Data Review) from the sites. This will allow for faster updates and the ability to have the best data from multiple locations. The site-to-HC IdM communication will happen when there is a need for an override of a valid edit that received a Primary View Reject

exception to the centralized business rules. The HC IdM team is comprised of analysts who have considerable experience working with the MPI and patient data updates.

Site edits to patient identity fields *must* pass the Primary View data rules as well as meet or exceed the current authority score value for that field *before* updating the Primary View on the MPI. If local data fails because the authority score has not weighed in high enough, the edit is rejected. Sites will receive a new exception message for rejected edits on their MPI/PD Exception Handling option named Primary View Reject. This exception will inform sites why edits failing the initial tests were not accepted for update to the MPI.

NOTE: The term "auto-update" refers to fields that are updated from a central database (i.e., the Master Patient Index).

Enhanced MPI-to-VistA Synchronization—Additional Patient Identity Fields

SSN Verification Status Synchronized to Systems of Interest

The SSN Verification Status will be populated on the MPI and broadcast to treating facilities and systems of interest. The field values VERIFIED and INVALID PER SSA are triggered as a result of an update from the ESR application and subsequent update to the Primary View.

The SSN Verification Status is an existing field on the MPI with the current values listed below. In order to bring these values in line with the Enrollment VistA Changes (EVC) requirements and Standard Data Services (SDS) tables as well as support the later migration of data into the Administrative Data Repository (ADR), a change is needed to the internal and external value on the MPI. The current values are listed below; however, only the values of Null, Verified and Invalid Per SSA are synchronized with the sites.

- Null
- New Record
- In-Process
- Invalid Per SSA
- Resend to SSA
- Verified

SSN and Pseudo SSN Reason Synchronized to Systems of Interest

When a VistA instance or Enrollment System Redesign (ESR) updates the Pseudo SSN Reason, the MPI will update MPI FACILITY ASSOCIATION file (#985.5). If the VistA instance is the Primary View, that value will be updated in File #985 and broadcasted out to all sites.

Multiple Birth Indicator Synchronized to Systems of Interest

As of Patch RG*1*45, the MULTIPLE BIRTH INDICATOR field is sent and stored on the MPI; however, it is not synchronized to all of the "systems of interest" (i.e., Treating Facilities). As of Patch RG*1*47, the MULTIPLE BIRTH INDICATOR is included in the list of patient identity fields that are synchronized from the MPI out to all systems of interest.

If synchronization of the MULTIPLE BIRTH INDICATOR field fails, an exception is logged on the MPI. This functionality is in support of the Patient Safety Office's effort to reduce the number of local duplicate record merges on records that are related to patients with similar trait values to their siblings.

> **NOTE:** The Duplicate Record Merge: Patient Merge software has already been modified to display the MULTIPLE BIRTH INDICATOR field value if present.

The ALIAS Multiple Stored on MPI and Synchronized to VistA

In the Primary View of the MPI, the ALIAS multiple (#50) is stored in the MPI VETERAN/CLIENT file (#985) as an aggregated list from all the treating facilities associated with that ICN. In VistA, the ALIAS multiple (#1) is stored in the PATIENT file (#2). All edits made by Healthcare Identity Management (HC IdM) staff to the ALIAS multiple on the MPI via the Edit PV Alias Values [MPI DATA MGT EDIT PV ALIAS] option are updated in the Primary View on the MPI and synchronized out to all systems of interest (e.g., VistA treating facilities) for that patient. Site edits to the ALIAS multiple (#1) in the VistA PATIENT file (#2) are updated in VistA and sent to the MPI for updates to the Primary View. The updates are then synchronized back out to all other treating facilities (systems of interest) associated with that ICN.

Process Sequence for Inbound Edits: How Does the Primary View Work?

In the process for updating the Primary View of the MPI, the first check is for potential catastrophic edits to patient identity, which is defined as an edit to two or more of the following identity traits:

- Name (First, Last)
- Date Of Birth
- Social Security Number (SSN)
- Gender

If the potential catastrophic edit affects two or more identity traits, an exception is generated that becomes a manual HC IdM catastrophic edit review process. HC IdM processes potential catastrophic edits as follows:

- Accept All

- Reject All

- Partial Accept

If there are no catastrophic edits:

- All fields in Primary View are compared to the inbound data sent for that correlation.

- If there are differences, a series of computations begin to "score" the data to determine if it meets the criteria for acceptance. The Primary View score is based on data captured from a patient encounter with a Veterans Affairs facility (e.g., active prescriptions, admission or registration in the last year, lab test, or radiology exam in the last year).

- The score is then calculated from the data update coming from the site.

- Each field is then evaluated against any fields that are different in the current Primary View to see if the score is equal to or greater than the existing Primary View field's score and that the data update meets the business rules for data validity and integrity.

- Any of the fields, all of the fields, or none of the fields may be updated based upon the scoring and the business rules.

NOTE: The MPI FACILITY ASSOCIATION file (#985.5) contains the sites' last update. This correlation should be a duplicate of the same data in the PATIENT file (#2) at the sites.

MPI/PD Exception Handling: Primary View Reject Type and View PV Rej Detail (PVR) Action

When patient identity fields are edited at VA facilities and sent to the MPI, those edits *must* meet or exceed the existing authority score and pass the Primary View data rules on a field-by-field basis. If an edit fails to pass both of these tests, the edit to that patient identity field is rejected.

The transition from the Coordinating Master of Record (CMOR) "view" to the Primary View introduces the following new exception type and exception action to the MPI/PD Exception Handling option [RG EXCEPTION HANDLING]:

- **Primary View Reject exception type•** Rejected edits to the Primary View on the MPI generate this exception, which is sent back to the site that attempted the edit. These exception types will be listed at the top of their exceptions in their Exception Handler.

- **View PV Rej Detail (PVR) exception action•** Site personnel can use the View PV Rej Detail (PVR) action to view more details about rejected data from the MPI in Austin, allowing them see why their edit(s) was rejected.

NOTE: For more information on the Primary View Reject exception type and exception action on the MPI/PD Exception Handling option, see the "Primary View Reject Exception Type and View PV Rej Detail (PVR) Exception Action" topic located in the "Message Exception Menu" section in this documentation.

HC IdM View/Edit Authority Values for Business Rules Criterion

Healthcare Identity Management (HC IdM) staff can view or edit the current authority values for the Primary View business rules criterion. These authority values weigh and score inbound edits to the patient entries on the MPI based on patient activity at the site.

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Version 1.0   Revised July 2012
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

Chapter 4: Software Management

Name and Number Spaces

The MPI/PD software is made up of two applications:

- RG Namespace—File range is 990–995 and 997–999.99.
- MPIF Namespace—File range is 994.

Software Requirements

The following software (fully patched) *must* be installed at the site:

Application	Version # and Patches
CIRN	Version 0.5 fully patched
Health Level 7 (HL7) VistA	Version 1.6 fully patched NOTE: Place HL*1.6*39 in Production account only.
Kernel	Version 8 fully patched
Kernel Toolkit	Version 7.3 fully patched
MailMan	Version 7.1 fully patched
Master Patient Index/Patient Demographics (MPI/PD)	RG Version 1.0 fully patched MPIF Version 1.0 fully patched
Pharmacy	If running Computerized Patient Record System (CPRS), fully patched version of Outpatient Pharmacy V. 7.0, and Inpatient V. 5.0.
PIMS	Version 5.3 fully patched
Registration	Version 5.3 fully patched
VA FileMan	Version 22 fully patched

Table 4-1: Applications that need to be installed and fully patched for MPI/PD VistA

⚠ **CAUTION: DO NOT INSTALL HL*1.6*39 IN ANY TEST ACCOUNT! If you install this patch in your test account, you will link your test account to all the other production accounts. Since there are similarities (e.g., patient names/data) in test and production, it would not be good for data from the test account to be transmitted to the production account at another site.**

⚠ **CAUTION: RG* and MPIF* patches should NOT be installed on legacy systems to avoid issues with the legacy systems ending up as Treating Facilities.**

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Legal Requirements

This software does not impose any additional legal requirements on the user. All users are reminded that many of the reports generated by this software contain confidential patient information and *must* be treated accordingly.

HL7 Application Parameters File

Check that the correct Station Number is entered in the FACILITY NAME field (#3) of the HL7 APPLICATION PARAMETER file (#771), Figure 4-2. Local modifications to your INSTITUTION file (#4) may conflict with MPI/PD VistA installation setup.

```
HL7 APPLICATION PARAMETER LIST              MAR 15,2000  10:45    PAGE 1
NAME             FACILITY NAME
MPIF A29 SERVER  679  <<This should be YOUR station number>>
MPIF A30 SERVER  679
MPIF CMOR COMP   679
MPIF CMOR RSLT   679
MPIF LOC/MIS     679
MPIF MPI         679
MPIF-STARTUP     679
MPIF TRIGGER     <<< SHOULD NOT be populated
RG ADT           <<< SHOULD NOT be populated
RG CIRN          679
RG CIRN ADT      <<<<Should NOT be populated
RG SITE MERGE    <<<<Should NOT be populated
RG SUBSCRIPTION  679
VAFC PIMS        679
VAFC TRIGGER     <<<<Should NOT be populated
```

Figure 4-2: HL7 Application Parameter List

Bulletin

The RG CIRN DEMOGRAPHIC ISSUES bulletin controls the sending of the following patient related bulletin, Table 4-4.

Patient Related Bulletin	Cause	Action to take
REMOTE SENSITIVITY INDICATED	Patient is marked as sensitive at the sending site but not at receiving site.	No action: message is informational

Table 4-1: RG CIRN DEMOGRAPHIC ISSUES bulletin: REMOTE SENSITIVITY INDICATED

Exception Handling Messages

The MPI/PD Exception Handling option generates messages to alert site personnel of problems that occur in generating or processing HL7 messages. For examples of messages that may be received during the implementation phase and how to resolve the problems, see the Master Patient Index/Patient Demographics (MPI/PD) VistA Exception Handling manual located at the MPI/PD Web site at the address listed below:

> http://www.va.gov/vdl/section.asp?secid=2

This document gives Master Patient Index/Patient Demographics (MPI/PD) sites information and assistance in dealing with exception messages.

MPI/PD Mail Groups

Mail Group	Suggested Coordinator	Suggested Members	Description
HL7 SITE POC (ON FORUM)	Personnel who monitor MPI/PD HL7 problems.	Personnel who monitor MPI/PD HL7 problems.	This mail group is for personnel who will address HL7 issues.
MPIF EXCEPTIONS	Messages are sent to the MPI Exception Handler on the Austin MPI. There shouldn't be any local members in this mail group.	Messages are sent to the remote mail group G.CIRN EXCEPTION MGT@FORUM.VA.GOV, which is the Exception Handler on the MPI in Austin.	MPI Exception Messages to be addressed are sent to this mail group. These messages are all technical in nature, involving problems with HL7 messages or ICN not found. There normally isn't anything the site can do about these, so these messages are sent to a remote mail group. This mail group is used by MPI site point of contacts to send the Healthcare Identity Management (HC IdM) team potential duplicates, questions, issues, etc. This is a local VistA mail group that is then forwarded to the CIRN EXCEPTION MGT mail group on FORUM. If necessary, the remote mail group members will contact the site's personnel for assistance.
RG CIRN DEMOGRAPHIC ISSUES	Health Administration Service (HAS)/MPI/PD Coordinator	Personnel that deal with patient data.	This mail group should contain person(s) responsible for ensuring the integrity of the Patient Information Management Systems (PIMS) data. The members of this group will be notified upon login that there are patients awaiting review. NOTE: Upon logon to the system, members of the RG CIRN DEMOGRAPHIC ISSUES Mail Group now only see the one notification alerting users if there are Primary View Reject exceptions that need to be reviewed (Potential Matches Returned are obsolete).

4-4   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   April 1999
Version 1.0   Revised July 2012
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

Mail Group	Suggested Coordinator	Suggested Members	Description
RG CIRN HL7 PROBLEMS	Personnel who monitor MPI/PD HL7 problems.	Personnel who monitor MPI/PD HL7 problems.	This mail group receives notification of problems that CIRN (MPI/PD) has when interacting with the VistA HL7 package.

Table 4-3: Mail Groups exported in the MPI/PD VistA package

April 1999   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   4-5
Revised July 2012   Version 1.0
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

4-6   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   April 1999
Version 1.0   Revised July 2012
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

Chapter 5: MPI/PD Menus and Options

This section describes the menus and options comprising the MPI/PD VistA. These options should be made accessible to authorized IRM, Program Application Specialists (PAS), site MPI POCs, and/or Coordinators, etc., and VA facility personnel who will be involved in working with the MPI/PD VistA.

MPI/PD Master Menu

The MPI/PD Master Menu is the primary menu that contains all Master Patient Index/ Patient Demographics (MPI/PD) menus and sub-menus.

> **NOTE:** Sub-menus should be assigned to users as appropriate and are described in the *MPI/PD Implementation Guide*.

```
Select OPTION NAME: MPI/PD Master Menu <Enter> RGMGR  MPI/PD Master Menu

   CORD   MPI/PD Patient Admin Coordinator Menu ...
   IRM    MPI/PD IRM Menu ...

Select MPI/PD Master Menu Option:
```

Figure 5-1: MPI/PD Master Menu

The following menus comprise the MPI/PD VistA (listed in the order that they appear on the MPI/PD Master Menu):

- MPI/PD Patient Admin Coordinator Menu
- MPI/PD IRM Menu

Each menu and its associated options are described in detail in the topics that follow in this chapter.

April 1999   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   5-1
Revised July 2012   Version 1.0
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

MPI/PD Patient Admin Coordinator Menu

The MPI/PD Patient Admin Coordinator Menu [RG ADMIN COORD MENU] options allow users to monitor and update patient data. Figure 5-2 shows the menus and options that are located on this menu.

```
Select MPI/PD Master Menu Option: cord <Enter> MPI/PD Patient Admin Coordinator
Menu

   LOG     Patient Audit Log Reports ...
   MSG     Message Exception Menu ...
   RPT     Management Reports ...
   POC     Add/Edit Point of Contact

Select MPI/PD Patient Admin Coordinator Menu Option:
```

Figure 5-2: MPI/PD Patient Admin Coordinator Menu

NOTE: For more information on the MPI/PD Patient Admin Coordinator Menu, please refer to the "MPI/PD Patient Admin Coordinator Menu" topic in the "MPI/PD Master Menu" section of the documentation.

NOTE: The active options shown on this menu are described in the topics that follow in this chapter.

MPI/PD IRM Menu

The MPI/PD IRM Menu provides Information Resource Management (IRM) personnel with the options needed to maintain the Master Patient Index/Patient Demographics (MPI/PD) software. Figure 5-3 shows the options that are located on this menu.

```
Select MPI/PD Master Menu Option: IRM <Enter> MPI/PD IRM Menu

          Link and Process Status Display
          Unresolved Exception Summary

Select MPI/PD IRM Menu Option:
```

Figure 5-3: MPI/PD IRM Menu

NOTE: For more information on the MPI/PD IRM Menu, please refer to the "MPI/PD IRM Menu" topic in the "MPI/PD Master Menu" section of the documentation.

MPI/PD Patient Admin Coordinator Menu

The MPI/PD Patient Admin Coordinator Menu [RG ADMIN COORD MENU] options allow the monitoring of patient data activities.

```
Select MPI/PD Master Menu Option: cord <Enter> MPI/PD Patient Admin Coordinator
Menu

   LOG    Patient Audit Log Reports ...
   MSG    Message Exception Menu ...
   RPT    Management Reports ...
   POC    Add/Edit Point of Contact

Select MPI/PD Patient Admin Coordinator Menu Option:
```

Figure 5-4: MPI/PD Patient Admin Coordinator Menu

Patient Audit Log Reports…	**[RG TRAN/AUD AUD REP]**

The Patient Audit Log Reports menu contains two options for reviewing information stored in the AUDIT file (#1.1) for fields being audited in the PATIENT file (#2). Options allow the user to view:

- All audited fields

- Selected fields for a date range

- All audited data on a single patient

```
Select MPI/PD Master Menu Option: cord <Enter> MPI/PD Patient Admin Coordinator
Menu

   LOG    Patient Audit Log Reports ...
   MSG    Message Exception Menu ...
   RPT    Management Reports ...
   POC    Add/Edit Point of Contact

Select MPI/PD Patient Admin Coordinator Menu Option: LOG <Enter> Patient Audit Log
Reports

     Patient Audit File Print
     Single Patient Audit File Print

Select Patient Audit Log Reports Option:
```

Figure 5-5: Patient Audit Log Reports Menu

Patient Audit File Print	[RGMT AUDIT PRINT]

This option prints a customized report of information stored in the AUDIT file (#1.1) for fields being audited in the PATIENT file (#2). You can:

- View all audited fields

- View selected fields for a specified date range

- Print only edits that were done by a specific user

If selected fields are viewed, you can choose to see data for all or selected patients. If you only enter one name and there is no audit data on the selected date range, you are told this on the printout. If multiple names are entered, it only prints those that have had an audit in the selected date range. The other names are not displayed on the report (i.e., there is no message indicating there was no audit data).

```
Select Patient Audit Log Reports Option: PATIENT <Enter> Audit File Print

Do you want to see (A)LL or (S)ELECTED audited fields? A// SELECTED

Select FIELD NUMBER of audited field (enter "?" for list): ??


Select a FIELD NUMBER from the audited field(s) in the PATIENT file:

.01         NAME
.02         SEX
.03         DATE OF BIRTH
.05         MARITAL STATUS
.08         RELIGIOUS PREFERENCE
.09         SOCIAL SECURITY NUMBER
.111        STREET ADDRESS [LINE 1]
.1112       ZIP+4
.112        STREET ADDRESS [LINE 2]
.113        STREET ADDRESS [LINE 3]
.114        CITY
.115        STATE
.117        COUNTY
.131        PHONE NUMBER [RESIDENCE]
.132        PHONE NUMBER [WORK]
.211        K-NAME OF PRIMARY NOK
.219        K-PHONE NUMBER
.2403       MOTHER'S MAIDEN NAME


Select a FIELD NUMBER from the audited field(s) in the PATIENT file:

.301        SERVICE CONNECTED?
.302        SERVICE CONNECTED PERCENTAGE
.31115      EMPLOYMENT STATUS
.351        DATE OF DEATH
991.01      INTEGRATION CONTROL NUMBER
991.02      ICN CHECKSUM
991.03      COORDINATING MASTER OF RECORD
1901        VETERAN (Y/N)?

Select FIELD NUMBER of audited field (enter "?" for list): .01
Select FIELD NUMBER of audited field (enter "?" for list): .02
Select FIELD NUMBER of audited field (enter "?" for list): .03
Select FIELD NUMBER of audited field (enter "?" for list): 991.01
```

```
Select FIELD NUMBER of audited field (enter "?" for list): 991.03
Select FIELD NUMBER of audited field (enter "?" for list):

Do you want to see audited data for (A)LL or (S)ELECTED patients? S// SELECTED

Select PATIENT: MPIPATIENT,ARIEL <Enter> MPIPATIENT,ARIEL      9-4-69    666555999
YES    SC VETERAN    *MULTIPLE BIRTH*
Select PATIENT: MPIPATIENT,TAYLOR <Enter> MPIPATIENT,TAYLOR    7-17-02
666071702P    NO   NON-VETERAN (OTHER)

Enter date range for data to be included in report.
Beginning Date:  T-90 <Enter> (FEB 11, 2003)
Ending Date:   T <Enter> (MAY 12, 2003)

Do you want to find only the edits made by a specific user? No// NO

The right margin for this report is 80.


DEVICE: <Enter>


PATIENT AUDIT LIST at ALBANY on May 12, 2003@08:10                 Page: 1
Date Range: Feb 11, 2003 to May 12, 2003

Date/Time Edited    Field Edited                  Edited By
                    Old Value / New Value
   Option/Protocol
--------------------------------------------------------------------------

==> MPIPATIENT,ARIEL  (DFN #100000185)

Apr 28, 2003@12:21  NAME                          MPIUSER,ONE
                    <no previous value> / MPIPATIENT,ARIEL
   DG REGISTER PATIENT

Apr 28, 2003@12:21  SEX                           MPIUSER,ONE
                    <no previous value> / MALE
   DG REGISTER PATIENT

Apr 28, 2003@12:21  DATE OF BIRTH                 MPIUSER,ONE
                    <no previous value> / 09/04/1969
   DG REGISTER PATIENT


PATIENT AUDIT LIST at ALBANY on May 12, 2003@08:10                 Page: 2
Date Range: Feb 11, 2003 to May 12, 2003

Date/Time Edited    Field Edited                  Edited By
                    Old Value / New Value
   Option/Protocol
--------------------------------------------------------------------------

Apr 28, 2003@12:22  INTEGRATION CONTROL NUMBER     MPIUSER,ONE
                    <no previous value> / 500000673
   DG REGISTER PATIENT

Apr 28, 2003@12:22  COORDINATING MASTER OF RECORD  MPIUSER,ONE
                    <no previous value> / ALBANY
   DG REGISTER PATIENT

Apr 28, 2003@13:47  INTEGRATION CONTROL NUMBER      MPIUSER,TWO
```

```
                         500000673 / 1001179076
    HL TASK RESTART/MPIF ADT-A24 CLIENT

==> MPIPATIENT,TAYLOR  (DFN #100000035) has no audit data available for selected
parameters.
```

Figure 5-6: Patient Audit File Print for selected fields

If ALL audited fields are viewed, you must choose patients to examine.


```
Select Patient Audit Log Reports Option: PATIENT <Enter> Audit File Print

Do you want to see (A)LL or (S)ELECTED audited fields? A// ALL

Select PATIENT: MPIPATIENT,ROWAN <Enter> 3-4-50    666030450P    YES    SC VETERAN
Select PATIENT: MPIPATIENT,ALEX <Enter> MPIPATIENT,ALEX    9-2-01    666437773
YES   SC VETERAN    Select PATIENT:

Enter date range for data to be included in report.
Beginning Date:  T-300 <Enter> (JAN 01, 2002)
Ending Date:  T <Enter> (OCT 28, 2002)

Do you want to find only the edits made by a specific user? No// NO

The right margin for this report is 80.

DEVICE: <Enter>

PATIENT AUDIT LIST at ALBANY on Oct 28, 2002@10:15                    Page: 1
Date Range: Jan 01, 2002 to Oct 28, 2002

Date/Time Edited    Field Edited                    Edited By
                    Old Value / New Value
    Option/Protocol
-------------------------------------------------------------------------

==> MPIPATIENT,ROWAN  (DFN #7169998)

Feb 20, 2002@14:19  NAME                            MPIUSER,THREE
                    <no previous value> / MPIUSER,FIVE
    DG LOAD PATIENT DATA

Feb 20, 2002@14:19  SEX                             MPIUSER,THREE
                    <no previous value> / FEMALE
    DG LOAD PATIENT DATA

Feb 20, 2002@14:19  DATE OF BIRTH                   MPIUSER,THREE
                    <no previous value> / 03/04/1950
    DG LOAD PATIENT DATA

PATIENT AUDIT LIST at ALBANY on Oct 28, 2002@10:15                    Page: 2
Date Range: Jan 01, 2002 to Oct 28, 2002

Date/Time Edited    Field Edited                    Edited By
                    Old Value / New Value
    Option/Protocol
-------------------------------------------------------------------------

Feb 20, 2002@14:19  SOCIAL SECURITY NUMBER          MPIUSER,THREE
```

```
                         <no previous value> / 666030450P
   DG LOAD PATIENT DATA

Feb 20, 2002@14:19  SERVICE CONNECTED?           MPIUSER,THREE
                    <no previous value> / YES
   DG LOAD PATIENT DATA

Feb 20, 2002@14:19  VETERAN (Y/N)?               MPIUSER,THREE
                    <no previous value> / YES
   DG LOAD PATIENT DATA

Feb 20, 2002@14:19  INTEGRATION CONTROL NUMBER   MPIUSER,THREE
                    <no previous value> / 500000444
   DG LOAD PATIENT DATA

PATIENT AUDIT LIST at ALBANY on Oct 28, 2002@10:15                 Page: 3
Date Range: Jan 01, 2002 to Oct 28, 2002

Date/Time Edited    Field Edited               Edited By
                    Old Value / New Value
   Option/Protocol
-------------------------------------------------------------------------

Feb 20, 2002@14:19  ICN CHECKSUM                 MPIUSER,THREE
                    <no previous value> / 903577
   DG LOAD PATIENT DATA

Feb 20, 2002@14:19  COORDINATING MASTER OF RECORD  MPIUSER,THREE
                    <no previous value> / ALBANY
   DG LOAD PATIENT DATA

Feb 20, 2002@14:20  INTEGRATION CONTROL NUMBER   MPIUSER,THREE
                    500000444 / 1001169543
   MPIF IND MPI LOAD

Feb 20, 2002@14:20  ICN CHECKSUM                 MPIUSER,THREE
                    903577 / 569799
   MPIF IND MPI LOAD

PATIENT AUDIT LIST at ALBANY on Oct 28, 2002@10:15                 Page: 4
Date Range: Jan 01, 2002 to Oct 28, 2002

Date/Time Edited    Field Edited               Edited By
                    Old Value / New Value
   Option/Protocol
-------------------------------------------------------------------------

==> MPIPATIENT,ALEX  (DFN #7169700)

Jul 16, 2002@13:01  COORDINATING MASTER OF RECORD  MPIUSER,FOUR
                    ALBANY / ALBANY
   MPIF PUSH CMOR

Aug 06, 2002@09:25  COORDINATING MASTER OF RECORD  MPIUSER,FOUR
                    ALBANY / SAN FRANCISCO
   MPIF PUSH CMOR
```

Figure 5-7: Patient Audit File Print for all fields

Single Patient Audit File Print	[RGMT AUDIT SINGLE]

This option prints information from the AUDIT file (#1.1) for a selected patient and date range.

For the PATIENT file (#2) entry selected, the report prints the following:

- Patient name
- DFN
- Date/Time the field was edited
- User name who made the change
- Field edited
- Old field value
- New field value.

The option or protocol (if available) will also be displayed.

```
Select PATIENT: MPIPATIENT,ALEX <Enter> MPIPATIENT,ALEX  9-2-01 666437773  YES SC
VETERAN

Enter date range for data to be included in report.
Beginning Date:  T-45 <Enter> (JUN 01, 2002)
Ending Date:  T <Enter> (JUL 16, 2002)

The right margin for this report is 80.



DEVICE: HOME// <Enter>


PATIENT AUDIT LIST at ALBANY on Jul 16, 2002@14:15                    Page: 1
Patient: MPIPATIENT,ALEX (DFN #7169700)
Date Range: Jun 01, 2002 to Jul 16, 2002

Date/Time Edited    Field Edited                    Edited By
                    Old Value / New Value
   Option/Protocol
-----------------------------------------------------------------------
Jul 16, 2002@13:01  COORDINATING MASTER OF RECORD   MPIUSER,FOUR
                    ALBANY / ALBANY
   MPIF PUSH CMOR
```

Figure 5-8: Single Patient Audit File Print report

Message Exception Menu	[RG EXCEPTION MENU]

This menu provides the options listed in Figure 5-9, used to process MPI/PD Health Level Seven (HL7) message exceptions logged in the CIRN HL7 EXCEPTION LOG file (#991.1).

```
Select MPI/PD Patient Admin Coordinator Menu Option: MSG <Enter> Message Exception
Menu

          MPI/PD Exception Handling
          Patient MPI/PD Data Inquiry
          Remote Patient Data Query Menu ...
          Display Only Query
          Primary View Display from MPI

Select Message Exception Menu Option:
```

Figure 5-9: MPI/PD Exception Handling menu

MPI/PD Exception Handling	[RG EXCEPTION HANDLING]

The MPI/PD Exception Handling option is located on the Message Exception Menu. It provides utilities for processing MPI/PD Exceptions in the CIRN HL7 EXCEPTION LOG file (#991.1). This List Manager based option displays exceptions allowing users to choose an exception case for review and resolution.

> **NOTE: CIRN HL7 EXCEPTION LOG file (#991.1) Captures VA facility Interaction with MPI/PD Exception Handling Option**
>
> VA facility personnel use the MPI/PD Exception Handling [RG EXCEPTION HANDLING] option to review and process exceptions (duplicate entries for a single patient, validation of edits to patient identity fields, etc.) received from MPI. As of Patch RG*1*48v, the CIRN HL7 EXCEPTION LOG file (#991.1) has been modified to record VA facility personnel who use the MPI/PD Exception Handling option to resolved exceptions and the date/time the resolution occurred. Patch RG*1*48 adds the following new fields to File #991.1:
>
> - DATE/TIME PROCESSED field (#7)
>
> - WHO MARKED PROCESSED field (#8)
>
> This data is being captured and Healthcare Identity Management (HC IdM) staff will have the capability to view this information.

Changes to the MPI Purge Process

A change has been made in the MPI/PD EXCEPTION HANDLING [RG EXCEPTION HANDLING] option. Upon selecting the MPI/PD Exception Handling option, instead of being prompted to run the exception purge, you are now notified when the last purge took place. The purge process runs automatically if it has not run within the past two hours; however, the MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] option should be scheduled to run once an hour via Taskman. It can take a

few minutes to run, but once the job is finished, you can go back to the Message Exception Menu and choose MPI/PD Exception Handling to view the results of the purge process.

If for any reason the task becomes unscheduled, the time that the purge process last ran will be displayed upon entry into the Exception Handler and this message will be displayed:

Please notify IRM if the MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] job needs to be rescheduled.

NOTE: ATTENTION IRM: After patch RG*1*48 has been successfully installed, the MPI/PD Exception Purge [RG EXCEPTION PURGE] option should be scheduled to run once per hour. To do this, use the Schedule/Unschedule Options [XUTM SCHEDULE] option on the Taskman Management [XUTM MGR] menu. In the QUEUED TO RUN AT WHAT TIME field, enter a time that is a few minutes into the future (as soon as possible.) In the RESCHEDULING FREQUENCY field, enter "1H" (1 hour).

```
Select Message Exception Menu Option: MPI/PD Exception Handling

The MPI/PD Exception Purge process last ran May 29, 2007@18:43:35.

The MPI/PD Exception Purge process will now run.
Please come back to this option in five minutes.

Please contact IRM to verify that the MPI/PD EXCEPTION PURGE
[RG EXCEPTION PURGE] option is scheduled to run via TaskMan
with a frequency of once an hour.
```

Figure 5-10: MPI/PD Exception Purge process

The purge process eliminates duplicate exceptions for the same patient/exception type, keeping only the most recent occurrence.

The MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] option should be scheduled to run once an hour via Task Manager. Contact Information Resource Management (IRM) to verify that this job is scheduled and running.

Processing MPI/PD Exceptions

Primary View Reject exceptions will be listed at the top of the MPI/PD Exception Handling list unless a different sort is selected. There are several actions to sort by, they are:

- SD• Sort Exceptions by Date

- VT•   View Selected Exception Type

- SN• Sort by Patient Name

- SE• Selection Exception

- ST• Sort by Exception Type

NOTE: The Potential Matches Returned exception in the VistA Exception Handler was made obsolete via VistA Patch MPIF*1*52 in that the logging of Potential Matches Returned exceptions was removed from the VistA HL7 message processor routines.

NOTE: As of VistA Patches MPIF*1*43 and RG*1*43, in order to support the effort to obtain Integration Control Numbers (ICNs) for all patients in the Health Eligibility Center (HEC) database, when and how a patient gets an ICN changed. If an exact match is not found on the Master Patient Index (MPI), then that patient is added to the MPI. The following conditions constitute local ICNs:

- When the site edits an existing patient or adds a new patient using an option that doesn't directly interact with the MPI (e.g., VistA Lab or VA FileMan).

- When communication can't be established or is lost with the MPI before the ICN assignment process has completed, a local ICN is assigned

As a result of these changes, specific exceptions are no longer generated. These include the following three exception types:

- Required field(s) missing for patient sent to MPI

- SSN Match Failed

- Name Doesn't Match

As of VistA Patch RG*1*43, all existing active exceptions in the CIRN HL7 EXCEPTION LOG file (#991.1) that have any of the above three exception types and the Potential Matches Returned exception type were marked with a status of PROCESSED.

Existing patient records that had these exceptions at the time of in installation of RG*1*43 were sent to the MPI again, and under the new business rules, were assigned ICNs. At this point, if appropriate, these records received a new Potential Matches Returned exception for site personnel to review.

```
Select Message Exception Menu Option:  MPI/PD Exception Handling
...EXCUSE ME, I'M WORKING AS FAST AS I CAN...


ST  Sort by Exception Type

MPI/PD EXCEPTION HANDLING     Jan 13, 2009@00:48:36        Page:   1 of   1
MPI/PD Exception Handling


     Patient             SSN        Dt Rec'd   Exception Type
1    MPIPATIENT,JOSEPH     666554444  3/03/07    Primary View Reject
2    MPIPATIENT,CATHERINE  666123456  3/03/07    Primary View Reject
3    MPIPATIENT,WILLIAM W. 666998877  3/03/07    Primary View Reject
4    MPIPATIENT,ROBERT     666121212  3/05/07    Primary View Reject
5    MPIPATIENT,MARY       666060606  3/05/07    Primary View Reject
6    MPIPATIENT,DAVID L.   666789789  3/05/07    Primary View Reject
```

```
+          Enter ?? for more actions
SD  Sort Exceptions by Date             VT  View Selected Exception Type
SN  Sort by Patient Name                SE  Select Exception
ST  Sort by Exception Type
Select Action:Next Screen//
```

Figure 5-11: MPI/PD Exception Handling option

You can sort exceptions by the following:

- Date they were received
- Patient name
- Exception type

View Selected Exception Type

The View Selected Exception Type action allows you to display all current exceptions by a single exception type. Figure 5-12 shows an example of all current **Primary View Reject** exceptions.

```
Select Action:Quit// VT <Enter> View Selected Exception Type
Enter an exception type to view: ??

     Select one of the following:

         234        Primary View Reject

Enter an exception type to view: 234

MPI/PD EXCEPTION HANDLING     Jan 13, 2009@00:48:36        Page:    1 of    1
MPI/PD Exception Handling


     Patient             SSN          Dt Rec'd   Exception Type
1    MPIPATIENT,JOSEPH    666554444    3/03/07    Primary View Reject
2    MPIPATIENT,CATHERINE 666123456    3/03/07    Primary View Reject
3    MPIPATIENT,WILLIAM W. 666998877   3/03/07    Primary View Reject
4    MPIPATIENT,ROBERT    666121212    3/05/07    Primary View Reject
5    MPIPATIENT,MARY      666060606    3/05/07    Primary View Reject
6    MPIPATIENT,DAVID L.  666789789    3/05/07    Primary View Reject
+          Enter ?? for more actions
SD  Sort Exceptions by Date             VT  View Selected Exception Type
SN  Sort by Patient Name                SE  Select Exception
ST  Sort by Exception Type
Select Action:Quit// <Enter>
```

Figure 5-12: View Selected Exception Type

Select Exception

Figure 5-13 shows that a Primary View Reject exception has been selected for patient entry
MPIPATIENT,WILLIAM W.

```
MPI/PD EXCEPTION HANDLING     Jul 24, 2002@10:25:10      Page:  1 of 1
MPI/PD Exception Handling

     Patient               SSN          Dt Rec'd   Exception Type
1    MPIPATIENT,JOSEPH     666554444    3/03/07    Primary View Reject
2    MPIPATIENT,CATHERINE  666123456    3/03/07    Primary View Reject
3    MPIPATIENT,WILLIAM W. 666998877    3/03/07    Primary View Reject
4    MPIPATIENT,ROBERT     666121212    3/05/07    Primary View Reject
5    MPIPATIENT,MARY       666060606    3/05/07    Primary View Reject
6    MPIPATIENT,DAVID L.   666789789    3/05/07    Primary View Reject
          Enter ?? for more actions
SD  Sort Exceptions by Date            VT  View Selected Exception Type
SN  Sort by Patient Name               SE  Select Exception
ST  Sort by Exception Type
Select Action:Quit// SE <Enter> Select Exception
Select : (1-6): 3

MPI/PD EXCEPTION ACTIONS      Feb 12, 2006@23:12:15      Page:   1 of   1
MPI/PD EXCEPTION HANDLING ACTIONS.


    Exception Data
    Name:    MPIPATIENT,WILLIAM W.
     SSN:    666622789
     DOB:    DEC 16,1922
     DFN:    100000721
     ICN:    1000000977
    Date of Death:
    Exception Type:     Primary View Reject
    Exception Date:     Dec 16, 2005
    Exception Status:   NOT PROCESSED
    Exception Text:     Edits to one or more fields have been rejected
                        for the Primary View on the MPI.
    Exception Notes:

          Enter ?? for more actions
AUD Patient Audit        DO  MPI Display Only Qry  UPD Update to Processed
PI  Patient Inquiry      ED  Edit Patient Data     DI  MPI/PD Data Inquiry
HI  Hinq Inquiry         PVR View PV Rej Detail    NT  Edit Note
                                                   PR  MPI Primary View
Select Action:Quit//
```

Figure 5-13: MPI/PD Exception Handling option, Select Exception action

NOTE: As of MPI/PD Patch MPIF*1*52, all screens and actions associated with the MPI/PD
Exception Handler functionality for resolving Potential Match Exceptions have been removed
from MPI/PD VistA. This functionality is now supported in the IMDQ Toolkit.

Primary View Reject Exception Type and View PV Rej Detail (PVR) Exception Action

When patient identity fields are edited at VA facilities and sent to the MPI, those edits *must* meet or exceed the existing authority score and pass the Primary View data rules on a field-by-field basis. If an edit fails to pass both of these tests, the edit to that patient identity field is rejected.

The transition from the Coordinating Master of Record (CMOR) "view" to the Primary View introduces the following new exception type and exception action to the MPI/PD Exception Handling option [RG EXCEPTION HANDLING]:

- **Primary View Reject exception type**• Rejected edits to the Primary View on the MPI generate this exception, which is sent back to the site that attempted the edit.

- **View PV Rej Detail (PVR) exception action**• Site personnel can use the View PV Rej Detail (PVR) action to view more details about rejected data from the MPI in Austin, allowing them to see why their edit(s) was rejected.

After review of the Primary View reject, sites can select the UPD action to change the exception status from NOT PROCESSED to PROCESSED. This clears the reject exception off the MPI/PD Exception Handling option.

If a site determines that the rejected data is a valid edit, the only way to get that data updated on the MPI is to contact the Healthcare Identity Management (HC IdM) team and have them make the edit. HC IdM has the ability to overwrite Primary View data.

NOTE: For Healthcare Identity Management (HC IdM) contact information, see the "Contact HC IdM Team if Your Site Determines Rejected Data is Valid" topic in the "Message Exception Menu" section of this documentation.

Upon selection of a reject exception, a remote query is automatically sent to the MPI that will bring back a display of the details allowing sites to see why their edit was rejected.

The following screen captures and descriptive text show the series of events that sites will likely take when reviewing and processing Primary View Reject exceptions.

```
Select OPTION NAME: RGMGR <Enter> MPI/PD Master Menu


   CORD   MPI/PD Patient Admin Coordinator Menu ...
   IRM    MPI/PD IRM Menu ...

Select MPI/PD Master Menu Option: COR <Enter> MPI/PD Patient Admin Coordinator Menu

   <<---------------------------------------------------------------------->>
   << You have Primary View Reject exceptions that need to be reviewed using >>
   << the MPI/PD Exception Handling Option on the Message Exception Menu.   >>
   <<---------------------------------------------------------------------->>

   LOG    Patient Audit Log Reports ...
   MSG    Message Exception Menu ...
   RPT    Management Reports ...
   POC    Add/Edit Point of Contact

Select MPI/PD Patient Admin Coordinator Menu Option: MSG <Enter> Message Exception
Menu

          MPI/PD Exception Handling
          Patient MPI/PD Data Inquiry
          Remote Patient Data Query Menu ...
          Display Only Query
          Primary View Display from MPI

Select Message Exception Menu Option: MPI/PD Exception Handling
```

Figure 5-14: Select MPI/PD Exception Handling option

Figure 5-14 shows the selection of the MPI/PD Exception Handling option, located on the Message Exception Menu.

Selecting a Primary View Reject Exception for Processing

The VistA user selects a patient with an exception type of Primary View Reject on the first screen of the MPI/PD Exception Handling option using the Select Exception action. Enter the exception's row number at the "Select Action:" prompt, Figure 5-15.

```
MPI/PD EXCEPTION HANDLING Jan 11, 2007@10:22:26        Page:    1 of    4
MPI/PD Exception Handling


     Patient              SSN        Dt Rec'd  Exception Type
1    MPIPATIENT,ANN       666001928  01/10/07  Primary View Reject
2    MPIPATIENT,BILL      666010123P 01/03/07  Primary View Reject
3    MPIPATIENT,CAROL     666022332  01/10/07  Primary View Reject
4    MPIPATIENT,JANE      666272727  01/10/07  Primary View Reject
5    MPIPATIENT,GREG      666230333  12/31/06  Primary View Reject
6    MPIPATIENT,TIM       666002221  01/10/07  Primary View Reject
7    MPIPATIENT,ELLEN     666014040  01/09/07  Primary View Reject
8    MPIPATIENT,SUSAN     666043434  01/09/07  Primary View Reject
9    MPIPATIENT,LUKE      666010122  01/10/07  Primary View Reject
10   MPIPATIENT,PAT       666702020  01/09/07  Primary View Reject
11   MPIPATIENT,MATHEW    666082525  01/10/07  Primary View Reject
12   MPIPATIENT,TREVOR    666101023  01/10/07  Primary View Reject
13   MPIPATIENT,ABRIANNA  666272727  01/10/07  Primary View Reject
14   MPIPATIENT,HADASSAH  666010123P 01/10/07  Primary View Reject

+           Enter ?? for more actions


SD  Sort Exceptions by Date          VT  View Selected Exception Type
SN  Sort by Patient Name             SE  Select Exception
ST  Sort by Exception Type

Select Action:Next Screen// SE <Enter> Select Exception
Select :  (1-14): 9
```

Figure 5-15: Select exception on the Exception Handling option

To begin processing Primary View Reject exceptions, select the new action View PV Rej Detail (PVR) at the "Select Action:" prompt. Figure 5-16 shows an example of a Primary View Reject exception generated on Jan 10, 2007, with a status of NOT PROCESSED. An edit to one of the patient identity fields caused the error because the authority score was not high enough or it failed a data rule.

```
MPI/PD EXCEPTION ACTIONS        Jan 11, 2007@10:24:20       Page:   1 of   1
MPI/PD EXCEPTION HANDLING ACTIONS.

     Exception Data
     Name:    MPIPATIENT,LUKE
      SSN:    666010122
      DOB:    JAN 1,1922
      DFN:    100001000
      ICN:    1000001627V167209
     Date of Death:
     Exception Type:      Primary View Reject
     Exception Date:      Jan 10, 2007
     Exception Status:    NOT PROCESSED
     Exception Text:      Edits to one or more fields have been rejected
                          for the Primary View on the MPI.
     Exception Notes:

+          Enter ?? for more actions
AUD Patient Audit        DO  MPI Display Only Qry  UPD Update to Processed
PI  Patient Inquiry      ED  Edit Patient Data     DI  MPI/PD Data Inquiry
HI  Hinq Inquiry         PVR View PV Rej Detail    NT  Edit Note
                                                   PR  MPI Primary View

Select Action:Quit// PVR <Enter> View PV Rej Detail
```

Figure 5-16: Select new View PV Rej Detail (PVR) action on the Exception Handling option

Selecting the View PV Rej Detail Action Automatically Sends a Remote Query to the MPI

Selecting the PVR action automatically initiates the following process:

- Sends a request to the Master Patient Index for information on the rejected edit to the Primary View for the selected patient at your facility, beginning with the date of the Primary View Reject exception.

- Reports the various statuses of the query in the interim.

- Displays a screen showing the Primary View Reject Details Report for that patient, which is also available to the HC IdM staff.

This process can happen in any of the next four scenarios:

1. Figure 5-17 shows the output if a query has never been sent to the MPI for the Primary View Reject information on this patient (i.e., this is the first time a request is being sent to the MPI).

```
Select Action:Quit// PVR <Enter> View PV Rej Detail
   Sending a Remote Query to the Master Patient Index.
   This will take some time; please be patient.
```

Figure 5-17: Sending a Remote Query for this ICN/Exception Date to the Master Patient Index

If you have never sent a query to the MPI for this patient before, when the query returns from the MPI, you will get your data back displayed in a new screen in the form of a Primary View Reject Report, Figure 5-18.

```
REMOTE PRIMARY VIEW REJECT    Jan 11, 2007@10:24:20      Page:    1 of    1
MPI PRIMARY VIEW REJECT DISPLAY


    MPI Primary View Reject Display
 ICN:           1000001627V167209   Name: MPIPATIENT,LUKE
 DFN:           100001000           SSN:  666010122


 Type of Reject:      Authority Score
 Requestor:           Albany
 Date/Time of Update: Jan 10, 2007@10:14:59
 Date/Time of Reject: Jan 10, 2007@10:15:08

 Field:  Place of Birth City            Existing Primary View Authority Score
 Primary View Value:   JACKSONVILLE                      125
 Local Edit Value:     JONESVILLE                         0




 If you believe this edit is valid, contact the Healthcare Identity
 Management (HC IdM) Team for assistance via the VHA HC IdM Team mailgroup
 (Outlook). Transmission of patient sensitive data requires PKI encryption.

Select Action:Next Screen// ^
```

Figure 5-18: MPI Primary View Reject report sent back from the query to the MPI

The Healthcare Identity Management (HC IdM) team views this same information in a form called the Primary View Reject Report.

2. Figure 5-19 shows the output if a previous query had already been sent on a prior day to the MPI for this patient with the same exception date.

```
Select Action:Quit// PVR <Enter> View PV Rej Detail
   A query was last sent for this ICN/Exception Date on Jan 11, 2007@11:19:08
   Previous Query data may be obsolete.
   Sending a Remote Query to the Master Patient Index.
   This will take some time; please be patient.
   Query data has returned from the MPI and is available for review.
```

Figure 5-19: Resending Remote Query for ICN/Exception Date to the Master Patient Index

NOTE: A new query is sent if the reject exception you are reviewing was not generated on the current date (today's date). This is because there can always be the possibility previous query data may be obsolete.

3. Figure 5-20 shows the output if the previous query had been sent to the MPI for this patient with the same exception date on the same day (today's date). In other words, you've reviewed the exception more than once in one day. This is also the display you would see if you sent the query earlier in the day, but due to messaging traffic, etc., the query data was not able to return from the MPI quickly. In the meantime, the query data has returned, and is now available for review.

```
Select Action:Quit// PVR <Enter> View PV Rej Detail
   A query was last sent for this ICN/Exception Date on Jan 11, 2007@11:25:18.
   Do you wish to review that existing query data now? YES// <Enter>
```

Figure 5-20: Query not sent again for this ICN/Exception Date because you are viewing it on the same day

Pressing the **<Enter>** key or entering "Yes" at the "Do you wish to review that existing query data now? YES// " prompt in Figure 5-20 displays the existing Primary View Reject report.

4. As a continuation from scenario #3, if for any reason you want to send a new query, simply reject the default answer and respond with "No." Figure 5-21 shows what you will see:

```
Select Action:Quit// PVR <Enter> View PV Rej Detail
   A query was last sent for this ICN/Exception Date on Jan 11, 2007@00:09:14
   Do you wish to review that existing query data now? YES// n <Enter> NO
   Sending a Remote Query to the Master Patient Index.
   This will take some time; please be patient.
   Query data has returned from the MPI and is available for review.
```

Figure 5-21: Requesting a new remote query to the MPI

Queries to MPI Not Returned After 30 Seconds Displays "Please try again later**"**

If after you've selected the PVR action the system is busy, it might take some time for the query request to return the data from the MPI. The software will try for up to 30 seconds to get a response. If data is not returned within that timeframe, Figure 5-22 shows the message you will see. The query can fail due to network or connectivity issues, just check back at a later time to send another query.

```
Select Action:Quit// PVR <Enter> View PV Rej Detail
      Your query request has NOT returned data from the MPI after trying for
      30 seconds. This could be due to network issues. Please try again later.
```

Figure 5-22: Queries to MPI not returned after 30 Seconds displays "Please try again later"

Contact HC IdM Team if Your Site Determines Rejected Data is Valid

It is recommended that sites review their rejected data to determine why the reject occurred. This is intended to help determine if local education needs to take place to prevent future data rejects.

VA facilities need to contact the Healthcare Identity Management (HC IdM) team in circumstances where valid edits are rejected on the MPI, because they did not pass the initial validation tests. HC IdM has the ability to overwrite Primary View data on the MPI. Once HC IdM has overwritten a piece of data, the authoritative score for that data jumps to 1000. This is the maximum score that a field can get. Any future edits to this field will never surpass that score and will stop this edit from being rejected again. This functionality is intended to stabilize valid and verified field values, which are agreed upon between HC IdM and the site. If your site determines the edit in question is valid, contact HC IdM team for assistance via the following e-mail groups:

- MPIF EXCEPTIONS mail group (local VistA)
- CIRN EXCEPTION MGT mail group (FORUM)
- VHA OI IA MPI DQ Team distribution group on Outlook (PKI encryption required)

> ⚠ **CAUTION: Transmission of patient sensitive data requires Public Key Infrastructure (PKI) encryption.**

Marking Reject Exceptions Complete and Clearing them from the Exception Handler

When this information has been reviewed and is no longer needed, return to the MPI/PD EXCEPTION ACTIONS screen. Mark the exception as finished by using the "UPD Update to Processed" action.

```
MPI/PD EXCEPTION ACTIONS    Jan 11, 2007@10:24:20      Page:   1 of   1
MPI/PD EXCEPTION HANDLING ACTIONS.


     Exception Data
      Name:    MPIPATIENT,LUKE
      SSN:    666010122
      DOB:    JAN 1,1922
      DFN:    100001000
      ICN:    1000001627V167209
     Date of Death:
     Exception Type:     Primary View Reject
     Exception Date:     Jan 10, 2007
     Exception Status:   NOT PROCESSED
     Exception Text:     Edits to one or more fields have been rejected
                         for the Primary View on the MPI.
     Exception Notes:



                  Enter ?? for more actions
                       PVR View PV Rej Detail
Select Action:Quit// upd <Enter> Update to Processed
This option updates the exception status to PROCESSED.
After it is processed it will not be listed in the summary.
Are you sure you want to change the status? YES// YES <Enter>

This option updates the exception status to PROCESSED.
After it is processed it will not be listed in the summary.
Are you sure you want to change the status? YES// <Enter>
```

Figure 5-23: Select Update to Processed (UPD) action—Remove Primary View Reject exception

If your site agrees with the data rejection, the exception is no longer needed. Return to the MPI/PD EXCEPTION ACTIONS screen, Figure 5-23, and mark the exception status from NOT PROCESSED to PROCESSED, Figure 5-24, by using the "UPD Update to Processed" action. This will remove the exception off the Exception Handling option.

```
 ┌─────────────────────────────────────────────────────────────────────────┐
 │ MPI/PD EXCEPTION ACTIONS    Jan 11, 2007@10:24:20       Page:   1 of   1 │
 │ MPI/PD EXCEPTION HANDLING ACTIONS.                                       │
 │                                                                          │
 │     Exception Data                                                       │
 │      Name:    MPIPATIENT,LUKE                                            │
 │       SSN:    666010122                                                  │
 │       DOB:    JAN 1,1922                                                 │
 │       DFN:    100001000                                                  │
 │       ICN:    1000001627V167209                                         │
 │      Date of Death:                                                      │
 │      Exception Type:      Primary View Reject                            │
 │      Exception Date:      Dec 04, 2006                                   │
 │      Exception Status:    PROCESSED                                      │
 │      Exception Text:      Edits to one or more fields have been rejected │
 │                           for the Primary View on the MPI.              │
 │      Exception Notes:                                                    │
 │                                                                          │
 │                                                                          │
 │          Enter ?? for more actions                                      │
 │                                                                          │
 │ AUD Patient Audit       DO  MPI Display Only Qry  UPD Update to Processed │
 │ PI  Patient Inquiry     ED  Edit Patient Data     DI  MPI/PD Data Inquiry │
 │ HI  Hinq Inquiry        PVR View PV Rej Detail    NT  Edit Note          │
 │                                                   PR  MPI Primary View   │
 │                                                                          │
 │ Select Action:Quit//                                                     │
 └─────────────────────────────────────────────────────────────────────────┘
```

Figure 5-24: Primary View Reject Exception Status updated to PROCESSED—Exception removed

NOTE: VA facilities need to contact the Healthcare Identity Management (HC IdM) team in circumstances where valid edits are rejected on the MPI, because they did not pass the initial validation tests. HC IdM has the ability to overwrite Primary View data on the MPI. Once HC IdM has overwritten a piece of data, the authoritative score for that data jumps to 1000. This is the maximum score that a field can get. Any future edits to this field will never surpass that score and will stop this edit from being rejected again. This functionality is intended to stabilize valid and verified field values, which are agreed upon between HC IdM and the site.

NOTE: The Remote Primary View Reject action shows one reject per screen.

NOTE: The HC IdM Team has access to the same information in the Primary View Reject Report, as is shown in the Primary View Reject exception found on the MPI/PD Exception Handling option at the VA facilities. This means that HC IdM can access this same information when requested.

Primary View Authority Score Criteria and Data Rules for Evaluating Data Quality

When patient identity fields are edited at VA facilities and sent to the MPI, they *must* meet or exceed the existing authority score and pass the Primary View business rules on a field-by-field basis. The following

are links to two spreadsheets developed by the Healthcare Identity Management (HC IdM) staff for the criteria for computing the Primary View authority scores and the Primary View data rules:

- Scoring of Primary View data is based on criteria captured from patient encounters with VA facilities. These are authority score values, the criteria of which are weighted in such a way that the site's edits to the MPI are measured and calculated on a field-by-field basis. The resulting value needs to meet or exceed the current authority score to have enough weight to change the Primary View. If not, that edit will be rejected and a Primary View Reject exception will be sent to the sending site. If the site making the edit has activity with the patient, validated based on authority score calculations and criterion matches proving that the patient is being seen at that site, their score will be high enough to make an edit to that identity trait. These events indicate where the patient is actively seen. This is considered the authoritative site.

- The Primary View Data Rules regulate entering data in specific formats for which users *cannot* violate. The goal of which is to improve the quality of data. These conditions that are different for each identity trait have to be met before a patient identity field can be edited.

> **NOTE:** For more information, see the Primary View Data Rules document at the following address:
>
> http://vista.med.va.gov/mpi/HC IdM_Primary_View_Data_Rules.asp

> **NOTE:** The HC IdM team is also an authoritative source for Primary View data and can override any data on the MPI.

> **NOTE:** Primary View Reject exceptions are for review purposes, only. VA facility personnel can review these exceptions and update the Exception Status to PROCESSED, which clears them off the MPI/PD Exception Handling option.

Example Scenario: Site Corrects First Name Which Generates Reject Exception

"George" is the name of a patient who has been actively seen at a VA facility for a long time. At the time of initial data entry, hospital personnel at George's VA facility transposed two characters in his first name (i.e., "Goerge"). George has had a lot of activity at this site (e.g., he was admitted as a patient at one time, he is currently assigned to a Primary Care Team, he has active prescriptions, and has a future appointment date for care, etc.); hence, he has a high authority score for the FIRST NAME patient identity field.

Later, George made a visit to a different VA facility for care. Hospital personnel at this facility notice the error in his first name and attempt to fix it; but in doing so, the VA facility generated a Primary View Reject exception because the MPI rejected the edit.

Why did this happen? It is because this is his first visit to this other facility (e.g., he has never been admitted as a patient; he is not currently assigned to a Primary Care Team at this new facility; he has no active prescriptions [his prescriptions have not been transferred over from his other VA facility yet], etc.). The authority score that George established for his first visit to this second site did not meet or exceed the current authority score for his FIRST NAME patient identity field. Hence, the edit did not pass the validation tests, which resulted in a reject exception.

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Revised July 2012   Version 1.0
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

VA Facilities Can View the Primary View Data on the MPI

VA facilities have the ability to remotely view Primary View patient identity fields on the Master Patient Index (MPI). The report generated by this option displays the current activity scores for individual patient identity fields (i.e., Primary View of the MPI) and the primary view data fields. VA facilities send a remote query to the MPI to view the MPI primary view information. The same capability to examine this data is available in two locations:

- An action named MPI Primary View (PR), which is located on the MPI/PD Exception Handling [RG EXCEPTION HANDLING] option.

- An option named Primary View Display from MPI [RG PRIMARY VIEW FROM MPI], located on the Message Exception Menu [RG EXCEPTION MENU].

There is a difference between the MPI Primary View action on the MPI/PD Exception Handler and the Primary View Display from MPI option. The Primary View Display from MPI option offers VA facilities the ability to send remote queries to the MPI to view patient identity data regardless if there is an exception logged for the patient.

MPI/PD Exception Handling Action: MPI Primary View

The following are instructions for using the MPI Primary View action on the MPI/PD Exception Handling option to remotely view Primary View patient identity fields on the Master Patient Index (MPI). The functionality is the same for the Primary View Display from MPI [RG PRIMARY VIEW FROM MPI].

On the MPI/PD Exception Handling option, choose a patient on the first screen(s) of the Exception Handler using the Select Exception action. Next, select the new action MPI Primary View (PR), Figure 5-26**.**

```
AUD Patient Audit         DO  MPI Display Only Qry  UPD Update to Processed
PI  Patient Inquiry       ED  Edit Patient Data     DI  MPI/PD Data Inquiry
HI  Hinq Inquiry          PVR View PV Rej Detail    NT  Edit Note
                                                    PR  MPI Primary View
Select Action:Quit// PR (Enter) MPI Primary View
```

Figure 5-25: MPI/PD Exception Handling Action• MPI Primary View

Based on the query status of the patient, there are three possible paths that this functionality can take:

1. If a query has *never* been sent to the MPI for this patient, a remote query is sent to the MPI Patient Data Inquiry option for the first time, Figure 5-26.

```
Sending a Remote Query to the Master Patient Index.
This will take some time; please be patient.
```

Figure 5-26: Query has never been sent to the MPI PDAT

2. If a *previous* query was sent to the MPI for this patient, the following message is shown indicating a query was sent to the MPI and on what date, Figure 5-27. Selecting *the default answer of YES* displays the MPI Patient Data Inquiry (PDAT) information on the next page/screen.

```
A query was last sent for this ICN on <date>.
Do you wish to review that existing query data now? YES// <Enter>
```

Figure 5-27: Query has already been sent to the MPI PDAT• Display existing query data

3. If a *previous* query was sent to the MPI for this patient, the following message is shown indicating a query was sent to the MPI and on what date, Figure 5-28; however, in this case the user selected not to review the previous query.

```
A query was last sent for this ICN on <date>.
Do you wish to review that existing query data now? YES// NO
```

Figure 5-28: Query has already been sent to the MPI PDAT• Do not display existing query data

If for any reason you want to send a new query, simply *reject the default answer and respond NO*. Figure 5-29.

```
Sending a Remote Query to the Master Patient Index.
This will take some time; please be patient.
```

Figure 5-29: Resend query to the MPI PDAT for current patient data

It is possible that it may take some time for the query request to return the data from the MPI. The software will try for up to 30 seconds to get a response. If data is not returned within that timeframe, you might see a message instructing you to check back later to send another query, Figure 5-30.

```
Your query request has NOT returned data from the MPI after trying for
30 seconds. This could be due to network issues. Please try again later.
```

Figure 5-30: Query data has NOT returned from the MPI. Please check back later.

When the query data has returned from the MPI and is available for review, a new page/screen displays the MPI Patient Data Inquiry (PDAT) report.

> **NOTE:** For information on VA facilities' the ability to send remote queries to the MPI to view patient identity data regardless if there is an exception logged for the patient, see the documentation for the option "Primary View Display from MPI [RG PRIMARY VIEW FROM MPI]" location in this manual.

Patch RG*1*43 Retired the Following Exception Types:

- Potential Match
- Missing Required Fields

- SSN Mismatch or Name Mismatch

Patch RG*1*43 also resulted in all local ICNs being sent to the MPI for ICN assignment the next time the Local/Missing ICN Resolution Background Job [MPIF LOC/MIS ICN RES] job ran. Any new potential match exceptions logged were a result of the patient being presented to the MPI under the new enumeration process.

Patients that had these pending exceptions were sent up to the MPI for ICN assignment under the new business process and were assigned an ICN (either new one or matched to an existing patient on the MPI). If a potential match was found, a potential match exception was also logged for review by the local VistA staff.

> **NOTE:** For more detailed information on exception messages, their resolution, and the MPI/PD Exception Handling option [RG EXCEPTION HANDLING], see the Master Patient Index/Patient Demographics (MPI/PD) VistA Exception Handling manual at the following web site:
>
> http://www.va.gov/vdl/Infrastructure.asp?appID=16
>
> This document gives Master Patient Index/Patient Demographics (MPI/PD) sites information and assistance in dealing with exception messages.

Exceptions Deleted for Patient Records Following a Duplicate Record Merge

When records were merged using the Kernel Toolkit Duplicate Resolution System [XDR MAIN MENU], there have been cases where exceptions existed for some of these records. When a facility attempted to resolve these exceptions using the MPI/PD Exception Handling option [RG EXCEPTION HANDLING], these exceptions were sent to the MPI.

MPI/PD Patch RG*1*29 corrects this pattern by deleting any existing exceptions on file for a patient record being merged into another record. In addition, users will no longer be restricted from merging records when both records in a duplicate pair have a national ICN. A call to the API A40^MPIFA40 was added to send HL7 messages to the MPI to remove the "FROM" record and send messages to the "FROM" record's Treating Facilities to change ICNs to the "TO" record ICN. These changes address NOIS PUG-0902-51018.

Patient MPI/PD Data Inquiry	[RG EXCEPTION TF INQUIRY]

This report prints MPI/PD Data for a selected patient. Information displayed includes the following data:

- Integration Control Number (ICN)
- Patient Identifying Data
- Treating Facility list

The information is pulled from the following VistA files:

- PATIENT file (#2)
- TREATING FACILITY LIST files (#391.91)

Patient lookup can be done by Patient Name/SSN or by ICN.

NOTE: Enhancements were added to this option in Patch DG*5.3*505 to display the MULTIPLE BIRTH INDICATOR (#994), POW STATUS INDICATED? (#.525), RACE INFORMATION (#2) sub field 2.02, and ETHNICITY INFORMATION (#6) sub field 2.06 fields. These fields have been added in support of the MPI Austin; the Healthcare Identity Management team needs facility information to improve data quality and to resolve differences on the MPI.

NOTE: The following enhancements were added to this option as of Patch DG*5.3*707:

- Display SSN Verification and Pseudo SSN Reason.

- Remove the call to calculate CMOR score and remove the display of CMOR Score and Subscription Control Number.

- Modify format of display.

```
Select Message Exception Menu Option: Patient MPI/PD Data Inquiry
This report prints MPI/PD Data for a selected patient.  The
information displayed includes the Integration Control Number
(ICN), patient identity information, and Treating Facility list.

The information is pulled from the Patient (#2) file and the
Treating Facility List (#391.91) file.

Patient lookup can be done by Patient Name/SSN or by ICN.

Select PATIENT: MPIPATIENT,KENNEDY <Enter> 9-16-49    666119999    YES    SC
VETERAN    *MULTIPLE BIRTH*

DEVICE: HOME// <Enter>

MPI/PD Data for: MPIPATIENT,KENNEDY  (DFN #100000056)
Printed Mar 27, 2007@16:25 at ALBANY
===========================================================
ICN   : 1000000440
SSN   : 666119999
        SSN Verification Status: Verified
Sex   : FEMALE
Claim #: None
Date of Birth: Sep 16, 1949
Multiple Birth Indicator: YES
Address: 1100 MAIN ST
              BUTLER, MARYLAND 16001

Treating Facilities:   Station:  DT Last Treated      Event Reason
--------------------   --------  ---------------      ------------
DETROIT                553       Sep 17, 2002@13:02   PATIENT ADMISSION
ALBANY                 500       Sep 17, 2002@12:51   PATIENT DISCHARGE

ICN History:
------------
500000531 - changed SEP 17, 2002@10:58:25

Additional DPT Data for: MPIPATIENT,KENNEDY  (DFN #100000056)
```

Example of patient with a verified Social Security Number (i.e., SSN Verification Status: Verified).

```
=============================================================
PLACE OF BIRTH [CITY]          : COLUMBUS
PLACE OF BIRTH [STATE]         : OHIO
FATHER'S NAME                  : LAKES,LAND O
MOTHER'S NAME                  : MPIMOTHER,10
MOTHER'S MAIDEN NAME           : MPIMOTHERSMAIDEN,
NAME OF PRIMARY NEXT OF KIN    :
NEXT OF KIN PHONE NUMBER       :
NAME OF DESIGNEE               :
EMERGENCY NAME                 :
MARITAL STATUS                 : NEVER MARRIED
RELIGIOUS PREFERENCE           : PENTECOSTAL
PRIMARY ELIGIBILITY CODE       :
VETERAN (Y/N)?                 : YES
SERVICE BRANCH [LAST]          :
SERVICE NUMBER [LAST]          :
SERVICE CONNECTED PERCENT      :
SERVICE ENTRY DATE [LAST]      :
SERVICE SEPARATION DATE [LAST] :
PERIOD OF SERVICE              :
POW STATUS INDICATED?          :
DATE ENTERED IN PATIENT FILE   : SEP 17, 2002
ETHNICITY INFORMATION          : HISPANIC OR LATINO
RACE INFORMATION (multiple):
   WHITE
Enter RETURN to continue or '^' to exit:

Patient lookup can be done by Patient Name/SSN or by ICN.
```

Figure 5-31: Patient MPI/PD Data Inquiry• Example of inquiry showing patient with an SSN Verification Status: Verified

Figure 5-32 shows an example of only the first portion of the Patient MPI/PD Data Inquiry output shown in Figure 5-31. In this example, a different patient has been entered in VistA with a pseudo SSN. This changes the output of the report in the following ways:

- A trailing "P" appears at the end of the Social Security Number.

- The Pseudo SSN Reason appears only if a pseudo SSN has been entered and the site has entered a value for pseudo SSN reason. Figure 5-32 shows this value as "REFUSED TO PROVIDE."

The remainder of the Patient MPI/PD Data Inquiry option continues as usual based on the field values in the patient record.

```
Select PATIENT: MPIPATIENT,LOGAN <Enter> 01-01-42  666032829P YES SC VETERAN
(OTHER)  *MULTIPLE BIRTH*

DEVICE: HOME// <Enter>                         ┌──────────────────────┐
                                               │ Trailing "P" at the end │
                                               │ of SSN.              │
MPI/PD Data for: MPIPATIENT,LOGAN  (DFN #100001039)
Printed Mar 27, 2007@15:36 at ALBANY           └──────────────────────┘
=====================================================================
ICN  : 1000001702                              ┌──────────────────────┐
SSN  : 666032829P                              │ Pseudo SSN Reason    │
        Pseudo SSN Reason: REFUSED TO PROVIDE  │ appears on inquiry.  │
Sex  : FEMALE                                  └──────────────────────┘
```

```
Claim #: None
Date of Birth: Jan 1, 1942
Address: 2100 PINE ST
              ANYTOWN, MARYLAND 16001
```

Figure 5-32: Patient MPI/PD Data Inquiry—Partial example of inquiry showing patient with pseudo SSN

As of Patch DG*5.3*712, the Patient MPI/PD Data Inquiry [RG EXCEPTION TF INQUIRY] option has been enhanced to display Bad Address Indicator data, if available. The data is derived from the BAD ADDRESS INDICATOR field (#.121) in the PATIENT file (#2).

```
Select PATIENT: MPIPATIENT,DOMINIQUE <Enter> 06-05-34  666005666  NO  NSC VETERAN

DEVICE: HOME// <Enter>

MPI/PD Data for: MPIPATIENT,DOMINIQUE  (DFN #100001556)
Printed Feb 17, 2009@07:08 at ALBANY
================================================================================
ICN   : 1008522692                            Bad address indicator data (if
SSN   : 666005666                             available) can be one of the
Sex   : MALE                                  following three values:
Claim #: None
Date of Birth: Jun 05, 1934                        •  UNDELIVERABLE
Multiple Birth Indicator: NO                        •  HOMELESS
Address: (Bad Address Indicator: UNDELIVERABLE)     •  OTHER
        376 HANGOVER LOOP
        PELHAM, ALABAMA 35124
Phone #: 205-981-0912
```

Figure 5-33: Patient MPI/PD Data Inquiry—Partial example showing Bad Address Indicator data

Remote Patient Data Query Menu	**[RG REMOTE PDAT MENU]**

This menu provides options to query any facility at which a selected patient has been seen, check the query, and display the remote patient data that is returned from that site. The remote data fields retrieved include the Integration Control Number (ICN), the Coordinating Master of Record (CMOR) site, MPI/PD Activity Score, Subscription Control Number, and Treating Facility list.

```
Select Message Exception Menu Option: Remote <Enter> Patient Data Query Menu

        Send Remote Patient Data Query
        Check Remote Patient Data Query
        Display Remote Patient Data Query

Select Remote Patient Data Query Menu Option:
```

Figure 5-34: Remote Patient Data Query Menu

Send Remote Patient Data Query	**[RG REMOTE PDAT SEND]**

This option allows you to send remote patient data queries from your facility to any facility at which a selected patient has been seen. The remote data fields retrieved are the same as those that are available for local data using the Patient MPI/PD Data Inquiry [RG EXCEPTION TF INQUIRY] option.

```
Select Remote Patient Data Query Menu Option: SEND <Enter> Remote Patient Data
Query

This option sends a remote query to selected treating
facility site(s) for MPI/PD data for a patient.

Patient lookup can be done by Patient Name, SSN or by ICN.

Select PATIENT: MPIPATIENT,ALEX <Enter> 9-2-01    666437773     YES     SC VETERAN

Remote patient data queries will be sent to:
1.  (662) SAN FRANCISCO

Do you want to continue? Yes// YES
    Sending Remote Query to: 662 <Enter> SAN FRANCISCO

Patient lookup can be done by Patient Name, SSN or by ICN
```

Figure 5-35: Send Remote Patient Data Query

| **Check Remote Patient Data Query** | **[RG REMOTE PDAT CHECK]** |

This option allows you to check the status of a remote patient data query previously sent using the Send Remote Patient Data Query [RG REMOTE PDAT SEND] option.

```
Select Remote Patient Data Query Menu Option: Check Remote Patient Data Query

This option checks the status of an existing remote patient data query.
Patient lookup can be done by Patient Name, SSN or by ICN.

Select PATIENT: MPIPATIENT,DAKOTA
-> For ICN 1099999999

Select one or more of the following:
1.  (515) BATTLE CREEK
2.  (526) BRONX
3.  (537) CHICAGO HCS
4.  (553) DETROIT
5.  (677) EASTERN KANSAS HCS
6.  (437) FARGO VAMROC
7.  (564) FAYETTEVILLE AR
8.  (578) HINES
9.  (ALL)
Select site(s) 1-8 or 9 for all: 9
     BATTLE CREEK  status: (Response Received)
     BRONX  status: (Response Received)
     CHICAGO HCS  status: (Response Received)
     DETROIT  status: (Response Received)
     EASTERN KANSAS HCS  status: (Response Received)
     FARGO VAMROC  status: (Response Received)
     FAYETTEVILLE AR  status: (Response Received)
     HINES  status: (Response Received)

Patient lookup can be done by Patient Name, SSN or by ICN.
Select PATIENT: <Enter>
```

Figure 5-36: Check Remote Patient Data Query

Status	Description
Error in Process	There is a problem with link setup or XTMP global, please log a NOIS.
Request Sent	The remote query request has been sent.
Awaiting Response	HL7 indicates that the message is being processed.
Response Received	The remote procedure call has completed and the data has returned to the local server.

Table 5-37: Check Remote Patient Data Query status reported back to site

Display Remote Patient Data Query	[RG REMOTE PDAT DISPLAY]

This option allows you the user to display a patient data query previously sent using the Send Remote Patient Data Query [RG REMOTE PDAT SEND] option. This option will display the status of the query and the data returned or an error message.

```
Select Remote Patient Data Query Menu Option: Display Remote Patient Data Query

Patient lookup can be done by Patient Name, SSN or by ICN.

Select PATIENT: MPIPATIENT,DAKOTA
-> For ICN 1099999999

Select one or more of the following:
1.  (515) BATTLE CREEK
2.  (526) BRONX
3.  (537) CHICAGO HCS
4.  (553) DETROIT
5.  (677) EASTERN KANSAS HCS
6.  (437) FARGO VAMROC
7.  (564) FAYETTEVILLE AR
8.  (578) HINES
9.  (ALL)
Select site(s) 1-8 or 9 for all: 1
      BATTLE CREEK   status: (Response Received)

MPI/PD Data for: MPIPATIENT,DAKOTA   (DFN #7000377)
Printed Apr 11, 2006@07:39 at BATTLE CREEK
================================================================
ICN   : 1099999999
SSN   : 666337777
         SSN Verification Status: Verified
Sex   : MALE
Claim #: 000337777
Date of Birth: April 04, 1904
Address: 123 COLLEGE TOWN DR
              SACRAMENTO, CALIFORNIA 95826


Treating Facilities:    Station:      DT Last Treated         Event Reason
--------------------    --------      ---------------         ------------
BATTLE CREEK            515           Jun 10, 1999@13:20      PATIENT DISCHARGE
BRONX                  526           Aug 13, 1998@9:45       PATIENT DISCHARGE
CHICAGO HCS            537           Sept 11, 1999@13:00     PATIENT DISCHARGE
DETROIT                553           Jun 2, 1999@11:30       PATIENT DISCHARGE
EASTERN KANSAS HCS     677           Jul 12, 1997@16:00      PATIENT DISCHARGE
FARGO VAMROC           437           Nov 17, 1998@14:00      PATIENT DISCHARGE
FAYETTEVILLE AR        564           Dec 11, 2000@12:30      PATIENT DISCHARGE
HINES                  578           Dec 12, 2001@13:40      PATIENT DISCHARGE


Additional DPT Data for: MPIPATIENT,DAKOTA N  (DFN #700000)
============================================================
PLACE OF BIRTH [CITY]          :
PLACE OF BIRTH [STATE]         :
FATHER'S NAME                  :
MOTHER'S NAME                  :
MOTHER'S MAIDEN NAME           :
NAME OF PRIMARY NEXT OF KIN    : MPINEXTOFKIN
NEXT OF KIN PHONE NUMBER       : 555-555-1212
```

```
NAME OF DESIGNEE              :
EMERGENCY NAME               : MPIEMERGENCY
MARITAL STATUS               : DIVORCED
RELIGIOUS PREFERENCE         : NO PREFERENCE
RACE                         :
PRIMARY ELIGIBILITY CODE     : NSC
VETERAN (Y/N)?               : YES
SERVICE BRANCH [LAST]        : AIR FORCE
SERVICE NUMBER [LAST]        : 000337777
SERVICE CONNECTED PERCENT    :
SERVICE ENTRY DATE [LAST]    :
SERVICE SEPARATION DATE [LAST] : JAN 24, 1987
PERIOD OF SERVICE            : VIETNAM ERA
DATE ENTERED IN PATIENT FILE : DEC 19, 2000


Select PATIENT (Use ICN or SSN): <Enter>
```

Figure 5-38: Display Remote Patient Data Query

Figure 5-39 shows an example of only the first portion of the Display Remote Patient Data Query output for the same patient shown in Figure 5-38; however, in this example that same patient has been entered in VistA with a pseudo SSN. This changes the output of the report in the following ways:

- A trailing "P" appears at the end of the Social Security Number

- In this instance the verification process has established a status of "Invalid Per SSA"

- The Pseudo SSN Reason appears only if a pseudo SSN has been entered and the site has entered a value for the pseudo SSN reason. Figure 5-39 shows this value as "SSN UNKNOWN/FOLLOW-UP REQUIRED"

The Display Remote Patient Data Query continues as usual based on the field values in the patient record.

```
Select PATIENT:  MPIPATIENT,DAKOTA
-> For ICN 1099999999

Select one or more of the following:
1.  (515) BATTLE CREEK
2.  (526) BRONX
3.  (537) CHICAGO HCS
4.  (553) DETROIT
5.  (677) EASTERN KANSAS HCS
6.  (437) FARGO VAMROC
7.  (564) FAYETTEVILLE AR            Trailing "P" at the end of SSN
8.  (578) HINES
9.  (ALL)
Select site(s) 1-8 or 9 for all: 1    SSN Verification Status equals
     BATTLE CREEK  status: (Response Received)    "Invalid" and Pseudo SSN
                                                  Reason appears on inquiry.
Printed Apr 11, 2006@07:39 at BATTLE CREEK
==============================================================
ICN    : 1099999999
SSN    : 666337777P
         SSN Verification Status: Invalid Per SSA
         Pseudo SSN Reason     : SSN UNKNOWN/FOLLOW-UP REQUIRED
Sex    : MALE
Claim #: 000337777
Date of Birth: April 04, 1904
Address: 123 COLLEGE TOWN DR
             SACRAMENTO, CALIFORNIA 95826
Phone #: 555-555-5555
```

Figure 5-39: Display Remote Patient Data Query—partial example of query showing patient with pseudo SSN

Support for Department of Defense (DoD) Defense Eligibility Enrollment Reporting System (DEERS)

As of Patch RG*1*59, the following two fields were added to the VistA PATIENT file (#2) to support the Defense Eligibility Enrollment Reporting System (DEERS). These fields are Department of Defense (DoD) identifiers used for individuals who do not have a Social Security Number. This data is used by the Master Veteran Index to support the linking of patient records across VA and DoD. The fields are:

- A Temporary ID Number for individuals (e.g., babies) who do not have or have not provided a Social Security Number (SSN) when the record is added to DEERS. It is used for military dependents only. This DoD TEMPORARY ID NUMBER is used by the Master Veteran Index to support the linking of patient records across VA and DoD.

- A Foreign ID Number for foreign military and foreign nationals when the record is added to DEERS. This DoD FOREIGN ID NUMBER is used by the Master Veteran Index to support the linking of patient records without a given Social Security Number (SSN) across VA and DoD.

These fields have been added to the VistA Patient MPI/PD Data Inquiry option, Figure 5-40. They are displayed _only_ when they are populated for the selected patient record. The fields are also displayed in the Display Remote Patient Data Query option if populated, Figure 5-42.

The following scenario illustrates the flow of date.

1. DoD Identifiers Populated in Patient Record Display in the Patient MPI/PD Data Inquiry

```
Select OPTION NAME: RGMGR <Enter> MPI/PD Master Menu
Select MPI/PD Master Menu Option: CORD <Enter> MPI/PD Patient Admin Coordinator
Menu
Select MPI/PD Patient Admin Coordinator Menu Option: MSG <Enter> Message Exception
Menu
Select Message Exception Menu Option: Patient MPI/PD Data Inquiry

This report prints MPI/PD Data for a selected patient.  The
information displayed includes the Integration Control Number
(ICN), patient identity information, and Treating Facility list.

The information is pulled from the Patient (#2) file and the
Treating Facility List (#391.91) file.

Patient lookup can be done by Patient Name/SSN or by ICN.

Select PATIENT: MPIPATIENT,CHARLES <Enter> 3-3-52  666546778   NO   COLLATERAL
DEVICE: HOME// <Enter> UCX/TELNET


MPI/PD Data for: MPIPATIENT,CHARLES  (DFN #19)
Printed Dec 08, 2011@22:30 at ALBANY
===============================================================================
ICN    : 1000020839                 ┌─────────────────────────────┐
SSN    : 666546778                   │ DoD fields populated in this patient's│
Sex    : MALE                        │ record are displayed in the Patient │
Claim #: 666546778                   │ MPI/PD Data Inquiry option.        │
Date of Birth: Mar 03, 1952          └─────────────────────────────┘
Multiple Birth Indicator: NULL
DoD Temporary ID Number : 999000066
DoD Foreign ID Number   : 999000067
Address:
        BESTT STREET
        ALBANY, NEW YORK 12180
Phone #: 555-2345


Treating Facilities:  Station:  DT Last Treated       Event Reason
--------------------  --------  ---------------       ------------
ALBANY                500       Jul 18, 2001@16:57    PATIENT ADMISSION
DETROIT               553       May 30, 2001@13:35    PATIENT DISCHARGE
```

Figure 5-40. DoD Identifiers Populated for a Patient Display in the Patient MPI/PD Data Inquiry Option

2. SEND Remote Query to Treating Facility for MPI/PD Patient Data

```
Select OPTION NAME: RGMGR <Enter> MPI/PD Master Menu
Select MPI/PD Master Menu Option: CORD <Enter> MPI/PD Patient Admin Coordinator
Menu
Select MPI/PD Patient Admin Coordinator Menu Option: MSG <Enter> Message Exception
Menu

Select Message Exception Menu Option: Remote Patient Data Query Menu
Select Remote Patient Data Query Menu Option: SEND <Enter> Remote Patient Data
Query

This option sends a remote query to selected treating facility site(s) for MPI/PD
data for a patient.

Patient lookup can be done by Patient Name, SSN or by ICN.

Select PATIENT: 666546778 <Enter> MPIPATIENT,CHARLES 3-3-52 666546778 NO
COLLATERAL
Query last sent for this ICN on Dec 07, 2011

Remote patient data queries will be sent to:
1.  (500) ALBANY

Do you want to continue? Yes// <Enter> YES
   Sending Remote Query to: 500  ALBANY
```

Figure 5-41. SEND Remote Query to Treating Facility for MPI/PD Patient Data

3. DoD Identifiers are Displayed from the Remote Query Sent to Selected Treating Facility

```
Select Remote Patient Data Query Menu Option: Display Remote Patient Data Query

Patient lookup can be done by Patient Name, SSN or by ICN.

Select PATIENT:  MPIPATIENT,CHARLES <Enter>  3-3-52  666546778  NO  COLLATERAL

Display data returned from remote patient data queries.
(Be sure HISTORY is enabled to capture data!)

-> For ICN 1000020839

     ALBANY   status: (Response Received)

MPI/PD Data for: MPIPATIENT,CHARLES  (DFN #19)

Printed Dec 07, 2011@22:26 at ALBANY
===============================================================================
ICN    : 1000020839
SSN    : 666546778
Sex    : MALE
Claim #: 666546778
Date of Birth: Mar 03, 1952
Multiple Birth Indicator: NULL            ┌──────────────────────────────┐
DoD Temporary ID Number : 999000066 ──────│ DoD fields are displayed from the remote
DoD Foreign ID Number   : 999000067       │ query sent to selected treating facility for
                                          │ MPI/PD data for this patient.
                                          └──────────────────────────────┘
```

```
Address:
        BESTT STREET
        ALBANY, NEW YORK 12180
Phone #: 555-2345


Treating Facilities:  Station:  DT Last Treated       Event Reason
--------------------  --------  ---------------       ------------
ALBANY                500       Jul 18, 2001@16:57    PATIENT ADMISSION
DETROIT               553       May 30, 2001@13:35    PATIENT DISCHARGE
Austin Person Service 200PS     none found            none found
```

Figure 5-42. DoD Identifiers are Displayed from the Remote Query Sent to Selected Treating Facility

Display Only Query	[MPIF DISPLAY ONLY QUERY TO MPI]

This option allows the user to query the MPI in Austin for all known data about a patient. The patient may or may not be currently in the Patient file. The MPI will return: Patient Not Known at the MPI, a list of potential matches along with all known data, or an exact match along with all known data. This will be for display purposes only. The VistA Display Only Query accepts upper and/or lower case data entry.

Display Only Query—Patient Exists in Patient File

```
Select Master Patient Index Menu Option: Display <Enter> Only Query
Is Patient in the PATIENT file ? YES// <Enter>
Patient Name:  MPIPATIENT,ADRIAN <Enter> MPIPATIENT,ADRIAN 4-17-61 666384772  NO
NSC VETERAN

Attempting to connect to the Master Patient Index in Austin...
If DOB is inexact or if SSN is not passed or if common name,
this could take some time - please be patient....


Found One Match

--- All ICNs Below meet the Match criteria ---
    ICN          NAME                           SSN         DOB          SEX
1)  1000002054   MPIPATIENT,ADRIAN              666384772   4-17-1961    M

          Treating Facility: ALBANY (500)
          Treating Facility: DETROIT (553)
          Treating Facility: Austin Person Service (200PS)


Enter the Number to display the details:

Enter the Number to display the details: 1 <Enter>
Please wait....


MPI Patient Data Search - For : << 1000002054 >>    ID State: PERMANENT
Printed Feb 02, 2009@18:11
===============================================================================
              < PRIMARY VIEW DATA - Updated: Nov 26, 2008@09:25 >
  ICN      : 1000002054V924274
  Name     : MPIPATIENT,ADRIAN             L[ 950]  F[1000]  M[  0]  S[   0]
  SSN      : 666384772                             [1000]
  DOB      : Apr 17, 1961                          [1000]
  MBI      : NULL                                  [ -- ]
  Gender   : M                                     [ -- ]
  POB City : DALLAS                                [1000]
  POB State: TEXAS                                 [1000]
  MMN      : MPIMOTHERSMAIDEN                      [1000]
  Alias:
    MPIPATIENT,ARJEE
  Treating Facilities:
  --------------------
    500   - ALBANY
    ------------------------------- Correlation Updated: Dec 05, 2008@15:58:25
      Name     : MPIPATIENT,ADRIAN              (DFN #100001202)
      SSN      : 666384772
      DOB      : Apr 17, 1961
      MBI      : NULL
      Gender   : M
      POB City : DALLAS
      POB State: TEXAS
      MMN      : MPIMOTHERSMAIDEN,
      Address  :
          1883 BROWN BLVD.
          EULESS, TEXAS   76040
          Phone: (555)555-555
      Alias:
```

```
        MPIPATIENT,ARJEE
   Date Last Treated: Dec 05, 2008@15:56:02
   Event Reason     : PATIENT ADMISSION
   Site Data Updated: Nov 26, 2008@09:25:11
 200PS - AUSTIN PSIM
 ------------------------------- Correlation Updated: Jan 11, 2008@10:01:04
   Name     : UNKNOWN                       (DFN #100000988)
 553  - DETROIT,MI
 ------------------------------- Correlation Updated: Nov 26, 2008@09:25:15
   Name     : MPIPATIENT,ADRIAN             (DFN #100000988)
   SSN      : 666384772
   DOB      : Apr 17, 1961
   MBI      : NULL
   Gender   : M
   POB City : DALLAS
   POB State: TEXAS
   MMN      : MPIMOTHERSMAIDEN,
   Address  :
       1883 BROWN BLVD.
       EULESS, TEXAS   76040
       Phone: (555)555-5555
   Alias:
       MPIPATIENT,ARJEE
   Site Data Updated: Nov 26, 2008@09:25:11
 Other IDs:
 ----------
 5500000043V762752    Assigning Location: DETROIT,MI
 5000000100V203115    Assigning Location: ALBANY
 1000002055V853006    Assigning Location: ALBANY
 ICN Creation Data:
 ------------------
 Date/Time of Original Creation: Jan 11, 2008@10:00
 Facility of Original Creation : DETROIT,MI
 Created by                    : MPIEMPLOYEE,ONE


Would you like to see another record? NO//
```

Figure 5-43: Display Only Query when Patient exists in Patient File

If the user answers "No" at the "Is Patient in the PATIENT file?" prompt then the patient's name and date of birth must be entered. The patient's Social Security Number (SSN) is an optional field; however, not supplying the SSN could affect the results of the search.

Several new fields are being stored on the MPI as a result of the MPI Changes project. Therefore, the ALIAS (multiple), MULTIPLE BIRTH INDICATOR, and POW STATUS INDICATED? fields are returned in the DISPLAY ONLY QUERY option.

Display Only Query—Patient Doesn't Exist in PATIENT File (#2)

```
Select Master Patient Index Menu Option: DISPLAY <Enter> Only Query
Is Patient in the PATIENT file ? YES// NO <Enter>

When the patient is NOT in the local PATIENT file, you will be asked
to provide as much information as possible to facilitate the query.
You will be asked for patient name, date of birth, Social Security Number,
gender, phone number, and address.  Minimally, you must enter patient name
and date of birth.

PATIENT NAME (last,first middle): mpipatient,drew ─────────── ┌─────────────┐
Date of Birth:  01/01/1960 <Enter> (JAN 01, 1960)            │Accepts upper│
9 Digit SSN (No Dashes): <Enter>                             │and/or lower │
Gender: <Enter>                                              └─────────────┘
Phone Number: <Enter>
Address Line 1: <Enter>
Address Line 2: <Enter>
Address Line 3: <Enter>
City: <Enter>


Attempting to connect to the Master Patient Index in Austin...
If DOB is inexact or if SSN is not passed or if common name,
this could take some time - please be patient....


Found potential matches

--- All ICNs Below meet the Match criteria ---
    ICN          NAME                        SSN         DOB         SEX
1)  1000002233  MPIPATIENCE,39              666111112   1-2-1960    M

          Treating Facility: ALBANY (500)

--- All ICNs Below meet the POTENTIAL Match criteria ---
    ICN          NAME                        SSN         DOB         SEX
2)  1000002280  MPIPATIENT,HARLEY           666111112   1-1-1960    M

          Treating Facility: DETROIT (553)
          Treating Facility: Austin Person Service (200PS)


Enter the Number to display the details: 1 <Enter>
Please wait....


MPI Patient Data Search - For : << 1000002233 >>    ID State: PERMANENT
Printed Feb 02, 2009@18:37
================================================================================
<<This ICN is actively being worked on - Case #0804-00008                >>
<<Case Worker: MPICASEWORKER,ONE /  /
>>
            < PRIMARY VIEW DATA - Updated: Oct 02, 2008@15:55 >
  ICN     : 1000002233V790676
  Name    : MPIPATIENCE,39                 L[1000]  F[1000]  M[1000]  S[ -- ]
  SSN     : 666111112                               [1000]
  DOB     : Jan 02, 1960                            [1000]
  MBI     : NO                                      [   0]
  Gender  : M                                       [1000]
  POB City : DALLAS                                 [ -- ]
  POB State: TEXAS                                  [ -- ]
  MMN     : MPIMAIDENNAME                           [ -- ]
```

```
   Alias:
     MPIPATIENCE,THRITY NINE
   Race:
     WHITE
   Ethnicity:
     UNKNOWN BY PATIENT
   Treating Facilities:
   -------------------
     500   - ALBANY
     ------------------------------- Correlation Updated: Oct 02, 2008@15:55:13
       Name     : MPIPATIENCE,39                   (DFN #100001332)
       SSN      : 666111112
       DOB      : Jan 02, 1960
       MBI      : NO
       Gender   : M
       POB City : DALLAS
       POB State: TEXAS
       MMN      : MPIMAINDENNAME,
       Ethnicity: UNKNOWN BY PATIENT
       Address  :
           2345 GREEN OAKS
           #3456
           NEAR MALL
           ARLINGTON, TEXAS   76011
           Phone: (555)555-5555
       Race:
           WHITE
       Alias:
           MPIPATIENCE,THRITY NINE
       Site Data Updated: Oct 02, 2008@15:55:12
   Other IDs:
   ----------
   5000000241V617545     Assigning Location: ALBANY
   ICN Creation Data:
   ------------------
   Date/Time of Original Creation: Apr 29, 2008@16:02
   Facility of Original Creation : ALBANY
   Created by                    : MPICASEWORKER,ONE


Would you like to see another record? NO//
```

Figure 5-44: Display Only Query when patient does not exist in PATIENT file (#2)

Prior to the release of Patch MPIF*1*43, if a patient was selected from the PATIENT (#2) and was already on the MPI, only that record would be returned, even if there were other ICNs that were a potential match. This is no longer the case with the installation of MPIF*1*43.

Display Only Query—Patient with an Open Data Management Case

```
Select Message Exception Menu Option: Display <Enter> Only Query
Is Patient in the PATIENT file ? YES// <Enter>
Patient Name: MPIPATIENT,JESSIE <Enter> MPIPATIENT,JESSIE   3-23-43   666222333
NO     NON-VETERAN (OTHER)

Attempting to connect to the Master Patient Index in Austin...
If DOB is inexact or if SSN is not passed or if common name,
this could take some time - please be patient....

Found One Match

--- All ICNs Below meet the Match criteria ---
    ICN          NAME                          SSN         DOB        SEX
1)  1000001406   MPIPATIENT,JESSIE             666222333   3-23-1943   F

           Treating Facility: ALBANY (500)

Enter the Number to display the details: 1 <Enter>
Please wait....

MPI Patient Data Search - For : << 1000001406 >>    ID State: PERMANENT
Printed Feb 03, 2009@00:37
================================================================================
<<This ICN is actively being worked on - Case #0902-00001                   >>
<<Case Worker: MPICASEWORKER,EIGHT /  / 555-555-5555                         >>
             < PRIMARY VIEW DATA - Updated: Aug 06, 2007@16:25 >
  ICN     : 1000001406V527003
  Name    : MPIPATIENT,JESSIE             L[   0]  F[   0]  M[   0]  S[ -- ]
  SSN     : 666222333                                   [   0]
  DOB     : Mar 23, 1943                                [   0]
  MBI     : NULL                                        [   0]
  Gender  : F                                           [   0]
  POB City : NULL                                       [   0]
  POB State: NULL                                       [   0]
  MMN     : NULL                                        [   0]
  Treating Facilities:
  -------------------
    500   - ALBANY
    -------------------------------
      Name     : MPIPATIENT,JESSIE            (DFN #100000904)
      SSN      : 666222333
      DOB      : Mar 23, 1943
      MBI      : NULL
      Gender   : F
      Site Data Updated: Jul 09, 2006@18:34:02

  Other IDs:
  ----------
  None Found
  ICN Creation Data:
  ------------------
  Date/Time of Original Creation: Jul 08, 2006@19:02
  Facility of Original Creation : ALBANY
  Created by                    : MPIEMPLOYEE,60

Would you like to see another record? NO//
```

Figure 5-45: Display Only Query with an Open Data Management Case

NOTE: Patch MPIF*1*21 added several fields to the Display Only Query option. They are: claim number, station number of the treating facility; and if there is an Open Data Management case, the case number, caseworker, telephone number, and NOIS number (if there is one).

Primary View Display from MPI	**[RG PRIMARY VIEW FROM MPI]**

Figure 5-43 shows the Primary View Display option, located on the Message Exception Menu [RG EXCEPTION MENU]. It is used to remotely view Primary View patient identity fields on the Master Patient Index (MPI). The same functionality described in the previous documentation for the MPI/PD Exception Handling action MPI Primary View, applies to this option. They both behave the same. However, the one difference between them is that the Primary View Display from MPI option offers VA facilities the ability to send remote queries to the MPI to view patient identity data regardless if there is an exception logged for the patient.

```
Select Message Exception Menu Option: Primary View Display from MPI

This option sends a remote request for data to the Master Patient
Index, using a Remote Procedure Call (RPC).  When the RPC returns
the information, you can review Primary View data as it currently
exists on the MPI Patient Data Inquiry (PDAT) report.

Choose the patient for whom Primary View data is to be requested.
The selected patient must have an Integration Control Number (ICN).
You can select by Patient Name, Social Security Number, or ICN.

Select PATIENT: MPIPATIENT,RICK 12-30-44    000044040   YES   SC VETERAN
*MULTIPLE BIRTH*                                       ┌──────────────────┐
                                                       │ Default answer   │
                                                       │ rejected. New query│
A query was last sent for this ICN on Aug 19, 2007@17:12:30 sent to the MPI.│
Do you wish to view the existing query data now? YES// No <Enter>──────────┘

Sending a Remote Query to the Master Patient Index.
This will take some time; please be patient.
Query data has returned from the MPI and is available for review.
(Be sure HISTORY is enabled to capture data!)

MPI Patient Data Search - For : << 1000021621 >>   ID State: PERMANENT
Printed Mar 18, 2012@10:35
================================================================================
              < PRIMARY VIEW DATA - Updated: Mar 18, 2012@14:56:01 >
  ICN    : 1000021621V706883
  Name   : MPIPATIENT,RICK JR            L[ 10]  F[ 50]  M[ 10]  S[ 10]
  SSN    : 000044040  (VERIFIED)              [ 100]
  DOB    : Dec 30, 1944                       [1000]
  MBI    : YES                                [  50]         ┌──────────────┐
  Gender : M                                  [ 250]         │ Authority    │
  DOD    : Mar 12, 2012                                      │ scores for the│
  POB City : GREENVILLE                       [ -- ]         │ patient      │
  POB State: SOUTH CAROLINA                   [   0]         │ identity fields.│
  MMN    : MPIMOTHERSMAIDEN,                   [ 100]         └──────────────┘
  DoD Temporary ID Number: 999000066
  DoD Foreign ID Number  : 999000067 ──── ┌────────────────────────────────┐
  Address :                               │ Temporary and Foreign ID numbers,│
       STREET 1                           │ Address and Phone fields are used to│
       STREET 2                           │ support the linking of patient records across│
       STREET 3                           │ VA and DoD.                    │
       ANYTOWN, CALIFORNIA  99999         └────────────────────────────────┘
       Phone: (555)555-5555
  Alias:
    MPIPATIENT,ALIAS


  Treating Facilities:
  --------------------
```

```
500   – ALBANY                                << POTENTIAL CAT EDIT >>
200PS – AUSTIN PSIM
553   – DETROIT,MI                            << POTENTIAL CAT EDIT >>
```

Figure 5-46: Primary View Display from MPI [RG PRIMARY VIEW FROM MPI] option

Why VA Facilities Need to Know the Current Activity Scores for Patient Identity Fields

Patient identity fields in the Primary View of the MPI are evaluated and updated based on scoring and data rules and displayed at the top of the MPI Patient Data Inquiry [MPI DATA MGT PDAT MPI] option.

> **NOTE:** For a list of the patient identity fields that make up the Primary View on the MPI, see the section titled "Appendix G: Primary View Identity Traits" in this documentation.

The Primary View score is evaluated based on criteria captured from patient encounters at VA facilities (e.g., active prescriptions, admission or registration in the last year, lab test, or radiology exam in the last year) that are sending the inbound update (i.e., data entered by users or sent from a system of interest) to the MPI. The score is calculated from data updates coming from the site. Data is weighed on a field-by-field basis against any differences on the MPI to determine if the score for the inbound edits is equal to or greater than the score for the existing Primary View. Next, the inbound edit is evaluated against Primary View data rules.

Edits to key patient identity fields accepted for the update to the Primary View are broadcasted out to all systems of interest for that patient that do not already have the updated data. Data that does not meet or exceed the current score and pass the data rules generate reject exceptions, which are sent back to the site that attempted the edit. This creates an exception type in the MPI/PD Exception Handling option named View PV Rej Detail (PVR). This exception shows them when their edit was rejected and why.

Site edits to patient identity data that have existing activity scores equal to 1000 will cause those edits to reject. Access to the MPI Patient Data Inquiry [MPI DATA MGT PDAT MPI] option allows sites to see the current activity scores providing an understanding why an edit isn't working and is causing a reject exception.

Management Reports. . .   [RG MGT REPORTS]

This menu contains management reports for the MPI/PD Patient Administration Coordinator.

```
Select MPI/PD Patient Admin Coordinator Menu Option: RPT <Enter> Management Reports

          Pseudo-SSN Report
          Link and Process Status Display
          Unresolved Exception Summary
          National ICN Statistics

Select Management Reports Option:
```

Figure 5-47: Management Reports Menu on MPI/PD VistA

Pseudo-SSN Report   [RGPR PRE-IMP SSN REPORT]

The Pseudo SSN Report identifies patients with questionable SSNs. The completed report sorts patients by Patient Activity and then by the patient's Primary Eligibility Code. The report identifies ALL patients in the database with a missing, pseudo, or potentially false SSN and further identifies patients with inpatient and/or outpatient activity over the past 3 years. The report also identifies entries in the PATIENT file (#2) with a "B" cross-reference and no zero node entry and displays the patient record IEN (Internal Entry Number) within the first section of the report. This first section should be provided to your station's IRM service for their information. The following example shows the output from the report.

```
Select Management Reports Option: Pseudo <Enter> -SSN Report
This report will provide a list of:
(1) any B Cross-references (there is no 'zero' node but a B x-ref)
    on the patient file,
(2) patients with Pseudo SSNs who have not had activity within the past 3
years,
(3) patients with Pseudo SSNs who have had activity within the past 3 years.

The Reports are sorted by Primary Eligibility Code. The report can
be queued if desired.

For MPI/PD purposes, general advice is to concentrate first on
getting correct SSNs for the patients who HAVE had activity within
the past 3 years.

DEVICE: HOME// <Enter>       Right Margin: 80// <Enter>

MPI/PD Report of Pseudo, missing & potentially false SSNs JUL 30, 2002@11:08:23


Bad B Cross References Report
Please contact IRM for assistance with bad B Cross references.
----------------------------------------------------------------------
B Cross Reference with no 0 Node in DPT: DFN= 7169186
B Cross Reference with no 0 Node in DPT: DFN= 7169107


MPI/PD Report of Pseudo, missing & potentially false SSNs JUL 30, 2002@11:08:46
                    Patient activity within past 3 years = NO
Primary
 Elig Code
```

```
       Elig.    Name                     SSN              Home Phone
    ---------------------------------------------------------------


    SERVICE CONNECTED 50% to 100%
          1       MPIPATIENT,ADDISON       666101097P       555-555-5555

    AID & ATTENDANCE
          2       MPIPATIENT,BAILEY        666102357P       555-222-1234
          2       MPIPATIENT,TYLER         666102357P       555-222-1234
          2       MPIPATIENT,SIDNEY        666020201P       555-222-7890

    NSC
          5       MPIPATIENT,REESE         666010805P

    OTHER FEDERAL AGENCY
          6       MPIPATIENT,JAMIE         666032384P

    MPI/PD Report of Pseudo, missing & potentially false SSNs JUL 30, 2002@11:09:02


                      Patient activity within past 3 years = YES
     Primary
     Elig Code
          Elig.    Name                     SSN              Home Phone
    ---------------------------------------------------------------


    SC LESS THAN 50%
          3       MPIPATIENT,KASEY         666456799        555-555-9396
          3       MPIPATIENT,CARSON        666010101P

    NSC
          5       MPIPATIENT,QUINN         666081440P
          5       MPIPATIENT,RYLEE         66041232P
          5       MPIPATIENT,HUNTER        666000999P       555-555-5555
          5       MPIPATIENT,ALEX          666000053P       555-555-7890
          5       MPIPATIENT,CARSON        666101011P

    HOUSEBOUND
         15       MPIPATIENT,PEYTON        666101010P

    MPI/PD Report of Pseudo, missing & potentially false SSNs JUL 30, 2002@11:11:32


                      Patient activity within past 3 years = YES
     Primary
     Elig Code
          Elig.    Name                     SSN              Home Phone
    ---------------------------------------------------------------
    HOUSEBOUND

    None
                  MPIPATIENT,PARKER        666000040P
                  MPIPATIENT,DEVIN         666000041P
                  MPIPATIENT,REAGAN        666030252P       555-555-2093
                  MPIPATIENT,SKYLAR        666090708P
                  MPIPATIENT,AVERY         666050324P
```

Figure 5-48: Pseudo-SSN Report

This report should be printed and provided to personnel assigned to update the Social Security Numbers (SSN). These users would contact the patient and use the Load/Edit Patient Data option in the Admission,

Discharge, Transfer (ADT) Registration menu to update the SSN. It is suggested that sites first clean up those with activity = YES and prioritize the cleanup for patients with veteran Primary Eligibility Codes.

Link and Process Status Display	[RG LINKS AND PROCESS DISPLAY]

This option is used to monitor the status of MPI/PD related functions and messaging. The monitor displays the following information.

- HL links that currently have messages to be processed on either the inbound or outbound queues and the current STATE of the link

- Status of MPI/PD background jobs

- Current audit status on the NAME field (#.01) in the PATIENT file (#2)

- Current status of the SEND parameters for HL7 messaging

- Local link management information

- Any Logical Links used for MPI/PD Messaging that don't have an INSTITUTION defined

- Any Logical Links used for MPI/PD messaging that have an incorrect INSTITUTION defined

- Any Non-MPI/PD Links that have an INSTITUTION definition of the local sites

```
Select MPI/PD IRM Menu Option: Link <Enter> and Process Status Display

Logical Link Monitor:
=====================

<<Run - Oct 28, 2002@13:39:56>>
Outgoing messages:

Incoming messages:


MPI/PD Process Monitor:
=======================

Checking VAFC BATCH UPDATE background job...
   (Total DATA UPDATES waiting to be processed = 0)
   (Total TREATING FACILITY UPDATES waiting to be processed = 0)
=> VAFC BATCH UPDATE scheduled to run OCT 28, 2002@13:21.

Checking MPIF LOC/MIS ICN RES background job...  (Total Local ICNs = 195)
=> MPIF LOC/MIS ICN RES is not currently scheduled to run.

=> Audit on NAME (#.01) field of PATIENT (#2) file set to <<YES, ALWAYS>>

Checking SEND Parameters for HL7 messaging...
=> SEND PIMS HL7 V2.3 MESSAGES currently set to << SEND MESSAGES >>.
=> STOP MPI/PD MESSAGING currently set to << SEND MESSAGES >>.

Checking SHUTDOWN LLP? field and TCP/IP SERVICE TYPE for VADCRN...
=> SHUTDOWN LLP? currently set to << NO >>.
=> TCP/IP SERVICE TYPE currently set to << SINGLE LISTENER >>.
=> Logical Link MPIVA currently set to << TCP >>.
=> HL LINK MANAGER is currently << RUNNING >>.
```

Figure 5-49: Link and Process Status Display option

NOTE: Patch RG*1*20 has added the Link and Process Status Display option to both the MPI/PD IRM Menu and the MPI/PD Patient Admin Coordinator Menu. Once a Class III utility, Link and Process Status Display is used to monitor the status of MPI/PD related functions and messaging. The data provided by this option can also be generated from the Master Patient Index (MPI), via a remote procedure call, for use by the MPI Data Quality Management team.

Unresolved Exception Summary	[RG STATUS DISPLAY]

The Unresolved Exception Summary calculates and presents the following data:

- Number of unresolved exceptions in the CIRN HL7 EXCEPTION LOG file (#991.1) for the MPI/PD related entries (e.g., internal entry number 234) in the CIRN HL7 EXCEPTION TYPE file (#991.11) .

- Number of unique patients with exceptions.

The Exception Handler and Patient Data Review numbers indicate how up-to-date a site is in exception resolution. This data can be useful in reducing the number of exceptions.

```
Select MPI/PD IRM Menu Option: UNRESOLVED <Enter> Exception Summary

Exception Handler Entries:
--------------------------
Primary View Reject                                     4

Total number of exceptions:                             4
Total unique patient exceptions:                        0

The MPI/PD Exception Purge process last ran Mar 21, 2010@10:03:27.

Current total number of National ICNs = 357
Current total number of Local ICNs = 195
```

Figure 5-50: Unresolved Exception Summary

NOTE: As of VistA Patch RG*1*43, all existing exceptions that were active in the CIRN HL7 EXCEPTION LOG file (#991.1) of the types listed below, were marked with a status of PROCESSED:

- Required field(s) missing for patient sent to MPI

- SSN Match Failed

- Name Doesn't Match

These three exceptions listed are no longer generated.

Existing patient records that had these exceptions at the time of in installation of RG*1*43 were sent to the MPI again, and under the latest business rules, were assigned ICNs. At this point, if appropriate, these records received a new Potential Matches Returned exception for site personnel to review.

National ICN Statistics	**[RG NATIONAL ICN STATISTICS]**

This option provides the following statistics available for facility review:

- Total number of patients assigned to each unique Coordinating Master of Record (CMOR).

- Total number of patients shared with each unique entry in the TREATING FACILITY LIST file (#391.91) .

- Totals for national ICNs, local ICNs, and patients with no ICN.

This data is compiled by a remote process, initiated by the MPI in Austin on a regular basis for reporting purposes. The local site does not compile it; however, that same site can view the last report that was compiled.

NOTE: Patch RG*1*20 has removed the Treating Facility List Statistics [RGMT AUDIT TF STATISTICS] option from the Management Reports [RG MGT REPORTS] menu. This information is now available on the new National ICN Statistics [RG NATIONAL ICN STATISTICS] option.

```
Select Management Reports Option: National <Enter> ICN Statistics

This option provides the following statistics:
   1.   Total patients assigned to each unique COORDINATING MASTER OF
        RECORD (CMOR).
   2.   Total patients shared with each unique entry in the TREATING
        FACILITY LIST (#391.91) file.
   3.   Totals for national ICNs, local ICNs, and patients with no ICN.
===> NOTE <===
This data was last compiled on Aug 08, 2002@15:30:23

Right Margin for this report is 80.
DEVICE: HOME// <Enter>

MPI/PD Statistics - ALBANY                    Printed Oct 29, 2002@10:08
Compiled Aug 08, 2002@15:30 (Compile Time:  0.00 hrs)
------------------------------------------------------------------------
=>CMOR TOTALS:
ALBANY                      =     230
BATTLE CREEK                =       1
BPMARION                    =       1
BPSAGINAW                   =       2
BRONX                       =       1
CENTRAL IOWA HCS            =       1
DETROIT                     =      16
MIAMI                       =       1
N. FLORIDA/S. GEORGIA HCS   =       1
SAN FRANCISCO               =       3
TENNESSEE VALLEY HCS        =       0
                                                    TOTAL:    257
=>TREATING FACILITY TOTALS:
ALBANY                      =     259
AUSTIN                      =       3
BATTLE CREEK                =       1
BPMARION                    =       6
BPSAGINAW                   =       8
BRONX                       =       2
CENTRAL IOWA HCS            =       2
DES MOINES-RO               =       1
DETROIT                     =      37
HOUSTON                     =       1
LAS VEGAS                   =       1
MIAMI                       =       2
MINNEAPOLIS                 =       1
MURFREESBORO                =       1
N. FLORIDA/S. GEORGIA HCS   =       1
NEW MEXICO HCS              =       1
NORTHAMPTON                 =       1
OFFICE OF INFORMATION SRV CNTR =    1
SAN FRANCISCO               =      13
SOUTH TEXAS HCS             =       2
TENNESSEE VALLEY HCS        =       1
WEST PALM BEACH             =       1
WILKES BARRE                =       2

   Total patients with a national ICN    =      258
   Total patients with a local ICN       =      200
   Total patients with no ICN            =      349
```

Figure 5-51: National ICN Statistics Option

Add/Edit Point of Contact   [RG UPDATE POINT OF CONTACT]

This option allows a facility to update their point of contact information for Master Patient Index/Patient Demographics (MPI/PD). Names and phone numbers can be edited for administrative, IRM, HL7, and alternate contacts. Phone numbers should include the entire number, to include the area code, seven digit number and extension (e.g., 999 999 9999 9999). At the conclusion of the edit process, the information is transmitted to a remote mail group on the Austin MPI system. The Healthcare Identity Management (HC IdM) staff will use this information to update the MPI points of contact on the HC IdM Web site:

    http://vista.med.va.gov/mpi_dqmt/cirn_points_of_contact.htm

The COMMERCIAL PHONE field (#.135) can also be edited by IRM using the Edit an Existing User [XUSEREDIT] option, but this doesn't send a message to the Healthcare Identity Management team. The message is sent only through the use of the Add/Edit Point of Contact [RG UPDATE POINT OF CONTACT] option. It may be advisable to periodically (e.g., quarterly) compare what is in your local system with the information on the Web site and update if needed. If the number on the Web site doesn't match what is currently in your system, you would need to delete the Point of contact (POC) and re-enter the name, because only a change causes a message to be sent. The Healthcare Identity Management team will use this information to update their Web site.

```
Select MPI/PD Patient Admin Coordinator Menu Option: ADD/EDIT <Enter> Point of
Contact

This option allows you to transmit information to the MPI/PD Data
Management team so that the Point of Contact website can be updated.

To obtain a list of MPI/PD Points of Contact for each facility,
look for the POC web link on the MPI/PD Home Page.

The COMMERCIAL PHONE (#.135) field in the NEW PERSON (#200) file
will only accept numbers and punctuation, 4-20 characters.

Please include the entire phone number:
area code, 7 digit number and extension (e.g., AAA NNN NNNN XXXX)

A contact name without a phone number will NOT be transmitted.
                                         ===
Select one or more of the following:
(A list or range of numbers can be entered, e.g., 1,3 or 2-4,6.)

    1 - Admin POC     2 - Alt Admin POC   3 - IRM POC     4 - Alt IRM POC
    5 - HL7 POC       6 - Alt HL7 POC     7 - ALL POCs

Which Point of Contact information do you wish to update? 7// 7 <Enter> ALL POCs

ADMIN POINT OF CONTACT: POC,THREE <Enter> POC,THREE       AA
OFFICE PHONE: 555-5555 5555 <Enter>

ALT ADMIN POINT OF CONTACT: <Enter>
No ALT ADMIN Point of Contact identified.
IRM POINT OF CONTACT: POC,ONE <Enter> POC,ONE      II
OFFICE PHONE: 555-5555 5556

ALT IRM POINT OF CONTACT: <Enter>
No ALT IRM Point of Contact identified.

HL7 POINT OF CONTACT: POC,TWO <Enter> POC,TWO      HH
OFFICE PHONE: 555-5555 5557 <Enter>

ALT HL7 POINT OF CONTACT: <Enter>
No ALT HL7 Point of Contact identified.


The following data will be transmitted to the MPI/PD Data Management team.

Admin Point of Contact Name: POC,THREE
Admin Point of Contact Phone #: 555 5555 5555

IRM Point of Contact Name: POC,ONE
IRM Point of Contact Phone #: 555 5555 5556

HL7 Point of Contact Name: POC,TWO
HL7 Point of Contact Phone #: 555 5555 5557


Sending information to the MPI/PD Data Management team now.

Do you want to add/edit another contact? NO// <Enter>
```

Figure 5-52: Add/Edit Point of Contact

MPI/PD IRM Menu

This menu provides Information Resource Management (IRM) personnel with the options needed to maintain the Master Patient Index/Patient Demographics (MPI/PD) software.

```
Select MPI/PD Master Menu Option: IRM <Enter> MPI/PD IRM Menu

        Link and Process Status Display
        Unresolved Exception Summary

Select MPI/PD IRM Menu Option:
```

Figure 5-53: MPI/PD IRM Menu

Link and Process Status Display	**[RG LINKS AND PROCESS DISPLAY]**

This option is used to monitor the status of MPI/PD related functions and messaging. The monitor displays the following information:

- HL links that currently have messages to be processed on either the inbound or outbound queues and the current STATE of the link.

- Status of MPI/PD background jobs.

- Current audit status on the NAME field (#.01) in the PATIENT file (#2) .

- Current status of the SEND parameters for HL7 messaging.

- Local link management information.

```
Select MPI/PD IRM Menu Option: Link <Enter> and Process Status Display

Logical Link Monitor:
=====================

<<Run - Oct 28, 2002@13:39:56>>
Outgoing messages:

Incoming messages:

MPI/PD Process Monitor:
=======================

Checking VAFC BATCH UPDATE background job...
   (Total DATA UPDATES waiting to be processed = 0)
   (Total TREATING FACILITY UPDATES waiting to be processed = 0)
=> VAFC BATCH UPDATE scheduled to run OCT 28, 2002@13:21.

Checking MPIF LOC/MIS ICN RES background job...  (Total Local ICNs = 195)
=> MPIF LOC/MIS ICN RES is scheduled to run JUL 24, 2004@11:50.
=> MPIF LOC/MIS ICN RES was last run May 11, 2004@14:11:19.

=> Audit on NAME (#.01) field of PATIENT (#2) file set to <<YES, ALWAYS>>

Checking SEND Parameters for HL7 messaging...
=> SEND PIMS HL7 V2.3 MESSAGES currently set to << SEND MESSAGES >>.
=> STOP MPI/PD MESSAGING currently set to << SEND MESSAGES >>.

Checking SHUTDOWN LLP? field and TCP/IP SERVICE TYPE for VADCRN...
=> SHUTDOWN LLP? currently set to << NO >>.
=> TCP/IP SERVICE TYPE currently set to << SINGLE LISTENER >>.
=> Logical Link MPIVA currently set to << TCP >>.
=> HL LINK MANAGER is currently << RUNNING >>.
```

Figure 5-54: Link and Process Status Display

NOTE: Patch RG*1*20 has added the Class I option, Link and Process Status Display, to both the MPI/PD IRM Menu and the MPI/PD Patient Admin Coordinator Menu. Once a Class III utility, Link and Process Status Display is used to monitor the status of MPI/PD related functions and messaging. The data provided by this option can also be generated from the Master Patient Index (MPI), via a remote procedure call, for use by the Healthcare Identity Management team.

| Unresolved Exception Summary | [RG STATUS DISPLAY] |

The Unresolved Exception Summary calculates and presents totals for the following data:

- Unresolved exceptions in the CIRN HL7 EXCEPTION LOG file (#991.1) for the MPI/PD related entries (e.g., internal entry number 234) in the CIRN HL7 EXCEPTION TYPE file (#991.11) .

- Unique patients with exceptions.

The Exception Handler numbers indicate how up-to-date a site is in exception resolution. This data can be useful in reducing the number of exceptions.

```
Select MPI/PD IRM Menu Option: UNRESOLVED <Enter> Exception Summary

Exception Handler Entries:
--------------------------
Primary View Reject                                     4

Total number of exceptions:                            4
Total unique patient exceptions:                       0

The MPI/PD Exception Purge process last ran Oct 21, 2002@10:03:27.

Current total number of National ICNs = 357
Current total number of Local ICNs = 195
```

Figure 5-55: Unresolved Exception Summary

NOTE: Patch RG*1*20 has revised the MPI/PD Status Display [RG STATUS DISPLAY] option. The link and processes information has been removed from this display, as that data is now available on the new Link and Process Status Display [RG LINKS & PROCESS DISPLAY] option. The menu text for this option has been changed from MPI/PD Status Display to Unresolved Exception Summary.

Standalone Options

MPI/PD HL7 EXCEPTION NOTIFIER	[RG EXCEPTION NOTIFIER]

This option is used to notify members of the RG CIRN DEMOGRAPHIC ISSUES Mail Group that there are exceptions to review. It is not a user option and should *not* be added to user menus.

MPI/PD EXCEPTION PURGE	[RG EXCEPTION PURGE]

This option purges entries from the CIRN HL7 EXCEPTION LOG file (#991.1) . Entries that are purged include duplicate entries, resolved entries over 30 days old, and entries for patients where the name field is null or the patient has been merged (e.g., has a -9 node.) Additionally, only the most recent Primary View Reject exception for a given patient/date is retained.

The MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] option should be scheduled to run once an hour via Task Manager. Contact Information Resource Management (IRM) to verify that this job is scheduled and running.

LOCAL/MISSING ICN RESOLUTION	[MPIF LOC/MIS ICN RES]

This option will start the background job of resolving local and missing ICNs against the MPI. It should *not* be attached to any menu. It is recommended that this option be scheduled to run via TaskMan every 600 seconds (Patch MPIF*1*35).

> **NOTE:** As of Patch MPI*1*38, this background job no longer automatically adds patients to the MPI. Previous to the release of this patch, when the Local/Missing ICN Resolution job was processed on the MPI, if a match wasn't found, the patient was added immediately. As of Patch MPI*1*38, this functionality has been changed in that if a match for a patient isn't found on the MPI, a message is sent back to the site indicating this. On the site's side, this triggers an HL7 A28—Add Patient message, which then adds the patient to the MPI.

> **NOTE:** A new field, LOCAL/MISSING DATE LAST RAN (#.04), was created in the CIRN SITE PARAMETER file (#991.8) in patch RG*1*23 to hold the last date the Local/Missing ICN Resolution Background job ran. The field will be populated by the routine ^MPIFRES.

MPI/PD HL7 DIAGNOSTIC MENU	[RGMT DIAG MGR]

This standalone menu contains a diagnostic tool and reports to assist with problem resolution for MPI/PD VistA HL7 messaging. It should *not* be attached to any menu. This diagnostic tool will be used primarily by the MPI/PD VistA development team and EPS.

```
Select MPI/PD HL7 Diagnostic Menu Option:

   CMP    Compile MPI/PD HL7 Data
   RPT    MPI/PD HL7 Message Status Report
   SNG    MPI/PD HL7 Activity by Patient/Single Protocol
   ALL    MPI/PD HL7 Activity by Patient/All Protocols

Select MPI/PD HL7 Diagnostic Menu Option:
```

Figure 5-56: MPI/PD HL7 Diagnostic Menu options

COMPILE MPI/PD HL7 DATA	[RGMT DIAG COMPILE HL7 DATA]

This utility searches the HL7 MESSAGE TEXT file (#772) for a selected date range. Each HL7 message in the date range is examined. If the RELATED EVENT PROTOCOL field contains the MPI/PD protocols (e.g., "VAF","RG", or "MPI") data is compiled into the ^XTMP("RGMT","HL" array. This option should *not* be attached to any menu.

A cross-reference is built on patient ICN and DFN for faster data retrieval for the associated reports.

MPI/PD HL7 MESSAGE STATUS REPORT	[RGMT DIAG STATUS REPORT]

This option prints information found during the COMPILE MPI/PD HL7 DATA option. It should *not* be attached to any menu. The MPI/PD HL7 MESSAGE STATUS REPORT is generated from the ^XTMP("RGMT","HL" array. The report is sorted by RELATED EVENT PROTOCOL, date, transmission type, and status.

Either a detailed or summary report can be printed for a selected date range. The summary report displays the total number of messages for each date, transmission type, and status. The right margin for this report is 80.

The detailed report can be printed for a single or all protocols and includes information from each HL7 message. The detailed report displays the related EVENT PROTOCOL, DATE, TRANSMISSION TYPE, STATUS, MESSAGE HEADER DATE, DATE PROCESSED, INTERNAL ENTRY NUMBER (IEN) from the HL7 MESSAGE TEXT file (#772) , message identification number, and whether or not the message has been purged. The right margin for this report is 132.

MPI/PD HL7 ACTIVITY BY PATIENT/SINGLE PROTOCOL	[RGMT DIAG SINGLE PROTOCOL]

This option prints information found during the COMPILE MPI/PD HL7 DATA compilation for activity related to a specific protocol. It should *not* be attached to any menu. The ^XTMP("RGMT","HL" array is searched for a user selected protocol, date range, transmission type and patient.

The report prints the patient's name, protocol, date range, transmission type, internal entry number (IEN) from the HL7 MESSAGE TEXT file (#772) , the date and status. The HL7 message data found in the MESSAGE TEXT field is displayed. The right margin for this report is 80.

MPI/PD HL7 ACTIVITY BY PATIENT/ALL PROTOCOLS	[RGMT DIAG ALL PROTOCOLS]

This option prints information found during the COMPILE MPI/PD HL7 DATA compilation for activity related to ALL protocols. It should *not* be attached to any menu. The ^XTMP("RGMT","HL" array is searched for a user selected patient and date range.

The report prints the patient's name, date range, protocol, transmission type, internal entry number (IEN) from the HL7 MESSAGE TEXT file (#772) , the date and status. The HL7 message data found in the MESSAGE TEXT field is displayed. The right margin for this report is 80.

Chapter 6: Background Jobs

AUTO CHANGE CMOR NIGHT JOB Obsolete w/MPIF*1*44
Background job: [MPIF CMOR REQUEST AUTO JOB]

Informational Patch MPIF*1*47: Reschedule MPIF CMOR REQUEST AUTO JOB

As of Patch MPIF*1*44, the MPIF CMOR REQUEST AUTO JOB was made obsolete, marking it out of order. Informational Patch MPIF*1*47 is being sent requesting that MPIF CMOR REQUEST AUTO JOB be rescheduled until outstanding CMOR Change Requests are processed. Sites can still make CMOR Change Requests until they install MPIF*1*44. When all facilities have patch MPIF*1*44 installed, this will no longer be an issue, and the option can again be unscheduled and placed out of order.

1. Place the MPIF CMOR REQUEST AUTO JOB option back in order by removing the OUT OF ORDER MESSAGE text from the OPTION (#19) file.

2. Then reschedule the MPIF CMOR REQUEST AUTO JOB via TaskMan with a frequency of once per day after normal working hours (1D).

> **NOTE:** RG* and MPIF* patches should NOT be installed on legacy systems to avoid issues with the legacy systems ending up as Treating Facilities.

> **NOTE:** MPIF*1*44 must be installed before acting on this patch.

The following jobs need to be tasked to run in the background in support of MPI/PD.

LOCAL/MISSING ICN RESOLUTION
Background job: [MPIF LOC/MIS ICN RES]

This option starts a background job that assigns ICNs to the following types of patient records, which have not been sent to the MPI:

*   Patient records that have local ICNs

*   Patient records that have been flagged as being active but do not have an ICN assignment.

It is recommended that this option be scheduled to run via TaskMan every 600 seconds (Patch MPIF*1*35).

> **NOTE:** As of Patch MPI*1*38 (MPI Austin side for the MPIF*1*43 and RG*1*43), this background job no longer automatically adds patients to the MPI.
>
> Previous to the release of this patch, when the Local/Missing ICN Resolution job was processed on the MPI, if a match wasn't found, the patient was added immediately. As of Patch MPI*1*38,

this functionality has been changed in that if a match for a patient isn't found on the MPI, a message is sent back to the site indicating this. On the site's side, this triggers an HL7 A28—Add Patient message, which then adds the patient to the MPI.

NOTE: A new field, LOCAL/MISSING DATE LAST RAN (#.04), was created in the CIRN SITE PARAMETER file (#991.8) to hold the last date the Local/Missing ICN Resolution Background job ran. The field will be populated by the routine ^MPIFRES.

Local ICNs

ICNs are created for new patients locally at the site when the MPI is unavailable or when the connection is lost prior to the assignment an ICN (e.g., the Direct Connect could not be established). A local ICN is also assigned as a placeholder when a patient has been sent to the MPI but not yet added. This is to ensure identification of these patients as these records await a response from the MPI. Local ICNs look like a national ICN. They contain the same number of digits as a national ICN. The only difference is that the first three digits are the VAMCs station number.

NOTE: It is not recommended that local ICNs be sent to remote databases as they will only be known at the local facility that assigned them.

Missing ICNs

Missing ICNs result from patient records which have been added to the PATIENT file (#2) via other means than through the Patient Information Management System (PIMS) options that establish the real-time connection with the MPI (Load/Edit Patient Data, Register a Patient, and Electronic 10-10EZ Processing). These records are flagged internally for inclusion in the Local/Missing ICN Resolution job.

Resolution of Local/Missing ICNs

The Local/Missing ICN Resolution background job should be scheduled via TaskMan to run every 600 seconds (Patch MPIF*1*35). The Local/Missing ICN Resolution job will find either of the following:

- All patient entries in the local PATIENT file (#2) with a local ICN
- Patient entries that have been flagged as missing an ICN

It then sends these patients to the MPI for a national ICN assignment. These patient entries are sent to the MPI requesting an ICN, in batch HL7 messages (maximum of 100 patient entries each). They are processed on the MPI in the same manner as the patient entries presented in the real-time connection, only in batch form instead of individual entries.

MPI/PD EXCEPTION PURGE
[RG EXCEPTION PURGE]

This option purges entries from the CIRN HL7 EXCEPTION LOG file (#991.1) . Entries that are purged include duplicate entries, resolved entries over 30 days old, and entries for patients where the name field is null or the patient has been merge (e.g., has a -9 node.) Additionally, only the most recent Primary View Reject exception for a given patient/date is retained.

The MPI/PD EXCEPTION PURGE [RG EXCEPTION PURGE] option should be scheduled to run once an hour via Task Manager. Contact Information Resource Management (IRM) to verify that this job is scheduled and running.

UPDATE BATCH JOB FOR HL7 v2.3
[VAFC BATCH UPDATE]

The event of updating patient information can take place from several different options within VistA, including VA FileMan. Changes to any of the fields listed in Table 6-1 are recorded and an entry is created in the ADT/HL7 PIVOT file (#391.71) . The entry is then marked as pending transmission. Direct sets to the globals cannot be collected. This background job will periodically collect (via a scheduled job) these marked events and broadcast an ADT-A08 Update Patient Information message. Because it is not possible to determine if the editing of the field is complete, this background job will periodically collect these marked events and broadcast an ADT A08 message (i.e., Update Patient Information). This is a PIMS-generated HL7 message.

Field Number	Field Name
.01	NAME
.02	SEX
.03	DATE OF BIRTH
.05	MARITAL STATUS
.08	RELIGIOUS PREFERENCE
.09	SOCIAL SECURITY NUMBER
.111	STREET ADDRESS [LINE 1]
.1112	ZIP+4
.112	STREET ADDRESS [LINE 2]
.113	STREET ADDRESS [LINE 3]
.114	CITY
.115	STATE
.116	ZIP CODE
.117	COUNTY
.121	BAD ADDRESS INDICATOR
.131	PHONE NUMBER [RESIDENCE]
.132	PHONE NUMBER [WORK]
.133	EMAIL ADDRESS
.134	PHONE NUMBER [CELLULAR]

Field Number	Field Name
.211	K-NAME OF PRIMARY NOK
.219	K-PHONE NUMBER
.2403	MOTHER'S MAIDEN NAME
.301	SERVICE CONNECTED?
.302	SERVICE CONNECTED PERCENTAGE
.31115	EMPLOYMENT STATUS
.313	CLAIM NUMBER
.323	PERIOD OF SERVICE
.351	DATE OF DEATH
.361	PRIMARY ELIGIBILITY CODE
.525	POW STATUS INDICATED? (added with Patch DG*5.3*648)
1	ALIAS (Patch DG*5.3*575)
2	RACE INFORMATION (Patch DG*5.3*575)
6	ETHNICITY INFORMATION (Patch DG*5.3*575)
391	TYPE
991.01	INTEGRATION CONTROL NUMBER
991.02	ICN CHECKSUM
991.03	COORDINATING MASTER OF RECORD
994	MULTIPLE BIRTH INDICATOR (added with Patch DG*5.3*575)
1901	VETERAN (Y/N)?

Table 6-1: Data elements monitored in the PATIENT file (#2) for changes

This background job also sends out Treating Facility "add me" and Treating Facility Update messages.

NOTE: For more information on the ADT A08 Message- Update Patient Information, see the *Master Patient Index (MPI) VistA HL7 Interface Specifications* at the following address:

http://www.va.gov/vdl/application.asp?appid=16

NOTE: This background job was originally exported in patch DG*5.3*91.

Chapter 7: PIMS Options

This chapter documents in detail the daily interaction between the Master Patient Index (MPI) and the following Patient Information Management System (PIMS) options:

- Load/Edit Patient Data [DG LOAD PATIENT DATA]

- Register a Patient [DG REGISTER PATIENT]

- Electronic 10-10EZ Processing [EAS EZ 1010EZ PROCESSING]

Two other PIMS options that do not interact with, but are impacted by the MPI are listed below. The computer dialogue resulting from these options show the Coordinating Master of Record (CMOR) only.

- Patient Inquiry [DG PATIENT INQUIRY]

- Preregister a Patient [DGPRE PRE-REGISTER OPTION]

Overview of PIMS Interaction with the MPI

During the daily operations of the MPI, a real-time TCP/IP connection (Direct Connect) to the index is established via the Patient Information Management System (PIMS) options Load/Edit Patient Data, Register a Patient, and Electronic 10-10EZ Processing. This takes place when using these PIMS option to add patients to the PATIENT file (#2), or when selecting patients that already exist in the PATIENT file (#2), but do not have an Integration Control Number (ICN)—local ICN or national ICN. This direct connection to the MPI makes it possible for the immediate return of an ICN for a patient that does not currently have one assigned in your site's PATIENT file (#2).

Each time a patient is checked against the MPI via any one of these PIMS options, one of the following scenarios will occur:

1. Patient is Not Found on the MPI:

- The patient is assigned an ICN and added to the index.

Figure 7-1 shows the process for adding a new patient to the MPI and getting an ICN assignment.

> **NOTE:** The process for adding a new patient to the MPI is the same for each of the three PIMS options listed in this chapter. For the purposes of this example, we are using the PIMS option Register a Patient.

```
Select Registration Menu Option: REGISTER <Enter> a Patient

Select PATIENT NAME: MPIPATIENT,BAILEY
   ARE YOU ADDING 'MPIPATIENT,BAILEY' AS A NEW PATIENT (THE 995TH)? No// Y <Enter>
(Yes)
   PATIENT SEX: M <Enter> MALE
   PATIENT DATE OF BIRTH: 2/2/1952 <Enter> (FEB 02, 1952)
   PATIENT SOCIAL SECURITY NUMBER: 666376847
   PATIENT TYPE: SC <Enter> VETERAN
   PATIENT VETERAN (Y/N)?: Y <Enter> YES
   PATIENT SERVICE CONNECTED?: N <Enter> YES
   PATIENT MULTIPLE BIRTH INDICATOR: N <Enter> NO

   ...searching for potential duplicates

   No potential duplicates have been identified.

   ...adding new patient

   Please enter the following additional information:

Patient name components--
FAMILY (LAST) NAME: MPIPATIENT// <Enter>
GIVEN (FIRST) NAME: BAILEY// <Enter>
MIDDLE NAME: <Enter>
PREFIX: <Enter>
SUFFIX: <Enter>
DEGREE:
Press ENTER to continue
```

Please verify or update the following information: ──────┐ For more information, see
                                                           "Appendix F: Change to Identity
                                                           Management Fields, Patch
                                                           MPIF*1*37" in this documentation.

```
MOTHER'S MAIDEN NAME: MPIMAIDENNAME
PLACE OF BIRTH [CITY]: BROOKLYN
PLACE OF BIRTH [STATE]: NEW YORK
Select ALIAS: <Enter> ─────
```
                                          If Alias Name is entered, user will
                                          be prompted for the Alias SSN.
                                          The Alias SSN is an optional field.

```
Attempting to connect to the Master Patient Index in Austin...
If no SSN or inexact DOB or common name, this request
may take some time, please be patient...


Patient was not found in the MPI...

Message sent to MPI requesting Patient to be added.

MPIPATIENT,BAILEY              666-37-6847              FEB 2,1952
================================================================================
                COORDINATING MASTER OF RECORD: ALBANY
 Address: STREET ADDRESS UNKNOWN        Temporary: NO TEMPORARY ADDRESS
          UNK. CITY/STATE
  County: UNSPECIFIED                     From/To: NOT APPLICABLE
   Phone: UNSPECIFIED                       Phone: NOT APPLICABLE
  Office: UNSPECIFIED
Bad Addr:

 Confidential Address:                  Confidential Address Categories:
        NO CONFIDENTIAL ADDRESS
 From/To: NOT APPLICABLE

Primary Eligibility: UNSPECIFIED
```

```
Other Eligibilities:


MPIPATIENT,BAILEY            666-37-6847            FEB 2,1952
============================================================================
                COORDINATING MASTER OF RECORD: ALBANY


Status      : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Future Appointments: NONE

Remarks:
     Money Verified: NOT VERIFIED        Service Verified: NOT VERIFIED
Do you wish to request a HINQ inquiry  ? No// <Enter> (No)

Select Admitting Area: ^

Financial query sent ...
Do you want to enter Patient Data? Yes// N <Enter>  (No)

Checking data for consistency...

===> 12 inconsistencies found in 0 seconds...

===> 12 inconsistencies filed in 0 seconds...


MPIPATIENT,BAILEY (666-37-6847)                         FEB 2,1952
============================================================================
5  - MARITAL STATUS UNSPECIFIED       6  - RELIGION UNSPECIFIED
8  - ADDRESS DATA INCOMPLETE          12 - SC% UNSPECIFIED FOR SC VET
13 - POS UNSPECIFIED                  14 - ELIG CODE UNSPECIFIED
52 - INSURANCE PROMPT UNANSWERED      53 - EMPLOYMENT STATUS UNANSWERED
55 - INCOME DATA MISSING**            61 - MISSING PHONE NUMBER DATA
62 - EMERGENCY CONTACT NAME MISSING   99 - CAN'T PROCESS FURTHER

Inconsistencies followed by two (2) asterisks [**] must be corrected by
using the appropriate MAS menu option(s).
All items not followed by an asterisk can be edited at this time.  If these
items are not corrected at this time, a bulletin will be sent to the
appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? Yes// N <Enter> (No)

Initial notification message sent...

Is the patient currently being followed in a clinic for the same condition? N
<Enter> (No)

Is the patient to be examined in the medical center today? Yes// ^
```

Figure 7-1: No match found, patient is added to MPI

2. Record Match Found for Patient on the MPI:

- If the ICN for the patient is found, your site is added to the list of treating facilities (correlation list) where the patient has been seen.

Figure 7-2 shows the MPI process for updating the ICN and CMOR assignment if an exact record match is found for the patient on the index.

NOTE: The MPI process for updating the ICN and CMOR assignment if an exact record match is found is the same for each of the PIMS options listed in this chapter. For the purposes of this example, we are using the PIMS option Register a Patient.

```
Select Registration Menu Option: register <Enter> a Patient

Select PATIENT NAME: MPIPATIENT,ASHTON
   ARE YOU ADDING 'MPIPATIENT,ASHTON' AS A NEW PATIENT (THE 698TH)? No// Y <Enter>
(Yes)
   PATIENT SEX: M <Enter> MALE
   PATIENT DATE OF BIRTH: FEB 22,1949 <Enter> (FEB 22, 1949)
   PATIENT SOCIAL SECURITY NUMBER: 666789899
   PATIENT TYPE: SC <Enter> VETERAN
   PATIENT VETERAN (Y/N)?: Y <Enter> YES
   PATIENT SERVICE CONNECTED?: Y <Enter> YES
   PATIENT MULTIPLE BIRTH INDICATOR: N <Enter> NO

   ...searching for potential duplicates

   No potential duplicates have been identified.

   ...adding new patient

   Please enter the following additional information:

Patient name components--
FAMILY (LAST) NAME: MPIPATIENT// <Enter> MPIPATIENT
GIVEN (FIRST) NAME: ASHTON// <Enter> ASHTON
MIDDLE NAME: <Enter>
PREFIX: <Enter>
SUFFIX: <Enter>
DEGREE: <Enter>

Press ENTER to continue

Please verify or update the following information:


MOTHER'S MAIDEN NAME: MPIMAIDENNAME
PLACE OF BIRTH [CITY]: ALBANY
PLACE OF BIRTH [STATE]: NEW YORK
Select ALIAS: <Enter>



Attempting to connect to the Master Patient Index in Austin...
If no SSN or inexact DOB or common name, this request
may take some time, please be patient...


Found Patient MPIPATIENT,ASHTON in MPI, updating ICN and CMOR...

MPIPATIENT,ASHTON                666-78-9899                FEB 22, 1949
================================================================================
              COORDINATING MASTER OF RECORD: BPSAGINAW
Address: STREET ADDRESS UNKNOWN          Temporary: NO TEMPORARY ADDRESS
         UNK. CITY/STATE
 County: UNSPECIFIED                          From/To: NOT APPLICABLE
  Phone: UNSPECIFIED                            Phone: NOT APPLICABLE
```

For more information, see "Appendix F: Change to Identity Management Fields, Patch MPIF*1*37" in this documentation.

If Alias Name is entered, user will be prompted for the Alias SSN. The Alias SSN is an optional field.

```
 Office: UNSPECIFIED
   POS: UNSPECIFIED                         Claim #: UNSPECIFIED
 Relig: UNSPECIFIED                             Sex: MALE


Primary Eligibility: UNSPECIFIED
Other Eligibilities:



MPIPATIENT,ASHTON              666-78-9899              FEB 22, 1949
=============================================================================
               COORDINATING MASTER OF RECORD: BPSAGINAW



Status      : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER


Future Appointments: NONE


Remarks:
    Money Verified: NOT VERIFIED        Service Verified: NOT VERIFIED
Do you wish to request a HINQ inquiry  ? No// <Enter> (No)

Select Admitting Area: ^
```

Figure 7-2: Exact Match found on MPI. PATIENT file (#2) updated

3. MPI has Potential Match(es) to Patient's Identifying Information:

a. The patient is assigned a new ICN and added to the index.

b. A potential match exception is logged for HC IdM to review.

NOTE: As of MPI/PD Patch MPIF*1*52, all screens and actions associated with the MPI/PD Exception Handler functionality for resolving Potential Match Exceptions have been removed from MPI/PD VistA. This functionality is now supported in the IMDQ Toolkit.

NOTE: As of VistA Patch RG*1*43, all existing exceptions that were active in the CIRN HL7 EXCEPTION LOG file (#991.1) of the types listed below, were marked with a status of PROCESSED:

- Required field(s) missing for patient sent to MPI

- SSN Match Failed

- Name Doesn't Match

These three exceptions listed are no longer generated.

Existing patient records that had these exceptions at the time of in installation of RG*1*43 were sent to the MPI again, and under the latest business rules, were assigned ICNs.

PIMS Option: Load/Edit Patient Data

This section describes the interaction of the MPI and the Patient Information Management System (PIMS) option Load/Edit Patient Data. The user attempting to do the following:

1. Add a patient to the local PATIENT file (#2) and to the MPI for the first time.

2. Select a patient record for processing that currently exists in the local PATIENT file (#2) and who already has an ICN.

Add New Patient to MPI for First Time

Figure 7-3 shows a new patient being added to the PATIENT file (#2) using the PIMS option Load/Edit Patient Data. The patient is being added to the MPI for the first time. The MPI will return an ICN for that patient. Boldface text shows that the following procedures are taking place:

- A connection is made to the MPI.

- There is currently no matching patient entry in the MPI for this patient.

- The patient is added to the MPI.

Once a patient has been added to the MPI, the corresponding ICN field in the PATIENT file (#2) is updated.

```
Select Registration Menu Option: LOAD/EDIT <Enter> Patient Data

Select PATIENT NAME: MPIPATIENT,CHRISTIAN
   ARE YOU ADDING 'MPIPATIENT,CHRISTIAN' AS A NEW PATIENT (THE 971ST)? No// Y
<Enter> (Yes)
   PATIENT SEX: M <Enter> MALE
   PATIENT DATE OF BIRTH: 2/28/70 <Enter> (FEB 28, 1970)
   PATIENT SOCIAL SECURITY NUMBER: 666548444
   PATIENT TYPE: NSC <Enter> VETERAN
   PATIENT VETERAN (Y/N)?: Y <Enter> (YES)
   PATIENT SERVICE CONNECTED?: N <Enter> NO
   PATIENT MULTIPLE BIRTH INDICATOR: ??
        The MULTIPLE BIRTH INDICATOR will designate whether or not
        the patient is part of a multiple birth (i.e. to identify
        twins, etc.).

     Choose from:
       N        NO
       Y          *MULTIPLE BIRTH*
   PATIENT MULTIPLE BIRTH INDICATOR: N <Enter> NO

   ...searching for potential duplicates

   No potential duplicates have been identified.

   ...adding new patient

   Please enter the following additional information:

Patient name components--
FAMILY (LAST) NAME: MPIPATIENT// <Enter>
GIVEN (FIRST) NAME: CHRISTIAN// <Enter>
MIDDLE NAME:
PREFIX: <Enter>
SUFFIX: <Enter>
DEGREE: <Enter>
Press ENTER to continue

Please verify or update the following information:


MOTHER'S MAIDEN NAME: MPIMADENNAME
PLACE OF BIRTH [CITY]: <Enter>
PLACE OF BIRTH [STATE]: NEW YORK
Select ALIAS: <Enter>
```

For more information, see "Appendix F: Change to Identity Management Fields, Patch MPIF*1*37" in this documentation.

If Alias Name is entered, user will be prompted for the Alias SSN. The Alias SSN is an optional field.

```
Attempting to connect to the Master Patient Index in Austin...
If no SSN or inexact DOB or common name, this request
may take some time, please be patient...


Patient was not found in the MPI...

Message sent to MPI requesting Patient to be added.


MPIPATIENT,CHRISTIAN                    666-54-8444             FEB 28,1970
===============================================================================
               COORDINATING MASTER OF RECORD: ALBANY
Address: STREET ADDRESS UNKNOWN        Temporary: NO TEMPORARY ADDRESS
         UNK. CITY/STATE
 County: UNSPECIFIED                    From/To: NOT APPLICABLE
```

```
   Phone: UNSPECIFIED                            Phone: NOT APPLICABLE
  Office: UNSPECIFIED

  Confidential Address:                     Confidential Address Categories:
          NO CONFIDENTIAL ADDRESS
  From/To: NOT APPLICABLE


 Primary Eligibility: UNSPECIFIED
 Other Eligibilities:


 MPIPATIENT,CHRISTIAN                      666-54-8444            FEB 28,1970
 ==============================================================================
                  COORDINATING MASTER OF RECORD: ALBANY


 Status     : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

 Future Appointments: NONE

 Remarks:
       Money Verified: NOT VERIFIED        Service Verified: NOT VERIFIED
 Do you wish to request a HINQ inquiry  ? No// <Enter> (No)


 Financial query sent ...
 Do you want to enter Patient Data? Yes// N <Enter> (No)

 Checking data for consistency...

 ===> 12 inconsistencies found in 0 seconds...

 ===> 12 inconsistencies filed in 0 seconds...


 MPIPATIENT,CHRISTIAN (666-54-8444)                             FEB 28,1970
 ==============================================================================
 5  - MARITAL STATUS UNSPECIFIED       6  - RELIGION UNSPECIFIED
 8  - ADDRESS DATA INCOMPLETE          13 - POS UNSPECIFIED
 14 - ELIG CODE UNSPECIFIED            52 - INSURANCE PROMPT UNANSWERED
 53 - EMPLOYMENT STATUS UNANSWERED     55 - INCOME DATA MISSING**
 61 - MISSING PHONE NUMBER DATA        62 - EMERGENCY CONTACT NAME MISSING
 64 - POB CITY/STATE MISSING           99 - CAN'T PROCESS FURTHER

 Inconsistencies followed by two (2) asterisks [**] must be corrected by
 using the appropriate MAS menu option(s).

 All items not followed by an asterisk can be edited at this time.  If these
 items are not corrected at this time, a bulletin will be sent to the
 appropriate hospital personnel.

 DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? Yes// N <Enter> (No)

 Initial notification message sent...

 Download VIC data? No// <Enter> (No)
```

Figure 7-3: Load/Edit Patient Data–Add patient to PATIENT file (#2) and MPI for first time

Process Existing Patient Already on MPI

Figure 7-4 shows that once patients have been added to the MPI, they are assigned an ICN. Anytime the
PIMS option Load/Edit Patient Data (or any of the other two PIMS options: Register a Patient, or
Electronic 10-10EZ Processing) is used to process an existing patient that has an ICN.

```
Select Registration Menu Option: LOAD/EDIT <Enter> Patient Data

Select PATIENT NAME: MPIPATIENT,ROE <Enter> MPIPATIENT
NO    NSC VETERAN

Please verify or update the following information:

PLACE OF BIRTH [CITY]:
PLACE OF BIRTH [STATE]:
Select ALIAS:


MPIPATIENT,ROE                          666
==============================================
              COORDINATING MASTER OF RECORD
 Address: STREET ADDRESS UNKNOWN          Temporary: NO TEMPORARY ADDRESS
          UNK. CITY/STATE
  County: UNSPECIFIED                        From/To: NOT APPLICABLE
   Phone: UNSPECIFIED                          Phone: NOT APPLICABLE
  Office: UNSPECIFIED
Bad Addr:

 Confidential Address:                    Confidential Address Categories:
         NO CONFIDENTIAL ADDRESS
 From/To: NOT APPLICABLE

Primary Eligibility: UNSPECIFIED
Other Eligibilities:
```

> Existing fields containing data (e.g., DOB, SEX, SSN, and MMN), are no longer shown. For more information, see "Appendix F: Change to Identity Management Fields, Patch MPIF*1*37" in this documentation.

> CITY, STATE, and ALIAS display because they were previously unanswered. For more information, see "Appendix F: Change to Identity Management Fields, Patch MPIF*1*37" in this documentation.

Figure 7-4: Load/Edit Patient Data—Select patient for processing already having ICN and CMOR

PIMS Option: Register a Patient

This topic describes the interaction between the MPI and the Patient Information Management System
(PIMS) option Register a Patient when processing an existing patient. This patient does not have an ICN
assignment.

Boldface is used to highlight user responses to online prompts. It is also used to highlight computer
dialogue that is new to this PIMS option based on its interaction with the MPI, showing:

1. A connection being made to the MPI.

2. That there are currently no matching patient entries in the MPI for this patient.

3. The patient being added to the MPI.

Once a patient has been added to the MPI, the corresponding ICN field in the PATIENT file (#2) is
updated.

```
Select Registration Menu Option: REGISTER <Enter> a Patient

Select PATIENT NAME: MPIPATIENT,JOE
   ARE YOU ADDING 'MPIPATIENT,JOE' AS A NEW PATIENT (THE 973RD)? No// Y <Enter>
(Yes)
   PATIENT SEX: M <Enter> MALE
   PATIENT DATE OF BIRTH: 2/29/76 <Enter> (FEB 29, 1976)
   PATIENT SOCIAL SECURITY NUMBER: 666433245
   PATIENT TYPE: NSC <Enter> VETERAN
   PATIENT VETERAN (Y/N)?: Y <Enter> (YES)
   PATIENT SERVICE CONNECTED?: Y <Enter> YES
   PATIENT MULTIPLE BIRTH INDICATOR: N <Enter> NO

   ...searching for potential duplicates

   No potential duplicates have been identified.

   ...adding new patient

   Please enter the following additional information:

Patient name components--
FAMILY (LAST) NAME: MPIPATIENT// <Enter>
GIVEN (FIRST) NAME: JOE// <Enter>
MIDDLE NAME: <Enter>
PREFIX: <Enter>
SUFFIX: JR
DEGREE: <Enter>
Ok to file 'MPIPATIENT,JOE' and its name components? Yes// <Enter> (Yes)

Please verify or update the following information:


MOTHER'S MAIDEN NAME: MPIMADENNAME
PLACE OF BIRTH [CITY]: <Enter>
PLACE OF BIRTH [STATE]: NY <Enter> NEW YORK
Select ALIAS: <Enter>


Attempting to connect to the Master Patient Index in Austin...
If no SSN or inexact DOB or common name, this request
may take some time, please be patient...


Patient was not found in the MPI...

Message sent to MPI requesting Patient to be added.


MPIPATIENT,JOE                      666-43-3245              FEB 29,1976
===============================================================================
                COORDINATING MASTER OF RECORD: ALBANY
Address: STREET ADDRESS UNKNOWN        Temporary: NO TEMPORARY ADDRESS
         UNK. CITY/STATE
 County: UNSPECIFIED                      From/To: NOT APPLICABLE
  Phone: UNSPECIFIED                        Phone: NOT APPLICABLE
 Office: UNSPECIFIED

 Confidential Address:                    Confidential Address Categories:
         NO CONFIDENTIAL ADDRESS
```

For more information, see "Appendix F: Change to Identity Management Fields, Patch MPIF*1*37" in this documentation.

If Alias Name is entered, user will be prompted for the Alias SSN. The Alias SSN is an optional field.

```
 From/To: NOT APPLICABLE


Primary Eligibility: UNSPECIFIED
Other Eligibilities:


MPIPATIENT,JOE                    666-43-3245          FEB 29,1976
===============================================================================
                 COORDINATING MASTER OF RECORD: ALBANY



Status      : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER


Future Appointments: NONE

Remarks:
     Money Verified: NOT VERIFIED        Service Verified: NOT VERIFIED
Do you wish to request a HINQ inquiry  ? No// <Enter> (No)

Select Admitting Area: ??

   Choose from:
   ALBANY ADMITTING
   TROY ADMITTING

Select Admitting Area: ALBANY <Enter> ADMITTING

PRINT BARCODE LABELS FOR PATIENT'S FOLDERS? YES// <Enter>

ISSUE REQUEST FOR RECORDS? YES// <Enter>

Financial query sent ...
Do you want to enter Patient Data? Yes// N <Enter> (No)

Checking data for consistency...

===> 12 inconsistencies found in 0 seconds...

===> 12 inconsistencies filed in 0 seconds...


MPIPATIENT,JOE (666-43-3245)                              FEB 29,1976
===============================================================================
5  - MARITAL STATUS UNSPECIFIED      6  - RELIGION UNSPECIFIED
8  - ADDRESS DATA INCOMPLETE         13 - POS UNSPECIFIED
14 - ELIG CODE UNSPECIFIED           52 - INSURANCE PROMPT UNANSWERED
53 - EMPLOYMENT STATUS UNANSWERED    55 - INCOME DATA MISSING**
61 - MISSING PHONE NUMBER DATA       62 - EMERGENCY CONTACT NAME MISSING
64 - POB CITY/STATE MISSING          99 - CAN'T PROCESS FURTHER


Inconsistencies followed by two (2) asterisks [**] must be corrected by
using the appropriate MAS menu option(s).

All items not followed by an asterisk can be edited at this time.  If these
items are not corrected at this time, a bulletin will be sent to the
appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? Yes// N <Enter> (No)

Initial notification message sent...
```

```
Is the patient currently being followed in a clinic for the same condition? N
<Enter> (No)

Is the patient to be examined in the medical center today? Yes// N <Enter> (No)


Registration login date/time: NOW// <Enter> (MAY 13,2003@07:47)
TYPE OF BENEFIT APPLIED FOR: 3 <Enter> OUTPATIENT MEDICAL
TYPE OF CARE APPLIED FOR: 5 <Enter> ALL OTHER
FACILITY APPLYING TO: ALBANY// <Enter> 500A
REGISTRATION ELIGIBILITY CODE: HUMANITARIAN EMERGENCY
         // 6 <Enter> 6   NON-VETERAN

Updating eligibility status for this registration...


  NEED RELATED TO AN ACCIDENT: N <Enter> NO
  NEED RELATED TO OCCUPATION: N <Enter> NO

Do you wish to enroll in the VA Patient Enrollment System? YES// <Enter>

ENROLLMENT APPLICATION DATE: MAY 13, 2003// <Enter>

PREFERRED FACILITY: ALBANY// <Enter>

Application is pending for enrollment in the VA Patient Enrollment System...
   Enrollment Date               : -none-
   Enrollment Application Date   : MAY 13, 2003
   Enrollment Category           : IN PROCESS
   Enrollment Status             : UNVERIFIED
   Enrollment Priority           : -none-
   Preferred Facility            : ALBANY
   Enrollment Group Threshold    : GROUP 8c

PRINT 10/10? Yes// N <Enter> (No)
ROUTING SLIP? Yes// N <Enter> (No)

Download VIC data? No// <Enter> (No)
```

Figure 7-5: Register a Patient- Add new patient, and connect to MPI for first time

Other PIMS Options Affected by the MPI

The following two Patient Information Management System (PIMS) options do not interact with, but are impacted by the MPI:

1. Patient Inquiry [DG Patient Inquiry]

2. Preregister a Patient [DGPRE PRE-REGISTER OPTION]

The CMOR for the patients that have been assigned an ICN (local or national) will display in the computer dialogue from these two options. If the patient has not been assigned an ICN, the CMOR field will have a value of None or Unknown.

PIMS Option: Patient Inquiry

Figure 7-6 shows the PIMS option Patient Inquiry displaying information for patient named "115 MPIPATIENT."

```
Select Option: PATIENT Inquiry <Enter>

Select PATIENT NAME: MPIPATIENT,CAMERON <Enter> 07-09-50   666067984   YES   SC
VETERAN

MPIPATIENT,CAMERON            00-06-7984              JUL 9,1950
========================================================================
                    COORDINATING MASTER OF RECORD: SAN FRANCISCO
Address: 000 MAIN STREET                Temporary: NO TEMPORARY ADDRESS
         ANYTOWN,NY 12018
 County: RENSSELAER (083)                 From/To: NOT APPLICABLE
  Phone: 5553457689                         Phone: NOT APPLICABLE
 Office: UNSPECIFIED

Primary Eligibility: SC LESS THAN 50% (NOT VERIFIED)
Other Eligibilities:



Status: PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Future Appointments: NONE

Remarks:
```

Figure 7-6: PIMS Patient Inquiry

PIMS Option: Preregister a Patient

Figure 7-7 shows the PIMS option Preregister a Patient displaying the CMOR for the patient named "115 MPIPATIENT."

```
Select Registration Menu Option: Preregistration <Enter> Menu

   CALL    Display Preregistration Call List
   OUT     Outputs for Preregistration ...
   SU      Supervisor Preregistration Menu ...
           Patient Inquiry
           Preregister a Patient

Select Preregistration Menu Option: Preregister a Patient
Select Patient to Preregister: MPIPATIENT,CAMERON <Enter> 07-09-50    666067984
YES     SC VETERAN
MPIPATIENT,CAMERON          666-06-7984                JUL 9,1950
=======================================================================
                   COORDINATING MASTER OF RECORD: SAN FRANCISCO

Address: 000 MAIN STREET                Temporary: NO TEMPORARY ADDRESS
         ANYTOWN,NY 12018
 County: RENSSELAER (083)                From/To: NOT APPLICABLE
  Phone: 5553457689                        Phone: NOT APPLICABLE
 Office: UNSPECIFIED

Primary Eligibility: SC LESS THAN 50% (NOT VERIFIED)
Other Eligibilities:
-----------------------------------------------------------------------
[PRE-REGISTER DATE:]  NONE ON FILE
-----------------------------------------------------------------------

Status      : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

This option continues as it would normally
```

Figure 7-7: PIMS Preregister a Patient

Patient Sensitivity

If a shared patient is flagged as sensitive at one of the treating facility sites, a bulletin is sent to the RG CIRN DEMOGRAPHIC ISSUES mail group at each treating facility telling where, when, and by whom the flag was set. Each site can then review whether the circumstances meet the local criteria for sensitivity flagging.

MPI Direct Connection Unavailable: Local ICN Assignments

Figure 7-8 shows the computer dialogue resulting from the MPI unexpectedly becoming unavailable while the direct connection is in use. If this happens, a local ICN is assigned to the patient being processed. This allows the user to continue processing the current patient and flags this patient as needing a national ICN. Patient records having received Local ICN assignment will be resolved through the Local/Missing ICN Resolution Background Job (i.e., MPIF LOC/MIS ICN RES).

The process is the same for each of the three PIMS options listed in this chapter. However, we will use the PIMS option Register a Patient for the purposes of this example, Figure 7-8.

```
Select OPTION NAME: Register a Patient

Select PATIENT NAME: MPIPATIENT,DOE
    ARE YOU ADDING 'MPIPATIENT,DOE' AS A NEW PATIENT (THE 276TH)? No// Y <Enter>
(Yes)
    PATIENT SEX: F <Enter> FEMALE
    PATIENT DATE OF BIRTH: 090817 <Enter> (SEP 08, 1917)
    PATIENT SOCIAL SECURITY NUMBER: 666099589
    PATIENT TYPE: SC VETERAN
    PATIENT VETERAN (Y/N)?: Y <Enter> YES
    PATIENT SERVICE CONNECTED?: N <Enter> NO
    PATIENT MULTIPLE BIRTH INDICATOR: ??
         The MULTIPLE BIRTH INDICATOR will designate whether or not
         the patient is part of a multiple birth (i.e. to identify
         twins, etc.).

      Choose from:
        N         NO
        Y         *MULTIPLE BIRTH*
    PATIENT MULTIPLE BIRTH INDICATOR: N <Enter> NO

    ...searching for potential duplicates

    No potential duplicates have been identified.

    ...adding new patient

    Please enter the following additional information:

Patient name components—
FAMILY (LAST) NAME: DOE//
GIVEN (FIRST) NAME: CHRISTINE//
MIDDLE NAME:
PREFIX:
SUFFIX:
```

```
DEGREE:
Press ENTER to continue

Please verify or update the following information:        ┌──────────────────────────┐
                                                         │ For more information, see │
                                                         │ "Appendix F: Change to Identity │
                                                         │ Management Fields, Patch │
MOTHER'S MAIDEN NAME: MPIMADENNAME                       │ MPIF*1*37" in this documentation. │
PLACE OF BIRTH [CITY]: BILLINGS                          └──────────────────────────┘
PLACE OF BIRTH [STATE]: MONTANA
Select ALIAS:                                            ┌──────────────────────────┐
                                                         │ If Alias Name is entered, user will │
                                                         │ be prompted for the Alias SSN. │
                                                         │ The Alias SSN is an optional field. │
                                                         └──────────────────────────┘

Attempting to connect to the Master Patient Index in Austin...
If no SSN or inexact DOB or common name, this request
may take some time, please be patient

Could not connect to the MPI or Timed Out, assigning local ICN (if not already
assigned). . .

New page:
MPIPATIENT,DOE        666-09-9589               SEP 8,1917
========================================================================
                    COORDINATING MASTER OF RECORD: SAN FRANCISCO
Address: STREET ADDRESS UNKNOWN        Temporary: NO TEMPORARY ADDRESS
         UNK. CITY/STATE
 County: UNSPECIFIED                    From/To: NOT APPLICABLE
  Phone: UNSPECIFIED                      Phone: NOT APPLICABLE
 Office: UNSPECIFIED

Primary Eligibility: UNSPECIFIED
Other Eligibilities:
Status   : PATIENT HAS NO INPATIENT OR LODGER ACTIVITY IN THE COMPUTER

Future Appointments: NONE

Remarks:

(This option continues as it would normally…)
```

Figure 7-8: Computer dialogue displayed if MPI direct connection becomes unavailable

Under What Conditions are Local ICNs Assigned to Patient Records?

The following are conditions in which local ICNs are assigned to patient records:

- The site's VistA system cannot connect to the MPI.

- The site edits an existing patient or adds a new patient using an option that doesn't directly interact with the MPI (e.g., VistA Laboratory or VA FileMan).

- The site attempts to add a patient; however, something happens to hold up transmission to the MPI causing a delay in national ICN assignment. In this instance, a local ICN is assigned as an interim placeholder to the patient entry until a national ICN is returned. Local ICN assignments made in this situation facilitate these types of patient entries to be easily identifiable.

Glossary

.001 Field A field containing the internal entry number of the record.

.01 Field The one field that must be present for every file and file entry. It is also called the NAME field. At a file's creation the .01 field is given the label NAME. This label can be changed.

10-10EZ Form used to apply for health benefits.

Abbreviated Response This feature allows you to enter data by typing only the first few characters for the desired response. This feature will not work unless the information is already stored in the computer.

Accept Agreement Part of the validation and agreement to the privacy regulations associated with Identity Management Toolkit (IdM TK).

Access Code A code that, along with the Verify code, allows the computer to identify you as a user authorized to gain access to the computer. Your code is greater than 6 and less than 20 characters long; can be numeric, alphabetic, or a combination of both; and is usually assigned by a site manager or application coordinator. It is used by the Kernel's Sign-on/Security system to identify the user (see Verify Code).

Active Patients Patients who have been seen at a site within the past three years.

ADPAC Automated Data Processing Application Coordinator.

ADR The Administrative Data Repository is the authoritative data store within VHA for cross-cutting person administrative information. The Administrative Data Repository contains identification and cross-cutting demographics data as well as other administrative information. May also include subset of EDB data. May also be referred to as ADR-N or ADR-L to designate a national or local instance.

ADT Admission Discharge and Transfer- Part of the Patient Information Management System (PIMS).

ADT/HL7 PIVOT File Changes to any of the fields of patient information will be recorded and an entry created in the ADT/HL7 PIVOT file (#391.71). When an update to a patient's treating facility occurs, this event is to be added to the ADT/HL7 PIVOT file (#391.71) and marked for transmission. A background job will collect these updates and broadcast the appropriate HL7 message (ADT-A08 Patient Update).

AITC Austin Information Technology Center (formerly Austin Automation Center [AAC])

Alerts Brief online notices that are issued to users as they complete a cycle through the menu system. Alerts are designed to provide interactive notification of pending

computing activities, such as the need to reorder supplies or review a patient's clinical test results. Along with the alert message is an indication that the View Alerts common option should be chosen to take further action.

Ancillary Reviewer   This can be a single person or group of people given the responsibility to conduct reviews of potential duplicate record pairs with data in files other than the PATIENT file (#2). For example, selected personnel in Laboratory, Radiology, and Pharmacy.

ANSI   American National Standards Institute.

ANSI M   The M (formerly known as MUMPS) programming language is a standard recognized by the American National Standard Institute (ANSI). M stands for Massachusetts Utility Multi-programming System.

API   Program calls provided for use by application programmers. APIs allow programmers to carry out standard computing activities without needing to duplicate utilities in their own software. APIs also further DBA goals of system integration by channeling activities, such as adding new users, through a limited number of callable entry points. VistA APIs fall into the following three categories:

- The first category is "Supported API" These are callable routines, which are supported for general use by all VistA applications.

- The second category is "Controlled Subscription API." These are callable routines for which you must obtain an Integration Agreement (IA - formerly referred to as a DBIA) to use.

- The third category is "Private API," where only a single application is granted permission to use an attribute/function of another VistA package.

These IAs are granted for special cases, transitional problems between versions, and release coordination.

application   Any software that executes logic or rules which allow people to interface with the computer and programs which collect, manipulate, summarize, and report data and information. .

Application Coordinator   Designated individuals responsible for user-level management and maintenance of an application package such as IFCAP, Lab, Pharmacy, Mental Health, etc.

Application Server   Software/hardware for handling complex interactions between users, business logic, and databases in transaction-based, multi-tier applications. Application servers, also known as app servers, provide increased availability and higher performance.

Array   An arrangement of elements in one or more dimensions. An M array is a set of nodes referenced by subscripts that share the same variable name.

AT-SIGN ("@")   A VA FileMan security Access code that gives the user programmer-level access to files and to VA FileMan's developer features. See Programmer Access. Also,

the character "@" (i.e., at-sign, Shift-2 key on most keyboards) is used at VA FileMan field prompts to delete data.

Attribute

VHA Definition:

- These are Persons Traits or Meta-Data about the Primary View or the Correlation.

Identity Hub™ Definition:

- Members have attributes, like Name, Gender, Address, Phone, Birth Date, SSN.

- Attributes are stored in tables according to Segments. Segments are "attribute types" The MEMPHONE segment can hold Home Phone, Cell Phone, and Fax Number information.

Authentication

Verifying the identity of the end-user.

Authorization

Granting or denying user access or permission to perform a function.

Auto Link Threshold or Threshold, Auto Link

The Auto Link Threshold is the level that a Comparison Score must meet or exceed in order for two or more Identity Profiles to be considered the same unique Person Identity.

Auto-Resolved

Exception cases automatically closed by the System without action by the HealthCare Identity Management (HC IdM) staff.

Auto-Update

The term "auto-update" refers to fields that are updated from a central database (i.e., the Master Patient Index).

(BAI) Bad Address Indicator

The Bad Address Indicator field applies to the address at which the patient resides. This field should be set as follows (if applicable):

- "UNDELIVERABLE" - Bad Address based on returned mail.

- "HOMELESS" - Patient is known to be homeless.

- "OTHER" - Other Bad Address Reason

Setting this field will prevent a Bad Address from being shared with HEC and other VAMC facilities. It will also be used to block Means Test Renewal Letters from being sent. Once the Bad Address Indicator is set, incoming "newer" addresses will automatically remove the Bad Address Indicator, and allow the "updated" address to be transmitted to HEC and other VAMC Facilities.

Batch Acknowledgements

The format of a HL7 batch acknowledgement message consists entirely of a group of ACK (acknowledgment) messages. In the case of MPI, batch acknowledgements are returned during the initialization process and during the Local/Missing ICN Resolution job. The background job files the ICN, ICN checksum and CMOR, updates the MPI, and then the associated treating facilities and systems. Data returned from this process constitute the acknowledgment of the batch message.

Batch Messages   There are instances when it is convenient to transfer a batch of HL7 messages. Common examples related to MPI are queries sent to the MPI for an ICN during the initialization process, the resolution of Local or Missing ICNs, and CMOR Batch Comparisons. Such a batch could be sent online using a common file transfer protocol. In the case of the MPI, the HL7 Batch Protocol uses the Batch Header Segment (BHS) and Batch Trailer Segment (BTS) message segments to delineate the batch.

BHIE   Bidirectional Health Information Exchange

Bulletins   Electronic mail messages that are automatically delivered by VistA MailMan under certain conditions. For example, a bulletin can be set up to "fire" when database changes occur, such as adding a new Institution in the INSTITUTION file (#4). Bulletins are fired by bulletin-type cross-references.

Business Requirements
- Requirements state the customer needs the project output will satisfy. Requirements typically start with phrase "The system shall …" Business requirements refers to how the project will satisfy the business mission of the customer.

- Business requirements refer to business functions of the project, such as project management, financial management, or change management.

Business Rule
- A policy imposed by the business, or an external entity, on the system used in the process of conducting that business.

- A special category of a requirement. A business rule is directive, policy, or procedure within an organization that describes the relationship between two or more entities. Business rules may also come from outside sources such as government regulations and membership association guidelines.

CAIP   Cross-Application Integration Protocol. A framework which provides both applications and services with support for software procedure calls across systems and applications that rely upon infrastructure and middleware technologies, while simultaneously minimizing the direct dependencies of these same applications and services upon these enabling technologies.

CAPRI   Compensation & Pension Records Interchange (CAPRI). This Graphical User Interface (GUI) software is used to access veterans' electronic medical records throughout the VA. The Healthcare Identity Management (HC IdM) Team uses CAPRI as a resource for reviewing patient demographic and clinical data.

Cache   Cache memory is a small area of very fast RAM used to speed exchange of data. Also, a file or directory included on your computer's hard drive which automatically stores the text and graphics from a web page you pull up, which, in turn, allows you to go back to that web page, without having to wait for the information to reload.

Callable Entry Point   An authorized programmer call that may be used in any VistA application

package. The DBA maintains the list of DBIC-approved entry points.

CDCO Corporate Data Center Operations (formerly Corporate Franchise Data Center [CFD])

CHDR Clinical Data Repository (CDR) Health Data Repository

Checksum The result of a mathematical computation involving the individual characters of a routine or file.

Client A single term used interchangeably to refer to the user, the workstation, and the portion of the program that runs on the workstation. In an object-oriented environment, a client is a member of a group that uses the services of an unrelated group. If the client is on a local area network (LAN), it can share resources with another computer (server).

Clinical Patient Record System (CPRS) Clinical Patient Record System provides a computer-based patient record and organizes and presents all relevant data on a patient in a way that directly supports clinical decision-making. CPRS integrates the extensive set of clinical and administrative applications available within VistA.

Common Menu The Common menu consists of options that are available to all users. Entering two question marks at the menus select prompt displays any secondary menu options available to the signed-on user, along with the common options available to all users.

Controlled Subscription Integration Agreement This applies where the IA describes attributes/functions that must be controlled in their use. The decision to restrict the IA is based on the maturity of the custodian package. Typically, these IAs are created by the requesting package based on their independent examination of the custodian package's features. For the IA to be approved, the custodian grants permission to other VistA packages to use the attributes/functions of the IA; permission is granted on a one-by-one basis where each is based on a solicitation by the requesting package. An example is the extension of permission to allow a package (e.g., Spinal Cord Dysfunction) to define and update a component that is supported within the Health Summary package file structures.

Correlation Comparison of person identity traits for multiple records with the Primary View in the ADR and/or MPI databases.

COTS Commercial Off The Shelf applications sold by vendors through public catalogue listings. COTS software is not intended to be customized or enhanced.

Cross Reference There are several types of cross-references available. Most generally, a VA FileMan cross-reference specifies that some action be performed when the field's value is entered, changed, or deleted. For several types of cross-references, the action consists of putting the value into a list; an index used when looking-up an entry or when sorting. The regular cross-reference is used for sorting and for lookup; you can limit it to sorting only.

Data Attribute	A characteristic unit of data such as length, value, or method of representation. VA FileMan field definitions specify data attributes.
Data Dictionary (DD)	The Data Dictionary is a global containing a description of the kind of data that is stored in the global corresponding to a particular file. VA FileMan uses the data internally for interpreting and processing files.
	It contains the definitions of a file's elements (fields or data attributes), relationships to other files, and structure or design. Users generally review the definitions of a file's elements or data attributes; programmers review the definitions of a file's internal structure.
Data Dictionary Access	A user's authorization to write/update/edit the data definition for a computer file. Also known as DD Access.
Data Integrity	This term refers to the condition of patient records in terms of completeness and correctness. It also refers to the process in which a particular patient's data is synchronized at all the sites in which that patient receives care.
Data Type	A specific field or type of information, such as Name, Social Security Number, etc.
Database	A set of data, consisting of at least one file, that is sufficient for a given purpose. The VistA database is composed of a number of VA FileMan files. A collection of data about a specific subject, such as the PATIENT file (#2); a data collection has different data fields (e.g. patient name, SSN, Date of Birth, and so on). An organized collection of data about a particular topic.
Database Management System (DBMS)	A collection of software that handles the storage, retrieval, and updating of records in a database. A Database Management System (DBMS) controls redundancy of records and provides the security, integrity, and data independence of a database.
Date of Death	A patient may be entered as deceased at a treating facility. If a shared patient is flagged as deceased, an RG CIRN DEMOGRAPHIC ISSUES bulletin is sent to each treating facility telling where, when, and by whom the deceased date was entered. Each site can then review whether the patient should be marked as deceased at their site.
DBA	Database Administrator, oversees software development with respect to VistA Standards and Conventions (SAC) such as namespacing. Also, this term refers to the Database Administration function and staff.
DBIA	Database Integration Agreement (see Integration Agreements [IA]).
Default	Response the computer considers the most probable answer to the prompt being given. It is identified by double slash marks (//) immediately following it. This allows you the option of accepting the default answer or entering your own answer. To accept the default you simply press the Enter (or Return) key. To change the default answer, type in your response.

Glossary-6   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   April 1999
Version 1.0   Revised July 2012
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

Demographic Data Identifying descriptive data about a patient, such as: name, sex, date of birth, marital status, religious preference, SSN, address, etc.

Demographics Information about a person, such as name, address, service record, next of kin, and so on.

Department of Veterans Affairs The Department of Veterans Affairs (formerly known as the Veterans Administration.)

Device Peripheral connected to the host computer, such as a printer, terminal, disk drive, modem, and other types of hardware and equipment associated with a computer. The host files of underlying operating systems may be treated like devices in that they may be written to (e.g., for spooling).

DFN IdM – Data File Number which is the Patient Internal Entry Number (IEN) in Legacy Vista for a specific Site. Additionally, this is a defined variable in VistA that refers to the IEN of the Patient currently in memory.

DHCP Decentralized Hospital Computer Program (now known as Veterans Health Information Systems and Technology Architecture [VistA]). VistA software, developed by VA, is used to support clinical and administrative functions at VA Medical Centers nationwide. It is written in M and, via the Kernel, runs on all major M implementations regardless of vendor. VistA is composed of packages that undergo a verification process to ensure conformity with namespacing and other VistA standards and conventions.

Dictionary Database of specifications of data and information processing resources. VA FileMan's database of data dictionaries is stored in the FILE of files (#1).

Direct Connect The Direct Connect is a real-time TCP/IP connection to the MPI to allow for an immediate request for an ICN. Direct Connect is activated when using any of the following PIMS options:

- Register A Patient,

- Load/Edit Patient Data,

- Electronic 10-10EZ Processing,

and when using the:

- Display Only Query

Direct Mode Utility A programmer call that is made when working in direct programmer mode. A direct mode utility is entered at the MUMPS prompt (e.g., >D ^XUP). Calls that are documented as direct mode utilities cannot be used in application software code.

DNS Domain Name Server

DOB Date of Birth

DOD	IdM– Date of Death
DoD	Department of Defense.
Domain	A site for sending and receiving mail.
Double Quotes ("")	Symbol used in front of a Common option's menu text or synonym to select it from the Common menu. For example, the five-character string "TBOX" selects the User's Toolbox Common option.
Duplicate Record Merge: Patient Merge	Patient Merge is a VistA application that provides an automated method to eliminate duplicate patient records within the VistA database (i.e., the VistA PATIENT file [#2]).
DUZ	Locally defined variable in VistA that refers to the IEN of the logged on user (From the New Person file).
DUZ(0)	Locally defined variable that holds the File Manager Access Code of the signed-on user.
Electronic Signature Code	Secret password that some users may need to establish in order to sign documents via the computer.
Eligibility Codes	Codes representing the basis of a patient's eligibility for care.
Encryption	Scrambling data or messages with a cipher or code so that they are unreadable without a secret key. In some cases encryption algorithms are one directional, that is, they only encode and the resulting data cannot be unscrambled (e.g. access/verify codes).
Entry	VA FileMan record. An internal entry number (IEN, the .001 field) uniquely identifies an entry in a file.
Error Trap	A mechanism to capture system errors and record facts about the computing context such as the local symbol table, last global reference, and routine in use. Operating systems provide tools such as the %ER utility. The Kernel provides a generic error trapping mechanism with use of the ^%ZTER global and ^XTER* routines. Errors can be trapped and, when possible, the user is returned to the menu system.
ESR	Enrollment Systems Redesign is a centralized and Reengineered enrollment system.
Exception	A task that has encountered an error in personal data. Any Data Quality issue that requires detailed documentation. HC IdM finds an Exception based on business rules.
Exception Message	MPI/PD VistA generates messages and bulletins to alert the user to problems that occur in generating or processing HL7 messages. The MPI/PD Message Exception Menu contains options to manage the problems.

Extrinsic Function   Extrinsic function is an expression that accepts parameters as input and returns a value as output that can be directly assigned.

Facility   Geographic location at which VA business is performed.

FHIE   Federal Health Information Exchange – A Federal IT health care initiative that facilitates the secure electronic one-way exchange of patient medical information between Government health organizations.

The project participants are the Department of Defense (DoD) and the Department of Veterans Affairs (VA). (http://vaww1.va.gov/fhie/)

Field   HL7: An HL7 field is a string of characters defined by one of the HL7 data types.

VistA: In a record, a specified area used for the value of a data attribute. The data specifications of each VA FileMan field are documented in the file's data dictionary. A field is similar to blanks on forms. It is preceded by words that tell you what information goes in that particular field. The blank, marked by the cursor on your terminal screen, is where you enter the information.

Field Components   A field entry may also have discernible parts or components. For example, the patient's name is recorded as last name, first name, and middle initial, each of which is a distinct entity separated by a component delimiter (sub-subfield in ASTM e1238-94).

File   Set of related records treated as a unit. VA FileMan files maintain a count of the number of entries or records.

File Manager (VA FileMan)   VistA's Database Management System (DBMS). The central component of Kernel that defines the way standard VistA files are structured and manipulated.

FIN   Foreign ID Number

FIPS   Standards published by the U.S. National Institute of Standards and Technology, after approval by the Department of Commerce; used as a guideline for federal procurements.

FOIA   Freedom of Information Act

FORUM   The central E-mail system within VistA. Developers use FORUM to communicate at a national level about programming and other issues. FORUM is located at the OI Field Office—Washington, DC (162-2).

Free Text   A DATA TYPE that can contain any printable characters.

Function Point Count (FPC)   The function point method is used to establish a meaningful unit-of-work measure and can be used to establish baseline costs and performance level monitors. Function point analysis centers on its ability to measure the size of any software deliverable in logical, user-oriented terms. Rather than counting lines of code, function point analysis measures the functionality being delivered to the end user.

FTP	File Transfer Protocol
GAL	Global Address List.

Gender   The following are listed in Legacy Vista as Standard Gender values:

- F – Female
- M – Male

SDS table Values:

- F – Female
- M – Male
- A – Ambiguous
- N – Not Applicable
- - Other
- U – Unknown
- UN – Undifferentiated

Global Variable   Variable that is stored on disk (M usage).

GUI   Graphical User Interface.

HDR   Health Data Repository – A repository of clinical information normally residing on one or more independent platforms for use by clinicians and other personnel in support of patient-centric care. The data is retrieved from heritage, transaction-oriented systems and is organized in a format to support clinical decision-making in support of patient care. Formerly known as Clinical Data Repository.

Healthcare Identity Management (HC IdM)   The Healthcare Identity Management team (formerly the Identity Management Data Quality team)

- Serves as business steward for patient identity data for the patient's electronic health record (such as name, SSN, date of birth, gender, mother's maiden name, place of birth) as well as managing the patient's longitudinal health record across the enterprise.

- Defines business rules and processes governing healthcare identity management data collection and maintenance.

- Monitors and resolves data integrity issues and conflicts on the MPI and local systems related to the individual's identity data within their health record, including the resolution of duplicates, mismatches and catastrophic edits to patient identity, which affect patient care and safety.

Health Level 7 (HL7) Batch Protocol   Protocol utilized to transmit a batch of HL7 messages. The protocol generally uses FHS, BHS, BTS and FTS segments to delineate the batch. In the case of the MPI, the protocol only uses the BHS and BTS segments.

Health Level Seven (HL7)   National standard for electronic data exchange/messaging protocol. HL7 messages are the dominant standard for peer-to-peer exchange of clinical, text-based information.

Health Level Seven (HL7) VistA	Messaging system developed as VistA software that follows the HL7 Standard for data exchange.
Health*e*Vet-VistA	The next generation of VistA, Health*e*Vet-VistA, will retain all of the capabilities of legacy VistA but will provide enhanced flexibility for future health care and compliance with the One VA Enterprise Architecture. It will allow seamless data sharing between all parts of VA to benefit veterans and their families.
HC IdM	Healthcare Identity Management
HEC	Health Eligibility Center.
Help Frames	Entries in the HELP FRAME file (#9.2) that can be distributed with application packages to provide online documentation. Frames can be linked with other related frames to form a nested structure.
Help Prompt	The brief help that is available at the field level when entering one or more question marks.
HINQ	Hospital Inquiry- The HINQ module provides the capability to request and obtain veteran eligibility data via the VA national telecommunications network. Individual or group requests are sent from a local computer to a remote Veterans Benefits Administration (VBA) computer where veteran information is stored. The VBA network that supports HINQ is composed of four computer systems located in regional VA payment centers.
HIPAA	Health Insurance Portability and Accountability Act – A law passed by Congress in 1996 that requires the Department of Health and Human Services to implement regulations that will require the use of specific standards related to health care claims, code sets, identifiers (individual, provider, employer, and health plan), and security. Protects the privacy of individually identifiable health information.
HL7	Health Level 7 – National standard for electronic data exchange/messaging protocol. A standards organization primarily focused on message-oriented middleware for healthcare. HL7 messages are the dominant standard for peer-to-peer exchange of clinical, text-based information.
HLO	HL7 Optimized. VistA HL7 package routines.
ICN	Patients are assigned a unique identifier, Integration Control Number (ICN), within the process of being added to the MPI database. This number links patients to their records across VHA systems. The Integration Control Number is a unique identifier assigned to patients when they are added to the MPI. The ICN follows the ASTM-E1714-95 standard for a universal health identifier.
ID State	An attribute of the ICN, which describes the state of the record as Permanent, Temporary, or Deactivated. ID State is composed of the following two fields from the MPI VETERAN/CLIENT file (#985):

- ID STATE (#80) is a set of codes: PERMANENT, TEMPORARY, and

DEACTIVATED. Auditing is enabled for this field.

- DATE OF ID STATE (#81) identifies when the ID STATE field was last updated.

IEN	Internal Entry Number. The IEN number and Station Number comprise the Source ID of the person targeted for the search. The Source ID is used to uniquely identify a person.
IdM	Identity Management
IdM TK	Identity Management Toolkit
Identity Services	A business and data service that provides a consistent interface for access and maintenance of person identification to trusted client applications and services. It is the authoritative source for person identification in the Veterans Health Administration (VHA) domain.
Initiate Identity Hub	Initiate Systems Inc. software that provides a trusted on-demand system of record for multiple organizations or other entities by accurately identifying the relevant duplicate and fragmented records and linking them – within, as well as across, all data sources
IMDQ **New name: "Healthcare Identity Management (HC IdM)"**	The Identity Management Data Quality team (renamed the Healthcare Identity Management team) is a group of Data Management Analysts committed to improving and safeguarding the quality and accessibility of patient data throughout the VA enterprise. They are involved in many data quality initiatives, but their primary role is to assist VHA facilities in all matters related to the MPI.
Identity Management Toolkit (IdM TK)	The User Interface for the HealthCare Identity Management team. The IdM Toolkit will provide functionality to allow HC IdM staff to search and view identity and exception information. This includes the ability to view the Primary View record and any associated correlations, correlation data, history, audit trails, and HC IdM Tasks captured by PSIM and MPI. In addition, functionality is provided to support the re-hosting transition for a side-by-side comparison of ADR and MPI information.
Identity Management Toolkit (IdM TK) Administrator	An IdM Toolkit Administrator is a user with additional privileges and security beyond the IdM Toolkit User's available functionality in the system.
Initiate Identity Hub™	The Initiate Identity Hub™ is a third-party proprietary off-the-shelf software package that makes use of a Probabilistic Matching Algorithm.
Input Template	A pre-defined list of fields that together comprise an editing session.
Institution	A Department of Veterans Affairs (VA) facility assigned a number by headquarters, as defined by Directive 97-058. An entry in the INSTITUTION file

(#4) that represents the Veterans Health Administration (VHA).

Integration Agreements (IA)	Integration Agreements define agreements between two or more VistA software applications to allow access to one development domain by another. VistA software developers are allowed to use internal entry points (APIs) or other software-specific features that are not available to the general programming public. Any software developed for use in the VistA environment is required to adhere to this standard; as such, it applies to vendor products developed within the boundaries of DBA assigned development domains (e.g., MUMPS AudioFax). An IA defines the attributes and functions that specify access. The DBA maintains and records all IAs in the Integration Agreement database on FORUM. Content can be viewed using the DBA menu or the Health Systems Design & Development's Web page.
Integration Control Number (ICN)	Patients are assigned a unique identifier, known as an Integration Control Number (ICN), within the process of being added to the MPI database. This number links patients to their records across VHA systems. The Integration Control Number is a unique identifier assigned to patients when they are added to the MPI. The ICN follows the ASTM-E1714-95 standard for a universal health identifier.
Internal Entry Number (IEN)	The number used to identify an entry within a file. Every record has a unique internal entry number.
IRM	Information Resource Management. A service at VA medical centers responsible for computer management and system security.
ISO	Information Security Officer.
ISS	Infrastructure and Security Services (now known as Common Services Security Program).
IV&V	IV&V is the principal activity that oversees the successful implementation and execution of all internal control processes for financial and interfacing systems.

In order to ensure overall systems integrity, IV&V is accomplished organizationally independent from the elements that acquire, design, develop or maintain the system. |
KERNEL	VistA software that functions as an intermediary between the host operating system and other VistA software applications so that VistA software can coexist in a standard operating-system-independent computing environment. Kernel provides a standard and consistent user and programmer interface between software applications and the underlying M implementation.
LAN	Local Area Network.
LAYGO Access	A user's authorization to create a new entry when editing a computer file. (**L**earn **A**s **Y**ou **GO** allows you the ability to create new file entries.)
LDAP	Lightweight Directory Access Protocol.

Lookup

To find an entry in a file using a value for one of its fields.

M (ANSI Standard)

Massachusetts General Hospital Utility Multi-Programming System (M, formerly named MUMPS). The Mumps language originated in the mid-60's at the Massachusetts General Hospital. Although most implementations are proprietary, consolidated into the hands of a small number of companies, an open source version of the language has been developed which is distributed freely under the GNU GPL and LGPL licenses.

Mail Message

An entry in the MESSAGE file (#3.9). The VistA electronic mail system (MailMan) supports local and remote networking of messages.

Mailman

VistA software that provides a mechanism for handling electronic communication, whether it's user-oriented mail messages, automatic firing of bulletins, or initiation of server-handled data transmissions.

Manager Account

UCI that can be referenced by non-manager accounts such as production accounts. Like a library, the MGR UCI holds percent routines and globals (e.g., ^%ZOSF) for shared use by other UCIs.

Mandatory Field

Field that requires a value. A null response is not valid.

Master Files

A set of common reference files used by one or more application systems. These common reference files need to be synchronized across the various applications at a given site. The Master Files Notification transactions provide a way of maintaining this synchronization.

Master Patient Index or MPI

Master Patient Index is a cross-reference or index of patients that includes the patient's related identifiers and other patient identifying information. It is used to associate a patient's identifiers among multiple ID-assigning entities, possibly including a Health Data Repository, to support the consolidation and sharing of a patient's health care information across VHA. The MPI is the authoritative source for patient identity.

Master Patient Index (Austin) or MPI Austin

The MPI is a separate computer system located at the Austin Information Technology Center. It maintains a record for VA patients and stores data such as a unique patient identifier and Treating Facility lists (which tracks the sites where that ICN is known).

Master Patient Index/Patient Demographics (MPI/PD) VistA or MPI/PD

Master Patient Index/Patient Demographics (MPI/PD) software initializes entries in the PATIENT file (#2) with the Master Patient Index, itself. The initialization process assigns an Integration Control Number (ICN), Coordinating Master of Record (CMOR), and creates a Treating Facility list of all sites at which the patient has received care. This information is then updated in the PATIENT file (#2) at all sites where the patient has been treated.

Match Threshold

The Match Threshold is the level at which an Identity Profile must score against a set of identity traits in order to be considered a match. For most enterprise

Glossary-14   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   April 1999
Version 1.0   Revised July 2012
Patch DG*5.3*837, RG*1*59, and MPIF*1*54

applications the Match Threshold would be set at or near the Auto Link Threshold. Internal Identity Management Systems (MPI/PSIM) may use a lower score, perhaps the Task Threshold, as a Match Threshold for identity management decision processes.

Master Veteran Index or MVI
Master Veteran Index (MVI) includes MPI, PSIM, and IdM TK - the authoritative source for identity data.

Menu System
The overall Menu Manager logic as it functions within the Kernel framework.

Menu Text
The descriptive words that appear when a list of option choices is displayed. Specifically, the Menu Text field of the OPTION file (#19). For example, User's Toolbox is the menu text of the XUSERTOOLS option. The option's synonym is TBOX.

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The descriptive words that appear when a list of option choices is displayed. Specifically, the Menu Text field of the OPTION file (#19). For example, User's Toolbox is the menu text of the XUSERTOOLS option. The option's synonym is TBOX.

Message Segments
Each HL7 message is composed of segments. Segments contain logical groupings of data. Segments may be optional or repeatable. A [ ] indicates the segment is optional, the { } indicates the segment is repeatable. For each message category, there will be a list of HL7 standard segments and/or "Z" segments used for the message.

MMN
Mother's Maiden Name: The family name under which the mother was born (i.e., before marriage). It is used to distinguish between patients with the same last name

MPI Initialization
The process of initializing a site's PATIENT file (#2) with the Master Patient Index (MPI). Initialization synchronizes PATIENT file (#2) information (for active shared patients) with the MPI and identifies facilities where the patient has been treated. This process transfers the Integration Control Number (ICN), Coordinating Master of Record (CMOR), and Treating Facility list for each patient to the patient's record in the VistA PATIENT file (#2) at all sites where the patient has been treated. It is also possible to initialize an individual patient to the MPI. This is done through menu options. The initial synchronization of PATIENT file (#2) information (for active, shared patients) with the Master Patient Index and with the patient's treating facilities is an important step in the implementation of the MPI/PD software system.

Namespace
A convention for naming VistA package elements. The Database Administrator (DBA) assigns unique character strings for package developers to use in naming routines, options, and other package elements so that packages may coexist. The DBA also assigns a separate range of file numbers to each package.

Namespacing
Convention for naming VistA software elements. The DBA assigns unique two to four character string prefix for software developers to use in naming routines, options, and other software elements so that software can coexist. The DBA also

assigns a separate range of file numbers to each software application.

NDBI   National Database Integration

Node   In a tree structure, a point at which subordinate items of data originate. An M array element is characterized by a name and a unique subscript. Thus the terms: node, array element, and subscripted variable are synonymous. In a global array, each node might have specific fields or "pieces" reserved for data attributes such as name.

NPI   National Provider Index

Null   Empty—A field or variable that has no value associated with it is null.

Numeric Field   Response that is limited to a restricted number of digits. It can be dollar valued or a decimal figure of specified precision.

OI   Office of Information

OIT   Office of Information Technology

OIFO   Office of Information Field Office.

Option   An entry in the OPTION file (#19). As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

Option Name   Name field in the OPTION file (e.g., XUMAINT for the option that has the menu text "Menu Management"). Options are namespaced according to VistA conventions monitored by the DBA.

Package (Software) The set of programs, files, documentation, help prompts, and installation procedures required for a given application (e.g., Laboratory, Pharmacy, and PIMS). A VistA software environment is composed of elements specified via the PACKAGE file (#9.4). Elements include files, associated templates, namespaced routines, and namespaced file entries from the OPTION, HELP FRAME, BULLETIN, and FUNCTION files. As public domain software, VistA software can be requested through the Freedom of Information Act (FOIA).

Person Correlation A profile of an Identity that is maintained by an Associated System and is correlated to only one ICN. (Source - PIDS)

Person Identification Service The Person Identification Service (PIDS) is an OMG Interface Specification standard responsible for the identification, correlation, and search within and across a specified domain (A *domain* is a sphere of influence. For instance, a person has an identifier issued by the Social Security Administration [Social Security Number] which is different that their identifier issued by the State Department [Passport Number]. Both the Social Security Administration and State Department could be considered separate domains.) for identifiers based upon a provided set of search criteria traits. Essentially, this service provides for the

assignment and reconciliation of multiple identifiers across domains and in supporting multiple implementation topologies. CORBA specification from OMG. (Source - PIDS)

PKI   Public Key Infrastructure

PIMS   Patient Information Management System- VistA software package that includes Registration and Scheduling packages.

POB (City)   PLACE OF BIRTH [CITY]: The city in which this applicant was born (or foreign country if born outside the U.S.).

POB (State)   PLACE OF BIRTH [STATE]: State in which patient was born.

Pointer   The address at which a data value is stored in computer memory. A relationship between two VA FileMan files, a pointer is a file entry that references another file (forward or backward). Pointers can be an efficient means for applications to access data by referring to the storage location at which the data exists.

Potential Match Threshold The level at which an Identity Profile must score against a set of identity traits in order to be considered a Potential Match for HC IdM decision processes.

Primary Key   A Data Base Management System construct, where one or more fields uniquely define a record (entry) in a file (table). The fields are required to be populated for every record on the file, and are unique, in combination, for every record on the file.

Primary Menu   The list of options presented at sign-on. Each user must have a primary menu in order to sign-on and reach Menu Manager. Users are given primary menus by Information Resource Management (IRM). This menu should include most of the computing activities the user needs.

Primary Reviewer This can be a single person or group of people given the overall responsibility to initiate reviews of potential duplicate record pairs. For example, selected personnel in Patient Administration or a task force or group formed to oversee and conduct the effort of reducing or eliminating the occurrence of duplicate records in the site's database.

Primary View   Provides the most accurate, current, and complete identity information for a VA patient. The Primary View from the MVI business rules make determinations about data additions and updates to identity traits (Name, SSN, Date of Birth, Gender, Mother's Maiden Name, Place of Birth, and Multiple Birth Indicator) based on the authoritativeness of the update or edits as they are received by the MVI.

Private Integration Agreement Where only a single application is granted permission to use an attribute/function of another VistA package. These IAs are granted for special cases, transitional problems between versions, and release coordination. A Private IA is also created by the requesting package based on their examination of the custodian package's features. Example: one package distributes a patch from another package to ensure

smooth installation.

Probabilistic Comparison Score	In a Probabilistic Search, these are the points assigned to an identity to indicate the level of confidence of matching to a given set of traits.
	If the Comparison Score is above a certain level called the **Match Threshold**, then the profile is considered to be a match and the profile would be returned to the calling application.
Probabilistic Matching Algorithm	A method to determine that a person identity profile has been matched in the PS Datastore based on the Comparison Score, which is calculated for each profile compared to the set of traits used for matching.
Probabilistic Search	A search using a matching algorithm to determine that a person's identity profile matches a set of defined traits. The algorithm assigns a comparison score and returns results based on a defined match threshold.
Prompt	The computer interacts with the user by issuing questions called prompts, to which the user issues a response.
Protocol	Entry in the PROTOCOL file (#101). Used by the Order Entry/Results Reporting (OE/RR) package to support the ordering of medical tests and other activities.
PS	Product Support
Pseudo-SSNs	False Social Security Numbers that are calculated internally to VistA and cannot be mistaken for valid SSNs because they end in P.
Pseudo SSN Reason	The reason that a pseudo SSN has been collected for the patient. The PSEUDO SSN REASON value is a set of codes pulled from the PATIENT (#2) file.
PSIM	Person Service Identity Management – VHA's re-hosted Java/Oracle implementation of the MPI's Identity Management Service.
Queuing	Requesting that a job be processed in the background rather than in the foreground within the current session. Jobs are processed sequentially (first-in, first-out). Kernel's TaskMan module handles the queuing of tasks.
Queuing Required	Option attribute that specifies that the option must be processed by Task Manager (the option can only be queued). The option may be invoked and the job prepared for processing, but the output can only be generated during the specified times.
Receiving Site	Receiving Site- As it relates to HL7 Messages, it is the site that the message was sent to.
Record	Set of related data treated as a unit. An entry in a VA FileMan file constitutes a record. A collection of data items that refer to a specific entity (e.g., in a name-address-phone number file, each record would contain a collection of data relating to one person).

REEME Registration/Eligibility/Enrollment Maintenance and Enhancement

Registration Process During a registration, if a patient does not have an ICN, the patient is checked against the entries in the MPI to determine if the patient already is established or needs to be added. The MPI may return a list of patients who are possible matches. If the patient is truly new and there are no potential matches on the MPI, the MPI will assign an ICN and assigns the requesting site as the CMOR. If the patient is already known at the MPI, the ICN and CMOR is returned and a HL7 message is sent to the CMOR to add this new facility to the list of Treating Facilities for this patient. Registration for patients who already have an ICN at the Facility. At the CMOR site, ADT-A04 Registration HL7 messages are sent to the MPI and the MPI then sends updates to those sites where the patient is known. These messages update the date of last activity and any changes to descriptive data. At a non-CMOR site an ADT-A04 message is sent to the CMOR, via the MPI.

Remote Procedure Call (RPC) Remote Procedure Call is a protocol that one program can use to request a service from a program located on another computer network. Essentially M code may take optional parameters to do some work and then return either a single value or an array back to the client application.

Requesting Site Requesting Site- As is relates to HL7 Messages, it is the site initiating a message to another site requesting some action be taken.

Required Field A mandatory field, one that must not be left blank. The prompt for such a field will be repeated until the user enters a valid response.

Resolution Journal Case Number IDM – Number associated with each Resolution Journal Case. Used by the HealthCare Identity Management (HC IdM) team to document detailed information mostly for duplicate exception resolution but may also be used to denote details for resolving any type of exception.

RG CIRN DEMOGRAPHIC ISSUES mail group The RG CIRN DEMOGRAPHIC ISSUES bulletin controls the sending of the following patient related bulletin:

- Patient Related Bulletin—REMOTE SENSITIVITY INDICATED
- Cause—Patient is marked as sensitive at the sending site but not at receiving site.
- Action to take—No action: message is informational

Routine Program or a sequence of instructions called by a program that may have some general or frequent use. M routines are groups of program lines, which are saved, loaded, and called as a single unit via a specific name.

SAC Standards and Conventions. Through a process of quality assurance, all VistA software is reviewed with respect to SAC guidelines as set forth by the Standards and Conventions Committee (SACC).

SACC VistA's Standards and Conventions Committee. This Committee is responsible for maintaining the SAC.

Scheduling Options   The technique of requesting that Task Manager run an option at a given time, perhaps with a given rescheduling frequency.

Screen Editor   VA FileMan's Screen-oriented text editor. It can be used to enter data into any WORD-PROCESSING field using full-screen editing instead of line-by-line editing.

ScreenMan Forms   Screen-oriented display of fields, for editing or simply for reading. VA FileMan's Screen Manager is used to create forms that are stored in the FORM file (#.403) and exported with a software application. Forms are composed of blocks (stored in the BLOCK file [#.404]) and can be regular, full screen pages or smaller, "pop-up" pages.

Screen-Oriented   A computer interface in which you see many lines of data at a time and in which you can move your cursor around the display screen using screen navigation commands. Compare to Scrolling Mode.

Security Key   The purpose of Security Keys is to set a layer of protection on the range of computing capabilities available with a particular software package. The availability of options is based on the level of system access granted to each user.

Sending Site   Sending Site—As it relates to HL7 Messages, it is the site that is transmitting the message to another site.

Sensitive Patient   Patient whose record contains certain information, which may be deemed sensitive by a facility, such as political figures, employees, patients with a particular eligibility or medical condition. If a shared patient is flagged as sensitive at one of the treating sites, a bulletin is sent to the DG SENSITIVITY mail group at each subscribing site telling where, when, and by whom the flag was set. Each site can then review whether the circumstances meet the local criteria for sensitivity flagging.

Server   The computer where the data and the Business Rules reside. It makes resources available to client workstations on the network. In VistA, it is an entry in the OPTION file (#19). An automated mail protocol that is activated by sending a message to a server at another location with the "S.server" syntax. A server's activity is specified in the OPTION file (#19) and can be the running of a routine or the placement of data into a file.

Set Of Codes   Usually a preset code with one or two characters. The computer may require capital letters as a response (e.g., M for male and F for female). If anything other than the acceptable code is entered, the computer rejects the response.

Shared Patient   Patient who has been seen at more than one site. The CMOR keeps the Treating Facility list updated every time a new facility where the patient has been seen identifies itself to the MPI. The CMOR then broadcasts, through the MPI, the updated lists to all the other facilities that share this patient.

Site Manger/IRM Chief   At each site, the individual who is responsible for managing computer systems, installing and maintaining new modules, and serving as a liaison to the CIO Field

Offices.

Software (Package)   The set of programs, files, documentation, help prompts, and installation procedures required for a given application (e.g., Laboratory, Pharmacy, and PIMS). A VistA software environment is composed of elements specified via the PACKAGE file (#9.4). Elements include files, associated templates, namespaced routines, and namespaced file entries from the OPTION, HELP FRAME, BULLETIN, and FUNCTION files. As public domain software, VistA software can be requested through the Freedom of Information Act (FOIA).

Source ID   PSIM – A Source ID is a term used to describe the components that define a unique correlation in PSIM/ADR. There are 4 components of a Source ID in PSIM:

1. Assigning Authority (ex. USVHA)
2. Assigning Location (ex. Station #)
3. IDType (e.g. NI, PI, EI)
4. Internal Identifier - A code used at the assigning location used to uniquely identify a person.

The Initiate Identity Hub also uses the term Source ID, but with a slightly different context. The Source ID in the IDHub is the unique identifier of a correlated system. PSIM would translate the components Assigning Authority, Assigning Location, and IDType to an IDHub Source ID. The fourth PSIM Source ID component, IEN, would translate to the Member ID in the ID HUB. Thus, the IDHub uses 2 components to uniquely identify a member: Source ID and Member ID.

Spacebar Return   You can answer a VA FileMan prompt by pressing the spacebar and then the Return key. This indicates to VA FileMan that you would like the last response you were working on at that prompt recalled.

Special Queuing   Option attribute indicating that Task Manager should automatically run the option whenever the system reboots.

SSDI   Social Security Death Index (SSDI). The SSDI is a database used for genealogical research as well as enabling users to locate a death certificate, find an obituary, and discover cemetery records and track down probate records. The Healthcare Identity Management (HC IdM) Team uses the SSDI (http://ssdi.rootsweb.com/) as a resource for verifying patients' dates of death.

SSA   Social Security Administration

SSN   Social Security Number

Station Identifier   The number assigned to a VAMC facility or a System Association. The station identifier may be three characters in length designating the facility as a parent organization or up to six characters in length designating the facility as a child of a parent organization.

Subscriber   A subscriber is an entity, which receives updates to a patient's descriptive data

from other sites. All treating facilities are also made subscribers as part of the MPI/PD processes.

Subscript

A symbol that is associated with the name of a set to identify a particular subset or element. In M, a numeric or string value that: is enclosed in parentheses, is appended to the name of a local or global variable, and identifies a specific node within an array.

Supported Reference Integration Agreement

This applies where any VistA application may use the attributes/functions defined by the IA (these are also called "Public "). An example is an IA that describes a standard API such as DIE or VADPT. The package that creates/maintains the Supported Reference must ensure it is recorded as a Supported Reference in the IA database. There is no need for other VistA packages to request an IA to use these references; they are open to all by default.

Synchronized Patient Data

Key descriptive fields in the PATIENT file (#2) that are updated in all the descriptive subscriber's PATIENT files whenever the fields are edited by a subscriber.

Systems of Interest

The term "systems of interest" refers to VA facilities that have seen patients and entered them as entries onto the MPI. This also refers to non-VistA systems that have a registered interest in a patient (e.g., Federal Health Information Exchange [FHIE], HomeTeleHealth, Person Service Identity Management [PSIM], Health Data Repository [HDR], etc).

Task Manager

Kernel module that schedules and processes background tasks (also called TaskMan)

Task Threshold or Threshold, Task

The Task Threshold (also called the Clerical Review Threshold) is a value that is less than the Auto Link Threshold. A Comparison Score above the Task Threshold and below the Auto Link Threshold needs to be reviewed by an Identity Management expert to determine whether the Identity Profile is either a match or not a match for the traits being compared.

The Task Threshold is determined and tuned by Identity Management experts and may change over time as software systems and business processes improve. The ideal goal for automated identity matching is to minimize the difference between the Task Threshold and the Auto Link Threshold.

TCP/IP

Transaction Control Protocol/Internet Protocol. A set of protocols for Layers 3 (Network) and 4 (Transfer) of the OSI network model. TCP/IP has been developed over a period of 15 years under the auspices of the Department of Defense. It is a de facto standard, particularly as higher-level layers over Ethernet. Although it builds upon the OSI model, TCP/IP is not OSI-compliant.

Template

Means of storing report formats, data entry formats, and sorted entry sequences. A template is a permanent place to store selected fields for use at a later time. Edit sequences are stored in the INPUT TEMPLATE file (#.402), print specifications are stored in the PRINT TEMPLATE file (#.4), and search or sort specifications are stored in the SORT TEMPLATE file (#.401).

TIN	Temporary ID Number
Treating Facility	Any facility (VAMC) where a patient has applied for care, or has been added to the local PATIENT file (#2) (regardless of VISN) and has identified this patient to the MPI will be placed in the TREATING FACILITY LIST file (#391.91).
Treating Facility List	Table of institutions at which the patient has received care. This list is used to create subscriptions for the delivery of patient clinical and demographic information between sites.
Trigger	A type of VA FileMan cross-reference. Often used to update values in the database given certain conditions (as specified in the trigger logic). For example, whenever an entry is made in a file, a trigger could automatically enter the current date into another field holding the creation date.
Trigger Event	The event that initiates an exchange of messages is called a trigger event. The HL7 Standard is written from the assumption that an event in the real world of health care creates the need for data to flow among systems. The real-world event is called the trigger event. For example, the trigger event "a patient is admitted" may cause the need for data about that patient to be sent to a number of other systems. There is a one-to-many relationship between message types and trigger event codes. The same trigger event code may not be associated with more than one message type.
TSPR	Technical Services Project Repository
UAT	User Acceptance Testing.
User Access	This term is used to refer to a limited level of access, to a computer system, which is sufficient for using/operating a package, but does not allow programming, modification to data dictionaries, or other operations that require programmer access. Any option, for example, can be locked with the key XUPROGMODE, which means that invoking that option requires programmer access. The user's access level determines the degree of computer use and the types of computer programs available. The System Manager assigns the user an access level.
VA	Department of Veterans Affairs
VA Domiciliary	Provides comprehensive health and social services in a VA facility for eligible veterans who are ambulatory and do not require the level of care provided in nursing homes.
VA FileMan	VistA's Database Management System (DBMS). The central component that defines the way standard VistA files are structured and manipulated.
VA Hospital	An institution that is owned, staffed and operated by VA and whose primary function is to provide inpatient services. NOTE: Each division of an integrated medical center is counted as a separate hospital.

VA Medical Center (VAMC) A unique VA site of care providing two or more types of services that reside at a single physical site location. The services provided are the primary service as tracked in the VHA Site Tracking (VAST) (i.e., VA Hospital, Nursing Home, Domiciliary, independent outpatient clinic (IOC), hospital-based outpatient clinic (HBOC), and CBOC).

The definition of VA medical center does not include the Vet Centers as an identifying service. NOTE: This definition was established by the Under Secretary for Health.

VA Nursing Home Care Units (NHCU) Provide care to individuals who are not in need of hospital care, but who require nursing care and related medical or psychosocial services in an institutional setting. VA NHCUs are facilities designed to care for patients who require a comprehensive care management system coordinated by an interdisciplinary team. Services provided include nursing, medical, rehabilitative, recreational, dietetic, psychosocial, pharmaceutical, radiological, laboratory, dental and spiritual.

Variable Character, or group of characters, that refer(s) to a value. M (previously referred to as MUMPS) recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays. The term "global" may refer either to a global variable or a global array. A special variable is defined by systems operations (e.g., $TEST).

VBA SHARE This is a VBA application which is utilized by the Regional Offices to access BIRLS, C&P, PIF, PHF, Corporate Database, Social Security and COVERS records. The Healthcare Identity Management (HC IdM) Team uses VBA SHARE as a resource for verifying patient identity data as well as military information.

Vet Center A data source under the direct supervision of the Readjustment Counseling Service (RCS). The Vet Center provides professional readjustment counseling, community education, outreach to special populations, brokering of services with community agencies, and access to important links.

Verify Code The Kernel's Sign-on/Security system uses the Verify code to validate the user's identity. This is an additional security precaution used in conjunction with the Access code. Verify codes shall be at least eight characters in length and contain three of the following four kinds of characters: letters (lower- and uppercase), numbers, and, characters that are neither letters nor numbers (e.g., "#", "@" or "$"). If entered incorrectly, the system does not allow the user to access the computer. To protect the user, both codes are invisible on the terminal screen.

VHA Veterans Health Administration.

VIS Veterans Information Solution (VIS). This intranet-based application is designed to provide a consolidated view of information about veterans and active service members. The HC IdM Team uses VIS as a resource for verifying patient identity data as well as military information.

VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture (VistA) of the Veterans Health Administration (VHA), Department of Veterans Affairs (VA). VistA software, developed by the VA, is used to support clinical and administrative functions at VHA sites nationwide. It is both roll-and-scroll- and GUI-based software that undergoes a quality assurance process to ensure conformity with namespacing and other VistA standards and conventions (see SAC).
	Server-side code is written in M, and, via Kernel, runs on all major M implementations regardless of vendor. Client-side code is written in Java or Borland Delphi and runs on the Microsoft operating system.
VPID (replaced with ICN.)	Veterans Administration Personal Identifier – An enterprise-level identifier uniquely identifying VA „persons" across the entire VA domain.
WAN	Wide Area Network.
Z st	All message type and trigger event codes beginning with Z are reserved for locally defined messages. No such codes will be defined within the HL7 Standard.

Table G-1: Glossary

NOTE: For a comprehensive list of commonly used infrastructure- and security-related terms and definitions, please visit the Security & Other Common Services Glossary Web page at the following Web address:

http://vista.med.va.gov/iss/glossary.asp

For a comprehensive list of acronyms, please visit the Security & Other Common Services Acronyms Web site at the following Web address:

http://vista/med/va/gov/iss/acronyms/index.asp

Appendix A: VHA DIRECTIVE 2006-036

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 2006-036

June 1, 2006

DATA QUALITY REQUIREMENTS FOR IDENTITY MANAGEMENT AND MASTER PATIENT INDEX FUNCTIONS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines data quality requirements for support of Identity Management and the Master Patient Index (MPI) operations at VHA medical facilities.

2. BACKGROUND

a. Accurate and complete person-identifying information is critical to VHA in the areas of patient care, management reporting, resource allocation, corporate forecasting, and for other business and clinical needs. The amount of patient and other person information now stored electronically in VHA databases has increased and become more complex. This information is widely distributed, residing at each of the VHA health care facilities, as well as in corporate (Austin Corporate Franchise Datacenter [CFD] and other) databases.

b. Catastrophic edits to identity are defined as those that change the original patient record in a local Veterans Health Information Systems and Technology Architecture (VistA) system to that of another patient by inappropriately editing that existing record through mis-selection (error).

(1) These errors can also occur as a result of improper due diligence by staff using the duplicate record merge tool when two potential duplicate patient records are not properly reviewed and screened. This results in two different patient entries being merged into one.

(2) All types of errors affect the patient entry (record) at other facilities that have treated the patient and they specifically affect patient care. These errors are considered a significant patient safety risk.

c. Administrative, clinical, billing, and interdepartmental processes within the Department of Veterans Affairs (VA), such as eligibility data sharing between the Veterans Benefits Administration (VBA) and VHA, depend on accurate person information and identity management. Accuracy of person information and identity management has a direct impact on patient safety and the provision of health care.

d. In order to ensure that individuals are correctly identified by the staff during patient selection and entry and to prevent catastrophic edits to identity, extreme care must be exercised when entering and editing identity information.

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3. POLICY: It is VHA policy that databases, including the MPI, maintain accurate and complete person-identifying information, and that vital processes related to resolving identity data quality issues be performed.

<div align="center">

THIS VHA DIRECTIVE EXPIRES JUNE 30, 2011

</div>

4. ACTION

  a. **Facility Directors.** Each facility Director is responsible for:

    (1)   Ensuring that the entry of person identity data into the VistA applications is accurate and complete.

    (2)   Designating individuals as points-of-contact (POCs) responsible for processing Exception Handling and Patient Data Review cases, and resolving Integration Control Number (ICN) issues and exceptions in VistA on a daily basis, as well as resolving any other data quality issues brought to their attention by the national Identity Management Data Quality (IMDQ).

    (3)   Ensuring that personnel are assigned to resolve, in a timely manner, issues with exceptions, patient data reviews, data quality issues, communication links, infrastructure, and applications that support data communications. This includes assigning staff members to the following roles (including alternates for each of these categories):

    (a) Administrative POC,

    (b) Information Resource Management (IRM) POC, and

    (c) Health Level 7 (HL7) POC.

NOTE: POC information for Master Patient Index/Patient Demographics (MPI/PD) is updated using the Add/Edit Point-of-Contact [RG UPDATE POINT OF CONTACT] option on the MPI/PD Patient Admin Coordinator Menu [RG ADMIN COORD MENU].

    (4) Ensuring that national IMDQ staff are apprised of staffing changes.

    (5) Ensuring that potential catastrophic edits are reviewed and resolved, if necessary, in a timely and accurate manner.

    (6) Ensuring that management and staff are made aware of policies and procedures related to catastrophic edits to patient identity. This includes ensuring that staff members involved in the entry, editing, and merging of patient records receive certification for the mandatory training.
NOTE: The mandatory training, "Preventing Catastrophic Edits to Patient Identity," can be found at the following VistA University website: http://vaww.vistau.med.va.gov/vistau/PCEI

Appendix A-2   Master Patient Index/Patient Demographics (MPI/PD) VistA User Manual   April 1999
Version 1.0   Revised July 2012
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(7) Ensuring that staff directly involved with identity data entry into information systems are aware of the guidelines contained within this Directive and are aware of their responsibility for entering complete identity data elements in a consistent and accurate format. This also includes staff at facilities with outpatient clinics and community-based outpatient clinics assigned to their jurisdiction.

(8) Ensuring that each supervisor involved in the activities of entering demographic data follows the guidance on data quality of the non-identity elements provided by the VHA Chief Business Office (CBO).

(9) Ensuring that staff members responsible for data entry of administrative and demographic information are informed of these requirements mandated by the CBO. ***NOTE:*** Links to up-to-date guidance on data quality are posted on the IMDQ team's Web site at http://vista.med.va.gov/mpi_dqmt/

b. **Facility Administrative POCs.** Each facility MPI POC is responsible for:

(1) Working with their counterparts, national IMDQ staff, and other Office of Information (OI) personnel in correcting anomalies and addressing issues related to identity data for shared patients.

(2) Processing Exception Handling and Patient Data Review cases in VistA to ensure accuracy and completeness of identity data.

(3) Taking appropriate action to resolve exceptions and patient data review cases within 5 business days. ***NOTE:*** *Specific information regarding these processes can be found in Attachment A.*

(4) Reviewing potential duplicate patients on the MPI within 2 business days

(5) Using electronic mail, i.e., FORUM and Outlook, to facilitate communications.

(6) Ensuring that contact information maintained by the IMDQ team is current.

(7) Obtaining the necessary VistA access to verify information.

(8) Making appropriate changes to patient data in respective facility's VistA system and perform POC functions, such as processing Exception Handling and Patient Data Review cases.

c. **Facility IRM and HL7 POCs.** Facility IRM and HL7 POCs are responsible for:

(1) Working with their counterparts and Enterprise Product Support (EPS) staff to maintain communication links, infrastructure, and applications supporting data communications; and

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(2) Resolving data quality issues.

(a) In general, responses to inquiries and requests for assistance to resolve data quality issues must be completed within 5 business days.

(b) Requests from the IMDQ team to resolve catastrophic edits that overwrite original patient entry with another patient must be completed within 1 business day.

5. REFERENCES

a. M-1, Part I, Chapter 4.

b. M-1, Part I, Chapter 16.

6. FOLLOW-UP RESPONSIBILITY: The Director, Health Data and Informatics (HDI) (19F) is responsible for the content of this Directive. Questions may be referred to the Identity Management Team Lead at (205) 554-3449.

7. RESCISSIONS: None. This VHA Directive expires June 30, 2011.

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

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ATTACHMENT A

GUIDELINES FOR DATA ENTRY AND MAINTENANCE RELATED
TO IDENTITY MANAGEMENT

It is imperative that staff take the utmost care when entering identity data for patients and other persons. Incomplete or inaccurate data (including typographical errors) are the leading cause of duplicate entries in the Master Patient Index (MPI) and the failure to link records via the Integration Control Number (ICN). The following guidelines are intended to increase the accuracy and completeness of the essential identity data elements and to clarify practices that need to be followed when data is not available or duplicate entries exist. These guidelines emphasize the intended use of some identity fields within the Veterans Health Information Systems and Technology Architecture (VistA). It is important that identity data for patients: be reviewed for accuracy and completeness; and updated, as necessary, each and every time contact is made with the individual.

1. NAME: The NAME field is an important element in the unique identity of a person. Sites need to ensure that the name entered is the complete legal proper name, and includes a full middle name, when available. Avoid using nicknames or ambiguous information. Additional guidance for the entry of the name field includes the following procedures:

a. All data must be entered using uppercase letters.

b. No parenthesis may be used.

c. Commas, apostrophes, and hyphens are the only punctuation that may be used.

d. Enter full middle names. Do not use only an initial unless an initial is the person's given middle name. The middle name will be left blank if one does not exist; NMI (no middle initial) or NMN (no middle name) will not be used.

e. Multiple last name components must be separated by spaces. People with hyphenated names are to be entered with the hyphen included.

f. When entering a full name, it must contain a comma (i.e., Last Name, First Name). Individuals with a legal name as a single value must be entered with the name followed by a comma.

g. Suffixes must be used for junior (JR), senior (SR) and birth positions. Numeric birth position identifiers must be entered in Roman numeral values (i.e., I, II, III, etc.). Suffixes must be entered without punctuation.

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h. If entering a Prefix, (such as MR, MRS, MS, and MISS), no punctuation must be used.

i. The Degree field may be used to denote the degree or profession (such as MD, PHD, REV), and must be entered without punctuation.

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j. Legal Spanish names must be entered with the mother's maiden name first, a hyphen and the father's name all in the LAST NAME field.

k. Alias names must be entered in the ALIAS NAME field for any previously used names (including maiden names). An entry in this field must be automatically cross-referenced and the record can be accessed using the alias name.

l. To enter another entry with the same name as an existing person in the file on VistA, use quotes when entering the full name and a new entry will be created (i.e,. "ZZTEST,FIRSTNAME MIDDLE").

m. TEST patient records must be designated by the last name being prefixed by ZZ, i.e. ZZLASTNAME, FIRSTNAME MIDDLE.

n. Official documentation must be required for a name change. Official documentation is defined as court documents or Social Security card. If an individual state's procedures for driver's license application, or similar documents, meet the standard for official documentation, VHA staff should accept such documents as proof of a legal name change.

2. SOCIAL SECURITY NUMBER (SSN): Official SSNs issued by the Social Security Administration are the only values entered into this field. If a valid SSN is not known, then a "P" must be entered into the field for the calculation of a pseudo SSN only for patients. SSNs are not to be created and no other numbers may be entered in this field, including prison-issued numbers or Canadian SSNs. SSNs beginning with five leading zeros are considered TEST patients and are not be used for any other purpose.

3. MOTHER'S MAIDEN NAME: Enter the last name only of individual's mother at the time of her birth. Leave blank if unknown or not provided. Values such as "deceased," "unknown," and other inappropriate responses are not to be used.

4. GENDER: Male or Female must be entered. In case of gender reassignment, legal documentation (amended birth certificate, court documents, etc.) must be required as proof of a legal gender change.

5. DATE OF BIRTH: Day, Month, and Year of Birth must be entered, whenever available. Imprecise (month/year or year only) can be entered, but only if the full Date of Birth is not available.

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6. PLACE OF BIRTH [CITY]: Enter the birth city only. For persons born outside of the United States, enter the city, province, or other designated area.

7. PLACE OF BIRTH [STATE]: Enter the birth state only. For persons born outside the United States, choose FOREIGN COUNTRY from the list of state options.

8. PLACE OF BIRTH [COUNTRY] (not yet available)**:** Enter the birth country only (future implementation in VistA). The default country must be the UNITED STATES.

9. MULTIPLE BIRTH INDICATOR (Patients only):** Enter YES in the Multiple Birth Indicator field only if the patient is part of a multiple birth (i.e., is a twin, triplet, etc.). This field assists in the unique identification of patients who are part of a multiple birth and may have identity traits similar to other patient entries.

10. DATES OF DEATH (Patients only):** Death certificates are generally required to enter a Date of Death. Dates of Death must not be entered from newspaper obituaries, phone calls, or other unofficial sources. Information from these sources may be used as a mechanism to further research the death information. However, they must not be entered unless they have been verified by an official source. Medical facilities are required to use the following as authoritative sources in order of precedence:

a. Veterans Health Administration (VHA) facility is an authoritative source for date of death if the person died in the VHA facility or while under VA auspices.

b. Social Security Administration.

c. Department of Vital Statistics.

d. Death Certificate.

e. National Cemetery Administration (NCA) is an authoritative source for the date of death if the veteran has received NCA benefits.

f. Veterans Benefit Administration (VBA) is an authoritative source if veteran received monetary benefits.

11. MOTHER'S NAME and FATHER'S NAME (patients only): The patient's mother's and father's complete legal names need to be entered in the appropriate fields, when known. Values such as "deceased," "unknown," and other inappropriate responses are not be used.

12. INCAPACITATED OR UNRESPONSIVE PATIENTS (for whatever reason): Records for incapacitated patients must be entered with a pseudo SSN, 1900 for the Date of Birth, and name entered as UU-UNRESPONSIVE, PATIENT. Subsequent patient records must be entered as UU-UNRESPONSIVE,PATIENT A, UU-UNRESPONSIVE,PATIENT B, etc. Records must be completed with appropriate identity data elements once the patient has been identified.

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13, TEST PATIENTS: It is essential that TEST patients who exist in local VistA production systems be designated with a SSN containing five leading zeros (i.e., 000001111) and the last name prefixed by ZZ (i.e., ZZTESTPATIENT,FIRSTNAME MIDDLE). Test entries should not be used for categories of persons outside of patients, or for patients that are other than those used exclusively for testing purposes.

14. RESEARCH PATIENTS: Research patients must have all valid information (i.e., legal name, real SSN, etc.) collected and entered.

15. SSN, DATE OF BIRTH, MOTHER'S MAIDEN NAME, PLACE OF BIRTH [CITY], PLACE OF BIRTH [STATE] and PLACE OF BIRTH [COUNTRY]: The SSN, DATE OF BIRTH, MOTHER'S MAIDEN NAME, PLACE OF BIRTH [CITY], PLACE OF BIRTH [STATE] and PLACE OF BIRTH [COUNTRY] identity data fields important in the unique identification of individuals, since these are fields that do not generally change over time. If these fields are inaccurate or incomplete, it is difficult to ensure that duplicates are not being created and that the record is being linked to the correct Integration Control Number (ICN) on the MPI.

16. PATIENT RECORDS INVOLVED IN IDENTITY THEFT: Records for a patient that is determined to be an "imposter," where staff are unable to obtain the true identity of a patient, need to be edited to reflect the NAME field of THEFT, IDENTITY A (where the trailing letter would be incremented for each subsequent entry that exists in the local VistA PATIENT file). The record needs to be edited to use a pseudo SSN and have the Date of Birth recorded as 1900. Identity theft must be reported through VA Police and Security and the appropriate Regional Counsel. Any electronic documentation that is determined not to belong to the real patient (if identified) must be retracted in the same manner that any document found to be erroneously attributed to a patient is removed.

17. ALIAS FIELDS: The ALIAS fields are only to be used to enter previously-used names and SSNs, or names and SSNs that may be used at other treating facilities; these assist in recognizing potential duplicate entries. Name changes due to marriage, divorce, etc., need to be entered into the ALIAS field as well.

18. MPI EXCEPTIONS IN VISTA: When processing MPI exceptions in VistA, if potential duplicates are identified while matching the individual to the MPI, the record is not to be matched with any of the entries, but a request for assistance with duplicate resolution needs to be sent via an e-mail message to the MPIF EXCEPTIONS mail group on VistA or VHA OI IA MPI DQ TEAM distribution group on Outlook with a password-protected Word document containing sensitive information. A request for national support can also be entered via the OI national problem management system (Remedy). This helps identify potential duplicates and resolve them with as minimal impact to data as possible. When submitting requests for assistance via Remedy, do not include the individual's identifying information (Name, SSN, etc.). The specialist assigned to the request must obtain this information directly from the Point-of-Contact (POC).

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19. DUPLICATE PATIENT ENTRIES: To resolve local duplicate patient entries in VistA and to merge the data from one record to the other, use the process outlined in the DUPLICATE RECORD MERGE: Patient Merge User Manual located at the following website:
http://www.va.gov/vdl/VistA_Lib/Infrastructure/Dupl_Rec_Merge/xt_73_p23_um.doc

20. ADDITIONAL INFORMATION: Additional information can be found on the Identity Management Data Quality website at http://vista.med.va.gov/mpi_dqmt/. Extreme caution must be taken when merging duplicate records to ensure the records are for the same individual. Many identity fields for individuals of multiple birth (i.e., twins) will be the same or similar. Once patients are identified as part of a multiple birth, the Multiple Birth Indicator needs to be set to "Yes" on all applicable records. It is essential that appropriate clinical ancillary staff review potential duplicate records, to verify whether or not they should be merged.

21. THE PATIENT DATA REVIEW PROCESS AND LOCAL EXCEPTIONS: The Patient Data Review process and Local Exceptions processing must be performed on a daily basis, to ensure that inconsistencies are addressed in a timely manner. Failure to resolve data quality issues may result in incorrect operation of the Remote Data View-VistA Web and Inter-facility Consults functions for facility clinicians.

a. In addition, various Health*e*Vet applications require data quality issues to be resolved before implementation can be completed. National reporting of data quality issues may be performed, as necessary, to facilitate timely resolution of such issues.

b. Further information on these functions can be found in the following manuals:

(1) The Exception Handling instruction document can be found at the following website: http://www.va.gov/vdl/VistA_Lib/Infrastructure/Master_Patient_Index_(MPI)/RG1_0_EH.doc

(2) The Patient Data Review Process can be found in Appendix C at the following website:
http://www.va.gov/vdl/VistA_Lib/Infrastructure/Master_Patient_Index_(MPI)/RG1_0_UM.doc

c. Additional information regarding the Identity Management Data Quality team and its role, along with a current listing of the national team and the VHA facility Points-of-Contact can be found on the Identity Management Data Quality website at http://vista.med.va.gov/mpi_dqmt/.

Appendix B: MPI Glossary of Working Concepts

DUPLICATE PATIENTS IN VistA – Not same ICN	More than one patient in a single PATIENT file (#2) cannot have the same Integration Control Number (ICN). This is a business rule established by Healthcare Identity Management (HC IdM). If there is a site duplicate discovered, each patient will have their own unique ICN and a Potential Match Exception will be generated for HC IdM team to review. If HC IdM determines the record to be a duplicate, they will link the ICNs together and push down the entry to the Duplicate Record file in that VistA instance for processing via the Duplicate Record Merge application.
INSTITUTION FILE	A site can be in only one VISN at a time. A record in the INSTITUTION file (#4) cannot have two parents of the same type. A record in the INSTITUTION file (#4) cannot be a child and have children of its own.
MPI (AUSTIN)	The Master Patient Index (MPI) is located at the Austin Information Technology Center (AITC). It is composed of a unique list of patients and an associated list of VAMCs (Veterans Affairs Medical Centers) and other systems of interest where each patient has been seen. This enables the sharing of patient data between operationally diverse systems. Each patient record (or index entry) on the MPI contains multiple demographic fields which are updated to the Primary View of the MPI.
	NOTE: For a list of the fields stored on the MPI, see the section titled: "Appendix D: Data Stored on the MPI in Austin" in this documentation.
PATIENT SENSITIVITY	If a shared patient is flagged as sensitive at one of the treating sites, a bulletin is sent to the RG CIRN DEMOGRAPHIC ISSUES mail group at each subscribing site telling where, when, and by whom the flag was set. Each site can then review whether the circumstances meet the local criteria for sensitivity flagging. If the site chooses to change the patient to a sensitive status, the option to do so would be used and then a bulletin would be sent to the mail group established in the PIMS package for notifying users of a sensitive patient change.
CORRELATIONS (Formally referred to as Treating Facilities)	Systems that know a specific Integration Control Number (ICN) and have registered an interest in that ICN.
POTENTIAL IDENTITY CHANGE	If two or more of the following fields are different than what is currently stored on the MPI (i.e., Name [first or last name only - only count as 1], SSN, DOB or Sex), there is no further broadcasting of the update anywhere. If the patient is shared, only that site's Treating Facility entry in the MPI VETERAN/CLIENT file, in Field #985.5, is updated and an exception is logged on the MPI Exception Handler noting that a potential identity change has occurred. If the patient is NOT SHARED, then both the MPI VETERAN/CLIENT file (#985) and the Treating Facility entry (#985.5) is updated and an exception is logged to the MPI Exception Handler noting a potential identity change has occurred.

UPDATE
MESSAGES   Descriptive data update messages are broadcast by the MPI Austin.

Table B-1: MPI Glossary of Working Concepts

Appendix C: Exceptions and Bulletins

NOTE: For information on exception messages, their resolution, and the MPI/PD Exception Handling option [RG EXCEPTION HANDLING] introduced in Patch RG*1*3, see the Master Patient Index/Patient Demographics (MPI/PD) VistA Exception Handling manual at the following web site:

http://www.va.gov/vdl/Infrastructure.asp?appID=16

This document gives Master Patient Index/Patient Demographics (MPI/PD) sites information and assistance in dealing with exception messages.

Appendix D: Data Stored on the MPI in Austin

The following is a list of the fields stored on the MPI in Austin:

Name and Number	Description
INTEGRATION CONTROL NUMBER (ICN) (#.01)	Based on ASTM E-1714 format is 16 digits, delimiter character, 6 checksum digits.
SURNAME (#1)	Family name, also known as last name.
FIRST NAME (#2)	Patient's first given name.
MIDDLE NAME (#3)	Patient's middle name or middle initial.
NAME PREFIX (#4)	Commonly, Dr., Ms., Sir, or other appropriate titles. NOTE: Not currently populated on the MPI.
NAME SUFFIX (#5)	Examples are Jr., Sr., PhD, etc.
MOTHERS MAIDEN NAME (#6)	Mother's Surname at her birth.
DATE OF BIRTH (#7)	Date of patient's birth.
PLACE OF BIRTH CITY (#8)	Name of the city or town (or nearest) where the patient was born. NOTE: Not synchronized to the systems of interest.
PLACE OF BIRTH STATE (#9)	If USA, 2 character state abbreviation. If not USA, the country state. Pointer to the STATE file (#5). NOTE: Not synchronized to the systems of interest.
DATE OF DEATH (#10)	The date of the person's death. NOTE: Not part of the Primary View.
DEATH VERIFICATION STATUS (#11)	One of four criteria must exist to flag this as Verified: • Patient death under VA auspices • DoD casualty report • Receipt of certified death certificate • Burial benefits by NCS
GENDER (#12)	• M = MALE • F = FEMALE
SOCIAL SECURITY NUMBER (#13)	Patient's Social Security Number (SSN) NOTE: Pseudo SSNs aren't stored on the MPI.
SSN VERIFICATION STATUS (#14) NOTE: Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of	Status of the verification of a patient's SSN. This value is stored on the MPI, derived from an update from the ESR application after interaction with SSA (Social Security Administration). Possible values synchronized to sites are: • Null • INVALID PER SSA • VERIFIED

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Name and Number	Description
DG*5.3*688 [EVC R2].	Possible values used on the MPI for the ESR correlation are: • NEW RECORD • IN-PROCESS • INVALID PER SSA • RESEND TO SSA • VERIFIED
PSEUDO SSN REASON (#14.1) NOTE: Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of RG*1*47 and DG*5.3*653 [EVC R1].)	Used to document the reason an individual was assigned a pseudo SSN. Available reasons are: • (R) Refused to Provide—Individual was asked for his/her SSN but refused to provide the number. • (S) SSN Unknown/Follow-up required—Individual is not available to ask/answer the request for SSN. The facility should initiate follow-up activity to obtain the SSN. • (N) No SSN Assigned—Individual has not been assigned an SSN. This generally applies to spouse or dependents of veterans who are not US citizens, and infrequently, non-citizen beneficiaries.
CLAIM NUMBER (#15)	VBA assigned claim number. Used to assist confirming ID. NOTE: Not part of the Primary View.
COORDINATING MASTER OF RECORD (#16)	Pre-Primary View Coordinating Site for patient. POINTER TO INSTITUTION file (#4).
SENSITIVITY (#17)	Sensitivity is used to assist in sensitive management audit reports for unusual activity. NOTE: This field is not utilized.
PRIMARY ICN (#18)	As of patch MPI*1.0*40, this field will be used as the value of the Primary ICN for a deactivated ICN. The field will only be populated for an entry that has an ID STATE of deactivated. It is basically telling which ICN should be used instead.
DATE/TIME OF ORIGINAL CREATION (#19)	Date/time that the patient was added to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the MPI Data Quality Management team.
FACILITY OF ORIGINAL CREATION (#20)	Facility that originally added the patient to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the MPI Data Quality Management team.
CREATED BY (#21)	The CREATED BY field identifies the person at the FACILITY OF ORIGINAL CREATION who added the patient to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the MPI Data Quality Management team.
RESOLUTION JOURNAL CASE NUMBER (#22)	If a case exists in the MPI DATA MGT RESOLUTION JOURNAL file (#985.2) for this ICN it will be stored in this field regardless of the status of the case. Resolution Journal cases hold the history of any resolution work done by the Data Quality Team on this ICN.
PRIMARY VIEW DATE LAST UPDATED (#23)	The PRIMARY VIEW DATE LAST UPDATED field is the date/time that any of the patient's identity element fields were last updated in the MPI

Name and Number	Description
	VETERAN/CLIENT (#985) file.
IDENTITY THEFT (#24)	The IDENTITY THEFT field is used to designate that a specific record has been confirmed by Healthcare Identity Management (HC IdM) staff to be involved in an identity theft occurrence. Once it has been marked, the IDENTITY THEFT field will prevent good records from being linked or matched to the identify theft record.
TEMPORARY ID NUMBER (#25)	The Department of Defense (DoD) Defense Eligibility Enrollment Reporting System (DEERS) uses a Temporary Identification Number for individuals (e.g., babies) who do not have or have not provided a Social Security Number (SSN) when the record is added to DEERS. It is used for military dependents only.
FOREIGN ID NUMBER (#26)	The Department of Defense (DoD) Defense Eligibility Enrollment Reporting System (DEERS) uses a Foreign Identification Number for foreign military and foreign nationals when the record is added to DEERS.
MARITAL STATUS (#30)	Patient's current marital status. NOTE: Not part of the Primary View.
STREET ADDRESS [LINE 1] (#31)	First line of patient's residence street address (3-35 characters). NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STREET ADDRESS [LINE 2] (32#)	Second line of patient's residence street address (3-30 characters) if the space provided in "street address" was not sufficient. NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STREET ADDRESS [LINE 3] (33#)	Third line of patient's residence street address (3-30 characters) if the space provided in "street address" and "street address 2" was not sufficient. NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
CITY [RESIDENCE] (#34)	City in which patient resides (3-28 characters). NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STATE [RESIDENCE] (#35)	State in which patient resides. NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
ZIP+4 [RESIDENCE] (#36)	Five or Nine digit Zip Code. NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
PHONE NUMBER [RESIDENCE] (#37)	Telephone number (4-23 characters) to patient's place of residence. NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
POW STATUS INDICATED? (#38)	"Y" if s/he was confined as a prisoner of war, "N" if not, or "U" if unknown. NOTE: Not part of the Primary View.

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Name and Number	Description
MULTIPLE BIRTH INDICATOR (#39) NOTE: Added to the list of fields auto-updated in VistA as of Patch RG*1*47.	The MULTIPLE BIRTH INDICATOR will designate whether or not the patient is part of a multiple birth (i.e. to identify twins, etc.). Possible values are: • N = NO • Y = MULTIPLE BIRTH • Null (not the same as No)
PROVINCE (#40)	Enter a PROVINCE if the patient has provided one for his/her foreign address. The entry can be alphanumeric and up to 20 characters in length. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
POSTAL CODE (#41)	Enter the patient's POSTAL CODE if the patient has provided one for his/her foreign address. The entry can be alphanumeric and up to 10 characters in length. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
COUNTRY (#42)	Enter the COUNTRY where the patient's permanent address is located. If entering an Army/Air Force Post Office (APO) or a Fleet Post Office (FPO) address, select United States as the country. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
ALIAS (#50)	If this patient is known by any name other than that entered in the name field enter that/those other name(s) here. (Multiple field)
ALIAS SURNAME (#02,.01)	Patient's last name (aka family name). If this patient is known by any name other than that entered in the Name field, enter the other name(s) here. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS FIRST NAME (#.02,1)	Patient's first name. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS MIDDLE NAME (#.02,2)	Patient's middle name or middle initial. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS PREFIX (#.02,3)	Commonly, Dr., Ms., Sir, or other appropriate titles. NOTE: Not currently populated on the MPI. Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS SUFFIX (#.02,4)	Examples are Jr., Sr., PhD, etc. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS SSN (#.02,5)	If the patient was also known under a name other than that listed in the NAME field of the PATIENT file (#2), enter the social security number used if different when the patient used this alias. NOTE: Alias SSNs that are Pseudo SSNs will not be stored on the MPI. Alias SSN is paired with an Alias Name. There can't be just an alias SSN. Once in

Name and Number	Description
	Primary View, will be an aggregated list from all treating facilities.
ALIAS DATE LAST UPDATED (#.02,6)	The ALIAS DATE LAST UPDATED field is the date/time that the ALIAS field was last updated in the MPI VETERAN/CLIENT (#985) file.
RACE INFORMATION (#60)	Enter the race that best identifies this patient. NOTE: Not synchronized to the systems of interest. Once in Primary View, will be an aggregated list from all treating facilities. (Multiple field)
RACE INFORMATION (#.03,.01)	Enter the races which best identify this patient.
RACE DATE LAST UPDATED (#.03,1)	The RACE DATE LAST UPDATED field is the date/time that the RACE field was last updated in the MPI VETERAN/CLIENT (#985) file.
ETHNICITY INFORMATION (#70)	Enter the ethnicity that best identifies this patient. NOTE: Not synchronized to the systems of interest. Once in Primary View, will be an aggregated list from all treating facilities. (Multiple field setup but only one value stored)
ETHNICITY INFORMATION (#.04,.01)	Enter the ethnicity which best identifies this patient.
ETHNICITY DATE LAST UPDATED (#.04,1)	The ETHNICITY DATE LAST UPDATED field is the date/time that the ETHNICITY field was last updated in the MPI VETERAN/CLIENT (#985) file.
ID STATE (#80)	The following ID STATE definitions are from the Object Management Group (OMG) Person Identification Service (PIDS) Specification. ID STATE designates the status of the entry in the MPI VETERAN/CLIENT (#985) file in accordance with business rules and standards. Values for the patient are: • P = Permanent • T = Temporary • D = Deactivated PERMANENT: This ID State specifies that all required fields are entered and a national ICN is established. When an ID is created as permanent all mandatory traits *must* be provided. A permanent ID can be deactivated but *cannot* be made temporary. TEMPORARY: This ID State specifies that there are not enough fields to make an entry permanent (as defined further in the business rules). An ID can be created as temporary without indicating any mandatory traits. A common usage is to create an ID that data can be bound to a patient before that patient is identified with an appropriate confidence. A temporary ID can be made permanent or deactivated. DEACTIVATED: This ID State specifies that the ICN is no longer used. Once an ID is expected not to be needed any more it can be deactivated (merged or deprecated), which keeps it around for historical purposes. A deactivated ID is in its final state and *cannot* be transitioned to any other state by PIDS operations. NOTE: Not synchronized to the systems of interest.
DATE OF ID STATE (#81)	The DATE OF ID STATE field identifies when the ID STATE field was last updated.
SURNAME PRIMARY	The SURNAME PRIMARY VIEW SCORE field contains the Primary View

Name and Number	Description
VIEW SCORE (#85)	Authority Score for the SURNAME (#1) identity element.
FIRST NAME PRIMARY VIEW SCORE (#86)	The FIRST NAME PRIMARY VIEW SCORE field contains the Primary View Authority Score for the FIRST NAME (#2) identity element.
MIDDLE NAME PRIMARY VIEW SCORE (#87)	The MIDDLE NAME PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MIDDLE NAME (#3) identity element.
PREFIX PRIMARY VIEW SCORE (#88)	The PREFIX PRIMARY VIEW SCORE field contains the Primary View Authority Score for the NAME PREFIX (#4) identity element.
SUFFIX PRIMARY VIEW SCORE (#89)	The SUFFIX PRIMARY VIEW SCORE field contains the Primary View Authority Score for the NAME SUFFIX (#5) identity element
DOB PRIMARY VIEW SCORE (#90)	The DOB PRIMARY VIEW SCORE field contains the Primary View Authority Score for the DATE OF BIRTH (#7) identity element.
GENDER PRIMARY VIEW SCORE (#91)	The GENDER PRIMARY VIEW SCORE field contains the Primary View Authority Score for the GENDER (#12) identity element.
SSN PRIMARY VIEW SCORE (#92)	The SSN PRIMARY VIEW SCORE field contains the Primary View Authority Score for the SOCIAL SECURITY NUMBER (#13) identity element.
MMN PRIMARY VIEW SCORE (#95)	The MMN PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MOTHER'S MAIDEN NAME (#6) identity element.
MULT BIRTH PRIMARY VIEW SCORE (#96)	The MULT BIRTH PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MULTIPLE BIRTH INDICATOR (#39) identity element.
POB CITY PRIMARY VIEW SCORE (#97)	The POB CITY PRIMARY VIEW SCORE field contains the Primary View Authority Score for the PLACE OF BIRTH CITY (#8) identity element.
POB STATE PRIMARY VIEW SCORE (#98)	The POB STATE PRIMARY VIEW SCORE field contains the Primary View Authority Score for the PLACE OF BIRTH STATE (#9) identity element.

Table D-1: Data Stored on the MPI in Austin

Appendix E: Why Doesn't a Patient Have a National ICN?

What Causes a Patient Record Not to Have a National ICN Assignment?

Answer:

- If the patient record was not included as part of the initial seeding process to the MPI. When the MPI was first initialized, patient records showing no activity in the last three fiscal years prior to the initialization were not enumerated with an ICN.

- If the patient record has not been edited or has not had clinical activity since approximately 1989, it would not have been sent up to the MPI for an ICN and CMOR assignment during the initial seeding of the index.

- If the patient record has not been processed into the system via any of the following PIMS options: Load/Edit, Register a Patient, or Electronic 10-10EZ Processing since the initial seeding of the index.

- Prior to this patch MPIF*1*33, the following criteria were not sent to the Master Patient Index (MPI) for national ICN assignment:

    - Patient records with last names beginning with ZZ

    - Patient records that have 5 leading zeros for the Social Security Number (SSN)

    - Patients records with last names beginning with "EEE"

    - Patients records with last names beginning with the word "Merging" (This applies to patients in the process of being merged via the Duplicate Record Merge software.)

    Patient records having met these criteria were either prevented from being sent to the MPI or were removed. Thus, these records currently exist in sites' PATIENT file (#2) without a national ICN assignment.

- If the patient record had been merged with another.

    NOTE: VistA Patch MPIF*1*33 removed the Inactivate Patient from MPI [MPIF PAT INACT] option from the Master Patient Index Menu [MPIF VISTA MENU]. This option allowed users to inactivate patient records for any reason as long as they were not shared by another VistA system. Patient records having no activity since inactivation do not have national ICN assignments.

What Causes a Patient Record to Have Only a Local ICN Assignment?

Answer:

- If communication can't be established or is lost with the MPI before the ICN assignment process has completed.

- If the site edits an existing or adds a new patient using an option that doesn't directly interact with the MPI (e.g., VistA Lab or VA FileMan).

- If the patient is being added to the MPI (via the HL7 ADT-A28 message) as a placeholder until a National ICN is assigned. A local ICN is assigned to prevent processing the patient again on the MPI during that interim period.

Appendix F: Change to Identity Management Fields, Patch MPIF*1*37

In an earlier patch, MPIF*1*28, the user was prompted for selected identifying fields in the PATIENT file (#2) early in the Registration process, so the information would be available for the query to the Master Patient Index (MPI) system. Code was added in routine MPIFAPI to accomplish this. This Application Programmer Interface (API) was called by the Registration options that interact with the MPI to ask for the identifying fields.

Patch MPIF*1*37 modifications to the API MPIFAPI affects ONLY those fields that are displayed immediately after the prompt: "Please verify or update the following information:." For identity management fields, listed below, this API only prompts for selected fields if they are blank or imprecise in accordance with the following business rules:

- All fields display if they were previously blank.

- Date of Birth field displays if it contains an imprecise date.

- Social Security Number field displays if it is a pseudo number.

- Mother's Maiden Name and Place of Birth (City, State) fields display if the free text field contains extraneous information (e.g., UNKNOWN, NOT AVAILABLE, NOT GIVEN, NOT KNOWN, UNAVAILABLE, or DECEASED, etc.)

With Patch MPIF*1*37, the display of the identity management fields, listed below, is conditional based on the criteria outlined in the MPI business rules, listed above.

- Date of Birth

- Sex

- Social Security Number

- Multiple Birth Indicator

- Mother's Maiden Name

- Place of Birth (City, State)

- Alias

Appendix G: Primary View Identity Traits

The following is the list of fields that are stored in MPI VETERAN/CLIENT file (#985) , which is the Primary View of the MPI. The identity traits that comprise the Primary View, which are synchronized back out to the systems of interest, include:

- Name (First, Last, Middle, Suffix)

- SSN

- DOB

- Gender

- Mother Maiden Name

- Multiple Birth Indicator (Sent and updated to Primary View as of Patch RG*1*45. Added to the list of fields auto-updated [synchronized] in VistA as of Patch RG*1*47.)

- SSN Verification Status (Verified, Invalid Per SSA, and null) (Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of DG*5.3*688 [EVC R2].)

- Pseudo SSN Reason (Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of RG*1*47 and DG*5.3*653 [EVC R1].)

- Alias (As of Patch DG*5.3*756, the ALIAS [#1] multiple in the PATIENT file (#2) will be updated in VistA resulting from the edits made to that information on the MPI by the HC IdM team. The VistA data will be synchronized to match the MPI values. Additionally, when a facility revises their local ALIAS data, the information will be transmitted to the MPI, which in turn will update all treating facilities where the patient is known.)

NOTE: Not all Primary View fields are synchronized to the systems of interest.

Name and Number	Description
INTEGRATION CONTROL NUMBER (ICN) (#.01)	Based on ASTM E-1714 format is 16 digits, delimiter character, 6 checksum digits. When the ICN is displayed in the MPI, it appears as 10 digits followed by the delimiter character ("V") followed by the 6 checksum digits.
SURNAME (#1)	Family name, also known as last name.
FIRST NAME (#2)	Patient's first given name.
MIDDLE NAME (#3)	Patient's middle name or middle initial.
NAME PREFIX (#4)	Commonly, Dr., Ms., Sir, or other appropriate titles. NOTE: Not currently populated on the MPI.
NAME SUFFIX (#5)	Examples are Jr., Sr., PhD, etc.
MOTHERS MAIDEN NAME (#6)	Mother's Surname at her birth.

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Name and Number	Description
DATE OF BIRTH (#7)	Date of patient's birth.
PLACE OF BIRTH CITY (#8)	Name of the city or town (or nearest) where the patient was born. NOTE: Not synchronized to the systems of interest.
PLACE OF BIRTH STATE (#9)	If USA, 2 character state abbreviation. If not USA, the country state. Pointer to the STATE file (#5). NOTE: Not synchronized to the systems of interest.
DATE OF DEATH (#10)	The date of the person's death. As of Patch MPI*1*90, Increment 7, Date of Death will be on the Primary View when supplied from one of NCA's systems, BOSS, or AMAS. Date of Death _will not_ be synched from PV to the correlations for Increment 7.
DEATH VERIFICATION STATUS (#11)	One of four criteria must exist to flag this as Verified: • Patient death under VA auspices • DoD casualty report • Receipt of certified death certificate • Burial benefits by NCS
GENDER (#12)	• M = MALE • F = FEMALE
SOCIAL SECURITY NUMBER (#13)	Patient's Social Security Number (SSN) NOTE: Pseudo SSNs aren't stored on the MPI.
SSN VERIFICATION STATUS (#14) NOTE: Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of DG*5.3*688 [EVC R2].	Status of the verification of a patient's SSN. This value is stored on the MPI, derived from an update from the ESR application after interaction with SSA (Social Security Administration). Possible values synchronized to sites are: • Null • INVALID PER SSA • VERIFIED Possible values used on the MPI for the ESR correlation are: • NEW RECORD • IN-PROCESS • INVALID PER SSA • RESEND TO SSA • VERIFIED
PSEUDO SSN REASON (#14.1) NOTE: Added to File #985 as of Patch MPI*1*40. Populated to the Primary View of the MPI and systems of interest to the MPI as of RG*1*47 and DG*5.3*653 [EVC R1].)	Used to document the reason an individual was assigned a pseudo SSN. Available reasons are: • (R) Refused to Provide—Individual was asked for his/her SSN but refused to provide the number. • (S) SSN Unknown/Follow-up required—Individual is not available to ask/answer the request for SSN. The facility should initiate follow-up activity to obtain the SSN. • (N) No SSN Assigned—Individual has not been assigned an SSN. This generally applies to spouse or dependents of veterans who are not US citizens, and infrequently, non-citizen beneficiaries.

Name and Number	Description
COORDINATING MASTER OF RECORD (#16)	Pre-Primary View Coordinating Site for patient. POINTER TO INSTITUTION file (#4).
SENSITIVITY (#17)	Sensitivity is used to assist in sensitive management audit reports for unusual activity. NOTE: This field is not utilized.
PRIMARY ICN (#18)	As of patch MPI*1.0*40, this field will be used as the value of the Primary ICN for a deactivated ICN. The field will only be populated for an entry that has an ID STATE of deactivated. It is basically telling which ICN should be used instead.
DATE/TIME OF ORIGINAL CREATION (#19)	Date/time that the patient was added to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the Healthcare Identity Management (HC IdM) team.
FACILITY OF ORIGINAL CREATION (#20)	Facility that originally added the patient to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the Healthcare Identity Management (HC IdM) team.
CREATED BY (#21)	The CREATED BY field identifies the person at the FACILITY OF ORIGINAL CREATION who added the patient to the MPI VETERAN/CLIENT (#985) file. This information will be used for reports and analysis by the Healthcare Identity Management (HC IdM) team.
RESOLUTION JOURNAL CASE NUMBER (#22)	If a case exists in the MPI DATA MGT RESOLUTION JOURNAL file (#985.2) for this ICN it will be stored in this field regardless of the status of the case. Resolution Journal cases hold the history of any resolution work done by the Healthcare Identity Management (HC IdM) on this ICN.
PRIMARY VIEW DATE LAST UPDATED (#23)	The PRIMARY VIEW DATE LAST UPDATED field is the date/time that any of the patient's identity element fields were last updated in the MPI VETERAN/CLIENT (#985) file.
IDENTITY THEFT (#24)	The IDENTITY THEFT field is used to designate that a specific record has been confirmed by Health Care Identity Management (HC IdM) staff to be involved in an identity theft occurrence. Once it has been marked, the IDENTITY THEFT field will prevent good records from being linked or matched to the identify theft record.
TEMPORARY ID NUMBER (#25)	The Department of Defense (DoD) Defense Eligibility Enrollment Reporting System (DEERS) uses a Temporary Identification Number for individuals (e.g., babies) who do not have or have not provided a Social Security Number (SSN) when the record is added to DEERS. It is used for military dependents only.
FOREIGN ID NUMBER (#26)	The Department of Defense (DoD) Defense Eligibility Enrollment Reporting System (DEERS) uses a Foreign Identification Number for foreign military and foreign nationals when the record is added to DEERS.
STREET ADDRESS [LINE 1] (#31)	First line of patient's residence street address (3-35 characters). NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STREET ADDRESS [LINE 2] (32#)	Second line of patient's residence street address (3-30 characters) if the space provided in "street address" was not sufficient.

Name and Number	Description
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STREET ADDRESS [LINE 3] (33#)	Third line of patient's residence street address (3-30 characters) if the space provided in "street address" and "street address 2" was not sufficient.
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
CITY [RESIDENCE] (#34)	City in which patient resides (3-28 characters).
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
STATE [RESIDENCE] (#35)	State in which patient resides.
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
ZIP+4 [RESIDENCE] (#36)	Five or Nine digit Zip Code.
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
PHONE NUMBER [RESIDENCE] (#37)	Telephone number (4-23 characters) to patient's place of residence.
	NOTE: Not part of the Primary View originally. As of Patch MPI*1*90, this field will begin being populated from ESR.
MULTIPLE BIRTH INDICATOR (#39) NOTE: Added to the list of fields auto-updated in VistA as of Patch RG*1*47.	The MULTIPLE BIRTH INDICATOR will designate whether or not the patient is part of a multiple birth (i.e. to identify twins, etc.). Possible values are: • N = NO • Y = MULTIPLE BIRTH • Null (not the same as No)
PROVINCE (#40)	Enter a PROVINCE if the patient has provided one for his/her foreign address. The entry can be alphanumeric and up to 20 characters in length. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
POSTAL CODE (#41)	Enter the patient's POSTAL CODE if the patient has provided one for his/her foreign address. The entry can be alphanumeric and up to 10 characters in length. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
COUNTRY (#42)	Enter the COUNTRY where the patient's permanent address is located. If entering an Army/Air Force Post Office (APO) or a Fleet Post Office (FPO) address, select United States as the country. NOTE: As of Patch MPI*1*90, this field was added to the Primary View and is populated from ESR.
ALIAS (#50)	If this patient is known by any name other than that entered in the name field enter that/those other name(s) here. (Multiple field)
ALIAS SURNAME (#02,.01)	Patient's last name (aka family name). If this patient is known by any name other than that entered in the Name field, enter the other name(s) here. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.

Name and Number	Description
ALIAS FIRST NAME (#.02,1)	Patient's first name. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS MIDDLE NAME (#.02,2)	Patient's middle name or middle initial. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS PREFIX (#.02,3)	Commonly, Dr., Ms., Sir, or other appropriate titles. NOTE: Not currently populated on the MPI. Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS SUFFIX (#.02,4)	Examples are Jr., Sr., PhD, etc. NOTE: Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS SSN (#.02,5)	If the patient was also known under a name other than that listed in the NAME field of the PATIENT file (#2), enter the social security number used if different when the patient used this alias. Include any different SSNs used by person even if names are the same. NOTE: Alias SSNs that are Pseudo SSNs will not be stored on the MPI. Alias SSN is paired with an Alias Name. There can't be just an alias SSN. Once in Primary View, will be an aggregated list from all treating facilities.
ALIAS DATE LAST UPDATED (#.02,6)	The ALIAS DATE LAST UPDATED field is the date/time that the ALIAS field was last updated in the MPI VETERAN/CLIENT (#985) file.
RACE INFORMATION (#60)	Enter the race that best identifies this patient. NOTE: Not synchronized to the systems of interest. Once in Primary View, will be an aggregated list from all treating facilities. (Multiple field)
RACE INFORMATION (#.03,.01)	Enter the races which best identify this patient.
RACE DATE LAST UPDATED (#.03,1)	The RACE DATE LAST UPDATED field is the date/time that the RACE field was last updated in the MPI VETERAN/CLIENT (#985) file.
ETHNICITY INFORMATION (#70)	Enter the ethnicity that best identifies this patient. NOTE: Not synchronized to the systems of interest. Once in Primary View, will be an aggregated list from all treating facilities. (Multiple field setup but only one value stored)
ETHNICITY INFORMATION (#.04,.01)	Enter the ethnicity which best identifies this patient.
ETHNICITY DATE LAST UPDATED (#.04,1)	The ETHNICITY DATE LAST UPDATED field is the date/time that the ETHNICITY field was last updated in the MPI VETERAN/CLIENT (#985) file.
ID STATE (#80)	The following ID STATE definitions are from the Object Management Group (OMG) Person Identification Service (PIDS) Specification. ID STATE designates the status of the entry in the MPI VETERAN/CLIENT (#985) file in accordance with business rules and standards. Values for the patient are: • P = Permanent • T = Temporary

Name and Number	Description
	• D = Deactivated
	PERMANENT: This ID State specifies that all required fields are entered and a national ICN is established. When an ID is created as permanent all mandatory traits *must* be provided. A permanent ID can be deactivated but *cannot* be made temporary except for when HC IdM uses the OVR function.
	TEMPORARY: This ID State specifies that there are not enough fields to make an entry permanent (as defined further in the business rules). An ID can be created as temporary without indicating any mandatory traits. A common usage is to create an ID that data can be bound to a patient before that patient is identified with an appropriate confidence. A temporary ID can be made permanent or deactivated.
	DEACTIVATED: This ID State specifies that the ICN is no longer used. Once an ID is expected not to be needed any more it can be deactivated (merged or deprecated), which keeps it around for historical purposes. A deactivated ID is in its final state and *cannot* be transitioned to any other state by PIDS operations.
	NOTE: Not synchronized to the systems of interest.
DATE OF ID STATE (#81)	The DATE OF ID STATE field identifies when the ID STATE field was last updated.
SURNAME PRIMARY VIEW SCORE (#85)	The SURNAME PRIMARY VIEW SCORE field contains the Primary View Authority Score for the SURNAME (#1) identity element.
FIRST NAME PRIMARY VIEW SCORE (#86)	The FIRST NAME PRIMARY VIEW SCORE field contains the Primary View Authority Score for the FIRST NAME (#2) identity element.
MIDDLE NAME PRIMARY VIEW SCORE (#87)	The MIDDLE NAME PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MIDDLE NAME (#3) identity element.
PREFIX PRIMARY VIEW SCORE (#88)	The PREFIX PRIMARY VIEW SCORE field contains the Primary View Authority Score for the NAME PREFIX (#4) identity element. Not currently populated on the MPI.
SUFFIX PRIMARY VIEW SCORE (#89)	The SUFFIX PRIMARY VIEW SCORE field contains the Primary View Authority Score for the NAME SUFFIX (#5) identity element
DOB PRIMARY VIEW SCORE (#90)	The DOB PRIMARY VIEW SCORE field contains the Primary View Authority Score for the DATE OF BIRTH (#7) identity element.
GENDER PRIMARY VIEW SCORE (#91)	The GENDER PRIMARY VIEW SCORE field contains the Primary View Authority Score for the GENDER (#12) identity element.
SSN PRIMARY VIEW SCORE (#92)	The SSN PRIMARY VIEW SCORE field contains the Primary View Authority Score for the SOCIAL SECURITY NUMBER (#13) identity element.
MMN PRIMARY VIEW SCORE (#95)	The MMN PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MOTHER'S MAIDEN NAME (#6) identity element.
MULT BIRTH PRIMARY VIEW SCORE (#96)	The MULT BIRTH PRIMARY VIEW SCORE field contains the Primary View Authority Score for the MULTIPLE BIRTH INDICATOR (#39) identity element.
POB CITY PRIMARY VIEW SCORE (#97)	The POB CITY PRIMARY VIEW SCORE field contains the Primary View Authority Score for the PLACE OF BIRTH CITY (#8) identity element.
POB STATE PRIMARY	The POB STATE PRIMARY VIEW SCORE field contains the Primary View

Name and Number	Description
VIEW SCORE (#98)	Authority Score for the PLACE OF BIRTH STATE (#9) identity element.

Table G-1: Primary View Identity Traits

The ALIAS Multiple Stored on MPI and Synchronized to VistA

In the Primary View of the MPI, the ALIAS multiple (#50) is stored in the MPI VETERAN/CLIENT file (#985) as an aggregated list from all the treating facilities associated with that ICN. In VistA, the ALIAS multiple (#1) is stored in the PATIENT file (#2). All edits made by Healthcare Identity Management (HC IdM) staff to the ALIAS multiple on the MPI via the Edit PV Alias Values [MPI DATA MGT EDIT PV ALIAS] option are updated in the Primary View on the MPI and synchronized out to all systems of interest (e.g., VistA treating facilities) for that patient. Site edits to the ALIAS multiple (#1) in the VistA PATIENT file (#2) are updated in VistA and sent to the MPI for updates to the Primary View. The updates are then synchronized back out to all other treating facilities (systems of interest) associated with that ICN.

Edits to the ALIAS Multiple Not Scored in Primary View

The ALIAS identity multiple (#50) has no associated activity score on the MPI. The alias is an aggregated list in the Primary View of all alias information from all the treating facilities and is synchronized with the other treating facilities. If your site adds an alias then everyone will get that alias. If your site deletes an alias entry, then any corresponding entries at the other systems of interest associated with that ICN will remain in primary view, basically requiring HC IdM to become involved to delete an alias value.

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