DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

1. SUMMARY OF MAJOR CHANGES: This Veterans Health Administration (VHA) directive provides policy for entry of administrative data into Veterans Health Information Systems and Technology Architecture (VistA), VHA Enrollment System (VES) and the Oracle Cerner Electronic Health Record (EHR) at the Department of Veterans Affairs (VA). Major changes include:

　　a. Updates standards throughout to enable implementation of this directive at VA medical facilities using the Oracle Cerner EHR.

　　b. Adds responsibilities for the Chief Veterans Experience Officer; Member Services Executive Director; Health Eligibility Center Director; Health Eligibility Center Enrollment Standardization Office Director; Health Resource Center (HRC) First Party Supervisor; HRC First Party staff; Veterans Integrated Services Network (VISN) Director; VISN Business Implementation Managers; VA medical facility Chief of Health Administration Service or equivalent; VA medical facility Enrollment Coordinator; and VA medical facility Integrity and Compliance Officer (see paragraph 2).

　　c. Requires VHA staff responsible for entering administrative data (addresses, phone and email) to identify and resolve inconsistencies within timeframes stated in paragraph 4 and Appendix C.

　　d. Directs that contact information verification and updates to patient residential and mailing addresses, if applicable, occur at initial point of contact with the patient (see paragraph 4).

　　e. Implements the use of VA Profile Service which provides address validation for VistA and its continuation within VES. VA Profile Service is also a conduit for Oracle Cerner to include VHA enrollment and eligibility determinations.

　　f. Adds Appendix B, VA Profile Data Standard Requirements for Contact Information and Appendix C, Daily Quality Reports and Resolution Timeframes.

2. RELATED ISSUES: VA Directive 6510, VA Identity and Access Management, dated January 15, 2016; VHA Directive 1601A.01(2), Registration and Enrollment, dated July 7, 2020; VHA Directive 1906, Data Quality Requirements for Health Care Identity Management and Master Veteran Index Functions, dated April 10, 2020; VHA Directive 1907.01(1), VHA Health Information Management and Health Records, dated April 5, 2021; VHA Directive 1907.09, Identity Authentication for Health Care Services, dated June 6, 2019; VHA Directive 1910, Patient Information Collection Management (PICM) Program, dated July 10, 2018.

3. POLICY OWNER: The Office of Member Services (15MEM) is responsible for the

content of this directive. Questions related to administrative data entry may be referred to the Member Services Business Policy Office at VHAMSBusinessPolicyOffice@va.gov. Questions related to VA Profile contact information and reporting may be referred to VAProfilePolicy@va.gov.

4. RECISSIONS: VHA Directive 1604, Data Entry Requirements for Administrative Data, dated April 22, 2016, is rescinded.

5. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publication Distributions List on December 21, 2023.

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DATA ENTRY REQUIREMENTS FOR ADMINISTRATIVE DATA

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1. POLICY

It is Veterans Health Administration (VHA) policy that Department of Veterans Affairs (VA) employees consistently and accurately enter administrative data into Veterans Health Information Systems and Technology Architecture (VistA), VHA Enrollment System (VES) and Oracle Cerner Electronic Health Record (EHR) (if applicable) to ensure that patients are provided appropriate and accurate medical care and services. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Supporting the Office of Member Services with implementation and oversight of this directive.

(2) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(3) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(4) Overseeing of VISNs to ensure compliance with this directive and its effectiveness.

c. **Chief Veterans Experience Officer.** The Chief Veterans Experience Officer has assumed responsibility for:

(1) Establishing Veterans Experience Office (VEO) VA Profile policies and programs to ensure consistent quality of VA Profile contact information.

(2) Collaborating with the Office of Member Services to develop targeted contact information training for VA staff responsible for entering and updating patient administrative data, as needed.

d. **Office of Member Services Executive Director.** The Member Services Executive Director is responsible for:

(1) Overseeing the Health Eligibility Center (HEC) and Health Resource Center (HRC) to ensure compliance with this directive.

(2) Ensuring that Member Services staff have the resources to implement this

directive.

(3) Ensuring continuous operations of mission-critical systems including VistA and VES applications in conjunction with the VA Office of Information and Technology (OI&T) Director of Development, Security and Operations.

(4) Ensuring that the development of training products and the accuracy of Knowledge Management System (KMS) content, to include Knowledge Management (KM) articles, standard operating procedures (SOPs), business processes and job aids related to data entry requirements for administrative data. See paragraph 5.

e. **Health Eligibility Center Director.** The HEC Director is responsible for:

(1) Overseeing HEC Enrollment and Eligibility (E&E) staff responsible for entering patient administrative data to ensure E&E staff follow the guidance provided in this directive to ensure data accuracy and consistency. *NOTE: For additional information on administrative data entry, see Appendix A of this directive.*

(2) Ensuring that HEC E&E staff responsible for entering, editing, merging or correcting catastrophic edits to patient identity data into VES completes the required training (see paragraph 5).

(3) Ensuring that HEC Quality Assurance Division conducts monthly reviews of administrative data created by VA medical facility E&E staff to determine that administrative data is being captured accurately.

(4) Ensuring that the HEC Enrollment Standardization Office (ESO) provides performance-specific training as needed based on the type of errors identified and conducts monthly training meetings with VISNs to ensure the accuracy of administrative data.

(5) Ensuring that the HEC ESO Director updates VISN Business Implementation Managers (BIMs) on administrative data quality inconsistences during meetings, to ensure corrective action is taken when necessary.

f. **Health Eligibility Center Enrollment Standardization Office Director.** The HEC ESO Director is responsible for:

(1) Ensuring HEC ESO staff verify the accuracy of administrative data entered by VA medical facility E&E staff daily. *NOTE: Staff responsible for entering inaccurate administrative data must complete refresher training. See paragraph 5.*

(2) Updating VISN BIMs monthly on administrative data quality inconsistencies to ensure corrective action is taken when necessary.

(3) Ensuring that VA medical facility E&E staff receive targeted training as needed on entering patient administrative data.

(4) Scheduling and conducting monthly E&E national conference calls.

g. **Health Resource Center Director.** The HRC Director is responsible for:

(1) Ensuring that HRC First Party staff directly responsible for the entry of administrative data into VistA are trained and adhere to this directive.

(2) Ensuring that HRC First Party Supervisors responsible for oversight of staff entering patient administrative data follow this directive.

h. **Health Resource Center First Party Supervisor.** The HRC First Party Supervisor is responsible for ensuring that HRC First Party staff entering patient administrative data follow this directive and complete the training identified in paragraph 5.

i. **Health Resource Center First Party Staff.** HRC First Party staff is responsible for completing training identified in paragraph 5 of this directive.

j. **Member Services Business Support Office Director.** The Member Services Business Support Office Director is responsible for ensuring the development of training products and the accuracy of KMS content, to include KM articles, SOPs, business processes and job aids.

k. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Communicating the contents of this directive to all VA medical facilities within the VISN.

(3) Ensuring that all VA medical facilities within the VISN have the resources, including staff, to implement this directive.

(4) Ensuring that the appropriate supervisor who oversees the VISN BIM ensures that the VISN BIM addresses contact information exceptions and provides monthly progress reporting to the appropriate position or committee (e.g., HEC Liaison, VA medical facility Enrollment Coordinator or Integrity and Compliance Officer (ICO)).

l. **Veterans Integrated Services Network Business Implementation Manager.** The VISN BIM is responsible for:

(1) Reviewing quality assurance reports for VA medical facilities within the VISN to ensure the accuracy of administrative data.

(2) Ensuring that contact information that has failed validation are considered an exception and corrected within 2 business days. ***NOTE:*** *Patients who have an active*

prescription and whose address failed validation must have their address corrected by E&E staff within 1 business day of the failed validation.

m. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring that VA medical facility staff responsible for or involved in the entry of administrative data are informed of and are compliant with this directive.

(3) Ensuring that local administrative data entry procedures are kept up-to-date and coincide with this directive.

(4) Ensuring that the Chief of Health Administration Service or equivalent (e.g., Medical Administration Service, Business Office, Patient Administration Services) takes appropriate action to correct inconsistent administrative data when identified.

(5) Ensuring that VA medical facility staff responsible for entering administrative data are following the standard practice of verifying the patient's residential, mailing and email addresses, and phone numbers before making changes to the patient's contact information.

(6) Ensuring that patient administrative data, including next-of-kin (NOK) information, is reviewed, verified and updated, if necessary, at all points of care.

(7) Ensuring that VA medical facility staff directly responsible for entering administrative data in VistA, VES or Oracle Cerner EHR complete the training identified in paragraph 5 in this directive. **NOTE:** *This includes staff at Community-Based Outpatient Clinics under their jurisdiction.*

(8) Ensuring that local monitoring of VistA, VES and Oracle Cerner EHR to ensure the accuracy of data being transmitted and identified inconsistencies that prevent transmission to VES are corrected within 1 business day. **NOTE:** *Patients who have an active prescription and whose address failed validation must have their address corrected by E&E staff within 1 business day of the failed validation.*

(9) Ensuring that VA medical facility OI&T staff establishes IT support operations processes such as:

(a) Support operations of VistA and Oracle Cerner EHR.

(b) Daily operational monitoring of exceptions, such as error messages in VistA.

(c) Monitoring the parameter file in VistA to ensure the data field audit for Transmit Enrollment Events of the Income Verification Match (IVM) site parameter file (#301.9) is active.

(d) Oracle Cerner EHR transaction monitoring.

(e) VES error and transaction monitoring. ***NOTE:*** *Consistent monitoring is critical to ensure VistA HL7 messages are consistently and successfully transmitting to VES.*

n. **VA Medical Facility Chief of Health Administration Service.** The VA medical facility Chief of Health Administration Service or equivalent (e.g., Medical Administration Service, Business Office, Patient Administration Services) is responsible for:

(1) Ensuring that VA medical facility front-line staff (Medical Support Assistants, Advanced Medical Support Assistants, Health Benefits Advisors and Program Support Assistants) responsible for or involved in the entry of administrative data are informed of and adhere to this directive.

(2) Designating the VA medical facility Enrollment Coordinator to serve as the VA medical facility VA Profile POC.

(3) Ensuring that the VA Profile POC takes action to correct all identified administrative data inconsistences within 2 business days. ***NOTE:*** *Patients who have an active prescription and whose address failed validation must have their address corrected by E&E staff within 1 business day of the failed validation.*

(4) Ensuring that VA medical facility administrative staff (Medical Support Assistants, Advanced Medical Support Assistants, Health Benefits Advisors, and Program Support Assistants) verify the patient's identity and contact information, and, if necessary, update any changes to ensure accuracy and completeness.

(5) Ensuring that when a patient presents for care (inpatient or outpatient), VA medical facility administrative staff verify the patient's NOK information with the patient. ***NOTE:*** *The patient must verify the NOK's information (name, phone number) listed in the patient's EHR and update the NOK information, if necessary.*

(6) Ensuring that data integrity (transmission of VistA Z07 inconsistent messages and administrative data resolution) is monitored daily. ***NOTE:*** *For details on required administrative data quality reviews and required sampling, see paragraph 2 in Appendix C.*

(7) Identifying and recommending improvement of data quality, internal controls and local procedures related to administrative data entry to VA medical facility leadership, as needed.

(8) Attending VA medical facility Integrity and Compliance Committee scheduled meetings to review and discuss inconsistency reports and other compliance-related enrollment topics.

o. **VA Medical Facility Enrollment Coordinator.** The VA medical facility Enrollment Coordinator is responsible for:

(1) Performing the duties of the VA Profile POC.

(2) Ensuring that VA medical facility E&E staff responsible for or involved in the entry of administrative data are informed of and adhere to this directive, including the required activities and reviews. See Appendix C. *NOTE: VA medical facility E&E staff involved in the entry of administrative data must become familiar with and adhere to guidelines as defined in VHA Directive 1906, Data Quality Requirements for Health Care Identity Management and Master Person Index Functions, dated April 10, 2020.*

(3) Ensuring that VA medical facility E&E staff directly responsible for entry of administrative data into VES, VistA or Oracle Cerner EHR receive targeted training as needed to perform the functions identified in this directive. *NOTE: VA medical facility E&E staff must validate addresses through the approved Coding Accuracy Support System (CASS) software certified by the United States Postal Service (USPS) and provided by VA Profile.*

(4) Ensuring that VA medical facility E&E staff verify the identity of the patient, review the patient's contact information including the patient's NOK information, as necessary, to ensure accuracy and completeness.

(5) Ensuring that VA medical facility E&E staff are correcting address failures to ensure the delivery of patients' medications and correspondence.

(6) Running on a daily basis, reviewing and correcting all reports (VistA Z07 Inconsistency Report and Consolidated Mail Out Pharmacy (CMOP) mailing address errors (Discern Report) generated from Oracle Cerner EHR)) and taking appropriate action to correct identified errors based on the timeframes outlined in Appendix C. *NOTE: When VistA data fails the consistency checks, VistA Z07 inconsistent messages are not transmitted to VES. At the completion of the VistA Z07 Inconsistency Report batch process, a bulletin is sent to the local DGEN ELIGIBILITY ALERT mail group with the number of VistA Z07 inconsistent messages that were not transmitted due to inconsistent data. See paragraph 2.b. in Appendix C for further details regarding Oracle Cerner EHR CMOP address errors.*

(7) Conducting monthly administrative data quality reviews of inconsistency data reports, Oracle Cerner EHR reports and administrative data systems (VES and VistA) to ensure the accuracy and validity of data.

(8) Conducting monthly reviews of administrative data entries through a random sample of a minimum of 10% of new enrollment records to ensure information fields are accurate to the level of 95% accuracy or higher. *NOTE: The business process owner is required to develop and implement a corrective action plan when results of the monthly random sampling indicate that accuracy of new administrative data entries is below the 95% accuracy rate. Staff must complete refresher training when the error rate is below the acceptable level. A business process owner is the individual designated by the*

business unit who is responsible for the day-to-day implementation, maintenance, oversight and improvement of a particular business process. For details, see VHA Directive 1030(2), VHA Integrity and Compliance Program, dated December 29, 2020.

(9) Attending the HEC monthly E&E national conference call.

p. **VA Medical Facility Integrity and Compliance Officer.** The VA medical facility ICO is responsible for:

(1) Assisting VA medical facility business process owners with developing and implementing internal controls by providing guidance or advice as needed to manage and mitigate inconsistent demographic and administrative data.

(2) Working in collaboration with the VA medical facility business process owner to provide guidance or advice as needed to assist with developing and implementing corrective action plans to address demographic and administrative data quality compliance deficiencies.

(3) Reviewing and discussing inconsistency reports and other enrollment compliance-related topics during the VA medical facility's Integrity and Compliance Committee meetings. *NOTE: Enrollment compliance-related topics discussed during Integrity and Compliance Committee meetings must be documented in the meeting minutes and shared with the VA medical facility Director.*

3. ADMINISTRATIVE DATA GOVERNANCE

a. VA Profile is the designated authoritative data source (ADS) for patient contact information by the VA Data Governance Council (DGC). It synchronizes and standardizes contact information (mailing, residential and email addresses, and phone numbers) across the enterprise. This includes standardizing business practices.

b. VES and VistA Registration Eligibility and Enrollment applications use the address validation provided by VA Profile Service for patient's residential and mailing addresses. Address validation service improves the accuracy of addresses in VA's enrollment systems.

c. VHA patients' administrative data is shared and synchronized between VA, Department of Defense (DoD) and Oracle Cerner EHR. *NOTE: Data fails when it does not meet quality requirements such as format, content and standard business rules. Failed data generates a report which identifies exceptions that must be resolved by E&E staff within 2 business days.*

4. GENERAL GUIDANCE

a. **Required Updates to Administrative Data.** When a patient presents at any VA medical facility, the VA medical facility administrative staff must review, confirm and update, when necessary, the patient's demographic data and contact information. *NOTE: VES should be used for updating or adding patient data. Below is the guidance*

for entering administrative data in VistA, VES and Oracle Cerner.

b. **Veterans Information Systems and Technology Architecture.** VA medical facilities are required to use VES when updating or adding new records. When system issues prevent the use of VES, VA medical facilities should use the Registration Menu options in VistA to update or add new records. *NOTE: VistA Z07 inconsistent messages that prevent the transmission to VES must be corrected within 1 business day. Consistency checks ensure the accuracy of enrollment and eligibility administrative data. VistA Z07 inconsistent data transmissions must not be turned off or disabled by any authorized user.*

c. **Enrollment and Eligibility Decisions.** VES is the authoritative system for eligibility and enrollment decisions. *NOTE: E&E staff at all Oracle Cerner-enabled VA medical facilities must use VES to register and enroll new patients to ensure the immediate creation of an Oracle Cerner EHR.*

d. **Oracle Cerner Electronic Health Record.** VES is the required system for patient registration or enrollment activities unless the patient is being treated under emergent conditions (e.g., unconscious patient). In an emergency, VA medical facility staff should use the quick-registration user interface in Oracle Cerner EHR to start the registration. When the patient is stabilized, appropriate VA medical facility staff must enter the additional information into VES to complete the registration or enrollment, as applicable.

5. TRAINING

a. Some administrative and demographic data fields addressed in this directive (e.g., name, Social Security Number, date of birth and birth sex) are considered patient identity data. In accordance with VHA Directive 1906, all VHA staff responsible for entering, editing, merging or correcting catastrophic edits to person identity data are required to complete the following training: Prevention of Catastrophic Edits to Person Identity, Talent Management System VA 7861.

b. Staff members who do not demonstrate competency in entering, editing or merging person identity data must repeat the "Prevention of Catastrophic Edits to Person Identity" training.

c. Additional job aids are available for VistA and VES on the KMS website and can be accessed using the following links:
https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001046/content/554400000099896/VAMC-Enroll-Elig-VistA-Veteran-EnrollmeJA?query=vista#ES%20Procedure%20and%20Enrollment%20Errors
and
https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001046/content/554400000106001/VAMC-Enroll-Elig-Enrollment-System-ES-Add-A-Person-AAP. *NOTE: These are internal VA websites that are not available to the public.*

6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

7. BACKGROUND

The administrative and demographic data VHA collects is a key component of establishing and managing a patient's record and supporting VHA business functions. 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 patient administrative data can adversely affect patient safety.

8. DEFINITIONS

a. **Address Validation.** Address validation is when VA Profile Service cross-references addresses entered by the user and evaluates addresses for deliverability as determined by USPS as described in Publication 28 – Postal Addressing Standards at https://pe.usps.com/text/pub28/welcome.htm. VA Profile Service returns the standardized and validated address options prompting the user to select the correct address. *NOTE: Validation and standardization by the Universal Address Module service in VA Profile does not alter an address. VA Profile only provides address validation.*

b. **Administrative Data.** Administrative data (including demographic data such as race, ethnicity and preferred language) is data VHA collects to establish and manage a patient's record. *NOTE: Some examples of administrative data include the patient's addresses (mailing and residential), phone numbers, email address, emergency contacts, employment and insurance information, if applicable, military history and eligibility for VA health care benefits.*

c. **Contact Information.** Contact information is information transmitted from source systems such as VES and VistA to VA Profile and includes residential, mailing and email addresses, and daytime, evening and cell phone numbers.

d. **Demographic Data.** Demographic data is information entered in VistA and VES to support the provision of health care and includes race, ethnicity, marital status and religion.

e. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including

Computerized Patient Record System (CPRS), VistA and Oracle Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

f. **Integration Control Number.** Integration Control Number (ICN) is VA's enterprise unique person identifier. ICN is assigned and maintained by the Master Person Index (MPI) which provides the key to linking records within VA and with external sharing partners.

g. **Master Person Index.** VA MPI is the authoritative system and service used within VA for establishing, maintaining and synchronizing identities for VA persons (e.g., Veterans, beneficiaries, patients, employees, IT users and health care providers). MPI contains over 74 million person identities, populated from VA medical facilities, VA Administrations and external sharing partners (e.g., DoD). MPI facilitates matching and linking of system records entered for a person using a unique identifier which is the person's ICN. This enables the sharing of person information and an enterprise-wide view of a person's record including the person's longitudinal EHR.

h. **VA Profile.** VA Profile is the ADS for patients, associated individuals and guardians contact information (i.e., phone numbers, email addresses and mailing address(es)).

i. **VA Profile Service.** VA Profile Service provides address validation services for source systems by using a CASS product-certified software program that validates delivery points for addresses.

9. REFERENCES

a. 38 U.S.C. § 7301(b).

b. 45 C.F.R. § 164.522(b).

c. VHA Directive 1030(2), VHA Integrity and Compliance Program, dated December 29, 2020.

d. VHA Directive 1906, Data Quality Requirements for Health Care Identity Management and Master Person Index Functions, dated April 10, 2020.

e. International Organization for Standardization. ISO 3166 Country Codes. 2022. https://www.iso.org/iso-3166-country-codes.html.

f. International Public Telecommunications Numbering Plan. International Telecommunications Union – Telecommunications Sector (ITU-T) Recommendations. 2010. https://www.itu.int/itu-t/recommendations/rec.aspx?id=10688&lang=en.

g. Northern American Numbering Plan Administrator. NANPA Updates. 2022. https://nationalnanpa.com/.

h. United States Department of Veterans Affairs. VA Software Document Library: Admission Discharge Transfer (ADT) User Manual - Supervisor ADT Menu. http://www.va.gov/vdl/application.asp?appid=55.

i. United States Postal Service. Publication 28 - Postal Addressing Standards. 2022. https://pe.usps.com/text/pub28/welcome.htm.

j. United States Postal Service. State Abbreviations. 2022. https://about.usps.com/who-we-are/postal-history/state-abbreviations.htm.

k. VA Enterprise Service Desk. https://yourit.va.gov/va.

l. VA Member Services Portal. (VAMC Enroll_Elig) VES_Add a Person (AAP)) – Job Aid (JA). https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001046/content/554400000106001/VAMC-Enroll-Elig-Enrollment-System-ES-Add-A-Person-AAP. ***NOTE:*** *This is an internal VA website that is not available to the public.*

m. VA Member Services Portal. (VAMC Enroll_Elig) VistA Veteran Enrollment – Job Aid (JA). https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001046/content/554400000106001/VAMC-Enroll-Elig-Enrollment-System-ES-Add-A-Person-AAP. ***NOTE:*** *This is an internal VA website that is not available to the public.*

DATA ENTRY GUIDELINES

1. STANDARD PRACTICE FOR ENTRY

All Department of Veterans Affairs (VA) staff who have access to enter or update administrative data and identity management information must verify all updates or changes with the patient.

2. ADDRESSES

a. **State and Country Codes.** United States (U.S.) addresses should follow the standard U.S. Postal Service (USPS) format. USPS Publication 28 (available at https://pe.usps.com/text/pub28/welcome.htm) outlines the names and the abbreviations for States. The standard list of values for States and countries in Veterans Health Information Systems and Technology Architecture (VistA) and Veterans Health Administration (VHA) Enrollment System (VES) should not be altered. U.S. Territories data should be entered in the State field and the country should be USA. *NOTE: For additional information on USPS Standard formats, see Appendix B of this directive.*

b. **Residential Address.** The residential address is the physical location where the individual resides and is required in VistA and VES. VES supports 30 characters in address lines 1, 2 and 3. When entering addresses in VistA, users should not enter more than 30 characters in the address fields. Users must use the validation button and validate the address. In addition, Oracle Cerner Electronic Health Record (EHR) requires addresses be validated every 6 months. Entries such as C/O, ATTN TO, "No known address," homeless are not authorized in the address fields, are considered "additional input errors" and will cause the address to fail validation. *NOTE: PO Box, Post Office Box, General Delivery and Box # are not allowed on Line 1 of the residential address, unless the individual resides in Alaska, Hawaii or a U.S. Territory (e.g., Guam, U.S. Virgin Islands). Address fields should include the Street Address, City, State and Zip Code. The County field should auto-populate when the Zip code is entered. Address fields must remain blank when the address information is not available. The example scenarios of addresses provided below are not all inclusive.*

(1) Example of a correct physical address:

Patient Name: ZZZTEST PATIENTZZZ
Address Line 1: 123 MAIN ST
City, State, Zip: DOWNTOWN DISNEY, FL 33333-1211

(2) The following format is an example for entering an apartment residential address when the address does not fit on the address line:

Patient Name: ZZZTEST PATIENTZZZ
Address Line 1: APT 1
Address Line 2 (note delivery line): 123 AZALEA GARDEN FLOWER CIR

City, State, Zip: NOWHERE, KS 55555-1234

(3) The following example is the correct format for entering a residential street address:

Patient Name: ZZZTEST PATIENTZZZ
Address Line 1: 123 NOWHERE ST
City, State, Zip: NOWHERE, KS 55555-1234

(4) The following example is the correct format for entering an "attention to" (do not use the words or abbreviations for "in care of" or "attention to" on the address lines) residential address. **NOTE:** *Patient Travel uses the patient's residential address to calculate distance. In Care of (C/O) or attention (ATTN TO) should not be used*:

Patient Name: ZZZTEST PATIENTZZZ
Address line 1: 1234 ANYWHERE ST RM 222
City, State, Zip: ANYTOWN, PA 33333

c. **Mailing Address.** A patient may have a mailing and a residential address. The mailing address is the address used to receive mail. When a mailing address is present, VA uses that address to mail correspondence and medications. The mailing address must be complete and include an address line 1, City, State and Zip. **NOTE:** *VA does not mail refrigerated or flammable medications to PO Box addresses. The patient's residential address must be used to deliver prescription products. PO Box or Post Office Box, Rural Route and General Delivery addresses are allowed on line 1 of the mailing addresses.*

(1) Below is the correct format for entering an address with a PO Box:

Patient Name: ZZZTEST PATIENTZZZ
PO BOX 123
ANYTOWN, PA 33333

(2) Below is the correct format for entering a Rural Route or Rural Free Delivery address:

Patient Name: ZZZTEST PATIENTZZZ
RR 4 BOX 87A ANYTOWN, PA 33333

(3) Below is the correct format for entering a General Delivery address:

Patient Name: ZZZTEST PATIENTZZZ
GENERAL DELIVERY TAMPA FL 33602-9999

(4) Below is the correct format for entering a mailing address with a street and apartment number. **NOTE:** *If a pound (#) sign is used with the apartment number or unit there must be a space after the APT and the # sign as shown above*:

Patient Name: ZZZTEST PATIENTZZZ
1234 MAIN ST NE APT # 5
ANYTOWN, PA 33333

(5) Below is the correct format for entering a trailer park address. ***NOTE:*** *The abbreviation TRLR and the number of the trailer lot must be used when a trailer park address is entered. Trailer parks may have PO Boxes that are used instead of the location number.*

Patient Name: ZZZTEST PATIENTZZZ
1234 GARDEN PARK TRLR 35
ANYTOWN, AZ 79001

d. **Bad Address Indicator.** The Bad Address Indicator only applies to the mailing address and consists of the following three categories:

(1) **Undeliverable.** Undeliverable indicates that mail was sent and returned to VA with no forwarding address. Undeliverable is also entered when it was known that mail cannot be delivered to an address. If a forwarding address is provided, the new address must be entered in the patient's mailing address field.

(2) **Homeless.** Homeless indicates the patient has no known address. The patient's primary VA medical facility mailing address, in conjunction with the Homeless indicator, may be used to facilitate delivery of VA prescriptions, appointment notifications or other VA correspondence.

(3) **Other.** Other indicates that an address does not fit within Undeliverable or Homeless Bad Address Indicator categories and must not be shared with other VA sites or used for mailing.

e. **Address Override Indicator.** The Address Override Indicator (AOI) in VES and VistA is intended to be used only when a patient has verified that their address is accurate, but the Universal Address Module Service is unable to validate that it is a deliverable address. ***NOTE:*** *VA staff must not use AOI to deliberately override an undeliverable address. The only exception to using AOI is when a patient resides in a new community and USPS has not yet added the address as a deliverable address. Addresses that are entered with non-address information such as C/O or ATTN TO or "leave at back door" are not deliverable addresses and will cause the address to fail.*

f. **Dual Address.** Dual Address is an address with a street address and a PO Box number and is typically used for the delivery of refrigerated or flammable items dispensed by a VA pharmacy. VA Pharmacy and Consolidated Mail Out Pharmacy (CMOP) at non-Oracle Cerner VA medical facilities only have access to the patient's mailing address or temporary address.

(1) The dual address should contain a physical street address in address line 1 and a PO Box in address line 2.

(2) If the address validation tool in VistA and VES changes the address by placing the PO Box in line 1 and the street address in line 2, the user should select the correct address with the street or physical location in line 1.

(3) The placement of the physical location on address line 1 ensures the delivery of pharmacy items that may require refrigeration or are flammable.

(4) When using a dual address, the PO Box address and Zip code must match the physical address on line 1. ***NOTE:*** *USPS reads the address from the bottom up and United Parcel Service (UPS) reads the address from the top down. This is only applicable to VistA and VES. Oracle Cerner EHR must use the patient's residential address for refrigerated or flammable items.* Below is the correct format for entering a dual mailing address.

Patient Name: ZZZTEST PATIENTZZZ
1234 MAIN ST NE
 PO BOX 123
ANYTOWN, PA 33333-0123

g. **Temporary Address.**

(1) **Veterans Health Information Systems and Technology Architecture and VHA Enrollment System.** The temporary mailing address field is used when the patient requests correspondence be mailed to an address that is different from the patient's mailing address, for a period specified by the patient. When the patient is at another location temporarily (i.e., seasonal travel to a different residence), the residential address must remain in the mailing address field and the temporary address is entered into the temporary mailing address field, with the applicable start and end dates. ***NOTE:*** *The mailing address is the address the patient identifies to mail VA correspondence. Temporary mailing addresses are not used upon implementation of the Oracle Cerner EHR.*

(2) The Decision Support Tool is used to calculate distance from the patient's residence to determine eligibility for care in the community and patient travel payments.

h. **Confidential Address.** The confidential address field is used to mail VA correspondence specified by a patient to a separate address. 45 C.F.R. § 164.522 (b) protects individually identifiable health information and applies to both computer-generated and manually created correspondence. When a patient makes a verbal or written request to a VA staff member to allow for the receipt of written communications at an alternative address other than the mailing address or residential address, it must be a unique address specified by the patient and must specify a "start date" for use of the confidential correspondence address. If a confidential address is entered in VES or VistA, the confidential address will not be shared with the non-VistA Oracle Cerner EHR or VA Profile Service. Confidential addresses can only be updated and viewed in VistA and are only displayed in VES. The start date for use of the confidential address cannot be a date in the past. The patient may specify an "end date" for use of the confidential

address, but an "end date" is not required. ***NOTE:*** *VA Pharmacy does not have access to patients' confidential addresses and should not be used for mailing VA prescriptions. The national standard references for addresses are residential, mailing and confidential and can be found in USPS Publication 28, see also Appendix B of this directive.* The confidential address categories include but are not limited to:

(1) Eligibility and Enrollment.

(2) Appointment and scheduling.

(3) Copayments and patient billing.

(4) Health records.

(5) All other.

i. **Foreign Address.** When a country other than U.S. (the default) is entered, VistA prompts the entry of a postal code rather than a Zip code and a province instead of a State and county. All foreign addresses must be a complete address and must include:

(1) Address Line 1, City, State or Province and Postal Code.

(2) Address Line 1 RULE for Foreign Address. The bottom line of the address should only include the COUNTRY's name preferably in capital letters and written in full (no abbreviations).

(3) The postal codes (Zip codes) of foreign country designations must not be entered on the last line of the address.

(4) Do not underline the name of the COUNTRY.

(5) Below is the correct format for entering a Foreign Address:

Patient Name: ZZZTEST PATIENTZZZ
123 ANY STREET ANYWHERE
ON K1A 0B1 CANADA

j. **Armed Forces, Fleet and Diplomatic Post Office Addresses.** Armed Forces, Fleet and Diplomatic addresses are designated USPS Civilian Post Offices under the jurisdiction of the Postmaster of New York or San Francisco. These Post Offices are operated and managed by the Department of State to serve overseas personnel at U.S. Embassies and Consulates.

(1) **Military and Diplomatic "State" Abbreviations.** Use AA as the State for Armed Forces Americas (except Canada), use AE as the State for Armed Forces Europe, the Middle East and Canada, and AP as the State for Armed Forces Pacific.

(2) The correct formats when addressing correspondence to an Army Post Office

(APO), Fleet Post Office (FPO) or Diplomatic Post Office (DPO) are as follows. **NOTE:** *Do not enter a foreign country; USA is the only valid country entry. If the Zip code entered does not auto populate the correct FPO, APO or DPO in VES, VistA or Oracle Cerner EHR, users should contact the VA Enterprise Service Desk to report the problem and submit a remedy ticket by accessing: https://yourit.va.gov/va.*

(a) SSGT PATIENT MAIL
UNIT 2050 BOX 4190
APO AP, USA 96278-2050

(b) SGT PATIENT MAIL
PSC 802 BOX 74
APO AE, USA 09499-0074

(c) SEAMAN PATIENT MAIL
USCGC HAMILTON
FPO AA, USA 96667-3931

(3) Below is the correct format for entering an APO, DPO or FPO address into VistA or VES.

STREET ADDRESS [LINE 1]: PSC 802 Box 74
STREET ADDRESS [LINE 2]:
ZIP+4: 09499-0074

Then select one of the following:
FPO
CITY: // FPO
STATE: AE, AA, AP
COUNTRY: USA

3. PHONE NUMBERS

a. Domestic (USA) phone numbers must be entered in VistA, VES and Oracle Cerner EHR using this format: (NNN)NNN-NNNN. The area code must be entered as part of the phone number. If the phone number includes an extension, the extension must be entered after the last four digits of the phone number. The extension must be preceded by a lower case "x" with no space after the extension (i.e., (NNN)NNN-NNNN x NNNN). **NOTE:** *International phone numbers are only supported in VES. If entered in VistA, the international phone number will automatically be reformatted to a domestic phone number.*

b. If the patient does not have a work, home or mobile phone number, the fields must be left blank. Entering a series of numbers such as (000)000-0000 or (111)1111111 when a phone number is not available will fail validation in VA Profile. The validation failure will create an exception in the queue that must be corrected by VA medical facility staff.

4. PERSONAL EMAIL ADDRESS

A valid personal email address must include an @ symbol, for example, veteran@yahoo.com or veteran@gmail.com. A personal email address is not required and should only be entered in the personal email address field when a patient provides a valid personal email address. ***NOTE:*** *VA staff must not enter pseudo data such as* noemail@va.gov *in the personal email address field. Entering pseudo email addresses will result in failed validations.*

5. MARITAL STATUS

The marital status field contains standard values. When a patient's marital status is unknown, the value "UNKNOWN" must be selected. ***NOTE:*** *The values provided in the standard file must not be altered.*

6. PREFERRED LANGUAGE

The preferred language field is self-reported by the patient. If the patient is asked and chooses not to disclose this information, then DECLINED TO PROVIDE must be selected. If the patient is not asked, the system will automatically default to DECLINED TO ANSWER. ***NOTE:*** *Staff must only select a preferred language when provided by the patient.*

7. RELIGION

If a patient states they do not have a religious preference, select the value "NO PREFERENCE." If a patient's religious preference is unknown to the VHA staff member, select the value UNKNOWN. If the patient is asked and does not respond or has not listed a religious preference on VA Form 10-10EZ, Application for Health Care Benefits, leave the entry blank/null.

8. BIRTH SEX

a. **VHA Enrollment System and Veterans Health Information Systems and Technology Architecture.** The birth sex field contains standard values. The value MALE or FEMALE must be entered. ***NOTE:*** *Refer to VHA Directive 1906, Data Quality Requirements for Health Care Identity Management and Master Person Index Functions, dated April 10, 2020, for information on updating the birth sex field.*

b. **Oracle Cerner Electronic Health Record.** VA populates administrative gender within Oracle Cerner EHR with the existing VistA Birth Sex data and is populated and used for VA-affiliated patients. Oracle Cerner EHR pulls the administrative gender from Department of Defense (DoD) Enrollment Eligibility Reporting System (DEERS) (authoritative source for administrative gender). VA-affiliated patients requesting to modify their administrative gender in Oracle Cerner must contact the VA Master Person Index point of contact (POC) at their primary care VA medical facility. DoD-affiliated patients requesting to modify their administrative gender in Oracle Cerner must contact their DoD Rapid Station POC depending on the patient's DoD Affiliation. For assistance

determining which Service Personnel Office to contact, call the Defense Manpower Data Center at 1-800-538-9552 (TTY) 1-866-363-2883. ***NOTE:*** *Refer to VHA Directive 1906 for information on modification of administrative gender in VistA and VES.*

9. SELF-IDENTIFIED GENDER IDENTITY

The self-identified gender identity field contains the following standard values: MAN, WOMAN, TRANSGENDER MAN, TRANSGENDER WOMAN, NON-BINARY, PREFER NOT TO ANSWER, GENDER NOT LISTED HERE.

10. RACE AND ETHNICITY

Race and ethnicity information are self-reported by the patient. If the patient chooses not to disclose this information, "DECLINED TO ANSWER" must be selected. If the patient was not asked, the field remains blank. A patient may select more than one race, if applicable. ***NOTE:*** *The Office of Management and Budget sets the standards for the collection of race and ethnicity in the Federal government.*

11. NEXT-OF-KIN

For purposes of this directive, the next-of-kin (NOK) field is used to identify the individual authorized by law to make decisions on behalf of the patient. The patient's NOK must be properly identified and documented. If the patient does not identify a NOK, the field must remain blank. ***NOTE:*** *The patient must designate the NOK in writing. The NOK is typically related to the patient; however, a durable power of attorney for health care that explicitly addresses health care related matters supersedes the NOK authority. Questions concerning the proper identification of a NOK in a specific case should be addressed to Regional or General Counsel.*

12. EMERGENCY CONTACT

For the purposes of this directive, an emergency contact is a person identified by the patient to be contacted in the event the patient experiences a health care crisis or a problem arise that warrants communication with the emergency contact. The emergency contact must be documented in VES and properly identified. If the patient has not designated an emergency contact, the field must remain blank. ***NOTE:*** *The individual listed as the emergency contact should only be contacted in the event the patient is unable to make health care decisions.*

13. DESIGNEE

A designee is an individual who the patient designates in writing to receive the personal funds and effects of the patient in the event the patient dies in a VA medical facility. The patient may change or revoke in writing such designation at any time. The delivery of the patient's personal funds and effects to the designee is only a delivery of possession. Such delivery of possession does not affect in any manner: (1) The title to such funds or effects; or (2) The person legally entitled to ownership of such funds or effects. ***NOTE:*** *The designee may not be a VA employee unless such employee is a*

member of the patient's family. If the patient has not designated a designee, the designee field must remain blank. There is no designee field in Oracle Cerner EHR.

14. MILITARY SERVICE NUMBER

The Military Service Number (MSN) is a number used by DoD and is part of a patient's military service data. The military service number field contains the MSN or the patient's Social Security Number (SSN). When entering the patient's SSN in the MSN field in VistA, type in all caps 'SSN' or 'SS' and the system will automatically populate the field with the patient's SSN. The SSN will not auto-populate if the patient has a pseudo-SSN.

15. MEMBER IDENTIFIER

The Member Identifier, also known as the Electronic Data Interchange Personal Identifier (EDIPI), is a unique number assigned by DoD to active duty and retired Service members (including spouses and children). EDIPI can be used to search for a person in VistA, VES and Oracle Cerner EHR. ***NOTE:*** *The EDIPI is not a data entry field.*

16. CLAIM NUMBER

The claim number is a 7-to-8-digit unique number provided by the Veterans Benefits Administration (VBA) prior to the use of the SSN. If the patient has filed a claim for compensation or pension with VBA, the claim number field will automatically populate. If the patient has not filed a claim, leave this field blank.

17. IDENTITY MANAGEMENT FIELDS

The information in the following fields in VES are unique to each individual and are used for identity management purposes: SOCIAL SECURITY NUMBER (SSN), DATE OF BIRTH (DOB), MOTHER'S MAIDEN NAME (MMN), PLACE OF BIRTH [POB CITY], PLACE OF BIRTH [POB STATE], PLACE OF BIRTH [POB COUNTRY], BIRTH SEX, SELF IDENTIFIED GENDER IDENTITY, RACE, ETHNICITY, CLAIM NUMBER, PHONE NUMBER (daytime, evening or cell) MAILING and RESIDENTIAL ADDRESSES. Complete and accurate information must be entered and maintained to ensure patient safety and correct identification. ***NOTE:*** *Detailed data entry instructions regarding the input and editing of data used to determine the unique identity of patients can be found in VHA Directive 1906.*

VA PROFILE DATA STANDARD REQUIREMENTS FOR CONTACT INFORMATION

1. ADDRESS

United States Postal Service (USPS) Publication 28 is the authoritative source for Address format and content. ***NOTE:*** *For information on address format and content, see: https://pe.usps.com/text/pub28/welcome.htm.*

2. STATE NAMES AND ABBREVIATIONS

USPS Publication 28 is the authoritative source for U.S. State names and abbreviations. ***NOTE:*** *For additional information on U.S. State names and abbreviations, see: https://about.usps.com/who-we-are/postal-history/state-abbreviations.htm. See Appendix G of Postal Explorer at https://pe.usps.com/text/pub28/welcome.htm for approved abbreviations.*

3. STANDARDS FOR COUNTRY NAMES AND COUNTRY CODES

The International Organization for Standardization (ISO) 3166 (Country Name and Country Code) is the standard for country names and country codes. ***NOTE:*** *See https://www.iso.org/iso-3166-country-codes.html. The standard list of values for country names and country codes in Veterans Health Information Systems and Technology Architecture (VistA) and Veterans Health Administration Enrollment System (VES) must not be altered.*

4. MILITARY AND DIPLOMATIC OVERSEAS STATE CODES

USPS Publication 28 is the authoritative source for military and diplomatic overseas state codes. The state codes identified below are the only authorized entries to be used for military and diplomatic overseas addresses:

a. Armed Forces Europe, the Middle East and Canada = AE.

b. Armed Forces Pacific = AP.

c. Armed Forces Americas (except Canada) = AA.

5. PHONE NUMBERS

International Telecommunications Union – Telecommunications Sector (ITU-T) E.164 is the authoritative source for international and domestic standard telephone number formats. ***NOTE:*** *The standards for telephone numbers can be found at: https://www.itu.int/itu-t/recommendations/rec.aspx?id=10688&lang=en and https://nationalnanpa.com/.*

6. EMAIL STANDARD

Department of Veterans Affairs (VA) Profile uses local-part@domain.top-level domain as the standard format for emails.

DAILY QUALITY REPORTS AND RESOLUTION TIMEFRAMES

1. VETERANS HEALTH INFORMATION SYSTEMS AND TECHNOLOGY ARCHITECHTURE Z07 INCONSISTENCY REPORT

a. The Veterans Health Information Systems and Technology Architecture (VistA) Z07 Inconsistency Report must be reviewed daily by Department of Veterans Affairs (VA) medical facility Enrollment Coordinators to ensure information fields are complete and in the correct format. Accurate and consistent information allows the data to transmit from VistA to the Veterans Health Administration (VHA) Enrollment System (VES) in overnight transmissions, as required.

b. VistA inconsistent messages are contained in the VistA Z07 Inconsistency Report and must contain accurate and consistent information. Inconsistent information prevents transmission of data to VES. VA medical facility Enrollment Coordinators are responsible for reviewing and correcting inconsistencies that prevent transmission to VES within 1 business day of initial identification. *NOTE: VistA consistency checks that prevent VistA Z07 inconsistent message transmissions to VES are listed in the Admission Discharge Transfer (ADT) User Manual - Supervisor ADT Menu available on the VA Software Document Library at: http://www.va.gov/vdl/application.asp?appid=55.*

c. VistA Log of Dispositions output and the use of File Manager are used to screen for "Date of Entered into File." Data in this field can be used to identify new records for screening activities for inconsistencies.

d. Run VistA Purge Inconsistent Data Elements option monthly to purge administrative data from VistA Inconsistent Data file for patients who have not been admitted, registered or had scheduled appointments based on the selected date. *NOTE: VistA Inconsistent Data Elements option allows the user to purge data from the INCONSISTENT DATA file.*

e. The table below identifies inconsistency fields that must be corrected in VistA to ensure the successful transmission of data from VistA to VES. VES synchronizes that data to other VistA systems.

Name of Inconsistency	Prevent VistA Z07 Inconsistency Report	Required/If Applicable
DOB Unspecified	YES	Required
SSN Unspecified	YES	Required
Veteran Status Unspecified	YES	Required
SC Prompt Inconsistent	YES	If applicable
POS Unspecified	YES	Required
Ineligible Reason Unspecified	YES	If applicable
Date of Death in Future	YES	If applicable
Eligibility/NonVet Status Inconsistent	YES	Required

Name of Inconsistency	Prevent VistA Z07 Inconsistency Report	Required/If Applicable
POS/Eligibility Code Inconsistent	YES	If applicable
A&A Claimed, NonVet	YES	If applicable
Housebound Claimed, NonVet	YES	If applicable
VA Pension Claimed, NonVet	YES	If applicable
POW Claimed, NonVet	YES	If applicable
Agent Orange Exposure Location Missing	YES	If applicable
Branch of Service Requires Date Within WWII	YES	If applicable
Filipino Vet Should be Vet="Yes"	YES	If applicable
Ineligible Filipino Vet should be Vet = "No"	YES	If applicable
Person Last Name Required	YES	Required
Gender Required	YES	Required
Gender Invalid	YES	Required
Date of Death before DOB	YES	If applicable
Patient Relationship Invalid	YES	Required
Dependent Effective Date Required	YES	If applicable
Person Must have National Integration Control Number (ICN)	YES	Required
Rated Incompetent Invalid	YES	If applicable
Eligible for Medicaid Invalid	YES	If applicable
DT Medicaid Last Asked Invalid	YES	If applicable
Claim Folder Number Invalid	YES	If applicable
Eligibility Status Invalid	YES	Required
Enrollment Application Date Invalid	YES	Required
POW Status Invalid	YES	If applicable
Military Disability Retirement Invalid	YES	If applicable
Discharge Due to Disability Invalid	YES	If applicable
Agent Orange Exposure Invalid	YES	If applicable
Radiation Exposure Invalid	YES	If applicable
Environment Contaminants Exposure Invalid	YES	If applicable
Radiation Exposure Method Invalid	YES	If applicable
MST Status Invalid	YES	If applicable
MST Status Change date is Missing	YES	If applicable
MST Status Site Required	YES	If applicable
MST Status Site Invalid	YES	If applicable
DOB Invalid-Mexican Border War	YES	If applicable
DOB Invalid World War I	YES	If applicable
CD "Decided By" Cannot be HINQ	YES	If applicable
CD "Decided By" not Valid	YES	If applicable
CD "Decided By" is Required	YES	If applicable
CD "Review Date" is Required	YES	If applicable
CD "Review Date" is Invalid	YES	If applicable

Name of Inconsistency	Prevent VistA Z07 Inconsistency Report	Required/If Applicable
Condition Score Not Valid	YES	If applicable
CD Review Date of Decision Date	YES	If applicable
CD Affected Extremity Invalid	YES	If applicable
CD Diagnosis is Not Valid	YES	If applicable
CD Procedure is Not Valid	YES	If applicable
CD Reason is Not Present	YES	If applicable
CD Date of Decision Not Valid	YES	If applicable
CD Date of Decision Required	YES	If applicable
CD VA medical Facility Not Valid	YES	If applicable
CD Method of Determination is Required	YES	If applicable
CD Method of Determination is Not Valid	YES	If applicable
CD Not Enough to Qualify	YES	If applicable
CD Status Unspecified	YES	If applicable
CD Enough to Qualify	YES	If applicable
CD Review Date must be Precise	YES	If applicable
CD Decision Date must be Precise	YES	If applicable
CD Extremity Required	YES	If applicable
CD Score Required	YES	If applicable

2. REQUIRED REVIEWS

a. **Daily and Monthly Required Administrative Data Quality Reviews.** The VA medical facility Enrollment Coordinator must conduct the following reviews:

(1) Daily review of VistA Z07 Inconsistency Report and Oracle Cerner electronic health record (EHR) Reports (where applicable).

(2) Monthly review of administrative data systems (VistA, VES and Oracle Cerner EHR) to ensure VHA's administrative data meets the defined accuracy and validity requirements. *NOTE: Administrative data accuracy and validity results are consolidated for reporting to the VA medical facility Chief of Health Administration Service or equivalent (e.g., Medical Administration Service, Business Office, Patient Administration Services).*

(3) Monthly random sampling of new enrollment records to ensure information fields maintain an accuracy rate of 95% or higher. *NOTE: The random sample should include a minimum of 10% of new enrollment records.*

b. **Discern Report.** VA medical facility Enrollment Coordinators using Oracle Cerner must run and review the Discern Report daily. Immediate action must be taken to correct mailing and residential addresses that failed validation using Oracle Cerner. Consolidated Mail Outpatient Pharmacy (CMOP) errors for Oracle Cerner are identified in the Discern Report for addresses that failed Oracle Cerner EHR validation and affect CMOP's ability to successfully deliver prescriptions. *NOTE: Discern Reports are found*

in the Oracle Cerner Discern Reporting Portal, an application in the Electronic Health Record Modernization (EHRM) Citrix storefront.

3. LOCAL ACTIVITY GUIDELINES AND APPROVALS

a. Data entry guidelines for administrative data provided in Appendix A of this directive must be followed. Local implementation of data entry guidelines that do not comply with this directive, implementation of automated procedures or third-party data that affect administrative data is not authorized, unless approved by the Veterans Experience Office (VEO) Data Quality Council (DQC). ***NOTE:*** *VEO DQC, in alignment with Data Governance Council guidance, is dedicated to ensuring standards, policies and processes to support data quality for data domains that are developed and implemented under VEO stewardship.*

b. Any deviation from data entry standards in this directive should be referred to the VEO DQC via email at: dqc@va.gov.