



Health Care Record Quick Training Guide



Health Care Record Quick Training Guide

This document serves as a quick reference guide for creating, updating, and finalizing Health Care Records (HCRs).

Roles and Responsibilities

- **Provider:** Responsible for updating the HCRs of individuals for whom they deliver residential services. Responsibility is based on the service an individual is receiving, as indicated in the reference document “Services Requiring a HCR Update”.
- **Area Office [SC, SC Supervisor]:** Responsible for viewing the HCRs finalized by providers.

Accessing the QM HCR Module in HCSIS

This is the homepage for HCSIS. Click on the “QM” tab at the top of the page to access the QM module.

Health and Human Services

HOME QM PAM ISP ADMIN TOOLS

ALERTS

Developmental Services Quality Management Reporting (HCSIS)

This application is designed to be the primary quality management and health care reporting system for the Department of Developmental Services. This system can capture information related to Incident Management, the Health Care Record and National Core Indicators.

Bulletins

Welcome to HCSIS. If you need assistance please contact the DDS Customer Service Center at 1-866-367-8163.
GET GUIDANCE at <http://mass.gov/dds> - under 'Key Initiatives' select the HCSIS link

Accessing the Individual Search Screen

Click on the HCR link.

Health and Human Services

HOME QM PAM ISP ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports

QM - Menu Selection

Please Select a Menu Item

User ID: HLOAD116

You are currently logged in as a user from:
AMERICAN TRAINING (Provider/State Op)

©2013 Commonwealth of Massachusetts

Friday, January 17, 2014 6:27 PM



Health Care Record Quick Training Guide

Click on the HCR Data Entry link and the system will bring you to the Individual Search Screen.

The screenshot shows the top navigation bar with links for HOME, QM, PAM, ISP, ADMIN, and TOOLS. Below this is a breadcrumb trail: HCR | IM | Death Reporting | NCI | Investigations | Reports. The 'HCR Data Entry' link is circled in red. Below the breadcrumb trail, the text 'QM > HCR > Menu Selection' is visible. On the right side, there is a message: 'Please Select a Menu Item'. At the bottom left, the user ID is 'HLOAD116' and the user is identified as 'AMERICAN TRAINING (Provider/State Op)'. The footer shows '©2013 Commonwealth of Massachusetts' and the date 'Friday, January 17, 2014 6:32 PM'.

You can search using any of the search criteria displayed in the screen below

The screenshot shows the 'Individual Search' form. The form has four input fields: 'Last Name:', 'First Name:', 'SSN:', and 'DOB (MM/DD/YYYY):'. The 'Last Name' field is circled in red. Below the input fields are 'Search' and 'Reset' buttons. The breadcrumb trail above the form is 'QM > HCR > HCR Data Entry > Individual Search'.

Enter your search criteria and click "Search".

The screenshot shows the 'Individual Search' form. The form has four input fields: 'Last Name:', 'First Name:', 'SSN:', and 'DOB (MM/DD/YYYY):'. The 'SSN' field is circled in red. Below the input fields are 'Search' and 'Reset' buttons. The breadcrumb trail above the form is 'QM > HCR > HCR Data Entry > Individual Search'.



Selecting the Individual

User clicks on a name listed.

Health and Human Services

HOME QM ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Individual Search

Individual Search

Last Name: First Name:

SSN: DOB (MM/DD/YYYY):

Name	SSN	Date of Birth	Gender	Race	Area office
SMITH, JOHN	XXX-XX-6756	10/10/1910	Male		Berkshire

Creating New HCR

If the previous HCR has been finalized and is "Closed", then the user clicks on the "Create a New HCR" button.

Health and Human Services

HOME QM ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > View/ Edit Healthcare Record

Individual Search

Last Name: First Name:

SSN: DOB (MM/DD/YYYY):

Individual Information: Name: SMITH, JOHN Gender: Male SSN: XXX-XX-6756 DOB: 10/10/1910 ISP Date: 09/13/2006 Area Office: Berkshire

HCR ID	Description	Status	Finalized By	Finalized By Organization	Finalized Date
2493	DECEMBER 2009 ISP	Closed	NCI Data Entry Role, Ch. River West	COMMUNITY LIVING ASSOCIATION	12/4/2009 12:25:57 PM
159	ISP	Closed	JONES, EDDIE	COMMUNITY LIVING ASSOCIATION	3/14/2008 2:06:05 PM

Updating HCR

To update an "Open" HCR, the user clicks on the **HCR ID** link for the open HCR.

Note: If HCR is not yet finalized, HCR will appear as "Open" status.

Health and Human Services

HOME QM ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > View/ Edit Healthcare Record

Individual Search

Last Name: First Name:

SSN: DOB (MM/DD/YYYY):

Individual Information: Name: SMITH, JOHN Gender: Male SSN: XXX-XX-6756 DOB: 10/10/1910 ISP Date: 09/13/2006 Area Office: Berkshire

HCR ID	Description	Status	Finalized By	Finalized By Organization	Finalized Date
2493	DECEMBER 2009 ISP	Open			
159	ISP	Closed	JONES, EDDIE	COMMUNITY LIVING ASSOCIATION	3/14/2008 2:06:05 PM



Health Care Record Quick Training Guide

User is directed to the HCR Switchboard and clicks the “Created/In-Progress” link.

Health and Human Services Mass.gov

HOME QM ADMIN TOOLS Mass.Gov Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Health Care Record Switch Board

Search

Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	ISP Date: 09/13/2006	Area Office: Berkshire
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[HCR Printable Summary](#)
[HCR Printable Form](#)
[HCR Condensed Printable Form](#)

Health Care Record
Created 03/14/2008, In-Progress
Last Updated On: 05/27/2008
Last Updated By: JONES, EDDIE

Basic Information Screen

The Basic Information screen appears with data pre-populated from MEDITECH, where possible. User enters all mandatory fields on all screens. Use **Save and Continue** to navigate through all the screens or pages—see other navigation options below.

Note: mandatory fields are identified with a red asterisk. Some fields are conditionally mandatory, based on what was answered earlier.

Health and Human Services Mass.gov

HOME QM ADMIN TOOLS Mass.Gov Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Basic Information

Search

Individual Information:	Name: ALLEN, DONNA	Gender: Male	SSN: XXX-XX-6587	DOB: 02/22/1921	ISP Date: 02/27/2014	Area Office: Lowell
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Go To: Basic Information

Name:	ALLEN, DONNA	Follow-Up
Last to be Called:		Follow-Up
DOB:	02/22/1921	Follow-Up
Gender:	Male	Follow-Up
SSN:	XXX-XX-6587	Follow-Up
Religious Considerations for care:		Follow-Up
Street Address 1:	Unit #323, King St	Follow-Up
Street Address 2:	Melrose Rd	Follow-Up
City:	Lowell	Follow-Up
State:	MA	Follow-Up
Zip:	42852	Follow-Up
Phone Number (123-456-7890):	318-682-948	Follow-Up
Waiver Program Enrollment:	Community Living Supports Waiver	Follow-Up
Health Insurance Type #1:	MEDICAID	Follow-Up
Health Insurance ID #1:	1000044243	Follow-Up
Health Insurance Type #2:	MEDICARE	Follow-Up
Health Insurance ID #2:	863-47-1320-A	Follow-Up
Health Insurance Type #3:		Follow-Up
Health Insurance ID #3:		Follow-Up
Health Insurance Type #4:		Follow-Up
Health Insurance ID #4:		Follow-Up
Agency Responsible for Providing Residential Services?	Yes	Follow-Up
If Yes, Name of Agency:	LIFE LINKS, INC	Follow-Up
If Yes, Primary Contact Person:	DENNIE NORRIS	Follow-Up
If Yes, Phone Number (123-456-7890):	978-349-3038	Follow-Up
Consent Status:	Can give own consent	Follow-Up
If Consent from Guardian, Name:		Follow-Up
If Consent from Guardian, Phone Number (123-456-7890):		Follow-Up
Resuscitation Status:	Full Resuscitation	Follow-Up
If DNR, is comfort care form available?		Follow-Up
Health Care Proxy?	No	Follow-Up
If Yes, Name:		Follow-Up
If Yes, Phone Number (123-456-7890):		Follow-Up
Additional comments regarding the individual's medical condition or state:		Follow-Up

Cancel Save Check Spelling Save And Continue



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Note: After saving, check that the “Operation Successful” message appears at the top of the screen. If not, look for data entry errors indicated in next to the data fields on the screen.

Navigation Via “Go To” Screen

Select page in the drop-down list, and Click **Go**.

Health and Human Services

HOME QM QM ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Basic Information

Search

Individual Information:	Name: ALLEN, JESSICA	Gender: Female	SSN: XXX-XX-8391	DOB: 08/05/1941	ISP Date: 07/26/2014	Area Office: Lowell	
Name:	ALLEN, JESSICA	DOB:	08/05/1941	Gender:	Female	SSN:	XXX-XX-8391
Street Address 1:	657 MERRIMACK ST APT 734	City:	LOWELL	State:	MA	Zip:	01854
Phone Number (123-456-7890):	978-979-3770	Health Insurance Type #1:	Non-Walver Program	Health Insurance Type #2:	MEDICAID	Health Insurance Type #3:	1224040177 / 087-34-13069
Agency Responsible for Providing Residential Services?	Yes	If Yes, Name of Agency:	LIFE LINKS, INC	If Yes, Primary Contact Person:	DEBRA REYNOLDS	If Yes, Phone Number (123-456-7890):	978-251-0610

Go To: Basic Information | Go

- Contacts - Emergency and Pharmacy
- Current Medical Problems and Diagnoses
- Allergies
- Functional Status
- Special Needs
- Contacts - Healthcare Providers
- Demographics
- Immunizations/TB Testing
- Past Medical History - Contact Information
- Past Medical History - Surgical, Trauma, and Hospitalizations
- Past Medical History - Gynecologic
- Past Medical History - Medical and Psychiatric
- Past Medical History - Evaluations
- Family History - Part 1
- Family History - Part 2
- Verification and Finalization
- Follow-Up Summary

Note: There are nineteen separate screens

Contact Emergency and Pharmacy Screen

Enter information and click **Save**. Click **Add** to add multiple contacts. **Save and Continue** will take you to the next screen. Note— you do not need to go through all screens, use “Go To” to advance screens. Use the following method to navigate through any screen where the user must add information as in *Contacts, Allergies, Medications, etc.*

Note: Important: if there are no medications, allergies and/ or contacts to add, skip over the pages, using **Go To** drop-down.

Contacts - Emergency and Pharmacy - Microsoft Internet Explorer

Address: https://hcris-ut.dmr.state.ma.us/hcris-ut/pgm/asp/utsur.asp?pageid=4010&DCN=1226&HCRISDBToken=9454109111624232336410452937241513233420510106

Health and Human Services

HOME QM QM ADMIN TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry | Update Log
QM > HCR > HCR Data Entry > Contacts - Emergency and Pharmacy

Search

Operation Successful

Individual Information:	Name: BROWN, KENT	Gender: Male	SSN: XXX-XX-9999	DOB: 05/12/1971	Area Office: Central Middlesex
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Go To: Contacts - Emergency and Pharmacy | Go

Name: Contact Type: Phone Number:

Contact information

Contact Type: [Dropdown]

Name (Contact Person or Organization): [Text]

Street Address 1: [Text]

Street Address 2: [Text]

City: [Text]

State: [Dropdown]

Zip: [Text]

Phone Number (123-456-7890): [Text]

[Reset] [Save]

User ID: agreen

[Save And Continue]

#



Current Medical Problems and Diagnoses Screen

User must select any diagnoses which an individual has. Medication records on the Medications list screen will now only be allowed to be linked to selected diagnoses. Any diagnosis selected on this screen will appear as a possible Reason for prescription on the Medications List screen.

If Other, please specify: [Follow-Up](#)

Metabolic/Endocrine
Medical Problem/Diagnosis from MEDITECH (Diabetes): Diabetes [Follow-Up](#)
 Hyperlipidemia [Follow-Up](#)
 Hyperthyroidism
 Hypothyroidism
 Other

If Other, please specify: [Follow-Up](#)

Syndromes
Medical Problem/Diagnosis from MEDITECH (Autistic Disorder, Down Syndrome, Prader-Willi): Autistic Disorder [Follow-Up](#)
 Down Syndrome [Follow-Up](#)
 Prader-Willi
Medical Problem/Diagnosis: Angelman syndrome [Follow-Up](#)
 Cornelia DeLange syndrome
 Fetal Alcohol Syndrome
 Fragile X
 Phenylketonuria (PKU)
 Rett Syndrome
 Smith-Magenis syndrome
 Tuberous Sclerosis
 Turner's Syndrome
 Velocardiofacial syndrome (DiGeorge Syndrome)
 Williams Syndrome
 Other

If Other, please specify: [Follow-Up](#)

Psychiatric
Psychiatric Medical Problem/Diagnosis: Anxiety disorder - Generalized Anxiety [Follow-Up](#)
 Anxiety disorder - OCD [Follow-Up](#)
 Anxiety disorder - Panic Disorder/agoraphobia
 Anxiety disorder - PTSD
 Dementia related disorders
 Impulse Control Disorder

Allergies Screen

User enters all mandatory fields on the Allergy screen and clicks the **Save** button. If there is nothing more to add, use the **Go To** drop-down to go to the screens desired.

Note: Important: if there are no medications, allergies and/ or contacts to add, skip over the pages, using **Go To** drop-down.*

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HOME QM ADMIN TOOLS Mass.Gov Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry | Update Log
QM > HCR > HCR Data Entry > Allergies

Search

Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	Area Office: Berkshire
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Go To:

To What?	Type of Allergy:	Type of Reaction:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Allergies

Type of Allergy: [Follow-Up](#)

To What? [Follow-Up](#)

Type of Reaction: [Follow-Up](#)



Medication List Screen

To add a medication on the medication list screen, the User clicks the Add button.

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HOME | QM | PAM | ISP | ADMIN | TOOLS Mass Gov Home | Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Medications List

Search

Individual Information: Name: ALLEN, DONNA Gender: Male SSN: XXX-XX-6587 DOB: 02/22/1971 ISP Date: 02/27/2014 Area Office: Lowell

Go To: Medications List [Go]

Medication	Reason For Prescription	Other Reason	Frequency	Date Started Known?	Date Started	Year Started
Seasonale (ethinyl estradiol/levonorgestrel)	Cerebral Palsy	<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>	Once a Day	Yes, Only Year Known		2014

Medication Name:* Seasonale (ethinyl estradiol/levonorgestrel) Follow-Up
Reason For Prescription:* Cerebral Palsy Follow-Up
Other Reason For Prescription: Follow-Up
Frequency:* Once a Day Follow-Up
If other frequency, please specify: Follow-Up
Is The Date Started Known?* Yes, Only Year Known Follow-Up
If Date Known, Date Started (MM/DD/YYYY): Follow-Up
If Only Year Known, Year Started (YYYY): 2014 Follow-Up
Date Stopped (MM/DD/YYYY): Follow-Up

Note: After clicking the Add button a search window will appear. Medications are based on the Mass Health Formulary.

Medication Search Screen

User enters the **first few letters** of the medication in the **Medication Name** field and clicks Search button. A list of medications will appear. User clicks button adjacent to the medication and clicks **Select**.

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry | Update Log
QM > HCR > Medications > Medications Search

Search

Individual Information: Name: PARALLEL, FITZPATRICK Gender: Male SSN: XXX-XX-9999 DOB: 05/12/1971 Area Office: Lowell

Search for a Medication to add to the record.
Medication Name:

Medications

- Welchol (colesevelam)
- Wellbutrin # (bupropion)
- Wellbutrin SR # (bupropion sustained-release)
- Wellbutrin XL (bupropion extended-release)
- Westcort # (hydrocortisone)
- Other

If Other, please specify:



Medication List, continued

User enters all mandatory fields on the Medication list screen and clicks the **Save** button. Follow the same process if you want to add another medication. When finished adding medications click **Save and Continue**.

Medication	Reason For Prescription	Other Reason	Frequency	Date Started Known?	Date Started	Year Started
Seasonale (ethinyl estradiol/levonorgestrel)	Cerebral Palsy		Once a Day	Yes, Only Year Known		2014

Medication Name: Seasonale (ethinyl estradiol/levonorgestrel) Follow-Up
Reason For Prescription: Cerebral Palsy Follow-Up
Other Reason For Prescription: Follow-Up
Frequency: Once a Day Follow-Up
If other frequency, please specify: Follow-Up
Is The Date Started Known? Yes, Only Year Known Follow-Up
If Date Known, Date Started (MM/DD/YYYY): Follow-Up
If Only Year Known, Year Started (YYYY): 2014 Follow-Up
Date Stopped (MM/DD/YYYY): Follow-Up

Buttons: **Save** (circled in red), Check Spelling, **Save And Continue** (circled in blue)

Note: The reason for the prescription drop-down will now only contain diagnoses that have been selected on the “**Current Medical Problems and Diagnoses**” screen.

Verifying and Finalizing

When the user has completed all the screens in HCR, answer verification questions and finalize the HCR record. This must be done in conjunction with the annual ISP review. HCSIS will not allow you to finalize if information is incomplete. For example, this screen indicates that

“Questions on the following screens must be answered prior to finalization of the HCR.”

Some screens in the HCR have not been answered. Questions on the following screens must be answered prior to finalizing the HCR.

- Functional Status
- Special Needs
- Demographics
- Immunizations/TR Testing
- Past Medical History - Evaluations
- Family History - Part 1
- Family History - Part 2

Buttons: **Save**, **Save And Continue**



Health Care Record Quick Training Guide

Diagnosis and Medication List Verification Message

Note: This screen indicates that there is a mismatch between Medical diagnoses selected on the Current Medical Problems and Diagnoses Screen and Reasons for prescriptions entered on the Medications List screen.

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HCR | IM | Death Reporting | NCI | Investigations | Reports

HCR Data Entry

QM > HCR > HCR Data Entry > Verification and Finalization

Search

Individual Information:	Name: ALLEN, DONNA	Gender: Male	SSN: XXX-XX-6587	DOB: 02/22/1971	ISP Date: 02/27/2014	Area Office: Lowell
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Go To: [Verification and Finalization]

On the Medications List screen there are medication records without "Stop Dates" that contain "Reason for Prescription" values that do not have a matching diagnosis selected on the Current Medical Problems and Diagnoses screen. PLEASE revisit the page links below and either select valid diagnoses or remove any medications that exist for diagnoses that are no longer selected. The medical conditions that need to be resolved are: **Congestive Heart Failure, Hypertension**

Medications List

Current Medical Problems and Diagnoses

HCSIS will also prevent you from finalizing if you have any medication records without stop dates that are not linked to selected diagnoses. The validation message shown above tells the user which diagnoses are causing the validation failure.

Verification and Finalization Screen

Health and Human Services

HOME | QM | ADMIN | TOOLS

HCR | IM | Death Reporting | NCI | Investigations | Reports

HCR Data Entry

QM > HCR > HCR Data Entry > Verification and Finalization

Search

Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 12/10/1910	ISP Date: 09/13/2006	Area Office: Be
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Go To: [Verification and Finalization]

All Required questions have been answered

No current medical problems or diagnoses have been entered, please indicate why.*

Please indicate whether medical history has been provided by Parent or Guardian to DDS.*

No surgeries, traumas or hospitalizations have been entered, please indicate why.*

No past medical problems or diagnoses have been entered, please indicate why.*

Have you verified that all Health Care Record information is up-to-date and you would like to finalize the HCR? (Note: You may finalize a new HCR if data from MEDITECH requires follow-up.)*

If Yes, please enter a brief description of the HCR:

If this HCR should be used for an ISP, please indicate that here.

If No, you cannot finalize an HCR without verifying all information is up-to-date.

Finalized By:

Finalized On:



Health Care Record Quick Training Guide

If the user has access to enter data only, he will see only the **Save** button. In this case, answer all fields necessary and click **Save**. Hint: Click the **Search** link to create/ update a HCR for another individual.

If the user has access to finalize, after finding the individual through HCR Search, **Add** the reason to the update and click **Save and Continue**. Using Go-To drop menu, select **Verification and Finalization**, and Click **Go**.

Health and Human Services Mass.gov

HOME QM ADMIN TOOLS Mass.Gov.Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Verification and Finalization

Search

Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	ISP Date: 09/13/2006	Area Office: Berkshire
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Go To: Verification and Finalization

All Required questions have been answered

No emergency or pharmacy contacts have been entered, please indicate why.

No allergies have been entered, please indicate why.*

No current medical problems or diagnoses have been entered, please indicate why.*

Please indicate whether medical history has been provided by Parent or Guardian to DDS.*

No surgeries, traumas or hospitalizations have been entered, please indicate why.*

No past medical problems or diagnoses have been entered, please indicate why.*

Have you verified that all Health Care Record information is up-to-date and you would like to finalize the HCR? (Note: You may finalize a new HCR if data from MEDITECH requires follow-up.)*

If Yes, please enter a brief description of the HCR:

If this HCR should be used for an ISP, please indicate that here.

If No, you cannot finalize an HCR without verifying all information is up-to-date.

Finalized By:

Finalized On:

Enter all fields required; (Give a name to finalize, as in ISP 2008). Click **Finalize** button.

Note: To create or update another HCR click the "Search" link.

Printable Information

Once the HCR is finalized, the user can choose to view and/or print the HCR Printable Summary and/or the HCR Printable Forms by clicking on the View buttons on the Switchboard screen.

Health and Human Services Mass.gov

HOME QM ADMIN TOOLS Mass.Gov.Home Help

HCR | IM | Death Reporting | NCI | Investigations | Reports
HCR Data Entry
QM > HCR > HCR Data Entry > Health Care Record Switch Board

Search

Individual Information:	Name: SMITH, JOHN	Gender: Male	SSN: XXX-XX-6756	DOB: 10/10/1910	ISP Date: 09/13/2006	Area Office: Berkshire
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[HCR Printable Summary](#)
[HCR Printable Form](#)
[HCR Condensed Printable Form](#)

Health Care Record
Created 12/04/2009, Finalized 12/16/2009
Last Updated On: 12/16/2009
Last Updated By: NCI Data Entry Role, Ch. River West



Health Care Record Quick Training Guide

Printable Summary

Following is an example of one of the printable documents:

Health and Human Services						Mass.gov	
HOME	QM	PAM	ISP	ADMIN	TOOLS	Mass.Gov Home Help	
HCR IM Death Reporting NCI Investigations Reports							
HCR Data Entry							
QM > HCR > HCR Data Entry > Printable HCR Summary							
Individual Information:		Name: ALLEN, DONNA	Gender: Male	SSN: XXX-XX-6587	DOB: 02/22/1971	ISP Date: 02/27/2014	Area Office: Lowell
Health Care Records							
Information in this report may have been obtained from various sources and should be verified for accuracy.							
Basic Information							
Name:		ALLEN, DONNA					
Likes to be Called:							
DOB:		02/22/1971					
Gender:		Male					
SSN:		XXX-XX-6587					
Religious Considerations for care:							
Street Address 1:		Unit #323, King St					
Street Address 2:		Melrose Rd					
City:		Lowell					
State:		MA					
Zip:		42852					
Phone Number (123-456-7890):		318-682-948					
Waiver Program Enrollment:		Community Living Supports Waiver					
Health Insurance Type #1:		MEDICAID					
Health Insurance ID #1:		100000494243					
Health Insurance Type #2:		MEDICARE					
Health Insurance ID #2:		583-47-1220-A					
Health Insurance Type #3:							
Health Insurance ID #3:							
Health Insurance Type #4:							
Health Insurance ID #4:							
Agency Responsible for Providing Residential Services?		Yes					
If Yes, Name of Agency:		LIFE LINKS, INC					