

January 28, 2011

PATIENT INFORMATION COLLECTION MANAGEMENT PROCESSES (PICM)

1. PURPOSE: This Veterans Health Administration (VHA) Directive describes the use of Patient Information Collection Management (PICM) processes at Department of Veterans Affairs (VA) medical centers and facilities.

2. BACKGROUND

a. Under VA regulation Title 38 Code of Federal Regulation (CFR) 17.36, Veterans are required to complete VA Form 10-10EZ, Application for Health Care Benefits. This information is used to determine Veterans eligibility, enrollment priority group, mailing address, copayment requirements, and third-party health insurance liabilities. VA's information collection for VA Form 10-10EZ was approved by the Office of Management and Budget (OMB) under OMB control number No. 2900-0091.

b. PICM processes establish or update a beneficiary's record (e.g., military service history, demographics, insurance information, etc.) through the Veterans Health Information and Technology Architecture's (VistA) registration menu load/edit application and/or pre-registration software.

c. PICM processes must include at least one of the following, and others as are appropriate:

(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) Updating patient information at any VA point of service on the same day of the appointment through a face-to-face interview or a centralized check-in station.

(3) Mailing a VA Form 10-10EZR, Health Benefits Renewal Form, for completion by the Veteran in the privacy of the Veterans's home. The 10-10EZR may be either mailed back to the facility or brought to appropriate staff for data entry. *NOTE: The use of locally-produced information collection forms is prohibited by OMB.*

(4) Directing the Veteran to the Kiosk, if available, to update their information.

(5) Providing an option for the Veteran to update information telephonically following a recorded appointment reminder.

(6) Utilizing the Pre-registration software. *NOTE: For additional information regarding Pre-registration see <http://vaww.vistau.med.va.gov>. This is an internal web site and is not available to the public.*

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(7) Utilizing the Insurance Capture Buffer (ICB) software at appointment check-in. **NOTE:** For additional information regarding ICB see <http://vaww.vistau.med.va.gov>. This is an internal Web site and is not available to the public. Insurance information needs to be captured according to guidelines established in [VHA Procedure Guide 1601C.01 Insurance Verification](#) at: <http://vaww1.va.gov/CBO/apps/policyguides/index.asp>. **NOTE:** This is an internal VA Link not available to the public.

e. The following benefits are derived from the timely collection of patient information:

(1) Obtaining correct addresses helps ensure that VA is able to communicate important information, such as prescriptions, appointment letters, patient copayment billings and informational information via mail, to the Veteran. This prevents the return of undeliverable mail and the associated costs of undeliverable mail. Correcting this data has the potential of improving patient care, and saving significant amounts of money.

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

(3) Gathering and updating pertinent insurance information affords Veterans the benefit of their insurance plan and may decrease or eliminate their VA copayment and increase the facility's revenues.

(4) Reminding patients of scheduled appointments helps improve patient care by reducing the no-show rate.

3. POLICY: It is VHA policy that all VHA medical centers maintain PICM processes in order to timely identify and update Veteran's demographic and insurance information.

4. ACTION

a. **Chief Business Officer (CBO).** The CBO is responsible for providing education and training opportunities for appropriate staff regarding the PICM processes.

b. **VISN Director.** The VISN Director is responsible for ensuring each VISN Business Implementation Manager monitors the progress of each assigned medical center PICM process to ensure compliance with national policy.

c. **Medical Center Director.** The Medical Center Director is responsible for:

(1) Designating a PICM Coordinator, which may be a collateral duty, to oversee PICM activities, functions, and reports.

(2) Developing a local policy that implements this Directive and includes compliance monitors and data integrity checks. An effective local policy may include a count of inconsistencies due to improper or incomplete data entry in the following fields (Veteran's

complete address, home and work telephone numbers, insurance information, next-of-kin, emergency contact, email address, and employer information).

(3) Ensuring administrative data is entered in accordance with existing VHA policy guidance.

(4) Ensuring that the PICM process has been incorporated into the medical center training program, the requirements outlined in paragraph 2c are included and administrative staff responsible for the PICM process have received appropriate training.

d. **Patient Information Collection Management (PICM) Coordinator.** The PICM Coordinator is responsible for ensuring that:

(1) Demographic and insurance information is updated in a timely fashion. For example, this may be done at point of initial intake, time of clinic check-in, telephonically or through mailings as appropriate.

(2) Well-trained staff and resources are assigned to the collection of patient information and that staff understand the importance and value of obtaining current and accurate data. Personnel collecting the information telephonically must not request that the Veteran verify sensitive information such as Social Security Number, date or place of birth, or mother's maiden name.

(3) Information for patients who cannot be reached prior to their appointments, or who prefer to give information in person, may be updated at the point of service or on the same day of the appointment, including cases of urgent or emergent care. However, efforts should be concentrated on obtaining the information well before the day of the appointment.

5. REFERENCES: Title 38 CFR 1736.

6. FOLLOW-UP RESPONSIBILITY: The Chief Business Office (16) is responsible for the contents of this Directive. Questions may be directed to (202) 461-1589.

7. RESCISSION: VHA Directive 2007-007 is rescinded. This VHA Directive expires January 31, 2016.

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DISTRIBUTION: CO: E-mailed to the VHA Publications Distribution List 2/01/2011