

PharmaNet

Professional and Software Compliance Standards

Volume 2 – Business Rules

Hospital Admitting

Version 3.1

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DOCUMENT MODIFICATION HISTORY		
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3.1	November 2004	Updated spelling of <i>healthnetBC</i> and replaced with PharmaNet as appropriate

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1 GENERAL INFORMATION

The Professional and Software Compliance Standards Document for PharmaNet has been revised into volumes, divided by PharmaNet participant functionality requirements.

The 'library' approach provides more logical formatting while reducing redundancy and repetition.

There are common volumes required by all software developers and both business and technical volumes for the different functions. This enables software developers to download only the necessary volumes. The documentation is available on the *healthnetBC* Products and Services Catalogue web site. <http://healthnet.hnet.bc.ca/catalogu/index.html>

1.1 The Volumes

The 6-volume documentation set contains:

Volume 1 – Introduction

Volume 1 introduces the reader to common development components, such as:

- Document Conventions and Structures
- Related Standard
- Contacts
- Support Responsibilities
- Compliance Evaluation Process
- Mandatory policies and procedures to ensure compliance with all standards.

Volume 2 – Business Rules

Volume 2 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *implementation requirements* and the *business rules* related to the use of the available transactions and the local system requirements.

Volume 3 – Technical Rules

Volume 3 has been further divided into separate documents for the functionality requirements of Hospital Admitting (HA), Emergency Department (ED), Medical Practice (MP), and Pharmacy access.

This volume contains the *general processing* and the *technical rules* related to the use of the available transactions and the *local system requirements*.

Volume 4 – HL7 Message Catalog

Volume 4 identifies transaction details and message responses, such as:

- Network Transmissions and Responses
- Health Level 7 (HL7) Standards
- Message Formats and Data Definitions
- Input and Output Message Segments and Fields

Volume 5 – Security

Volume 5 provides security objectives, requirements and guidelines and a framework for developing policies and implementing local security controls.

Volume 6 – Glossary

Volume 6 lists a glossary of terms persistent through out *healthnetBC*.

1.2 The Audience

The compliance standards documentation is intended for software developers, health care providers, administrators and other health care professionals who share responsibility for implementing compliant software in their organization.

1.3 This Document

This volume contains the business rules for using the PharmaNet transaction messages for Hospital Admitting departments (HA). Read this volume in conjunction with Volume 3 – Technical Rules (Hospital Admitting).

1.4 *healthnetBC* / PharmaNet Operator Information

Basic information regarding practitioners, prescribers and operators, must exist on PharmaNet before any message from a Provider will be accepted for processing. This information may be sent to PharmaNet in an electronic format by authorized individuals. Detailed specifications for this process are described in the document titled '*healthnetBC* / PharmaNet Practitioner and Operator Data Interface Specifications'.

2 HOSPITAL ADMITTING

This section also applies to organizations that require access to patient demographic information only (e.g., BC Transplant Society).

2.1 Implementation Requirements

In order to obtain access to Patient Demographic Information, *healthnetBC* participants sign and submit a service level agreement and complete software training.

2.1.1 Agreements

1. For hospitals, the CEO (or designate) of the Health Authority must sign and submit a Service Level and Confidentiality Agreement (SLCA) with the Ministry of Health Services (MoHS).
2. For other *healthnetBC* participants accessing patient demographic information, the CEO of the *healthnetBC* participant must sign and submit a SLCA with the MoHS.
3. The SLCA with the MoHS details items such as:
 - a) Confidentiality
 - b) Permission to conduct spot audits / inspections by the *healthnetBC* compliance team
 - c) Administration and maintenance of operator IDs
 - d) Penalties for misuse of information
 - e) Problem escalation procedures (i.e., identification of key personnel)
 - f) Contact information.
4. Hospital administration must obtain signed confidentiality undertakings from all employees accessing confidential *healthnetBC* data and maintain a copy with the hospital's personnel files.

2.1.2 Software and Training

1. Install *healthnetBC* compliant software.
2. Designated staff must receive training / education on use of the local software from the SSO supplying the software.
3. Hospitals must provide a file of operator user IDs to the MoHS. Details of this process are described in the *healthnetBC*, PharmaNet Practitioner and Operator Data Interface Specifications.

2.2 PharmaNet Participant Messaging

2.2.1 Business Overview

This function (fan out) is used to transmit urgent messages to all providers or to a specified list (e.g., locations within a geographic region, specific software users or specific agencies).

When a transaction is processed, PharmaNet checks to determine if any message(s) are pending for that location. If there are, these pending message(s) are added to the transaction response message. Once the message is returned to the location, the message status changes to 'sent'. Only one copy of the message is sent to each location.

2.2.2 Business Rules

1. It is the responsibility of the Provider to ensure all appropriate staff are aware of the contents of the message.

2.3 Identify / Update a Patient

2.3.1 Business Overview

As a patient enters a hospital in BC, a series of steps are undertaken to register the patient for In-Patient or Out-Patient services and to provide documentation related to the hospital visit. These steps typically include:

- a) Positively identifying the patient
- b) Obtaining their Personal Health Number (PHN)
- c) Assigning a PHN where appropriate
- d) Determining MoHS eligibility for the patient. If the patient meets MoHS eligibility criteria it is assumed the patient will have all medical costs fully or partially covered by the MoHS. If the patient does not meet MoHS eligibility criteria, the Provider must arrange an alternate form of payment with the patient.
- e) Recording the required demographics and medical information on the local system
- f) Comparing patient demographics available during admitting with the information resident on the MoHS Client Registry System (CRS) database
- g) Updating the CRS database where appropriate
- h) Identifying the family physician.

2.3.2 Business Rules

1. A patient must be positively identified by:
 - a) Viewing one (1) piece of primary identification
 - b) Viewing two (2) pieces of secondary identification
 - c) If a patient is personally known to the Provider for a period of two years or longer.

2. Every reasonable effort must be taken to obtain the patient’s PHN. This includes asking the patient or patient’s relatives, a search of local files, a name search of the MoHS CRS database, contacting the patient’s prescriber or calling the PharmaNet Help Desk. This applies whether or not the patient is from outside the province. A patient may have been assigned a PHN during an earlier visit to the province.

2.4 Patient Identification – TID

2.4.1 Business Overview

This inquiry is used by hospital staff prior to admitting a patient in order to verify patient demographic information when the PHN is known. The information provided may be used to positively identify a patient. The inquiry requires a PHN to be entered and will return demographic information associated with that PHN. The hospital staff may then confirm this demographic information with the patient to ensure the information is correct. Updates to address information are done using the Patient Address Update (TPA) function.

2.4.2 Business Rules

See Volume 3 – Technical Rules

2.4.3 Correction to Patient Demographic Information

If you become aware that any patient demographic information recorded on *healthnetBC* is not accurate, please take the following action:

DATA ITEM NEEDING CORRECTION	ACTION
Patient name as recorded on <i>healthnetBC</i> or CareCard is incorrect.	Ask the patient to call the Medical Services Plan (MSP) at (250) 382.8406 (Victoria), (604) 683-7151 (Vancouver) or 1-800-663-7100 (elsewhere in BC).
Patient name as recorded on their birth certificate is incorrect.	Ask the patient to call the BC MoHS, Division of Vital Statistics at 952-2681 (Victoria) or 1-800-663-8328 (rest of BC).
Patient phone number or address is incorrect on <i>healthnetBC</i> .	Update <i>healthnetBC</i> records using your local system.
Patient date of birth or gender is incorrect on <i>healthnetBC</i> .	Call or fax the PharmaNet Help Desk and request correction. The Help Desk is authorized to change a gender of ‘U’ to ‘M’ (male) or ‘F’ (female). The Help Desk is also authorized to correct the “day” portion of the date of birth. All other changes must be requested through the BC MoHS, Medical Services Plan (MSP) (as above).
Patient name is incomplete on <i>healthnetBC</i> .	Call or fax the PharmaNet Help Desk to replace initials with complete names.

2.5 Patient Address Update – TPA

2.5.1 Business Overview

Hospital staff must review the patient's address information on both their local system and *healthnetBC* to ensure it is accurate and, if necessary, make changes to the address information.

2.5.2 Business Rules

1. The only address retained for *healthnetBC* is the patient's mailing address.
2. For patients residing out-of-province or out-of-country, their home mailing address is captured, not their BC address while visiting the province.
3. The local software must provide the ability to capture a local phone number for a patient.
4. Canada post mailing standards must be used for Canadian addresses.
5. The format for postal code is six (6) alphanumeric characters with no spaces (e.g., V9V9V9). Out-of-country zip codes are stored in the postal code field, since the entry of a country code other than Canada eliminates the format checking.
6. The requirements for address verification are:
 - a) If the country is Canada then the province code must be a legitimate province code
 - b) If the province code is legitimate then the first position of the postal code must be a legitimate entry for the province; or
 - c) If the country is some place other than Canada, then the postal code is not required. Note this is presently not working correctly. PharmaNet currently returns an error if the postal code is left blank. Providers should be instructed to enter their facility's postal code if the patient's zip code or equivalent code is not available.

2.6 Patient Name Search - TPN

2.6.1 Business Overview

The patient name search is used to locate the PHN for a particular patient.

This feature also allows Providers to ensure multiple PHNs are not assigned to patients. Assignment of a second PHN results in a split of the patient's profile (medical history, clinical conditions, and adverse reaction), negatively affecting Drug Utilization Evaluation (DUE) checking and PharmaCare benefits adjudication for the patient.

A patient name search is initially performed by the HA staff on their local system. If no matches are found, a further search is performed on *healthnetBC* to determine if a PHN exists. These searches are performed using a patient's name, date of birth and gender.

Most patient name search requests coming through *healthnetBC* are processed by the MoHS CRS. However, if CRS is not available, PharmaNet processes the request.

2.6.2 Business Rules

1. The local systems patient record must include the PHN.
2. All patients must be identified and profiled by a PHN.
3. Providers must contact the PharmaNet Help Desk to request a merge of PHNs if multiple PHNs for the same patient are identified.

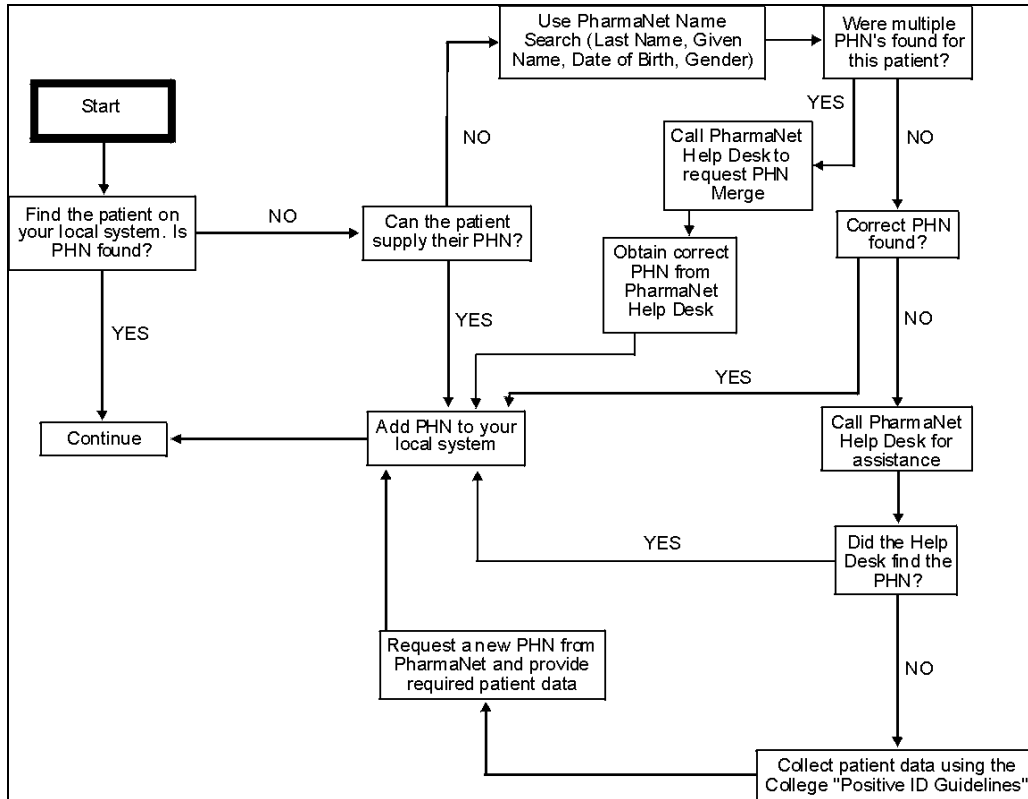
2.6.3 Multiple PHNs for Patient

In some cases, a PHN may be assigned to a patient when one already exists for that patient. These duplicate PHNs are then merged on CRS into a single PHN record. If a PHN has been merged with another PHN, *healthnetBC* will return the merged PHN.

1. When a Provider is notified, via a message returned by *healthnetBC*, that a PHN is merged, the Provider must perform a TID and verify the patient demographics on *healthnetBC* against those on the local system.
2. If the information returned by *healthnetBC* on the TID appears correct, the Provider must update the local system with the merged PHN.

3. If the merge appears to have been done incorrectly, the Provider must contact the PharmaNet Help Desk or the CPBC to request correction or unmerge.

2.6.4 Flowchart – Requesting New PHNs



2.6.5 PHN Quick Reference

The following list of tips for identifying a patient is copied from the PHN Quick Reference Card published by PharmaCare. The purpose of the Reference Card is to provide a convenient information source for those *healthnetBC* participants who use name search functionality or assign PHNs. Obtain copies of this card from the CPBC or the PharmaNet Help Desk.

If the patient is a resident of BC

- a) They likely have a PHN

If the patient is not a resident of BC, ask if they have

- a) Previously lived in BC
- b) Visited BC in the past

- c) Have had a prescription previously filled in BC.

If the patient does not have their CareCard:

- a) Request positive identification to verify the patient's legal name, correct spelling of the name and correct date of birth.

Search for PHN using

- b) Last Name
- c) First Initial
- d) Gender (M or F)
- e) Date of Birth.

If no PHN matches are found

- a) Verify the patient identification belongs to the patient for whom the prescription was written.
- b) Confirm legal first and last names and check if the patient:
 - a. Has changed last name, married, or divorced
 - b. Has a hyphenated last name (with spouse)
 - c. Has embedded spaces in the last name (e.g., van der Ham vs. vanderham)
 - d. Is using their middle name as a first name
 - e. Is using a nickname or alternate spelling of the first name, which might begin with a different letter (e.g., Bob for Robert).
- c) PHN Hints:
 - a. Switch first and last name or middle and last name especially for people from cultural backgrounds where the surname traditionally comes first (e.g., Chinese)
 - b. Ask people from different cultural backgrounds if they go by an English first name.
 - c. Using 'baby' as the first name, if prescription is for a baby
 - d. Using closely related names (e.g., Mac vs. Mc)

- e. Confirm date of birth. Try using year of birth only, as this expands the search to +/- 5 years
- f. Contact the prescribing physician to get PHN
- g. Call the PharmaNet Help Desk who may be able to assist with a search.

If more than one match is found

- a) Historical PHN records are displayed, so there may be multiple matches with the same PHN.
- b) Use the full name and address information to select an exact match
- c) If there is more than one exact match with different PHN numbers, and you are satisfied that they are the same person, contact the PharmaNet Help Desk to request a merge, and they will instruct you which PHN to use (ensure it is also on your local system).
- d) If there is not an exact match, check with the patient about whether they have lived at any of the addresses.

If there is evidence of

- a) A change of address for this PHN, update the address using Update Patient Address transaction (TPA)
- b) An incorrect date of birth on file, fax the correct information including the PHN to the PharmaNet Help Desk.

Other notes about PHNs

- a) If the patient is a newborn, it is possible that the PHN exists, but has not been loaded on PharmaNet. In this case issue a new PHN.
- b) PHNs are for individual, human patients only. Veterinarian prescriptions are to be processed using the PHN of the owner or person picking up the prescription.
- c) Do not request PHNs for animals, stock transfers, office use, emergency supplies and similar items.
- d) If the client is in prison, and there is a PHN match with the address of the prison, use that PHN.
- e) PharmaNet regularly checks for multiple PHNs and merges them, using the first PHN that was created.

- f) A PHN does not imply MSP eligibility or provide any indication of an individual's health benefit status.

2.7 Personal Health Number Assignment – TPH

2.7.1 Business Overview

Once hospital personnel has searched their local system and *healthnetBC*, and is certain a PHN does not exist for a particular patient, a PHN may be assigned.

2.7.2 Business Rules

1. To reduce the possibility of multiple records being created the Provider must accurately identify the patient prior to assigning a new PHN.
2. A PHN must only be issued to humans. PHNs are not to be assigned to animals, pharmacies, practitioner's offices, clinics or facilities.
3. The only name recorded when requesting a new PHN should be the patient's legal name. This should be obtained by observing a piece of 'primary' or 'secondary' documentation.
4. Full names must be used instead of initials and names should not be recorded based on common name usages, i.e., Bob for Robert.
5. All PHNs assigned by *healthnetBC* must be stored on the local system as part of the patient's demographic data.
6. New PHNs requested for babies must follow these rules:

Surname

- a) If known, the baby's legal surname must be entered
- b) If not known, use the mother's legal surname.

Given Name

- c) If known, the baby's legal given name must be entered
- d) If not known, the baby's legal given name must be entered as follows:
 - i. **For single births:** Baby Boy A or Baby Girl A
 - ii. **For multiple births:** The appended letter must indicate the sequence of birth. For example, triplets where the first and third

births are boys and the second is a girl would be, Baby Boy A, Baby Girl B, Baby Boy C.

The baby's legal given name will appear on the *healthnetBC* files once the parents have MSP coverage.

Please note that these requirements may be satisfied through SSO training and manual processes.

7. The address recorded must be the mailing address of the patient.

2.8 Prescriber Identification – TIP

2.8.1 Business Overview

This function may be used to obtain information on a Provider (e.g., physician, pharmacist, podiatrist, dentist, veterinarian, etc.) by either searching by name or by the unique identification number assigned by the appropriate regulatory body.

Please note that MSP billing numbers are not used to identify prescribers anywhere in *healthnetBC*.

2.8.2 Business Rules

1. The PharmaNet Help Desk staff will assist in validating or locating prescriber information. The CPBC and CPSBC transmit electronic uploads to PharmaNet on a daily basis with the information regarding their numbers.
2. PharmaNet uses the practitioner identification number and reference number for practitioners as assigned by the appropriate regulatory body.
3. MSP numbers for physicians and PharmaCare pseudo billing numbers for dentists and podiatrists (e.g., 90008 and 90009) are not permitted.
4. As the practitioner's name on *healthnetBC* could be different than the name commonly used by the practitioner, we recommend the following procedure when using TIP to search for a practitioner on *healthnetBC*:
 - a) First, use TIP to search using the practitioner's family name only (i.e., no first name used)
 - b) If too many matches are returned add the practitioner's first initial of the first name and submit another TIP search.