

4A051, Module 5, Inpatient Administration



Lesson 1: Admission Process

Lesson 2: Casualty Reporting

Lesson 3: Inpatient Records

Lesson 4: Birth Registrations

Lesson 5: Mortuary Affairs

Lesson 1: Admission Process

Click the video below to continue our journey!



After completing this lesson, the student will be able to complete the admission process, IAW prescribed guidance

and publications.

Notifying Appropriate Agencies

While working in the Admissions & Dispositions (A&D) office, you will (at times) be required to make special notifications as to the condition of certain patients admitted to your MTF. If you are serving in the capacity of the casualty assistance representative this task will be yours. Commanders are *not* the only personnel outside of the MTF who should be informed in these situations. Local policy may dictate others such as the base chaplain or the MPF are contacted. Additionally, civilian authorities may need to be contacted in certain death cases.



Because of their condition, special notification and reporting is required when patients are admitted for serious conditions or when a patient's condition changes after admission. The Medical Group commander (MDG/CC) relies on the judgment of the provider staff and the health services management team to ensure these notifications are made. Wing, group, and squadron commanders alike must always be aware of the status of their human resources.

The focal point for casualty status notifications is usually a health services management specialist in the A&D office or on the inpatient unit. This program requires a considerable amount of coordination with individuals outside of your MTF!



Patients requiring special casualty reporting fit into several categories (as determined by a health care provider).

A patient is reported as (click each box):

☐

Very Seriously Ill (VSI). The patient's physical condition, whether due to illness or injury is so severe that there is imminent danger to life.

☐

Seriously Ill (SI). The patient is one whose illness or injury is so severe that there is cause for immediate concern but there is no imminent danger to life.

☐

Incapacitating Illness or Injury (III). The hospitalized patient is not classified as VSI or SI by competent medical personnel, but whose illness or injury have the following characteristics:

- Involves serious disfigurement
- Results in loss of a major extremity
- Causes major loss of sight or hearing

- Renders the patient physically or mentally incapable of communicating with the next of kin (NOK)

When a health care provider makes the decision to report a patient in SI, VSI, or III status, they will make the appropriate entry in the patient's inpatient record on Air Force Form 3066, *Doctor's Orders*.

When notified (by receipt of an Air Force Form 570) of a SI, VSI, III or a deceased patient, notify all interested persons according to local policy.

Local policy should identify all of the required notifications you must make for casualty notifications. This list usually includes the following:

- Installation commander
- MDG/CC
- MDG administrator (SGA)
- Chief of hospital/clinic services (SGH)

- Chief of nursing services (SGN)
- Base chaplain
- Patient's commander
- Personnel responsible for casualty notification on your base (as designated by the installation commander)

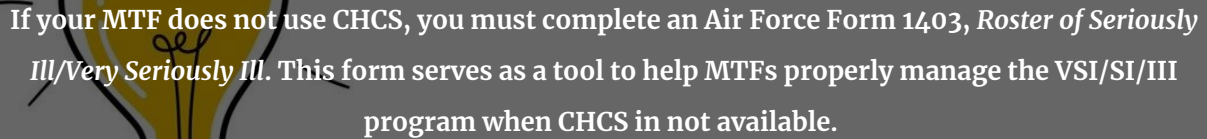
Air Force Form 570, Notification of Patient's Medical Status

The notifications that you make are recorded in section V of Air Force Form 570. In this block, state the individual contacted and the date and hour notified. Once notifications are complete, copies are distributed as local policy dictates.

When you receive an Air Force Form 570, it is your responsibility to update the CHCS (if your facility has CHCS capabilities). It is also your responsibility to print a Casualty Status Report from the reports menu daily.

NOTIFICATION OF PATIENT'S MEDICAL STATUS									
I. IDENTIFICATION									
NAME OF PATIENT, GRADE, SSAN <div style="border: 1px solid black; height: 80px; width: 100%;"></div>					DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		HOUR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
					INPATIENT UNIT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		REGISTER NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
					SERVICE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		PHYSICIAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
II. REASON FOR REPORT									
<input type="checkbox"/> COMMUNICABLE DISEASE					<input type="checkbox"/> VERY SERIOUSLY ILL PATIENT				
<input type="checkbox"/> INJURY INCURRED AFTER ADMISSION					<input type="checkbox"/> SERIOUSLY ILL PATIENT				
<input type="checkbox"/> ANTICIPATED MEDICAL BOARD/PHYSICAL EVALUATION BOARD ACTION					<input type="checkbox"/> INCAPACITATING ILLNESS OR INJURY				
<input type="checkbox"/> PROLONGED HOSPITALIZATION (90 days or longer)					<input type="checkbox"/> REMOVE PATIENT FROM VERY SERIOUSLY ILL, SERIOUSLY ILL OR INCAPACITATING ILLNESS OR INJURY LISTS				
<input type="checkbox"/> DEATH					<input type="checkbox"/> REQUEST MEDICAL RECORDS				
					<input type="checkbox"/> OTHER (Specify in remarks)				
III. DIAGNOSIS <div style="border: 1px solid black; height: 30px; width: 100%;"></div>									
IV. PROGNOSIS/NEXT OF KIN DATA									
RECOVERY IS		<input type="checkbox"/> EXPECTED		<input type="checkbox"/> NOT EXPECTED		<input type="checkbox"/> NOT ASSURED, FURTHER OBSERVATION NECESSARY			
		YES	NO			YES	NO		
PRESENCE OF RELATIVES DESIRED		<input type="checkbox"/>	<input type="checkbox"/>	NEXT OF KIN IS AT BEDSIDE		<input type="checkbox"/>	<input type="checkbox"/>	ORGAN DONOR SITUATION	
CLEARANCE BY CHIEF OF SERVICE		<input type="checkbox"/>	<input type="checkbox"/>	NEXT OF KIN HAS BEEN NOTIFIED		<input type="checkbox"/>	<input type="checkbox"/>		
DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		NAME OF PHYSICIAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
						<input type="checkbox"/>	<input type="checkbox"/>		
V. ACTION BY PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY ON VERY SERIOUSLY ILL, INCAPACITATING ILLNESS OR INJURY, AND DEATH CASES									
ACTION		DATE		HOUR		ACTION		DATE	
						HOSPITAL PERSONNEL NOTIFIED (Specify Below)			
REPORT RECEIVED									
BASE PERSONNEL RESPONSIBLE FOR CASUALTY NOTIFICATION ADVISED									
OTHER BASE PERSONNEL NOTIFIED (Specify below)									
REMARKS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>									
DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		NAME OF PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		





AF FORM 1403, 20230601 Prescribed by: AFMAN41-210	PREVIOUS EDITION WILL BE USED.	PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974
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Air Force Form 1403, *Roster of Seriously Ill/Very Seriously Ill*, or the automated Casualty Status Report available through the CHCS reports menu may be used to provide a list of patients and their casualty status.

If your facility does not have CHCS capabilities, you will be required to prepare an Air Force Form 1403 manually each day. Prepare enough copies to distribute as local policies dictate.

This form is prepared as of midnight and shows the name of each patient that was added to or removed from SI, VSI, or III status on the previous day. The list also reflects those patients that remain unchanged from previous days.



NOTE: Be cognizant of the sensitive information listed on this form as it contains Privacy Act data and should be handled appropriately. Only authorized personnel should have access.

Although rare, it is important to learn and understand the manual method as well as the automated process. At times, CHCS may not be available at your MTF due to the primitive working conditions such as those you may be faced with during some deployments.

Even in the most “high tech” environment, computer network problems arise, which force us to reach back to the old “brown shoe days” when tasks were accomplished with pen and paper!



Let me explain...

The Air Force Form 1403 may have patient information on numerous patients throughout your MTF. The form is constructed to give a running tally of VSI, SI, and III patients admitted at your MTF on a 24-hour basis.

You are responsible for providing this data to numerous personnel within the MTF, as well as to certain agencies outside of your MTF. Your local policy may dictate that squadron commanders receive a copy of this form if any of their personnel have been identified as VSI, SI or III. It is important they receive this information, but it is also important to protect the information of all the patients on this form.

Relative Support

In certain cases, the physician may determine that it is medically advisable for a relative to be present at the bedside during a critical period in the patient's hospitalization. The attending physician provides a recommendation to the MTF commander that the presence of the next of kin (NOK) is considered beneficial to the patient's recovery.

If the MTF commander approves the request, they will document the approval on the Air Form 570.



NOTE: With some restrictions, each military branch is allowed to pay for travel of NOK for SI or VSI active-duty military patients.

The NOK is defined as the following patient's relations:

- 1 Spouse
- 2 Children (includes natural offspring, step, adopted and illegitimate)
- 3 Siblings of the member
- 4 Parents of the member, who include adoptive parents and persons who have stood in loco parentis (a term used to describe those who perform the duties and responsibilities as a parent for a period of time) to the member for a period of not less than one year immediately before the member entered the uniformed service. However, only one mother and father or their counterparts may be recognized in any one case.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

Once a military member is admitted, their first sergeant, commander, or other appropriately appointed designee must be notified.

☐ True

☐ False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Who must be contacted if it's not possible to contact the members commander, first sergeant or other appropriately appointed commander's designee?

☐ Service member's installation command post

☐ Installation operations/control center

☐ Both answers above are correct

☐ None of the above

SUBMIT

END OF LESSON

Lesson 2: Casualty Reporting

After completing this lesson, the student will be able to manage casualty reporting and death packages, IAW prescribed guidance and publications.

Let's begin this lesson with preparing and managing the Seriously Ill/Very Seriously Ill (SI/VSI) roster.

The Casualty Affairs Liaison prepares the Air Force Form 1403, *Roster of Seriously Ill/Very Seriously Ill*, just after midnight each day to document the preceding 24-hour casualty status activity period. The report is then distributed internally within the MTF in accordance with local guidance. Report the initial SI/VSI placement status, then again if the status changes or is removed. Below is a snapshot of the form.

NOTIFICATION OF PATIENT'S MEDICAL STATUS									
I. IDENTIFICATION									
NAME OF PATIENT, GRADE, SSAN <div style="border: 1px solid black; height: 80px; width: 100%;"></div>					DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		HOUR <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
					INPATIENT UNIT <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		REGISTER NO. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
					SERVICE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		PHYSICIAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
II. REASON FOR REPORT									
<input type="checkbox"/> COMMUNICABLE DISEASE					<input type="checkbox"/> VERY SERIOUSLY ILL PATIENT				
<input type="checkbox"/> INJURY INCURRED AFTER ADMISSION					<input type="checkbox"/> SERIOUSLY ILL PATIENT				
<input type="checkbox"/> ANTICIPATED MEDICAL BOARD/PHYSICAL EVALUATION BOARD ACTION					<input type="checkbox"/> INCAPACITATING ILLNESS OR INJURY				
<input type="checkbox"/> PROLONGED HOSPITALIZATION (90 days or longer)					<input type="checkbox"/> REMOVE PATIENT FROM VERY SERIOUSLY ILL, SERIOUSLY ILL OR INCAPACITATING ILLNESS OR INJURY LISTS				
<input type="checkbox"/> DEATH					<input type="checkbox"/> REQUEST MEDICAL RECORDS				
					<input type="checkbox"/> OTHER (Specify in remarks)				
III. DIAGNOSIS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>									
IV. PROGNOSIS/NEXT OF KIN DATA									
RECOVERY IS		<input type="checkbox"/> EXPECTED		<input type="checkbox"/> NOT EXPECTED		<input type="checkbox"/> NOT ASSURED, FURTHER OBSERVATION NECESSARY			
		YES	NO			YES	NO		
PRESENCE OF RELATIVES DESIRED		<input type="checkbox"/>	<input type="checkbox"/>	NEXT OF KIN IS AT BEDSIDE		<input type="checkbox"/>	<input type="checkbox"/>	ORGAN DONOR SITUATION	
CLEARANCE BY CHIEF OF SERVICE		<input type="checkbox"/>	<input type="checkbox"/>	NEXT OF KIN HAS BEEN NOTIFIED		<input type="checkbox"/>	<input type="checkbox"/>		
DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		NAME OF PHYSICIAN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			<input type="checkbox"/>	<input type="checkbox"/>	SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<input type="checkbox"/>
V. ACTION BY PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY ON VERY SERIOUSLY ILL, INCAPACITATING ILLNESS OR INJURY, AND DEATH CASES									
ACTION		DATE		HOUR		ACTION		DATE	
REPORT RECEIVED		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		HOSPITAL PERSONNEL NOTIFIED (Specify Below)		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
BASE PERSONNEL RESPONSIBLE FOR CASUALTY NOTIFICATION ADVISED		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
OTHER BASE PERSONNEL NOTIFIED (Specify below)		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
REMARKS <div style="border: 1px solid black; height: 40px; width: 100%;"></div>									
DATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		NAME OF PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

The Casualty Affairs Liaison will notify the installation commander and Casualty Assistance Representative once the patient is removed from the roster so that action can be taken in accordance with Air Force Instruction (AFI) 36-3002, *Casualty Services*.

V. ACTION BY PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY ON VERY SERIOUSLY ILL, INCAPACITATING ILLNESS OR INJURY, AND DEATH CASES					
ACTION	DATE	HOUR	ACTION	DATE	HOUR
REPORT RECEIVED			HOSPITAL PERSONNEL NOTIFIED (Specify Below)		
BASE PERSONNEL RESPONSIBLE FOR CASUALTY NOTIFICATION ADVISED					
OTHER BASE PERSONNEL NOTIFIED (Specify below)					
REMARKS					
DATE	NAME OF PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY		SIGNATURE		

AF FORM 570, 20171017
Prescribed by: AFMAN41-210

PREVIOUS EDITION WILL NOT BE USED

CUI Category: PRIVACY / Distribution Statement A

Section V

Notify interested persons or agencies, as defined by local guidance, and complete Section V of Air Force Form 570. File the Air Force Form 570 in the patient's suspense file.



NOTE: Annotate in the remarks section of the Air Force Form 1403 working copy to indicate the time of removal.

CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

Who will *prepare* the Air Force Form 1403?

- ☐ Outpatient Records Technician
- ☐ Resource Management Office
- ☐ Casualty Affairs Liaison
- ☐ Primary Care Managers

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What form is the Notification of Patient's Medical Status?

-
- ☐ Standard Form (SF) 600
 - ☐ Air Force (AF) Form 570
 - ☐ Air Force (AF) Form 1466
 - ☐ Department of Defense (DD) Form 2807

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which form is prepared by the Casualty Affairs Liaison?

- ☐ DD Form 2875
- ☐ AF Form 570

☐

DD Form 2807

☐

AF Form 1403

SUBMIT

CONTINUE

Let's now discuss how to process death packages.

Inpatient MTFs will maintain a minimum of *ten* packages. The packages should be kept in a central location such as the TRICARE Operations and Patient Administration (TOPA) flight, Admissions and Dispositions (A&D) office, or the emergency department (ED).



***Each package shall contain, at a minimum,
the following forms:***



NOTE: The seven forms listed below are not in chronological order, however each form is necessary to process the death package. Click each tab to learn more.

SF 523, Authorization for Autopsy —

Authority of the deceased will authorize the medical facility to perform an autopsy. They may write down restrictions as well as special requests, if any apply.

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	AUTHORIZATION FOR AUTOPSY
<small>In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.</small>	
1. NAME AND LOCATION OF MEDICAL FACILITY	DATE AND TIME
2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of _____	
<small>I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.</small>	
This authority is granted subject to the following restrictions: _____	
(If No Restrictions, Write "None")	
The following special examinations are requested: _____	
3. I(We) represent that I am (we are) the _____ (Relationship/Authority)	
of the deceased and entitled by law to control the disposition of the remains.	
WITNESSES (medical facility staff members):	Signed _____
Signed _____	Signed _____
(Name and Title)	
Signed _____	
(Name and Title)	
FOR ADMINISTRATIVE USE ONLY	
Case falls within jurisdiction of Medical Examiner/Coroner <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medical Examiner/Coroner released remains from his jurisdiction to this authority <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE	TITLE
DATE	
PATIENT'S IDENTIFICATION (Do typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	
REGISTER NO.	WARD NO.
AUTHORIZATION FOR AUTOPSY Medical Record	
STANDARD FORM 523 (REV. 12-93) Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1	

AF Form 146, Death Tag

Fill the tag with the deceased patient's information and "tag" the person.

4

DEATH TAG	
1. LAST NAME-FIRST NAME-MIDDLE INITIAL	2. SSAN
3. ORGANIZATION	4. GRADE
5. DIED (How and Date)	6. INPATIENT UNIT
7. PLACE	8. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

AF FORM 146 AUG 81 PREVIOUS EDITION WILL BE USED.

AF Form 570, Notification of Patient's Medical Status

This form is used to communicate when a patient's medical status has changed. It will need to be signed by a physician.

NOTIFICATION OF PATIENT'S MEDICAL STATUS											
I. IDENTIFICATION											
NAME OF PATIENT, GRADE, SSAN		DATE		HOUR							
		INPATIENT UNIT		REGISTER NO.							
		SERVICE		PHYSICIAN							
II. REASON FOR REPORT											
<input type="checkbox"/> COMMUNICABLE DISEASE		<input type="checkbox"/> VERY SERIOUSLY ILL PATIENT									
<input type="checkbox"/> INJURY INCURRED AFTER ADMISSION		<input type="checkbox"/> SERIOUSLY ILL PATIENT									
<input type="checkbox"/> ANTICIPATED MEDICAL BOARD/PHYSICAL EVALUATION BOARD ACTION		<input type="checkbox"/> INCAPACITATING ILLNESS OR INJURY									
<input type="checkbox"/> PROLONGED HOSPITALIZATION (90 days or longer)		<input type="checkbox"/> REMOVE PATIENT FROM VERY SERIOUSLY ILL, SERIOUSLY ILL OR INCAPACITATING ILLNESS OR INJURY LISTS									
<input type="checkbox"/> DEATH		<input type="checkbox"/> REQUEST MEDICAL RECORDS									
		<input type="checkbox"/> OTHER (Specify in remarks)									
III. DIAGNOSIS											
IV. PROGNOSIS/NEXT OF KIN DATA											
RECOVERY IS		<input type="checkbox"/> EXPECTED		<input type="checkbox"/> NOT EXPECTED		<input type="checkbox"/> NOT ASSURED, FURTHER OBSERVATION NECESSARY					
YES		NO		YES		NO		YES		NO	
PRESENCE OF RELATIVES DESIRED		<input type="checkbox"/>		NEXT OF KIN IS AT BEDSIDE		<input type="checkbox"/>		ORGAN DONOR SITUATION		<input type="checkbox"/>	
CLEARANCE BY CHIEF OF SERVICE		<input type="checkbox"/>		NEXT OF KIN HAS BEEN NOTIFIED		<input type="checkbox"/>					
DATE				NAME OF PHYSICIAN				SIGNATURE			
V. ACTION BY PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY ON VERY SERIOUSLY ILL, INCAPACITATING ILLNESS OR INJURY, AND DEATH CASES											
ACTION		DATE		HOUR		ACTION		DATE		HOUR	
REPORT RECEIVED						HOSPITAL PERSONNEL NOTIFIED (Specify below)					
BASE PERSONNEL RESPONSIBLE FOR CASUALTY NOTIFICATION ADVISED											
OTHER BASE PERSONNEL NOTIFIED (Specify below)											
REMARKS											
DATE		NAME OF PATIENT AFFAIRS/ADMINISTRATIVE OFFICER OF THE DAY				SIGNATURE					

AF FORM 570, 20171017
Prescribed by: AFMAN41-210

PREVIOUS EDITION WILL NOT BE USED

CUI Category: PRIVACY / Distribution Statement A

DD Form 3045, Statement of Disposition of Military Remains

After receiving the mortuary briefing, the Person Authorized to Direct Disposition (PADD) will complete this form and designate disposition of deceased members remains. The PADD is designated on the DD Form 93, *Record of Emergency Data*.

CUI (when filled in)

STATEMENT OF DISPOSITION OF MILITARY REMAINS <small>(Read Agency Disclosure Notice, Privacy Advisory, and instructions on Page 2 before completing this form.)</small>		OMB No. 0704-0581 OMB approval expires 20250331
1. NAME OF DECEASED (Last, First, Middle Initial)		2. SERVICE/GRADE OF DECEASED
3. DCIPS CASE NUMBER		
4. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)		
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP TO DECEASED	c. TELEPHONE NUMBER (include Area Code)
d. CURRENT RESIDENCE ADDRESS (Street, Apartment Number, City, State and ZIP Code)		
5. SELECTION OF DISPOSITION OPTIONS		
I, the undersigned Person Authorized to Direct Disposition (PADD), have been provided a MORTUARY BRIEFING and I understand each of the options presented and have selected disposition of remains as indicated below. I understand that the embalming/preparation, restoration, and casketing of remains, under Options 1 - 4, may be provided by a civilian funeral home, under contract with the DoD, or a Mortuary operated by the Department of the Army, Navy, or Air Force.		
OPTION 1	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6, with subsequent interment/entombment in the CIVILIAN CEMETERY listed in Block 7.	
	I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ _____.	
	In addition to this maximum reimbursement, the Government will pay all remains transportation expenses.	
OPTION 2	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense to the FUNERAL HOME listed in Block 6, with subsequent interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7.	
	I understand that the reimbursement for expenses incurred at the funeral home, cemetery and other authorized expenses cannot exceed \$ _____.	
	In addition to this maximum reimbursement, the Military will pay all remains transportation expenses.	
OPTION 3	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in the casket selected in Block 8, and request transportation to be arranged, with escort, at government expense with direct consignment for interment/entombment in the GOVERNMENT CEMETERY (Federal/State) listed in Block 7.	
	I understand that the reimbursement for expenses incurred at the funeral home, cemetery, for the transportation of remains, and other authorized expenses cannot exceed \$ _____.	
OPTION 4	I authorize the Military to assume custody of remains for embalming/preparation, restoration, dressing or wrapping, with placement in a WOOD CREMATION CASKET, with CREMATION to be arranged by the receiving FUNERAL HOME, listed in Block 6, in accordance with all applicable statutory provisions. The Military will provide the urn selected in Block 9 and arrange transportation of the casket and escort at Government expense.	
	I understand that the reimbursement for expenses incurred at the funeral home and cemetery and other authorized expenses cannot exceed \$ _____.	
	Option 1 or Option 2 (depending on the method of disposition of the urn) \$ _____, in addition to this maximum reimbursement, the Government will reimburse the cremation expenses.	
OPTION 5	I desire to MAKE ALL ARRANGEMENTS for the disposition of remains. If the remains are under the control of the DoD, I direct the remains be released to the funeral home listed in Block 6. Reimbursement for expenses associated with the disposition of the remains may not exceed the reimbursement entitlements listed in (A) or (B), as applicable. If the remains are cremated and retained, the reimbursement will not exceed that of (A) below. Additionally, the Government will reimburse all remains transportation expenses. Refer to the instruction page of this form for support provided by the Military Service when choosing this option.	
	(A) \$ _____ for interment/entombment in a CIVILIAN CEMETERY.	
	(B) \$ _____ for interment in a GOVERNMENT CEMETERY (Federal/State).	
OPTION 6	I HEREBY RELINQUISH MY RIGHTS to all decisions regarding the disposition of the remains and understand that the right to direct disposition of the remains will pass to the next person in hierarchy by marriage, blood relation, or adoption and whose name is listed below. I also certify that I have the legal right to make this authorization and release the DoD, its officers, agents, and employees from any and all liability that may arise from this action. I further authorize the named individual to apply for reimbursement of the authorized reimbursable funeral expenses, up to the allowable limit, incurred in the disposition of these remains. By law, the new PADD to whom the authority to direct disposition passes is _____.	
	(Name/Relationship): _____	
6. RECEIVING FUNERAL HOME (Name, Address (include ZIP Code) and Telephone Number (include Area Code))		7. CEMETERY (or where final disposition of remains is to be effected) (Name, Address (include ZIP Code) and Telephone Number (include Area Code))
8. CASKET SELECTION (Not applicable to Options 4 or 5)	9. URN SELECTION (Applicable to Option 4)	10. I DESIRE MILITARY FUNERAL HONORS:
<input type="checkbox"/> 19-GA Steel with Silver Tone Finish	<input type="checkbox"/> Solid Bronze	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Solid Hardwood with Walnut Finish	<input type="checkbox"/> Solid Walnut	
11.a. TYPED OR PRINTED NAME OF PADD	b. SIGNATURE OF PADD	c. DATE (YYYYMMDD)
12.a. TYPED OR PRINTED NAME OF WITNESS	b. SIGNATURE OF WITNESS	c. DATE (YYYYMMDD)
DD FORM 3045, JAN 2019		Controlled by: OLS(D)PAR CUI Category: PRIVACY LIC: REDCIN POC: oad.pentagon.osud-p-c-nbx.fores@gmail.mil

CUI (when filled in)

Reset

AFMES Form 3, Request for Postmortem Examination

This form is used to obtain records/reports/photos of remains by persons legally authorized access to this information.

(AFMES: Armed Forces Medical Examiner System)

CUI (WHEN FILLED IN)

REQUEST FOR AUTOPSY REPORT AND SUPPLEMENTAL INFORMATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:

PRINCIPAL PURPOSE:

ROUTINE USES:

DISCLOSURE:

Table 10 USC, Section 1471

To obtain records/reports/photos of remains by persons legally authorized access to this information.

By Department of Defense and other agencies to document and authorize actions necessary for the release of post-autopsy supplemental information.

Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded and accommodated.

NAME OF DECEASED (Last, First, Middle Initial) # HAND-WRITTEN PLEASE USE BLACK OR BLUE INK

SERVICE/RANK OF DECEASED

SSN OF DECEASED OR DOD ID #

TYPED OR PRINTED NAME OF REQUESTOR

REQUESTOR (DAYTIME PHONE NUMBERS)

RELATIONSHIP TO DECEASED/REASON FOR NEED TO KNOW

REQUESTOR (EMAIL)

FOR FPI USE: RECEIPT DATE/TIME

I, the undersigned, am requesting to receive a copy of the official autopsy report written and maintained by Forensic Pathology Investigations (FPI), Armed Forces Medical Examiner System (AFMES) and/or the official photographs taken during autopsy.

I wish to receive the following (select one or both):

Initials

I would like to receive a copy of the official autopsy report written by the FPI Medical Examiner.

Initials

I would like to receive the photographs taken by the FPI Medical Examiner documenting the autopsy.

I understand official federal business requests will be sent via encrypted email and/or a secure DoD file sharing system (DoD SAFE) unless otherwise specified. I understand I may elect to receive materials requested for personal reasons at my home address or choose another individual (such as a casualty assistance officer, family member, counselor, etc.) to whom the requested information is sent on my behalf.

Please send the requested information to the following (select one):

Initials

Official Business Request. Send via encrypted email and/or DoD SAFE (unless otherwise specified).

Initials

OFFICIAL GOVERNMENT EMAIL (MANDATORY)

Initials

Please deliver the requested material to my home address:

Initials

SHIPMENT ADDRESS (NOTE: FEDEX DOES NOT DELIVER TO P.O. BOXES)

RELATIONSHIP TO ADDRESSEE

Initials

Please deliver the requested material to the following individual on my behalf:

Initials

TYPED OR PRINTED NAME OF ADDRESSEE

ADDRESSEE (DAYTIME PHONE NUMBERS)

Initials

SHIPMENT ADDRESS (NOTE: FEDEX DOES NOT DELIVER TO P.O. BOXES)

RELATIONSHIP TO ADDRESSEE

SIGNATURE OF REQUESTOR

DATE

PLEASE INCLUDE A PHOTOCOPY OF A CURRENT GOVERNMENT-ISSUED PHOTO ID WITH YOUR REQUEST.

We cannot process your request without verification of your identity and your legal right to this information, in accordance with the Privacy Act of 1974, as amended.

IF YOU ARE REQUESTING THIS INFORMATION FOR OFFICIAL BUSINESS, PLEASE INCLUDE A COPY OF YOUR APPOINTMENT LETTER OR A MEMORANDUM OF JUSTIFICATION ON FORMAL LETTERHEAD CITING YOUR NEED TO KNOW.

If you have questions, please contact the Armed Forces Medical Examiner at (302) 346-8648.

Submit this request form and a copy of your ID or letter of justification via one of the following modes:

Email: dha.dover.afmes.mbx.operations@health.mil

Mail: Armed Forces Medical Examiner System
Attn: Autopsy Examination Report Request
115 Purple Heart Drive
Dover Air Force Base, DE 19902

Fax: (302) 346-8819

Controlled by: AFMES

Controlled by: Director, Forensic Pathology Investigations

Category: DREC/INV/PRIVCY

LINC: FEDCON

POC: 302-346-8648

AFMES FORM 3, JAN 2023

CUI (WHEN FILLED IN)

Death Certificate

Issued by the state. If overseas, use the DD Form 2064, *Certificate of Death (Overseas)*.

Filled out by dispositions personnel to release deceased person's remains to next of kin (NOK) or legal representative.

☐ AF Form 570

☐ SF Form 523

☐ AF Form 146

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

How many pre-positioned death processing packages should an MTF maintain as the minimum to prepare for a contingency?

☐ 10

☐ 15

☐ 20



25

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Who fills out DD Form 3045, *Statement of Disposition of Military Remains*?



Mortuary Affairs Office



Patient Administration (PAD)



Person Authorized to Direct Disposition (PADD)



MTF Commander

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

All steps to for the death package need to be completed in a chronological order.

☐ True

☐ False

SUBMIT

END OF LESSON

Lesson 3: Inpatient Records

After completing this lesson, the student will be able to process inpatient records, IAW prescribed guidance and publications.

Let's begin this lesson with the Composite Health Care System (CHCS) Medical Records Tracking (MRT).



Purpose

CHCS is a medical system that is module based. The purpose of the CHCS MRT Module is to electronically track patient medical records, their location and availability to be charged out for patients that are currently enrolled and registered to their specific MTF.

FACT SHEET

Composite Health Care System

ORDER ENTRY AND RESULTS RETRIEVAL SOLUTION



The Composite Health Care System (CHCS) allows clinicians to electronically perform patient appointment processes and scheduling, order laboratory tests, authorize radiology procedures and prescribe medications.

CHCS serves as the foundation for AHLTA, the Department of Defense's (DoD) current electronic health record. CHCS enables DoD providers to document patient health information and history, electronically order laboratory and radiology tests/services, retrieve test results and order/prescribe medications. CHCS's Computerized Physician Order Entry function continues to safeguard the care provided to our beneficiaries by reducing the risk of illegible orders and performing drug interaction and appropriateness checks.

Key Features

- ▶ Supports multiple health care administrative activities, including patient administration, scheduling, medical service accounting, medical billing and workload assignments
- ▶ Supports more than 100 Military Health System interfaces
- ▶ Allows medical records tracking
- ▶ Includes quality assurance



SDD is a component of DHA DAD IO (J-6). For more information, visit www.health.mil/SDD. To subscribe for SDD product news, please visit <https://public.govdelivery.com/accounts/USMHS/DHSS/subscriber/new>.

Key Benefits

- ▶ Serves as the backbone of the MHS EHR business rules since the completion of global deployment in the early 1990s
- ▶ Provides ancillary and business functions for 102 host CHCS sites supporting more than 500 hospitals and clinics
- ▶ Supports 150,000 health care providers and more than 9.4 million beneficiaries
- ▶ Provides secure online access to health records worldwide at any time

Recent Enhancements

- ▶ Pharmacy
 - Addition of electronic prescribing (eRx) for Controlled Substances
- ▶ Drug Allergy Module (DAM) version 4.0
 - Updated DAM to include enhanced allergy selections
- ▶ Allergy Synchronization
 - Real-time synchronization of patient allergy data between CHCS, AHLTA/CDR and Essentris®
- ▶ Appointments
 - Updated the Appointment Type table in CHCS to rename two appointment types: Open Access (OPAC) to 24 hours (HR), and Established (EST) to Future (FTR)
 - Creation of virtual appointment type to allow for scheduling of virtual care
- ▶ Presidential Support Detachment Flag
 - Updating to CHCS to identify members who support the White House mission



OCTOBER 2020

Inquiries

CHCS enables users to inquire as to the location of a record, as well as a history of the record's movements. You have four different types of inquiries to choose from depending upon the amount and type of information you need.

1. Combination Data Trace (CD)

2. Record Inquiry (RI)

- Displays a current snapshot of where the physical record is located.

3. Short Record Inquiry (SR)

4. Trace Movement History (TM)

- Display the dates and locations of where the physical record was within the MTF (*shown below*).



```
=====
NAME: ██████████ (20/██████ Birth Date: ██████████
WARD: ██████████ DoD ID: ██████████ Run Date: 07 Jul 2023@1603
=====
Entitlement      : F11
Record Type(Vol): OUTPATIENT (V1)
Record No.      : ██████████
Descriptor       :
Current Location: 579 MDG BOL OPREC
Current Phone    : 202-404-13/
Associated Borr.:
Since...         : 11-29-22 @ 10:57
Movement        : CHECK-IN
NPRC Accession #:
NPRC Shelvng Dat: ██████████
Responsible User:
Home Location    : 579 MDG BOL OPREC
Home Phone       : 202-404-13/
Inact/Retire Flg: /
Last Access Meth: Non-barcode
```



Tracking is achieved through the creation of an electronic record and printed labels that identify records by patient name or identification number. These medical record tracking labels are readable by human and machine through the use of bar codes.


Next, we'll discuss Paper Record Tracking (PRT).

← → ↻ milsuite.mil/book/groups/prt ☆

This system contains CONTROLLED UNCLASSIFIED INFORMATION

milSuite Active ⓘ

milBook Streams Content People Places 0

 PRT - Paper Record Tracking Follow ↗

Overview Getting Started Activity Content People Projects Reports More ▾ Actions ▾

Welcome to our page!

PRT provides a single application to manage and track physical medical records that are stored in records rooms at MTFs across the enterprise.

Contact us:

PRT Team Distro:
dha.ncr.solution-deliv.mbx.ot-prt-orgbox@health.mil

Christine Baker | Government Lead
christine.j.baker2.civ@health.mil

WHAT IS PRT?

Paper Record Tracking (PRT) supports the management of record transfers between Medical Treatment Facilities (MTFs), borrowing of records by clinician staff, and the retirement of records based upon National Archives & Records Administration (NARA) record disposition requirements. PRT is an enterprise, centrally hosted application that supports global tracking and standardized medical record labeling while improving the efficiency of existing business processes.


SEARCH PRT MILBOOK

🔍 Start typing...

Sort by

Only show

PRT LIVE SITES

 **PRT Live Sites**

Created by Chrissy Baker on Feb 16, 2023 11:57:30 AM. Last modified by Chrissy Baker on Jul 20, 2023 11:44:32 AM.

ASK A QUESTION IN PRT - PAPER

Ask a question

ANSWERED QUESTIONS

MHS GENESIS does not contain a paper health records tracking module. PRT is the new solution to track the location of physical paper health records enterprise-wide and will replace all previous methods of tracking including CHCS MRT and CDA/CDS (legacy dental record tracking module).

Step 2

RRT1 Technician1

Add New Patient

Charge-In Records

Charge-Out Records

Data Migrator Homepage

My Tasks

PRT User Guide & Quick Reference
Guides

Recycle Bin

Reports

Retirements

RRT/RRM Homepage

Search for Patients

Temporary Movement

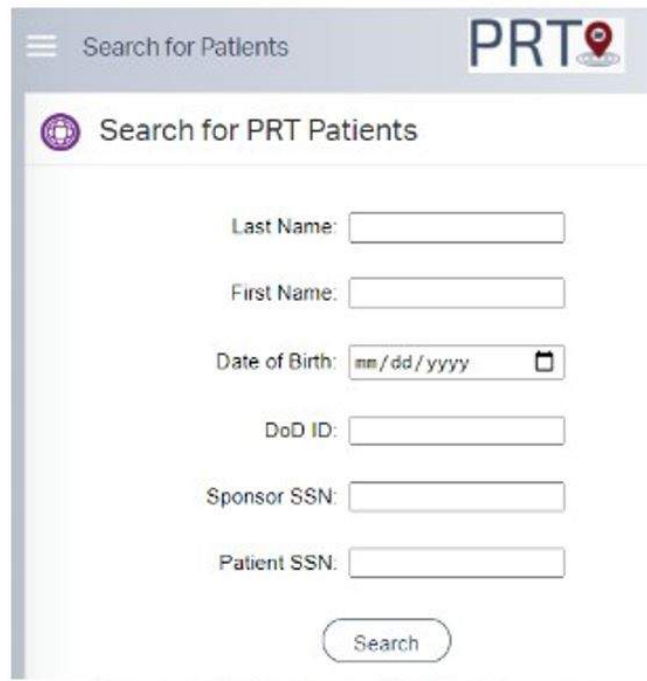
The screenshot shows the PRT system interface. On the left is a sidebar menu with various options. The 'Search for Patients' option is highlighted with a red rectangle. The main area of the screen is dimmed, showing a search bar at the top right labeled 'PRT RECORD NUMBER:'. Below this is a table with columns: 'First Name', 'Middle Name', 'FMP', 'Sponsor SSN', 'Date of Birth', 'Patient SSN', 'Last Modified', and 'Overdue R'. A single row of data is visible in the table.

First Name	Middle Name	FMP	Sponsor SSN	Date of Birth	Patient SSN	Last Modified	Overdue R
SD	S	01	[REDACTED]	4/8/1987	[REDACTED]	3/30/2021 1...	<input type="checkbox"/> Charge

Navigate to the *Hideaway* menu.

Click the *Search for Patients* menu item.

Step 3



The screenshot shows a web application interface for searching patients. At the top, there is a header bar with a hamburger menu icon, the text "Search for Patients", and the "PRT" logo with a location pin icon. Below the header, the main content area is titled "Search for PRT Patients" with a purple icon. The form contains several input fields: "Last Name:", "First Name:", "Date of Birth:" (with a date picker icon and placeholder "mm/dd/yyyy"), "DoD ID:", "Sponsor SSN:", and "Patient SSN:". A "Search" button is located at the bottom of the form.


Search for Patients

PRT

Search for PRT Patients

Last Name:

First Name:

Date of Birth: 

DoD ID:

Sponsor SSN:

Patient SSN:

Populate the demographic fields, then click the *Search* button.

Step 4

Search for Patients

PRT

Search for PRT Patients

Last Name:

First Name:

Date of Birth:

DoD ID:

Sponsor SSN:

Patient SSN:

	Last Name	First Name	Middle Name	Date of Birth	DoD ID	FMP	Sponsor SSN	Patient SSN
<input type="radio"/>	Test	Test		2021-02-02		20		
<input type="radio"/>	TEST	A1	NH 6319	2002-02-02	1001255106	20		
<input checked="" type="radio"/>	TEST	PATIENT1		1988-12-01	1410056519	20		
<input type="radio"/>	TEST	SMOKE		1910-01-01	1605840201	99		
<input type="radio"/>	TEST	SODFJL	LASIJ	2021-04-06	20321531	02		

The results of the search will appear.

Step 5

The screenshot displays the PRT system interface. At the top, there is a search bar with the text 'Search for Patients' and a 'PRT' logo. Below the search bar, the search results for 'TEST, PATIENT1' are shown. The patient's date of birth is '01 Dec 1988'. Below this, there are fields for 'Current EMP / Sponsor SSN' and 'Patient SSN', both of which are redacted. A 'DoD ID' of '1410056519' is also visible. A 'Create Record' button is located below the patient information. Below the button, there are two tabs: 'Patient's Records' and 'Patient Information'. The 'Patient's Records' tab is selected, and it displays a table of records. The table has columns for 'PRT Record Number', 'Record Subtype', 'Volume', 'Record Status', 'Sponsor SSN', 'Home Location', and 'Last Modified Date'. One record is listed with a PRT Record Number of '283', a Record Subtype of 'APV (Teaching Facility)', a Volume of '3', a Record Status of 'On Shelf', a redacted Sponsor SSN, a Home Location of '0126 (NH Bremerton) AD Records', and a Last Modified Date of '4/20/2021 2:34 PM'.

PRT Record Number	Record Subtype	Volume	Record Status	Sponsor SSN	Home Location	Last Modified Date
283	APV (Teaching Facility)	3	On Shelf	[REDACTED]	0126 (NH Bremerton) AD Records	4/20/2021 2:34 PM

Click the radio button next to the correct patient, then click the *Open* button.

The patient and associated list of records will appear.

PRT will provide access to global tracking information of all physical medical records across the DoD!



CONTINUE

Knowledge Check. Select and submit the best option in response to the question below.

What medical records tracking system would you use if at a non-PRT site?

☐

Paper Record Tracking

- ☐ Medical Record Tracking Module
- ☐ Composite Health Care System
- ☐ Patient Record Tracking

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Paper Record Tracking (PRT) provides global medical records tracking.

- ☐ True
- ☐ False

SUBMIT

CONTINUE

Moving on, we'll discuss basic facts and terms about Extended Ambulatory Records (EAR) management.

The EAR is a folder that contains information on treatment received during a(n):

- Ambulatory Procedure Visit (APV)
- Observation Stay (OBS)
- Emergency Room Death (ERD)
- Dead On Arrival (DOA)
- Subacute (SC)
- Home Health (HH)
- Partial Hospitalization (PH)
- Skilled Nursing Facility (SNF)

- Other similar statuses not meeting the requirements of an inpatient stay

Although the paperwork for these cases is filed in the EAR folder, these episodes are coded as an outpatient episode in the appropriate ambulatory data collection system. Maintain the extended ambulatory record folder in a method similar to the inpatient record, using the inpatient record folder (Air Force Form 788A-J, *Inpatient Record*).

Annotate the folder with the patient's name, family member prefix, and sponsor's social security number (SSN). Attach the CHCS Medical Record Tracking bar code label to the folder. The extended ambulatory record will be filed by the sponsor's SSN (same as the outpatient and inpatient records).

The extended ambulatory record will be maintained in a limited access area.



CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

EAR is a folder containing information on treatment received during an APV, an observation stay (OBS), Emergency Room Death (ERD), Dead On Arrival (DOA), Subacute (SC), Home Health (HH), Partial Hospitalization (PH), Skilled Nursing

Facility (SNF) or other similar status not meeting the requirements of an inpatient stay.

☐ True

☐ False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Maintain the extended ambulatory record folder in a method similar to what record?

☐ Visit

☐ Inpatient

☐ Prenatal



Outpatient

SUBMIT

CONTINUE

For this section, we'll discuss preparing, labeling, maintaining, and disposing inpatient records (IPR).

1

Creating an IPR

Step 1

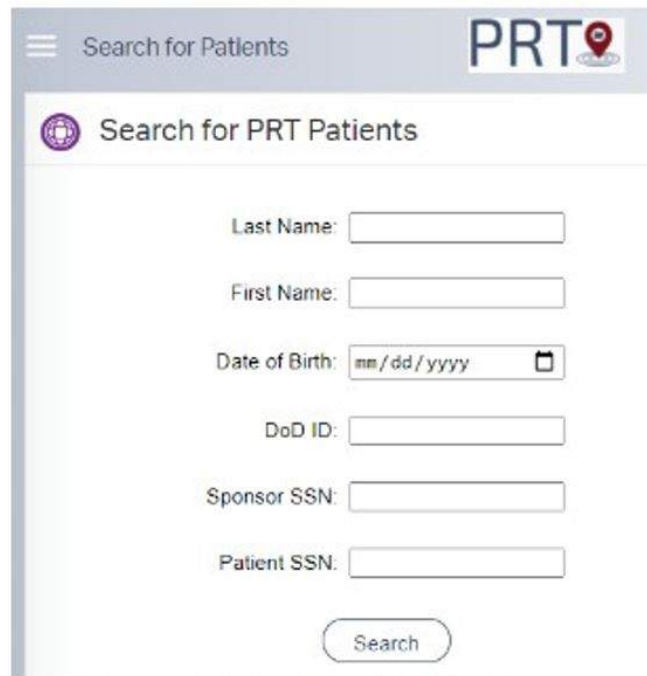
MTFs will create an electronic inpatient record each time a patient is admitted for an inpatient stay.



Creating an IPR

Step 2

MTFs will also create a paper-based inpatient record in the CHCS MRT module or PRT at the time the patient is discharged, if one has not already been created earlier in the patient's stay. The creation of paper-based records will continue until such time as the disposition schedule is updated and further direction is provided.



The screenshot shows a web application interface for searching patients. At the top, there is a header bar with a hamburger menu icon, the text "Search for Patients", and the "PRT" logo with a location pin icon. Below the header, there is a section titled "Search for PRT Patients" with a purple icon. The search form contains several input fields: "Last Name:", "First Name:", "Date of Birth:" (with a date picker icon and placeholder "mm/dd/yyyy"), "DoD ID:", "Sponsor SSN:", and "Patient SSN:". A "Search" button is located at the bottom of the form.

Creating an IPR

Step 3

IPR technicians will search for the patient in PRT. If there is no inpatient record already created, click the *Create Record* button.

Search for Patients PRT

Search for PRT Patients

Last Name:

First Name:

Date of Birth:

DoD ID:

Sponsor SSN:

Patient SSN:

	Last Name	First Name	Middle Name	Date of Birth	DoD ID	FMP	Sponsor SSN	Patient SSN
<input type="radio"/>	Test	Test		2021-02-02		20		
<input type="radio"/>	TEST	A1	NH 6319	2002-02-02	1001255106	20		
<input checked="" type="radio"/>	TEST	PATIENT1		1988-12-01	1410056519	20		
<input type="radio"/>	TEST	SMOKE		1910-01-01	1605840201	99		
<input type="radio"/>	TEST	SODFJL	LASU	2021-04-06	20321531	02		

Search for Patients PRT

Date of Birth:

Current FMP / Sponsor SSN:

Patients Records Patient Information

<input type="checkbox"/>	PRT Record Number	Record Subtype	Volume	Record Status	Sponsor SSN	Home Location	Last Modified Date
<input type="checkbox"/>		Medical - STR (U.S. Service ...	1	On Staff			4/25/2021 1:27 PM
<input type="checkbox"/>		Dental - STR (U.S. Service ...	1	Transferred to CHCS Site			8/1/2022 9:10 AM
<input type="checkbox"/>		APV (Training Facility)	1	Eligible for Retirement			12/12/2022 4:10 PM

Creating an IPR

Step 4

MTFs will prepare inpatient records for the following episodes:

- A patient is admitted to an inpatient unit of a fixed MTF, non-fixed field hospital, fixed health clinic, Expeditionary Medical Facility, afloat platform with inpatient capabilities, or convalescent center, including patients admitted and discharged before midnight on the day of admission regardless of the type of discharge.
 - If the patient is discharged and later readmitted before midnight on the same day as discharge for the same reason as the first admission, reactivate the previous record of hospitalization for that day. The attending provider will annotate the reason for readmission and will consider the hospitalization as one continuous period.
 - If the patient is readmitted after midnight or for a reason different than the previous admission, create a new record.

- Live births occurring in an MTF.
 - **NOTE:** In the case of stillborn infant, MTF personnel will not create a separate record for the child. All paperwork, including the autopsy, if performed, will be filed in the mother's inpatient record.
- In obstetrical cases, an inpatient record will be prepared when the patient is hospitalized at termination of pregnancy.
- Patients who die in transit. The MTF receiving the remains will process the records and complete the Service-specific documentation as if the patient had transferred into the facility.
- All patients admitted to a theater facility or contingency hospital during deployment.
- Carded for Record Only cases.
- North Atlantic Treaty Organization (NATO) personnel. In addition to all items normally recorded for patients admitted to MTFs, marital status of the NATO member will be recorded.

If the patient is:	Use SSN of:
AD/Reserve Component	Service Member
Family Member	Sponsor
Civilian Employee	Employee
Retired military	Member
Civilian Emergency	Patient
Foreign national, allied or another military member without SSN	Refer to existing Service guidance until DHA PAD develops a relevant publication

Labeling IPRs

Step 1

MTF personnel will select the appropriate service-specific form (e.g., record jacket or folder) according to the last two digits of the applicable SSN.

Primary Group	Record Jacket Color	AF Form
00-09	Orange	788A
10-19	Light green	788B
20-29	Yellow	788C
30-39	Grey	788D
40-49	Tan	788E
50-59	Light blue	788F
60-69	White	788G
70-79	Brown	788H
80-89	Pink	788I
90-99	Red	788J

Step 2

An automated bar code patient identification label will be generated from CHCS or PRT and placed in the upper right corner of the record jacket cover in the Patient Identification box.



IPR Maintenance and Management

If in paper, maintain IPRs, EARs, and Fetal Monitoring Strips (FMSs) using the inpatient record folder (AF Form 788A-J/DA Form 3444-series/NAVMED 6150/10-19).

Annotate the folder with the patient's name, FMP, and sponsor's SSN. Attach the CHCS MRT module or PRT bar code label to the folder and file by the sponsor's SSN.

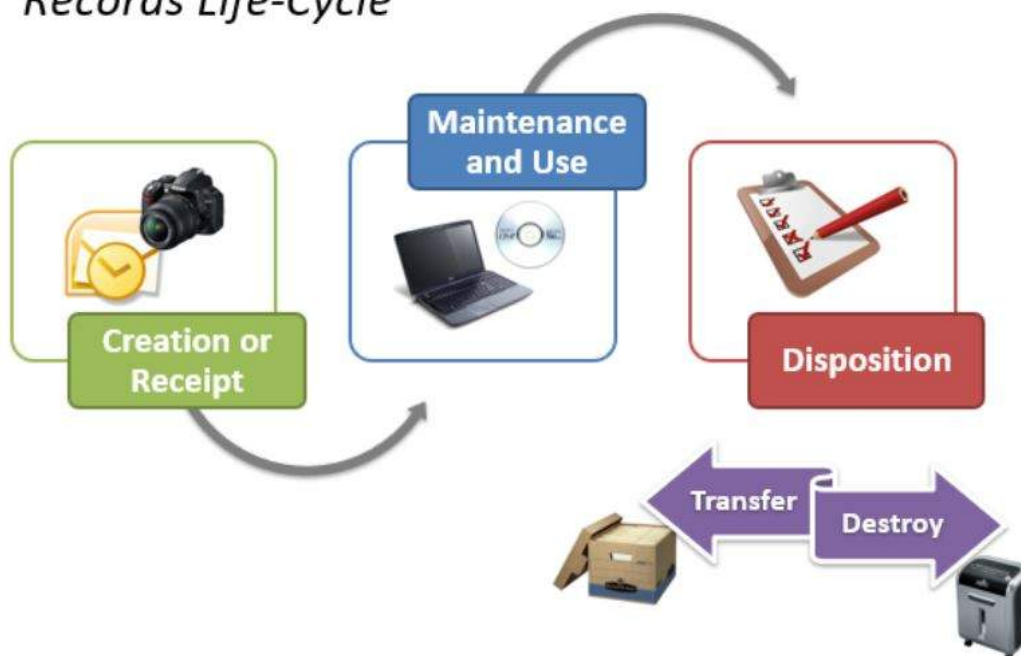


Disposition of IPRs

General Procedures

- Prepare NPRC required index of records shipment file. Outpatient and Inpatient medical records require separate indexes. FMS and EAR records must be included on the Inpatient records index.
- MTFs will disposition or retire inpatient records, EARs and FMSs to NPRC.
- If the patient does not have an inpatient record but does have an FMS or EAR, the FMS and EAR is still included in the shipment of inpatient records.
- Place the EAR folder behind any FMSs for that patient or behind the applicable inpatient record folder if there are no FMSs.
- Attach the envelopes containing the FMSs to the inside of an appropriately labeled folder (only two envelopes per patient per folder).
- Annotate the outside of the FMS folder with the name and register number of the infant, patient's name and SSN, name of the MTF, and date of infant's birth.
- File FMS folders in the same box as the applicable inpatient record (baby's or mother's) directly after the record.

Records Life-Cycle



Disposition of IPRs

Based on Facility

- Retire inpatient records, EARs, and FMSs to the NPRC using the Medical Records Tracking function of CHCS MRT module or PRT as appropriate. Do not prepare a SF 135, Records Transmittal and Receipt for this series of records. MTFs will retire records to the NARA-NPRC-CPR Annex at 1411 Boulder Blvd, Valmeyer, IL 62295. MTFs will retire records according to the transfer timelines.
- At the time of retirement all three records will be filed back to back in the following order: Inpatient Record, FMS, and EAR.
- Use the step-by-step instructions provided in the MRTR2 User Guide or PRT User Guide to set up the record rooms, create an index of retirement eligible records, and to create the final shipment index.
- Maintain shipment indices until all records listed have been destroyed or transferred to the NPRC, or when no longer needed, whichever is later. It is recommended to also print out and maintain a copy of each index for future use. This information is invaluable when determining whether or not a record has been retired to NPRC.
- Forward a copy of shipment indices to the base records management office.



Disposition of IPRs

Foreign Military

- **NATO Military Personnel IPRs.** Inpatient and/or clinical records will be forwarded to the patient's National Military Medical Authority for disposition.
- **Non-NATO Military Personnel IPRs.** Retire inpatient records in accordance with service-specific Records Disposition Schedules and the MRTR2 user guide or the PRT instructional material, as appropriate.



CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

MTFs will create an electronic inpatient record each time a patient is admitted for an inpatient stay.

☐ True

☐ False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What color record jacket will be used with a SSN XXX-XX-4798?

☐ White

☐ Red

☐ Gray

☐ Green

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Which form is the Inpatient Record jacket in the Air Force?

☐ 3444

☐ 1344

☐ 788A

☐ 600

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

You would create an inpatient record for a stillborn.

☐ True

☐ False

SUBMIT

CONTINUE

To wrap-up this lesson, let's cover the inpatient records retirement process.



Do you remember what's considered an IPR?

The following records are considered IPRs for the purposes of record creation, maintenance, and retirement:

- IPRs (non-deployed and deployed)
- Fetal Monitoring Strips (FMS)
- Extended Ambulatory Records (EARs)

EARs are synonymous with Ambulatory Procedure Visit (APV) records. While these records cover outpatient care, i.e., same day surgeries, they are managed, classified and dispositioned as inpatient records (IAW N1-330-01-002). Some MTFs may refer to EARs or APVs as Ambulatory Procedure Unit (APU) records.

Inpatient records are compiled by inpatient stay; each admission will generate a new inpatient record and each record is retired based on its respective discharge date.

Now we'll jump into the records retirement process.

Records Retirement Timeline

The timeline for retiring inpatient records is based on the date the patient was discharged from the facility and on the type of facility that performed the care.

- **Teaching facilities:** 5 years after the calendar year of the last date of treatment.
- **Non-teaching facilities:** 1 year after the calendar year of the last date of treatment.

Records are retired by year, i.e., 2016, 2017, etc.

In the event a site is behind schedule, or has records on hand from prior years, the historical years can be retired together if grouped in year order.

MTFs will review and retire IPRs in compliance with these timelines on an annual basis, by December 31st.

Printing Inpatient EHR Prior to Retirement

MTFs must continue to print and file (into the patient's paper IPR) all available ancillary, diagnostic, and clinical information stored in the EHR systems prior to final IPR retirement processing and shipment. This includes:

- A "Length of Stay" extract or equivalent report from Essentris covering the specific stay or admission.
- The inpatient encounters/notes from MHS GENESIS covering the specific stay or admission.

- FMS from MHS GENESIS, Essentris, or other monitoring devices, if not already available in hard copy format.

IPR Retirement Procedures

Refer to DHA-PM 6025.02, *DoD Health Record Lifecycle Management* for instructions on the retirement of IPRs (all components).

The MRTR2 Guide and PRT User Guide contain instructions on for retiring eligible paper IPRs (including index creation) using CHCS or PRT.

- Retiring IPRs is done similarly using CHCS and PRT as it is for NSTRs in terms of generating an index.

Pull records off shelves and prepare for shipment according to the best practices outlined in DHA-PM 6025.02.

IPRs are retired similarly to NSTRs, although inpatient records have multiple components.

At the time of retirement, all three IPR components must be filed and boxed back-to-back in the following order: IPR, FMS, and EAR.

- If a patient does not have an inpatient record but has an FMS and/or EAR, the FMS and/or EAR is still included in the shipment of inpatient records.

IPR Index Submission

The CHCS Uploading Records Retirement Index Shipment Files into ARCIS training document details how to manually build and format indexes for submission, and how to upload them to ARCIS; this document replaces guidance in the MRTR2 Guide from the beginning of page 99 (section 4.8.2 -4.10) through page 106 regarding the formatting and submission of indexes.

MTFs will refer to the PRT User Guide and related documents for generating an index in PRT for submission in ARCIS.

FMS and EARs should be included in the inpatient record index.

IPR Retirement Mailing Instructions

Once retirement indices are submitted to ARCIS, MTFs must notify DHA PAD of submission via email dha.ncr.healthcare-ops.mbx.dha-pad@health.mil with the following information:

- Name of Records Room
- Type of Record
- Number of Records
- Number of Boxes
- Date Uploaded into ARCIS
- File Name (ex: 111111IN20001111111.R01/ 111111IN20001111111.S01)

NPRC will notify the MTF POCs and DHA PAD via email with an accession (transfer) number.

- Records must not be shipped without authorization (accession number).
- Sites MUST be prepared to ship within two weeks once notification is received to prevent backlog.
- Backlogs impact all other MTFs behind you waiting to ship.

- Sites exceeding established timelines will have their accession number rescinded/canceled.

Box and package records for shipping IAW DHA-AI 047.

Print a copy of the index and place it in the appropriate box(es) being shipped to NPRC.

Mail IPRs to NPRC to the following address:

- NPRC Annex 1411 Boulder Boulevard Valmeyer, IL 62295

Deployed IPR Disposition Procedures

Patient Administration personnel in deployed locations providing inpatient care (Role 2E and Role 3) will create, quality check, and ship inpatient records for retirement to the Deployed Medical Records Processing Center (DMRPC) quarterly.

- **NOTE:** DMRPC was formerly known as the Patient Administration Systems and Biostatistics Activity (PASBA).

Deployed locations retiring inpatient records will use CHCS or PRT, if available, to generate retirement indices and track the shipments. If not available, deployed locations will create shipment indices using local electronic systems.

If MTFs inadvertently receive deployed inpatient records, prepare them for shipment as normal, but mail the records to:

- Patient Administration Systems and Deployed Medical Records Processing Center, 2273 Reynolds Rd Bldg. 4025 STE 53, JBSA-FSH, TX 78234-5053

Completing the IPR Retirement Process

Inpatient records of US military personnel, retirees, and nonmilitary personnel are eventually retired from the MTF files and sent to the National Personnel Records Center (NPRC).

By retiring records, you avoid having an excessive number of records in file; yet an accessible archive for inpatient records is available at the NPRC.

IPRs, EARs, and FMS of all personnel are retired to NPRC in St. Louis, Missouri according to the year of patient disposition, with the cutoff being 31 December of each year.

MTFs without established medical record libraries retire records two-years after the year of last discharge. MTFs with established medical record libraries retire records five years after the year of last discharge, unless a waiver has been granted by the National Archives and Records Administration.



CONTINUE

Knowledge Check. Select the best option(s) in response to the question below.

Which of the following are considered inpatient records?

☐

EAR

☐

FMS

☐ Deployed IPR

☐ Dental IPR

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

The timeline for retiring IPRs at a teaching facility is ____ years after the calendar year of the last date of treatment.

☐ 1

☐ 2

☐ 4

☐ 5

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

Patient Administration personnel in deployed locations providing inpatient care will ship inpatient records for retirement to the Deployed Medical Records Processing Center (DMRPC) _____.

- ☐ monthly
- ☐ quarterly
- ☐ every six months
- ☐ annually

SUBMIT

END OF LESSON

Lesson 4: Birth Registrations

After completing this lesson, the student will be able to distinguish between birth registration in CONUS and OCONUS, IAW prescribed guidance and publications.

First, let's cover CONUS.



What is Birth Registration in CONUS?

Birth registration is the process of inputting a patient's information such as their name, date of birth, Sponsor's Social Security Number (SSN) and patient's sex into MHS Genesis. Birth registration means to enroll the patient into the MTF's database to ensure that the patient receives care.

Let's discuss the Birth Registration Process .

Birth Registration Process

Step 1

Open MHS GENESIS (MHSG) using the icon on your desktop; the MHSG homepage displays all applications within the electronic health record.



Birth Registration Process

Step 2

Open *Revenue Cycle*, this is the application you will be using during the newborn patient registration process.



P0630 RevenueCycle

Birth Registration Process

Step 3

Click the magnifying glass to open *Person Search*.

Birth Registration Process

Step 4

Input the patient information that you have available such as name, sex, and birth date. Then select *Search*.

Birth Registration Process

Step 5

A *No Results Found* message appears, which means the newborn is not in MHSG. Select *External Search* to determine if the patient exists in DEERS.

Birth Registration Process

Step 6

The *Facility Search* window will open. Type the facility name (DMIS) to align the newborn to the facility and select *Search*. Highlight the facility and click *Select*.

Birth Registration Process

Step 7

The External MPI (Master Patient Index) retrieve function runs, wait for the results to populate.

Birth Registration Process

Step 8

The *No Results Found* message appears again. This means the newborn was not found in DEERS. Click *+ Add* to begin adding the newborn to MHSG.

- If the patient was in DEERS they would appear, but still need to be added to MHSG.
- If the patient was not found in DEERS, by clicking *+ Add* the patient will be added to both MHSG and DEERS, then a DoDID will be generated.

Birth Registration Process

Step 9

The *Add Patient* conversation opens to the *Patient Info* tab. Select the appropriate Person Affiliation Code from the drop down menu.

Birth Registration Process

Step 10

Add the same facility that was used above in Step 6.

- Enter the newborn's SSN.

- There are additional fields that can be filled out if you have the information, but they are not required.

Birth Registration Process

Step 11

Navigate to the *Patient Contact Info* tab. Define the mailing address and phone number; it is recommended to add the home address at this time.

Birth Registration Process

Step 12

Appointment reminder preferences can be added if you have that information.

- Click + *Add* to open the *Add Appointment Reminder Preference* window.
- Select the person's preferred contact method, enter their information, and click *OK*.

Birth Registration Process

Step 13

Navigate to the *Relationships* tab. Select + *Add* to add a guarantor to the person.

Birth Registration Process

Step 14

The *Add Guarantor Person* window opens. Generally, the guarantor is "self" if the patient has eligibility for care.

- Required fields auto-populate from the *Add Patient* conversation.
- Click OK.

Birth Registration Process

Step 15

Navigate to the *Insurance* tab.

NOTE: Once a new person is added to MHSG, it will push their information to DEERS, so the next time an encounter is opened, the insurance eligibility appears.

There is no need to add insurance at this time, go back to the *Patient Info* tab.

Birth Registration Process

Step 16

Click *Save* to ensure the patient's information has been saved in MHSG.

Birth Registration Process

Step 17

The process is complete and the patient is now registered in MHSG. Advise parents to report to the Military Personnel Flight (MPF) to update personal records, this must be accomplished within 120 days or the member will receive a bill for care.

When both parents are active duty, recommend that the same sponsor be identified in MHS Genesis and DEERS to eliminate confusion with the records.

Refer parents to the TRICARE service center for TRICARE options, including TRICAR prime enrollment.

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

You do *not* need the newborn's SSN to register them in MHS Genesis.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

If both parents are active duty, it is recommended that the same sponsor be identified in both DEERs and MHS Genesis.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the statement below.

Children born in an Air Force Medical Treatment Facility are automatically enrolled into TRICARE Prime.

☐

True

☐

False

SUBMIT

CONTINUE

Next, we'll cover overseas.



Birth Registration Outside the Continental United States (OCONUS)

Overseas Air Force MTFs must cooperate with consular officers in registering births of infants born to United States citizens in areas overseas.

Complete the Department of State Form DS-2029, *Application for Consular Report of Birth Abroad of a Citizen of the United States of America*, available below.

The DS-2029 will be completed in four copies. The (U.S. citizen) parent will sign each copy of the forms under oath before a military officer qualified to administer oaths.

For reference, the Department of State Form DS-2029 is located [here](#), and a copy is attached below.



ds2029.pdf
1.2 MB



EXCEPTIONS: Register births in American Samoa, Guam, Puerto Rico, the Trust Territories, and the United States Virgin Islands through the special offices of the Vital Statistics Division, Public Health Services, United States Department of Department of Health and Human Services, or specified local United States Government offices.

Did you know?

If the mother is not a U.S. citizen, the U.S. citizen father must sign form DS-2029 if he is available.

- If the father is not available (or if there is any question about his citizenship status), ask the parent(s) to get in touch with the U.S. Consular Office.

Advise the parents that a fee for registering the child's birth will be charged. The U.S. Consular Officer issues them a copy of the Department of State Foreign Form FS-240, *Consular Report of Birth Abroad*, when the birth is reported. You can apply online for this form [here](#).



Let's move on to registering an infant up to 1-year in MHS GENESIS (MHSG).



Click each step to learn more.

Step 1

A baby is either born outside of an MTF or adopted and needs to be added to MHS Genesis.

- Click *Add Infant (Up To 1 Yr)* conversation in Access Management Office. A *Person Search* window will open.
- Confirm whether baby is in MHSG by searching by DoD ID, or name, sex, and birth date.

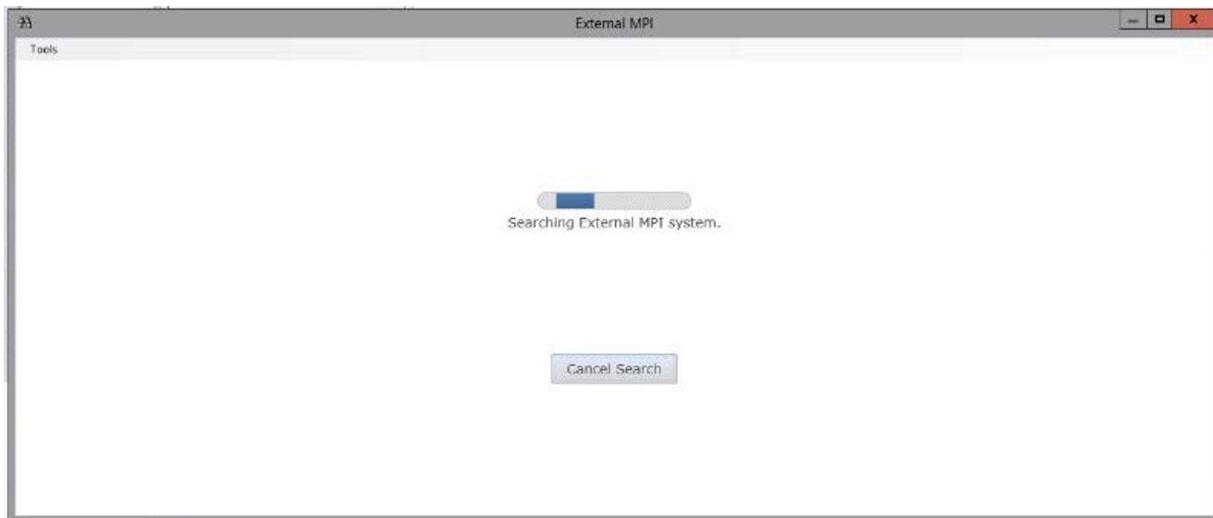
NOTE: If the patient is in MHSG, the process is complete.



Step 2

If the baby does not appear, click *External Search* to search if the patient exists in DEERS. *MPI Retrieve* will run, do not exit-out.

- If the patient is in DEERS, select *Patient* and click *Add Person*.
- If the patient still does not appear, the end user can still proceed by selecting *Add Person*.



Step 3

The *Add Infant Up to One Year* conversation will open. Complete the following step based on Step 2.

- If the patient was in DEERS: Last Name, First Name, Admin Sex, and Birth Date will be auto populated from the search query.
- If the patient was not in DEERS: Add the following fields to the conversation – Last Name, First Name, Admin Sex, and Birth Date.

* Last Name DAVIS	* First Name HEATHER	Middle Name	Preferred First Name	Previous Last Name	Suffix	* Admin Sex Female	Birth Date
* Social Security Number --	No SSN Reason	* Date of Birth 01-01-2021	Age TM	Birth Type	Birth Order		

Step 4

NOTE: Steps 4-7 are the same regardless of whether the patient was in DEERS.

The *Add Person Affiliation* field should reflect the *Person Affiliation* for the baby.

SSN is a mandatory field. If there is no SSN for the baby, select a *No SSN Reason* from the drop down and the SSN will no longer be a required field.

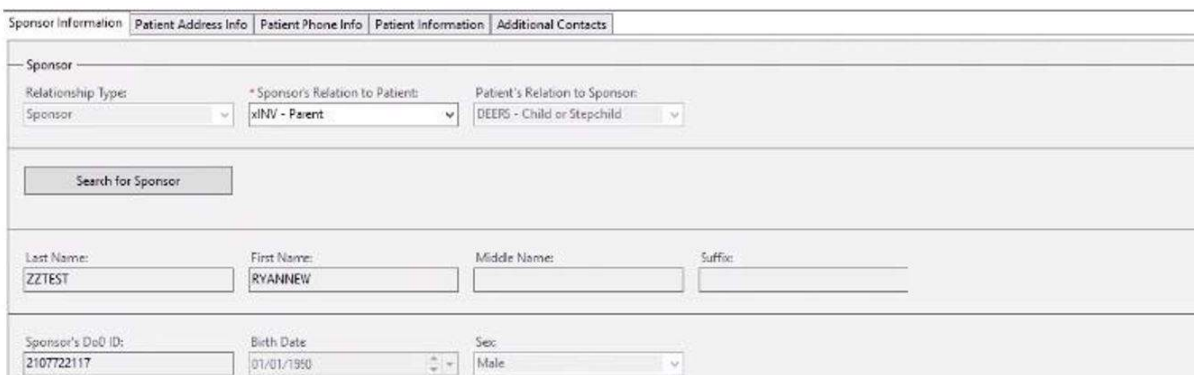
* Social Security Number: --	No SSN Reason: ▼
---------------------------------	---------------------

No SSN Reason:	
▼	▼
Minor	
Newborn	
Not a US Citizen	
Patient refused	
Unknown	

Step 5 —

Within the *Sponsor Information* tab, select the *Sponsor's Relation to Patient*.

- The sponsor's information will be auto populated in view only fields.



Sponsor Information | Patient Address Info | Patient Phone Info | Patient Information | Additional Contacts

Sponsor

Relationship Type: Sponsor | * Sponsor's Relation to Patient: xINV - Parent | Patient's Relation to Sponsor: DEERS - Child or Stepchild

Search for Sponsor

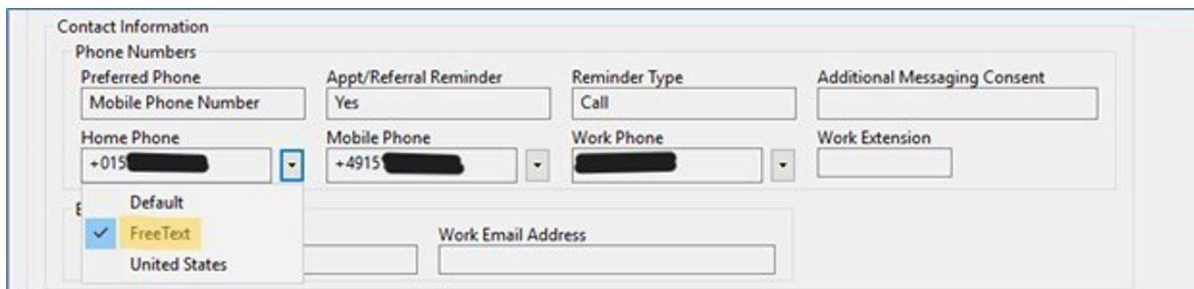
Last Name: ZZTEST | First Name: RYANNEW | Middle Name: | Suffix:

Sponsor's DoD ID: 2107722117 | Birth Date: 01/01/1950 | Sex: Male

Step 6 —

Patient Address Information, *Patient Phone Information*, *Patient Information*, and *Additional Contacts* do not require any fields to be updated.

- Patient phone numbers for OCONUS/International numbers – Must be entered as Freetext from the drop-down menu. This will allow proper formatting, as well as MHS GENESIS automated calls to come through.



Contact Information

Phone Numbers

Preferred Phone: Mobile Phone Number | Appt/Referral Reminder: Yes | Reminder Type: Call | Additional Messaging Consent:

Home Phone: +015 [dropdown] | Mobile Phone: +4915 [dropdown] | Work Phone: [dropdown] | Work Extension:

Default (checked) | FreeText | United States

Work Email Address:

Step 7 —

When all required fields are filled out, the end user may select *Complete* in the bottom right corner of the conversation screen to finish the *Add Infant Up to One Year* conversation.



To wrap up this lesson, we'll discuss the steps to create the Lifetime Pharmacy Encounter (LPE). (ALL IMAGES BLURRY)

Creating the LPE

Step 1

Launch *Revenue Cycle* on your MHS GENESIS StoreFront. Ensure that your role in PowerChart is a scheduling-enabled role prior to opening *Revenue Cycle*.

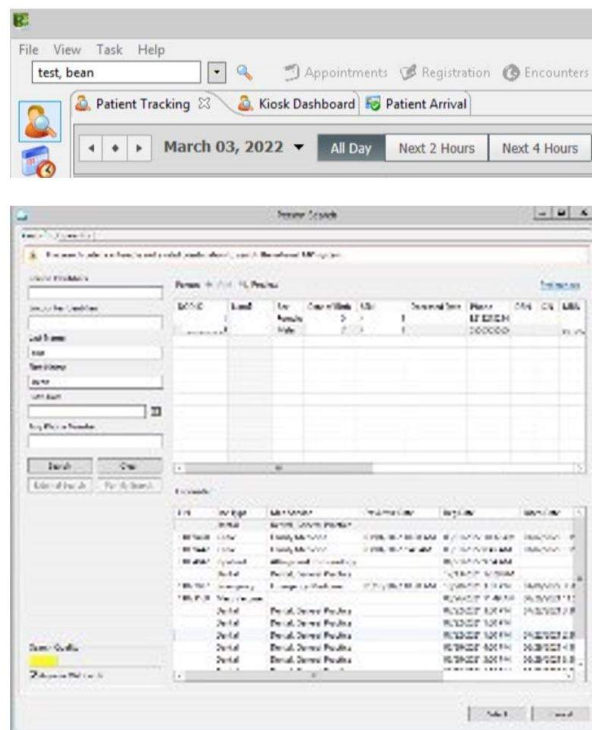


Creating the LPE

Step 2

Search for the patient in the upper left corner. A list of patients will display, click on the correct patient from the list and click *Select*.

Verify the patient does not have a *Lifetime Pharmacy Encounter* in the encounter list on the bottom half of the screen.



Creating the LPE

Step 3

An External *MPI Retrieve* will automatically generate a verification with DEERS to confirm and pull in TRICARE eligibility. This retrieve will also verify if there are any discrepancies in patient demographic information between DEERS and MHS GENESIS.

Should discrepancies be noted, verify the correct information with the patient and select to update.

NOTE: If a downtime is experienced with DEERS, it will *not* prevent you from moving forward to schedule a patient appointment.



Creating the LPE

Step 4

Once the *External MPI Retrieve* is completed, the *Appointment* window will display. To create an LPE, first select the *Encounters* perspective at the top of the view.

Creating the LPE

Step 5

Click the *Blue Plus Sign* icon on the right to add an Encounter.

The screenshot displays the 'Manage Patient Cases' Fiori app in SAP S/4HANA. The top navigation bar includes the SAP logo and the app title. Below the navigation bar, there is a search bar and a filter icon. The main content area shows a table with the following columns: Encounter, Priority, Encounter Type, Begin Date, End Date, Resource, Department, Client, Primary Health Plan, Primary Health Plan, Service Type, Service Facility, POS Code, POS Admin Date, Case, Case Description, Case Begin Date, and Status. The table is currently empty.

Creating the LPE

Step 6

Click the *Pencil* icon in the top right corner to “Change Conversation” and select *Lifetime Prescription- DOD*. Enter *Ambulatory Pharmacy* in the Facility field. You will always enter

“Ambulatory Pharmacy” for the LPE.

The screenshot shows a medical software interface with a blue header bar containing patient demographics: Male, 57 years, DOB, MRN, and DOD ID. Below the header, there are tabs for Encounter Details, Patient Identification, Guarantor, and Insurance. The main form area is divided into several sections: Selected Facility, Consent Information (with checkboxes for INOR Acknowledgement and Consent), Facility (with fields for Building, Name Unit, Room, and Bed), Enrolling DMS, PCMT Team (PLOC), LIFE Created? (with a No button), Encounter Information (with fields for Encounter Type and Medical Service), Admit Type (with a dropdown menu), Admit Source (with a dropdown menu), Reason for Visit, Display in Directory? (with a Yes button), Arrival Mode, and VIP Flag. On the right side, there is a list of services with checkboxes: Add Profile/Full Reg - DuD (checked), Lifetime Prescription - DuD, Medication Readiness - DuD, Network Referral Tracking - DuD, Outside Documentation Only - DuD, Add Visit - Place of Service - DuD, Walk In - DuD, and Cosmetic.

Creating the LPE

Step 7

Next select the *Insurance* tab. Complete the required fields (yellow fields) with the appropriate insurance information.

NOTE: First select the *BENCAT* (Beneficiary Category), which will then provide the corresponding *PATCAT* (Patient Category) options to choose from, including the different military branches.

Click *Select Profile* to select the patient’s pharmacy benefits.

Lifetime Prescription - DoD

Encounter Information | Patient Contact Information | Insurance | Employer Information

BENEFIT

1 Active Duty
2 Form Mbr of Active Duty
3 Retired
4 Form Mbr of Retired
5 Other
6 Non Reported

PATCAT

Off Duty Status

Wounded Warrior

No

+ Add - Modify - Remove Sequence Insurance Select Profile | Elig Submitted | Elig Check Status | Alerts | Cache Date | Cache Expire Date

Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin Date	End Date	Elig Submitted	Elig Check Status	Alerts	Cache Date	Cache Expire Date
-----	-------------	-------	-----------------	------------	---------------	--------------	------------	----------	----------------	-------------------	--------	------------	-------------------

Save Cancel

CONTINUE

Knowledge Check. Select and submit the best option in response to the statement below.

Overseas Air Force MTFs must cooperate with consular officers in registering births of infants born to United States citizens in areas overseas.

☐

True

☐

False

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

What MHS GENESIS application do you utilize to create Lifetime Pharmacy Encounters?

☐

Dragon Speak

☐

Registration

☐

Olympus

☐

Revenue Cycle

SUBMIT

Knowledge Check. Select and submit the best option in response to the question below.

If the mother is not a U.S. citizen, the U.S. citizen father must sign what form?

- ☐ DS-2029
- ☐ FS-240
- ☐ DS-240
- ☐ FS-2029

SUBMIT

END OF LESSON

Lesson 5: Mortuary Affairs

After completing this lesson, the student will be able to interpret mortuary affairs, IAW prescribed guidance and publications.

Liaison For Mortuary Affairs Operations

The liaison for the mortuary affairs operations is the person that initiates the actions upon notification of a death. First notification is to the command post and the casualty affairs representative of anyone whose death occurs on the installation or anytime a military, dependent or civilian employee dies within the area of responsibility of the installation. Then, the liaison will open a mortuary case file and document pertinent information in the mortuary log to include the date and time of the call and the location and condition of the remains.

The liaison must ensure that the remains are be verified, and jurisdiction must take place. According to jurisdiction, that will determine if the Air Force medical examiner or the local examiner will determine identification, autopsy, and funeral home arrangements. The liaison will notify the unit commander, submit initial death report and notify Air Force Mortuary Affairs Operations of all active duty deaths.

Assist with Remains Processing

The remains are released to mortuary personnel within 24 hours after death, unless special circumstances exist. You must ensure the death certificate is completed and signed by the responsible medical officer before releasing the remains. The releasing officer ensures that the remains present a clean appearance. Remains are not released unless wrapped in suitable covering. The mortuary representative, military or civilian, who takes custody of the remains, signs a receipt. This receipt is filed in the inpatient record of the deceased.

DOD policy requires that when a military member or dependent dies outside the US, the death must be officially recorded with the local civil authorities.

Disposition of Personal Effects

The Casualty Affairs Liaison (CAL) or their representative is notified immediately when the physician verifies the death. The physician initiates an AF Form 570 to report the death to the CAL who, in turn, makes all the required notifications IAW Air Force publications and local policy. If this is your function, you must collect and inventory all personal property of the deceased (including funds, valuables, clothing, and baggage) as soon as possible following the death of a military or civilian patient.

1

Personal effects of a military patient are sent to the appointed summary court officer (an officer in charge of coordinating the settlement of the deceased military member's affairs).

2

Personal effects of civilians (for instance, family members, retired, etc.) are inventoried and sent to an executor or administrator, or if none is appointed, to the nearest NOK.

3

A copy of the inventory should be signed, as a receipt, by the executor, administrator, or nearest NOK, as appropriate. File this

receipt in the deceased patient's inpatient record.

CONTINUE

Where should the receipt for the inventory of a deceased patient's personal effects be filed?

- ☐ The outpatient record
- ☐ The inpatient record
- ☐ The summary court officer
- ☐ The installation Judge Advocate.

SUBMIT

END OF LESSON