

October 8, 2004

PRE-REGISTRATION

1. PURPOSE: This Veterans Health Administration (VHA) Directive mandates the use of the Pre-registration Program processes and associated software currently installed on the Veterans Health Information Systems and Technology Architecture (VistA) at Department of Veterans Affairs (VA) medical centers and Veterans Integrated Service Network (VISN) offices. **NOTE:** *It is the intent of the Pre-registration Program to contact veterans to identify and record any changes to a veteran's demographic and insurance information prior to a scheduled outpatient visit or procedure using Pre-registration software.*

2. BACKGROUND

a. The Secretary of Veterans Affairs has indicated that the VHA Revenue Program is one of the Department's top priorities. At the request of the Secretary, VHA prepared a report detailing critical steps that must be accomplished or improved to achieve maximum collection potential (i.e., Revenue Cycle Improvement Plan). One of the key factors in achieving this goal is the use of the Pre-registration software and reports.

b. The Pre-registration software patch was released to VA medical centers to be installed and placed into use by October 1, 1998. Pre-registration does not replace the medical center's normal registration process for establishing a beneficiary's record, capturing personal information, determining eligibility for VA care, or the editing of that information using the load/edit application. Pre-registration is intended to be one of the tools available to each facility to ensure accurate and timely updates of patient demographics and insurance information prior to a scheduled outpatient visit or procedure.

c. Documentation of nationwide utilization of the Pre-registration function has been required by the Office of the Inspector General (OIG). VistA patch IB*2*272 has been created to generate a report that will satisfy this requirement. Data will be collected and monitored to determine the use of the Pre-registration process.

d. Pre-registration updates the following information: veteran's complete address, home and work telephone numbers, insurance information, next of kin or emergency contact, and employer information. Pre-registration is normally associated with, but is not limited to:

(1) Calling the veteran at the veteran's residence, where information may be more readily available, in advance of scheduled appointments at the VA facility.

(2) Mailing the veteran a VA Form 10-10EZ, Health Benefits Renewal Form, for completion at the veteran's home where family members may assist in gathering information.

NOTE: *The use of locally-produced forms is prohibited by the Office of Management and Budget (OMB). The veteran needs to return the completed form to the facility, where Pre-registration personnel will input any changes.*

THIS VHA DIRECTIVE EXPIRES OCTOBER 31, 2009

VHA DIRECTIVE 2004-057

October 8, 2004

(3) If the patient would prefer not to update information over the telephone, updating patient information on the same day of the appointment through a face-to-face interview is acceptable.

e. When a patient interview is completed in VistA, personnel need to date and/or stamp the appropriate screen using the Pre-registration software.

f. The following benefits can be derived from using the Pre-registration Program:

(1) Producing and maintaining more accurate demographic and health insurance information within the VistA database decreases rework, delays and frustrations for veterans and employees.

(2) Gathering and updating of pertinent insurance information increases revenues.

(3) Obtaining correct addresses at the time of Pre-registration helps prevent the return of undeliverable mail. Each prescription, appointment letter, patient co-payment billing, or informational letter that is returned costs the medical center money. Correcting this data has the potential of saving significant amounts of dollars.

(4) Reminding patients of scheduled appointments helps to reduce the no-show rate.

(5) Gathering all pertinent information prior to scheduled appointments decreases the waiting time for the veteran, therefore improving customer service throughout the medical center.

(6) Using reports derived from the Pre-registration Program information improves management's ability to monitor and direct resources, as well as identify revenue increases resulting directly from Pre-registration. Utilizing the prescribed parameters as described in Attachment A allows for trending data nationwide.

3. POLICY: It is VHA policy that all VHA medical centers must use the Pre-registration Program and all associated processes, procedures, and designated reports as tools to identify veterans who have not updated demographics and insurance information within the (at most) 180 days preceding their scheduled appointments. *NOTE: Medical centers not using the pre-registration processes, or not submitting the required Pre-registration Report, will be reported to the Office of the Deputy Under Secretary for Health for Operations and Management (10N) for follow-up action.*

4. ACTION

a. **Medical Center Director.** The medical center Director, or designee, is responsible for:

(1) Contacting that veteran prior to the veteran's appointment and updating the demographic and insurance information, using the Pre-registration package. Information for patients who cannot be reached prior to their appointments, or who prefer to give information in person may be updated on the same day of the appointment, but prior to the appointment. However, efforts

need to be concentrated on completing the Pre-registration updates well before the day of the appointment.

(2) Ensuring the installation of software patch IB*2*272 and that report parameters are set in the Medical Administration Service (MAS) parameter file.

(3) Designating a Representative to oversee Pre-registration activities, functions, and reports.

b. **Designated Representative.** The Designated Representative is responsible for ensuring:

(1) All Pre-registration tools are utilized correctly.

(2) Appropriate well-trained staff and resources are assigned to the Pre-registration function, and that this staff understands the importance of obtaining current and accurate data. **NOTE:** *For additional information regarding Pre-registration training, the Pre-registration Program Manuals are available at <http://vaww.va.gov/cbo/eduprgm.html> under Educational Program Resources/Manuals.*

(3) Usage of the Pre-registration Program by monitoring the Percentage of Patients Pre-Registered Summary Report data. **NOTE:** *It is recommended that this report be run on a monthly basis and results retained using the Excel spreadsheet format shown in Attachment B.*

c. **VISN Director.** The VISN Director is responsible for ensuring:

(1) That each month's summary by facility is through the VHA CO Power Reports (16) Outlook mail group.

(2) Data results are compiled at the end of each fiscal year, and forwarded to the Chief Business Office (16)

d. **Chief Business Office (CBO) (16).** The CBO (16) is responsible for:

(1) Monitoring the use of the Pre-registration Program through an annual review of the Percentage of Patients Pre-Registered Summary Report submitted by each VISN,

(2) Communicating results of annual review to VISN and VHA Senior Management, and

(3) Providing education and training opportunities for appropriate staff on Pre-registration policies and procedures.

VHA DIRECTIVE 2004-057

October 8, 2004

5. REFERENCES

- a. Revenue Cycle Improvement Plan, September, 2001.
- b. OIG Report, Audit of Medical Care Collection Fund Program, 01-00046-65, February 26, 2002.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Officer (16) is responsible for the contents of this directive. Questions may be directed to (202) 254-0400.

7. RESCISSION: This VHA Directive rescinds VHA Directive 2002-015. This VHA Directive expires October 31, 2009.

s/Louise Van Diepen for
Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 10/8/04
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 10/8/04

ATTACHMENT A

PERCENTAGE OF PATIENTS PRE-REGISTERED SUMMARY REPORT

1. Software patch IB*2*272 augments the Pre-registration package already installed in Veterans Health Information Systems and Technology Architecture (VistA) by adding a new report: "Percentage of Patients Pre-Registered Summary Report", which can be accessed under either the "Pre-Registration Menu/Outputs" or "Diagnostic Measures Reports/Intake" reports. This report will capture the following items:

- a. The number of unique outpatients treated,
- b. The number of unique outpatients pre-registered within Pre-registration timeframe,
- c. The percent of unique outpatients pre-registered,
- d. The number of unique outpatients pre-registered past Pre-registration timeframe, and
- e. The number of unique outpatients never pre-registered

2. The purpose of the Pre-registration Program is to collect and verify current demographic and insurance information for the veteran. Certain clinics may be excluded from the report in order to manage the large volume of patients on call log lists. The clinics chosen for exclusion represent those at which appointments would infrequently occur without another major clinic appointment. The list also includes non-billable or non-count clinics (telephone contacts, smoking cessation, etc.). These exclusions will be set in the Medical Administration Service (MAS) parameters locally within the following constraints:

- a. **Allowable Clinic Exclusions.** Examples are:
 - (1) Adult Day Health Care (ADHC)
 - (2) Alzheimer's and Dementia Clinics
 - (3) Cardiac rehabilitation;
 - (4) Cardiac testing (holter monitor, EKG, etc.);
 - (5) Chaplain services (to include Bereavement Counseling);
 - (6) Chemotherapy;
 - (7) Community Nursing Home Follow-Up;
 - (8) Compensation and Pension;

VHA DIRECTIVE 2004-057

October 8, 2004

- (9) Dental;
- (10) Dialysis;
- (11) Domiciliary (Compensated Work Therapy);
- (12) Education Clinics (Nutrition, Smoking Cessation, etc.);
- (13) Flat Film Radiology Clinics;
- (14) Hospice;
- (15) Incentive Therapy;
- (16) Laboratory;
- (17) Mental Health Clinics and services;
- (18) Non-count clinic or telephone clinic;
- (19) Physical Therapy, Occupational Therapy, Speech Therapy, and Recreation Therapy;
- (20) Research;
- (21) Residential Care; and
- (22) Social Work Telemedicine services.

b. **Allowable Eligibility Exclusions.** These are:

- (1) Collateral of veteran.
- (2) Domiciliary patient.
- (3) Employee.
- (4) Humanitarian Emergency.
- (5) Ineligible for Department of Veterans Affairs (VA) treatment.
- (6) Another Federal Agency.
- (7) Sharing Agreement.
- (8) Volunteer.

c. **Records that Require Updating.** Facilities or Veterans Integrated Service Network (VISN)'s beginning a Pre-registration Program will find the list of records that require updating to be very large. Selecting a sort method by service is one way facilities can prioritize the call list by those clinics providing the highest cost care and most likely to be covered by third party insurance.

d. **Inconsistent Data Elements.** Examples of inconsistency data elements for reporting purposes to be "turned on" in the MAS report parameter file are:

Field Name: ~~~~~	Field number: ~~~~~
Street Address [Line 1]	.111
City	.114
State	.115
Zip Code	.116
Phone Number [Residence]	.131
Phone Number [Work]	.132
Employment Status	.31115
Covered by Health Insurance	.3192

NOTE: Bypassing unanswered or blank fields is considered inappropriate.

ATTACHMENT B

SAMPLE OF AN EXCEL SPREADSHEET FORMAT FOR REPORTING
 PERCENTAGE OF PATIENTS PRE-REGISTERED

Percentage of Patients Pre-Registered Report					
Facility & Sta #	XYZ VAMC Sta #1111			Year	2005
Month	# Unique OP treated	# pre-reg within timeframe	Percent Pre-registered	# pre-reg past timeframe	# never pre-reg
Jan	100	60	60%	2	10
Feb	200	60	30%	9	1
Mar	200	80	40%	8	25
Apr	150	100	67%	2	9
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

Example