How To Document Race and Ethnicity Directly in the MCIR

Only the following MCIR user roles: Provider Users and Site Administrators may edit person information.

- 1. Start by logging directly in to the MCIR via MILogin.
- 2. <u>Search for a Person</u>, (Figure 1).
- From the person's general information screen, click
 <u>Edit</u> to the right of Person Information, (Figure 1).

General Person Add/Find R	Inform:	Sch/CC mation Stat	Pi Bi Pi tus History	erson: Test, Person irth Date: 05/30/1940 rovider: Overdue M VFC	My Si	<u>View</u> te Rp	Print Help Home Exit ts Oth
Person Inf	formation : Edit					MCIR ID :	
Name:	Test, Person	Birthdate: Age:	05/30/1 80 Year	940 s 8 Months	Gender:		Female
Resp. Party:	Test, Person	Jurisdiction:	No Cou	nty Affiliation	Primary	Phone:	
Address:	123 Grand Avenue	в			Seconda	ary Phone:	
	Lansing, MI 48933	3			Address	Status:	Invalid
Country:	United States	County:	No Cou	nty	Address	Updated:	11/13/2020
Influenza Pregnancy:	Screening Notifica Add	tion Pote	ntial Lead E	xposure (Flint Wa	ter)	Othe	er
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
DTP/DTaP/ DT/Td/Tdap	01/21/2021 / Tdap (adol/adult) 80vrs 7mos						Td DUE NOW
	00913 /11103						





4.	The Edit Person screen
	displays, (Figure 2).

 Scroll down to the Additional Information section, (Figure 2).

Edit Person		Person: Birth Da Provide	Test, Person ate: 05/30/1940 r: Overdue		<u>View</u>	<u>Print Help</u> <u>Home</u> <u>Exit</u>
Person Rem/F	Rcl Sch/CC m Information Status	VIM History	VFC	My Site	Rpts	Oth
Person Information				МС	IR ID :	
Legal Last Name* Test			Legal F	irst Name*	Person	
Legal Middle Name			Legal S	uffix Name		
Birthdate* 05/30/1940	Gender Female	- Multi	ple Birth			
High Risk Conditions						
Influenza Screening Not Pregnancy: <u>Add</u>	ification Potentia	al Lead Expos	ure (Flint Wate	r)		
Responsible Party : A	dd New					
Person Test 123 Grand Ave	enue Lansing MI 48933			No County	11/1	13/2020 🖌
Identifiers						
Medicaid						
Patient ID)				
Birth Facility Informat	ion					
Name			Stat	e 🗸 Co	ounty	~
Medical Home						
Jurisdiction No Co	ounty Affiliation 🗸		Patient Juris	diction Status	Active	~
MCIR Options						
Person does not receive Person is migrant	e medical care in Michig	<u>jan</u>		Perso	on is decease	d
Additional Information	n					
Race (Source:Clinical)	Unknown(UNK)					~
Ethnicity (Source:Clinical)	Unknown(UNK)					~
Alias Last	First		Mother's	Maiden Name		
	Submit		Canc	el		





		Additional Information		
6.	Click Race dropdown and make selection, (Figure 3).	Additional Information Race (Source:Clinical) Ethnicity (Source:Clinical) Alias Last	Unknown(UNK) White(2106-3) Black/African-American(2054-5) American Indian/Alaskan Native(1002-5) Chinese(2034-7) Japanese(2039-6) Filipino(2036-2) Native Hawaiian(2079-2) Other Race(2131-1) Asian(2028-9) Alaskan Native(1735-0) Arab/(2129-5)	~
			Native Hawaiian/Other Pacific Islander(2076-8)	



Additional Information Race (Source:Clinical) White(2106-3) 7. Click Ethnicity dropdown v and continue selection, Ethnicity (Source:Clinical) v (Figure 4). Alias Last Unknown(UNK) Hispanic/Latino(2135-2) Not Hispanic/Latino(2186-5) Junit

Cancer

Figure 4

Additional Information 8. Click Submit, (Figure Race (Source:Clinical) White(2106-3) × 5). Ethnicity (Source:Clinical) Not Hispanic/Latino(2186-5) ¥ Alias Last First Mother's Maiden Name Submit Cancel Figure 5 Page 3

- 9. After clicking submit the General Information screen will display, (Figure 6).
- 10. <u>To View Race and Ethnicity documented on a</u> <u>MCIR record</u>, click the **Other tab** to the right of the Immunizations tab, (Figure 6).
- 11. Scroll down to the bottom section titled Additional Information, (Figure 7).

General Info	ormation		Person: Test, Person Birth Date: 05/30/1940 Provider: Overdue			View	Print Help Home Exit	
Person	Rem/Rcl	Sch/CC	VIM	VFC	My Site	Rpts	Oth	
Add/Find Roster	Add Imm In	formation Status	History					

If this is not the correct person you may Search Again or Add Person.

Person Inf	ormation : Ed	it				MCIR ID :	
Name:	Test, Person	Birthdate:	05/30/1	940	Gender:	6.)	Female
		Age:	80 Year	s 8 Months			
Resp. Party:	Test, Person	Jurisdiction:	No Cou	nty Affiliation	Primary	Phone:	
Address:	123 Grand Aven	ue			Second	ary Phone	
	Lansing, MI 4893	33			Address	s Status:	ivalid
Country:	United States	County:	No Cou	nty	Address	Updated	1/13/2020
High Risk Influenza Pregnancy:	Conditions Screening Notific Add	ation Poter	ntial Lead E	xposure (Flint V	Vater)		
High Risk Influenza Pregnancy:	Conditions Screening Notific Add	ation Poter	ntial Lead E	xposure (Flint V	Vater)	Oth	er
High Risk Influenza Pregnancy: Series	Conditions Screening Notific Add Dose 1	ation Poter	ntial Lead E	xposure (Flint V Dose 4	Vater)	Oth Dose 6+	er Status
High Risk Influenza Pregnancy: Series DTP/DTaP/ DT/Td/Tdap	Conditions Screening Notific Add Dose 1 01/21/2021 Tdap (adol/adult) 80yrs 7mos	ation Poter Immunizations Dose 2	ntial Lead E 6 Dose 3	xposure (Flint V Dose 4	Vater)	Oth Dose 6+	er Status Td DUE NOV

Figure 6

12. Race and Ethnicity is displayed as documented, (Figure 7).

 Additional Information

 Race 1 (Source:Clinical)
 White(2106-3)
 Ethnicity (Source:Clinical)
 Not Hispanic/Latino(2186-5)

 Mother's Maiden Name:
 Add to Roster
 Unlock Person

Figure 7

