



SUBJECT: Online Location Form

CODE:

TITLE: Location Form Approvals

EFFECTIVE DATE: 02/20/04
Updated: 05/22/08

PURPOSE: The purpose of this policy is to establish a procedure for departmental notification of dictionary changes and to implement the approval process for additions, edits, or deactivations to the Location dictionary.

APPLICABILITY: Practice Administrators, CBO, IS&T

POLICY: It is the policy of UMDNJ-SOM IS & T Department to establish a paperless, online, change management process for all IDX dictionary updates. The following procedure should be followed for all updates to the Location Dictionary (100), Hospital Dictionary (102) and the Sched Location Dictionary (331).

PROCEDURE:

Department:

1. Download latest version of online form from the following link:
http://som.umdj.edu/departments/ist/depts_ist_ps.html choose link for Location (Bar, Hospital, Nursing Home).
2. Complete top portion of form marked 'Requestor Portion of Form'. Please complete all fields that apply to the type of location to be added.
3. Enter a heat ticket through OSR- <http://iheat.umdj.edu/heatselfservice/default/en-us/>. You can enter the ticket number on the form in the top right corner. (If you do not have access to the Web, a ticket can always be called in to the help desk.)
4. If the request is for an edit to a current location, please include either the number or the mnemonic for the location.
5. Save the request form to the local hard drive on the PC. The following conventional naming format should be used- <**FORMNAME_DIVISION_DATE**>, for example Location_Family_Med_121003.
6. Email the form to the credentialing department Monica Espada,, Shannon Rutledge and copy the Business Office Joanne Jackson (jacksojm@umdj.edu) and Jeff Steenson (steensja@umdj.edu). The IS&T department staff can be copied at ISTC-PES@lists.umdj.edu). The email subject heading be the same format as the change form - <**FORMNAME_DIVISION_DATE**>, for example Location_Family_Med_121003. **In the body of your email, please include the heat ticket number.** This email will only be accepted from the Department Administrator.

Credentialing Department

1. Make sure the appropriate credentialing has been completed for any new location addresses.

Central Billing Office:

1. Complete CBO portion of form.
2. Confirm that new locations have been added to any reports and PCS workfiles that apply.
3. Email completed form to IS & T (ISTC-PES@lists.umdnj.edu). The email subject heading be the same format as the change form - <FORMNAME_DIVISION_DATE>, for example Location_Family_Med_121003.

IS & T

1. The information will be added to the IDX system within 5 business days.
2. The completion of the request will be emailed to requesting party and the IST Team by the analyst.

Location Request Form
Flow Chart

