

**D.29 PATIENT INFORMATION COLLECTION MANAGEMENT PROCESSES (PICM) (CM 136-41, APRIL 2, 2014)**

VA WESTERN NEW YORK HEALTHCARE SYSTEM

March 2, 2017

**CENTER MEMORANDUM NO. 11-17**

**PATIENT INFORMATION COLLECTION MANAGEMENT PROCESSES (PICM)**

1. **PURPOSE:** The purpose is to stipulate policy, responsibilities and procedures to be followed in conjunction VHA Directive 2011-003, "Patient Information Collection Management Processes (PICM)".

2. **POLICY:**

a. It is policy that the facility maintains PICM processes in order to timely identify and update Veteran's demographic and insurance information.

b. 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.

c. 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 application, load/edit application and/or pre-registration software.

d. 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 treatment information, prescriptions, appointment letters, patient copayment billings and 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. **RESPONSIBILITIES:**

a. The Medical Center Director is responsible for designating a PICM Coordinator, which may be a collateral duty, to oversee PICM activities, functions, and reports.

b. The Chief Business Operations office is responsible for ensuring administrative data is entered in accordance with existing VHA policy guidance.

c. Service Chiefs are responsible for ensuring that staff understands the importance of accurate patient information and what actions should be taken if patient information needs to be updated, and ensuring that staff attend the required training.

d. Supervisors of clerical staff are responsible for monitoring and evaluating their employee's competency and performance with Patient Information Collection processes.

e. The PICM Coordinator is responsible for

(1) Ensuring the PICM processes have been incorporated into the medical center training program and that the training is available to the appropriate staff.

(2) Monitoring staff attendance at PICM training.

(3) Developing a compliance monitor and data integrity checks of PICM information; specifically monitoring the Veterans' complete address, home and work telephone numbers, insurance information, next-of-kin, emergency contact, email address, and employer information.

(4) Providing the Chief, Business Operations a periodic report of completeness and integrity of PICM data.

#### **4. PROCEDURES:**

a. VISTA Pre-Registration menu should be used to update demographics. Insurance Capture Buffer (ICB) software will be used for all insurance entries and updates.

b. If pre-appointment phone calls are made, staff will ask the Veteran for any changes to their demographics and update the changes in the VISTA system using VISTA Pre-registration option. Efforts should be concentrated on obtaining the information well before the day of the appointment.

***NOTE:*** *Personnel collecting the information telephonically must not request that the Veteran verify sensitive information such as Social Security, date or place of birth, or mother's maiden name.*

c. 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. At Intake, patient information will be confirmed and updated prior to being seen utilizing VISTA Pre-registration option and the Insurance Capture Buffer (ICB) software.

d. Veterans Service Center will mail a VA Form 10-10EZ, Health Benefits Renewal Form, 60 days prior to the anniversary date of the required Health Benefits Renewal. The Veteran can mail the 10-10EZ back to the facility or bring it to appropriate staff for data entry.

***NOTE:*** *The use of locally-produced information collection forms is prohibited by OMB.*

e. Once installed and functioning, Veterans can be directed to the check in kiosks, to update their information.

***NOTE:*** *designated staff will be responsible for verifying and accepting any demographic updates to the VISTA system made by Veterans at a check in Kiosk.*

f. Veterans can be directed to update changes in demographic information by using the MyHealthVet website (<http://www.myhealth.va.gov>).

g. PICM coordinator will ensure demographic update (pre registration) and ICB reports are submitted to revenue committee

h. PICM coordinator ensures completion of 10% monitor of demographic data and report through local CAB.

5. **RESCISSION:** None.

6. **REFERENCES:** Title 38 CFR 1736, VHA Directive 2011-003, January 28, 2011

7. **FOLLOW-UP RESPONSIBILITY:** Veterans Service Center Manager (136).

8. **AUTOMATIC REVIEW DATE:** April 2, 2016

BRIAN G. STILLER

MEDICAL CENTER DIRECTOR

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