

USE CASE #	New Patient Registration Identity Assurance (CURRENT PROCESS)
Goal in Context	To confirm the identity of a new patient during the registration process typically performed at the healthcare facility
Scope & Level	Patient Access: Registration & Appointment Scheduling
Preconditions	The patient is an individual who is competent and can participate in the process of providing personal identifiable information. The patient is willing to provide information Patient has some form of identity evidence (driver's license, passport)
Success End Condition	The patient's identity has been confirmed and a unique, not-duplicated record is established within the health care organization's medical record and/or billing system
Failed End Condition	The identity of the patient is not confidently known resulting in possible duplicate record, overlaid record or "skeleton" record that contains a thin amount of PII. The PII contained within the new record is not reliable and may result in downstream adverse events (improper billing, patient safety issue, breach of patient privacy)
Primary, Secondary Actors	Registrar and Patient Registered Health Information Technicians and Administrations, Clinicians, Payers
Trigger	A New Patient (an individual who has not previously had services provided by the healthcare organization and does not have a medical record established) arrives at the HCO for a clinical visit There are 2 types of initial visits: Scheduled and Walk-In . A scheduled visit is one where the HCO and Patient have arranged for a specific date/time for the visit. Typically, some amount of patient PII has been provided ahead of time by the patient or someone on their behalf to hold the time slot on the healthcare provider's schedule. (example, a patient makes an appointment to see a primary care physician for a physical. Patient provides their full name, DOB and cell phone number to hold the appointment)

	A walk-in visit is one where the HCO had no knowledge beforehand that the patient would be arriving for services (example, a patient arrives at the Emergency Department for a broken finger)	
DESCRIPTION	Step	Action
Patient supplies PII	1	<p>The Registrar ask the New Patient to provide his/her PII as part of the registration process. This process may involve the patient filling out a form in the waiting room or being interviewed in a private area by the Registrar. In either case, the patient provides a set of PII to establish their record.</p> <p>PII includes: Name, Address, DOB, Sex</p> <p>Recommended: phone number, email address, identity evidence document # (DL #), Insurance name/ID/Group#</p> <p>Sometimes collected: Mother’s maiden name, City of birth</p> <p>Excluded: SSN</p> <p>Not in scope for identity use case: Clinical data, Next of Kin, Acknowledgements, and other healthcare specific forms included in the registration process</p>
Registrar enters PII into EMR	2	The Registrar enters the patient’s PII into the Electronic Medical Records system (EMR)
Existing record check	3	<p>Once the data is entered, an automated query may be run within the EMR to determine if a record already exists for this patient</p> <p>The query looks for other records within the system that share the same or similar PII as the patient</p> <p><i>John Smith, 05/11/1985, 123 Main Street</i> <i>Jon Smith, 05/11/1958, 87 Elm Street</i> <i>Johnny Smith, 04/11/1972, 3489 Main Street</i></p>
Confirmed new patient	4	If no plausible existing record is present in the EMR, the registrar continues with the registration process with the understanding that this is a new patient record since no other record exists for this individual in the system
Patient ID confirmation	5	The patient supplies and the Registrar inspects the patient’s driver’s license or other form of identity evidence. The registrar makes a copy of this document and places it within or links it to the patient’s record

		<p>The authenticity of the document and the data contained on the document are typically not verified by a 3rd party</p> <p>Some EMR system designs support the ability to “scrape” or OCR the data from the patient’s DL and use that PII to populate the patient demographic data fields</p> <p>The registrar’s process tilts toward the assumption that the document and the data are truthful unless there is some obvious flaw</p>
Patient Insurance confirmation	6	<p>The patient hands their insurance card to the Registrar. The Registrar performs an insurance eligibility check to confirm the patient’s coverage is active and to determine the patient’s copayment. The Registrar makes a copy of the patient’s insurance card which she places within or links to the patient’s record in the EMR</p> <p>Insurance eligibility confirmation is typically conducted via standard electronic transaction supported by the EMR</p> <p>The Registrar enters the patient’s insurance card data into the EMR system and launches the eligibility check. The healthcare payer returns an electronic response that includes the coverage status for this beneficiary along with deductible, copay</p> <p>There is no process in place to confirm that the insurance card belongs to the card bearer other than the name printed on the card matches the claimed name of the person registering</p>

Definitions:

New Patient – an individual who has not previously had services provided by the health care organization, does not have a record established at the HCO

Existing Patient – an individual who has previously received services from the HCO and has a record established

Health Care Organization (HCO) – an organization that provides healthcare goods or services in any one of several environments (hospital, clinic, lab, imaging center, pharmacy, durable medical equipment provider, long term care facility, home health care provider, telehealth provider, etc.)

Visit – an episode where the patient engages with a care professional to acquire healthcare goods or services