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Indian Health Service

Core Data Set Requirements; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Core Data Set Requirements

AGENCY: Indian Health Service, HHS.

ACTION: Notice of Indian Health Service Core Data Set Requirements (CDSR).

FOR FURTHER INFORMATION CONTACT:

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SUPPLEMENTARY INFORMATION: The Indian Health Service (IHS) has established a set of core program data elements that all IHS programs and facilities are required to submit for the IHS National data base.

These core data requirements are necessary for good management purposes and to fulfill Congressional and other mandatory reporting requirements including the requirements for meeting the management information needs of IHS and tribal contractors set out in section 602 of the Indian Health Care Improvement Act, Public Law 94-437, as amended (25 U.S.C. 1662). The core data requirements were developed by a joint IHS and Tribal Representative Work Group over a period of seven months. Two meetings were held—December 1988 and June 1989. The participants included 11 IHS personnel, 8 tribal personnel, and 9 persons representing the various IHS information systems. The efforts of the working group were a major step toward reconciling the differences in data priorities between the IHS and providers and ensuring the development of a core data set that has beneficial uses and reasonable costs.

The core data set requirements were published in the *Federal Register* on August 7, 1990, as an IHS proposal with an opportunity to comment. This final notice takes into account the comments that were received from 11 IHS offices and 12 tribal groups. There were general comments in support of or against the concept of the core data set. There were specific comments indicating the need to add or delete data elements or reporting requirements. There were also comments requesting clarification of some aspects of the requirements. The significant changes to the core data set requirements as a result of the comments include:

(1.) Reduction of the reporting burden associated with the Facility Data System and the Environmental Health Reporting System (i.e., one form is now used for both purposes thereby eliminating redundant reporting of data);

(2.) Provision of a sampling option for eight IHS information systems (i.e., Dental Reporting System—non-clinical activities, Environmental Health Activity Reporting and Facility Data System—environmental health activities, Mental Health and Social Services Reporting System, Chemical Dependency Management Information System—non-clinical activities, Community Health Representative Information System, Community Health Activity Reporting System, Health Education Resource Management System, and Nutrition and Dietetic's Program Activities Reporting System);

(3.) Deletion of the requirement for fluoridator maintenance and repair reports;

(4.) Deletion of the Generic Activities Reporting System as a separate information system since it is just a software package for processing input documents from systems described elsewhere in the core data set;

(5.) Specification of safeguards to protect patient confidentiality wherever records identify individual patient health care;

(6.) Clarification of reporting requirements for Mental Health and Social Services (i.e., deletion of references to organizational/administrative and human resources/manpower data which are not part of the CDSR);

(7.) Specification of the transition period from use of the Alcoholism Treatment Guidance System to use of the Chemical Dependency Management Information System (CDMIS) and description of CDMIS; and

(8.) Inclusion of reporting requirements for Pharmacy (they were inadvertently omitted from the initial CDSR notice); and

(9.) Inclusion of reporting requirements for Urban Indian Health Programs. The initial notice indicated that IHS planned to include the Urban Indian program core data reporting requirements in the final publication. They were originally omitted since they had already been established in the instruction manual, "Urban Indian Health Programs, Common Reporting Requirements" and were incorporated into contract requirements. They are included now in order that all CDSRs will be found in the same document.

The core data requirements are a subset of the data that is already being collected locally by IHS providers in

order to manage effective health service programs. The data are used to define current health status (e.g., prevalence of diabetes); to identify problems requiring attention (e.g., high number of facility visits related to accidents); and to evaluate effectiveness of intervention programs (e.g., reduced infant deaths related to increased prenatal care). The core data set is needed for the following purposes:

Quality assurance;
Epidemiology;
Problem identification;
Identification of population in need;
Resource management/allocation;
Budget support and justification;
Facilities and program planning; and
National billing.

Specifically, the elements of the core data set are derived from those elements already embodied within the following IHS information systems:

Patient Registration System
Ambulatory Patient Care (APC) System
Direct Inpatient Care System
Contract Health Services Inpatient System
Contract Health Services Outpatient System
Dental Reporting System
Pharmacy System
Environmental Health Activity Reporting and Facility Data System
Mental Health and Social Services Reporting System
Alcoholism Treatment Guidance System (ATGS)/Chemical Dependency Management Information System (CDMIS)
Community Health Representative Information System (CHRIS)
Community Health Activity Reporting System
Health Education Resource Management System (HERMS)
Nutrition and Dietetic's Program Activities Reporting System
Clinical Laboratory Workload Reporting System
Urban Indian Health Common Reporting Fluoridation Reporting Data System

Each of the above systems has its own manual. This notice consolidates and summarizes the data submission formats, edits and schedules from these existing information systems. The core data set reduces the total number of data elements required from the IHS health care providers and the frequency of reporting, for certain elements, has been reduced from monthly to quarterly. Moreover, for activities-type reporting, data need only be reported for a sample of the services provided.

The IHS wants to use the social security number (SSN) as the unique

patient identifier in the IHS National data base. Patients may voluntarily disclose their SSN to health care providers after being informed of: (1) The purposes of collecting the SSN (for uniquely identifying patient records, reducing duplicative counting of cases of a disease, improving patient and health program management, and third party billing); (2) refusal will not result in denial of services; and (3) the provider must submit the SSN to IHS. If the health care provider is unable to obtain the SSN, then there is no longer a requirement, as indicated in the initial CDSR notice, that it submit a 9-digit substitute SSN for the patient. However, it is still required that the chronological health record number (HRN) be submitted for every patient.

There are some data that need to be reported by IHS providers, contractors, and grantees to IHS headquarters in order to participate in special funds established through federal legislation or Congressional appropriations language. There is no mandate that providers, contractors, or grantees submit such data, but they need to do so to be eligible to receive the funds. Examples of such special programs are the Contract Health Services Catastrophic Health Emergency Fund and Deferred Services.

Information collected in accordance with the core data set requirements, which identifies individual patients provided health care, is included in the IHS system of records titled: 09-17-0001, Health and Medical Records Systems, HHS/IHS/OHP (Federal Register, November 22, 1988, pages 47348-47353). These records are to be afforded safeguard protections as required by the Privacy Act of 1974 (5 U.S.C. 552a). These safeguards are described in general terms in the system of records notice for system 09-17-0001. In addition, information supplied by staff of health care facilities established to provide alcohol or drug abuse treatment are to be protected under the safeguard provisions of the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR part 2. These were last published in the Federal Register, June 9, 1987, pages 21796-21814.

As required, program reporting requirements will be submitted to OMB for clearance pursuant to the Paperwork Reduction Act. Not all of the program reporting requirements will need to be submitted to OMB for clearance. The following have already received OMB approval and only extensions of their expiration dates will need to be sought.

Contract Health Services Inpatient System
Contract Health Services Outpatient System
Community Health Representative Information System
Urban Indian Health Common Reporting

The following reporting requirements are totally exempt from the OMB approval process because the information collected by them is used to properly treat clinical disorders of patients.

Ambulatory Patient Care System
Direct Inpatient Care System

The remaining program reporting requirements either are not covered or only partially covered by the "clinical" exemption. Therefore, OMB clearance will be sought for the applicable portions, as noted below, of these information systems.

Patient Registration System (portion dealing with third party eligibility status)
Dental Reporting System (portion dealing with non-clinical activities reporting)
Pharmacy System (all)
Environmental Health Activity Reporting and Facility Data System (all)
Mental Health and Social Services Reporting System (all)
Chemical Dependency Management Information System (portion dealing with non-clinical activities reporting)
Community Health Activity Reporting System (all)
Health Education Resource Management System (all)
Nutrition and Dietetic's Program Activities Reporting System (all)
Clinical Laboratory Workload Reporting System (all)
Fluoridation Reporting System (all)

For now, Indian tribes and tribal organizations with contracts or grants under authority of the Indian Self-Determination Act, Public Law 93-638, as amended, will continue to be governed by the data collection and reporting requirements of the contract or grant as well as any applicable laws, regulations, and policies. The extent of any future applicability of the CDSR to Public Law 93-638 contracts, grants, and cooperative agreements will be determined in the final regulations implementing the 1988 amendments to Public Law 93-638. For the convenience of those reviewing the notice of proposed rulemaking (NPRM) for Public Law 93-638, the CDSR will be reprinted in the same Federal Register issue in which the Public Law 93-638 NPRM appears.

As long as their own data collection and reporting system provides for the timely submission of accurate and complete data meeting the core data set requirements, the IHS contractors and grantees will not be required to use the collection and reporting system used by IHS. The contractor/grantee data system must meet the requirements of the Security Act of 1987, Public Law 100-275, which are also applicable to the IHS directly operated programs. The IHS will provide technical assistance to tribal contractors and grantees to convert their data into the formats and appropriate transmission media required for IHS data collection and reporting.

All data will, unless otherwise agreed upon, be sent to the Division of Data Processing Services (DDPS) in Albuquerque through the appropriate Area Office. Each IHS Area will establish its own procedures for reporting data and will monitor compliance with reporting requirements consistent with applicable laws, regulations, policies, and grant and contract instruments. Contractors and grantees are responsible for correcting problems regarding incomplete and inaccurate data.

Contractors and grantees may use IHS forms or collect the required data in any manner consistent with their operations. The submission of these data must meet the format and data requirements of the IHS information systems.

Core Data Set Requirements for the Following IHS Information Systems

A. Patient Registration System

1. Reporting Requirements

a. Data on new patients, or changes to previously registered patients, is submitted at least quarterly through the appropriate Area Office to the Division of Data Processing Services (DDPS) in Albuquerque. Data must be submitted monthly for central billing purposes.

b. Data must be received by the DDPS by the 1st of the month to ensure it being included in the next month's registration reports.

c. The IHS maintains a complete registration data base for each Area on the IHS central computer at DDPS. The types of activity that are reported include:

- (1) Registration of new patients.
- (2) Changes in any of the required registration fields (i.e. name, residence) for a patient.
- (3) Deletion of an entire patient record. (This would only be done when the patient is registered in error, or is registered twice at the same facility)

under two different health record numbers).

(4) Delete and merge to another health record number. This is done when a patient is registered twice at two different facilities, and you wish to merge the two records together by deleting one and merging the data to the second number indicated.

Normally the last two activities will only be performed by the registration data base administrator at the Area Office.

2. Record Formats

New patient data, or modifications to patient data, are submitted in a 310 character record as shown in Figures A-1 through A-3. Generally data from different facilities will be given different batch numbers to facilitate error correction, since all errors are listed by batch number, but this is not required.

Transactions to delete a patient record entirely, or delete a patient and

merge the data into another health record number, require a different format, as shown in Figures A-4 and A-5. For these transactions, a separate batch header is submitted followed by any number of delete/merge transactions. The patient ID number used for these transactions is not the normal health record number, but the unique patient ID used in the centralized registration system. This number consists of three alpha codes indicating the Area, SU and facility followed by six numerics.

The delete/merge transactions must have a different batch number than other transactions, and the individual delete/merge transactions must immediately follow the delete/merge header. However, regular batches and delete/merge batches can be combined on the same tape.

Samples of the IHS patient registration forms are included in Appendix A.

3. Transmission Media

Registration records should be sent by the Area to DDPS on nine track, unlabeled EBCDIC tapes, at 1600 or 6250 bits per inch (BPI). Records should be blocked at 10 records per block. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS Facility Registration System

An ANSI MUMPS facility registration system is available to any covered contractor that wishes to implement it. This system provides the capability of generating the transactions described above automatically, and creating a tape cartridge (or transaction file for transmission by telecommunications) to be sent to DDPS for all new and/or modified patients.

REGISTRATION FORMAT NEW AND/OR MODIFIED TRANSACTIONS

Position	Field	Edits	Required fields
1-4	BATCH NUMBER	Numeric, Right Justified	
5-10	FACILITY CODE	Area-SU-Facility Code. Must be in IHS Facility Table	X
	5-6 Area Code		
	7-8 Service Unit Code		
	9-10 Facility Code		
11-16	HEALTH RECORD NUMBER	Numeric, Right Justified	X
17-58	PATIENT NAME	See Note 1. Last and First Name. Data must be left justified	X
	17-36 LAST		
	37-47 FIRST		
	48-58 MIDDLE		
59-60	CLASSIFICATION CODE	Numeric, Right Justified. Codes must be in range 01-20	
61-67	DATE OF BIRTH	Must be less than current date. Month not greater than 12, day not greater than 31.	X
	61-62 MONTH		
	63-64 DAY		
	65-67 Year		
	(Last three digits)		
68	SEX	M or 1 for Male; F or 2 for Female	X
69-77	SOCIAL SECURITY NUMBER	Numeric, Right Justified	X
78-80	TRIBE OF MEMBERSHIP CODE	Numeric, right justified. Must be valid code in IHS Tribe Table	X
81	BLOOD QUANTUM	Numeric	X
82-113	FATHER'S NAME	See Note 1	
	82-101 LAST		
	102-112 FIRST		
	113 MIDDLE INITIAL		
114-120	COMMUNITY OF RESIDENCE	Community-County-State Code, must be in IHS Community Table	X
	114-116 COMMUNITY CODE		
	117-118 COUNTY CODE		
	119-120 STATE CODE		
121-176	MAILING ADDRESSES		
	121-150 STREET/BOX NUMBER	Alpha-Numeric. If submitted, town and state also required	
	151-165 TOWN	Alphabetic, left justified. If submitted, state also required	
	166-167 STATE	Alphabetic. Required if town submitted	
	168-176 ZIP	Numeric, right justified	
177-208	MOTHER'S NAME	See Note 1	
209-214	DATE OF DEATH (MM/DD/YY)	Same Edit as Date of Birth	X*
215-235	MEDICARE A		
	215 ELIGIBLE	If central billing, all fields required.	
	216-224 ENROLLMENT NUMBER	Y or N (N will delete an authorization previously submitted)	X
	225-229 ENROLLMENT SUFFIX	Numeric, all digits required	
	230-235 DATE OF ELIGIBILITY (MD/DD/YY)	Alphanumeric, left justified. Must be valid code in Medicare suffix table	
		Month and Year Required. Standard Date Edit	
236-256	MEDICARE B	Same as Medicare A	X
257-277	MEDICARE AB	Same as Medicare A	X
278-298	MEDICAD		
	278 ELIGIBLE	If central billing, all fields required	
	279-287 ELIGIBILITY NUMBER	Y or N (N will delete an authorization previously submitted)	X
		No Edit	
	288-292 SUFFIX	No Edit	

REGISTRATION FORMAT NEW AND/OR MODIFIED TRANSACTIONS—Continued

Position	Field	Edits	Required fields
299	293-298 DATE OF ELIGIBILITY (MM/DD/YY).....	Month and Year Required. Standard Date Edit	
300	VETERAN (VA) ELIGIBLE.....	Y, N or Blank	X
301	BLUE CROSS.....	Y, N or Blank	
302	OTHER INSURANCE.....	Y, N or Blank	X
303	CHS ELIGIBILITY.....	Y, N or Blank	
303	PATIENT ASSIGNMENT/RELEASE SIGNATURE ON FILE.....	Y, N or Blank. Required to initiate billing Medicare	
304	ADD/MODIFY CODE.....	1—New Patient 2—Modification	
305-310	RELEASE DATE (MM/DD/YY).....	Standard Date Edit. Required for billing	

Note 1: ALL NAME FIELDS MUST BE ALPHABETIC WITH THE FOLLOWING SPECIAL CHARACTERS ALLOWED:

- ONE SET OF LEFT AND RIGHT PARENTHESES IMBEDDED IN NAME.
- ONE OCCURRENCE OF AN APOSTROPHE.
- TWO OCCURRENCES OF A PERIOD.
- FIVE OCCURRENCES OF A DASH, OR HYPHEN.
- NO LOWER CASE.
- As available.

REGISTRATION FORMAT DELETE/MERGE TRANSACTIONS

[Header Record]

Position	Field	Description	Required
1-3	IDENTIFIER.....	THREE VERTICAL BARS (HEX "4F" CHARACTERS).....	X
4-5	AREA CODE.....	STANDARD AREA CODE OF THE REGISTRATION DATA BASE.	X
6-11	AREA/SU/FAC CODE.....	AREA, SERVICE UNIT, FACILITY CODE OF THE SUBMITTING FACILITY.	X
12-17	AREA/SU/FAC OF HEALTH REC NO.....	CODE PREFIX FOR HEALTH RECORD NUMBERS BEING USED. NORMALLY DUPLICATE OF POSITIONS 6-11.	X
18	NOT USED.....		
19-22	BATCH NUMBER.....	NUMERIC, RIGHT JUSTIFIED.....	X
23-25	NO FORMS.....	NUMBER OF TRANSACTIONS IN THE BATCH.....	X
26-31	DATE.....	DATE SUBMITTED (YYMMDD).....	X
32-34	INITIALS OF REQUESTOR.....	OPTIONAL.....	
35-60	COMMENTS.....	OPTIONAL—FOR LOCAL USE.....	
61-80	NOT USED.....		

REGISTRATION FORMAT DELETE/MERGE TRANSACTIONS

[Transaction Record]

Position	Field	Description	Required
1	IDENTIFIER.....	A "2" IN POSITION 1.....	X
2-4	INITIALS & SEX.....	INITIALS (LAST, FIRST) AND SEX OF PATIENT TO BE DELETED.	X
5-13	PATIENT ID.....	PATIENT ID TO BE DELETED. (THREE ALPHA AND SIX NUMERICS). THIS IS THE CENTRALIZED REGISTRATION UNIQUE ID NUMBER.	X
14-15	TRANSACTION TYPE.....	"99".....	X
16	NOT USED.....		
17-22	DATE.....	DATE SUBMITTED (YYMMDD).....	X
23-25	ASTERISKS.....	"* * *"	X
26-34	PATIENT ID.....	PATIENT ID TO WHICH DATA IS TO BE MERGED.....	X
35	MOVE DEMOGRAPHIC.....	FLAG TO INDICATE WHETHER TO MOVE DEMOGRAPHIC DATA FROM DELETED RECORD, OR TO RETAIN DEMOGRAPHIC DATA OF THE RECORD TO WHICH MOVED. "1" INDICATES TO RETAIN DEMOGRAPHIC DATA OF DELETED RECORD, "2" TO RETAIN DATA OF RECEIVING RECORD.	X
36-37	FACILITY.....	FACILITY CODE SUBMITTING FORM.....	X
38-67	SUBMITTED BY.....	NAME OF PERSON SUBMITTING FORM.....	X

TO DELETE A PATIENT, POSITIONS 1-25 ARE REQUIRED. TO DELETE AND MERGE TO A NEW PATIENT, POSITIONS 1-37 ARE REQUIRED.

B. Ambulatory Patient Care System (APC)

1. Reporting Requirement

a. An Ambulatory Patient Care (APC) record is required for an encounter between a patient and health care

provider in an organized clinic within an IHS facility (including covered contractors) where service resulting from the encounter is not part of an inpatient stay. The patient or his/her representative (representative only to pick up prescription) must be physically

present at the time of service. Also, a note must be written in the medical record by a licensed, credentialed or other provider qualified by the medical staff or facility administrator.

b. Part 4, chapter 3, section 1 of the Indian Health Manual, provides

complete definitions and procedures for reporting into the APC system. The definition of an APC visit given in 1a above is somewhat different and supersedes the definition in the IHS Manual. The IHS Manual will be changed to reflect the new definition.

c. Each Area will define procedures for collecting APC data and creating automated records in the format described in the next section. Options include:

- (1) Key-entry of forms at the Area.
- (2) Key-entry of forms by a contractor.
- (3) Key-entry at the local facility with an RPMS ANSI MUMPS data entry system.

d. Records will be consolidated at the Area level and forwarded at least quarterly to the Division of Data Processing Services (DDPS) at Albuquerque by the 15th of the month. Data must be submitted monthly for central billing purposes.

2. Record Formats

a. The APC record contains individual patient encounter information. Each record is 200 characters in length.

b. The format of the APC record is shown in Figures B-1 through B-3.

c. A sample of the IHS APC form is included in Appendix A.

3. Transmission Media

a. APC records for each Area are generally mailed to DDPS on nine track unlabeled, unblocked EBDCID tape. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS APC Data Entry System

a. There is available an RPMS ANSI MUMPS APC data entry program which allows for records to be keyed locally, transmitted to the Area, and forwarded from the Area to DDPS by telecommunications.

5. Community Health Aide Program

a. An Ambulatory Patient Care (APC) or equivalent record is required for an encounter between a community health aide and a patient.

b. The format of the required record is shown in Figures B-1 through B-3. A sample of the IHS APC form is included in Appendix A.

c. The Alaska Area Office and the contractor will need to determine how the required data will be collected and transmitted to the Area.

DIRECT OUTPATIENT SYSTEM RECORD 2

Position	Field	Required
1-2	Record Code. Always "15".	X
3-4	Area Code	X
5-6	Service Unit Code	X
7-8	Service Location Code (Facility Code).	X
9-14	Date of Service (MMDDYY).	X
15	Day of Week (Sunday=1, Saturday=7)	
16-21	Patient Health Record Number.	X
22-30	Social Security Number	X
31-36	Date of Birth (MMDDYY)	X
37	Sex	X
38-40	Tribe of Membership Code.	X
41-43	Optional Code (Area options)	
44-50	Community of Residence Code.	X
	44-46 Community Code.	
	47-48 County Code	X
	49-50 State Code	X
51	Time of Day Code; "1" 8AM-Noon; "2" Noon-5PM; "3" 5PM-10PM; "4" 10PM-8AM	
52-53	Type of Clinic (IHS Table)	
54-61	Service Rendered by (Discipline Code)	
	54-55 Primary Provider Discipline.	X
	56-57 Other Provider Discipline	
	58-59 Other Provider Discipline.	
	60-61 Other Provider Discipline.	
62-71	Immunizations Given	X
	62 1 for Tetanus Toxin	
	63 2 for DT	
	64 3 for DPT	
	65 4 for Polio	
	66 5 for Measles	
	67 6 for Rubella	
	68 7 for Small Pox	
	69 8 for Mumps	
	70 9 for Influenza	
	71 0 for Other	
72	All Immunizations Current (1 yes; 2 no).	X
73	Immunization Register Update	
74	Skin Test Result: "1" PPD 0-4M; "2" PPD 5-9MM; "3" PPD 10-19M; "4" PPD 20+MM; "5" TINE NEG.; "6" TINE POS	
75	Purpose of Skin Test "1" Routine; "2" Contact; "3" Suspect; "4" School	
76	INH Prophylaxis "1" 1 Year Completed; "2" Start "3" Continue; "4" Discontinue	
77-78	Next TB Appointment in months	
79-82	TB Diagnosis 79 "1" 1st visit, "2" revisit 80-82 Three digit APC code (005-012)	

DIRECT OUTPATIENT SYSTEM RECORD 1—Continued

Position	Field	Required
83-93	Maternal Health and Family Planning	
	83 Marital Status (1 Married; 2 Not Married)	
	84-85 Gravida	
	86-87 Number of Living Children	
	88 Trimester of 1st Prenatal Visit	
	89 "1" 1st visit for prenatal care "2" revisit for prenatal care	
94-96	Not Used	
97-102	IHS Unit No at Parent Facility	
103-107	Accidents (required for 1st visits of APC codes 700-792).	
	103-104 Cause of Accident (01-19)	X ²
	105-106 Place (01-12)	X ²
	107 Alcohol related (1 yes; 2 no)	X ²
108-113	Area optional code	
114-117	APC Codes for Injury 114 "1" 1st visit; "2" revisit	
	115-117 APC Code	X ²
118-121	APC Codes for Other Problems/Clinical Imp	
	118 "1" 1st visit; "2" revisit	
	119-121 APC code	X ²
122-132	Diagnostic Services Requested	
	122 "0" or blank for none	
	123 "1" for Urinalysis	
	124 "2" for Hematology	
	125 "3" for Chemistry	
	126 "4" for Bacteriology	
	127 "5" for Serology	
	128 "6" for Pap	
	129 "7" for ECG/EKG	
	130 "8" for Other	
	131 "1" for X-Ray-Chest	
	132 "2" for Other X-ray	
133	Minor Surgical Procedures ("1" if yes).	X ²
134	Disposition Code "1" Return by appointment "2" Return PRN "3" Admit to IHS Hospital "4" Admit to non-IHS Hospital "5" Refer for OP Consultation—IHS "6" Refer for OP Consultation—non-IHS "7" Did not Answer	
135-139	CPT4/HCPCX Code 1	X ²
140-144	CPT4/HCPCX Code 2	X ²
145-149	CPT4/HCPCX Code 3	X ²
150-154	CPT4/HCPCX Code 4	X ²
155-159	CPT4/HCPCX Code 5	X ²
160-166	Unused	
167-176	Specific provider codes	
177-181	ICD-9-CM Code 1	X ²
182-186	ICD-9-CM Code 2	X ²
187	Unused	

**DIRECT OUTPATIENT SYSTEM RECORD¹—
Continued**

Position	Field	Required
185-191.....	Surgical Procedure (ICD-9-CM Code).	X ²
192-200.....	Unused, except for some Area-specific fields	

¹ Not all patient identification data elements will need to be reported on every record in a fully integrated information system.
² If appropriate.

C. Direct Inpatient Care System (INP)

1. Reporting Requirement

a. A direct Inpatient Clinical Brief is required for any person who is admitted to an Indian Health Service facility or a facility operated by a covered contractor.

b. Part 4, chapter 3, section 2 of the Indian Health Manual provides complete definition and procedures for reporting into the Direct Inpatient System.

c. Each Area will define procedures for collecting Inpatient data and creating automated records on the format described in the next section. Options include:

- (1) Key-entry of forms at the Area.
- (2) Key-entry of forms by a contractor.
- (3) Key-entry at the local facility with an RPMS ANSI MUMPS data entry system.

d. Records will be consolidated at the Area level and forwarded at least quarterly to the Division of Data Processing Services (DDPS) at Albuquerque by the 15th of the month. Data must be submitted monthly for central billing purposes.

2. Record Formats

a. The record format for the Direct Inpatient Clinical Record Brief, is shown in Figures C-1 through C-3. Each record is 160 characters in length.

b. A sample of the IHS Clinical Record Brief is included in appendix A.

3. Transmission Media

a. Clinical Record Brief for each Area are generally mailed to DDPS on nine track unlabeled, unblocked EBCDIC tape. The Area Office and the tribal contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS Data entry system

a. There is an RPMS ANSI MUMPS facility based Direct Inpatient data entry program which allows for records to be keyed locally, transmitted to the Area, and forwarded from the Area to DDPS by telecommunications.

**DIRECT INPATIENT CLINICAL RECORD
BRIEF¹**

Position	Field	Required
1-2.....	Record Code. Always "18".	X
3-8.....	Patient Health Record Number.	X
9-17.....	Social Security Number.....	X
18-23.....	Date of Birth (MMDDYY).....	X
24.....	Sex.....	X
25-27.....	Tribes of Membership Code.	X
28-30.....	Optional Code (Area Options)	
31-37.....	Community of Residence	
31-33.....	Community Code.....	X
34-35.....	County Code.....	X
36-37.....	State Code.....	X
38-39.....	Classification Code	
40-41.....	Area Code.....	X
42-43.....	Service Unit Code.....	X
44-45.....	Facility Code.....	X
46.....	Admission Code.....	X
47-48.....	Clinical Service Admitted to Code	
49-54.....	Admission Date (MMDDYY).....	X
55-60.....	Disposition Date (MMDDYY).....	X
61-63.....	Number Hospital Days	
64-67.....	Third Party Payers	
64.....	Medicaid.....	
65.....	Medicare.....	
66.....	VA.....	
67.....	Other.....	
68.....	Unused.....	
69-73.....	ICD Code 1 (Principal Diagnosis).	X
74.....	Hospital Acquired "1".....	X ²
75-79.....	ICD Code 2.....	X ²
80.....	Hospital Acquired "1".....	X ²
81-85.....	ICD Code 3.....	X ²
86.....	Hospital Acquired "1".....	X ²
87-91.....	ICD Code 4.....	X ²
92.....	Hospital Acquired "1".....	X ²
93-97.....	ICD Code 5.....	X ²
98.....	Hospital Acquired "1".....	X ²
99-103.....	ICD Code 6.....	X ²
104.....	Hospital Acquired "1".....	X ²
105-108.....	1st ICD Operation Code.....	X ²
109.....	Diagnosis Number (Appropriate Code)	
110.....	Infection "1" if checked.....	X ²
111-114.....	Operating Physician Code	
115-118.....	2nd ICD Operation Code.....	X ²
119.....	Diagnosis Number (Appropriate Code)	
120.....	Infection "1" if checked.....	X ²
121-124.....	3rd ICD Operation Code.....	X ²
125.....	Diagnosis Number (Appropriate Code)	
126.....	Infection "1" if checked.....	X ²
127.....	Disposition Code (1-7).....	X
128-133.....	Facility Transferred to Code	
134-135.....	Clinical Service Discharged from	
136-137.....	Number of Consultations	
138-141.....	Accident Code (No Leading "E") (E800-E999).	X ²
142-143.....	Accident Place Code.....	X ²
144-148.....	Cause of Death (ICD Code).	X ²
149-152.....	Attending Physician Code	
153.....	Nurse-Midwifery Code	
154-166.....	Unused	
161-170.....	Operating Physician EIN.....	X ²

**DIRECT INPATIENT CLINICAL RECORD
BRIEF¹—Continued**

Position	Field	Required
171-180.....	Attending Physician EIN.....	X

¹ Not all patient identification data elements will need to be reported on every record in a fully integrated information system.
² If appropriate.

D. Contract Health Services (CHS) Inpatient System (CHI)

1. Reporting Requirement

a. A Contract Health Service Purchase/Delivery Order for Hospital Services Rendered (HRSA-43) is required for all hospital inpatient care provided to Indian and Alaska Native patients in contract community facilities. This includes CHS administered by covered contractors.

b. Part 4, chapter 3, section 3 of the Indian Health Service Manual provides complete definition and procedures for reporting into the Contract Inpatient System.

c. Each Area will define procedures for collecting Contract Inpatient data and creating automated records in the format described in the next section. Options include:

- (1) Key-entry forms at the Area.
- (2) Key-entry forms by a contractor.
- (3) Key-entry at the local facility with an RPMS ANSI MUMPS data entry system.

d. Records will be consolidated at the Area level and forwarded at least quarterly to the Division of Data Processing Services (DDPS) by the 5th of the month.

2. Record Formats

a. There is only one record format for the Contract Health Service Purchase/Delivery Order for Hospital Services Rendered as shown in Figures D1 and D2. Each record is 185 characters in length.

b. A sample of the IHS Contract Health Service Purchase/Delivery Order for Hospital Services Rendered is included in appendix A. Since this is a government purchase order form, it is recommended that a similar form in terms of data elements be developed for use by tribal contractors.

3. Transmission Media

a. Contract Inpatient Authorizations are generally mailed to DDPS on nine track unlabeled, unblocked EBCDIC tape. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS Data Entry System

a. There is an RPMS ANSI MUMPS Contract Inpatient data entry program which allows for records to be keyed locally, transmitted to the Area and forwarded from the Area to DDPS by telecommunications.

5. Fiscal Intermediary

a. IHS has contracted with a Fiscal Intermediary to perform the management of that portion of the CHS program administered by the IHS.

CONTRACT HEALTH SERVICE PURCHASE/ DELIVERY ORDER FOR HOSPITAL SERVICES RENDERED *

[HRS-43]

Position	Field	Required
1-2	Record Code. Always "19"	X
3-9	Authorization Number	X
10-15	Patient Health Record Number.	X
16-24	Social Security Number	X
25-30	Date of Birth (MMDDYY)	X
31	Sex (1=Male, 2=Female)	X
32-34	Tribal Code	X
35-37	Optional Code (Area Options)	X
38-44	Community of Residence	X
	38-40 Community Code	X
	41-42 County Code	X
	43-44 State Code	X
45-50	Authorizing Facility (Area-Service Unit-Facility).	X
51-52	Provider Type	X
53-62	Provider Code (EIN)	X
63-68	Admission Date (MMDDYY)	X
69-74	Discharge Date (MMDDYY)	X
75-77	Total Hospital Days	X
78	Disposition	X
79-83	ICD Code 1 (Principal Diagnosis).	X
84-88	ICD Code 2	X ¹
89-93	ICD Code 3	X ¹
94-98	ICD Code 4	X ¹
99-103	ICD Code 5	X ¹
104	ICD Operation Code 1	X ¹
107	Unused	
108	Unused	
111	Unused	
112	ICD Operation Code 2	X ¹
115	Unused	
116	ICD Operation Code 3	X ¹
119	Unused	
120	ICD Newborn Diagnosis	
124	Unused	
125	Newborn Death Indicator	
126	Attending Physician Code	
129	Unused	
130	ICD External Cause or Injury	X ¹
133	Unused	
134	Place of Injury	X ¹
135	Unused	
136	Charges—to IHS only \$ and cents.	X
143	Unused	
144	Full/Part Pay (1=Full, 2=Part).	X
145	Unused	
175	Unused	
176	Attending Physician EIN	X
185	Unused	

* Not all patient identification data elements will need to be reported on every record in a fully integrated information system.
¹ If appropriate.

E. Contract Health Services (CHS) Outpatient System (CHO)

1. Reporting Requirement

a. A Purchase Order for Contract Health Service Other Than Hospital Inpatient or Dental (HSA-64) is required for all outpatient services to Indian and Alaska Native patients in contract community facilities. This includes CHS administered by covered contractors.

b. Part 4, chapter 3, section 3 of the Indian Health Service Manual provides complete definition and procedures for reporting into the Contract Outpatient System.

c. Each Area will define procedures for collecting Contracting Outpatient data and creating automated records in the format described in the next section. Options include:

- (1) Key-entry forms at the Area.
- (2) Key-entry forms by a contractor.
- (3) Key-entry at the local facility with an RPMS ANSI MUMPS data entry system.

d. Records will be consolidated at the Area level and forwarded to the Division of Data Processing Services (DDPS) at least quarterly by the 5th of the month.

2. Record Formats

a. There is only one record format for the Purchase Order for Contract Health Service Other Than Hospital Inpatient or Dental as shown in Figures E1 and E2. Each record is 110 characters in length.

b. A sample of the Purchase Order for Contract Health Service Other Than Hospital Inpatient or Dental form is included in Appendix A. Since this is a government purchase order form, it is recommended that a similar form in terms of data elements be developed for use by tribal contractors.

3. Transmission Media

a. Contract Outpatient Authorizations are generally mailed to DDPS on nine track unlabeled, unblocked EBCDIC tapes. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS Data Entry System

a. There is an RPMS ANSI MUMPS Contract Outpatient data entry program which allows for records to be keyed locally, transmitted to the Area and forwarded from the Area to DDPS by telecommunications.

5. Fiscal Intermediary

a. IHS has contracted with a Fiscal Intermediary to perform the management of that portion of the CHS program administered by the IHS.

PURCHASE ORDER FOR CONTRACT HEALTH SERVICE OTHER THAN HOSPITAL INPATIENT OR DENTAL *

Position	Field	Required
1-2	Record Code. Always "20"	X
3-9	Authorization Number	X
10-15	Patient Health Record Number.	X
16-24	Social Security Number	X
25-30	Date of Birth (MMDDYY)	X
31	Sex (1=Male, 2=Female)	X
32-34	Tribal Code	X
35-37	Optional Code (Area Options)	X
38-44	Community of Residence	X
	38-40 Community Code	X
	41-42 County Code	X
	43-44 State Code	X
45-50	Authorizing Facility (Area-Service Unit-Facility).	X
51-52	Provider Type	X
53-62	Provider Code (EIN/SSN)	X
63-69	HSA-43 Authorization Number	X
70-75	Date of Service (MMDDYY)	X
76	Unused	
77-79	Outpatient Diagnostic Recode 1.	X ¹
80	1st or Revisit Code	
81-83	Outpatient Diagnostic Recode 2.	X ¹
84	1st or Revisit Code	
85-86	Number of Visits	X ¹
87-92	Charges	X
93-94	Immunization 1	X ¹
95-96	Immunization 2	X ¹
97-98	Immunization 3	X ¹
99-100	Immunization 4	X ¹
101	Immunization 5	X ¹
102	Unused	
103	Maternal Health	
105	103-104 Gravida	
	105 1st Trimester	
106	Full/Part Pay (1=Full, 2=Part).	X
107	Surgical Procedure (ICD-9-CM Code).	X ¹
110	CPT4/HCPCX Procedure	X ¹
115	Code 1.	
116	CPT4/HCPCX Procedure	X ¹
120	Code 2.	
121	CPT4/HCPCX Procedure	X ¹
125	Code 3.	
126	CPT4/HCPCX Procedure	X ¹
130	Code 4.	
131	CPT4/HCPCX Procedure	X ¹
135	Code 5.	
136	Unused	
150	Unused	
151	ICD-9-CM Code 1	X ¹
155	Unused	
156	ICD-9-CM Code 2	X ¹
160	Unused	

* Not all patient identification data elements will need to be reported on every record in a fully integrated information system.
¹ If appropriate.

F. Dental Services and Needs Reporting System

1. Reporting Requirement:

a. A description of dental services provided will be submitted for each patient visit to either a (1) direct care facility or a (2) contract provider. In addition, specified data will be submitted on a sample basis from oral exams to provide epidemiologic and

needs data for program monitoring or evaluation and for determining resource requirements. Tribal programs will be included in such a sample with no greater frequency than once every three years.

b. Dental treatment provided, as well as a recording of number of patient visits, persons treated, and patients receiving all planned treatment, will be identified using the standard nomenclature of the American Dental Association (see list of codes marked F-1) and include the number of units of each service provided, and for contract dentist, the fee for each service. These codes are revised periodically by the ADA. Updated lists of codes will be provided, as available, to both IHS and Tribal programs.

c. Non-clinical dental health services not reported in the HERMS, CHRIS, or other components of the IHS Generic Activities Reporting System (GARS) should be reported using the data elements and the data record format shown in Figure F-4. This system serves as a supplement for the IHS Dental Data Reporting System to specify a range of public health services which cannot be included in the patient record system. Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified by IHS Headquarters. There is an RPMS ANSI MUMPS GARS data entry program which allows for records to be submitted to Area for compilation and forwarding from Area to DDPS. The dental non-clinical activities database can be maintained locally or at regional sites at the discretion of program management. Local programs are responsible to provide the Area Dental Office with up-to-date dental activity records after the close of each month. The timing and method of data submission may vary per negotiated arrangements in each Area; however, each Area Office is responsible to transmit all available activity records which have not been previously submitted to the DDPS in Albuquerque as a merged data extract on tape or via telecommunication within 10 working days after the close of each quarter of the Fiscal Year.

d. The procedures for collecting the required data for centralized processing by the IHS Division of Data Processing Services (DDPS) will be defined by each area program. The options available for key-entering the data into a computer are:

1. Weekly submission to a key-entry contractor (IHS or Tribal source) who transmits the data to the IHS.

2. In-house local key entry into RPMS database with submission of extracted data to area office by the end of each month.

3. Local key-entry into non-RPMS database with the submission of formatted records to the DDPS by the end of the month.

e. Oral exam records data will be collected periodically among an adequate number of dental patients of all ages for processing by the IHS to monitor the oral health status and treatment needs of the population being served. The protocol for selecting/sampling of patients and completing examination records is described in Section III of the Oral Health Program Guide (OHPG) published by the IHS. Where variation is noted, the latest version of the OHPG takes precedence over the following instructions. The required data from exams will include:

1. Tooth status: sound, decayed, recurrent decay, missing, filled, filled and decayed, sealed, sealed and decayed, unrestorable and needs extraction (XC, XP, XO, XT (trauma), X (pros.), fractured, replaced, crowned (cast restoration).

2. Periodontal status: Using the Community Periodontal Index of Treatment Needs (C.P.I.T.N.) score by specific mouth sextants (UR, tooth #1-5), UA (#6-11), UL (#12-16), LL (#17-21), LA (#22-27), LR (#28-32).

3. Treatment Needs—reported using ADA or other codes in Section III of the OHPG: all teeth needing restoration by number of surfaces involved, extractions, other surgery, full or partial dentures needed per arch and possession of existing dentures, endodontic needs, fixed bridges needed including number of pontics, orthodontic status (limited, comprehensive, treatment in progress, or completed).

f. Options for collecting and submitting exam data include:

1. Submission of required data directly to the IHS in hard copy using standard forms (as shown in Appendix A).

2. Submission of data in automated record format from RPMS or non-RPMS database.

g. Data input forms used by the IHS are included in Appendix A. Except for the Oral Health Status Form, the use of these forms is not required, but is highly recommended for use as part of the patient's record and for data submission. They include: 1.) Patient Service Record (HRSA-42-1); 2.) Record, Clinic and Doctor Identification (HSA-42-2); 3.) Services Provided—Dental Progress Notes (HRSA-42-2); 4.) Purchase Order for and Report of Contract Dental Care (HSA-57) (Since

this is a government purchase order form, it is recommended that a similar form be developed for use by tribal contractors. The IHS is testing a simplified form which will combine the HSA-57 and HSA-64. The final version of the combined form will be made available to tribal contractors and may be used by tribes also to develop a similar form.); and 5.) Oral Health Status Form.

2. Format of Data Processing Records:

a. The required automated record format for processing dental services data is shown in Figures F-1 through F-3.

b. The automated record for non-clinical dental health services/activities is shown in Figure F-4.

c. The automated record for processing oral examination data is shown in Figure F-5.

d. Transmission to DDPS

1. Data will be transmitted to DDPS on a periodic basis as defined by area policy on an unlabeled EBCDIC tape, blocked 20 records per block.

2. The cut-off date at DDPS for inclusion in monthly reports is the 5th working day of each month.

3. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. Oral health status data will be transmitted and processed separately from dental services data.

3. The data elements for dental epidemiology and services are as follows:

Data element	Required
Health Status:	
Demographics*	X
Health Needs Assessment.....	X
Dental caries (decay) index.....	X
Prosthetic status.....	X
Periodontal status.....	X
Orthodontic status.....	X
Oral pathology status.....	X
Treatment Required.....	X
Services Provided:	
Patient demographic information*.....	X
Mode of delivery (direct/contract).....	X
Date of Visit.....	X
Provider/Location.....	X
Cost of Visit (contract only).....	X
Services Provided	
ADA procedure code.....	X
Units.....	X
Cost.....	X

* Not all patient identification data elements will need to be reported on every record in a fully integrated information system.

RECORD LAYOUT FOR PROCESSING DENTAL SERVICES DATA (USED FOR BOTH DIRECT AND CONTRACT SERVICES)

[Input Record Format for Processing Dental Services Data by the IHS Data Center at Albuquerque]

Field position and size	Field name, record identification and (data type)
1.....	Type of Patient (I-Indian; O-Non-Indian).
2.....	Type of program (D-Direct; K-Contract).
Provider/ Location of encounter	
3-4.....	Area Code (std. 2-digit numeric).
5-18.....	Dentist ID (Normally 9-digit numeric SSN, either with hyphens or without. If no hyphens, must be left justified).
17-18.....	Service Unit Code (std. 2-digit numeric).
19-20.....	Facility Code (std. 2-digit numeric).
Date of Visit	
21-22.....	Year (numeric).
23-24.....	Month (numeric).
25-26.....	Day (numeric).
Patient Identification	
27-29.....	Age in years. This field or date of birth field required. (3-digit numeric).
Birthdate/Sex	
30-31.....	Year (numeric).
32-33.....	Month (numeric).
34-35.....	Day (numeric).
36.....	Sex (M-Male; F-Female).
Social Security Number	
37-39.....	Blank.
40-48.....	Social Security Number.
Address	
49-53.....	Zip Code-Optional (numeric).
54-57.....	Zip Extension-Optional (numeric).
Third Party Coverage	
58.....	Medicaid (Y or blank) Optional.

RECORD LAYOUT FOR PROCESSING DENTAL SERVICES DATA (USED FOR BOTH DIRECT AND CONTRACT SERVICES)—Continued

[Input Record Format for Processing Dental Services Data by the IHS Data Center at Albuquerque]

Field position and size	Field name, record identification and (data type)
59.....	Commerce (Y or blank) Optional.
60.....	Private (Y or blank) Optional.
Total Charge for Visit	
61-65.....	Dollar amount up to 5-digits (numeric).
66-67.....	Amount in cents (numeric).
Service #1	
68-71.....	ADA Procedure Code (from standard set of codes).
72-73.....	Units (numeric, 1 to 99).
74-78.....	Fee (dollar amount only, cents not allowed).
Service #2	
79-82.....	ADA Procedure Code.
83-84.....	Units.
85-89.....	Fee.
Service #3	
90-93.....	ADA Procedure Code.
94-95.....	Units.
96-100.....	Fee.
Service #4	
101-104.....	ADA Procedure Code.
105-106.....	Units.
107-111.....	Fee.
Service #5	
112-115.....	ADA Procedure Code.
116-117.....	Units.
118-122.....	Fee.
Service #6	
123-126.....	ADA Procedure Code.
127-128.....	Units.
129-133.....	Fee.
Service #7	
134-137.....	ADA Procedure Code.
138-139.....	Units.
140-144.....	Fee.

RECORD LAYOUT FOR PROCESSING DENTAL SERVICES DATA (USED FOR BOTH DIRECT AND CONTRACT SERVICES)—Continued

[Input Record Format for Processing Dental Services Data by the IHS Data Center at Albuquerque]

Field position and size	Field name, record identification and (data type)
Service #8	
145-148.....	ADA Procedure Code.
149-150.....	Units.
151-155.....	Fee.
Service #9	
156-159.....	ADA Procedure Code.
160-181.....	Units.
162-166.....	Fee.
Service #10	
187-170.....	ADA Procedure Code.
171-172.....	Units.
173-177.....	Fee.
Service #11	
178-181.....	ADA Procedure Code.
182-183.....	Units.
184-188.....	Fee.
Service #12	
189-192.....	ADA Procedure Code.
193-194.....	Units.
195-199.....	Fee.
Service #13	
200-203.....	ADA Procedure Code.
204-205.....	Units.
206-210.....	Fee.
Service #14	
211-214.....	ADA Procedure Code.
215-216.....	Units.
217-221.....	Fee.
Service #15	
222-225.....	ADA Procedure Code.
226-227.....	Units.
228-232.....	Fee.

If more than 15 ADA procedure codes are associated with a visit date, then a separate (second) input record must be created for processing purposes.

GARS/DENTAL NON-CLINICAL ACTIVITY REPORTING SYSTEM DATA RECORD FORMAT

Position	Field name	Data type
1-6.....	REPORTING LOCATION.....	6-digit Code (from IHS standard table of values).
7-12.....	DATE OF ACTIVITY.....	mmddyy.
13-21.....	PROVIDER ID.....	9-digit SSN.
22-23.....	ACTIVITY TYPE.....	2-digit numeric code from list of accepted values.
24-25.....	TARGET GROUP.....	6-digit alpha/numeric code, from list of values, right justified.
26-30.....	RELATED OBJECTIVE.....	5-digit alpha code or blank, right justified.
31-33.....	ACTIVITY TIME.....	3-digit numeric to represent total minutes (blank accepted).
34-36.....	TRAVEL TIME.....	3-digit numeric to represent total minutes (blank accepted).
37-41.....	ACTIVITY SETTING.....	3-digit alpha code from list of values or blank.
42-121.....	NARRATIVE COMMENT.....	80 character free text entry or blank.

RECORD LAYOUT FOR THE ORAL HEALTH SURVEY DATA

Position	Data field label	Data type specification
1-6.....	LOCATION CODE.....	6 NUMERIC (Accepts values from a table).
7-12.....	EXAM DATE.....	8 NUMERIC DATE IN FORMAT—mmddyy.
13-18.....	PATIENT NUMBER.....	6 NUMERIC RT. JUSTIFY (fill with lead 0's).
19-24.....	DATE OF BIRTH.....	8 NUMERIC DATE IN FORMAT—mmddyy.
25.....	SEX.....	ALPHA CODE—(m or f).
26.....	EXAM TYPE.....	ALPHA CODE—(d g f).
27.....	USER TYPE.....	ALPHA CODE—(x r s u).
28.....	FLUORIDE HISTORY.....	ALPHA CODE—(x n f y n).
29-33.....	HEALTH FACTORS.....	Key x for each factor marked except Tobacco. None, Diabetes, Handicap, Pregnancy, Tobacco (1, 2, or 3), or No info.

RECORD LAYOUT FOR THE ORAL HEALTH SURVEY DATA—Continued

Position	Data field label	Data type specification
34-35..... #36-444 and 496-775.....	EDENTULISM..... TOOTH STATUS DATA.....	Key x for each arch (upper, lower) as marked. 1 or 2-DIGIT A/N CODES IN 1-7 DATA FIELDS FOR EACH OF 28 TEETH and 0-2 A/N CODES FOR 4 ADDITIONAL TEETH (#1, 17, 18, 32) AS FOLLOWS:
36-37.....	TOOTH #1 TREATMENT DATA.....	1st A/N 2-DIGIT CODE.
38-39.....	2nd A/N 2-DIGIT CODE.
40-41.....	TOOTH #2 mesial (M).....	A/N 2-DIGIT CODE (25 possible entries).
42-43.....	occlusal (O).....	A/N 2-DIGIT CODE.
44-45.....	distal (D).....	A/N 2-DIGIT CODE.
46-47.....	buccal (B).....	A/N 2-DIGIT CODE.
48-49.....	lingual (L).....	A/N 2-DIGIT CODE.
50-51.....	TREATMENT DATA.....	1st A/N 2-DIGIT CODE (10 possible entries)
52-53.....	2nd A/N 2-DIGIT CODE
54-67.....	TOOTH #3 (In same sequence as tooth #2 format).	
68-82.....	TOOTH #4 (In same sequence as tooth #2 format).	
83-96.....	TOOTH #5 (In same sequence as tooth #2 format).	
97-110.....	TOOTH #6 (In same sequence as tooth #2 format).	
111-124.....	TOOTH #7 (In same sequence as tooth #2 format).	
125-138.....	TOOTH #8 (In same sequence as tooth #2 format).	
139-152.....	TOOTH #9 (In same sequence as tooth #2 format).	
153-166.....	TOOTH #10 (In same sequence as tooth #2 format).	
167-180.....	TOOTH #11 (In same sequence as tooth #2 format).	
181-194.....	TOOTH #12 (In same sequence as tooth #2 format).	
195-208.....	TOOTH #13 (In same sequence as tooth #2 format).	
209-222.....	TOOTH #14 (In same sequence as tooth #2 format).	
223-236.....	TOOTH #15 (In same sequence as tooth #2 format).	
237-240.....	TOOTH #16 (In same sequence as tooth #1 format).	
241-444.....	Same format as listed above applies to each tooth in the lower arch numbered: #17 through 32.	
445.....	ORAL TRAUMA Tooth #7.....	NUMERIC (0-5) OR x PER TOOTH #.
446.....	ORAL TRAUMA Tooth #8.....	NUMERIC (0-5) OR x PER TOOTH #.
447.....	ORAL TRAUMA Tooth #9.....	NUMERIC (0-5) OR x PER TOOTH #.
448.....	ORAL TRAUMA Tooth #10.....	NUMERIC (0-5 OR x) PER TOOTH #.
449.....	ORAL TRAUMA Tooth #23.....	NUMERIC (0-5 OR x) PER TOOTH #.
450.....	ORAL TRAUMA Tooth #24.....	NUMERIC (0-5 OR x) PER TOOTH #.
451.....	ORAL TRAUMA Tooth #25.....	NUMERIC (0-5 OR x) PER TOOTH #.
452.....	ORAL TRAUMA Tooth #26.....	NUMERIC (0-5 OR x) PER TOOTH #.
453.....	FLUOROSIS Group I.....	NUMERIC (0-4) OR x OR BLANK.
454.....	FLUOROSIS Group II.....	NUMERIC (0-4) OR x OR BLANK.
455.....	CPITN SCORE UR.....	NUMERIC (0-6) OR x OR BLANK.
456.....	CPITN SCORE UA.....	NUMERIC (0-6) OR x OR BLANK.
457.....	CPITN SCORE UL.....	NUMERIC (0-6) OR x OR BLANK.
458.....	CPITN SCORE LR.....	NUMERIC (0-6) OR x OR BLANK.
459.....	CPITN SCORE LA.....	NUMERIC (0-6) OR x OR BLANK.
460.....	CPITN SCORE LL.....	NUMERIC (0-6) OR x OR BLANK.
461.....	LOA SCORE UR.....	NUMERIC (0, 3-6) OR x OR BLANK.
462.....	LOA SCORE UA.....	NUMERIC (0, 3-6) OR x OR BLANK.
463.....	LOA SCORE UL.....	NUMERIC (0, 3-6) OR x OR BLANK.
464.....	LOA SCORE LR.....	NUMERIC (0, 3-6) OR x OR BLANK.
465.....	LOA SCORE LA.....	NUMERIC (0, 3-6) OR x OR BLANK.
466.....	LOA SCORE LL.....	NUMERIC (0, 3-6) OR x OR BLANK.
467.....	PATHOLOGY CODE NONE.....	BLANK OR LETTER CODE AS MARKED.
468.....	PATHOLOGY SUP.....	BLANK OR LETTER CODE AS MARKED.
469.....	PATHOLOGY BL.....	BLANK OR LETTER CODE AS MARKED.
470.....	PATHOLOGY CP.....	BLANK OR LETTER CODE AS MARKED.
471.....	PATHOLOGY HV.....	BLANK OR LETTER CODE AS MARKED.
472.....	PATHOLOGY TBA.....	BLANK OR LETTER CODE AS MARKED.
473.....	PATHOLOGY ST.....	BLANK OR NUMERIC (1-3) AS CIRCLED.
474.....	PROS. POSSESSION Upper.....	BLANK OR ALPHA CODE (N, F or P) IF MARKED.
475.....	PROS. POSSESSION Lower.....	BLANK OR ALPHA CODE (N, F or P) IF MARKED.
476.....	PROS. NEED Upper.....	BLANK OR A/N CODE IF MARKED (P/F-1, 2, or 3).
477.....	PROS. NEED Lower.....	BLANK OR A/N CODE IF MARKED (P/F-1, 2, or 3).
478.....	ORTHO. STATUS None.....	BLANK OR X IF MARKED.
479.....	ORTHO. STATUS Minor.....	BLANK OR X IF MARKED.
480.....	ORTHO. STATUS Comp.....	BLANK OR D or S AS MARKED.

RECORD LAYOUT FOR THE ORAL HEALTH SURVEY DATA—Continued

Position	Data field label	Data type specification
481.....	ORTHO. STATUS In tx.....	BLANK OR X IF MARKED.
482.....	ORTHO. STATUS Completed.....	BLANK OR X IF MARKED.
483-485.....	SPECIAL USE VARIABLE #1.....	3 NUMERIC (0-9) OR BLANK.
486-487.....	SPECIAL USE VARIABLE #2.....	2 NUMERIC (0-9) OR BLANK.
488-489.....	SPECIAL USE VARIABLE #3.....	2 NUMERIC (0-9) OR BLANK.
490.....	DENTURE QUESTION #1.....	BLANK OR LETTER CODE (Y N or U).
491.....	DENTURE QUESTION #2.....	BLANK OR X AS MARKED IN A CODE BLANK (IHS, TRIBAL, OTHER, or PRIVATE).
492.....	DENTURE QUESTION #3.....	BLANK OR a, b, or c AS MARKED.
493.....	ACCESS QUESTION #1.....	BLANK OR LETTER CODE (y, n or u) AS MARKED.
494.....	ACCESS QUESTION #2.....	BLANK OR NUMERIC (0-60) AS MARKED.
495.....	ACCESS QUESTION #3.....	BLANK OR LETTER CODE (y, n or u) AS MARKED.
496-497.....	TOOTH #4d mesial (M).....	A/N 2-DIGIT CODE.
498-499.....	occlusal (O).....	A/N 2-DIGIT CODE.
500-501.....	distal (D).....	A/N 2-DIGIT CODE.
502-503.....	buccal (B).....	A/N 2-DIGIT CODE.
504-505.....	lingual (L).....	A/N 2-DIGIT CODE.
506-507.....	TREATMENT DATA.....	1st A/N 2-DIGIT CODE.
508-509.....		2nd A/N 2-DIGIT CODE.
510-775.....	TOOTH #5d-20d (in same sequence as tooth #4d format).	

G. Pharmacy System

1. Reporting Requirements

a. *Pharmacy quarterly and cumulative workload report.* This form (HSA-91) is required to be completed by the Chief Pharmacist at each IHS and tribal facility. Raw workload data relating to both inpatient and outpatient pharmacy activities are collected and compiled using this form. Raw data are converted to workload units on this form. These data are entered on the HSA 91 report at the end of each quarter. The report is completed by the 15th day following the end of the quarter at which time it is forwarded to the Area Pharmacy Officer (APO). The APO compiles the Area data and prepares a summary report for submission to the Pharmacy Program at Headquarters within 30 days after the end of the quarter.

The data are used for identifying trends, measuring workload and correlating staffing and space requirements.

b. *Monthly report for narcotics and other controlled substances.* This form (HSA-174) is a record of all Schedule II Controlled Substance usage. It contains a record of the actual physical count of all Schedule II items at the beginning of the month and the end of the month. Records at the facility must correlate with the amount dispensed.

The report is required to be completed monthly and sent to the facility director with a copy to the APO. It is to be completed by the 10th day following the end of the month.

2. Record Formats

a. A copy of the HSA-91 Pharmacy Quarterly and Cumulative Workload Report is included in appendix A.

b. A copy of the HSA-74, Monthly Report for Narcotics and Other Controlled Substances is included in appendix A.

3. Transmission Media

Reports are to be submitted in hardcopy format to the APO.

H. Environmental Health Activity Reporting and Facility Data System

1. Reporting Requirements

a. The Environmental Health Activity Reporting and Facility Data System (EHAR & FDS) Instruction Manual provides complete instructions for reporting into the EHAR & FDS.

b. The EHAR & FDS is a microcomputer based system which combines two previously separate data collection systems. The system is decentralized to the Area level providing maximum flexibility for Area environmental health programs. The EHAR section of the new system is used to collect environmental health activity data. The FDS section is a tracking system for surveys conducted at specific facilities. For the EHAR section, Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified by IHS Headquarters. The FDS section will not utilize sampling; all surveys conducted at specific facilities will be reported into the system.

c. Each Area, utilizing standard forms and software, will define procedures for collecting the EHAR & FDS data. Key entry of forms will occur at the Area level.

2. Record Formats

a. One form is used to update the EHAR & FDS Area Master File.

b. A sample of the EHAR & FDS form is included in appendix A. Each form consists of 7 records. To eliminate redundant hand coding, data fields for each of these 7 records contained in record positions 1-14 are entered only once per form. If one of these values changes, a new form must be started.

c. Fields in the EHAR & FDS system.

Field	Record position	Required
Area Code.....	1-2	X
Service Unit.....	3-4	X
Community Code.....	5-7	X
Worker Number.....	8-10	X
Month.....	11-12	X
Year.....	13-14	X
Service Code.....	15-16	X
Category Code.....	17-18	X
Id Code.....	19-21	X
Activity Code.....	22-24	X
Number Activities.....	25-32	X
Activity Time.....	33-40	X
Linkage Code.....	41-49	X
Facility Name.....	50-79	X

3. Data Transmission

The EHAR & FDS data will be forwarded electronically to the Division of Environmental Health computer bulletin board in Rockville, Maryland, on a quarterly basis.

I. Mental Health and Social Services Reporting System (MH & SS)

1. Reporting Requirements

a. Direct patient care is reported on the appropriate direct care reporting system. The Mental Health and Social

Services record is used to report program related activities as a supplement to patient care reporting.

2. Record Formats

a. Mental Health or Social Services direct patient care recording will follow the appropriate procedures noted in prior sections for Ambulatory Patient Care, Direct Inpatient, Contract Health Services Outpatient and Contract Health Services Inpatient.

b. The MH & SS record is used as an activities reporting document to record staff effort. Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified

by IHS Headquarters. The data are to be reported quarterly.

c. The format of the MH & SS record is shown in Figure I-1.

d. A sample of the MH & SS Activity Reporting Form, an activity code list, and a problem code list are included in Appendix A. A copy of the instructions for using the MH & SS Activities Reporting Form are available on request from Headquarters, IHS.

3. Transmission Media

a. *Patient care.* Mental Health or Social Services direct patient care recording will follow the appropriate procedures noted in prior sections for Ambulatory Patient Care, Direct Inpatient, Contract Health Services

Outpatient and Contract Health Services Inpatient.

b. *Activities reporting.* Activities reports for each Area are submitted to the Division of Data Processing Services by mail on nine track unlabeled, unblocked EBCDIC tape or by other methods arranged between Area and DDPS. Any arrangements between Area and Contractors on how the data will be submitted at that level will have to conform to the methods the Area uses to submit data to DDPS.

c. *RPMS Generic Activities Reporting System (RPMS-GARS).* There is an RPMS ANSI MUMPS GARS data entry program which allows for records to be submitted to Area for compilation and forwarding from Area to DDPS.

MENTAL HEALTH AND SOCIAL SERVICES ACTIVITIES REPORTING

[Input Record Data Fields]

Position	Item	Content/comment	Required
2-3	Area	Standard IHS Codes	X
4-5	Service Unit	Standard IHS Codes	X
6-7	Facility	Standard IHS Codes	X
8-9	Discipline	Program affiliation, MH/SS	X
10-15	Date	Date of Service-Mo/Da/Yr	X
16-18	Provider	Provider identifier	X
19-21	Location	IHS 3-digit code (from SI/Co/Comm code list) identifying community where activity took place	X
22-23	Activity	Two digit numeric code. See attached <i>Activity Codes</i>	X
24-25	Recipient	Two digit numeric code using Six category field to designate categories of recipients.	
26-27	Primary Purpose	Two digit numeric code. See attached <i>Problem Codes</i>	X
28-29	Secondary Purpose	Two digit numeric code. See attached <i>Problem Codes</i>	
30-31	Setting Codes	Two digits distinguishing up to ten service settings.	
32-34	Number Served	Up to three digits to specify Number of persons served directly by reported activity	X
35-36	Age	Two digits to show age in years	
37	Sex	M or F	
38-40	Activity Time	Up to three digits showing Time in minutes	X
41-43	Travel Time	Up to three digits to show Time in minutes	
44-45	Refer. From	2-Digit Code distinguishing up to 10 referral sources	
46-47	Refer. To	Same as "Refer From" Codes	
48	Flag 1	Yes/No Field	
49	Flag 2	Yes/No Field	
50	Flag 3	One digit field distinguishing up to five categories of data	
51	Flag 4	One digit field distinguishing up to five categories of data	
52-100	Notes	Narrative (up to 48 alpha characters)	

J. Alcoholism Treatment Guidance System (ATGS)/Chemical Dependency Management Information System (CDMIS)

1. General Reporting Requirements for ATGS and CDMIS

a. All IHS-funded alcohol/substance abuse programs, including Urban Programs, will report their activities on either ATGS or CDMIS. Programs will use ATGS until CDMIS is operational and implemented in their specific program. ATGS will be discontinued upon implementation of ATGS in a program.

b. CDMIS will be beta-tested in fiscal year (FY) 1991, with implementation beginning in FY 1992 and will be completed as quickly as funding, logistics, and staffing allow.

2. Reporting Requirement for ATGS

a. An Alcoholism Treatment Guidance System (ATGS) record is required for each person treated in an IHS alcoholism and substance abuse treatment program (including covered contractors) until a program is converted to CDMIS. Patients are usually present at the time of a service, but services such as multi-disciplinary staffing and family counseling without the client present are also documented. In addition to completing the computer form, the provider must also note services in the progress notes maintained in the treatment chart. Certified chemical dependency counselors, counselors-in-training, and other providers qualified by the program director may enter information in the

client record. In addition to treatment services, prevention services and other staff activities are reported through ATGS.

b. The ATGS Counselor's Resource Manual, October 1983, provides complete definitions and procedures for reporting in the ATGS system and client chart.

3. Record Formats for ATGS

a. The formats of the ATGS records are shown in Figures J-1 through J-9.

b. Samples of ATGS forms are included in appendix A.

4. Transmission Media for ATGS

a. Computer forms are sent by the alcoholism and substance abuse programs to the appropriate IHS Area Office by the 6th day of the month.

Forms are then batched and mailed to the keytaping contractor, UNICOR, on or before the 10th of each month. UNICOR key tapes the data and forwards a tape to the IHS Division of Data Processing Services (DDPS) in Albuquerque, New Mexico. DDPS produces reports from the tapes and provides two copies to each IHS Area Office, who in turn distributes one copy to each program that provided data.

5. New System Under Development

a. Current plans call for a gradual phasing out of the ATGS in favor of the new Chemical Dependency Management Information System (CDMIS) beginning in FY 1992 with implementation to proceed as quickly as funds, logistics, and staffing allow. Final beta testing is to take place during the last quarter of FY 1991. Once on CDMIS, a program will discontinue ATGS. There will be two parallel systems operating during the CDMIS implementation period.

b. The Alcoholism PSG (also known as the CDMIS Committee and the ATGS Revision Committee) has examined every item of the ATGS and CDMIS, asking what is the minimum information required by both the Director, IHS, and the Congress. Drafts have been distributed to tribal programs through the Area Alcohol Program Coordinators, with comments carefully considered. Only those items that are being demanded on a regular basis by the Director, IHS, or the Congress, those items required in law, and specific items requested by a majority of the tribal programs have been included in CDMIS.

6. Reporting Requirement for CDMIS

a. The Chemical Dependency Management Information System is an IHS RPMS application that builds on the Patient Registration module. CDMIS consists of two forms. CDMIS-1 is patient-specific and is completed upon initial entry into the program, during treatment, and during a follow-up phase. Preventive activities are also recorded on this form for electronic incorporation into the Generic Activities Reporting System (GARS). CDMIS-2 is an annual staffing, funding, and program report. Either or both forms may be completed for later entry into the computer-based system, or the data may be entered directly into the database. Certified chemical dependency counselors, counselors-in-training, other approved providers, data entry personnel, and others certified as qualified by the program director are to complete the CDMIS forms and/or enter the data into the computer.

b. The CDMIS Program Manual (complete with sub-manuals) scheduled for completion in June 1991, provides the definitions and procedures for reporting on the CDMIS.

c. Staff prevention activities from CDMIS-1 will be reported through GARS. Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified by IHS Headquarters.

7. Record Formats for ATGS

a. The formats of the CDMIS records are shown in Figures J-10 through J-12.

b. Samples of CDMIS forms are included in Appendix A.

8. Transmission Media

a. Data will be transmitted electronically (or by computer disk in those cases where electronic transmission is unreliable as certified by the Area ISC) to either the servicing Service Unit or Area Office using an approved IHS extract program. This data will be forwarded by the Service Unit to the Area Office electronically. The Area Office will electronically forward the data to the IHS Division of Data Processing Services (DDPS) in Albuquerque, New Mexico. Data will be forwarded to the Area Office quarterly by the 7th day of the month following the end of the quarter. The Area Office will transmit the data to DDPS by the 10th of the month. DDPS produces reports from the data and provides the copy to the ASAPB and two copies to each IHS Area Office, who, in turn, distributes one copy to each program that provided data. DDPS also provides the capability for ASAPB to download data for special reports, graphing reports, etc. Programs may download their data from the Service Unit (or Area Office if serviced by the Area Office) to print local program reports as desired.

b. The Area ISC will, in consultation with the Area Alcohol Program Coordinator, appropriate service unit personnel, and alcohol program director, determine whether the program will be serviced by the Service Unit or by the Area Office.

ATGS KEYPAGING INSTRUCTIONS

Field Name	Record position	Location on documents or special instructions
FORM NAME: SHORT TERM NO: A		
RECORD TYPE	1-2	NUMERIC '00'.
PROGRAM ID	3-8	NUMERIC.
1. CASE NUMBER	9-17	9-11 ALPHANUMERIC, 12-17 NUMERIC.
2. SEX	18	"1" IF M, "2" IF F.
3. ETHNICITY	19-21	ENTER '1' IF INDIAN, '2' IF ALASKAN, '3' IF OTHER, RIGHT BLANK FILL UNUSED POSITIONS.
4. TRIBE CODE	22-24	BLANK OF NUMERIC.
5. EMPLOYED	25	"1" IF Y, "2" IF NO.
6. DEPENDENTS	26	"1" IF Y, "2" IF NO, OR BLANK.
NUMBER OF	27-28	BLANK OR LEFT-ZERO FILLED NUMERIC.
7. CHILD CARE	29	"1" IF Y, "2" IF NO, OR BLANK.
8. ALC/DRUG TREATMENT	30	"1" IF Y, "2" IF NO, OR BLANK.
9. COMPONENT CODES	31-32	BLANK OR NUMERIC.
.....	33-34	BLANK OR NUMERIC.
.....	35-36	BLANK OR NUMERIC.
10A. ADMIT/DISCHARGE	37-38	BLANK OR ENTER NUMBERS CIRCLED.
TOTAL DAYS	39-40	BLANK OR LEFT-ZERO FILLED NUMERIC.
2ND LINE OF 10A	41-44	—SEE INSTRUCTIONS FROM RECORD POS. 37-40.
3RD LINE OF 10A	45-48	—SEE INSTRUCTIONS FROM RECORD POS. 37-40.
10B. SERVICE CODE	49-50	BLANK OR NUMERIC.
TOTAL HOURS	51-52	BLANK OR LEFT-ZERO FILLED NUMERIC.
2ND LINE OF 10B	53-56	—SEE INSTRUCTIONS FROM RECORD POS. 49-52.
3RD LINE OF 10B	57-60	—SEE INSTRUCTIONS FROM RECORD POS. 49-52.

ATGS KEYPAGING INSTRUCTIONS—Continued

Field Name	Record position	Location on documents or special instructions
11. REFERRAL CODES.....	61-72	BLANK AND/OR NUMERIC, ENTER 2-DIGIT CODES LEFT TO RIGHT, RIGHT BLANK FILL ANY UNUSED POSITIONS.
12. PRIMARY PROBLEM.....	73-74	NUMERIC.
STATE FUNDS CODE.....	75-76	BLANK OR NUMERIC.
13. NEW/REOPEN PROGRAM.....	77	ENTER "1" or "2" FOR BOX CHECKED.
NEW/REOPEN ATGS.....	78	ENTER "1" or "2" FOR BOX CHECKED OR BLANK.
14. DISCHARGE.....	79	ENTER NUMBER OF BOX CHECKED (1-5) OR BLANK.
15 & 16.	—	DO NOT KEYPAGE.
17. STATE ID NUMBER.....	80-88	BLANK OR ALPHANUMERIC.
18. SERVICE MONTH.....	89-90	NUMERIC, LEFT ZERO FILLED.
SERVICE YEAR.....	91-92	NUMERIC, LEFT ZERO FILLED.

FORM NAME: INITIAL CONTACT NO: 1

RECORD TYPE.....	1-2	NUMERIC '01'.
PROGRAM ID.....	3-8	NUMERIC.
COMPONENT CODE.....	9-10	NUMERIC.
CASE NUMBER.....	11-19	11-13 ALPHANUMERIC, 14-19 NUMERIC.
STAFF CODE.....	20-21	BLANK OR NUMERIC.
COUNTY CODE.....	22-24	BLANK OR NUMERIC.
PRIMARY PROBLEM.....	25-26	NUMERIC.
SECONDARY PROBLEM.....	27-28	BLANK OR NUMERIC.
STATE FUNDS CODE.....	29-30	BLANK OR NUMERIC.
STATE CLIENT ID.....	31-39	BLANK OR ALPHANUMERIC.
OPTIONAL CODE C.....	40-41	BLANK OR NUMERIC.
OPTIONAL CODE D.....	42-43	BLANK OR NUMERIC.
1. SEX.....	44	"1" IF M, "2" IF F.
2. REFERRED TO PROGRAM.....	45-46	NUMERIC.
3. COURT REFERRAL.....	47-48	BLANK OR NUMERIC.
4. ETHNICITY.....	49-54	ENTER NUMBER CORRESPONDING TO BOX CHECKED, RIGHT-BLANK FILL UNUSED FIELDS, (i.e., IF BOXES 1 & 3 CHECKED ENTER '13').
5. TRIBE CODE.....	55-57	BLANK OR NUMERIC.
DEGREE OF BLOOD.....	58	BLANK OR NUMERIC.
6. IHS ELIGIBLE.....	59	"1" IF YES, "2" IF NO, "3" IF NONE AVAILABLE.
7. MARITAL.....	60	ENTER NUMBER OF FIRST BOX CHECKED.
8. EMPLOYED.....	61	"1" IF YES, "2" IF NO.
OCCUPATION.....	62-63	BLANK OR NUMERIC.
9. INCOME.....	64-68	BLANK OR NUMERIC OR ZEROS.
EDUCATION.....	69-70	ENTER NUMBER CIRCLED, LEFT-ZERO FILLED.
OTHER.....	71-72	BLANK OR NUMERIC.
10. SKILL DEVELOPMENT.....	73	"1" IF YES, "2" IF NO.
11. HEALTH INSURANCE.....	74	"1" IF YES, "2" IF NO.
MEDICARE.....	75	"1" IF YES, "2" IF NO.
MEDICAID.....	76	"1" IF YES, "2" IF NO.
12. VETERAN.....	77	"1" IF YES, "2" IF NO.
13. YEARS DRINKING/DRUG.....	78-79	LEFT ZERO-FILLED NUMERIC.
YEARS HEAVY USE.....	80-81	BLANK OR LEFT ZERO-FILLED NUMERIC.
PREVIOUS TREATMENT.....	82	"1" IF YES, "2" IF NO.
PRIOR TREATMENT-IHS.....	83	BLANK OR "1" IF YES, "2" IF NO, "3" IF UNKNOWN.
14. DEPENDENTS.....	84	"1" IF YES, "2" IF NO.
HOW MANY.....	85-86	BLANK OR NUMERIC.
15. BEEN HOSPITALIZED.....	87	"1" IF YES, "2" IF NO.
ALCOHOL RELATED.....	88	"1" IF YES, "2" IF NO, OR BLANK.
ARRESTED.....	89	"1" IF YES, "2" IF NO.
DWI.....	90	"1" IF YES, "2" IF NO, OR BLANK.
USED ALCOHOL.....	91	"1" IF YES, "2" IF NO.
NUMBER OF DAYS.....	92-93	BLANK OR LEFT-ZERO FILLED NUMERIC.
USED OTHER DRUGS.....	94	"1" IF YES, "2" IF NO.
NUMBER OF DAYS.....	95-96	BLANK OR LEFT-ZERO FILLED NUMERIC.
16. TYPE OF DRUGS CODE.....	97-98	BLANK OR NUMERIC.
ALCOHOL STAGE.....	99	BLANK OR NUMERIC.
PHYSICAL STAGE.....	100	BLANK OR NUMERIC.
EMOTIONAL STAGE.....	101	BLANK OR NUMERIC.
CULTURAL STAGE.....	102	BLANK OR NUMERIC.
SPIRITUAL STAGE.....	103	BLANK OR NUMERIC.
RECOMMENDED.....	104	BLANK OR ENTER NUMBER OF FIRST BOX CHECKED.
17. DIFFERENCE CODE.....	105-106	BLANK OR NUMERIC.
ACTUAL PLACEMENT.....	107	ENTER NUMBER OF FIRST BOX CHECKED (1-7).
18. PLACEMENT TYPE.....	108	BLANK OR ENTER LETTER OF BOX (A-F).
REFERRAL MADE.....	109	BLANK OR "1" IF YES, "2" IF NO.
REFERRAL CODE.....	110-111	BLANK OR NUMERIC.
REFERRAL CODE.....	112-113	BLANK OR NUMERIC.
19. SPIRITUAL PREFERENCE.....	114-115	BLANK OR NUMERIC.
SPIRITUAL PREFERENCE.....	116-117	BLANK OR NUMERIC.
PRACTICE.....	118	"1" IF REGULAR, "2" IF OCCASIONAL, "3" IF NEVER, OR BLANK.
ORIGINAL CONTACT DATE.....	119-124	BLANK OR NUMERIC (MMDDYY FORMAT), AS REQUIRED, LEFT-ZERO FILL ANY 2-DIGIT FIELD.

ATGS KEYPAGING INSTRUCTIONS—Continued

Field Name	Record position	Location on documents or special instructions
DATE FORM COMPLETED.....	125-130	NUMERIC (MMDDYY FORMAT). AS REQUIRED, LEFT-ZERO FILL ANY 2-DIGIT FIELD.

FORM NAME: DISCHARGE REPORT NO: 7

RECORD TYPE.....	1-2	NUMERIC '07'.
PROGRAM ID.....	3-8	NUMERIC.
COMPONENT CODE.....	9-10	NUMERIC.
CASE NUMBER.....	11-19	11-13 ALPHANUMERIC, 14-19 NUMERIC.
STAFF CODE.....	20-21	BLANK OR NUMERIC.
COUNTY CODE.....	22-24	BLANK OR NUMERIC.
PRIMARY PROBLEM.....	25-28	NUMERIC.
STATE FUNDS CODE.....	27-28	BLANK OR NUMERIC.
STATE CLIENT ID.....	29-37	BLANK OR ALPHANUMERIC.
OPTIONAL CODE C.....	38-39	BLANK OR NUMERIC.
OPTIONAL CODE D.....	40-41	BLANK OR NUMERIC.
1. DATE OF ADMISSION.....	42-47	NUMERIC (MMDDYY FORMAT) LEFT-ZERO FILLED EACH 2-DIGIT FIELD IF NECESSARY.
2. DATE OF DISCHARGE.....	48-53	see instructions for 42-47.
3. DISCHARGE FROM.....	54	ENTER LETTER OF BOX CHECKED (A-M).
4. SERVICES USED.....	55-60	ENTER FIRST 6 LETTERS LEFT TO RIGHT, RIGHT-BLANK FILL ANY REMAINING POSITIONS.
5. DISCHARGE REASON.....	61	ENTER LETTER OF FIRST BOX CHECKED.
6. CLIENT GOALS STATUS.....	62	ENTER NUMBER OF BOX CHECKED.
7. ADMISSION STAGES.....	63-67	BLANKS OR ENTER COLUMN OF NUMBERS UNDER ADMISSION.
DISCHARGE STAGES.....	68-72	BLANKS OR ENTER COLUMN OF NUMBERS UNDER DISCHARGE.
8. USING WHAT.....	73	ENTER "1" IF ALCOHOL CIRCLED, "2" FOR DRUG, "3" FOR SUBSTANCES, "4" IF MORE THAN ONE ITEM CIRCLED.
USING ALC/DRG/SUB.....	74	"1" IF YES, "2" IF NO, "3" IF UNKNOWN.
9. DISCHARGE PLAN NEGOT.....	75	"1" IF YES, "2" IF NO, OR BLANK.
10. DISCHARGE TO.....	76	ENTER LETTER CHECKED IN CR ° COLUMN.
	77	ENTER LETTER CHECKED IN CD ° COLUMN.
DATE FORM COMPLETED.....	78-83	BLANK OR NUMERIC (MMDDYY FORMAT) AS REQUIRED, LEFT-ZERO-FILL EACH 2-DIGIT FIELD.

FORM NAME: FOLLOW-UP STATUS NO: 8

RECORD TYPE.....	1-2	NUMERIC '08'.
PROGRAM ID.....	3-8	NUMERIC.
COMPONENT CODE.....	9-10	BLANK OR NUMERIC.
CASE NUMBER.....	11-19	11-13 ALPHANUMERIC, 14-19 NUMERIC.
STAFF CODE.....	20-21	BLANK OR NUMERIC.
COUNTY CODE.....	22-24	BLANK OR NUMERIC.
PRIMARY PROBLEM.....	25-28	NUMERIC.
STATE FUNDS.....	27-28	BLANK OR NUMERIC.
STATE CLIENT ID.....	29-37	BLANK OR ALPHANUMERIC.
OPTIONAL CODE C.....	38-39	BLANK OR NUMERIC.
OPTIONAL CODE D.....	40-41	BLANK OR NUMERIC.
1. TYPE STATUS REPORT.....	42	ENTER NUMBER OF BOX CHECKED.
2. MOVED/DIED.....	43	BLANK OR NUMERIC.
		IF QUESTION 2 IS CHECKED, SKIP REST OF RECORD AND ENTER DATE ON BOTTOM OF FORM (RECORD POSITION 75-80).
3. CLIENT STATUS.....	44	ENTER LETTER OF BOX CHECKED.
4. CLIENT STAGE.....	45-49	BLANK OR NUMERIC.
5. EMPLOYED.....	50	"1" IF YES, "2" IF NO.
OCCUPATION.....	51-52	BLANK OR NUMERIC.
INCOME.....	53-57	BLANK OR LEFT-ZERO FILLED NUMERIC.
6. SKILL DEV./TRNG.....	58	"1" IF YES, "2" IF NO.
7. MARITAL.....	59	ENTER NUMBER OF BOX CHECKED.
8. HOSPITALIZED.....	60	"1" IF YES, "2" IF NO.
ALCOHOL RELATED.....	61	"1" IF YES, "2" IF NO, OR BLANK.
ARRESTED.....	62	"1" IF YES, "2" IF NO.
DWI.....	63	"1" IF YES, "2" IF NO, OR BLANK.
USED ALCOHOL.....	64	"1" IF YES, "2" IF NO.
NUMBER DAYS.....	65-66	BLANK OR LEFT-ZERO FILLED NUMERIC.
USED OTHER DRUGS.....	67	"1" IF YES, "2" IF NO.
NUMBER DAYS.....	68-69	BLANK OR LEFT-ZERO FILLED NUMERIC.
9. TYPE CODE.....	70-71	BLANK OR NUMERIC.
DAYS LAST DRINK.....	72-74	BLANK OR LEFT-ZERO FILLED NUMERIC OR "NA".
DATE FORM COMPLETED.....	75-80	NUMERIC (MMDDYY FORMAT). LEFT-ZERO FILL EACH TWO-DIGIT FIELD IF NECESSARY.

FORM NAME: SERVICES REPORT NO: 9

RECORDTYPE.....	1-2	NUMERIC '09'.
MONTH.....	3-4	LEFT-ZERO FILLED NUMERIC.
YEAR.....	5-6	LEFT-ZERO FILLED NUMERIC.
PROGRAM ID.....	7-12	NUMERIC.
COMPONENT CODE.....	13-14	NUMERIC.

ATGS KEYTAPING INSTRUCTIONS—Continued

Field Name	Record position	Location on documents or special instructions
CASE NUMBER.....	15-23	15-17 ALPHANUMERIC, 18-23 NUMERIC.
STAFF CODE.....	24-25	BLANK OR NUMERIC.
COUNTY CODE.....	26-28	BLANK OR NUMERIC.
PRIMARY PROBLEM.....	29-30	NUMERIC.
STATE FUNDS CODE.....	31-32	BLANK OR NUMERIC.
STATE CLIENT ID.....	33-41	BLANK OR ALPHANUMERIC.
OPTIONAL CODE C.....	42-43	BLANK OR NUMERIC.
OPTIONAL CODE D.....	44-45	BLANK OR NUMERIC.
1. DAY OF MONTH.....	46-47	BLANK OR LEFT-ZERO FILLED NUMERIC.
COMPONENT MONTH.....	48-49	BLANK OR NUMERIC.
STAFF CODE.....	50-51	BLANK OR ALPHANUMERIC.
SERVICE CODE.....	52-53	BLANK OR NUMERIC.
TOTAL HOURS.....	54-56	54-55 LEFT-ZERO FILLED NUMERIC, NO DECIMAL POINT. 56 NUMERIC, ZERO-FILL TENTH'S POSITION IF ONLY WHOLE NUMBER ENTERED.
14 ADDITIONAL LINES OF DATA, SAME FORMAT AS POSITIONS 46-56.	57-210	ENTER EACH 11-DIGIT FIELD DISREGARDING ANY IMBEDDED BLANK LINE, RIGHT-BLANK FILL UNUSED FIELDS.
2. TREATMENT PLAN NEG.....	211	"1" IF YES, "2" IF NO, OR BLANK.
TREATMENT PLAN PROG.....	212	"1" IF YES, "2" IF NO, OR BLANK.
3. ARRIVE AT AGENCY.....	213	"1" IF YES, "2" IF NO, OR BLANK.
ACCEPTED FOR SERVICE.....	214	"1" IF YES, "2" IF NO, OR BLANK.
4. IHS-NEW/REOPEN/CONT.....	215	"1, 2 OR 3" FOR NEW, REOPEN OR CONTINUE RESPECTIVELY OR BLANK.
PROG-NEW/REOPEN/CONT.....	216	"1, 2 OR 3" FOR NEW, REOPEN OR CONTINUE RESPECTIVELY OR BLANK.
5. COMP-NEW/REOPEN/CONT.....	217	"1, 2 OR 3" FOR NEW, REOPEN OR CONTINUE RESPECTIVELY OR BLANK.
REFERRALS OUT.....	218-223	BLANK &/OR NUMERIC, ENTER 2-DIGIT CODES LEFT TO RIGHT, RIGHT BLANK FILL ANY UNUSED POSITIONS.
6. STATUS.....	224-226	ENTER NUMBERS CIRCLED OR BLANK.
COMPONENT CODE.....	227-228	BLANK OR NUMERIC.
TOTAL DAYS.....	229-230	BLANK OR LEFT-ZERO FILLED NUMERIC.
4 ADDITIONAL LINES OF DATA, SAME FORMAT AS POSITIONS 224-230.	231-258	ENTER EACH 9-DIGIT FIELD DISREGARDING ANY IMBEDDED BLANK LINE, RIGHT-BLANK FILL UNUSED FIELDS.
DATA FORM COMPLETED.....	259-264	BLANK OR NUMERIC (MMDDYY FORMAT) AS REQUIRED, LEFT-ZERO FILL ANY 2-DIGIT FIELD.

FORM NAME: SERVICES REPORT—CONTINUATION NO: 9A

RECORD TYPE.....	1-2	CHARACTERS '0A' (NUMERIC 0).
PAGE.....	3	NUMERIC.
MONTH.....	4-5	LEFT-ZERO FILLED NUMERIC.
YEAR.....	6-7	LEFT-ZERO FILLED NUMERIC.
PROGRAM ID.....	8-13	NUMERIC.
COMPONENT CODE.....	14-15	NUMERIC.
CASE NUMBER.....	16-24	16-18 ALPHANUMERIC, 19-24 NUMERIC.
STAFF CODE.....	25-26	BLANK OR NUMERIC.
COUNTY CODE.....	27-29	BLANK OR NUMERIC.
PRIMARY PROBLEM.....	30-31	NUMERIC.
STATE FUNDS CODE.....	32-33	BLANK OR NUMERIC.
STATE CLIENT CODE.....	34-42	BLANK OR ALPHANUMERIC.
OPTIONAL CODE C.....	43-44	BLANK OR NUMERIC.
OPTIONAL CODE D.....	45-46	BLANK OR NUMERIC.
1. DAY OF MONTH.....	47-48	LEFT-ZERO FILLED NUMERIC.
COMPONENT CODE.....	49-50	NUMERIC.
STAFF CODE.....	51-52	BLANK OR ALPHANUMERIC.
SERVICE CODE.....	53-54	NUMERIC.
TOTAL HOURS.....	55-57	55-56 LEFT-ZERO FILLED NUMERIC, NO DECIMAL POINT. 57 NUMERIC, ZERO-FILL TENTHS POSITION IF ONLY WHOLE NUMBER ENTERED.
36 ADDITIONAL LINES OF DATA, SAME FORMAT AS POSITIONS 47-57.	58-475	ENTER EACH 11-DIGIT FIELD DISREGARDING ANY IMBEDDED BLANK LINE, RIGHT-BLANK FILL UNUSED FIELDS.

FORM NAME: ACTIVITY REPORT NO: 10

RECORD TYPE.....	1-2	NUMERIC 10.
MONTH.....	3-4	LEFT-ZERO FILLED NUMERIC.
YEAR.....	5-6	LEFT-ZERO FILLED NUMERIC.
PROGRAM ID.....	7-12	NUMERIC.
COMPONENT CODE.....	13-14	NUMERIC.
STAFF CODE.....	15-16	NUMERIC.
STAFF TYPE.....	17	"1, 2, 3 OR 4" FOR REG., CHR, VOLUN., OR CETA, RESPECTIVELY.
DIRECT SERVICE STAFF.....	18	"1" IF YES, "2" IF NO. UNDER PREVENTION AND COMMUNITY EDUCATION; (ALL ROWS EXCEPT BOTTOM ONE).
TYPE SESSION.....	19-21	LEFT-ZERO FILLED NUMERIC.
TARGET GROUP.....	22-23	NUMERIC.
NUMBER OF PEOPLE.....	24-27	LEFT-ZERO FILLED NUMERIC.
21 ADDITIONAL LINES OF DATA, SAME FORMAT AS POSITIONS 19-27.	28-216	ENTER EACH 9-DIGIT FIELD DISREGARDING ANY BLANK LINES, RIGHT-BLANK FILL UNUSED FIELDS. TOTAL ROW: FOR ALL REMAINING FIELDS, BLANK OR LEFT-ZERO. FILLED NUMERIC NO DECIMAL POINTS.
CONFERENCE & WORKSHOPS.....	217-219	ALL TOTAL FIELDS ARE THREE DIGITS EXCEPT THOSE NOTED BELOW:
INSERVICE TRAINING.....	220-222	
STAFF MEETINGS.....	223-225	
LEAVE.....	226-228	

ATGS KEYPAGING INSTRUCTIONS—Continued

Field Name	Record position	Location on documents or special instructions
SUPERVISION OF STAFF	229-231	
REPORT TO TRIBAL CNCL	232-234	
ATGS	235-237	
PLANNING & DEVELOPMENT	238-240	
GENERAL ADMINISTRATION	241-243	
INFATIENT DIRECT HOURS	244-246	
OUTPATIENT DIRECT HOURS	247-249	
PREVENTION-INDIVIDUALS	250-252	
TRAVEL DIRECT-CLIENT	253-255	
TRAVEL INDIRECT	256-258	
OTHER	259-261	
INFORMATION INQUIRIES	262-264	
CONTACTS FOR INFO	265-268	4 DIGIT FIELD.
SESSION CODE	269-271	BLANK.
TARGET GROUP	272-273	BLANK—2 DIGIT FIELD.
PERSONS IN GROUP	274-277	4 DIGIT FIELD.
HOURS PREPARATION	278-280	
HOURS PRESENTATION	281-283	
TOTAL HOURS	284-286	

FORM NAME: ACTIVITY REPORT—CONTINUATION NO: 10A

RECORD TYPE	1-2 3-286	NUMERIC '11'. THIS RECORD IS IDENTICAL TO FORM NO. 10 EXCEPT THE RECORD TYPE CODE.
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RECORD FORMAT CONTROL LIST OF FIELDS

[CDMIS Client Demographics]

Field name	Starts	Length	Ends	Fill logic	XS	Length logic
Program	1	6	6	Blanks		Truncate.
Service Date	7	6	12	Blanks		Truncate.
Component	13	4	16	Blanks		Truncate.
Provider	17	5	21	Blanks		Truncate.
Contact	22	2	23	Blanks		Truncate.
Follow-up Months	24	2	25	Blanks		Truncate.
Client ID	26	9	34	Blanks		Truncate.
Client Age RNG	35	1	35	Blanks		Truncate.
Client DOB	36	7	42	Blanks		Truncate.
Client Tribe	43	3	45	Blanks		Truncate.
Client Sex	46	1	46	Blanks		Truncate.
Client Community	47	7	53	Blanks		Truncate.
Primary Problem	54	2	55	Zero/Blank		Truncate.
Secondary Problem	56	2	57	Zero/Blank		Truncate.
In Treatment	58	1	58	Blanks		Truncate.
Alcohol Days	59	3	61	Zero/Blank		Truncate.
Drug Days	62	3	64	Zero/Blank		Truncate.
Drug Combination	65	1	65	Blanks		Truncate.
Drug Type	66	8	73	Blanks		Truncate.
Hospital Days	74	3	76	Zero/Blank		Truncate.
Arrests	77	3	79	Zero/Blank		Truncate.
Alc/Sub Stage	80	1	80	Blanks		Truncate.
Physical Stage	81	1	81	Blanks		Truncate.
Emotional Stage	82	1	82	Blanks		Truncate.
Social Stage	83	1	83	Blanks		Truncate.
Cultural Stage	84	1	84	Blanks		Truncate.
Behavioral Stage	85	1	85	Blanks		Truncate.
Recommended Placement	86	4	89	Blanks		Truncate.
Actual Placement	90	4	93	Blanks		Truncate.
Difference Reason	94	2	95	Blanks		Truncate.
Inpatient Days	96	3	98	Zero/Blank		Truncate.
Goal Attainment	99	1	99	Blanks		Truncate.
TDC Reason	100	2	101	Blanks		Truncate.
Discharge Plan	102	1	102	Blanks		Truncate.

RECORD FORMAT CONTROL LIST OF FIELDS

[CDMIS Client Services]

Field name	Starts	Length	Ends	Fill Logic	XS	Length Logic
Program	1	6	6	Blanks		Truncate.
Service Date	7	6	12	Blanks		Truncate.
Component	13	4	16	Blanks		Truncate.
Provider	17	5	21	Blanks		Truncate.
Contact	22	2	23	Blanks		Truncate.
Client ID	24	9	32	Blanks		Truncate.

RECORD FORMAT CONTROL LIST OF FIELDS—Continued

[CDMIS Client Services]

Field name	Starts	Length	Ends	Fill Logic	XS	Length Logic
Client Age Range.....	33	1	33	Blanks.....		Truncate.
Client DOB.....	34	7	40	Blanks.....		Truncate.
Client Tribe.....	41	3	43	Blanks.....		Truncate.
Client Sex.....	44	1	44	Blanks.....		Truncate.
Client Community.....	45	7	51	Blanks.....		Truncate.
Record Order.....	52	2	53	Zeros.....		Truncate.
Service1.....	54	9	62	Blanks.....		Truncate.
Service2.....	63	9	71	Blanks.....		Truncate.
Service3.....	72	9	80	Blanks.....		Truncate.
Service4.....	81	9	89	Blanks.....		Truncate.
Service5.....	90	9	98	Blanks.....		Truncate.
Service6.....	99	9	107	Blanks.....		Truncate.
Service7.....	108	9	116	Blanks.....		Truncate.
Service8.....	117	9	125	Blanks.....		Truncate.
Service9.....	126	9	134	Blanks.....		Truncate.
Service10.....	135	9	143	Blanks.....		Truncate.
Service11.....	144	9	152	Blanks.....		Truncate.

RECORD FORMAT CONTROL LIST OF FIELDS

[CDMIS Program]

Field name	Starts	Length	Ends	Fill logic	XS	Length logic
CDMIS Program.....	1	6	6	Blanks.....		Truncate.
Fiscal Year.....	7	2	8	Zero/Blank.....		Truncate.
Director.....	9	35	43	Blanks.....		Truncate.
Fund CAT1.....	44	3	46	Blanks.....		Truncate.
Fund CAT2.....	47	3	49	Blanks.....		Truncate.
Fund CAT3.....	50	3	52	Blanks.....		Truncate.
Fund CAT4.....	53	3	55	Blanks.....		Truncate.
Staff Total.....	56	3	58	Zeros.....		Truncate.
IHS Staff.....	59	3	61	Zeros.....		Truncate.
Male Staff.....	62	3	64	Zeros.....		Truncate.
Female Staff.....	65	3	67	Zeros.....		Truncate.
Indian Staff.....	68	3	70	Zeros.....		Truncate.
NON Indian Staff.....	71	3	73	Zeros.....		Truncate.
Salary Average.....	74	5	78	Zeros.....		Truncate.
Salary PCT IHS Funded.....	79	3	81	Zeros.....		Truncate.
IHS Funds Direct.....	82	10	91	Zeros.....		Truncate.
IHS Funds Indirect.....	92	10	101	Zeros.....		Truncate.
IHS Indirect Rate.....	102	3	104	Zeros.....		Truncate.
Outpatients to See.....	105	5	109	Zeros.....		Truncate.
Smoke Free.....	110	1	110	Zeros.....		Truncate.
CAC.....	111	3	113	Zeros.....		Truncate.
NAC.....	114	3	116	Zeros.....		Truncate.
PSY.....	117	3	119	Zeros.....		Truncate.
SW.....	120	3	122	Zeros.....		Truncate.
FT.....	123	3	125	Zeros.....		Truncate.
RT.....	126	3	128	Zeros.....		Truncate.
AT.....	129	3	131	Zeros.....		Truncate.
PHY.....	132	3	134	Zeros.....		Truncate.
NUR.....	135	3	137	Zeros.....		Truncate.
ED.....	138	3	140	Zeros.....		Truncate.
ADM.....	141	3	143	Zeros.....		Truncate.
SPT.....	144	3	146	Zeros.....		Truncate.
OCC.....	147	3	149	Zeros.....		Truncate.
ONC.....	150	3	152	Zeros.....		Truncate.
CON.....	153	3	155	Zeros.....		Truncate.
VOL.....	156	3	158	Zeros.....		Truncate.
STU.....	159	3	161	Zeros.....		Truncate.
OTH-CC.....	162	3	164	Zeros.....		Truncate.
ADC.....	165	3	167	Zeros.....		Truncate.
FT-JD.....	168	3	170	Zeros.....		Truncate.
MH.....	171	3	173	Zeros.....		Truncate.
SW-JD.....	174	3	176	Zeros.....		Truncate.
ADE.....	177	3	179	Zeros.....		Truncate.
RT-JD.....	180	3	182	Zeros.....		Truncate.
AT-JD.....	183	3	185	Zeros.....		Truncate.
MED.....	186	3	188	Zeros.....		Truncate.
ED-JD.....	189	3	191	Zeros.....		Truncate.
AFT.....	192	3	194	Zeros.....		Truncate.
OC-JD.....	195	3	197	Zeros.....		Truncate.
ADM-JD.....	198	3	200	Zeros.....		Truncate.
VOL-JD.....	201	3	203	Zeros.....		Truncate.
STU-JD.....	204	3	206	Zeros.....		Truncate.

RECORD FORMAT CONTROL LIST OF FIELDS—Continued

[CDMIS Program]

Field name	Starts	Length	Ends	Fill logic	XS	Length logic
OTH-JD	207	3	209	Zeros		Truncate.
NO HS GRAD	210	3	212	Zeros		Truncate.
HS GRAD	213	3	215	Zeros		Truncate.
AART	216	3	218	Zeros		Truncate.
BA/BS	219	3	221	Zeros		Truncate.
MA/MS	222	3	224	Zeros		Truncate.
MD/PHD	225	3	227	Zeros		Truncate.
Other ED LVL	228	3	230	Zeros		Truncate.
DTX-Type	231	1	231	Blanks		Truncate.
DTX-Fund	232	1	232	Blanks		Truncate.
DTX-Beds	233	2	234	Zero/Blank		Truncate.
OTX-OCC	235	3	237	Zero/Blank		Truncate.
DTX-IHS	238	3	240	Zero/Blank		Truncate.
DTX-TOT	241	3	243	Zero/Blank		Truncate.
PRT-Type	244	1	244	Blanks		Truncate.
PRT-Fund	245	1	245	Blanks		Truncate.
PRT-Beds	246	2	247	Zero/Blank		Truncate.
PRT-OCC	248	3	250	Zero/Blank		Truncate.
PRT-IHS	251	3	253	Zero/Blank		Truncate.
PRT-TOT	254	3	256	Zero/Blank		Truncate.
HWH-Type	257	1	257	Blanks		Truncate.
HWH-Fund	258	1	258	Blanks		Truncate.
HWH-Beds	259	2	260	Zero/Blank		Truncate.
HWH-OCC	261	3	263	Zero/Blank		Truncate.
HWH-IHS	264	3	266	Zero/Blank		Truncate.
HWH-TOT	267	3	269	Zero/Blank		Truncate.
TLC-Type	270	1	270	Blanks		Truncate.
TLC-Fund	271	1	271	Blanks		Truncate.
TLC-Beds	271	2	273	Blanks		Truncate.
TLC-OCC	274	3	276	Zero/Blank		Truncate.
TLC-IHS	277	3	279	Zero/Blank		Truncate.
TLC-TOT	280	3	282	Zero/Blank		Truncate.
GRH-Type	283	1	283	Blanks		Truncate.
GRH-Fund	284	1	284	Blanks		Truncate.
GRH-Beds	285	2	286	Zero/Blank		Truncate.
GRH-OCC	287	3	289	Zero/Blank		Truncate.
GRH-IHS	290	3	292	Zero/Blank		Truncate.
GRH-TOT	293	3	295	Zero/Blank		Truncate.
FGH-Type	296	1	296	Blanks		Truncate.
FGH-Fund	297	1	297	Blanks		Truncate.
FGH-Beds	298	2	299	Zero/Blank		Truncate.
FGH-OCC	300	3	302	Zero/Blank		Truncate.
FGH-IHS	303	3	305	Zero/Blank		Truncate.
FGH-TOT	306	3	308	Zero/Blank		Truncate.
TFH-Type	309	1	309	Blanks		Truncate.
TFH-Fund	310	1	310	Blanks		Truncate.
TFH-Beds	311	2	312	Zero/Blank		Truncate.
TFH-OCC	313	3	315	Zero/Blank		Truncate.
TFH-IHS	316	3	318	Zero/Blank		Truncate.
TFH-TOT	319	3	321	Zero/Blank		Truncate.
DIC-Type	322	1	322	Blanks		Truncate.
DIC-Fund	323	1	323	Blanks		Truncate.
DIC-Beds	324	2	325	Zero/Blank		Truncate.
DIC-OCC	326	3	328	Zero/Blank		Truncate.
DIC-IHS	329	3	331	Zero/Blank		Truncate.
DIC-TOT	332	3	334	Zero/Blank		Truncate.
OPT-Type	335	1	335	Blanks		Truncate.
OPT-Fund	336	1	336	Blanks		Truncate.
OPT-OCC	337	3	339	Zero/Blank		Truncate.
OPT-IHS	340	3	342	Zero/Blank		Truncate.
OPT-TOT	343	3	345	Zero/Blank		Truncate.
AFT-Type	346	1	346	Blanks		Truncate.
AFT-Fund	347	1	347	Blanks		Truncate.
AFT-OCC	348	3	350	Zero/Blank		Truncate.
AFT-IHS	351	3	353	Zero/Blank		Truncate.
AFT-TOT	354	3	358	Zero/Blank		Truncate.
DIA-Type	357	1	357	Blanks		Truncate.
DIA-Fund	358	1	358	Blanks		Truncate.
DIA-OCC	359	3	361	Zero/Blank		Truncate.
DIA-IHS	362	3	364	Zero/Blank		Truncate.
DIA-TOT	365	3	367	Zero/Blank		Truncate.
DIB-Type	368	1	368	Blanks		Truncate.
DIB-Fund	369	1	369	Blanks		Truncate.
DIB-OCC	370	3	372	Zero/Blank		Truncate.
DIB-IHS	373	3	375	Zero/Blank		Truncate.
DIB-TOT	376	3	378	Zero/Blank		Truncate.
PRV-Type	379	1	379	Blanks		Truncate.
PRV-Fund	380	1	380	Blanks		Truncate.

RECORD FORMAT CONTROL LIST OF FIELDS—Continued

[CDMIS Program]

Field name	Starts	Length	Ends	Fill logic	XS	Length logic
PRV-OCC	381	3	383	Zero/Blank		Truncate.
PRV-IHS	384	3	386	Zero/Blank		Truncate.
PRV-TOT	387	3	389	Zero/Blank		Truncate.
Address	390	70	459	Blanks		Truncate.
City	460	30	489	Blanks		Truncate.
State	490	2	491	Blanks		Truncate.
ZIP	492	11	502	Blanks		Truncate.
Phone	503	12	514	Blanks		Truncate.

K. Community Health Representative Information System (CHRIS)

1. Reporting Requirement

a. A one line entry is required to be completed on a Community Health Representative (CHR) Activities Report form for each CHR service that was provided on the day to which the form applies. Continuation CHR Activities forms (containing all header information as well as CHR activity line entries) are to be completed if all CHR services provided on a reporting day cannot all be reported on a single CHR Activities form. CHR Activities forms are to be completed during one sample week (a 7-day week) per month in accordance with the CHR sample reporting week schedule to be specified by the IHS Headquarters Director of the CHR Program.

b. The CHR Activities Report User Manual provides complete definitions and procedures for reporting into the Community Health Representative Information System (CHRIS).

c. Each CHR Program, in cooperation with their respective IHS Area Office

CHR Coordinator, will determine procedures for collecting CHR Activities data and creating automated records in the format described in the next section. Options include:

- (1) Key-entry of forms at the CHR Program.
- (2) Key-entry of forms at the Area.
- (3) Key-entry of forms by a contractor.
- (4) Key-entry of forms at the service unit.

d. Records will be consolidated at the Area level and forwarded to the Division of Data Processing Services (DDPS) at Albuquerque no later than two weeks after the last day of each sample reporting week.

e. The contractor will be required to submit on a quarterly basis a report to the Area Office which analyzes the differences between projected and actual services, and explains major differences.

2. Record Formats

a. The CHR Activities record contains individuals patient encounter and/or group encounter information. Each record is proposed as 39 characters in

length. These specifications may be slightly modified after systems design work is completed.

b. The proposed format of the CHR Activities record is shown in Figures K-1 through K-3.

c. A draft CHR Activities Report form is included in Appendix A.

3. Transmission Media

a. CHR Activities records for each Area are generally mailed to DDPS on nine track unlabeled, unblocked EDCDIC tape. The Area Office and the contractor will need to determine how the data will be transmitted from the contractor to the Area.

4. RPMS CHR Data Entry System

a. There is available an RPMS ANSI MUMPS CHR data entry program which allows for records to be keyed locally, transmitted to the Area, and forwarded from the Area to DDPS by telecommunications.

CHR ACTIVITIES RECORD

[Note: All fields are required reporting fields]

Position	Field	Required
1-4	A. Header Information PROVIDER (Last 4 digits of each CHR's Social Security Number unless otherwise instructed by the CHR's supervisor. If more than one CHR in the same CHR program have the same last four Social Security Number digits, a different 4-digit number may be given by the CHR supervisor to use.)	All
5-11	PROGRAM 5-6 Area Code 7-8 Service Unit Code 9-11 Tribe/Community Code	
12-17	DATE 12-13 Month (01-12) 14-15 Day (01-31) 16-17 Year (last 2 digits of year)	
18-19	PAGE 18 Specific Report Page 19 Total Reporting Pages for that day ("Page of " is used to distinguish between forms when one CHR provides more services than can be reported on one reporting form.)	
	B. Service Data Note: One line is used for each service provided on the day to which the form applies. If more services are performed on one day than can be reported on one CHR Activities form, an additional form(s) should be used and number as described above. All spaces should be filled in with information. If an item does not apply to a particular service, enter a dash "-", not a zero. For additional reporting instructions consult the CHR Activities Report User Manual.	

CHR ACTIVITIES RECORD—Continued

[Note: All fields are required reporting fields]

Position	Field	Required
20-21	Service Code 1 Provide Health Education Services 2 Case Find; Screen 3 Case Management—Coordinate 4 Monitor Patient 5 Provide Emergency Patient Care 6 Provide Non-Emergency Patient Care 7 Provide Homemaker Services 8 Transport; Deliver 9 Interpret; Translate 10 Provide Environmental Services 11 Administrative Reporting and Record Keeping 12 Provide Patient Clerical Services 13 Attend Meetings 14 Obtain Training 15 Other Administrative Services 16 Other Services	
22-23	Health Area 1 Diabetes 2 Cancer 3 Hypertension 4 AIDS 5 Communicable Disease 6 Substance Abuse 7 Community Injury Control 8 Health Promotion/Disease Prevention 91 Other General Medical 92 Dental 93 Gerontological 94 Maternal/Child Health 95 Mental Health 96 Environmental — Not Applicable	
24	Setting 1 Home 2 Hospital/Clinic 3 CHR Office 4 Community	
25-26	Age Two digits for age. If the recipient is less than 1 year of age use a zero, "0." If no personal service is given or a group is served, enter a dash, "—."	
27	Sex 1 Male 2 Female Where service for both males and females is provided or no direct client service is involved, enter a dash, "—."	
28-30	Number Served When a group service is provided, the number of participants receiving direct service is to be recorded here. If there is only one main client, enter a "1." A breast feeding class is an example of services provided for more than one person. If an infant is the main client, the number served is "1" even though the mother is instructed in infant care. Record the number of people served here. Enter a dash "—" in the box for a service in which people are not provided for directly, e.g., CHR administrative service.	
30-31	Referral From	
32-33	Referral To Referral Codes — None 1 Medical 2 Nursing 3 Dental 4 Eye 5 Social Worker 6 Substance Abuse Professional 7 Other Professional 8 Technician 9 Agency/Program 10 Family/Self/Community	
34-36	Minutes Used—Service	
37-39	Minutes Used—Travel	

L. Community Health Activity Reporting System**1. Reporting Requirement**

a. A Community Health Activity record is required for all activities performed by each Public Health Nurse

(PHN). These are to include both direct and indirect patient care contacts and all administrative and training activities. A CHA record must be completed on each discrete activity according to the time required for the activity. Each daily activity sheet should include records to

account for the total time during the day that the PHN was on duty.

b. All reporting requirements and procedures are outlined in the CHA Reporting System Guide.

c. Each Area will define procedures for getting the data from each reporting

site. All data from each Area will be sent at least quarterly to the designated UNICORP data entry point.

d. Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified by IHS Headquarters. There is an RPMS ANSI MUMPS Generic Activities Reporting System (GARS) data entry program which allows for records to be submitted to Area for compilation and forwarded from Area to DDPS.

2. Record Formats

a. The CHA record contains data on each discrete activity performed by a Public Health Nurse. Each record is 82 characters in length.

b. The format of the CHA record is shown in Figure L-1.

c. A sample of the IHS CHA form is included in Appendix A.

3. Transmission Media

a. The CHA records are mailed to DDPS by UNICORP on nine track unlabeled, unblocked EBCDIC tape.

4. CHA Data Entry System

a. Currently all data is entered onto a data entry sheet. These are consolidated at the Area level and transmitted to UNICORP for data entry.

b. A MUMPS based Generic Activities Reporting System is being developed which will allow service units, contractors and/or Area Offices to do their own data entry and transmit the data via 9 track disks or data cartridges to the data center.

COMMUNITY HEALTH ACTIVITY RECORD
FORMAT

Position	Field	Required
1-2	Record Code (Always "14")	
3-8	Area/Service Unit/Facility Code	X
9-10	Position Code	X
11-16	Date (MMDDYY)	X
17-19	Community	X
20-21	Activity	X
22-24	Primary Purpose Code	X
25	First Visit	
26	Nursing Diagnosis	
27-29	Secondary Purpose Code	
30	First Visit	
31	Nursing Diagnosis	
32	Time for Activity (Hour(s))	X
33-34	Time for Activity (Minutes)	X

COMMUNITY HEALTH ACTIVITY RECORD
FORMAT—Continued

Position	Field	Required
35-37	Number Counseled in Clinic/ Number Contacted in Group Session	
38-43	Health Record Number (Re- quired for patient contacts)	
44-45	Date of Birth (Month)	X
46-47	Date of Birth (Day)	X
48-49	Date of Birth (Year)	X
50	Sex	X
51	Family Status	X
52	Travel Time (Hour(s))	
53-54	Travel Time (Minutes)	
55-56	Total Time (Hours)	
57-58	Total Time (Minutes)	
59-60	Leave Taken (Annual—Hours)	
61-62	Leave Taken (Annual—Min- utes)	
63-64	Leave Taken (Sick—Hours)	
65-66	Leave Taken (Sick—Minutes)	
67-68	Leave Taken (Compensato- ry—Hours)	
69-70	Leave Taken (Compensato- ry—Minutes)	
71-72	Leave Taken (Station—Hours)	
73-74	Leave Taken (Station—Min- utes)	
75-76	Leave Taken (Other—Hours)	
77-78	Leave Taken (Other—Min- utes)	
79-80	Overtime Worked—Hours	
81-82	Overtime Worked—Minutes	
83-91	Social Security Number (Re- quired for patient contacts)	X

c. Part 3, Chapter 12 of the Indian Health Service Manual (Health Education) is currently being revised and will require the HERMS.

d. The HERMS forms are to be completed during one sample week (a 7 day week) per month in accordance with the HERMS reporting week schedule to be specified by the IHS Headquarters Director of the Health Education Program.

2. Record Format

a. The format of the HERMS form is shown in Figures M-1 through M-5.

b. A sample of the IHS HERMS form is included in Appendix A.

3. Reports

The following reports will be generated from the Health Education Resources Management System (HERMS) to be provided to Headquarters, Areas, and service unit/tribal health education personnel as required.

Reports To Be Provided:

Report I: Quarterly Summary

Report II: Annual Summary

Report III: Quarterly Cost of Activities by Provider

4. RPMS MUMPS Data Entry System

There is an RPMS ANSI MUMPS Generic Activities Reporting System (GARS) data entry program which allows for records to be submitted to Area for compilation and forwarding from Area to the Division of Data Processing Services.

5. Additional Benefits

This new data system will enable the IHS and tribal programs to have the ability to collect and generate statistical data to address the efficiency and effectiveness of health education services, RAM issues relevant to staff productivity and cost benefit, reporting for Area and Headquarters requirements, justification and tracking system for staffing, etc.

Improved control, communication, coordination, and up-to-date reporting for categorical activities for the Chief, Health Education Branch, and Chief, Health Education Section, Indian Health Service, is also anticipated.

6. HERMS Manual

A complete instruction manual for the HERMS is available from the Area Health Education Office.

M. Health Education Resources Management System (HERMS)

1. Reporting Requirements

a. The Indian Health Service Health Education Program developed a new data system—the Health Education Resources Management System (HERMS) over three years ago. This system has undergone several field tests, and all data during these tests have been generated manually by the field health education staff.

The HERMS includes a daily record encounter and this record system is required for service unit health education staff. This includes covered contractors.

b. HERMS forms are due in the Area Health Education Office. Specific collection procedures will be determined by the Area Health Education Branch Chief. The Area Office will collect and key-enter all data. The Area Health Education Office will be required to submit a quarterly report to the field staff and IHS Headquarters Director of the Health Education Program.

HERMS RECORD REPORTING INSTRUCTIONS

Position	Field	Required
To Be Determined.....	la.....	X
	lb.....	X
	lc.....	X
	ld.....	X
	le.....	X
	lf.....	X
	lg.....	X
Box I.....	DATE: List each day's date.....	X
Box II.....	TASK MATRIX: The purpose of this column is to identify those direct services which are provided in the course of health education activities. The following tasks are to be utilized in the task matrix categories: 100 series, Identification of Health Problems and Needs; 200 series, Design Educational Objectives and Develop Methodology; 300 series, Implementation/Teaching; 400 series, Health Education Program Evaluation; 500 series, Support Services; and 600 series, Professional Training. Use one line per task.	X
Box III.....	HEALTH EDUCATION PROGRAM CODES: See back side of form—Box III.....	X
Box IV.....	NUMBER OF PEOPLE SERVED: List the number of individuals reached in the appropriate box	X
Box V.....	AGE CATEGORIES: Only list for "300" activities..... Box V is to be used to indicate the age categories of individuals reached during "direct 300 level" health education activities. Select one age category that best represents the majority of the group 1=0-2 Infant 23-5 Pre-school 36-13 Elementary 414-18 High School 519-25 College/Young Adult 626-55 Adult 756+ Sr. Citizen 8All Ages, Mixed	X
Box VI.....	TOTAL NUMBER OF PEOPLE REACHED.....	X
Box VII.....	TASK/ACTIVITY HOURS: Box 7 is to be used to code the number of service hours required for accomplishing the health education activity or task. Must be marked for each activity. Mark, to the nearest half hour, the time spent in carrying out the task. Example: an activity taking seven hours and 35 minutes, code as 07.5; five hours and 12 minutes code as 05.0	X
Box VIII.....	TRAVEL TIME: Travel will be handled as an activity and therefore this box will be eliminated..... Time is heavily influenced by such variables as distance, climate, number of Indian communities, etc Box 8 is to be used when travel is required to carry out a health education activity Includes the physical act of moving between ones usual work site (office) to other locations where client/patient services are to be rendered or performed. Include travel time for follow-up, evaluation, data collections. Mark to the nearest half hour. Example: travel time of 2 and 1/2 hours would be coded as 02.5	X
Box IX.....	LOCATION: Box 9 is to be used to identify the specific location of the program and educational activity. Utilize the following location codes to identify the specific location. Use a location code for each task. Location Codes (i.e., settings where services are being provided) 901 Home 902 School 903 Clinic 904 Hospital 905 Tribal/Comm Bldg* 906 Tribal Worksite 907 Recreational Facility 908 Street/Highway (Roadside) 909 Health Education Office 910 Other	X
Box X.....	COMMUNITY CODE: The health educator is to identify the specific community where the service or activity was provided. See the IHS Standard Code Book for the specific community code. Available from the Health Education Area Office. See Appendix A-111 for sample, pg 12..	X

* (905—i.e., Services Center, Facility Building, Chapter House, Church, etc.)

HERMS RECORD TASK MATRIX

Code	Task
101.....	Needs Assessment.
102.....	Data Collection.
103.....	Analyze Data.
104.....	Summarize Data.
201.....	Educational Diagnosis.
202.....	Information Gathering/ Obtaining Resources.
203.....	Develop Program Objectives.
204.....	Establish Approach & Sequence of Events.
205.....	Materials Development & Design.
206.....	Publicizing & Promoting Staff In-Service Training.
301.....	

HERMS RECORD TASK MATRIX—
Continued

Code	Task
302.....	Presentation & Discussion.
303.....	Staff Support w/ Education Activities.
304.....	Patient Education.
401.....	Process Evaluation.
402.....	Evaluation of Knowledge, Attitudes and Beliefs.
403.....	Outcome Evaluation.
404.....	Quality Assurance.
405.....	Reports.
406.....	Debriefing.
501.....	General Program Admin.

HERMS RECORD TASK MATRIX—
Continued

Code	Task
502.....	Special Admin. Assignment (within Health Education).
503.....	Special Admin. Assignment (outside Health Education).
504.....	Staff Meetings.
505.....	Maintenance of Resource Center/Audiovisual Library.
506.....	Clerical Tasks.
601.....	Professional Training.
602.....	Self-Development.

**HERMS RECORD TASK MATRIX—
Continued**

Code	Task
	Travel.

**N. Nutrition and Dietetics Program
Activities Reporting System (NDPARS)**

1. Reporting Requirement

a. A one line entry is required to be completed on a Nutrition and Dietetics Program Activity Reporting System (NDPARS) form for each nutrition/dietetics activity. NDPARS forms are to be completed daily.

b. The NDPARS Users Manual provides complete definitions and procedures for completing the forms.

c. Each nutrition/dietetics staff member completes the forms and sends the forms to the Area Nutrition/Dietetics Branch Chief monthly. The Area sends the forms to Headquarters for entry into the computer.

d. Headquarters requirements can be met with a sampling procedure that uses one full week of activities per month in accordance with the sample reporting week schedule to be specified by IHS Headquarters. There is an RPMS ANSI MUMPS Generic Activities Reporting System (GARS) data entry program which allows for records to be submitted to Area for compilation and forwarding from Area to DDPS.

2. Record Format

a. The NDPARS record contains individual patient encounters and/or group encounter information. Additionally, the record contains program management, technical assistance, and training information.

b. The format of the NDPARS record is shown in Figures N-1 through N-4.

c. A NDPARS form is included in Appendix A.

3. Transmission Media

NDPARS records are mailed to Area Office and then Headquarters for data entry.

4. RPMS NDPARS Data Entry System

There is available an RPMS ANSI MUMPS NDPARS data entry program which allows for records to be keyed locally, transmitted to the Area, and forwarded from the Area to DDPS by telecommunications.

NDPARS RECORD

Position	Field	Required
This is a Fileman global and no export and merge programs are available at this time.	Header Information	
	NAME	X
	SERVICE UNIT	X
	DATE	X
	Service Data	
	NOTE: One line is used for each service provided. All spaces should be filled in with codes. For additional reporting instruction consult the NDPARS User Manual.	
	Function Code:	X
	01 Clinical Nutrition Services	
	02 Hospital Foodservice Systems Management	
	03 Community Nutrition Program Management	
	04 Routine Nutritional Care	
	05 Nutrition Education Service	
	06 N&D Program Coordination, Consultation & Technical Assistance	
	07 N&D Program Administration	
	08 Continuing Education	
	09 Continuing Training	
	10 Conducting Research/Writing for Professional publication	
	11 Leave	
	99 Other	
	PRIMARY PURPOSE CODE:	X
	101 Alcohol Related	
	102 Anemia	
	103 Calcium Controlled	
	104 Cancer	
	105 Clear Liquid	
	106 Diabetes	
	107 Dumping Syndrome	
	108 Elimination	
	109 Fat Controlled	
	110 Full Liquid	
	111 Gestational Diabetes	
	112 Gluten Free	
	113 High Protein	
	114 Hypoglycemia	
	115 Increased Fiber	
	116 Lactose Restricted	
	117 Low caffeine	
	118 Low Residue	
	119 Normal Nutrition	
	120 Potassium Controlled	
	121 Prenatal	
	122 Purine Restricted	
	123 Renal	
	124 Sodium Controlled	
	125 Tonsillectomy	

NDPARS RECORD—Continued

Position	Field	Required
	126 Tube Feeding	
	127 Undernutrition	
	128 Vegetation	
	129 Weight Control	
	130 Other Clinical Diets	
	131 Other Clinical Diets	
	201 Consultation/Technical Assistance	
	202 Administrative/Management	
	203 Educational Materials Review/Development	
	204 Chart Review and/or Quality Assurance	
	205 Staff Meetings	
	206 Employee Supervision/Counseling	
	301 Travel	
	401 Not Nutrition/Dietetics Related	
	999 Other	
	ENCOUNTER CODE:	X
	1 First Visit	
	2 Follow-up Visit	
	3 Limited Series	
	4 Ongoing	
	9 Other	
	RECIPIENT CODE:	X
	01 Patient	
	02 Community	
	03 CHR	
	04 Health Team	
	05 Tribal Staff	
	06 Dietary Staff	
	07 WIC Client	
	08 WIC Staff	
	09 Commodity Foods Client	
	10 Commodity Foods Staff	
	11 Headstart/Daycare Client	
	12 Headstart/Daycare Staff	
	13 Elderly Nutrition Program Client	
	14 Elderly Nutrition Program Staff	
	15 Alcohol/Substance Abuse Program Staff	
	16 Alcohol/Substance Abuse Program Staff	
	17 Schools, Student	
	18 Schools, Staff	
	19 Government Agency Staff	
	98 No Recipient	
	99 Other	
	RECIPIENT AGE CODE:	X
	1 Infant	
	2 Child	
	3 Adolescent	
	4 Adult	
	5 Elderly	
	6 All Ages	
	9 No Recipient Type	
	RECIPIENT TYPE CODE:	X
	1 Individual	
	2 Group	
	9 No Recipient Type	
	DELIVERY SETTING CODE:	X
	1 Hospital In-Patient	
	2 Clinic	
	3 Home	
	4 Community	

NDPARS RECORD—Continued

Position	Field	Required
	5 Hospital Dietary Department	
	6 Public Health Nutrition Department	
	7 Administrative	
	9 Other	
	NUMBER REACHED:.....	X
	Record actual number of people reached	
	Write NA if no personal contacts were involved	
	Record zero (0) for missed appointments and meetings where no one came	
	SERVICE TIME:.....	X
	Record actual time spent in the activity (in hours and minutes)	

O. Clinical Laboratory Workload Reporting System

1. Reporting Requirement

a. The workload recording system for IHS laboratories is contracted with the College of American Pathologists (CAP) national computerized workload system. Raw data are required to be collected monthly by the individual lab. CAP or a similar workload reporting system is recommended for contractors.

b. Workload data and productivity rates are computed, comparisons with other labs are included, and the report is sent back to the individual lab. Summary reports are sent by CAP to IHS Headquarters. Summary workload reports on a quarterly basis are the only time requirement of IHS Headquarters.

c. The CAP Instruction Manual for Computer Assisted Workload Program describes the reporting system.

2. Record Formats

a. CAP forms are tailored for a specific lab, although the basic data element collected (shown in Figure O-1) are the same. Each portion of the lab completes its own form. If it is desired to electronically generate the CAP data, then CAP needs to be contacted for instructions.

b. A sample of the CAP form is included in Appendix A.

3. Transmission Media

Data is to be sent either by mail or electronic communication to the CAP computer center.

CLINICAL LABORATORY WORKLOAD REPORTING SYSTEM

Data elements	Required for cap
1. Name of Lab.....	X
2. Month/Year.....	X
3. Procedure Name.....	X
4. CAP Code No.....	X
5. Unit Value Per Procedure.....	X
6. Lab Section.....	X
7. Procedure Designation—IP/OP/QCSTD/REP.....	X
8. Number of Procedures.....	X

From the above we get: Total Unit Value, Worked Productivity, Paid Productivity, Comparisons with other labs.

How we use it: For Determining Staffing, Scheduling, Space, Instrument and Equipment Requirements.

P. Urban Indian Health Common Reporting

1. Reporting Requirement

a. Urban Indian Projects are required to collect and report information from patient records as well as administrative and financial records. There is a facesheet (which must be included each time any table is submitted) and a series of 8 tables which need to be submitted on a semi-annual or annual basis. Some portions of the tables do not apply to some urban Indian health programs. The tables must be submitted by all organizations directly receiving Federal funds under title V of the 1976 Indian Health Care Improvement Act, Public Law 94-437 as amended.

b. The Urban Indian Health Programs Instruction Manual for Common Reporting Requirements provides complete definitions and procedures for reporting. Organizations must report on their entire health program activity even though it may be supported only in part by the IHS grant(s) or contract(s).

c. The semi-annual reporting period ends 26 weeks after the start of the fiscal year (FY) and the annual reporting period ends the last day of the FY. The reports are due into the IHS Area Offices 4 weeks after the end of the reporting period. IHS Area Officers review and send reports to the IHS Headquarters Office 5 weeks after the end of the reporting period. The IHS Office reviews and sends reports to the contractors for data entry and to the technical assistance contractor 6 weeks after the end of the reporting period.

2. Record Formats

a. A description of the facesheet and the 8 tables follows.

(1). Face sheet. Identifies the project, location, project director, etc.

(2). Table 1. Identifies the user population by age and sex.

(3). Table 2. Identifies the user population by type of provider and by Indian versus non-Indian status.

(4). Table 3. Collects information by health occupational group—also called functional cost center (number of full-time equivalent staff and number of encounters).

(5). Table 4. Provides hospital inpatient admissions and hospital inpatient encounters by type of service provider.

(6). Table 5. Provides information on the adherence to established treatment goals for the provision of follow-up activities (pap smear, hypertension, and diabetes), immunizations appropriate for age, family planning counseling, and anemia screening.

(7). Table 6. Provides financial information by various health care functions.

(8). Table 7. Provides financial information on monies the urban project receives from non-IHS sources.

(9). Table 8. Provides information on total receipts from all sources and total expenditures for each project.

b. Copies of the face sheet and the 8 tables are included in appendix A.

3. Transmission Media

a. The face sheet and tables are to be submitted in hardcopy format. Two (2) copies are to be submitted to the appropriate Project Officer or IHS Area Urban Coordinator.

Q. Fluoridation Reporting Data System

1. Reporting Requirements

a. Fluoride ion analysis records and fluoridator maintenance and repair records for community water systems will be maintained and submitted for centralized processing as described in the IHS Fluoridation Policy Issuance dated August 1981, and any subsequent updates. Each water system must be identified by its assigned EPA/Sanitary Facility Code and include the date of the activity. The general surveillance procedures are described in Table Q-1.

b. In most cases, local programs will report the required data on a weekly or monthly basis using any of several options:

(1) Submission of completed data forms directly to the IHS Area Office or IHS key entry contractor, or

(2) Submission of formatted records from data entered into local RPMS database, or

(3) Submission of formatted records from a local non-RPMS database.

The frequency schedule for submission of each type of fluoridation tracking data is shown on Table Q-2.

If the required data for water systems are maintained in an Area database, the data must be submitted for central processing to the IHS Division of Data Processing Services by the last day of each month.

2. Record Formats

a. The basic data elements for community fluoridation reporting are shown in Figure Q-1.

b. The keytape record format specifications for fluoride ion test

results is shown in Figure Q-2 (formatted records can be extracted from existing RPMS software).

c. An example of the standard input form for reporting the results of fluoride ion analysis is shown in Appendix A. The use of this form is not required, but is highly recommended when data are not keyed into a computer locally.

The form for adding or deleting water systems for data reporting purposes is shown in Appendix A. Use of this form

is required when the status of a water system is to be changed.

Table Q-1: Fluoridation Surveillance Procedures

1. Control Limits for Fluoridated Water Systems

The fluoride level in fluoridated water systems should be maintained as close to the recommended concentration as possible, and in no case above or below the ranges noted below.

Annual average of maximum daily air temperatures (OF)	Recommended fluoride concentrations		Allowable range of fluoride concentrations	
	Community (ppm)	School (ppm)	Community (ppm)	School (ppm)
50.0-53.7.....	1.2	5.4	1.1-1.7	4.3-6.5
53.8-58.3.....	1.1	5.0	1.0-1.6	4.0-6.0
58.4-63.8.....	1.0	4.5	0.9-1.5	3.6-5.4
63.9-70.6.....	0.9	4.1	0.8-1.4	3.3-4.9
70.7-79.2.....	0.8	3.6	0.7-1.3	2.9-4.3
79.3-90.5.....	0.7	3.2	0.6-1.2	1.6-3.8

2. Sample Collection and Analysis

a. Samples for analysis should be obtained from a convenient tap on a main line of water system that is representative of the water throughout the system. In some systems with multiple sources, more than one sample may be required.

b. Samples for fluoridation analysis should be collected and analyzed as follows:

- Weekly intervals w/split sample every fourth week.
- Anytime equipment failure or malfunction is suspected.

• Immediately following repair of equipment.

c. All fluoride monitoring instruments should have their measurement results verified by split sampling of the last sample collected each month. The split sample should be analyzed at a recognized laboratory, preferably an EPA or State approved facility.

3. Reporting

a. Analytical Results: Analytical results of all samples for each water system should be recorded on the Fluoride Analysis Report Form (HSA-T) and submitted to the address indicated

on the form for data processing. Normally, this should be done by the system operator.

Table Q-2: Recommended Frequency Schedule for Submitting Fluoridation Data

Submission of Forms

The following tabulation indicates the forms and submission schedules that are required in order to develop meaningful data reports:

Input form	Frequency of input	Reports generated	Frequency of reports	Prime responsibility for inputting form
Sanitary Facility Data System Form Parts A & B.	Annually (data as of Oct. 1).....	Sanitation Facility Data System Summary by Area/SU and replica of data input form.	Annually and upon request.....	Area OEH designee.
Fluoride Analysis Report Form.	At least weekly is recommended.	Fluoride Analysis Report.....	Monthly.....	Person doing fluoride concentration analysis.
Fluoride System Add/Delete Form.	As Fluoridators are added to or deleted from community water system.	No specific report—system will be added/ deleted from the Fluoride Analysis Report or M&R Report as appropriate.	N/A.....	Area OEH Fluoridation coordinator.

COMMUNITY WATER FLUORIDATION REPORTING

[Fluoride Test Results]

Data element	Required
Sanitary facility code.....	X
Person conducting test.....	X
Fluoride test instrument.....	X
Fluoride test result.....	X

FLUORIDE TEST RESULTS RECORD LAYOUT:

DENTAL FLUORIDE RECORD FORMATS

RECORD: DENTAL FLUORIDE SURVEILLANCE KEYTAPE TRANSACTION

RECORD LENGTH: 128
RECORD FORM: FIX-BLK
BLKSIZE: 2560

BLKFACT: 20
OUTPUT SOURCE: FROM KEYTAPEING
MEDIA: MAGTAPE
INTERNAL NAME: N/A
DATA SET NAME: UNLABLED
INPUT SOURCE: TO MRSDENQO
MEDIA: MAGTAPE
INTERNAL NAME: MRSTAPE
DATA SET NAME: UNLABLED

Position	Length	Field name	Contents
1-2	2	RECORD CODE	"21".
3	1		BLANK.
4-9	6	REPORT DATE	DATE SAMPLES TAKEN--MMDDYY.
10	1	INSTRUMENT USED #1	"C", "I", "S", "T" OR "X".
11-17	7	EPA SANITARY FACILITY CODE #1	VALID EPA-SFC (SYSTEM) CODE.
18-20	3	TEST RESULTS IN PPM #1	NUMERIC WITH 1 ASSUMED DECIMAL.
21	1	INSTRUMENT USED #2	"C", "I", "S", "T" OR "X".
22-28	7	EPA SANITARY FACILITY CODE #2	VALID EPA-SFC (SYSTEM) CODE.
29-31	3	TEST RESULTS IN PPM #2	NUMERIC WITH 1 ASSUMED DECIMAL.
32	1	INSTRUMENT USED #3	"C", "I", "S", "T" OR "X".
33-39	7	EPA SANITARY FACILITY CODE #3	VALID EPA-SFC (SYSTEM) CODE.
40-42	3	TEST RESULTS IN PPM #3	NUMERIC WITH 1 ASSUMED DECIMAL.
43	1	INSTRUMENT USED #4	"C", "I", "S", "T" OR "X".
44-50	7	EPA SANITARY FACILITY CODE #4	VALID EPA-SFC (SYSTEM) CODE.
51-53	3	TEST RESULTS IN PPM #4	NUMERIC WITH 1 ASSUMED DECIMAL.
54	1	INSTRUMENT USED #5	"C", "I", "S", "T" OR "X".
55-61	7	EPA SANITARY FACILITY CODE #5	VALID EPA-SFC (SYSTEM) CODE.
62-64	3	TEST RESULTS IN PPM #5	NUMERIC WITH 1 ASSUMED DECIMAL.
65	1	INSTRUMENT USED #6	"C", "I", "S", "T" OR "X".
66-72	7	EPA SANITARY FACILITY CODE #6	VALID EPA-SFC (SYSTEM) CODE.
73-75	3	TEST RESULTS IN PPM #6	NUMERIC WITH 1 ASSUMED DECIMAL.
76	1	INSTRUMENT USED #7	"C", "I", "S", "T" OR "X".
77-83	7	EPA SANITARY FACILITY CODE #7	VALID EPA-SFC (SYSTEM) CODE.
84-86	3	TEST RESULTS IN PPM #7	NUMERIC WITH 1 ASSUMED DECIMAL.
87	1	INSTRUMENT USED #8	"C", "I", "S", "T" OR "X".
88-94	7	EPA SANITARY FACILITY CODE #8	VALID EPA-SFC (SYSTEM) CODE.
95-97	3	TEST RESULTS IN PPM #8	NUMERIC WITH 1 ASSUMED DECIMAL.
98	1	INSTRUMENT USED #9	"C", "I", "S", "T" OR "X".
99-105	7	EPA SANITARY FACILITY CODE #9	VALID EPA-SFC (SYSTEM) CODE.
106-108	3	TEST RESULTS IN PPM #9	NUMERIC WITH 1 ASSUMED DECIMAL.
109	1	INSTRUMENT USED #10	"C", "I", "S", "T" OR "X".
110-116	7	EPA SANITARY FACILITY CODE #10	VALID EPA-SFC (SYSTEM) CODE.
117-119	3	TEST RESULTS IN PPM #10	NUMERIC WITH 1 ASSUMED DECIMAL.
120-128	9	ANALYST I.D.	ALPHA NUMERIC.

Dated: August 7, 1981

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Assistant Surgeon General Director

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