



MERGING CLIENT INFORMATION

imMTrax User Role Training

Montana Immunization Program

Last revised 3/2020



Housekeeping

- All participants are muted upon entering the presentation. Please do not put the line on hold.
- Any attendees listening to this presentation that do not currently have merge role access that would like to start assisting with the merge queue at your facility, please send me your contact information through the chat box and I will send you the merge role agreement via email.

Everyor
 Organiz
 Present

<u>To ask a question:</u>1. Send the host a message through the "Chat" function.

	~	Chat						
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	Ente	er your mes	sage					
	To:	Everyone				\sim	Send	
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Merging Client Information Goals and Implications

The primary goal of merging client records is to create one <u>current and complete</u> record for each individual client.

Two (or more) client records may need to be merged if each record reflects or includes:

- Changes in client last name (change in marital status, adoption)
- Data entry variations
- Data entry errors

Merging Client Information,

New imMTrax Merge :

- Merge queue is site specific
- Daily patient level deduplication scans
- Daily vaccine level deduplication scans

We expect to see less records flagged for manual resolution.

Merging Client Information Practices for a Well-Maintained imMTrax

Make evaluating your "merge queue" a routine task

Merging clients on a routine basis reduces the overall number of records pending evaluation and helps keep your clients' information accurate and up-to-date!

Do your research

When you see information that is either outdated or in question, you may need to refer to your records to make the best selection.

- Use your best judgment
- If you are not 100% sure, <u>DO NOT MERGE</u>



How to...Report Patient Duplicates



If two or more possible duplicate patient records are identified in the Patient Search Results, select Report Duplicates

Report Duplicate Patients

Reason	for deduplication:			select	•		
Please select two or more records you would like to merge.				select			
Select	First Name	Middle Name	Last Name	ENTRY ERROR		Grd First Name	Grd Last Name
	STRAWBERRY		PIE	SAME PATIENT			
	STRAWBERRY		SHORTCAKE	SAME PATIENT DIFFERENT DOB			1
				SAME FATIENT NAME VARIATION			
						Back	Report Duplicates

Select a reason for deduplication:

- Entry Error
- Same Patient
- Same Patient Different DOB
- Same Patient Name Variation

Report Duplicate Patients

Reason	for deduplication:			select 🔻	2				
Please select two or more records you would like to merge.			-select-						
Select	First Name	Middle Name	Last Name	ENTRY ERROR	Grd First Name	Grd Last Name			
	STRAWBERRY		PIE	SAME PATIENT					
	STRAWBERRY		SHORTCAKE	SAME PATIENT DIFFERENT DOB					

- Select the check boxes next to the identified possible duplicate records
- Select Report Duplicates

Report Duplicate Patients

Reason for deduplication:

3

SAME PATIENT NAME VARIATION **▼**

Please select two or more records you would like to merge.

Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
	STRAWBERRY		PIE	09/20/1983	1306729		
	STRAWBERRY		SHORTCAKE	09/20/1983	1306728		

Back Report Duplicates

- Use the radio button. Located above the patient record name, to select the Master patient record.
 - The most complete record, the one with the most updated information or the record with the most complete spelling should be marked as the Master record.

Master Patient:	•	0	-
SIIS ID	1306729	1306728	
First Name	STRAWBERRY	STRAWBERRY	
Middle Name			
Last Name	PIE	SHORTCAKE	
Suffix			
Birth Date	09/20/1983	09/20/1983	
Sex	FEMALE	FEMALE	
Medicaid Number			
Birth File			
Race			
Language			
Mother Maiden Name			
Guardian First Name			
Guardian Middle Name			
Guardian Last Name			
Street Address	4201 LOVELAND DR.	4201 LOVELAND DR.	
City	MISSOULA	MISSOULA	
State	MONTANA	MONTANA	
Zip Code	59804	59804	
Phone			
Email			
Health Plan			
Health Plan ID			
HP Enroll Date			
Multi Birth Indicator	N	N	
Birth Order		-	*
4			- F
Reason for deduplication:	SAME PATIENT	NAME VARIATION	
Same Patient Name Variation			

Reporting Duplicates Best Practice Tip

• It's best practice to enter a note in the notes field for the merge user to review before consolidating the record, especially for complex merges where it is not readily apparent that the patients are the same.

Example: Patient has legally changed their name.

Master Patient:	۲	
D	1306729	1306728
irst Name	STRAWBERRY	STRAWBERRY
Middle Name		
Last Name	PIE	SHORTCAKE
Suffix		
Birth Date	09/20/1983	09/20/1983
Sex	FEMALE	FEMALE
Medicaid Number		
Birth File		
Race		
Language		
Mother Maiden Name		
Guardian First Name		
Guardian Middle Name		
Guardian Last Name		
Street Address	4201 LOVELAND DR.	4201 LOVELAND DR.
City	MISSOULA	MISSOULA
State	MONTANA	MONTANA
Zip Code	59804	59804
Phone		
Email		
Health Plan		
Health Plan ID		
HP Enroll Date		
Multi Birth Indicator	N	N
Birth Order		
4		►
Reason for dedunlication:	SAME PATIENT	NAME VARIATION
Same Patient Name Variation	Patient recently	act married and legally changed their pr
	Fallent recently	got marned and legally changed their ha

• Last step of reporting a merge is Select Report Duplicates.

Master Patient:	۲	\bigcirc	
SIIS ID	1306729	1306728	
First Name	STRAWBERRY	STRAWBERRY	
Middle Name			
Last Name	PIE	SHORTCAKE	
Suffix			
Birth Date	09/20/1983	09/20/1983	
Sex	FEMALE	FEMALE	
Medicaid Number			
Birth File			
Race			
Language			
Mother Maiden Name			
Guardian First Name			
Guardian Middle Name			
Guardian Last Name			
Street Address	4201 LOVELAND DR.	4201 LOVELAND DR.	
City	MISSOULA	MISSOULA	
State	MONTANA	MONTANA	
Zip Code	59804	59804	
Phone			
Email			
Health Plan			
Health Plan ID			
HP Enroll Date			
Multi Birth Indicator	N	N	
Birth Order			Ψ.
4			- F

Reason for deduplication: Same Patient Name Variation SAME PATIENT NAME VARIATION

Patient recently got married and legally changed their name.

Back Merge

Note: Selecting Merge will not consolidate the records. The records will be flagged for manual resolution and available for a facility level merge user to review and consolidate. You will see a message like below if your flag for manual review was successfully submitted.

auent Search								Click here	to use ti	ne 'advance	ed' sea
Last Name or Initial:				ID:							
First Name or Initial:	Strawberr	y		SIIS Patien	nt ID / Ba	Code:					
Birth Date:	09/20/198	33		Chart Num	ber:						
amily and Address Inf	formation:										
Guardian First Name:				Mother's M	laiden Na	me:					
Street:											
City:				State:				Select		·]	
Zip Code:				Phone Nun	nber:						
Zip Code: Country: Dte: When searching by Fir: Check here if adding a ne	United Stand Last Name	States e, you may use th	ie wildc	Phone Nun × ard character % to	nder:	multiple cha	aracters	and _ to replace	ce a sin	gle charac	ter.
Zip Code: Country: Dte: When searching by Fir. Check here if adding a ne	United Stand Last Name	States e, you may use th	ne wildc	Phone Nun	o replace	multiple ch	aracters	s and _ to replac	ce a sin	gle charao Clear	ter. Sear
Zip Code: Country: ote: When searching by Fir. Check here if adding a ne atient Search Results Records Found = 2	United 3 st and Last Name	States 9, you may use th	ne wildc	Phone Nun x ard character % t Search Criteria	o replace	multiple chi tial / Birth Di	aracters	s and _ to replac	ce a sin; [gle charao Clear	ter. Sear
Zip Code: Country: Country: Check here if adding a ne atient Search Results Records Found = 2 how 100 • entries	United Stand Last Name	States e, you may use th	ne wildc	Phone Nun X ard character % t Search Criteria	o replace	tial / Birth D	aracters	s and _ to replace some some some some some some some som	ce a sin	gle charao Clear	ter. Sean
Zip Code: Country: ote: When searching by Fir. Check here if adding a ne attent Search Results Records Found = 2 how 100 • entries First Name • Mit	United st and Last Name w patient.	States 9, you may use th Last Name	ne wildc	Phone Nun X ard character % t Search Criteria Birth Date	o replace a: First In	tial / Birth Di	aracters ate \$ 0	s and _ to replace s and _ to re	ce a sin [gle charac Clear	ter. Sear
Zip Code: Country: ote: When searching by Fin Check here if adding a ne atient Search Results Records Found = 2 how 100 • entries First Name • Mic STRAWBERRY	United st and Last Name w patient.	States e, you may use th Last Name PIE	e wildc	Phone Nun X ard character % tr Search Criteria Birth Date 09/20/1983	o replace a: First In	tial / Birth D	aracters ate	s and _ to replace Search: Grd First Name	ce a sin; [G	gle charac Clear	ter. Sean

Your request for record merging has successfully been submitted for manual review.

Merging Client Information Navigating to the Merge Functions

🔺 Main					
Home	Patient Search			Click <u>here</u> to use the	e 'advanced' search
Logout Document Center	First Name or Initial:		ID:		
Help	Last Name or Initial:		SIIS Patient ID / Bar Coo	le:	
⊿ Message	Birth Date:		Chart Number:		
View Messages	Family and Address Info	rmation:			
Favorites	Guardian First Name:		Mother's Maiden Name:		
⊿ Patient Search/Add	Street:				
Demographics	City:		State:	Select	
Review Duplicates	Zip Code:		Phone Number:		
Vaccinations	Country:	Select	•		
Inventory Management	Note: When searching by First	and Last Name, you may	use the wildcard character % to replace mul	tiple characters and to replace a sing	e character

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Clear Search

۲	Reminder/Recall
Þ	Scheduled Reports
	Change Password

- Administration
- Answers

Reports

Settings

Merging Client Information, Navigating to the Merge Functions

REMEMBER!!!!

Always review Batch Imports and User Flagged when reviewing your facility's merge queue.

REMINDER

Manual Deduplication

Limit Report By

Batch Imports O User Flagged

Merging Client Information Batch Imports: Navigating to the Merge Function



Merging Client Information, Evaluate to Merge Records

Manual Deduplication R	ecord 1 of	1					
Return to Select Screen	Previous	ONIP	Merge	New Patient	Collapse		
Incoming Patie	nt Record] -	P	otential Match In System
9507			System I	D		18507	
SLEEPING BEAUTIO OLE	Cinonos	TICS	Facility I	D		SLEEP NO. DE	AUTV'S SLEEP DIACHOSTICS
SP9048450078			Patient II)		SIISCLIENT29	9811
ROCKY			First Nan	ne		ROCKY	
С			Middle N	ame		CREAM	
ROAD			Last Nan	ne		ROAD	
			Suffix				
10/15/2015			Birth Dat	e		10/15/2015	
F			Sex			F	
			SSN				
			Medicaid	Number			
			Birth File	1			
			Race			White	
			Languag	e			
			Mother N	laiden			
			Grd First	Name			
			Grd Midd	lle Name			
			Grd Last	Name			
			Guardian	SSN			
298 TEST AVEUNE			Street Ac	laress		PO BOX 1111	
MISSOULA			City			STIGNATIUS	
MII 50074			State Zin Code			MI I	
09874			ZIP Code			09800	
(400)444-9303			Phone			(400)544-1785)
			Email Logith Di	an			
			Health D	an ID			
				all ID I Dato			
			Multi Dir	h Indicator		N	
			Birth Ord	lor		(N	
			Block Ma	il Reason			
12/29/2018 12:04:12			Registry	Entry Stamp		12/29/2018 12	:01:39
Yes	Make II	ncoming	Record Hi	storical			
Return to Select Screen	Previous	Skip	Merge	New Patient			

Take a moment to look at the clients in question, scroll down and look at all the information given.

NOTE: Incoming message displays on left, existing record displays on right.

Fields with matching information are highlighted in yellow.

> Don't continue to merge if you aren't confident the clients are the same!

	Patient Vaccination Record								
	Incoming Patient Record			Potential Match In System					
Date	Vaccine Type		Vaccine Type	Date	Vaccine Type				
02/10/2017	pneumococcal polysaccharide PPV23			08/08/2016	IPV				
				08/08/2016	DTaP				
				03/03/2017	Hep A, adult				
				03/03/2017	DTaP-IPV				
				12/29/2018	MMR				
				12/29/2018	Tdap				
				12/29/2018	Meningococcal MCV4O				

Merging by User Flagged If the second second

Manual Deduplication R	ecord 1 of 1					
Return to Select Screen	Previous	Skip	Merge	New Patient	Collapse	
Incoming Patie	nt Record					Potential Match In System
18507			System II	0		18507
SLEEPING BEAUTY'S SLEE	P DIAGNOS	rics	Facility ID)		SLEEPING BEAUTY'S SLEEP DIAGNOSTICS
SP9048450078			Patient ID)		SIISCLIENT29811
ROCKY			First Nam	ne		ROCKY
с			Middle Na	ame		CREAM
ROAD			Last Nam	e		ROAD
-			Suffix			
10/15/2015			Birth Date	e		10/15/2015
F			Sex	-		F
			SSN			
			Medicaid	Number		
			Birth File			
			Race			White
			Language	۵		
			Mother M	aiden		
			Grd First	Name		
			Grd Midd	le Name		
			Grd Last	Name		
			Guardian	SSN		
298 TEST AVEUNE			Street Ad	dress		PO BOX 1111
MISSOULA			City			ST IGNATIUS
MT			State			MT
59874			Zip Code			59865
(406)444-9353			Phone			(406)544-1785
			Email			
			Health Pla	an		
			Health Pla	an ID		
			HP Enroll	Date		
			Multi Birt	h Indicator		N
			Birth Ord	er		
			Block Ma	il Reason		
12/29/2018 12:04:12			Registry	Entry Stamp		12/29/2018 12:01:39
Yes	Make Ir	coming	F cord His	sto ical		
Return to Select Screen	Previous	Skip	Merge	New Patient		

	Patient	/accina	tion Record		
	Incoming Patient Record	Sha	ared Vaccinations	Po	tential Match In System
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
02/10/2017	pneumococcal polysaccharide PPV23			08/08/2016	IPV
				08/08/2016	DTaP
				03/03/2017	Hep A, adult
				03/03/2017	DTaP-IPV
				12/29/2018	MMR
				12/29/2018	Tdap
				12/29/2018	Meningococcal MCV4O

If the records should be merged, **select Merge**.

Note: Upon selecting Merge, if the demographic information in the Incoming Patient Record is different than the Potential Match in System, the information will be updated to reflect the information in the Incoming Patient Record.

The vaccinations in the Incoming Patient Record and Potential Match in System will be consolidated and saved.

Merging Client Information Batch Imports

		ooning noooi	amotorioai
Return to Se	lect Screen Previous S	kip Merge	New Patient
Manual Deduplication			
Limit Report By			
	Batch Imports User Flagge	ed	
Display incoming Records By:	Oldest First O Newest First		
Birth Dates:	From:	Through:	

After merging records in your facility's merge queue, select Return Back to Select Screen or the system will automatically return you to the screen if you merge all records in the queue.

Select Process Manual Deduplication Records.

Failure to select Process Manual Deduplication Records will result in the incoming message not appearing in record for an extended amount of time.

Process Manual Deduplication Record



Merging Client Information User Imports: Navigating to the Merge Function



Return to Select Screen Previous Skip Merge Different Patients Collapse Suggested Master Master Record Master Record O 18507 System ID 18507 SLEEPING BEAUTY'S SLEEP DIAGNOSTICS Facility ID SLEEPING D0667 Patient ID 17437 BAR First Name BAR Middle Name KITKAT Last Name 01/02/2001 Birth Date 01/03/2001 F Sex M Medicaid Number Birth File White Barguage Mother Maiden Grd Middle Name Grd Middle Name Grd Middle Name HELENA Mhite Race White HELENA Birth File White Grd Middle Name Grd Middle Name Grd Middle Name Grd Middle Name Grd Middle Name PO BOX 56 THREE FORKS City HELENA MT 59752 Zip Code 59601 Hool+46-52 Email Health Plan Health Plan Health Plan	
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BAR First Name BAR Middle Name KITKAT Last Name KITKAT Suffix Suffix 01/03/2001 F Sex A Medicaid Number Birth File White Race Mither SSN Grd First Name Grd First Name Grd Last Name Grd Last Name Grd Last Name OP BOX 56 THREE FORKS CIty HELENA MT State MIT S9752 Zip Code 59601 Phone (406)446-52 Email Health Plan	
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Suffix 01/03/2001 Birth Date 01/03/2001 F Sex M SSN Medicaid Number Birth File Mite White Language Grd Middle Name Grd First Name Grd Last Name Grd Last Name Guardian SSN PO BOX 56 THREE FORKS City MT State Syn52 Zip Code Email Health Plan	
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MT State MT 59752 Zip Code 59601 Phone (406)446-52 Email Health Plan	
59752 Zip Code 59601 Phone (406)446-52 Email Health Plan	
Phone (406)446-52 Email Health Plan	
Email Health Plan	23
Health Plan	
Health Plan ID	
HP Enroll Date	
Multi Birth Indicator	
Birth Order	
Block Mail Reason	
11/07/2018 10:52:21 Registry Entry Stamp 11/07/2018	11:02:53
Reason Records are Believed to be Duplicates: TEST	
Comments	
Return to Select Screen Previous Skil Merge Different Patients	

Filtered by Organization (IRMS):1850

Select Merge

Demographic information will reflect Suggested Master

Immunizations in both records will be combined and merged into the new record

		Patient	Vaccination Record		
	Suggested Master	Sha	ared Vaccinations		Suggested Merge
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
03/09/2011	DTaP-Hep B-IPV			04/08/2011	DTaP-Hep B-IPV

Filtered by Organization (IRMS):18507 Manual Deduplication Record 1 of 1

	Merge Different Patients Collapse	
Suggested Master		Suggested Merge
	Master Record	
18507	System ID	18507
SLEEPING BEAUTY'S SLEEP DIAGNOSTICS	Eacility ID	SLEEPING BEAUTY'S SLEEP DIAGNOSTICS
10867	Patient ID	17437
BAR	First Name	BAR
	Middle Name	
KITKAT	Last Name	KITKAT
	Suffix	
01/02/2001	Birth Date	01/03/2001
F	Sex	M
	SSN	
	Medicaid Number	
	Birth File	
White	Race	White
	Language	
	Mother Maiden	
	Grd Hirst Name	
	Grd Last Namo	
	Guardian SSN	
PO BOX 56	Street Address	PO BOX 80
THREE FORKS	City	HELENA
MT	State	MT
59752	Zip Code	59601
	Phone	(406)446-5223
	Email	
	Health Plan	
	Health Plan ID	
	HP Enroll Date	
	Multi Birth Indicator	
	Birth Order	
	BIOCK Mail Reason	
Pagage Deserve are Deligued to be Durlington	Registry Entry Stamp	
Reason Records are Believed to be Duplicates:	TEST	
Comments		
Return to Select Screen Previous Skip	Merge Different Patients	

Review the information in each column

<u>Suggested Master</u>= record user flagged as the most complete record

<u>Suggested Merge</u>= record user indicated should be merged into master record

		Patier	nt Vaccination Record		
	Suggested Master	S	hared Vaccinations	SI	iggested Merge
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
03/09/2011	DTaP-Hep B-IPV			04/08/2011	DTaP-Hep B-IPV

increa by organization (in	100001					
Manual Deduplication F	Record 1 of	1				
Return to Select Screen	Previous	Skip	Merge	Different Patients	Collapse	
Suggested	Master					Suggested Merge
0			Master R	ecord		0
0.07			System I	D		18507
SLEEPING BEAUTY'S SLEE	EP DIAGNOS	TICS	Facility I	D		SLEEPING BEAUTY'S SLEEP DIAGNOSTICS
0867			Patient II	D		17437
BAR			First Nan	ne		BAR
			Middle N	ame		
(ITKAT			Last Nan	ne		KITKAT
			Suffix			
)1/02/2001			Birth Dat	e		01/03/2001
-			Sex			M
			SSN			
			Medicald	Number		
			Birth File)		
white			Race	_		White
			Languag	e Inidan		
			Grd Eiret	Namo		
			Grd Mide			
			Grd Last	Namo		
			Guardian	S S S N		
PO BOX 56			Street Ac	Idraee		PO BOX 80
THREE FORKS			City	101033		HELENA
MT			State			MT
59752			Zip Code	1		59601
			Phone			(406)446-5223
			Email			(,
			Health P	an		
			Health P	lan ID		
			HP Enrol	I Date		
			Multi Bir	th Indicator		
			Birth Ord	ler		
			Block Ma	ail Reason		
11/07/2018 10:52:21			Registry	Entry Stamp		11/07/2018 11:02:53
Reason Records are Believ	ved to be Du	plicates:	TEST			
Comments						
Return to Select Screen	Previous	Skip	Merge	Different Patients		

simpling (IDMC)-40E0

Review the information in each column

If records are a match, use the radio button to select Suggested Master or Suggested Merge

In most cases, the **Suggested Master** will be selected, but carefully consider before merging

		Patie	ent Vaccination Record		
S	uggested Master	5	Shared Vaccinations	St	iggested Merge
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
03/09/2011	DTaP-Hep B-IPV			04/08/2011	DTaP-Hep B-IPV

Return to Select Screen Previous Skip Merge Different Patients Collapse Suggested Master Master Record Master Record O 18507 System ID 18507 SLEEPING BEAUTY'S SLEEP DIAGNOSTICS Facility ID SLEEPING D0667 Patient ID 17437 BAR First Name BAR Middle Name KITKAT Last Name 01/02/2001 Birth Date 01/03/2001 F Sex M Medicaid Number Birth File White Barguage Mother Maiden Grd Middle Name Grd Middle Name Grd Middle Name HELENA Mhite Race White HELENA Birth File White Grd Middle Name Grd Middle Name Grd Middle Name Grd Middle Name Grd Middle Name PO BOX 56 THREE FORKS City HELENA MT 59752 Zip Code 59601 Hool+46-52 Email Health Plan Health Plan Health Plan	
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59752 Zip Code 59601 Phone (406)446-52 Email Health Plan	
Phone (406)446-52 Email Health Plan	
Email Health Plan	23
Health Plan	
Health Plan ID	
HP Enroll Date	
Multi Birth Indicator	
Birth Order	
Block Mail Reason	
11/07/2018 10:52:21 Registry Entry Stamp 11/07/2018	11:02:53
Reason Records are Believed to be Duplicates: TEST	
Comments	
Return to Select Screen Previous Skil Merge Different Patients	

Filtered by Organization (IRMS):1850

Select Merge

Demographic information will reflect Suggested Master

Immunizations in both records will be combined and merged into the new record

		Patient	Vaccination Record		
	Suggested Master	Sha	ared Vaccinations		Suggested Merge
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
03/09/2011	DTaP-Hep B-IPV			04/08/2011	DTaP-Hep B-IPV

Merging Client Information Batch Imports

		mano moom		a motorioai	
Return to Se	lect Screen Pre	evious Skip	Merge	New Patient	
Manual Deduplication					
	Batch Imports	User Flagged			
Display Incoming Records By:	Oldest First O	Newest First			
Birth Dates:	From:	Through	gh:		
					Back
					Dack
Organization (IRMS) ID		Organization (IRMS)	Name	rotal #	OF RECO

After merging records in your facility's merge queue, select Return Back to Select Screen or the system will automatically return you to the screen if you merge all records in the queue.

Select Process Manual Deduplication Records.

Failure to select Process Manual Deduplication Records will result in the incoming message not appearing in record for an extended amount of time.

Process Manual Deduplication Record



How to... Disassociate Client Records



Disassociating Client Records, Batch Import

Filtered by Organization (IRMS):1850	07					
Manual Deduplication Record 1	of 1					
Return to Select Screen Previous	Skip Merge New Patient Collapse					
Incoming Patient Record		Potential Match In System				
18507	System ID	18507				
SLEEPING BEAUTY'S SLEEP DIAGN	OSTICS Facility ID	SLEEPING BEAUTY'S SLEEP DIAGNOSTICS				
SP9404495865	Patient ID	SP940009865				
BUGS	First Name	BUGS				
SASSY	Middle Name					
BUNNY	Last Name	BUNNY				
L	Suffix					
05/05/1999	Birth Date	05/05/2013				
F	Sex	F				
	SSN					
	Medicaid Number					
	Birth File					
	Race					
	Language					
	Mother Maiden					
	Grd First Name					
	Grd Middle Name					
	Grd Last Name					
	Guardian SSN					
1234 HONEY LANE AVEUNE	Street Address	1234 HONEY LANE AVEUNE				
KALISPELL	City	HELENA				
MT	State	MT				
96501	Zip Code	96501				
(406)444-9353	Phone	(406)444-9353				
	Email					
	Health Plan					
	Health Plan ID					
	HP Enroll Date					
	Multi Birth Indicator					
	Birth Order Black Meil Dessen					
01/04/2010 00:00:50	BIOCK Mall Redsoll	01/04/2010 09:57:24				
01/04/2019 09:00:59	Registry Entry Stamp	01/04/2019 08:57:54				
Ves Mak	e Incoming Record Listonica					
Return to Select Screen Previous	Skip Merge New Patient					
Patient Vaccination Decord						

If you have more than two records being evaluated that should not be merged, select New Patient.

6		Patient	Vaccination Record	1	
Suggested Master		Shared Vaccinations		Suggested Merge	
Date	Vaccine Type	Date	Vaccine Type	Date	Vaccine Type
03/09/2011	DTaP-Hep B-IPV			01/02/2019	DTaP-Hep B-IPV

How to... Unmerge Client Records



Unmerge Client Records

Contact the Montana Immunization Program, 406-444-5580.

Note the SIIS Patient ID for record.



Montana Department of Health and Human Services Public Health and Safety Immunization Program

Questions?

Sarah R. Keppen, RHIA IIS Training and Support (406) 444-9539 sarah.keppen@mt.gov

Thank you for attending!