

## Patient Master (Screen 01)

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An individual should have only *one* Patient Master record. When creating a new Patient Master record on screen 01 (Action = A), first verify that the participant does not already have an existing Patient Master record. The applicant (Patient Master) record verification process requires the user to perform an Alpha Search (Screen 00), as reviewed in Chapter 1, Section 9. The completion of a Patient Master record is required before any data can be entered into consecutive patient screens. Certain information from the Patient Master record automatically populates other screens. For this reason, it is very important to enter information accurately in the Patient Master screen and to update any changes at each agency visit.

 **User Note**

When bringing an existing participant onto a new food package, begin by confirming all participant data on screen 01 and by entering Action = C.

 **User Note**

Updating certain information in the Patient Master record, such as date of birth, family ID or homeless status, may require updating the WIC Certification record on screen 20 before attempting to issue food instruments and CVVs.

### Accessing the Patient Master (Screen 01)

To access a Patient Master record:

- Access Screen = 01 through the Application Selection Menu
- Enter ID = Patient Master ID or a Temporary Patient ID number

 **User Note**

The Patient Master record cannot be accessed by entering the participant's 2-digit WIC Program number and 6-digit WIC ID number (from the WIC Certification screen 20).

- Date may be left blank
- Action Code = **A** (add), **C** (change), or **I** (inquire)

### Application Selection Menu

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HSA005A      NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM      NC03  07501
11/30/07                                APPLICATION SELECTION MENU

NEXT RECORD: COUNTY: 085  SCREEN: 01  ID:          DATE:          ACTION: i
MESSAGE: 103 PF8 TO BROWSE FORWARD, PF7 TO BROWSE BACKWARD

00. ALPHA NAME SEARCH                                87. VIEW NOTIFICATION MESSAGE
01. PATIENT MASTER                                  95. MEDICAID ELIGIBILITY INQUIRY
04. PATIENT ADDRESSES
18. APPOINTMENT FUNCTIONS
19. REPORTS PROCESSING
20. WIC CERTIFICATION
21. WIC ISSUANCE/NUTRI. EDU.
22. WIC MESSAGES AND COMMENTS
23. WIC NOTICE HISTORY
24. WIC SUMMARY PAGE PRINT
25. WIC HISTORY
26. WIC SPECIAL SITE MENU
28. FORMS ALIGNMENT
51. WIC STATISTICAL REPORTS
52. FARMERS MARKET ISSUANCE
53. WIC STATE FUNDED ISSUANCE
54. BLOOD LEAD LEVEL INQUIRY
55. VENDOR VOUCHER REPLACEMENT
  
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### Patient Master (Screen 01)

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HSA010A      07501      HSIS PATIENT MASTER      NC06      ADDED:
06/04/2009                                CHANGED:
NEXT RECORD: COUNTY 085  SCREEN 01  ID_          DATE          ACTION I
MESSAGE: 027 PATIENT MASTER RECORD NOT FOUND, ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST _____ FIRST _____ MI _
MEDICAID NAME: LAST _____ FIRST _____ MI _
ID NUMBER: _____ LABEL #: _ SIZE: _ (2) FOR 2-UP (3) FOR 3-UP QTY#: _
PREV ID: _____ APPT ONLY: WIC EDIT: _
CLIENT STATUS: _ CHART NUM: _____ PREFERRED LANGUAGE: _
DOB: MMDDYYYY RACE: _ HISP/LATINO: _ SEX: _ COUNTY OF RES: _
MIGRANT FARMWORKER/DEPENDENT: _ SEASONAL FARMWORKER/DEPENDENT: _
ENGLISH SPEAKING: _ HOMELESS: _ REFUGEE: _ COUNTRY OF ORIGIN: _ (1,2,9)
STREET1: _____ STREET2: _____
CITY: _____ STATE: _ ZIP: _
HOME PHONE: ( _ ) _ - _ BUSINESS/ALTERNATE PHONE: ( _ ) _ - _
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: _____ FIRST: _____ MI: _ FAMILY ID: _____
RELATIONSHIP TO PATIENT: _
MEDICAID: _ (Y,N) NUMBER: _____ MEDICARE: _ (Y,N) NUMBER: _____
OTHER INS: _ (Y,N) SELF PAY: _ (Y,N) O/P: _ HEALTH CHOICE: _ SSI: _
RELEASE OF INFO: _ SIGNATURE ON FILE: _ RESTRICT PHI: _
OTHER ADDR: _ SCREEN VERIFICATION DATE: _____
  
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**If CNDS is turned on:**

The CNDS ID will be displayed on the line between the ID Number and the Client Status. If CNDS is not turned on, there will be a blank line between the ID Number and the Client Status.

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HSA010A 06101 HSIS PATIENT MASTER NC06 ADDED:
06/04/2009 CHANGED:
NEXT RECORD: COUNTY 035 SCREEN 01 ID DATE ACTION I
MESSAGE: 027 PATIENT MASTER RECORD NOT FOUND, ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST FIRST MI
MEDICAID NAME: LAST FIRST MI
ID NUMBER: LABEL #: SIZE: (2) FOR 2-UP (3) FOR 3-UP QTY#:
CNDS ID: PREV ID: APPT ONLY: WIC EDIT:
CLIENT STATUS: CHART NUM: PREFERRED LANGUAGE:
DOB: MMDDYYYY RACE: HISP/LATINO: SEX: COUNTY OF RES:
MIGRANT FARMWORKER/DEPENDENT: SEASONAL FARMWORKER/DEPENDENT:
ENGLISH SPEAKING: HOMELESS: REFUGEE: COUNTRY OF ORIGIN: (1,2,9)
STREET1: STREET2:
CITY: STATE: ZIP:
HOME PHONE: ( ) BUSINESS/ALTERNATE PHONE: ( )
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: FIRST: MI: FAMILY ID:
RELATIONSHIP TO PATIENT:
MEDICAID: (Y,N) NUMBER: MEDICARE: (Y,N) NUMBER:
OTHER INS: (Y,N) SELF PAY: (Y,N) O/P: HEALTH CHOICE: SSI:
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE:
  
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HSA010A 00302 HSIS PATIENT MASTER SCCA ADDED: 08/24/2009
08/25/2009 CHANGED: 08/24/2009
NEXT RECORD: COUNTY 060 SCREEN 01 ID NT0214092 DATE ACTION I
MESSAGE: 010 ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST TEST FIRST NB MI
MEDICAID NAME: LAST FIRST MI
ID NUMBER: LABEL #: SIZE: (2) FOR 2-UP (3) FOR 3-UP QTY#: 00
PREV ID: APPT ONLY: WIC EDIT: Y
CLIENT STATUS: CHART NUM: PREFERRED LANGUAGE: EN
DOB: 02142009 RACE: 1 HISP/LATINO: N SEX: 2 COUNTY OF RES: 060
MIGRANT FARMWORKER/DEPENDENT: N SEASONAL FARMWORKER/DEPENDENT: N
ENGLISH SPEAKING: Y HOMELESS: N REFUGEE: N COUNTRY OF ORIGIN: 9 (1,2,9)
STREET1: 123 ANYTIME STREET2:
CITY: ANYWHERE STATE: NC ZIP: 27606 -
HOME PHONE: ( ) BUSINESS/ALTERNATE PHONE: ( )
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: TEST FIRST: MOMMY MI: FAMILY ID: NT1025692
RELATIONSHIP TO PATIENT:
MEDICAID: N (Y,N) NUMBER: MEDICARE: (Y,N) NUMBER:
OTHER INS: (Y,N) SELF PAY: (Y,N) O/P: HEALTH CHOICE: SSI:
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE: 082409
MA+ a 03/045
  
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**Completing the Patient Master Record**

**Creating a Patient Master Record:**

- Start by accessing Screen = 01

- ID = Patient Master ID or a Temporary Patient ID number
- Action = **A**
- Press the **ENTER** key.

When entering an ID for the first time, enter the 9-digit Patient Master ID (SSN or Temporary Patient Master ID number for applicants without a SSN).

To assign a Temporary Patient Master ID number, use the first initial of the applicant’s last name (must use initial of maiden name for all females), followed by the first initial of the first name, then six digits indicating date of birth (MMDDYY) followed by the number 1 if male or 2 if female (Ex. John Smith, DOB 01-05-06 = SJ0105061). (Note: If there is more than one male applicant with the same initials and date of birth, use 3, 5, 7, or 9 in the last position. If more than one female applicant with the same initials and date of birth, use 2, 4, 6, or 8 in the last position.)

The following table provides a description of the fields found on the Patient Master record. The fields that require entry by the WIC ADP user are noted with the letter (R); optional fields are noted with the letter (O). Note that some fields that are required by policy may not necessarily be required by the WIC ADP system. It is important to fill out all fields that are required by policy.

The term “applicant” is used throughout the table to reflect completion of an initial Patient Master record. For more information, the HSIS Users Manual can be accessed at the following website address: [http://dirm.state.nc.us/hsis/HSIS\\_Users\\_Manual.pdf](http://dirm.state.nc.us/hsis/HSIS_Users_Manual.pdf).

Field	Explanation
Registration name: Last (R) First (R) Middle Initial (O)	Enter the first 20 characters of applicant’s last name. Enter the first 15 characters of the applicant’s first name. May enter the initial of the middle or maiden name. Hyphens, apostrophes and spaces are all acceptable. DO NOT enter "Baby Boy" or "Baby Girl" or use numeric characters in the name.
Medicaid Name (O)	Enter the applicant’s last and first name, followed by the middle initial. This is used by other HSIS programs for payment by Medicaid and must exactly match the name printed on the participant’s Medicaid card. <b>Not required for WIC</b>
PID (Created by System)	Participant ID Number is a 15-digit number created by the system when a new Patient Master is created. This field cannot be changed by the user.

Field	Explanation
Label # (O)	Enter code for type of label to be printed: 1 = Mailing label 2 = Lab label 3 = Folder label Used for printing labels from Screen 01 for the displayed applicant.
Label Size (O)	Enter code to denote format of labels to be printed: 2 = 2-Up or 2 labels across on a sheet (3 ½ x 15/16) Note: Label #2 can only use size 2. 3 = 3-Up or 3 labels across on a sheet (2 ½ x 15/16)
QTY# (O)	Enter the number of labels to be printed, using two digit numbers in multiples of 2 or 3.
ID Number (R)	After the Patient Master has been created, this field is automatically populated by the system. This field is used to merge duplicate Patient Master ID numbers. Reference the section below on Merging Duplicate Patient Master Records.
Prev ID (Previous ID Number) (O)	<b>No entry required.</b> This field is automatically updated by the system when the Patient Master ID is changed or when duplicate Patient Master records are merged.  <b>Note:</b> This field cannot be changed by the user.
Appt Only (N/A)	Appointment Only - This field cannot be edited.
WIC Edit (R)	Enter the letter Y (Yes) for a WIC applicant. A WIC Certification record in screen 20 cannot be created without the letter Y in the WIC Edit field on screen 01. If there is an existing WIC Certification record, and the WIC Edit is changed to the letter N for No, the WIC Certification record cannot be accessed until the WIC Edit field is changed back to the letter Y for Yes.
CNDS ID (R)	<b>CNDS ID - Common Name Database System ID.</b> This ID ties the participant's record to other agency records, such as HIS, Medicaid, and Food Stamps. This field will show up in the Patient Master record if the WIC agency program and site has had the CNDS Ready Flag turned on.
Client Status (O)	<b>Not required for WIC</b>
Chart Num (O)	<b>Not required for WIC</b>



Chapter 1: USING THE HEALTH SERVICES INFORMATION SYSTEM (HSIS)  
 Section 10: PATIENT MASTER (SCREEN 01)

Field	Explanation
Seasonal Farmworker/ Dependent (R)	Enter 1-digit code to specify whether applicant is a seasonal farmworker or dependent: Y or 1 = Yes      N or 2 = No The definition for Seasonal Farmworker/Dependent is: An individual or dependent of an individual whose principal employment is seasonal agricultural and who is a year-round resident of NC. Does not include farm owners and their dependents.
English Speaking (R)	Enter 1-digit code to specify whether applicant speaks English: Y or 1 = Yes      N or 2 = No
Homeless (R)	Enter code to specify whether applicant is homeless: Y or 1 = Yes    N or 2 = No The definition for Homeless is: Any woman, infant, or child who lacks a fixed and regular nighttime residence, whose primary home is a homeless facility, or who temporarily resides with another individual.
Refugee (R)	Enter 1-digit code to specify whether applicant is a refugee: Y or 1 = Yes      N or 2 = No The definition for Refugee is: Any person outside his country of nationality that is unable or unwilling to return to that country, because of persecution or a well-founded fear of persecution. Persons apply for and receive Refugee status <i>before</i> they enter the United States, indicated by assignment of an "A" number by INS (Immigration & Naturalization Service).
Country of Origin (R)	Enter 1-digit code to specify applicant's country of origin: 1 = Mexico    2 = Haiti      9 = none of above The definition for Country of Origin is: Any person born in that country or anyone with parents or ancestors from that country who wishes to be identified as part of that cultural heritage.
Street 1 (R)	Enter street mailing address of applicant. Do not use a PO Box for the mailing address.
Street 2 (O)	Enter additional line of street mailing address if needed.
City (R)	Enter name of city where applicant resides.
State (R)	Enter state where applicant resides.
Zip (R)	Enter the 5 or 9-digit numeric zip code. The first 5 numbers are required, the remaining 4 are optional.

Field	Explanation
Home Phone (O)	Enter applicant's complete 10-digit home phone number. The 3-digit area code <i>must</i> be entered along with the rest of the phone number, or the 7-digit phone number will not remain when the Patient Master record is saved.
Business/Alternate Phone (O)	Enter complete 10-digit work or alternate phone number where applicant may be reached. The 3-digit area code must be entered, or the 7-digit phone number will not remain when the Patient Master record is saved. Leave blank if applicant has no business/alternate phone number.
Parent/Guardian Last Name (O)	Enter the last name of the parent or guardian who resides at the applicant's address. Enter first 20 characters of parent/guardian's last name.
Parent/Guardian First Name (O)	Enter first 15 characters of parent/guardian's first name.
Parent/Guardian MI (O)	Enter the middle or maiden initial of parent/guardian.
Family ID (R)	For women applicants, enter the woman's 9-digit Patient Master ID number. If not entered, the system will automatically populate the woman's Family ID field using the woman's HSIS Patient ID. For infant and child applicants, enter the mothers (or guardian's) 9-digit Patient Master ID number. All records with the same family ID will be linked together and can be displayed or printed on the screen 24 WIC summary sheets. (For additional policy information on Family ID, contact your RNC.)
Relationship to Patient (O)	Enter numeric code for the parent or guardian's relationship to the applicant: 1 = mother 2 = father 3 = adoptive parent 4 = foster parent 5 = grandparent 6 = other family member 7 = surrogate member 8 = unknown <b>Do not</b> use alpha characters in this field.

Chapter 1: USING THE HEALTH SERVICES INFORMATION SYSTEM (HSIS)  
 Section 10: PATIENT MASTER (SCREEN 01)

Field	Explanation
Medicaid (R)	Enter 1-digit code to specify whether applicant receives Medicaid: Y = Yes      N = No
Medicaid ID (O)	Enter applicant's 10-digit Medicaid number. The first 9 digits must be numerical; the last digit must be alphabetical.
Medicare (O)	Enter 1-digit code to specify whether applicant receives Medicare: Y = Yes      N = No <b>Not required for WIC.</b>
Medicare ID (O)	Enter applicant's 10-digit Medicare number. <b>Not required for WIC.</b>
Other Insurance: (O)	Enter 1-digit code to specify whether applicant has other health insurance: Y = Yes      N = No Entering Y brings up a second page. Press the <b>ENTER</b> key to save data from the 1 <sup>st</sup> page. <b>Not required for WIC.</b>
Self-Pay (O)	Enter 1-digit code to indicate whether applicant is self-pay: Y = Yes      N = No Entering the letter Y in Self Pay will bring up a second page. Press the <b>ENTER</b> key to save data from first page. <b>Not required for WIC.</b>
O/P (O)	No entry allowed.
Health Choice (O)	Enter the letter Y for Yes or the letter N for No to indicate whether applicant is covered by Health Choice. <b>Not required for WIC.</b>
SSI (O)	<b>Not required for WIC.</b>
Release of Info (O)	Enter an EDI Code as required for Medicaid billing. <b>Not required for WIC.</b>
Signature on File (O)	Enter an EDI Code as required for Medicaid billing. <b>Not required for WIC.</b>

Field	Explanation
Restrict PHI (O)	Indicates that the paper medical file includes an applicant's request to restrict his/her Protected Health Information (PHI) when performing treatment, payment and health care operations. Enter 1-digit code to specify status of applicant's request: N = No request on file      Y= Request on file <b>Not required for WIC.</b>
Other Addr.	No entry allowed.
Screen Verification Date (R)	Enter date (MMDDYY) that applicant/participant data was verified. Information in Patient Master should be verified and the date changed at each certification/ recertification, even if no changes have been made to patient master record. Updating this date will ensure that information was verified by applicant/participant or parent/guardian. (For additional policy information, contact your RNC.)

### CNDS ID

For an explanation of the CNDS ID, refer to Chapter 1, Section 9.

If the 01 Patient Master record (HSA010A) does not have a CNDS ID, the system will display the message: 694 Enter Action 'N' to Assign CNDS ID to WIC Participant.

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HSA010A 07501 HSIS PATIENT MASTER NC06 ADDED: 06/04/2009
06/04/2009 CHANGED: 06/04/2009
NEXT RECORD: COUNTY 085 SCREEN 01 ID 123456789 DATE ACTION I
MESSAGE: 694 ENTER ACTION 'N' TO ASSIGN CNDS ID TO WIC PARTICIPANT
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST TEST FIRST MARY MI
MEDICAID NAME: LAST FIRST MI
PID: 424435527009155 LABEL #: _ SIZE: _ (2) FOR 2-UP (3) FOR 3-UP QTY#: 00
ID NUMBER: 123456789H PREV ID: APPT ONLY: WIC EDIT: Y
CNDS ID:
CLIENT STATUS: CHART NUM: PREFERRED LANGUAGE: EN
DOB: 07071987 RACE: 2 HISP/LATINO: Y SEX: 2 COUNTY OF RES: 085
MIGRANT FARMWORKER/DEPENDENT: N SEASONAL FARMWORKER/DEPENDENT: N
ENGLISH SPEAKING: Y HOMELESS: N REFUGEE: N COUNTRY OF ORIGIN: 9 (1,2,9)
STREET1: 1234 MAIN STREET STREET2:
CITY: RALEIGH STATE: NC ZIP: 27609 -
HOME PHONE: ( ) - BUSINESS/ALTERNATE PHONE: ( ) -
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: FIRST: MI: FAMILY ID:
RELATIONSHIP TO PATIENT:
MEDICAID: N (Y,N) NUMBER: MEDICARE: (Y,N) NUMBER:
OTHER INS: (Y,N) SELF PAY: (Y,N) O/P: HEALTH CHOICE: SSI:
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE: 060409
    
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- Change the Action code from I to N.
- Press the **ENTER** key.

If a mistake is made and the wrong CNDS ID is selected from the Alpha Search 00 screen, the CNDS ID can be corrected from the Patient Master record by typing the letter N in the Action code field and going back to the 00 Alpha Search screen to select the correct CNDS ID.

Once the CNDS ID is selected from the Alpha Search screen and the user is returned to the 01 Patient Master record, the Patient Master record must be updated with all pertinent information and then the record must be saved before the CNDS ID will be displayed. It may be necessary to press the **ENTER** key several times before the CNDS ID appears..

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HSA010A 06101 HSIS PATIENT MASTER NC06 ADDED: 10/02/2000
          CHANGED: 03/26/2009
NEXT RECORD: COUNTY 035 SCREEN 01 ID 123456789 DATE ACTION I
MESSAGE: 010 ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST SMITH FIRST JACQUELINE MI G
MEDICAID NAME: LAST FIRST MI
PID: H03511107688550 LABEL # _ SIZE: _ (2) FOR 2-UP (3) FOR 3-UP QTY# 00
ID NUMBER: 123456789H PREV ID: APPT ONLY: WIC EDIT: Y
CNDS ID: 987654321M
CLIENT STATUS: CHART NUM: 54-252 PREFERRED LANGUAGE: EN
DOB: 05051987 RACE: 1 HISP/LATINO: N SEX: 2 COUNTY OF RES: 035
MIGRANT FARMWORKER/DEPENDENT: N SEASONAL FARMWORKER/DEPENDENT: N
ENGLISH SPEAKING: Y HOMELESS: N REFUGEE: N COUNTRY OF ORIGIN: 9 (1,2,9)
STREET1: 1234 MAIN STREET STREET2:
CITY: WENDELL STATE: NC ZIP: 27591 -
HOME PHONE: (919) 999-9999 BUSINESS/ALTERNATE PHONE: ( ) -
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: FIRST: MI: FAMILY ID:
RELATIONSHIP TO PATIENT:
MEDICAID: Y (Y,N) NUMBER: 987654321M MEDICARE: N (Y,N) NUMBER:
OTHER INS: N (Y,N) SELF PAY: N (Y,N) O/P: HEALTH CHOICE: N SSI: N
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE:
```

### **HIS-HSIS Interface for the Patient Master**

A simple interface between WIC ADP/HSIS and HIS has been designed so that WIC users can view limited participant data from HIS within the WIC ADP/HSIS mainframe system. The HIS Patient Demographics (HSA750A) screen can be viewed from the Patient Master screen 01 in HSIS.

The HIS interface screen cannot be viewed unless the CNDS ID is populated in the Patient Master record in HSIS on screen 01.

**HIS Patient Demographics (HSA750A)**

The HIS Patient Demographics screen contains the following information:

Participant Last Name, First Name, and Middle Initial CNDS ID Social Security No. Family ID Date of Birth	Primary Race Preferred Language Hispanic/Latino Home Address & Date Captured in HIS Mailing Address & Date Captured in HIS
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- To view the HIS Patient Demographics screen (HSA750A), from the 01 Patient Master (HSA010A) record, press the <F4> key.

The HIS Patient Demographics screen may take a few seconds to display. A clock may appear briefly while the system is searching for the HIS record.

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HOME PHONE: ( 919 ) 999 - 9999 BUSINESS/ALTERNATE PHONE: ( ___ ) ___ - ___
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: _____ FIRST: _____ MI: _ FAMILY ID: _____
RELATIONSHIP TO PATIENT: _
MEDICAID: N (Y,N) NUMBER: _____ MEDICARE: _ (Y,N) NUMBER: _____
OTHER INS: Y (Y,N) SELF PAY: _ (Y,N) O/P: _ HEALTH CHOICE: _ SSI: _
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE:
MA+ a X 06/026
  
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Review the patient information in the HIS Patient Demographics screen HSA750A.

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HSA750A HIS PATIENT DEMOGRAPHICS 06101
06/05/09 NC06
COUNTY: 035
MESSAGE:
PARTICIPANT NAME:
LAST: SMITH FIRST: JACQUELINE MI: G
CNDS NUMBER: 987654321M FAMILY ID:
SS NUMBER: XXX-XX-1234
PREFERRED LANGUAGE: English
DOB: 05/05/1987 HISP/LATINO: N GENDER: Female
PRIMARY RACE: White
HOME ADDRESS DATE CAPTURED IN HIS: 05/05/2008
STREET1: 1234 MAIN STREET
STREET2:
CITY: WENDELL STATE: NC ZIP: 27591 -
MAILING ADDRESS DATE CAPTURED IN HIS: 05/05/2008
STREET1: 1234 MAIN STREET STREET
STREET2:
CITY: WENDELL STATE: NC ZIP: 27591 - |
  
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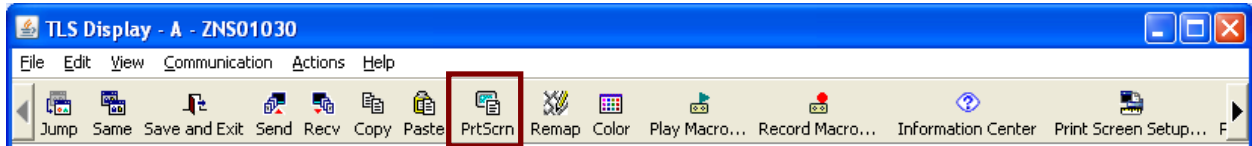
Chapter 1: USING THE HEALTH SERVICES INFORMATION SYSTEM (HSIS)  
Section 10: PATIENT MASTER (SCREEN 01)

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- To return to the Patient Master record at any time, press the <F2> key.

If data needs to be added to or updated on the HSIS Patient Master record from the data found on the HIS HSA750A screen:

- Press the Print Screen (PrtScr) button to send a screenshot to the printer.
- When finished reviewing the HIS screen, press the <F2> key to return to the 01 Patient Master record (HSA010A).



- Type the letter C for Change in the Action field on the 01 Patient Master record.
- Press the **ENTER** key.
- Manually type any needed information from HIS into the Patient Master record.
- Press the **ENTER** key again after the data entry has been completed, to update the 01 Patient Master record.

It is up to each local agency to determine what information from HIS is needed and then to decide how best to transfer that information from HIS to HSIS:

- Although it is possible to copy and paste data from the HIS screen into HSIS, there is a danger of overwriting the existing data in HSIS with garbage characters.
- It is therefore strongly recommended that screenshots be printed, and the data from HIS be manually typed into HSIS whenever needed.
- If the local agency is unable to print screens for technical reasons, HIS data can also be written down and then typed into HSIS.
- If the local agency decides to copy and paste, make sure all users know how to copy and paste one item of data at a time.

If the participant does not have a record in HIS, the system will display the message: Client with given CNDS ID not found in HIS. The first 6 characters from the CNDS ID number are displayed after this message.

HSA750A	HIS PATIENT DEMOGRAPHICS	08302
03/04/09		NC06
COUNTY: 005		
MESSAGE: CLIENT WITH GIVEN CNDSID NOT FOUND IN HIS - 945267		
PARTICIPANT NAME:		
LAST: _____	FIRST: _____	MI: _
CNDS NUMBER: 945267546M		
SS NUMBER: XXX-XX-	FAMILY ID: _____	

On rare occasions, if the HIS software is not available, an error message will display the message: No Reply from HIS. Call the WIC Helpdesk.

HSA750A	HIS PATIENT DEMOGRAPHICS	06101
06/08/09		NC06
COUNTY: 035		
MESSAGE: NO REPLY FROM HIS. CALL THE WIC HELPDESK.		
PARTICIPANT NAME:		
LAST: _____	FIRST: _____	MI: _
CNDS NUMBER: 948230909K		
SS NUMBER: XXX-XX-	FAMILY ID: _____	
	PREFERRED LANGUAGE: _____	

- This error means that the HIS system is not responding or the interface between the two systems is not working correctly.
- In production, this would be considered a critical error condition and should be reported.
- Please stop and call the NSB Helpdesk ASAP.

### Entering Address or Zip Code on Screen 01

The USPS Zip Code website indicates how an address should be written.

The Zip Code website is very simple to use:

- Go to <http://zip4.usps.com/zip4/welcome.jsp>
- Add this website to your favorites.
- Click on the tab for Search by Address.
- Find a ZIP Code by Entering an Address.
- Fill in the (street) address, city name and state (North Carolina).
- Click the Submit button to get the correct zip code.

### Using the Patient Master for the WIC Application Process

WIC and other clinic appointments may be scheduled for Program applicants by completing part of the Patient Master screen 01. Folder labels can also be printed using part of the Patient Master. Before performing *either* of these activities, the following fields on the Patient Master must be completed:

- registration name (Last Name, First Name, Middle Initial)
- date of birth
- sex
- county of residence

- address fields
- screen verification date

When the applicant or parent/caregiver/designated adult first visits the agency and requests WIC services, the following tasks must be completed:

- create a Patient Master file (screen 01, partial or complete),
- assign a WIC ID number,
- create the WIC Certification (screen 20) as appropriate.
  - ▶ If eligibility determination is not completed on the day of application, enter minimal data, set the record status to pending (P), give the applicant an appointment to return for eligibility determination according to processing standards, and document the appointment. (Note: if the WIC Agency does not give appointments there must be a written policy in place – see WIC Program Manual)
  - ▶ If eligibility determination is completed on the day of application, then complete all of the data and enter the record status as A (active), I (ineligible) or W (waiting list) depending on the outcome of the eligibility determination.

### Printing Folder Labels for the applicant/participant medical record from Screen 01

To print folder labels for the applicant/participant’s medical records (Chapter 4, Section 1):

- Go to Label #: \_\_\_\_; Size: \_\_\_\_ (below Medicaid Name)
- Enter Action = I
- Type the desired two-digit number 01 – 99, depending upon the number of folder labels needed.


```

HSA010A 06101 HSIS PATIENT MASTER NC06 ADDED:
06/05/2009 CHANGED:
NEXT RECORD: COUNTY 035 SCREEN 01 ID DATE ACTION I
MESSAGE: 027 PATIENT MASTER RECORD NOT FOUND, ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST FIRST MI
MEDICAID NAME: LAST FIRST MI
ID NUMBER: LABEL #: _ SIZE: _ (2) FOR 2-UP (3) FOR 3-UP QTY#: _
CNDS ID: PREV ID: APPT ONLY: WIC EDIT: _
CLIENT STATUS: CHART NUM: PREFERRED LANGUAGE:
DOB: MMDDYYYY RACE: HISP/LATINO: SEX: COUNTY OF RES:
MIGRANT FARMWORKER/DEPENDENT: SEASONAL FARMWORKER/DEPENDENT:
ENGLISH SPEAKING: HOMELESS: REFUGEE: COUNTRY OF ORIGIN: (1,2,9)
STREET1: STREET2:
CITY: STATE: ZIP:
  
```

Labels print from Screen 01 in rows of 3 and include the following data:

- ▶ Last name, First name, Middle initial

- ▶ ID# = Patient Master ID number
- ▶ DOB = Date of Birth
- ▶ R# = Race codes 1-6, S# = Sex code (1 = Male, 2 = Female), C# = 10-digit Chart number
- ▶ 3-digit County code
- ▶ MEDID = 9-digit Medicaid number

 **User Note**

When successful, the screen will display that message labels have been printed.

- Press the **ENTER** key.

```

HSA010A      07501      HSIS PATIENT MASTER      NC06      ADDED: 06/04/2009
09/11/2009
NEXT RECORD: COUNTY 085      SCREEN 01      ID 456456456      DATE      ACTION I
MESSAGE: F14 LABELS HAVE BEEN PRINTED - ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST TEST      FIRST CHILD      MI
MEDICAID NAME: LAST      FIRST      MI
PID: 288360896009155      LABEL #: -      SIZE: -      (2) FOR 2-UP (3) FOR 3-UP QTY#: 00
ID NUMBER: 456456456H      PREV ID:      APPT ONLY:      WIC EDIT: Y
CNDS ID: 949880482Q
CLIENT STATUS:      CHART NUM:      PREFERRED LANGUAGE: EN
DOB: 04042007      RACE: 2      HISP/LATINO: N      SEX: 2      COUNTY OF RES: 085
MIGRANT FARMWORKER/DEPENDENT: N      SEASONAL FARMWORKER/DEPENDENT: N
ENGLISH SPEAKING: Y      HOMELESS: N      REFUGEE: N      COUNTRY OF ORIGIN: 9 (1,2,9)
STREET1: 2345 MAIN STREET      STREET2:
CITY: RALEIGH      STATE: NC      ZIP: 27609 -
HOME PHONE: ( ) -      BUSINESS/ALTERNATE PHONE: ( ) -
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: TEST      FIRST: MOTHER      MI:      FAMILY ID: 321321321
RELATIONSHIP TO PATIENT: 1
MEDICAID: N (Y,N) NUMBER:      MEDICARE: (Y,N) NUMBER:
OTHER INS: (Y,N) SELF PAY: (Y,N) O/P:      HEALTH CHOICE: SSI:
RELEASE OF INFO:      SIGNATURE ON FILE:      RESTRICT PHI:
OTHER ADDR:      SCREEN VERIFICATION DATE: 060409
  
```

Go to Chapter 4, Section 1, Screen 19 Label Printing for more label printing options.

### Linking WIC Family Records with the Family ID

The Family ID is a required field for establishing the Mother-infant dyad. It is mandatory to complete the Family ID field for all infant participants with a mother on the WIC program. It is also recommended that the Family ID field be completed for a child participant who has a mother on the WIC program.

For best practice, enter the Parent/Guardian's Last and First Name as well as the Family ID in the Infant and Child Patient Master record.

Records of family members will be linked if the Family ID on the Patient Master record is the same ID number for all family members. Linked records will:

- Allow the names of all members of a family (mother, infant, child) to be displayed on screen or printed on the WIC Summary Sheet (screen 24). (Chapter 2, Section 5)
- Allow for correct issuance of food packages for a breastfeeding mother and infant.

```

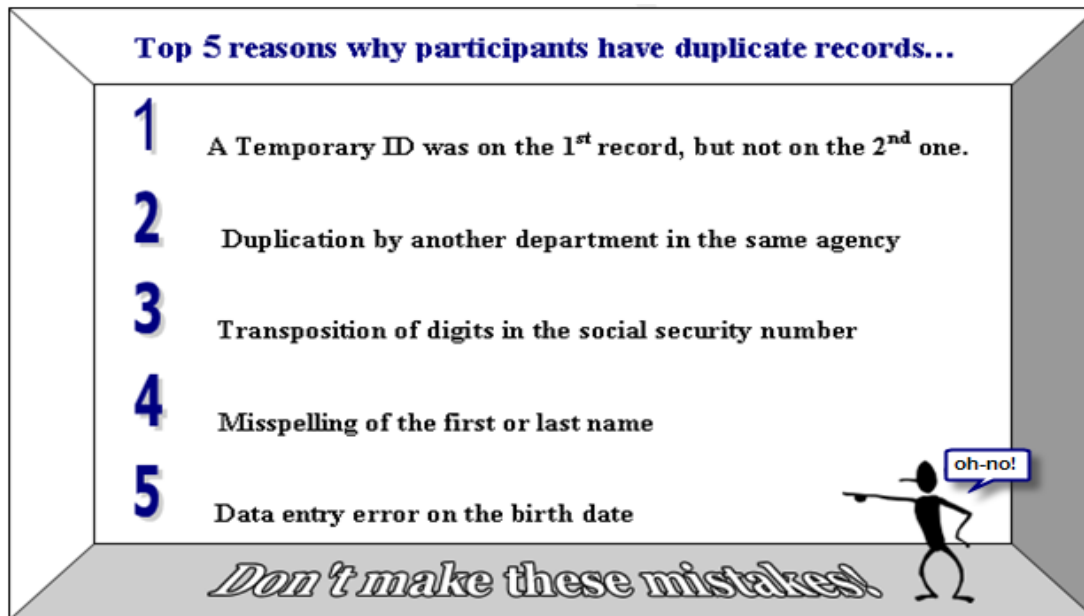
HSA010A 07501 HSIS PATIENT MASTER NC06 ADDED: 06/10/2009
09/11/2009 CHANGED: 09/11/2009
NEXT RECORD: COUNTY 085 SCREEN 01 ID 321654987 DATE ACTION I
MESSAGE: 010 ENTER NEXT KEY
FIELD NAMES HIGHLIGHTED FOR PARTIAL/APPOINTMENT-ONLY ENTRY
REGISTRATION NAME: LAST TEST FIRST INFANT MI
MEDICAID NAME: LAST FIRST MI
PID: 902551473009161 LABEL #: _ SIZE: _ (2) FOR 2-UP (3) FOR 3-UP QTY#: 00
ID NUMBER: 321654987H PREV ID: APPT ONLY: WIC EDIT: Y
CNDS ID: 999999999W
CLIENT STATUS: CHART NUM: PREFERRED LANGUAGE: EN
DOB: 12152008 RACE: 2 HISP/LATINO: N SEX: 2 COUNTY OF RES: 085
MIGRANT FARMWORKER/DEPENDENT: N SEASONAL FARMWORKER/DEPENDENT: N
ENGLISH SPEAKING: Y HOMELESS: N REFUGEE: N COUNTRY OF ORIGIN: 9 (1,2,9)
STREET1: 1234 MAIN ST STREET2:
CITY: RALEIGH STATE: NC ZIP: 27609 -
HOME PHONE: ( ) BUSINESS/ALTERNATE PHONE: ( )
IF CHILD, NAME OF PARENT/GUARDIAN AT THIS ADDRESS:
LAST: TEST FIRST: MOTHER MI: FAMILY ID: 321321321
RELATIONSHIP TO PATIENT: 1
MEDICAID: N (Y,N) NUMBER: MEDICARE: (Y,N) NUMBER:
OTHER INS: (Y,N) SELF PAY: (Y,N) O/P: HEALTH CHOICE: SSI:
RELEASE OF INFO: SIGNATURE ON FILE: RESTRICT PHI:
OTHER ADDR: SCREEN VERIFICATION DATE: 061009
    
```

To link records for a family:

- For a woman participant, her Patient Master ID number will populate as her Family ID.
- For an infant or child with a mother on WIC, enter the mother’s Patient Master ID number . If the mother is not on WIC, the Family ID field will display the message No-Mom ID.

### Duplicate Patient Master Records

When a Patient Master record is created, it is critical that all information entered by the user is current and correct. It is a good idea to use the birth certificate and/or Medicaid card when adding an applicant to HSIS.



Duplicate patient master records cause problems for both WIC and other Health Department functions (i.e. statistics, reports, issuance records, etc.). Make every effort to avoid creating

duplicate records. Carefully check for other records by performing an Alpha Search on Screen 00. Check and double check the spelling of the applicant/participant's name, the birth date, address and any other unique identifying information.

### **Merging Duplicate Patient Master Records**

If two or more records exist for the same person, the duplicate patient master records must be merged into one record. Designated users in each Health Department are authorized to access this function.

BEFORE duplicate patient master records can be merged, the authorized user must first:

- Determine which record has the correct nine-digit patient master identification number.
- Determine which record's information is correct and current.
- Verify whether or not both records have associated WIC certification records on Screen 20. There should only be one WIC certification record per applicant/participant. If both of the patient master records have associated WIC certification records, the duplicate patient master records cannot be merged until one of the certification records has been deleted. (Refer to Chapter 2, Section 1).

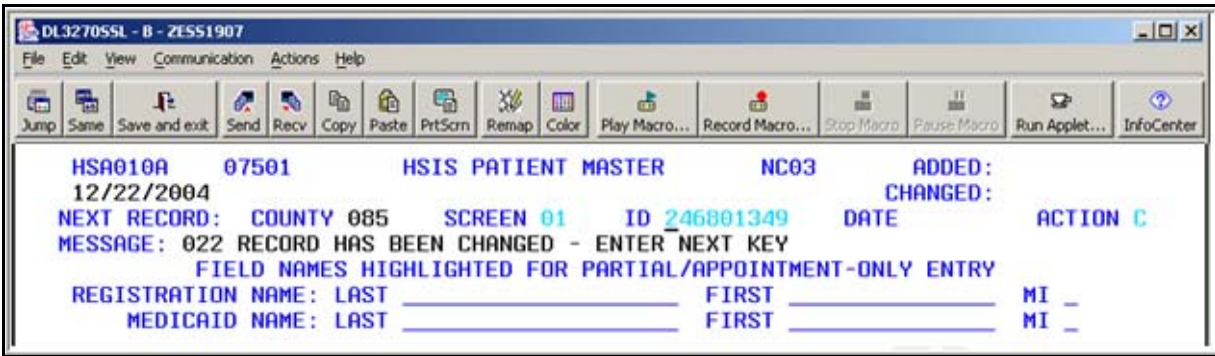
To merge duplicate patient master records:

- Both records must exactly match each other, down to the smallest detail (spaces, hyphens, punctuation marks) in every field. Carefully review every bit of information, including the:
  - ▶ spelling of the person's name (middle initial, hyphens or spaces in last name)
  - ▶ date of birth
  - ▶ sex
  - ▶ race
  - ▶ address, city, state, zip code
  - ▶ county of residence
  - ▶ Medicaid number
  - ▶ family ID and spelling of the name

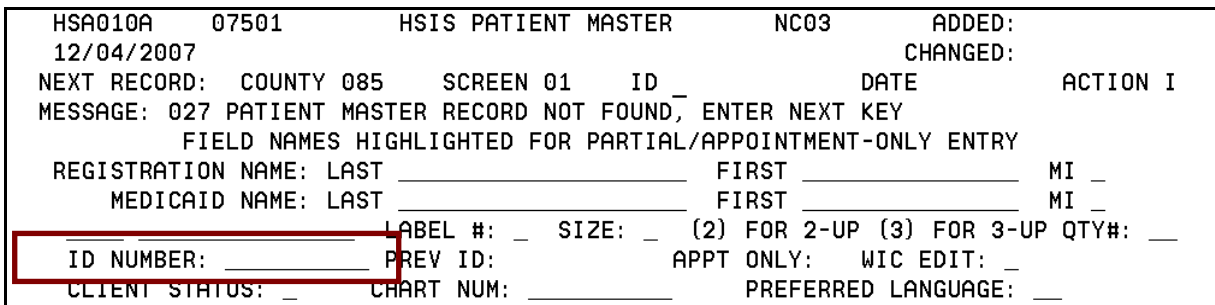
A CNDS ID number can only be in one patient master record; the same CNDS ID number cannot be populated into two patient master records at the same time. If one of the patient master records has a number in the CNDS ID field and the other patient master record has no number in the CNDS ID field, the system will merge the two patient master records and keep the existing CNDS ID number in the merged patient master record.

- Update all information on the correct patient master record with the correct and current information.
- Press the **ENTER** key to save the changes to the correct patient master record.

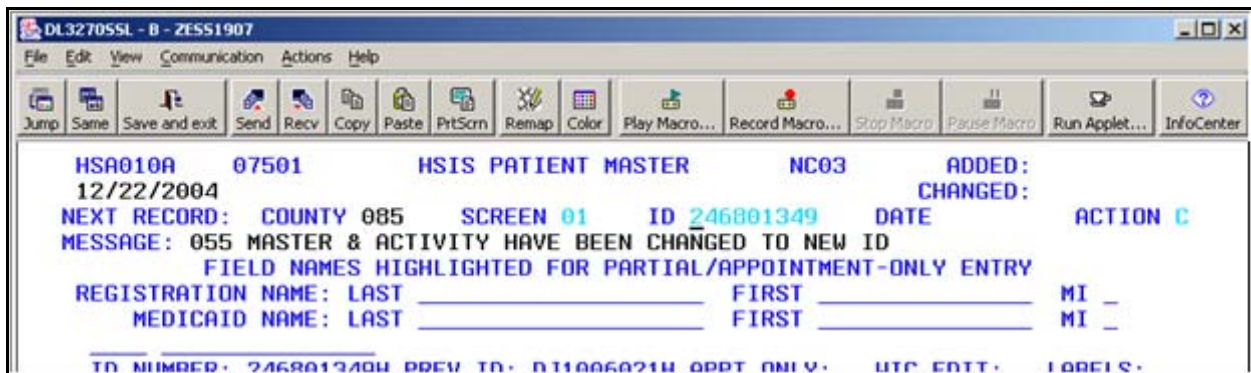
Chapter 1: USING THE HEALTH SERVICES INFORMATION SYSTEM (HSIS)  
 Section 10: PATIENT MASTER (SCREEN 01)



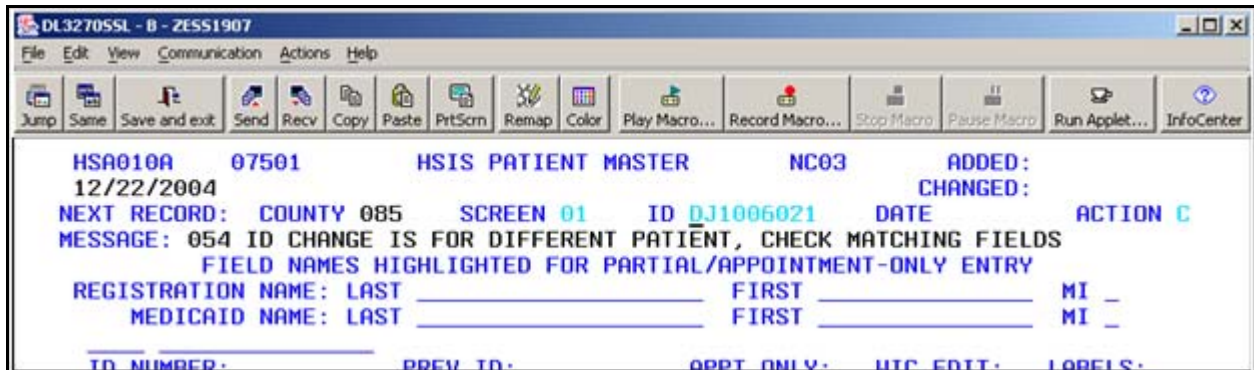
- ▶ Print out a screenshot of the updated, correct patient master record.
- ▶ Using the screenshot, modify the incorrect patient master record with the correct patient master’s information. Note: Update all information, except for the Patient ID.
- ▶ Press the **ENTER** key to update/save the changes to the incorrect patient master record.
- ▶ Print out a screenshot of the incorrect patient master record and review the information on both records one more time, to ensure that the records are now exactly the same.
- ▶ After all details have been verified, change the Patient ID by changing the ID number field, on the incorrect patient master to match the Patient ID on the correct patient master record.



- ▶ Press the **ENTER** key to update/save the changes to the patient master record.
- ▶ If successful, the screen will display “Master and activity have been changed to new ID.”



## Merge Errors



If an error displays when trying to merge the patient master ID's into one record, read the error message and make the appropriate changes.

When successful, the screen will display the message Record has been Changed. The system has merged the two records into one, and all records of issuance, appointments, and other information have been linked with the new Patient Master and WIC ID numbers.

The above information must be the same on both master files **before** combining the records and calling the NSB helpdesk. Have a copy of both records available so the NSB helpdesk agent can answer all questions in a timely manner.

### User Note

When there are two WIC certification records for the same person, the Local Agency user cannot combine the records.

**Contact the NSB Helpdesk!**