

March 8, 2002

## IMPLEMENTATION OF PRE-REGISTRATION

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive re-emphasizes the mandated use of the pre-registration and associated processes and procedures 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:** *These procedures need to be used for all activities involving veteran interaction within the medical center (i.e. for inpatient admission, outpatient encounters).*

### 2. BACKGROUND

a. The Secretary of Veterans Affairs has indicated 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 and improved to achieve maximum collection potential. One of the key factors in achieving this goal is the mandatory use of the pre-registration software and procedures, released in 1997. VHA Directive 98-042, Implementation of Pre-registration, mandated the installation of the pre-registration software.

b. Pre-registration was created and software patch DG\*5.3\*109 was released to VA medical centers in May 1997 with simultaneous release guides to both the managers' and employees, in order to improve the collection of health insurance coverage, as well as updating important patient data. When important VistA information is missing, both the clinical and administrative processes are impeded. Substantial cost savings are generated through the pre-registration process by reducing the amount of returned pharmaceuticals and undelivered mail as a result of incorrect addresses. Although pre-registration does not replace the medical center's normal registration process, the enhancement does mean better customer relations and improves communication with VHA clinicians and other staff who have interactions with the veterans.

c. Network Directors were to ensure the installation and use of software patch DG\*5.3\*109 released October 1, 1998.

d. The following benefits can be derived from using pre-registration:

(1) Producing and maintaining more accurate demographic and health insurance information within the VistA database is imperative. Cleaning up the "files" with correct data and maintaining these files will cut down on rework, delays and frustrations for veterans and the employees throughout the medical center.

(2) Pre-registration phone calls can obtain additional information from a family member having the information in the event the veteran is unable to provide the information.

(3) Gathering and updating of pertinent insurance information will increase the revenue collections.

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(4) Obtaining correct addresses at the time of pre-registration will prevent the return of undeliverable mail. Each prescription, appointment letter, or informational letter that is returned cost money. Correcting this data has the potential of saving hundreds even thousands of dollars.

(5) Decreases in waiting time for the veteran will occur when all pertinent information is gathered prior to scheduled appointments. Therefore, improving customer service throughout the medical center.

**3. POLICY:** It is VHA policy that it is mandatory for all VHA medical centers, including the integrated facilities, to use the pre-registration software and all associated processes and procedures.

**4. ACTION**

a. Medical center Directors are responsible for:

(1) Having already installed pre-registration patch DG\*5.3\*109 and mandating the use of the reports for verifying the updating of record demographics and health insurance information. The reports available from this package should be:

(a) Indicating all tools are being utilized correctly; and

(b) Providing information, such as the number of new claims and the amount of money collected.

(2) Ensuring well-trained staff performing pre-registration understand the importance of loading appropriate data.

(3) Ensuring the Office of Information Resource Management (IRM), or designee, has activated the following mandatory inconsistency data elements for reporting purposes:

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
E-Name	.331

**NOTE:** *Bypassing unanswered or blank fields is considered inappropriate.*

a. Ensuring appropriate staff and resources are assigned to this program. **NOTE:** *For additional information regarding pre-registration, the Pre-registration Program Manual is available at the following Vista web site: <http://vista.med.va.gov/vdl/#App55>*

b. The VHA Revenue Office (174) is responsible for periodically monitoring, through diagnostic measures reports and other methods, the use of pre-registration. This may be accomplished with periodic site visits during an audit cycle or through a focused program review. **NOTE:** *Medical centers not using pre-registration processes will be reported to the Under Secretary for Health and the appropriate VISN Director.*

**5. REFERENCES:** None.

**6. FOLLOW-UP RESPONSIBILITY:** The Associate Chief Financial Officer for, Revenue (174) is responsible for the contents of this directive.

**7. RESCISSION:** This VHA Directive rescinds VHA Directive 98-042. This VHA Directive expires March 31, 2007.

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