

April 13, 2009

## DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

- 1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides guidance for electronic entry of administrative data regarding VHA beneficiaries into VHA computerized information systems.
- 2. BACKGROUND:** The administrative and demographic data that VHA collects is a key component of establishing and managing a beneficiary's record and supporting VHA business functions. This information includes, but is not limited to, the following: addresses, personal contacts, employment and insurance information, military history, and eligibility for VA health care benefits. Complete and accurate administrative information facilitates business processes that support essential VHA functions, such as the provision of appropriate medical care, prescription services, eligibility for care, accurate billing, and access to complete health information. Incomplete or inaccurate beneficiary demographic information can adversely affect patient safety.
- 3. POLICY:** It is VHA policy that all administrative data be accurate and consistent.
- 4. ACTION:** Each Facility Director is responsible for ensuring that:
  - a. Staff members directly responsible for the entry of administrative data into VHA information systems are properly trained in the use of these guidelines; this includes staff at facilities with outpatient clinics and community-based outpatient clinics assigned to their jurisdiction;
  - b. Each supervisor involved in the activities of entering beneficiary data follows the guidance provided in this Directive;
  - c. All staff responsible for the entry of administrative and demographic information are informed of the requirements provided in this Directive;
  - d. All staff involved in the entry of beneficiary information adheres to the specific guidelines established by this Directive in order to ensure data accuracy and consistency;
  - e. All staff involved in the entry of identity information adheres to VHA guidelines for Identity Management and Master Patient Index functions;
  - f. Staff conduct a review of any local policies related to data entry to ensure those policies coincide with the guidelines set forth in this Directive;

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g. Staff perform local monitoring for adherence to this Directive on a monthly basis, using a random sample of 10 percent or 100 (whichever is less) of the new records entered into the system;

(1) At least 95 percent of sampled records will adhere to all requirements outlined in this Directive.

(2) A list of records can be obtained through the Veterans Health Information and Technology Architecture (VistA) Log of Dispositions output or using FileMan screening on the "Date Entered into File" field. **NOTE:** *Refresher training needs to be offered to staff entering data whenever the level is at 90 percent or below.*

h. Any future consideration for local implementation of data entry guidelines that will affect data at a national level is referred to the Administrative Data Quality Council (ADQ) for approval prior to implementation. Requests must be submitted to the mail group at [VHAADMINISTRATIVEDATAQUALITYCOUNCIL@va.gov](mailto:VHAADMINISTRATIVEDATAQUALITYCOUNCIL@va.gov); and

i. Staff review active patient records and proactively correct foreign addresses, as well as contact patients for race and ethnicity when utilizing VistA's Pre-Registration.

### 5. REFERENCES

- a. United States Postal Service, Publication 28.
- b. VHA Handbook 1907.01.
- c. VHA Handbook 1050.1.
- d. VHA Handbook, 1605.1.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Office (16) is responsible for the contents of this Directive. Questions may be addressed to (404) 828-5286.

**7. RESCISSIONS:** VHA Directive 2006-002 is rescinded. This VHA Directive expires on April 30, 2014.

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## GUIDELINES FOR ADMINISTRATIVE DATA ENTRY

### 1. ADDRESSES

a. United States (U.S.) addresses are to follow the standard U.S. Postal format as closely as possible. Publication 28 from the United States Postal Service outlines those standards. VHA has a standard list of values which may not be altered for States and Counties. The standard list is located at <http://vaww.vhaco.va.gov/dataquality/ADQMisc.htm>. *NOTE: This is an internal web site and not available to the public.*

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

c. The Confidential Address field is used to mail a beneficiary's correspondence. VHA staff must not solicit a confidential communications address. However, if the patient makes a request of a staff member to allow for the ability to receive written communications at an alternative address, the request is to be accommodated, as appropriate. The Confidential Address categories are defined as:

(1) **Eligibility and Enrollment.** This means VA Forms and correspondence relating to Enrollment and Eligibility applications and determinations.

(2) **Appointment and Scheduling.** This means all correspondence relating to Scheduled Appointments, Follow-ups, Cancellations, etc.

(3) **Copayments and Billing.** This means all correspondence relating to Patient Bills, copayments, appeals, denials, waivers, etc.

(4) **Health Records.** This means all correspondence relating to Health Records, including Pharmacy medication records.

(5) **All Other.** This means all Other Patient Correspondence, including form letters, surveys, invitations, etc.

d. The Bad Address Indicator has four categories which must be used in the following manner.

(1) **No Entry.** No Entry indicates that the beneficiary's address is assumed to be good.

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

(3) **Homeless.** Homeless indicates that a beneficiary has no known address. The Department of Veterans Affairs (VA) health care facility address may be used in conjunction with the Homeless indicator.

(4) **Other.** Other indicates that an address does not fit within Undeliverable or Homeless and it is not to be shared with other sites or used for mailing.

e. **Foreign Addresses.** The ability to enter a foreign address into the Veterans Health Information Systems and Technology Architecture (VistA) software is added with the release of Enrollment VistA Changes (EVC) R2. This only affects the patient's permanent, temporary, and confidential addresses. Upon entry of a country other than the United States (the default), VistA prompts the entry of a postal code rather than a zip code, and a province instead of a state and county.

(1) When a user encounters a foreign address that is currently in the system, the user is required to re-enter the address using the new structure. The new structure asks the user to enter the country first, and then the user is prompted for the street address, city, province, and postal code.

(2) **ARMY OR AIR FORCE POST OFFICE (APO) FLEET POST OFFICE ADDRESSING:** According to the USPS, the proper way to address a letter to an APO or FPO is in the following format:

(a) SSGT Patient Mail  
Unit 2050 Box 4190  
APO AP 96278-2050

(b) SGT Patient Mail  
PSC 802 Box 74  
APO AE 09499-0074

(c) Seaman Patient Mail  
USCGC Hamilton  
FPO AP 96667-3931

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

STREET ADDRESS [LINE 1]: PSC 802 Box 74  
STREET ADDRESS [LINE 2]:  
ZIP+4: 09499

(a) Then select one of the following:

FPO\*

CITY: // 1 FPO\*

STATE: ARMED FORCES AF, EU, ME, CA

(b) If the zip code entered does not pull up the appropriate FPO or APO, a Remedy ticket must be logged to correct the file.

## 2. PHONE NUMBERS

a. Phone numbers will be entered using the format of (NNN)NNN-NNNN. In all cases, the area code will be entered as part of the number. If the number includes an extension, it should be entered by following the last number by a small "x" and the extension with no spaces (i.e., (NNN)NNN-NNNNxNNNN). If no work or home phone exists, fields will be left blank.

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

**3. MARITAL STATUS:** This field contains standard values. The values provided in the standard file should not be altered at the local level. If a beneficiary's marital status is unknown, then the value "UNKNOWN" will be selected.

**4. RELIGION:** If a beneficiary states they have no religious preference, then the value of "UNKNOWN/NO PREFERENCE" is to be selected.

**5. RACE and ETHNICITY:** These fields are self reported by the beneficiary. If the beneficiary chooses not to disclose this information, then "DECLINED TO ANSWER" is to be selected. If the beneficiary was not asked, then the field remains blank.

## 6. NEXT OF KIN

a. Next of kin is a person related to an individual such as:

(1) Spouse;

(2) Children;

(3) Parents;

(4) Siblings;

(5) Grandparents;

(6) Aunts and Uncles; and

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(7) Cousins.

b. Adopted children can be considered next-of-kin. If the beneficiary has no next-of-kin, the field will remain blank. The next-of-kin is not automatically a personal representative of an individual.

**7. EMERGENCY CONTACT:** The emergency contact is a person that would be contacted in the event of a health care crisis or a problem that warranted communication with a person the beneficiary chose. Complete and accurate information is required. If the individual has not designated a person, then the fields remain blank.

**8. DESIGNEE:** A designee is a person whom the beneficiary identifies to receive personal items and/or funds deposited at the facility. This most likely would be the same as the next-of-kin. Complete and accurate information is required. If the individual has not designated a designee, then the fields remain blank.

**9. MILITARY SERVICE NUMBER:** This is a number used by the Department of Defense (DOD) before the use of the Social Security Number (SSN). It is part of a beneficiary's military service data. It may contain the Military Service Number or the beneficiary's SSN. If the SSN is the appropriate value, then type in capitals 'SSN' or 'SS' and the system automatically populates the field with the beneficiary's SSN. It does not auto-populate if the beneficiary has a pseudo SSN. The field remains blank if the actual number is not known.

**10. CLAIM NUMBER:** The claim number is a 7 to 8 digit unique number provided by Veterans Benefit Administration (VBA) prior to the use of the SSN. The field can contain either this 7-8 unique number or the SSN if the beneficiary has filed a claim with VBA for compensation or pension. If the beneficiary has not filed a claim, leave this field blank. If the SSN is the appropriate value, then type in capitals 'SSN' or 'SS' and the system will automatically populate the field with the beneficiary's SSN. It will not auto-populate if the beneficiary has a pseudo SSN. The field should remain blank if the actual number is not known.

**11. ALL OTHER DATA FIELDS:** Every attempt is to be made to obtain complete and accurate information. If a field value is not known, the field is to be left blank until information can be obtained. Values such as "unknown," "deceased," "none," and other inappropriate responses that do not provide the answer to the data field are not to be used, unless they are provided in the selection list of values.

**12. IDENTITY MANAGEMENT FIELDS:** Detailed data entry guidelines regarding the input and editing of data used to determine the unique identity of patients can be found in the current VHA policy. In addition, the following fields addressed in this directive are used for identity management purposes: RACE, ETHNICITY, RELIGION, CLAIM NUMBER, MILITARY SERVICE NUMBER, and MARITAL STATUS. As such, it is imperative that complete and accurate information is entered and maintained in these fields, so that the correct identification of patients can be completed and patient safety issues be avoided.