



RESOURCE AND PATIENT MANAGEMENT SYSTEM

REFERRED CARE INFORMATION
SYSTEM (RCIS)
(BMC)

User's Guide

Version 2.0
June 2002

Information Technology Support Center
Division of Information Resources
Albuquerque, New Mexico

PREFACE

The Referred Care Information System (RCIS) is a group of computer programs that automate the clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. Information entered to the system provides timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking this information, RCIS helps ensure that referred care services are appropriate, effective, of high quality, and provided at fair and reasonable prices.

SECURITY

This package does not impose any additional legal requirements on the user, nor does it relieve the use of any legal requirements. Names and social security numbers used in the examples are fictitious.

This package requires access and verify codes to access the system. These can be obtained from your supervisor or site manager. In addition, security keys are assigned with your access codes. They are required to perform certain options in the Referred Care Information System application. Some options within the application are “locked”, i.e., the user is unable to access the option without the appropriate security key.

CONTACT INFORMATION

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

Phone: (505) 248-4371 or
(888) 830-7280

Fax: (505) 248-4199

Web: <http://www.rpms.ihs.gov/TechSupp.asp>

Email: RPMSHelp@mail.ihs.gov

TABLE OF CONTENTS

1.	OVERVIEW	1-1
2.	INTRODUCTION	2-1
2.1	The Data Entry Module	2-1
2.2	The Print Reports Module	2-1
2.3	The RCIS Management Module	2-2
3.	USING THE DATA ENTRY MODULE	3-1
3.1	Moving around the Module	3-1
3.2	Adding a New Referral (ADD).....	3-2
3.2.1	Using the Complete Referral Form.....	3-4
3.2.2	Using the Mini Referral Form	3-16
3.2.3	Entering a Referral Initiated by an Outside Facility	3-17
3.2.4	Using the Mini Default Data Entry Referral Option	3-18
3.3	Using Locally Defined Referral Templates.....	3-19
3.4	Modifying an Active Referral (MOD)	3-20
3.4.1	Quit	3-21
3.4.2	Mini Mod	3-21
3.4.3	All Data	3-21
3.4.4	Service Dates/Counts	3-22
3.4.5	Cost Data	3-23
3.4.6	ICD-9 Diagnoses.....	3-24
3.4.7	CPT Procedures.....	3-25
3.4.8	Case Review Comments.....	3-26
3.4.9	Purpose of Referral/Med Hx/ Other Diagnostic Information	3-27
3.4.10	Business Office Notes	3-29
3.4.11	Discharge Notes.....	3-29
3.4.12	Additional Documentation	3-30
3.4.13	CHS Eligibility Factors.....	3-30
3.5	Modifying a Closed Referral.....	3-31
3.6	Closing Out a Referral (CLO).....	3-31
3.7	Displaying a Referral Record (DSP)	3-34
3.8	Printing Referral Letters (PRF)	3-35
3.9	Printing Routing Slips (PRS).....	3-40
3.10	Enter or Edit Business Office/ CHS Comments (BOC)	3-41
3.11	Enter or Edit Scheduling Data (MSD)	3-42
3.12	Utilization Review by MD/ Managed Care Committee Action (URMD) ..	3-42
3.13	Checking Alternate Resources (ALT)	3-43
3.14	RCIS Data Entry Supervisory Utilities (SUP)	3-43
3.14.1	Delete Referral Entered in Error (DELR).....	3-44
3.14.2	Modify Closed Referral— All Fiscal Years (MCR).....	3-44
3.14.3	Modify Referral—All Fiscal Years (MR).....	3-44
3.14.4	Close Out Referral— All Fiscal Years (COR).....	3-44
3.14.5	Add/Edit CHS Data (ECHS)	3-45
3.14.6	Fix Uncoded Diagnosis Codes (FDX)	3-46

3.14.7	Fix Uncoded Procedure Codes (FPX).....	3-47
3.14.8	Print Referral Letters (CHS Approval Status) (PCHS).....	3-49
3.14.9	Add a Referral for a Previous Fiscal Year (RFY).....	3-49
3.14.10	Print RCIS Letter Types (LTRS).....	3-49
3.14.11	Automatic Referral Close Out (ACLO).....	3-54
3.15	Modify Referral - All Fiscal Years (MR).....	3-54
3.16	Number of Days Authorized Modifications (NDA)	3-55
3.17	Quick Inquiry to Appointment Scheduling Status (SAS)	3-55
3.18	Display Secondary Providers for a Specific Patient (SPIQ)	3-56
4.	USING THE RCIS MANAGEMENT MODULE	4-1
4.1	Display Site Parameters (DSP).....	4-1
4.2	Edit Site Parameters (ESP)	4-3
4.3	Add/Edit Local Category (LC)	4-9
4.4	Add/Edit Routine Referral Template Form (AERR).....	4-10
4.5	Add Specific Provider (ASP)	4-12
4.6	Delete Routine Referral Template Form (DRR)	4-12
4.7	Add/Edit Alternate Resource (EAR).....	4-13
4.8	Add/Edit Local Utilization Review by MD Codes (LUV)	4-13
4.9	Add/Edit Local Managed Care Committee Action (MCC)	4-14
4.10	Print Local Categories Listing (PLC).....	4-15
4.11	Print MGD Care Committee Action Listing (PMC)	4-15
4.12	Print Specified Provider Listing (PSP)	4-15
4.13	Print Utilization Review/ MD Listing (PUR)	4-15
5.	USING THE PRINT REPORTS MODULE	5-1
5.1	Administrative Reports (ADM)	5-2
5.1.1	Active Referrals by Date (ARD).....	5-2
5.1.2	Active Referrals by Referred To (ARR)	5-4
5.1.3	Active Referrals by Requesting Provider (ARP).....	5-5
5.1.4	CHS Denied Still Active (CHD).....	5-6
5.1.5	CHS Paid (CHPD).....	5-7
5.1.6	CHS Pending (CHPE).....	5-7
5.1.7	Print Case Review Comments (By Date/Facility) (CRD)	5-7
5.1.8	Tally of In-House Referrals by Clinic (INHC).....	5-9
5.1.9	Tally of In-House Referrals by Requesting Provider (INHP)	5-10
5.1.10	Referrals Initiated at an Outside Facility (OUT).....	5-10
5.1.11	Referral Review Report - By Time Period (RRR)	5-11
5.1.12	Referral Review Report - By Facility/Time Period (RRRF)	5-12
5.2	Case Management Reports (CM)	5-12
5.2.1	Inpatient Log (ILOG)	5-13
5.2.2	Area Hospital Discharges (AHDC)	5-14
5.2.3	Outpatient Referral Log (OLOG)	5-15
5.2.4	List of High Cost Users (HCU)	5-16
5.2.5	Potential High Cost Cases (HCTX)	5-17
5.2.6	Timeliness of Receiving Disch/Consult Summary (TDL).....	5-18
5.2.7	Patients for Whom Disch/ Consult Summary Not Rec'd (DCNR).....	5-19

5.2.8	Transfer Log (TLOG).....	5-20
5.2.9	Reasons Not Completed (DKNA).....	5-21
5.2.10	Outlier Report (OTL)	5-22
5.3	Utilization Reports (UTIL).....	5-24
5.3.1	Referral Patterns by Provider or Facility (RFP)	5-24
5.3.2	CHS Referral Costs by Requesting Prov/Facility (CHSC).....	5-25
5.3.3	Top Ten Diagnosis Report (TTDX).....	5-26
5.3.4	Top Ten Procedure Report (TTPX).....	5-27
5.4	RCIS General Retrieval (GEN)	5-28
5.4.1	Total Count Only	5-30
5.4.2	Sub-counts and Total Counts.....	5-30
5.4.3	Detailed Referral Listing Report	5-31
5.4.4	Numeric Item Basic Statistics.....	5-32
5.4.5	Referral Record Display	5-34
5.4.6	Data Item Menus.....	5-37
5.5	Delete General Retrieval Report Definition (DGR).....	5-38
6.	GLOSSARY	6-1
7.	APPENDIX A: DATA ENTRY SCREEN HELP	7-1
7.1	Cursor Movement	7-1
7.2	Modes	7-1
7.3	Deletions.....	7-1
7.4	Macro Movements	7-1
7.5	Command Line Options	7-2
7.6	Other Shortcut Keys	7-2
8.	APPENDIX B: WORD PROCESSING SCREEN HELP	8-1
8.1	Edit Options	8-1
8.2	Utility Sub-Menu	8-1

1. Overview

The new IHS Referred Care Information System (RCIS) is a group of computer programs created to assist users with clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. The system is designed to automate the referral process within a facility. Essential information is gathered to provide timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking information in referred care, RCIS helps IHS provide appropriate, effective, and high-quality referred care services to American Indian/ Alaska Native people at fair and reasonable prices.

RCIS contains many features that facilitate the entry, management, and retrieval of referred care data. The RCIS:

- Tracks information on all types of referred care, including care provided by CHS, non-CHS, IHS facilities, and Tribal sites.
- Allows for either direct data entry at a terminal by a provider or later data entry by a clerk from a handwritten referral form.
- Automates data entry for common referrals specific to your facility; e.g., screening mammography, audiology, or prenatal care.
- Categorizes care in clinically defined “episodes” rather than individual purchase orders.
- Minimizes redundant data entry by linking with the Contract Health Services system (CHS) and the Patient Care Component (PCC) to share information.
- Allows for data collection and recording before, during, and after referred care is provided.
- Records clinical and administrative information.
- Functions in a “bare bones” form as well as in its fullest implementation.
- Allows exporting data to the Area office for Area-wide analyses.

Numerous outputs are available from the RCIS that facilitate data retrieval and administrative tasks. The system includes:

- Automated e-mail bulletins to managers on potentially high-cost cases, cosmetic and experimental procedures, and cases that may have third-party liability
- Printed referral forms that referred patients take from the IHS facility to the referred provider. Each referral form contains all of the necessary administrative and clinical data for referred care services to the extent that this information has been entered in to the system

- Standard sets of administrative reports, including reports on high-cost management, utilization, quality of care, contract management, and third-party utilization
- An ad-hoc retrieval system, both within the Referred Care Information System itself and by transferring data to the PCC where it is accessible by Q-Man, the more powerful ad-hoc search tool

The RCIS was developed jointly by the ISD/OHPRD development team in Tucson, the IHS Managed Care Committee, and field clinical and administrative managers involved in providing and managing direct patient care.

2. Introduction

The RCIS provides a standard tool for automating the referral process and maintaining records on referred care services. There are three main modules specific to the RCIS that are accessible from the system's main menu (see below):

- Data Entry
- Print Reports
- RCIS Management

All of the data entry, management, and retrieval for the RCIS are performed with these three menu options. This user's manual presents descriptions of these options and their submenus and provides detailed instructions for using all aspects of the system. It is recommended that you read the entire manual before using the RCIS.

In addition to the modules listed above, you will have easy access to Health Summary and Patient Registration system menus. These options are provided on the main menu of the RCIS to allow you to review and print a patient's registration information or health summary with minimum effort. Detailed information on these options is provided in their respective documentation and will not be covered in this guide.

2.1 The Data Entry Module

Most referral processing work is handled in the Data Entry module on the RCIS main menu. Initial referral information can be directly entered by a provider at a terminal. Additional referral information can then be added as needed by a scheduling clerk and staff in the CHS, Business, and Managed Care offices. Once the initial data has been entered in the system, an RCIS-generated referral letter that contains only the clinical and administrative information needed by the patient and the referred care provider can be printed and forwarded or hand-carried by the patient to the referred provider.

Alternatively, information can be progressively added to a standard, handwritten referral form. The final cumulative information can then be entered into the RCIS by a staff member in the CHS, Business, or Managed Care office. The handwritten referral form may be taken by the patient to the outside provider or a letter may be printed after the data entry is complete and then forwarded to the outside provider.

After a patient has received services from an outside provider, the referral may be closed via the RCIS Data Entry module or the link with the CHS system, if enabled.

2.2 The Print Reports Module

A set of predefined reports is available from the RCIS for administration and analysis of referred care data. The report categories available in the Print Reports option on the RCIS main menu are:

- Administrative Reports

- Case Management Reports
- Utilization Reports

In addition to the predefined reports, the RCIS provides a general retrieval report option that allows for the creation of custom reports to meet the needs of your facility. This option is available from the Print Reports menu.

When the PCC interface is enabled, all referred care data in the RCIS is shared with the PCC in an automated fashion. The PCC then becomes a much more complete repository of all patient care information, direct and referred, allowing managers to utilize the power search engine Q-Man on this more complete information system for extensive and detailed report outputs.

2.3 The RCIS Management Module

The RCIS Management module allows the Site Manager to set the special parameters for this software, customizing its features to meet your site's specific needs. The Management menu options will allow you to:

- Enable the interface between RCIS and PCC or CHS
- Create site-specific local table files
- Enter full ICD diagnostic and CPT procedure codes
- Utilize email alert bulletins for potential high-cost cases, cosmetic procedures, experimental procedures, and cases with third-party liability
- Indicate a contact person and phone number that will be printed on all referral letters
- Create customized referral templates to minimize data entry for common referrals
- Identify special default entries to minimize data entry

Note: You must set the RCIS site parameters before using the system for the first time. You may modify these parameters as a later time, as needed.

3. Using the Data Entry Module

The Data Entry module, accessible from the RCIS main menu, provides functions for initiating referrals, modifying referral information, reviewing patient insurance coverage, closing referrals, viewing patient referral records, and printing referral forms. The menu options available are shown on the Data Entry menu in Figure 3-1.

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*                VERSION 2.0, Nov 21, 2001          *
*****
                PARKER HOSP
                Data Entry

ADD      Add Referral
MOD      Modify Referral - Current Fiscal Year
CLO      Close Out Referral - Current Fiscal Year
BOC      Enter or Edit Business Office/CHS Comments
MSD      Enter or Edit Scheduling Data
URMD     Utilization Review by MD/Managed Care Comm Action
ALT      Check Alternate Resources
DSP      Display Referral Record
PRF      Print Referral Letter (All Types of Letters)
PRS      Print Routing Slips
SUP      RCIS Data Entry Supervisory Utilities ...
MR       Modify Referral - All Fiscal Years
NDA      Number of Days Authorized Modifications
SAS      Quick Inquiry to Appointment Scheduling Status
SPIQ     Display Secondary Providers for a Specific Patient

Select Data Entry Option:
    
```

Figure 3-1

3.1 Moving around the Module

Many of the options in the Data Entry menu present screens in which data may be entered and modified. The following commands are useful for navigating these screens and entering data.

Command/ Key	Function
TAB key	To move your cursor from one field to another
Return key	To move your cursor from one field to another and to select fields that have additional screens
^	To move your cursor to a selected field. You must type the up-hat (shift + 6) and the first few letters of the field. For example, ^PRIO will move your cursor to the Priority field. Also, the up-hat followed by the return key will move the

Command/ Key	Function
	cursor to the Command line.
?	For assistance with the type of data that needs to be entered in a particular field, type a question mark and press the return key. If it's available, help text will appear at the very bottom of the screen.
<F1>H	To view a list of commands for navigating the data entry screens
<F1>C	To close a pop-up screen and return to the primary data entry screen
<F1>E	To exit a data entry screen and save your changes
<F1>Q	To exit a data entry screen without saving your changes

For a more detailed list of data entry commands and other introductory information on using the system, please refer to appendix A.

3.2 Adding a New Referral (ADD)

New referrals may be entered directly into the system upon initiation or recorded manually on a printed form and entered into the system at a later time.

To add data to the RCIS for a new referral, select the Add Referral option on the Data Entry menu. You will be prompted for a patient name. You can select a patient by entering the patient's name (last name then first name or initial, separated by a comma), social security number, health record number, or ward number if the patient is an inpatient. The patient must be registered at your facility prior to initiating a referral. If you enter the name of a patient who is not registered, the system will respond with two question marks (??) and a beep. To register a patient, follow the standard registration procedures at your site.

If the patient you enter has prior referrals that have been recorded in the system, the five most recent referrals for the patient within the current fiscal year will be displayed on the screen. The information displayed includes the initiation date, referral number, patient name, actual or estimated date of service, referred provider, and purpose of referral. You will then have the option to continue adding a referral or return to the Data Entry menu. By displaying the most recent referrals that have been initiated, this feature prevents the duplicate entry of referrals for a patient. If no referrals have been recorded for the patient, the message *No Existing Referrals* will appear (Figure 3-2).

Next you will enter the date on which the referral was initiated. Note that the date you enter at this prompt is not necessarily the same as the current date. For instance,

if you are entering data from handwritten referral forms generated during the previous week, you would enter the date that was recorded on the referral form, not the current date. The default value for the date prompt is the current date. If you are entering a referral directly into the system upon initiation, just press the return key at the prompt to accept the default value.

After you have entered the referral date, you will be presented with a list of referral forms. The first four choices are standard referral forms that are distributed with the package. Each of the following standard forms is described in detail in this manual.

- Mini Referral
- Complete Referral
- Referral initiated by outside facility
- Mini Default Data Entry Referral (abbreviated entry for clinicians)

Subsequent forms on the selection list (if available) are referral templates that have been created specifically by your facility. The locally defined forms are referral types that are frequently initiated at your site. These templates minimize the amount of data entry required by incorporating data that will remain constant for these referral types. For instance, if you refer all routine mammograms to one provider, you would probably use a custom template for generating those referrals. (See section 4.4 for instructions on creating custom referral types.)

Next you will enter the name of the provider who requested the referral. You can identify the provider by full name (last name then first name, separated by a comma) or initials. The “Requesting Provider” prompt will not appear if you have selected a referral initiated by an outside facility.

Once you have entered all of the initial data requested, the system automatically assigns a referral number and the form you have chosen will appear on your screen for entering data.

An example of the first three steps in the process of adding a new referral are presented in Figure 3-2. These steps will be the same for each type of referral that you enter into the system. User responses and instructions are in bold type.

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*          VERSION 2.0, Nov 21, 2001                *
*****
                PARKER HOSP
                Add Referral

Select PATIENT NAME: BANDAR,LONA
                                F 07-17-1984
                                128935
                                PAH 16869
                                5426
                                PIMC 128935

                *****
                **LAST 5 REFERRALS**
                *****

                ***--NO EXISTING REFERRALS--***

DATE INITIATED: TODAY// JUNE 10,2001 (JUN 10, 2001)

Please select the referral form you wish to use.
1. Mini Referral (abbreviated entry for clinicians)
2. Complete Referral (all referral data)
3. Referral initiated by outside facility
4. Mini Default Data Entry Referral (abbreviated entry for clinicians)

Locally-defined Routine Referral Templates:
5) 9553
6) Acc labor/del
7) Acc shipaway

Enter REFERRAL FORM: (1-7): 2// 2
Enter REQUESTING PROVIDER: ADAM,ADAM

REFERRAL number : 6064010200049
    
```

Figure 3-2

3.2.1 Using the Complete Referral Form

The Complete Referral Form is a comprehensive format for entering patient referral data. It is typically used when referral data is entered from a handwritten form. The Complete Referral screen (Figure 3-3) prompts you for almost every piece of referral information that is entered into the RCIS.

Not all the data items that appear on the form are required; the required data items are underlined. If you have not entered data into all of the required fields and try to exit the screen, the system will alert you and return you to the data entry screen. Referral data will not be entered into the system without all of the required data items.

Some of the fields shown in the Complete Referral form have pop-up screens that request additional information, depending on the data that you have entered. None of the information prompted for with pop-up screens is required.

Patient information and help tips are displayed below the line at the bottom of the Complete Referral form. The information displayed varies according to the field in which you are entering data. For instance, if your cursor is at the Referral Type field, information on the patient’s insurance displays below the line. If you need assistance with entering data into a field and are unsure of what to enter, type a question mark and press the return key to see help screens displayed below the line.

Each piece of information collected from the Complete Referral form is defined and describe in detail in the order in which it appears on the form.

RCIS REFERRAL RECORD	
DATE: NOV 29, 2001 NUMBER: 6064010200050 PATIENT: BANDAR, LONA	

REQUESTING FACILITY:	Display Face Sheet?
REFERRAL TYPE:	PRIMARY PAYOR:
INPATIENT/OUTPATIENT:	CASE MANAGER:
APPT/ADM DATE&TIME:	
PROVISIONAL DRG:	
ESTIMATED TOTAL REFERRAL COST:	ESTIMATED IHS REFERRAL COST:
PURPOSE/SERVICES REQUESTED:	
PERTINENT MED HX & FINDINGS:	PRIORITY:
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?	
Do you want to enter CHS Eligibility Factors?	
BUSINESS OFFICE/CHS COMMENTS:	
ICD DIAGNOSTIC CATEGORY:	
CPT PROCEDURE CATEGORY:	

Figure 3-3

Date: The date at the top of the referral form refers to the date that the referral was initiated. This date is entered prior to selecting a referral form for data entry. The date you enter is automatically incorporated into the data entry screen and cannot be edited from this screen.

Number: The referral number is automatically generated for each new referral that is entered into the system. Entering a patient name, date, provider name, and referral form for data entry initiates the referral number assignment. The number assigned is included at the top of the referral form for data entry and need not be entered by the user. This generated number consists of your 6-digit facility code, 2-digit calendar or fiscal year (entered in the site parameters), and a 5-digit referral number. In the example in Figure 3-3, the number is 0 01019500455. 000101 is the Sells Hospital facility number, 95 is the fiscal year specified in the site parameters, and 00455 is the number for the referral. This field cannot be edited from this screen.

Patient: The name of the patient for whom you are entering referral data is included at the top of the data entry screen and does not need to be re-entered.

Requesting Facility: Enter into this field the facility from which the referral is made. The default for this field will be your facility. Press the return key or the tab key to accept the default value. This field cannot be edited from this screen.

Display Face Sheet: The Face Sheet is a summary of the patient's registration data. You may browse or print the patient's face sheet while entering referral data. To do so, type Y at the prompt and then select print or browse. The default value for this field is NO. Press the return key to accept the default value.

Referral Type: This is the type of referral that you are generating. You must select one of the following types:

- **IHS:** A referral to another IHS facility
- **CHS:** A referral to an outside facility that will be paid for with CHS funds
- **In-house:** A referral to another clinical area within your facility
- **Other:** Any other type of referral that will be paid for with funds other than CHS; for example, Medicaid or private insurance

If you are not sure of the referral type, enter CHS. If the CHS office determines that the patient is not eligible for CHS services, the referral record can be changed accordingly.

Note: if CHS is entered at the referral type and a CHS authorization is entered for the referral, the type cannot be changed. This field defaults to CHS. Press the return key to accept the default value or enter the first letter of the correct type.

When a referral type is entered, an alert message may appear at the bottom of the screen to convey pertinent information about the patient. For instance, if you entered CHS, you may see the message `Patient Registration indicates that this patient is NOT ELIGIBLE for CHS care.` Be aware of these alerts and direct any questions about them to your Patient Registration Manager.

After you have entered a referral type, a pop-up screen will appear, prompting you for the specific facility to which you are referring the patient. The following screens appear for each of the referral types. Sample user entries are in bold type.

IHS

Enter the IHS facility to which the patient is being referred. This is a required field.

TO IHS FACILITY: **PHOENIX INDIAN MED CENTER**

CHS and Other

In the Primary Vendor field, enter the facility to which the patient is being referred. The facility you enter must be a service provider that has already been entered into the vendor file. To enter a service provider that is not already in your facility's system, contact your CHS or Site Manager.

TO PRIMARY VENDOR:	UNIVERSITY MEDICAL CENTER
SPECIFIC PROVIDER:	MARTINEZ,MARTY

In the Primary Vendor field, enter the facility to which the patient is referred. The facility you enter must be a service provider that has already been entered into the vendor file. To enter a service provider that is not already in your facility's system, contact your CHS or Site Manager.

In the Other Provider field, enter the name of the specific provider, if needed. If you enter the name of a provider who has not already been entered into your system, a message will appear on the screen asking if you want to add the provider to your RCIS-specific provider list. Typing **Yes** will add the new provider to your site's list; typing **No** will display a list of providers from which to choose. To bypass the "Other Provider" field, press the return key.

Are you adding 'Martinez,Marty' as a new RCIS SPECIFIC PROVIDER (the 11 th)?

Note: The "Other Provider" field is a learn-as-you-go (LAYGO) field. All entries should be consistent and be entered using all capital letters to avoid the addition of duplicate entries into this local table file. You will want to establish a standard format for entering these names. For example, always use last name then first name, separated by a comma, as shown above.
--

If you do not know the Primary Vendor at the time of the referral entry, type **Unspecified** in the field. This entry can be modified at a later date.

TO PRIMARY VENDOR:	UNSPECIFIED
SPECIFIC PROVIDER:	[PRESS RETURN TO BYPASS]

In-House

Type in the name or code of the in-house clinic to which the patient is referred at the "Clinic Referred To (In-House):" prompt.

Clinic Referred To (In-House):	PHYSICAL THERAPY
--------------------------------	-------------------------

Primary Payor: The primary payor is the party who is responsible for payment of the referred service. You must enter one of the following choices:

- IHS
- Medicare
- Medicaid
- Private
- Patient
- VA
- Other
- Workman's Compensation

You may enter your selection by typing the name of your choice or the selection number and pressing the return key. If you are not certain of the responsible party, enter IHS. The referral record may be modified later, if needed.

Inpatient/ Outpatient: The Inpatient/Outpatient field is used to indicate whether the referral for care is for an inpatient or outpatient visit. Type an I or O in this field to make your selection.

Case Manager: Enter the name of the case manager who is assigned this referral. If your site has only one case manager or a primary case manager who handles most of the referred care services, you can set the name of this person as the default entry for this field by using the RCIS Management Option (section 4) to set the parameter.

Actual Appointment/ Admission Date: This field is used for entering the appointment date and time for an outpatient referral and the admission date for an inpatient referral.

If you know the actual admission date or the appointment date and time, enter it in this field. You will then be prompted for additional information with a pop-up screen. The information requested will vary, depending on whether the referral is for an inpatient or outpatient visit. Each screen is described and shown below. Sample entries and instructions are in bold type.

Inpatient

For an inpatient referral, you will be asked for an estimated length of stay. It is important that you enter this information if you will be generating reports that identify patients who have exceeded their anticipated length of stay (to perform utilization reviews and more closely monitor these patients).

Estimated Length of Stay: 3

Outpatient

For an outpatient referral, you will be prompted for the expected end date of service and the estimated number of visits. If the patient will have only one visit, press the return key at the first prompt to bypass the expected end date of service and press the return key at the “estimated number of visits” prompt to accept 1 as the default value.

Outpatient referrals sometimes require multiple visits over a period of time. For a patient who will have multiple visits, enter the estimated date that services will be completed. You can enter dates in this field with shortcuts such as T+14 (14 days from today) or T+3M (3 months from today). Then enter the estimated number of visits. Entering a value for number of visits will allow you to print this information on the referral sheet that is sent to the outside provider. You will also be able to print reports on patients who exceed or have fewer than the number of visits authorized.

By entering an expected end date of services, you will be able to print a report of patients whose visits with an outside provider are presumed completed (even if you do not have any actual ending date of service) but for whom you have not yet received a consultation or discharge letter.

EXPECTED END DATE OF SERVICE: DEC 30, 1996 ESTIMATED # OF OUTPATIENT VISITS: 4

Actual Admission/ Appointment Date: If you do not know the actual appointment or admission date, you will be prompted with pop-up screens to provide estimated information and enter notes to the person who will be scheduling the appointment or admission. As described above, the information requested will vary depending on whether the referral is for an inpatient or outpatient visit. The estimated appointment/admission date should be entered if you will be extracting data from the system for a group of referrals that includes appointments/admissions that are not yet scheduled but for which you know the approximate date the service will be provided. If you do not enter an estimated date, referrals that are not yet scheduled may be unintentionally omitted from your reports. The pop-up screens are described and shown below with sample user entries.

Inpatient

For inpatient visits, you will be prompted to enter the expected admission date and the estimated length of stay. You will also be able to note how soon the admission should be scheduled (any number between 0 and 365) and add notes (2-100 characters) for the person who will be scheduling the admission.

EXPECTED ADMISSION DATE: **JUL 1, 1996**
ESTIMATED LENGTH OF STAY: **3**
Schedule within N # Days: **2**
Notes to the Appointment Scheduler: **SCHEDULE A.M. ADMISSION**

Outpatient

For outpatient visits, you will be asked to enter the expected begin date of service, expected end date of service, and expected number of outpatient visits. You may also indicate the time frame for scheduling the visit (any number 0-365) and add notes (2-100 characters) for the person who will be scheduling the appointment. The expected number of outpatient visits defaults to 1.

EXPECTED BEGIN DATE OF SERVICE: **JUL 15, 1996**
EXPECTED END DATE OF SERVICE: **SEP 15, 1996**
EXPECTED # OF OUTPATIENT VISITS: **5**
Schedule within N # Days: **7**
Notes to Scheduler/ Appointment Clerk: **MAKE AFTERNOON APPT.**

Provisional DRG: If the Provisional diagnostic-related group (DRG) is known, enter it in this field. Otherwise, press the return key to bypass this optional field.

Estimated Total Referral Cost: Enter in this field an estimate of the total cost of this referral for all payors. Prior to the development of the RCIS, even estimates for CHS costs were not available until all services were provided. Also, referred care costs that were not funded by IHS (Type= Other) or other IHS facilities (Type= IHS) were not available. These figures can be very important for measuring how effectively alternative resources are employed and for negotiating contracts. By entering this information, these figures will be available in a more timely fashion.

Estimated IHS Referral Cost: Enter the estimated cost to IHS for the referred care. Be sure that you are entering only the portion of the total cost for which IHS is responsible.

Purpose/ Services Requested: Enter a narrative (1-80 characters) that describes the purpose of this referral. Similar to the purpose of visit on the PCC, this entry should be a concise statement that can be used for reference wherever a brief statement of purpose is needed (e.g., on the PCC Health Summary). Some sample purposes of referral are:

- Evaluation and treatment of dysfunctional uterine bleeding
- Perform colposcopy to evaluate abnormal pap
- Provide active-assistive range-of-motion treatment to left shoulder

Pertinent Medical History and Findings: This is a word processing field in which you can enter a long narrative that describes any pertinent medical history; for example, lab values, examination results, and other test performed. The RCIS will print this information on the referral letter that can be sent to the outside provider. Press the return key at the prompt to bring up the word-processing field for entering your comments. See the appendix for tips on using the word-processing field.

Priority: Enter the appropriate Medical Priority from the list provided on the help screen. (Remember, to view the help screen you must type a question mark followed by the return key.) The system is distributed with the IHS standard priority list, described below.

Level I— Emergent/Acutely Urgent Care Services: Diagnostic/therapeutic services that are necessary to prevent the immediate death/ serious impairment of the health of the individual, and if left untreated, would result in uncertain but potentially grave outcomes.

Level II— Preventive Care Services: Primary health care that is aimed at the prevention of disease/disability such as on-urgent preventive ambulatory care, screening for known disease entities, and public health intervention.

Level III—Primary and Secondary Care Services: Inpatient and outpatient care services that involve the treatment of prevalent illnesses/conditions that have a significant impact on morbidity and mortality.

Level IV— Chronic Tertiary and Extended Care Services: Inpatient and outpatient care services that (1) are not essential for initial/ emergent diagnosis/ therapy, (2) have less impact on mortality than morbidity, or (3) are high cost, elective, and often require tertiary care facilities.

Level V— Excluded Services: Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit.

Alternatively, your site can substitute its own site-specific narrative description for the above standards by using the RCIS Management option for editing the site parameters (see section 4.2 for instructions).

Note that the Priority Code may be a required field depending on the site parameter specifications for your facility and the type of referral you are entering. Even if required, the Priority prompt will not be underlined as are other required fields. When the priority is required and has not been entered upon your exiting the screen, an alert message will display and prompt you to return to the data entry screen and fill the field.

Are you sending additional medical information with the patient? This field allows you to indicate to the referral agency and provider whether you are sending additional medical information relevant to the patient's care. For example, you may

be sending the patient’s most recent lab results, x-rays, or a more complete record of the patient’s condition. This indication will be noted on the referral sheet printed by the system. At the prompt, type a Y for yes or N for no.

If you respond Yes to this prompt, the following pop-up screen appears for you to specify the specific items that you are sending with the patient.

```

INCLUDE WHICH OF THE FOLLOWING ITEMS?
PCC VISIT FORM:                MOST RECENT EKG:
SPECIALTY CLINIC NOTES:       HISTORY AND PHYSICAL:
PRENATAL RECORD(S) :         X-RAY/ REPORT:
SIGNED TUBAL CONSENT:        X-RAY FILM:
FACE SHEET:                  CONSULTATION REPORT:
HEALTH SUMMARY:              MOST RECENT LAB REPORT:

ADDITIONAL DOCUMENTS:
    
```

Figure 3-4

At each of the prompts, enter a Y for yes or an N for no. Alternatively, you can bypass the fields that are not applicable. The Additional Documents field is a word processing function that allows you to add notes to specify the specific documents being sent with the patient. Press the return key at the Additional Documents prompt to use the word-processing screen.

Do you want to enter CHS Eligibility Factors? This option allows for the historical capture of CHS Regulatory Requirements at the time of the referral creation. The date of capture and the user who entered these fields is also displayed on the “Display a Referral” option and in the General Retrieval Report.

If you answer Yes, a pop-up screen will appear (Figure 3-5). If you answer, No, the pop-up screen will not appear.

```

+-----+
|*****CHS ELIGIBILITY FACTORS*****|
|CHS INDIAN DESCENT: YES|
|CHS RESIDENCY: YES|
|CHS ALTERNATE RESOURCE: YES|
|CHS 72 HOUR NOTIFICATION: YES|
|BUSINESS OFFICE/CHS COMMENTS:|
|                                     |
|MGD CARE COMMITTEE ACTION: HOLD|
|                                     |
+-----+
    
```

Figure 3-5

At each of the first four prompts, type Yes or No. If you wish to add Business Office/CHS Comments regarding the patient’s eligibility, press the return key at the “Business Office/CHS Comments and type your comments in the word processing box that appears. If the Managed Care Committee has determined an action for this referral, enter it at the “MGD Care Committee

Action:” prompt. Once you have finished answering the prompts, the pop up screen will disappear and you will be returned to the Add Referral screen.

Business Office/CHS Comments: You can use this field to enter any pertinent notes for the Business Office or CHS staff. Press the return key at the prompt to display the word-processing field for entering your comments.

ICD Diagnostic Category: Choose the most appropriate diagnostic category from the list that follows. You may also view the list on your screen by typing a question mark (?) and pressing the return key at this prompt. Data must be entered in this field. If you are not entering full ICD-9 codes for all referrals, the Diagnostic Category will be the only mechanism available for grouping referrals into diagnostic categories for reports.

ICD Diagnostic Categories:

- Cardiovascular Disorders
- Cerebrovascular Disorders
- Congenital Anomalies
- Dental and Oral Surgical Disorders
- Dermatologic Disorders
- Endocrine, Nutritional, and Metabolic Diseases and Immune Disorders
- Female Breast and Genital Tract Disorders
- Gastrointestinal Disorders
- Hematological Disorders
- Infectious and Parasitic Diseases
- Injuries and Poisonings
- Male Genital Organ Disorders
- Mental Disorders
- Musculoskeletal and Connective Tissue Disorders
- Neoplasms
- Nephrological and Urological Disorders
- Neurological Disorders
- Obstetrical Care
- Other Symptoms, Signs, and Ill-Defined Conditions
- Ophthalmologic Disorders
- Other Perinatal Conditions
- Other Vascular Disorders
- Otolaryngologic Disorders
- Preventive Health Care
- Respiratory Disorders

CPT Procedure Category: Choose the most appropriate service category from the list below. To view this list on the screen, type a question mark (?) and press the return key. If your site is not entering full CPT codes for all referrals, the Procedures Category will be the only mechanism available for grouping referrals for reports.

- Diagnostic Imaging
- Evaluation and/or Management
- Nonsurgical Procedures
- Operations/ Surgery
- Pathology and Laboratory

You may also create a list of local service categories at your site by using the Add/Edit Local Category option in the RCIS Management module (see section 4.3 for details). Upon pressing the return key at the CPT Procedure Category prompt, a pop-up screen appears that allows you to enter these local service categories. Note that these categories must be defined before you can enter them in a referral record. Some examples of local categories that you might include are air transport or ambulance.

```
Enter all appropriate LOCAL SERVICE CATEGORIES
CATEGORY:
CATEGORY:
CATEGORY:
CATEGORY:
CATEGORY:
```

Figure 3-6

Completing the Referral Form

After you have finished entering data on the Complete Referral form, press the <PF1>E keys to exit and type Y at the next prompt to save and file the data. If you have not entered data into all of the required fields, a warning message will appear that identifies which of the required fields are missing data, as shown below. Press the return key at the next prompt to return to the data entry screen and enter the missing data.

```
Verifying...
THE DATA COULD NOT BE FILED.
Page 1, CPT PROCEDURE CATEGORY is a required field
Page 1.2, TO PRIMARY VENDOR is a required field
```

When all of the required fields have been completed, the following screen appears.

```
Referral #: 0001019500455
Referral Date: JUN 10,1996
Patient Name: THATCHER,BECKY
```

Optional ICD/CPT Coding

If the ICD/CPT Coding option in the RCIS site parameters has been set to Yes, you will be prompted to enter a provisional diagnosis and a provisional procedure. (See section 4.2 for instructions on setting this parameter.) These data fields, if used at your facility, are optional.

Note: The procedure must be entered in all capital letters. If it is not, two question marks will display and you will hear a beep. There will be no other indication that your entry was not accepted.

If you are entering diagnoses and procedures for referrals, several screen alert messages have been built into the system that will alert you during data entry to the following categories. The alert messages are based upon taxonomies that have been created for each category of alert. The criteria for generating these alerts and the warning messages that appear for each are described below. The screen alerts will appear for all referral types except in-house referrals. MailMan bulletins are also available for the following categories. See section 4.2 for instructions on using them.

Cosmetic: This warning appears when a cosmetic procedure is entered.

You are entering a cosmetic procedure that may require CMO approval.

Experimental: The Experimental Procedure warning displays when a procedure that is considered experimental is entered.

You are entering a procedure that indicates this may be an Experimental Procedure. If so, CHS funds cannot be used to pay for this procedure.

High Cost: The High Cost warning displays when a procedure or diagnosis is entered that has the potential for high costs.

You are entering a procedure/diagnosis that indicates this may be a high cost case. You may want to carefully explore alternative resources and alert your case manager.

Third-Party Liability: The third party liability warning displays when a diagnosis is entered that indicates a third party may be liable for the cost of care.

You are entering a diagnosis that indicates this may involve third-party liability. You may want to investigate this possibility in order to recover costs.

To enter a provisional diagnosis and/ or procedures, enter the data requested at the prompts, as in Figure 3-7. User entries are in bold type and instructions are in brackets.

If you do not know or are unsure of the specific code for the provisional diagnosis or procedure, you have the option of using an uncoded entry (.9999 for the diagnosis code or 00099 for the procedure code). You must enter a specific diagnosis or procedure narrative with the uncoded entry so that a coder can enter the appropriate code for the referral record at a later time. (See sections 3.14.6 and 3.14.7 for details on adding codes to uncoded referral records.)

```

Do you want to enter a Provisional Diagnosis? N// YES
Select RCIS DIAGNOSIS: 578.9          GASTROINTEST HEMORR NOS
      ...OK? Yes// YES
  Are you adding '578.9' as a new RCIS DIAGNOSIS? No// Y
DIAGNOSIS: 578.9// [press the return key]
PRI/SEC: P PRIMARY
DIAGNOSIS NARRATIVE: GASTROINTESTINAL BLEEDING
Select RCIS DIAGNOSIS: [press return to bypass and continue or enter another
diagnosis]

Do you want to enter a Provisional Procedure? N// YES
Select RCIS PROCEDURE: 43259          ENDOSCOPIC ULTRASOUND EXAM
  Upper gastrointestinal endoscopy including esophagus,
  stomach, and either the duodenum and/or jejunum as
  appropriate; with endoscopic
      ...OK? Yes// Yes
PROCEDURE: 43259// [press the return key]
PRI/SEC: P PRIMARY
PROCEDURE NARRATIVE: GASTROINTESTINAL ENDOSCOPY
Select RCIS PROCEDURE: [press return to bypass and continue or enter another
procedure]

Do you want to enter Case Review Comments? N// NO
Storing static fields....

Entry of Referral 6064010200050 is complete.

```

Figure 3-7

When the referral is complete, an indicating message will appear (Figure 3-7).

3.2.2 Using the Mini Referral Form

The Mini Referral form is a shortened version of the Complete Referral form. This referral type is most often used for data entry when providers are entering referral information directly into the system upon initiation. The Mini Referral form facilitates the initiation of patient referrals by minimizing the amount of data entry required to generate a referral form for sending a patient to another provider. Additional referral data may be entered at a later date by data entry, business office, or CHS staff when it becomes available.

To use the Mini Referral form, you will follow the same process for selecting a patient and entering the data that was described in section 3.2. You will then be presented with a list of referral types. Select number 1 to enter data in to the Mini Referral Form.

The fields that are contained in the Mini Referral form are the same as those that appear in the Complete Referral form. For descriptions of these fields and detailed instructions on entering data into each, refer to the list in section 3.2.1.

A sample Mini Referral form is shown in Figure 3-8. As with the Complete Referral form, data fields that are underlined are required items and must be completed for the referral to be entered into the system.

RCIS REFERRAL RECORD	
DATE: NOV 29, 2001	NUMBER: 6064010200051 PATIENT: BANDAR, LONA

REQUESTING FACILITY: PARKER HOSP	
REQUESTING PROVIDER: ADAM, ADAM	
REFERRAL TYPE: CHS	PRIMARY PAYOR: IHS
TO PRIMARY VENDOR: UNSPECIFIED	
INPATIENT/OUTPATIENT:	
PURPOSE OF REFERRAL:	
PERTINENT MED HX & FINDINGS:	
PRIORITY:	
ICD DIAGNOSTIC CATEGORY:	
CPT PROCEDURE CATEGORY:	
BUSINESS OFFICE/CHS COMMENTS:	

Figure 3-8

After you have entered data on the first screen of the Mini Referral form, you will be prompted to enter a provisional diagnosis and a provisional procedure if the ICD/CPT Coding option in the RCIS site parameters has been set to YES. Descriptions of these optional fields and instructions for entering them are included in section 3.2.1.

3.2.3 Entering a Referral Initiated by an Outside Facility

The data entry form for a referral initiated by an outside facility (option 3 on the referral form selection list) is used when a patient has received services at an outside facility without prior authorization from your facility (e.g., if a patient was involved in a weekend accident and required emergency medical care at the nearest hospital, not an IHS facility.) Such visits must be reported within 72 hours of the visit. In order for IHS to cover the cost of those services, a referral record must be generated for the patient. In cases such as these, the Outside Facility referral form would be used for entering the referral data.

The Outside Facility referral form (Figure 3-9) is exactly the same as the Complete Referral form. The only difference with using this form is that after you have selected the Outside Facility referral form from the selection list, you will not be prompted to enter the name of the requesting provider. In the case of a referral initiated by an outside facility, the patient has already received services at another facility, so there is no requesting provider.

RCIS REFERRAL RECORD		
DATE: NOV 29,2001	NUMBER: 6064010200052	PATIENT: BANDAR,LONA

REQUESTING FACILITY: PARKER HOSP	Display Face Sheet?	N
REFERRAL TYPE: CHS	PRIMARY PAYOR:	
INPATIENT/OUTPATIENT:	CASE MANAGER: DOCTOR,ONE	
APPT/ADM DATE&TIME:		
PROVISIONAL DRG:		
ESTIMATED TOTAL REFERRAL COST:	ESTIMATED IHS REFERRAL COST:	
PURPOSE/SERVICES REQUESTED:		
PERTINENT MED HX & FINDINGS:	PRIORITY:	
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?		
BUSINESS OFFICE/CHS COMMENTS:		
ICD DIAGNOSTIC CATEGORY:		
CPT PROCEDURE CATEGORY:		

Figure 3-9

For descriptions of the data fields in this form and detailed instructions on entering data, refer to section 3.2.1 of this guide.

3.2.4 Using the Mini Default Data Entry Referral Option

The purpose of this option is to allow for quick creation of a referral without prompting for non-required fields. Like the Mini Referral form, the Mini Default Data Entry Referral is a shortened version of the Complete Referral form. The primary difference between these shortened form options is that the Mini Default Date Entry Referral option does not prompt the user with as many fields, accepting the defaults automatically instead. This option is more efficient for providers who already accept the default on all or most of the Mini Referral fields and do not wish to spend the time pressing the return key to move through all of the defaults. Just as with the other shortened referral forms, additional referral data may be entered at a later date by data entry, business office, or CHS staff when it becomes available. Three basic fields are non-editable, automatically being set to the defaults listed below.

- Referral type = CHS
- Primary payor = IHS
- Primary vendor = UNSPECIFIED

A sample of the Mini Default Data Entry Referral option is presented in Figure 3-10.

```

Select PATIENT NAME:
  DEMO,SISTER                      F 08-15-1990 513498923  PAH 123

*****
**LAST 5 REFERRALS**
*****

**--NO EXISTING REFERRALS--**

DATE INITIATED: TODAY//  <RETURN> (DEC 11, 2001)
Please select the referral form you wish to use.

  1. Mini Referral (abbreviated entry for clinicians)
  2. Complete Referral (all referral data)
  3. Referral initiated by outside facility
  4. Mini Default Data Entry Referral (abbreviated entry for
clinicians)

Enter REFERRAL FORM:  (1-7): 2// 4
Enter REQUESTING PROVIDER:  ACTON,PATTI

REFERRAL number : 6064010200061

                                RCIS REFERRAL RECORD
DATE: DEC 11,2001  NUMBER: 6064010200061  PATIENT: DEMO,SISTER
-----
REQUESTING FACILITY: PARKER HOSP
REQUESTING PROVIDER: ACTON,PATTI
REFERRAL TYPE: CHS (default)          PRIMARY PAYOR: IHS (default)
PRIMARY VENDOR: UNSPECIFIED (default)
INPATIENT/OUTPATIENT: INPATIENT
PURPOSE OF REFERRAL: ROUTINE MAMMOGRAM

PERTINENT MED HX & FINDINGS:
PRIORITY: II
ICD DIAGNOSTIC CATEGORY: FEMALE BREAST AND GENITAL TRACT D
CPT PROCEDURE CATEGORY: EVALUATION AND/OR MANAGEMENT

BUSINESS OFFICE/CHS COMMENTS:

```

Figure 3-10

3.3 Using Locally Defined Referral Templates

Locally defined referral templates are those that have been created at your facility for the types of referrals that are most often initiated. These referral templates minimize the amount of data entry required since much of the data is already included as default values on the data entry screen. For instance, if you refer all routine mammograms to one outside facility, you would probably use a custom template for generating those referrals.

The following is a sample of a locally defined referral template that is used for routine mammograms. Note that most of the data has already been included and need

not be re-typed by the user each time this referral type is generated. The patient's name and date were entered at the beginning of the data entry process and then the Routine Mammogram referral form was selected. All of the required fields are already completed. Only the appointment date and time need to be entered in order to complete the referral. If needed, additional information may be added or changes may be made to the data present on this referral screen.

RCIS REFERRAL RECORD	
DATE: NOV 29, 2001	NUMBER: 6064010200050
PATIENT: BANDAR, LONA	

<u>REQUESTING FACILITY</u> : SELLS HOSPITAL	Display Face Sheet? N
<u>REFERRAL TYPE</u> : CHS FACILITY	<u>PRIMARY PAYOR</u> : IHS
<u>INPATIENT/OUTPATIENT</u> : OUTPATIENT	<u>CASE MANAGER</u> : ENOS, DON
<u>APPT/ADM DATE&TIME</u> :	
PROVISIONAL DRG:	
ESTIMATED TOTAL REFERRAL COST: 300	
ESTIMATED IHS REFERRAL COST: 300	
<u>PURPOSE/SERVICES REQUESTED</u> : SCREENING MAMMOGRAM	
<u>PERTINENT MED HX & FINDINGS</u> :	<u>PRIORITY</u> : 2
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?	
<u>BUSINESS OFFICE/CHS COMMENTS</u> :	
<u>ICD DIAGNOSTIC CATEGORY</u> : PREVENTIVE HEALTH CARE	
<u>CPT PROCEDURE CATEGORY</u> : EVALUATION AND/OR MANAGEMENT	

Figure 3-11

3.4 Modifying an Active Referral (MOD)

While a referral remains active, the information in a referral record may require updating or additional data may need to be added. For example, the Case Manager or Utilization Review Nurse may want to enter case review comments or discharge notes, the Business Office staff may need to update the patient's third-party eligibility information, or a data entry clerk may need to record the date on which a discharge letter was received from the referred provider.

Note that closed referrals created in previous fiscal years may not be modified with this menu option. In order to modify the information for a closed referral or a referral created in a previous fiscal year, you must use the corresponding options on the Supervisor's Utility menu, which can be accessed from the Data Entry menu. A restricted security key is required to use the supervisor's utilities. Please see your Site Manager for assistance. Instructions for using these utilities are included in section 3.14.

The Modify Referral option on the RCIS Data Entry menu allows you to modify the active referral record or add information to it. To do so, select the Modify option and identify the referral at the first prompt. You can enter the referral number, the patient's name, or the data on which the referral was initiated.

You will then be presented with the following list of options for entering or modifying data.

- 0 Quit
- 1 Mini Mod
- 2 Add Data
- 3 Date/Counts
- 4 Costs
- 5 ICD9 Diagnoses
- 6 CPT Procedures
- 7 Case Review Comments
- 8 Purpose of the Referral/ Med Hx/ Other Diagnostic Info
- 9 Business Office Notes
- 10 Discharge Notes
- 11 Additional Documentation
- 12 CHS Eligibility Factors

These options simplify the data entry task by prompting you for only the fields that are of interest to you instead of every item in the referral record. For instance, if you will be entering only the referred care cost figures, you would select option 4. If you were interested in modifying the Business Office notes, you would select option 9. Each of these data entry options is described in detail below.

3.4.1 Quit

To return to the Data Entry menu at any time, choose 0 to quit. Each time you enter data using one of the 11 other selections under the Modify Referral option, you will be returned to the selection list. When you have finished entering or modifying data in the selected referral record and want to choose another referral record for modification or wish to return to the Data Entry menu, choose Quit. The Quit option will always be the default value for the selection prompt.

3.4.2 Mini Mod

The Mini Mod option displays the Mini Referral form used for data entry. All information entered for the referral to date is displayed on the screen. Previously made entries may be changed and new data may be added, as applicable. Refer to the Adding a New Referral section of this manual for instructions on using the data entry screen and the data to be entered into each field.

3.4.3 All Data

The option to modify all data will allow you to enter or modify data for each item of the RCIS. The following screen appears upon selection of the All Data option. Data that has been previously entered for the referral is also displayed. This screen works the same way as the Data Entry screens. For more detailed instructions, see section 3.2.1 of this guide.

```

                                RCIS REFERRAL RECORD
DATE: NOV 29,2001  NUMBER: 6064010200050  PATIENT: BANDAR,LONA
-----
REQUESTING FACILITY: PARKER HOSP      CASE MANAGER: DOCTOR,ONE
REQUESTING PROVIDER: ADAM,ADAM      INPT OR OUTPT: INPATIENT
Do you wish to view a FACE SHEET?  N
REFERRAL TYPE: CHS                  PRIMARY PAYOR: IHS
Provider OR Facility Referred To:
Do you want to change the above Referral Provider/Facility? N

      PURPOSE OF REFERRAL: EVALUATION
              PRIORITY: 3
ACTUAL APPT/BEGIN DOS:

***Press return at any of the following to edit the data items***
      SERVICE DATES/COUNTS:          COST DATA:
DIAGNOSTIC/PROCEDURAL/MED HX:      STATUS INFORMATION:

```

Figure 3-12

There are four categories of data items at the bottom of the screen:

- Service Dates/Counts
- Cost Data
- Diagnostic/ Procedural/ Med HX
- Status Information

Data can be entered or changed for these items by pressing the return key at any of the prompts. A pop-up screen will then appear, allowing you to enter and modify data. More detailed information about each of these pop-up screens is provided in this section under the corresponding headings. Descriptions and data entry instructions for many of these items are also provided in section 3.2.1.

3.4.4 Service Dates/Counts

While the referral remains active, you may need to revise the expected dates of service. If the services has been provided, you will want to enter the actual visit dates, number of visits, and length of stay, as applicable. Note that if the referral is a CHS type and the CHS link is active, the beginning and ending service dates and length of stay will be automatically entered into the RCIS via the CHS link. You will need to enter the final dates and counts for all other referral types.

```

RCIS REFERRAL RECORD
DATE: JUN 4, 1996  NUMBER: 0001019500480  PATIENT: THATCHER, BECKY
-----
EXPECTED BEGIN DOS:    AUGUST 1,1996
ACTUAL BEGIN DOS:

EXPECTED END DOS:     AUGUST 1, 1996
ACTUAL END DOS:

OUTPATIENT NUMBER OF VISITS:    1
NEXT REVIEW DATE:
    
```

Figure 3-13

The Service Date/Counts option displays two different screens, depending on whether the patient referral is for an outpatient visit or an inpatient visit. Each screen allows you to enter estimated and actual dates for the visit type. Figure 3-13 is an example of the outpatient pop-up screen and Figure 3-14 is an example of the inpatient pop-up screen.

```

RCIS REFERRAL RECORD
DATE: FEB 12, 1996  NUMBER: 0001019500138  PATIENT: THATCHER, BECKY
-----
EXPECTED ADMISSION DATE:    FEB 20,1996
ACTUAL ADMISSION DATE:     FEB 16,1996@14:00

INPATIENT ESTIMATED LOS:    4
INPATIENT ACTUAL LOS:       5

EXPECTED DISCHARGE DATE:    FEB 24, 1996
ACTUAL DISCHARGE DATE:     FEB 21, 1996

NEXT REVIEW DATE:
    
```

Figure 3-14

3.4.5 Cost Data

Actual costs may be entered and estimated costs may be added or modified using this option. If the referral is a CHS type and the CHS link is active, actual cost information will be automatically provided by the CHS. For all other referral types, you must enter actual cost data manually. For these other types, entering the actual cost data will provide more accurate and timely information.

RCIS REFERRAL RECORD		
DATE: JUN 6, 1996	NUMBER: 0001019500480	PATIENT: THATCHER, BECKY

*****	ACTUAL TOTAL COST INFORMTION	*****
	Estimated Cost: 6000	
	Actual Cost:	
*****	IHS TOTAL COST INFORMTION	*****
	Estimated Ihs Cost: 6000	
	Actual Ihs Cost:	

Figure 3-15

In the Actual Cost field, enter the total cost of the referred care for all payors. In the Actual IHS cost field, enter the portion of the total cost for which IHS is responsible.

3.4.6 ICD-9 Diagnoses

If you are entering ICD-9 Diagnoses at your facility, you may use this option to add, change, or delete the diagnoses that have been entered on a referral record.

The following example shows the addition of hypertension as a patient's primary diagnosis for this referral. If no diagnoses have been entered for the patient, you have the choice of adding a new diagnosis or quitting. Once one or more diagnoses have been added, you will be presented with four options:

- Edit an Existing Diagnosis
- Add a New Diagnosis
- Delete an Existing Diagnosis
- Quit

When adding a new diagnosis, you will be prompted for the diagnosis type (provisional or final), whether it is primary or secondary, and a narrative. Note that you can enter only one primary diagnosis in a referral record.

If you do not know the correct ICD-9 diagnosis code, you can enter .9999 (uncoded) and include a detailed diagnosis narrative. Later, a code can enter the appropriate code into the referral record based on the narrative that was entered. For instructions on using the option to update uncoded diagnoses in referral records, see section 3.14.6.

```

You may edit one of the existing Diagnoses or add a new one

No entries to edit

    Select one of the following:

        A          ADD a new Diagnoses
        Q          QUIT

Do you wish to: A// ADD a new Diagnoses

Adding a NEW Diagnoses...

Select RCIS DIAGNOSIS: 401.9          HYPERTENSION NOS
    ...OK? Yes// YES
DIAGNOSIS: 401.9// [Press the return key to accept]
TYPE: P  PROVISIONAL
PRI/SEC: P  PRIMARY
DIAGNOSIS NARRATIVE: ENTER A NARRATIVE HERE

You may edit one of the existing Diagnoses or add a new one

    1) 401.9  ENTER A NARRATIVE HERE          (Provisional)

        Select one of the following:

            E          EDIT one of the above Diagnoses
            A          ADD a new Diagnoses
            D          DELETE one of the above Diagnoses
            Q          QUIT

Do you wish to: Q//

```

Figure 3-16

To edit a diagnosis, type **E** to select the Edit option. Chose the diagnosis to edit by entering the diagnosis line number shown on the screen. You will then be prompted for each of the data items (diagnosis, type, primary/secondary, narrative). The default values for the prompts will be the data that has already been entered. Press the return key at each field that should remain unchanged and enter the new data at each field that should be modified.

If you want to delete a diagnosis, type **D** to select the Delete option. Select the diagnosis to delete by entering the line number shown on the screen. You will then see the “Are you sure you want to delete this Diagnosis?” prompt. Type **Yes** to delete the selected diagnosis or type **NO** to return to the previous selection menu.

3.4.7 CPT Procedures

If you are entering CPT Procedure at your facility, you may use this option to add, change, or delete the procedures that have been entered on a referral record.

The process for adding the CPT procedures is the same as adding the ICD-9 diagnoses (section 3.4.6). Figure 3-17 is a sample of adding a new procedure.

```

You may edit one of the existing Procedures or add a new one

  1) No entries to edit

      Select one of the following:

          A          ADD a new Procedures
          Q          QUIT

Do you wish to: A// ADD a new Procedures

Adding a NEW Procedures...

Select RCIS PROCEDURE: 33322   REPAIR MAJOR BLOOD VESSEL(S)
                        Suture repair of aorta or great vessels; with cardiopulmonary
                        bypass
                        ...OK? Yes// YES
PROCEDURE: 33322// [Press the return key to accept]
You are entering a procedure that indicates this may be a high cost
case.
You may want to carefully explore alternative resources and alert
your case
manager.
TYPE: P  PROVISIONAL
PRI/SEC: P  PRIMARY
PROCEDURE NARRATIVE: ENTER A NARRATIVE HERE

You may edit one of the existing Procedures or add a new one

  1) 33322  ENTER A NARRATIVE HERE          (Provisional)

      Select one of the following:

          E          EDIT one of the above Procedures
          A          ADD a new Procedures
          D          DELETE one of the above Procedures
          Q          QUIT

Do you wish to: Q//

```

Figure 3-17

The procedures for editing and deleting a procedure are the same as for editing and deleting a diagnosis (section 3.4.6).

3.4.8 Case Review Comments

This option allows you to add, edit, or delete the case review comments on a patient's referral record. A date for each separate comment must be entered. When prompted, enter the date on which the comment was written. Note that the default value for the date field is the current date. If comments are entered into the system on a date other

than when they were recorded, be sure to enter the date on which they were recorded, not the current date. Figure 3-18 shows the addition of a new case review comment. When finished, you are prompted to enter a date for the next case review, as applicable.

```

You may edit one of the existing Case Review Comments or add a new
one

1) JAN 30, 2001
   PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL.  SHOULD
   RETURN FOR FOLLOW-UP IN 6 MONTHS.

   Select one of the following:
   E          EDIT one of the above Case Review Comments
   A          ADD a new Case Review Comments
   D          DELETE one of the above Case Review Comments
   Q          QUIT

Do you wish to: E// ADD a new Case Review Comments

Adding a NEW Case Review Comments...

Select RCIS CASE REVIEW COMMENTS DATE: JUN 12,2001   JUN 12, 2001
Are you adding 'JUN 12, 2001' as
a new RCIS CASE REVIEW COMMENTS? No// Y (Yes)
DATE: JUN 12,2001// [Press the return key to accept]
COMMENTS:
  No existing text

[TEXT ADDED IN WORD PROCESSING SCREEN]

You may edit one of the existing Case Review Comments or add a new
one

1) JAN 30, 2001
   PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL.  SHOULD
   RETURN FOR FOLLOW-UP IN 6 MONTHS.

2) JUN 12, 2001
   PATIENT FOLLOW-UP SATISFACTORY.  NO FURTHER VISITS
   REQUIRED.

   Select one of the following:
   E          EDIT one of the above Case Review Comments
   A          ADD a new Case Review Comments
   D          DELETE one of the above Case Review Comments
   Q          QUIT

Do you wish to: Q//

```

Figure 3-18

3.4.9 Purpose of Referral/Med Hx/ Other Diagnostic Information

Selecting this option allows you to modify diagnostic information on the referral record. Figure 3-19 shows the screen used for entering data. You can change, add, or

delete data on this screen in the same way that you that you entered data using the other data entry screens.

```

RCIS REFERRAL RECORD
DATE: JUN 6, 1996  NUMBER: 0001019500480  PATIENT: THATCHER, BECKY
-----
PROVISIONAL DRG:
FINAL DRG:
DATE DSCH SUMM/CONS LR RCVD:

PURPOSE OF REFERRAL: SURGERY
PERTINENT MED HX & FINDINGS: [Press The RETURN Key To Edit]
WAS ADDITIONAL MEDICAL INFORMATION SENT WITH THE PATIENT? N
DISCHARGE NOTES: [Press The RETURN Key To Edit]
BUSINESS OFFICE NOTES: [Press The RETURN Key To Edit]
ICD DIAGNOSTIC CATEGORY: GASTROINTESTINAL DISORDERS
CPT PROCEDURE CATEGORY: OPERATIONS/ SURGERY

EDIT EXISTING DIAGNOSIS: [Press The RETURN Key To Edit]
EDIT EXISTING PROCEDURES: [Press The RETURN Key To Edit]
    
```

Figure 3-19

The data modification screen also allows you to edit existing diagnoses and procedures. By pressing the return key at either the “Edit Existing Diagnoses:” or “Edit Existing Procedures:” prompt, an additional screen will display and contain all of the diagnoses or procedures that have been entered for the referral record. To modify the diagnoses and procedures, review the following screens and instructions.

3.4.9.1 Diagnoses

To modify a diagnosis, press the return key at the diagnostic code that you want to modify. A pop-up screen containing the information for the diagnosis will appear. The data in this screen may be modified or deleted. Note that you cannot add a diagnosis with this option— for that, you must use option 5, ICD-9 Diagnosis.

```

RCIS REFERRAL RECORD
DATE: JUN 6, 1996  NUMBER: 0001019500480  PATIENT: THATCHER, BECKY
-----
DX: 543.9  NARR: ACUTE APPENDICITIS  TYPE: PROVISIONAL  PRI/SEC: PRIM
DX: 567.9  NARR: PERITONITIS        TYPE: FINAL      PRI/SEC: SECO
DX:        NARR:                    TYPE:            PRI/SEC:
    
```

Figure 3-20

Diagnosis pop-up screen for second diagnosis:

```

DIAGNOSIS: 567.9
TYPE: FINAL
PRIMARY/ SECONDARY: SECONDARY
DIAGNOSIS NARRATIVE: PERITONITIS
    
```

3.4.9.2 Procedures

To modify a procedure, press the return key at the procedure code that you wish to modify. A pop-up screen containing the information for the procedure displays. The data in this screen may be modified or deleted. Note that you cannot add a procedure with this option—you must use option 6, CPT Procedures.

```

RCIS REFERRAL RECORD
DATE: JUN 6, 1996 NUMBER: 0001019500480 PATIENT: THATCHER, BECKY
-----
PRC: 56315 NARR: APPENDECTOMY TYPE: PROVISIONAL PRI/SEC: PRIMARY
PRC: NARR: TYPE: PRI/SEC:
PRC: NARR: TYPE: PRI/SEC:
    
```

Figure 3-21

Procedure pop-up screen for first procedure:

```

Procedure: 56315
TYPE: FINAL
PRIMARY/ SECONDARY: SECONDARY
PROCEDURE NARRATIVE: APPENDECTOMY
    
```

3.4.10 Business Office Notes

You can use this option to edit data in fields that pertain to the Business Office. As illustrated in the following sample, you will be prompted for the Managed Care Committee action, the date the action was determined, and comments pertaining to the referral record. You will be prompted to enter the Managed Care Committee action and date only if your facility has opted to enter this information.

```

REFERRED CARE COMMITTEE ACTION: PENDING
DATE MC ACTION RECORDED: JUN 18, 1996// [Press RETURN To Accept Default]
COMMENTS- Enter PF1 & E to Exit:
1> REFERRAL PENDING REVIEW BY MCC. COMMITTEE TO MEET 6/30/96.
    
```

3.4.11 Discharge Notes

This option allows you to enter, edit, or delete any discharge notes on the referral record. Selecting this option displays a word-processing field for entering notes. Use the standard word-processing options to add, enter, or delete comments. See the appendix for a list of commands.

```
DISCHARGE NOTES:
1>PATIENT HAD SURGERY 6/18/96 AND WAS RELEASED IN GOOD HEALTH
6/20/96.
2>PATIENT TO SCHEDULE FOLLOW-UP VISIT WITHIN 2 WEEKS.

EDIT Option:
```

3.4.12 Additional Documentation

The Additional Documentation option can be used to add, modify, or delete the specific items that are sent with the patient’s referral record. If you are sending additional items, be sure that you have typed **Yes** at the “Was Additional Medical Information sent with the Patient?” prompt. This prompt can be accessed with modify options 1, 2, and 8.

```
RCIS REFERRAL RECORD
DATE: JUN 6, 1996 NUMBER: 0001019500480 PATIENT: THATCHER, BECKY
-----
INCLUDE WHICH OF THE FOLLOWING ITEMS?

PCC VISIT FORM: MOST RECENT EKG:
SPECIALTY CLINIC NOTES: HISTORY AND PHYSICAL:
PRENATAL RECORD(S): X-RAY / REPORT:
SIGNED TUBAL CONSENT: X-RAY FILM:
FACE SHEET: CONSULTATION REPORT:
HEALTH SUMMARY: MOST RECENT LAB REPORT:

ADDITIONAL DOCUMENTS:
```

Figure 3-22

3.4.13 CHS Eligibility Factors

This option allows the user to edit the historical capture of CHS Regulatory Requirements that was entered at the time of the Referral. The date of capture and the user who entered these fields is also displayed on the “Display a Referral Option” and the new items in the General Retrieval Report.

```
EDIT Which Data Type: 0// 12 CHS ELIGIBIILTY FACTORS

*****CHS ELIGIBILITY FACTORS*****
CHS INDIAN DESCENT: YES
CHS RESIDENCY: YES
CHS ALTERNATE RESOURCE: YES
CHS 72 HOUR NOTIFICATION: YES
BUSINESS OFFICE/CHS COMMENTS:

MGD CARE COMMITTEE ACTION: APEAL
```

Figure 3-23

3.5 Modifying a Closed Referral

Once a referral has been closed you will not be able to make changes to the referral record using the Modify Referral option. Instead, you must use the Modify a Closed Referral option on the Supervisor's Utility menu. Referrals from fiscal years other than the current also cannot be modified with the MOD option. Instead, the MR option on the Supervisor's Utilities menu must be used. Accessing the Supervisor's Utilities menu requires a restricted security key. Please contact your Site Manager for assistance if you do not have access to it. For details about the Supervisor's Utilities menu, please refer to section 3.14 in this guide.

3.6 Closing Out a Referral (CLO)

Ultimately, all referrals will be closed, either automatically or manually. The only referrals that will be closed automatically are CHS referrals, provided that the link with the CHS is enabled. When all purchase orders in the CHS system referencing a CHS referral have been paid, the referral will be automatically closed. If your site is not using the link with the CHS, you must close CHS referrals manually using the Closing Out a Referral menu option (CLO).

Referral types other than CHS must be closed manually after the referred care services have been provided. You may also need to manually close referrals of all types if they are deemed canceled or it is determined that all information that will be obtained has already been entered into the system.

The Close Out a Referral Option (CLO) on the RCIS Data Entry menu is used to manually close referrals from the RCIS that were created during the current fiscal year. For all referrals originating in another fiscal year, a separate option on the Supervisor's Utilities menu must be used. To close a referral, you will add the final data to the referral record, including:

- Diagnosis
- Procedures
- Costs
- Appointment/ Admission Dates
- Length of Stay/ Number of Visits
- Comments
- Status

Once a referral is closed, modification may be made to the referral record only with the Modify a Closed Referral option on the Supervisor's Utilities menu (see section 3.14 for instructions). This menu is restricted by a security key.

To begin the process, select the Close Out Referral option from the Data Entry menu and indicate the file that you wish to close by entering the patient's name, referral date, or referral number at the "Select RCIS REFERRAL by Patient or by Referral

Date or #:" prompt. Type Y or N at the "Do you want to enter final values?" prompt. If you know that the final data has already been entered into the file, type N to continue. If you have not entered the final data, press the return key to accept the default value (yes).

If you have opted to enter final values, you will be presented with the same selections that were available from the Modify Referral option. You will enter the final values the same way that you entered or edited data using the Modify Referral option (MOD). After you have entered the final referral data, press the return key at the "Edit Which Data Type:" prompt to quit the selection list and continue the close out process.

```
Select RCIS REFERRAL by Patient or by Referral Date or #: Thatcher,
Becky

Do you want to enter final values? Y// [Type Y or N]

Select one of the following:
0      QUIT
1      MINI MOD
2      ALL DATA
3      DATE/COUNTS
4      COSTS
5      ICD9 DIAGNOSIS
6      CPT PROCEDURES
7      CASE REVIEW COMMENTS
8      PURPOSE OF REFERRAL/MED HX/OTHER DIAGNOSTIC INFO
9      BUSINESS OFFICE NOTES
10     DISCHARGE NOTES
11     ADDITIONAL DOCUMENTATION

EDIT Which Data Type: 0// [Enter your selection here.]
```

Figure 3-24

Whether or not you have chosen to enter final data, the next prompt will request the final status of the referral. Note that if you have entered final data, this prompt appears after you choose Quit from the Edit Data Type menu; otherwise, the prompt appears after choosing not to enter final data. At the status prompt, enter one of the following codes. Each category is described below:

- C1 Closed- Completed
- C2 Closed- Final Resolution Unknown
- X Closed- Not Completed

Closed- Completed

If you know the referral was completed and you have all of the final data, select Closed- Completed. This is the default value for the prompt. In order to select this status, you must have entered data into all of the required fields. If data is missing in one or more of the required fields, you will be notified onscreen and asked if you want to enter the missing data. If you respond yes, you will then be prompted to enter

data in those incomplete fields only. To complete the closure, you will enter the date on which the referral was closed and the date on which the discharge summary or consultation letter was received. If no discharge summary or consultation letter has been received, you can press the return key to bypass the prompt since this entry is optional.

The example in Figure 3-25 shows the process of entering data into the incomplete fields and closing the referral.

```

Enter Final Status:  C1// C1  Closed-Completed

Required fields missing.  Do you want to enter them? Y// YES

ACTUAL COST:      500
ACTUAL IHS COST:  350
ACTUAL END DOS:   JUN 01, 1996

DATE CLOSED:      JUN 20, 1996// [Press the return key to accept the current date as
                                the default or enter the closing date.]

DATE DSCH SUMM/CONS LTR RCVD: JUN 15, 1996 [or press the return key to bypass]

```

Figure 3-25

Note: If you respond “No” at the Required Fields Missing message, the referral will not be closed and you will be returned to the Data Entry menu.

Closed- Final Resolution Unknown

Select the Closed- Final Resolution Unknown option if you do not know whether the referral was completed and believe that no further information is forthcoming. You will then enter the date on which the referral was closed. The default value for this prompt is the current date.

Closed- Not Completed

Select the Closed- Not Completed option if you know the referral was not completed. You will then be prompted to enter a reason why the referral was not completed. You must select an option from the following list:

1. Failed to Apply for Alternative Resources
2. Failed to Keep Appointment
3. Condition Resolved
4. Administrative Error
5. CHS Denial
6. Unknown

At your final prompt, enter the date on which the referral was closed to complete the closure.

If your facility is using the interface with the PCC, when a referral is designated as Closed- Completed the referral data pass to the PCC visit update module and are added to the PCC Visit, Diagnosis, Procedure, and Provider files. In turn, the PCC visit IEN is stored in the referral file.

3.7 Displaying a Referral Record (DSP)

The DSP option on the Data Entry menu is used to obtain a detailed display of a referral record. All of the information that has been entered into the referral record is displayed. The information shown for each referral will differ depending on the type of referral, whether it is for an inpatient or outpatient visit, and the status of the referral (i.e., more data is likely to have been entered for a closed referral than for one that has just been initiated).

You will select the referral record by entering the patient's name, referral data, or referral number. The referral record will then display on the screen (Figure 3-26).

Patient Name:	MILLER, ANITA
Chart #:	100925
Date of Birth:	OCT 12, 1968
Sex:	F
===== Referral Record =====	
DATE INITIATED:	AUG 05, 1997
REFERRAL #:	0001019700384
PATIENT:	MILLER, ANITA
TYPE:	CHS
REQUESTING FACILITY:	SELLS HOSPITAL/CLINIC
REQUESTING PROVIDER:	GRIFFITH, STANLEY P
TO PRIMARY VENDOR:	TMC FAMILY MEDICAL CENTER
TO OTHER PROVIDER:	JONES, BOB
FACILITY REFERRED TO (COM:	TMC FAMILY MEDICAL CENTER
PRIMARY PAYOR:	IHS
ICD DIAGNOSTIC CATEGORY:	GASTROINTESTINAL DISORDERS
CPT SERVICE CATEGORY:	EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT:	OUTPATIENT
DAYS SINCE BEGIN DOS:	-30
STATUS OF REFERRAL:	ACTIVE
CASE MANAGER:	CHVATAL, CHRISTINE
CREATED BY USER:	SMITH, NANCY
DATE CREATED:	AUG 05, 1997
DATE LAST MODIFIED:	AUG 05, 1997
PRIORITY:	3
SEND ADDITIONAL MED INFO:	YES
PURPOSE OF REFERRAL:	GASTROINTESTINAL EVALUATION
NOTES TO SCHEDULER:	PLEASE SCHEDULE A.M. APPOINTMENT
ESTIMATED TOTAL REFERRAL:	125
ESTIMATED IHS REFERRAL CO:	125
EXPECTED BEGIN DOS:	SEP 04, 1997
OUTP NUMBER OF VISITS:	1
CHS APPROVAL STATUS:	PENDING

```

PERTINENT MED HX, LAB:
BUSINESS OFFICE:
DISCHARGE NOTES:
CHS APPROVAL STATUS AUDIT LOG:

DATE/TIME CHANGED:          AUG 05, 1997@13:29:15
USER UPDATED:                CHVATAL,CHRISTINE
OPTION USED:                  BMC ADD REFERRAL
OLD VALUE:
NEW VALUE:                    PENDING

===== RCIS DIAGNOSIS =====
DIAGNOSIS:                    .9999
ICD NARRATIVE:                UNCODED DIAGNOSIS
TYPE:                          PROVISIONAL
PRI/SEC:                       PRIMARY
DIAGNOSIS NARRATIVE:         ULCER

DIAGNOSIS:                    .9999
ICD NARRATIVE:                UNCODED DIAGNOSIS
TYPE:                          PROVISIONAL
PRI/SEC:                       SECONDARY
DIAGNOSIS NARRATIVE:         STOMACH PAINS

===== RCIS PROCEDURES =====
PROCEDURE:                    00099
CPT NARRATIVE:                UNCODED CPT CODE
TYPE:                          PROVISIONAL
PRI/SEC:                       PRIMARY
PROCEDURE NARRATIVE:         EVALUATION

```

Figure 3-26

3.8 Printing Referral Letters (PRF)

Once you have entered data for a referral, you will be able to generate a printed referral letter to send with the patient or forward to the referred provider. The referral letter that prints for the referral record you select differs according to the referral type and status. For instance, a CHS referral contains information that is unnecessary for an in-house referral (see example in Figure 3-27). Site-specific, customized text can also be printed on all CHS and Other referral types (see Site Parameters for details).

To print a referral letter, select the Print Referral Letter option on the Data Entry menu and then identify the type or referral to be printed. The RCIS package is designed to print the referral letter in a standard format. You may also want a letter that meets the requirements of your state's health-care program or the specific needs of other providers. Please contact the IHS ITSC developers if you are interested in a site-specific referral letter.

To print the standard form, type **STANDARD** at the prompt and identify the referral record. You can make your selection by typing the patient's name, the referral

number, or the date the referral was initiated. At the “Device:” prompt, enter the device for printing the form.

Sample referral forms are included in Figure 3-27 through Figure 3-32.

CHS Referral— Funds Authorized

```

Referral for Contract Professional Services      MAR 06, 1996
*****
Patient Identification, Address, Phone
Patient Name:  MILLER, MELANIE                ID Number:  100294
                SSN:  009-05-0090                Sex:  FEMALE
                Address:  77 N. 33RD ST.          DOB:  MAY 10, 1975
                        MESA, ARIZONA  88776
-----
Referred to:          ST JOSEPH'S HOSPITAL- TUCSON  (602-296-3211)
                    PO BOX 12069-350 N WILMONT
                    TUCSON, ARIZONA  85732                0001019500242
OUTPATIENT Services          Appointment Date:  MAR 20, 1996
# of Outpatient Visits:  9          Expected Ending Date:  DEC 01, 1996
-----
Purpose/ Services Requested:  ROUTINE PRENATAL CARE
Additional Medical Information Attached:  Not Documented by Provider
-----
If you have any questions concerning this referral, please contact:
                SELLS HOSPITAL/CLINIC (contact:  JOHN SMITH)
                PO BOX 548
                SELLS, ARIZONA  85634  (phone:  (520) 295-2533)

Referring Provider:  GRIFFITH, STANLEY P
Records indicate patient has no third party coverage for this
Service Date.
*****

                [Customized, site-specific text for this referral type displays here.]

-----
                                CHS Supervisor
    
```

Figure 3-27

CHS Referral— Funds Not Authorized

```

Referral for Contract Professional Services      AUG 29, 1996
*****
Patient Identification, Address, Phone
Patient Name:  ADAMS,ROSEANNE                ID Number:  100827
                SSN:  025-09-0250                Sex:  FEMALE
                Address:  98 FILLMORE LANE                DOB:  JAN 17, 1948
                           SAN XAVIER,ARIZONA  88776
-----
Referred to:          ABBEY MEDICAL/ ABBEY RENTS
                    4826 E SPEEDWAY
                    TUCSON, ARIZONA  85712                0001019500562
OUTPATIENT Services          Appointment Date:  OCT 01, 1996
# of Outpatient Visits:  1          Expected Ending Date:  OCT 01, 1996
-----
Purpose/ Services Requested:  EVALUATION
Additional Medical Information Attached:  Not Documented by Provider
-----
If you have any questions concerning this referral, please contact:
                SELLS HOSPITAL/CLINIC (contact:  JOHN SMITH)
                PO BOX 548
                SELLS, ARIZONA  85634    (phone:  (520) 295-2533)
Referring Provider:  GRIFFITH, STANLEY P

Primary Payor for these services:  IHS
Our records indicate that the patient has no third party coverage.
*****

                [Customized, site-specific text for this referral type displays here.]

-----
                                CHS Supervisor
    
```

Figure 3-28

CHS Referral— Pending and Unknown

```

Referral for Contract Professional Services      SEP 05, 1996
*****
Patient Identification, Address, Phone
Patient Name:  STRINGER, SHEILA                ID Number:  SE 564589
              SSN:  745-17-9008                Sex:  FEMALE
              Address: 8357 W. AJO WAY          DOB:  JAN 31, 1966
                      TUCSON, ARIZONA 88739
-----
Referred to:          AFFILIATED ALLERGY PROFESSIONALS
                    4568 N. STONE AVE.
                    TUCSON, ARIZONA 85733-4051      0001019500125
OUTPATIENT Services      Appointment Date: OCT 03, 1996
# of Outpatient Visits: 1      Expected Ending Date: OCT 03, 1996
-----
Purpose/ Services Requested: ALLERGY TESTING AND CONSULTATION
Additional Medical Information Attached: Not Documented by Provider
-----
If you have any questions concerning this referral, please contact:
              SELLS HOSPITAL/CLINIC (contact: JOHN SMITH)
              PO BOX 548
              SELLS, ARIZONA 85634      (phone:  (520) 295-2533)
Referring Provider: MCCARTHY, CHARLIE

Records indicate patient has no third party coverage for this
Service Date.
*****

[Customized, site-specific text for this referral type displays here.]

-----
CHS Supervisor

```

Figure 3-29

IHS Referral

```

Referral for Contract Professional Services      SEP 26, 1995
*****
Patient Identification, Address, Phone
Patient Name:  THATCHER, BECKY                ID Number:  256
                SSN:  000-17-0001                Sex:  FEMALE
                Address:  PO BOX 998                DOB:  JAN 01, 1933
                        SASABE, ARIZONA  88776
-----
Referred to:          PHOENIX INDIAN MEDICAL CENTER      0001019500031
OUTPATIENT Services      Appointment Date:  OCT 20, 1995
# of Outpatient Visits:  1      Expected Ending Date:  OCT 20, 1995
-----
Purpose/ Services Requested:  ROUTINE MAMMOGRAM
Additional Medical Information Attached:  NO
-----
If you have any questions concerning this referral, please contact:
                SELLS HOSPITAL/CLINIC (contact:  JOHN SMITH)
                PO BOX 548
                SELLS, ARIZONA  85634      (phone:  (520) 295-2533)

Referring Provider:  LUKACS, BOB
Our records indicate that the patient has no third party coverage.
*****
    
```

Figure 3-30

In-House Referral

```

Referral for Contract Professional Services      SEP 03, 1996
*****
Patient Identification, Address, Phone
Patient Name:  JONES, MARIAN                  ID Number:  2563456
                SSN:  020-57-0351                Sex:  FEMALE
                Address:  123 FIRST AVE.            DOB:  OCT 10, 1953
                        TUCSON, ARIZONA  85743
-----
IN HOUSE REFERRAL
Referred to:          DIABETES CLINIC                0001019500565
OUTPATIENT Services      Appointment Date:  SEP 27, 1996
# of Outpatient Visits:  1      Expected Ending Date:  SEP 27, 1996
-----
Purpose/ Services Requested:  FOLLOW-UP VISIT
Additional Medical Information Attached:  YES
-----
Referring Provider:  LUKACS, BOB

Our records indicate that the patient has no third party coverage.
*****
    
```

Figure 3-31

Other Referral

```

Referral for Contract Professional Services      FEB 05, 1996
*****
Patient Identification, Address, Phone
Patient Name:  WHITE,CHANDLER                ID Number:  8946654
              SSN:  450-67-9897                Sex:  MALE
              Address:  897 ELM                DOB:  APR 01,1967
                      TUCSON,ARIZONA  88776
-----
Referred to:   TUCSON PLASTIC SURGEONS
              4826 E SPEEDWAY
              TCUSON, ARIZONA  85982                0001019500131
OUTPATIENT Services      Appointment Date:  MAR 01, 1996
# of Outpatient Visits:  1      Expected Ending Date:  MAR 01, 1996
-----
Purpose/ Services Requested:  REMOVAL OF SCAR
Additional Medical Information Attached:  NO
-----
If you have any questions concerning this referral, please contact:
              SELLS HOSPITAL/CLINIC (contact:  JOHN SMITH)
              PO BOX 548
              SELLS, ARIZONA  85634      (phone:  (520) 295-2533)

Referring Provider:  LOPEZ, PABLO
Our records indicate that the patient has no third party coverage as
of today.
*****
[Customized, site-specific text for this referral type displays here.]
    
```

Figure 3-32

3.9 Printing Routing Slips (PRS)

Computer-generated routing slips for the referrals can be printed with the PRS option on the Data Entry menu. A sample routing slip for a patient referral is shown below. Basic referral visit information and patient identification data are displayed at the top, followed by the facility to which the patient was referred. The additional documentation specified during data entry to be sent with the patient is marked with an “X” in the left hand column with the item name in the center column and a space to the right of each item for initials or signature (Figure 3-33).

```

Routing Slip for Contract Health
*****
Patient Name: MILLER,ANITA           ID Number: SE 100925
Referral Number: 0001019700384      Date Initiated: AUG 05, 1997
                                       Appointment Date: SEP 04, 1997

Referred to:      TMC FAMILY MEDICAL CENTER
                  (JONES,BOB)
                  PO BOX 44051
                  TUCSON, ARIZONA 85733-4051
-----
_____ PCC Visit Form _____
_____ X _____ Specialty Clinic Notes _____
_____ Prenatal Record(s) _____
_____ Signed Tubal Consent _____
_____ Face Sheet _____
_____ X _____ Health Summary _____
_____ Most Recent EKG _____
_____ X _____ History and Physical _____
_____ X-Ray/ Report _____
_____ X-Ray/ Film _____
_____ Consultation Report _____
_____ Most Recent Lab Report _____
Disposition: _____
_____
_____
    
```

Figure 3-33

3.10 Enter or Edit Business Office/ CHS Comments (BOC)

The Enter or Edit Business Office/ CHS Comments option on the RCIS Data Entry menu allows the appropriate individual in the Business or CHS Office to add comments pertaining to the referral record. This option is also used to enter a Referred Care Committee Action if your facility is entering them into the referral record. Note that the Referred Care Committee Action field in the Site Parameters file must be set to “Yes” in order for the prompt to appear when entering and editing Business Office/ CHS comments.

After selecting the BOC option from the Data Entry main menu, you will be prompted to identify the referral for which you will be entering comments. You can select the referral by typing the patient’s name, referral data, or referral number.

You will then be prompted to enter the Referred Care Committee action, if your facility has opted to enter this data. Responses to this prompt are site-specific. If you will be entering Managed Care Committee actions, you must first define them using the MCC option on the Management menu (see section 4.9).

Next you will have the option of entering comments or editing existing comments. The standard word-processing screen will appear that allows you to type or edit comments. If you are not entering or editing comments, press the return key to bypass this field.

A sample that shows the use of this option is presented in Figure 3-34. User responses and instructions are in bold type.

```
Select REFERRAL by Patient or Referral Date or #: GIBSON, MELINDA
000101950003                SAN XAVIER HEALTH CENTER
                               ROUTINE MAMMOGRAM

REFERRED CARE COMMITTEE ACTION: SERVICES APPROVED

DATE MCC ACTION RECORDED: JUN 6, 1996// [Enter a date or press the return key
to accept default]

COMMENTS- Enter PF1 & E to Exit:
1> Enter Business Office Comments Here.
```

Figure 3-34

3.11 Enter or Edit Scheduling Data (MSD)

The Enter or Edit Scheduling Data option on the Data Entry menu allows quick access to the scheduling data in order to enter notes for the appointment clerk and indicate a scheduling time frame. At the prompts, enter the requested information as shown in Figure 3-35. If data has already been entered, it will appear on the screen as the default value. Press the return key to accept the previous entry or type the text to be replaced followed by the new entry.

```
Select REFERRAL by Patient or Referral Date or #: THATCHER, BECKY
10-1-1996 0001019500635 THATCHER, BECKY CARONDELET HEALTH SERVICE
UNKNOWN SERVICE DATE  ROUTINE MAMMOGRAPHY

Schedule within N # Days: 30

Notes to Scheduler: CONTACT PT FOR SCHEDULING PREFERENCE

Select REFERRAL by Patient or Referral Date or #: [Press the return key to
bypass prompt and exit this option or enter another referral]
```

Figure 3-35

3.12 Utilization Review by MD/ Managed Care Committee Action (URMD)

This option on the Data Entry menu is used to enter the utilization review decision by a physician and the managed care committee action. The items that may be entered for each of these fields are developed by each site. (See the instructions for creating these categories in section 4).

As shown in the example in Figure 3-36, first you will be prompted to bring up the referrals according to the initiation date. The complete record for each referral initiated on that date will then display. After quitting the display screen, you will be prompted for the Referred Care Committee action, date, and the utilization review decision. Note that the Managed Care Committee Action prompt does not appear

unless your site has chosen to utilize this field. At each field, enter the appropriate response, as defined by your facility. To see a complete list of the choices available, type a question mark (?) and press the return key at the prompt. To bypass any of the prompts without entering data, press the return key. After you have entered the requested data, you will be prompted to review the next referral record, if more than one referral for that date exists. Otherwise, you will be returned to the Data Entry menu.

```

Enter beginning Referral Initiation Date: 10/1  (Oct 01, 1996)

[The first referral record initiated on Oct 1 displays. Review the record then type Q at
the action prompt to leave the record.]

REFERRED CARE COMMITTEE ACTION:  SCHEDULE AS REQUESTED

DATE MCC ACTION RECORDED:  OCT 2, 1996//  SEPTEMBER 15, 1996

UTILIZATION REVIEW BY MD:  APPROVED

Continue with next referral?? Y//  YES

```

Figure 3-36

3.13 Checking Alternate Resources (ALT)

The Check Alternate Resources option provides a means for quickly checking a patient's eligibility for services and any third-party insurance they may have. After selecting the Check Alternative Resources option, you will enter a patient's name at the prompt. Information on the patient's classification, eligibility, and insurance will display on the screen. Any comments in the Additional Registration Information field of the patient registration record will also display. A sample output is shown in Figure 3-37.

```

CLASSIFICATION/ BENEFICIARY IS:  INDIAN/ ALASKA NATIVE
ELIGIBILITY STATUS IS:  CHS & DIRECT
NO THIRD PARTY COVERAGE RECORDED

ADDITIONAL REGISTRATION INFORMATION:
Patient's chart is in temporary storage.
Need to check on status of old material.

```

Figure 3-37

3.14 RCIS Data Entry Supervisory Utilities (SUP)

The RCIS Supervisory Utilities menu contains options for deleting and modifying referral data not available on any of the RCIS primary menus. Because of the nature of these functions, they should be used only by supervisory personnel and are locked with a security key. The Supervisory Utilities Menu is accessed with the SUP option on the Data Entry menu. Each of the menu options is described in this section of the manual.

3.14.1 Delete Referral Entered in Error (DELR)

An option is provide on the Supervisory Utilities menu for deleting referrals that have been entered in error. Once a referral has been deleted, the entire referral record and related entries are not recoverable. If a referral is a CHS type and has been modified by the CHS office through the CHS system link, you will not be able to delete the referral record.

To delete a referral, select the Delete Referral Entered in Error option on the Supervisory menu. At the first prompt, select the referral record you want to delete by entering the patient's name, the referral date, or the referral number. The referral record you select will then be displayed on the screen for browsing so that you can verify that it is the record that you want to delete. After you have reviewed the record, type Q at the prompt to quit the browsing mode. You are then presented with the option of deleting the referral, as shown below. Type Yes to delete the referral record or press the return key to accept the default value, No, and not delete the record.

```
THE ABOVE REFERRAL AND RELATED ENTRIES WILL BE REMOVED FOREVER !!!  
Sure you want to delete? No//
```

If the referral has been deleted from the system, a confirming message will appear on the screen. If the referral record you selected to delete is a CHS referral and has been modified by the CHS office, a message will appear indicating that the referral may not be deleted.

3.14.2 Modify Closed Referral— All Fiscal Years (MCR)

To modify data for a closed referral, you must use the MCR option on the Supervisors Utilities menu; the MOD option on the data entry menu allows you to modify data only for active referrals within the current fiscal year. The process of modifying a closed referral is identical to modifying an active referral. For details instructions, please refer to the Modifying a Referral section of this manual (section 3.4).

3.14.3 Modify Referral—All Fiscal Years (MR)

To modify a referral that was initiated in a previous fiscal year, you will need to use the MR option on the Supervisors Utilities menu. Only referrals within the current fiscal year can be modified with the Modify Referral option on the Date Entry menu (MOD). The process for modifying a referral from a previous fiscal year is identical to modifying a current fiscal year referral. For detailed instructions, please refer to the Modifying a Referral section of this manual (section 3.4).

3.14.4 Close Out Referral— All Fiscal Years (COR)

Referrals can be closed automatically through the link with the CHS package or manually with the CLO option on the Data Entry menu. However, to close referrals from previous fiscal years, you must use the Close Out Referral option on the

Supervisors Utilities menu. The closing process for referrals from previous fiscal years is identical to closing a referral in the current fiscal year. Please refer to the Closing Out a Referral section of this manual (section 3.6).

3.14.5 Add/Edit CHS Data (ECHS)

This menu option is available primarily for sites that are not using the link with the CHS system. The Add/Edit CHS Data option allows you to enter and modify CHS data that would otherwise be added to referral records automatically via the CHS system interface.

After selecting the ECHS menu option from the RCIS Supervisory Utilities sub-menu, you will be prompted to enter a referral initiation date. If more than one referral was initiated on that date, you will need to select the referral of interest from the list of referrals displayed. A screen, like the example in Figure 3-38, then appears for entering and modifying data. To enter or edit data, follow the same procedures as for all other data entry screens in the RCIS. Several of the CHS Authorization fields are required entries. If you have any questions regarding the information to be entered in each field, contact a staff member at your local CHS office.

<pre> RCIS REFERRAL RECORD DATE: OCT 11,2001 NUMBER: 6064010200003 PATIENT: DAVIS,GEENA ----- *****CONTRACT HEALTH SERVICES INFORMATION***** CHS APPROVAL STATUS: APPROVED CHS APPROVAL/DENIAL DATE: CHS DENIAL REASON: CHS AUTHORIZATION DEC STAFF: MGR,FOUR CHS AUTHORIZATION DEC REV DT: NOV 27,2001 AUTHORIZATION #: 1356 AUTHORIZATION #: AUTHORIZATION #: AUTHORIZATION #: AUTHORIZATION #: </pre>
--

Figure 3-38

CHS Approval Status: Enter the status of this referral. You have the choice of Pending, Approved, or Denied.

CHS Approval/ Denial Date: Enter the date on which the CHS decision was made.

CHS Denial Reason: For a denied referral, specify the reason for the denial. To see a list of the locally defined selections for this field, type a question mark (?) and press the return key.

CHS Authorization Decision Staff: Enter the name of the person who made the CHS authorization decision. This field is a required entry.

CHS Authorization Decision Review Date: Enter the date on which the referral was reviewed. This field is a required entry.

Authorization Number: Indicate the CHS authorization number for the referral.

For referrals that have been approved and an authorization number has been entered, a pop-up screen appears for entering additional information. Note that the Dollars Authorized field is required.

Authorization #	1356
DOLLARS AUTHORIZED:	350
DOLLARS PAID:	
PAYMENT STATUS:	
TOTAL COST:	
ACTUAL BEGINNING DATE:	
ACTUAL ENDING DATE:	
VENDOR:	ABEL MD,JEFFREY A

Figure 3-39

Note: It is recommended that you not use this menu option for entering or modifying CHS data if your site has enabled the link with the CHS system. This data should be entered from the CHS Office when the interface is enabled.

3.14.6 Fix Uncoded Diagnosis Codes (FDX)

The Fix Uncoded Diagnosis Codes option (FDX) was designed to expedite the entry of diagnostic codes for those sites that have elected to enable ICD-9 coding for referrals. As previously mentioned in the Data Entry section, the provider entering the initial referral data may not know the correct diagnostic code for the patient. In this case, the provider can enter .9999 or UNCODED for the diagnosis and include a diagnostic narrative in the referral record. At a later time, an experienced ICD-9 coder can use this option to quickly add the correct codes to the referral records.

Once this menu option is selected, the referral database will be searched for records with uncoded diagnosis. Each of these records will display on the screen, one at a time, with the diagnostic narrative, as shown in the following sample dialog. The coder will then enter the appropriate ICD diagnostic code number or description. After each entry, the coder has the option of continuing to the next uncoded record or exiting. When all of the referrals with uncoded diagnoses have been displayed, a message will appear indicating that the coding process is complete.

```
Searching the RCIS DIAGNOSIS File
Continue? Y// YES

Name: ADAMS, BARNEY   DOB: AUG 8, 1989   SEX: M   HRN: 101988
REFERRAL #: 0001019500091

DIAGNOSIS: .9999// DIABETES
250.00 (DM UNCOMPL/T-II/NIDDM, NS UNCON) DIABETES MELLITUS WITHOUT
MENTION OF COMPLICATION/TYP II/ NON-INSULIN *DEPENDENT/ ADULT-
ONSET, OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

OK? Y// YES
CONTINUE? Y// YES

NAME: THATCHER, BECKY   DOB: JAN 1, 1933   SEX: F   HRN: 256
PROVIDER NARRATIVE: PANIC ATTACK
REFERRAL #: 0001019500636

DIAGNOSIS: .9999// 300.01
300.01          PANIC DISORDER

CONTINUE? Y// YES

All done with the RCIS DIAGNOSIS file
```

Figure 3-40

3.14.7 Fix Uncoded Procedure Codes (FPX)

The Fix Uncoded Procedure Codes option (FPX) was designed to expedite the entry of CPT codes for those sites that have elected to enable CPT coding for referrals. As previously mentioned in the Data Entry section, the provider entering the initial referral data may not know the correct CPT code for the patient. In this case, the provider can enter 00099 or UNCODED for the procedure and include a procedural narrative in the referral record. At a later time, an experienced coder can use this option to quickly add the correct codes to the referral records.

Once this menu option is selected, the referral database will be searched for records with uncoded diagnoses. Each of these records will display on the screen one at a time with the diagnostic narrative, as shown in Figure 3-41. The coder will then enter the appropriate CPT procedural code number or description. After each entry, the coder has the option of continuing to the next uncoded record or exiting. When all the referrals with uncoded procedures have been displayed a message will appear indicating that the coding process is complete.

```

Searching the RCIS PROCEDURE File

Continue? Y// YES

NAME: MILLER, ANITA   DOB: OCT 12, 1968   SEX: F   HRN: 100925
PROCEDURE NARRATIVE: EVALUATION
REFERRAL #: 0001019700384
PROCEDURE: 00099/ ROUTINE VISIT
SITING/VISITINTERMED/VISITOR/VISITS )

The following 2 matches were found:

1: 99213 (99213)
OFFICE/ OUTPATIENT VISIT EST
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND
MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT
LEAST TWO OR THESE THREE

2: 99214 (99214)
OFFICE/ OUTPATIENT VISIT, EST
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND
MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT
LEAST TWO OF THESE THREE

Press <RET> or Select 1-2: 1

Continue? Y//YES

NAME: SMITH, DIANE   DOB: DEC 3, 1941   SEX: F   HRN: 101579
PROCEDURE NARRATIVE: TOTAL HYSTERECTOMY
REFERRAL #: 0001019700311
PROCEDURE: 00099// 58150           TOTAL HYSTERECTOMY
TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT
REMOVAL OF TUBE(S), WITH OUR WITHOUT REMOVAL OF OVARY(S);
. . . OK? YES// YES

CONTINUE? Y// YES
    
```

Figure 3-41

3.14.8 Print Referral Letters (CHS Approval Status) (PCHS)

This option allows the CHS approval status to be changed prior to printing the referral letter. The use of this option expedites the referral approval letter generation process by combining the two processes into a single step. As shown in the sample dialog box below, you will be prompted for the type of referral letter to print and the patient's name or referral number. The current CHS approval status then displays for confirmation or modification. Finally, you will select the outpatient device for the referral letter.

```

***** REFERRAL FORM PRINT*****
This report will produce a hard copy computer generated referral
letter.

Select Type of letter to be printed: STANDARD IHS REFERRAL LETTER

Select Referral by Patient Name, date of referral or referral #: 8-18-
1997
    0001019700390  VON RICHTOFEN,C          CARONDLELET HEALTH SERVICE
                   UNKNOWN SERVICE DATE    DIALYSIS

    ** CHS APPROVAL STATUS** : PENDING

Do you wish to Change the Existing CHS Approval Status? N// YES

CHS APPROVAL STATUS: PENDING// A APPROVED

DEVICE: HOME// <SPECIFY OUTPUT DEVICE HERE>

```

Figure 3-42

3.14.9 Add a Referral for a Previous Fiscal Year (RFY)

This function allows the User to add a referral for a previous fiscal year. This is extremely useful in entering prior year referral backlogs (after the Site Parameters have been changed to the current Fiscal Year). The user is provided a list of the last ten referrals entered for a selected Fiscal Year and asked to enter the desired Referral number.

3.14.10 Print RCIS Letter Types (LTRS)

This menu option houses all the editing and printing of the RCIS Letter types. There are five letter options available from this menu, each of which is detailed in this section:

- Print Referral Letters (CHS Approval Status)
- Print Alternate Resource Application Letter
- Print New Secondary Provider Letter
- Edit or Delete Secondary Provider Data
- Reprint an Existing Secondary Provider Letter

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*                VERSION 2.0, Nov 21, 2001          *
*****

                PARKER HOSP
                Print RCIS Letter Types

PCHS  Print Referral Letters (CHS Approval Status)
PARL  Print Alternate Resource Application Letter
PRFS  Print New Secondary Provider Letter
ESEC  Edit or Delete Secondary Provider Data
REP   Reprint an Existing Secondary Provider Letter

Select Print RCIS Letter Types Option:

```

Figure 3-43

Print Referral Letters (CHS Approval Status) (PCHS)

This option is controlled by the BMCZCHS security key and allows the user to change the existing CHS Approval Status Field and print a new referral letter with the changed approval status. Changing the CHS Approval Status Field changes the text that appears at the bottom on the Referral and delineates payment of services party. An audit of the CHS Approval is also displayed on the 'Display a Referral Menu Option,' listing the user and date the approval status was changed.

To change a patient's CHS approval status and print a new referral letter:

1. Type PCHS at the "Select Print RCIS Letter Types Option:" prompt.
2. At the "Select Type of Letter to be Printed:" prompt, type the name of the letter type you wish to print or type two question marks (??) to see a list of options first.
3. At the "Select Referral by Patient Name, date of referral or referral #:" prompt, type the name, referral date, or referral number for the patient you wish to refer. The patient's basic information and current CHS status will appear on the screen.
4. At the "Do you wish to Change the Existing CHS Approval Status? N/" prompt, type Y if you wish to change the patient's CHS Approval Status or type N if you want to leave the CHS Approval Status as it is. If you choose not to change the status, jump to step 6.
5. At the "CHS APPROVAL STATUS: PENDING/" prompt, type the approval status you wish the referral to have or type a question mark (?) to see a list of options first.
6. At the "Device://HOME:" prompt, type the name of the device you wish to print the letter to.

A sample of the referral letter is provided in Figure 3-44.

```

Referral for Contract Professional Services      NOV 29, 2001
*****
Patient Identification, Address, Phone
Patient Name:  BANDAR,LONA                      ID Number:  PAH 16869
              SSN:                               Sex:    FEMALE
              Address:  PO BOX 8                 DOB:    JUL 17, 1984
                      BLACK MESA, ARIZONA  85344      Phone:
-----
6064010200050
INPATIENT Services                          Admission Date:
                                           Expected Ending Date:

Priority Rating:  3
-----
Purpose/Services Requested:  EVALUATION
-----
Additional Medical Information Attached:  Not Documented by Provider
-----
If you have any questions concerning this referral, please contact:
  PARKER HOSP (contact: MRS. JUDY POOLAW)
  RT. 1, BOX 12
  PARKER, ARIZONA  85344      (phone: (602) 364-5319)
  Referring Provider (ELECTRONIC SIGNATURE):  ADAM,ADAM
  Case Manager:  DOCTOR,ONE                      Veteran:
Our records indicate that the patient has no third party coverage as
of today.
*****
To the contract provider:  CHS funds are authorized as specified
above, subject to the conditions below:

* The provider shall submit a consultation report or discharge
summary to the Indian Health Service prior to reimbursement by IHS
Contract Health Services or the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resouces for which
he/she is entitled.  Failure to do so by the patient will result in
denial of payment by IHS and the patient would then be responsible
for the entire bill.

* This referral does not authorize transfer of this patient to any
other provider or the provision of services not requested without
prior approval.  Provision of unauthorized services may result in
denial of payment without recourse to the patient.

This referral is valid for 30 days from the date of issue for the
above specified services, unless otherwise specified.

* This referral is a request for health services, not a guarantee of
payment.

Contract Health Service Office
    
```

Figure 3-44

Print Alternate Resource Application Letter (PARL)

This option will produce a hard copy computer generated Alternate Resource Application Letter. If the patient has possible Third Party alternate resources, then a

letter must be sent to the patient asking them to apply to that Alternate Resource. Pursuant to IHS Regulations, 42 CFR Part C, a patient is required to make a good faith effort to complete an application for alternate resources. This letter is addressed to the patient with all pertinent referral information and requirements needed for the patient to comply. The date the letter was printed, the user who printed it, and the type of letter disseminated is also stored with the other referral information. In addition, the new General Retrieval Lister Items allow the retrieval of these specific elements.

The user is prompted for the Contact Point, documentation needed for proof of identity, how the letter was delivered to that patient (and if mail certified, the mail certification number). This information (along with the user who printed the letter and the date printed) is stored with the Referral and is displayed under the Display a Referral Menu Option.

A sample of the patient letter is provided in Figure 3-45.

Edit or Delete Secondary Provider Data (ESEC)

This option allows the user to edit or delete and an existing Secondary Provider letter and/or Secondary Provider element. After editing the Secondary Provider data through this option, the user will need to use the Print New Secondary Provider Letter option (PRFS) to print an updated letter.

Reprint an Existing Secondary Provider Letter (REP)

This option allows the user to reprint an existing Secondary Provider letter originally printed with the PRFS option or edited with the ESEC option.

3.14.11 Automatic Referral Close Out (ACLO)

This function allows the user to loop through and automatically close a selected group of old referrals. The user is prompted for the facility name, type of referral, inpatient or outpatient status, any exclusion of a specific local category, and selected date range.

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*          VERSION 2.0, Nov 21, 2001                *
*****
                PARKER HOSP
          Automatic Referral Closure***WARNING***

*****  AUTOMATIC CLOSE OF REFERRALS  *****

*****WARNING*****

This routine will LOOP through all referrals that were initiated in
a date range entered by the User -

*****AUTOMATIC CLOSURE OF REFERRAL*****
This Routine allows User to Select a specific INDIVIDUAL FACILITY
Only!
This Routine also allows the User to EXCLUDE a particular Local
Category
This Routine allows the User to Select INPATIENT or OUTPATIENT
Referrals Only!
This Routine allows the User to Select TYPE of Referral
(CHS, IHS, OTHER) Only!

Enter Facility Name:
    
```

Figure 3-46

3.15 Modify Referral - All Fiscal Years (MR)

The main Data Entry option menu only allows the adding and editing of the current Fiscal Year’s referrals. This option allows a user with the appropriate security keys to edit a referral from any fiscal year.

This option is also available through the data entry supervisor menu. For more information on using this option, see section 3.14.3.

3.16 Number of Days Authorized Modifications (NDA)

When a referral is created as an outpatient referral, the default number of days authorized is one day, but this number can be modified if necessary. The NDA report will display a list of referrals for which those days have been modified/ increased. This report assists the scheduler in determining which referrals to follow-up with for appointment scheduling and status.

A sample report is provided in Figure 3-47.

#	DAYS AUTHORIZED	LISTING		DEC 7, 2001	08:52	PAGE 1
INITIATED	BEGIN				DAYS	
REFERRAL	D.O.S.	#	DAYS AUTHORIZED	TYPE	DATE	MODIFIED
00/10/00	11/15/97 (A)	ANES, CLARISSA	2	CHS	C & S MEDICAL	
GROUP PC						
6064019800002					04/15/98	
04/30/98	11/12/97 (E)	BROWN, KATHERINE	5	CHS	CACTUS C V & T	
SURGERY PC						
6064019800539					04/30/98	
05/05/98	05/04/98 (E)	CHAA, SAMUEL P	5	CHS	A O ORTHOPEDIC	
SPECIALISTS						
6064019800621					05/05/98	

Figure 3-47

3.17 Quick Inquiry to Appointment Scheduling Status (SAS)

This report displays a quick view of a specific patient’s current scheduled appointments for a particular referral. To print/ browse the SAS report, select the SAS option from the Data Entry menu (Main→ DE→ SAS) and type the name of the device you wish to print to at the “Device:” prompt. A sample report is provided in Figure 3-48.

APPOINTMENT STATUS LIST		DEC 7, 2001	08:55	PAGE 1
PATIENT	CHART		EXPECTED	ACTUAL
			BEG DATE	BEG DATE
BANDAR, LONA	16869			
REFERRING IHS PHYSICIAN: ADAM, ADAM			PRIMARY PAYOR: IHS	
FACILITY REFERRED TO:				
PURPOSE: EVALUATION				

Figure 3-48

3.18 Display Secondary Providers for a Specific Patient (SPIQ)

This report was designed to provide a quick listing (by patient) for all Secondary Provider Letters that were printed using the Print RCIS Letter Types Menu Options on the LTRS menu. The user is first asked for the patient name and then provided a list of all referrals for which Secondary Provider letters were printed. A sample report is provided in Figure 3-49.

```
DATE: SEP 25, 2001                PATIENT: SMITH, ANITA
REFERRAL DATE: JAN 26, 1999       USER: ADAM, ADAM
SECONDARY PROVIDER: SMITH DDS, STEVEN  EXP APPT DATE: SEP 25, 2001
PURPOSE OF APPT: THIS IS A TEST
REFERRAL NUMBER (c): 6064019900003
PRIMARY VENDOR (c): ABRAMOVITZ RPH, JARJORIE S
PRIMARY PURPOSE (c): EVALUATION OF CHEST PAIN

DATE: SEP 25, 2001                PATIENT: SMITH, ANITA
REFERRAL DATE: JAN 26, 1999       USER: ADAM, ADAM
SECONDARY PROVIDER: SMITH DDS, STEVEN  EXP APPT DATE: OCT 31, 2001
PURPOSE OF APPT: THE REALLY FINAL TEST
REFERRAL NUMBER (c): 6064019900003
PRIMARY VENDOR (c): ABRAMOVITZ RPH, JARJORIE S
PRIMARY PURPOSE (c):
```

Figure 3-49

4. Using the RCIS Management Module

The RCIS system provides functions that allow each facility to customize options to meet its needs. For example, each facility can set the system parameters as needed, create local procedure categories, develop referral templates for frequently initiated referrals, and specify Managed Care Committee actions. These options are available on the RCIS Management Menu (Figure 4-1). Access to the Management Module menu options requires the manager’s security key. This section of the manual describes each of the RCIS Management menu options in detail and provides instructions on using them.

```

*          INDIAN HEALTH SERVICE          *
*          REFERRED CARE INFORMATION SYSTEM *
*          VERSION 2.0, Nov 21, 2001      *
*****
          PARKER HOSP
          RCIS Management

DSP      Display Site Parameters
ESP      Edit Site Parameters
LC       Add/Edit Local Category
AERR     Add/Edit Routine Referral Template Form
ASP      Add Specific Provider
DRR      Delete Routine Referral Template Form
EAR      Add/Edit Alternate Resource
LUV      Add/Edit Local Utilization Review By MD Codes
MCC      Add/Edit Local Managed Care Committee Action
PLC      Print Local Categories Listing
PMC      Print MGD Care Committee Action Listing
PSP      Print Specific Provider Listing
PUR      Print Utilization Review/MD Listing

Select RCIS Management Option:
    
```

Figure 4-1

Note: Before using the system for the first time, the Site Manager or Referred Care Coordinator will need to set the initial parameters. These parameters may be changed at a later time, if needed. See section 4.2 for instructions on setting the site parameters.

4.1 Display Site Parameters (DSP)

This option allows you to view the parameters that have been set for a facility. After selecting this option on the RCIS Management menu, you will specify the facility for which you want the parameters displayed, then enter a device for printing or viewing the parameters. Figure 4-2 shows the site parameters that have been set for the Sells Hospital/ Clinic. Read the following section for descriptions of each parameter.

RCIS SITE PARAMETERS

FACILITY: SELLS HOSPITAL/CLINIC
 REFERRAL YEAR: 95
 PCC INTERFACE: YES
 CHS INTERFACE: NO
 REFERRAL #: 504
 ICD/CPT CODING: YES
 LOCAL CATEGORY: ASK BUT OPTIONAL
 OTHER LOC: SELLS OTHER
 DEFAULT MGR: ENOS, DON
 CHS SUPERVISOR: BUTCHER, LORI ANN
 BUSINESS OFFICE SUPERVISOR: JARLAND, TONI M
 CHS ALERT: YES
 REQUIRE PRIORITY RANK ON ALL: YES
 REFERRAL CONTACT NAME: JOHN SMITH
 REFERRAL CONTACT PHONE: (520) 295-2533
 STATE: ARIZONA
 IHS ALERT: YES
 OTHER ALERT: YES
 IN-HOUSE ALERT: YES
 RCIS ONLINE START DATE: JUN 11, 1996
 UNIVERSAL OR SITE SPEC. LOOKUP: UNIVERSAL
 MANAGED CARE COMMITTEE ACTION: YES

HELP PROMPT FOR PRIORITY SYSTEM:

LEVEL I. EMERGENT/ ACUTELY URGENT CARE SERVICES
 LEVEL II. PREVENTIVE CARE SERVICES
 LEVEL III. PRIMARY AND SECONDARY CARE SERVICES
 LEVEL IV. CHRONIC TERTIARY AND EXTENDED CARE SERVICES
 LEVEL V. EXCLUDED SERVICES

HIGH COST DIAGNOSES BULLETINS:

Person Receiving Bulletin: BUTCHER, LORI ANN Types: C
 Person Receiving Bulletin: JARLAND, TONI M Types: CIO

HIGH COST PROCEDURES BULLETINS:

Person Receiving Bulletin: LOPEZ, DIANA Types: CION

COSMETIC PROCEDURE BULLETINS:

Person Receiving Bulletin: ENOS, DON Types: CION

EXPERIMENTAL PROCEDURE BULLETINS:

Person Receiving Bulletin: BUTCHER, LORI ANN Types: CIO
 Person Receiving Bulletin: JARLAND, TONI M Types: CIO
 Person Receiving Bulletin: ENOS, DON Types: CN

THIRD PARTY LIABILITY BULLETINS:

Person Receiving Bulletin: JARLAND, TONI M Types: CIO
 Person Receiving Bulletin: BUTCHER, LORI ANN Types: CIO
 Person Receiving Bulletin: ENOS, DON Types: C

CHS APPROVED TEXT:

The site-specific text for SELLS where the CHS has authorized payment for the referral displays here.

CHS DENIED TEXT:

```

The site-specific text for SELLS where the CHS has denied payment
for the referral displays here.

CHS PENDING OR UNKNOWN TEXT:
The site-specific text for SELLS where the CHS authorization status
is pending or unknown displays here.

OTHER REFERRAL TEXT:
The site-specific text for SELLS for non-CHS, non-IHS, and non-IHS
in-house referrals displays here.
    
```

Figure 4-2

4.2 Edit Site Parameters (ESP)

You can use the Edit Site Parameters option to customize the RCIS at your facility. This option allows you to elect whether to use various options and to specify the default value for others. This option is also used for designating the type of IHS MailMan messages that are generated for each referral, if any, and to whom they will be sent.

Upon selecting the Edit Site Parameters option, you will be prompted to enter the name of your facility. The entry screen for customizing the parameters will then display.

Figure 4-3 shows the entry screen used to customize the RCIS parameters. Each of the parameters that may be set at your facility is described below along with details on the responses to be entered.

```

UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
          REFERRAL YEAR: 02                      STATE: ARIZONA
  ACTIVATE THE CHS INTERFACE? YES  PROMPT FOR LOCAL CATEGORIES? ASK
  ACTIVATE THE PCC INTERFACE? YES  PROMPT FOR MGED CARE COM
ACTION? YES
  PROMPT FOR ICD AND CPT CODES? YES
    ENTER YOUR SITE'S 'OTHER' LOCATION: PARKER HOSP
          DEFAULT CASE MANAGER: DOCTOR, ONE
          CHS SUPERVISOR: POOLAW, JUDY
    BUSINESS OFFICE SUPERVISOR: SATPATHI, RATAN
          REFERRAL CONTACT NAME: MRS. JUDY POOLAW
          REFERRAL CONTACT PHONE: (602) 364-5319
RCIS ACTIVATION DATE: JAN 1,2000      BENEFITS COORDINATOR:
UPDATE BULLETIN PARAMETERS (press return):  UNIVERSAL OR SITE SPEC.
LOOKUP: U
REQUIRE PRIORITY ENTRY ON ALL REFERRALS? YES
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING
PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:
    
```

Figure 4-3

Referral Year: Enter into this field the last two digits of the referral processing year (i.e., enter 02 for 2002). The referral processing year may be the fiscal year or the calendar year. All assigned referral numbers include the two digits of the corresponding referral year.

State: Type the name of the state in which your facility resides.

CHS Interface: If you are using the CHS package at your facility, you can link it to work in conjunction with the RCIS. This interface allows the CHS office to enter information in the RCIS referral records and to close records after services have been received. Activating this link will eliminate redundant data entry at your facility. Note that the link affects CHS referrals only. Type YES to use the interface or NO if your site does not use the CHS or if you do not want to use the interface.

PCC Interface: If the PCC is used at your facility, you have the option of linking the RCIS with the PCC. To enable this interface, type YES. Type NO if your site does not use the PCC or if you do not want to enable the interface. Data passes from the RCIS to the PCC and creates a PCC Visit only after a referral is closed. Data for open referrals is also passed to the PCC and available for retrieval and display on the Health Summary, but a PCC Visit is not created for the referral until it is closed.

ICD/CPT Coding: This field controls whether the system will prompt for ICD and CPT codes during the referral data entry process. Type YES to enable the prompts or NO if you do not want ICD and CPT codes entered into the system for referrals.

If you respond YES, the following pop-up box will appear, prompting you to specify whether you want to automatically stuff the uncoded ICD9 and CPT codes. Responding YES to this subsequent prompt means that the user is prompted only for the narrative and the code field is stuffed with the unspecified code (.9999 for diagnoses and 0999 for procedures). A data entry or medical records staff person will add the correct codes at a later date based upon the provider narrative that has been entered. Responding NO will prompt the user for both the code and the narrative.

```
Enter Yes if you wish to automatically stuff
UNCODED ICD9 & CPT Codes.
** User will be prompted for Provider Narrative Only **

STUFF ICD/CPT CODES: N
```

Local Category: Your response in this field indicates whether the system prompts for local site categories during the referral data entry process, and if so, whether the response is required. Enter one of the following:

- 0 Do Not Ask—the system does not prompt for local categories

- 1 Ask but Optional— the system prompts for local categories, but the response is optional
- 2 Ask and Required— the system prompts for local categories and the response is required

If you enter 1 or 2, you must define the local categories using the Add/Edit Local Category option (LC) on the RCIS Management menu. (See section 4.3 for instructions.)

Managed Care Committee Action: This field allows you to specify whether Managed Care Committee Actions are entered into the database. These actions are developed locally to meet the needs of your site. Type YES to utilize this field or NO if you do not want to record this information.

Other Location: This field contains the entry in the Location file to be used by the PCC link for the Location of Encounter for all outside referrals. This entry should point to the generic location Other for your local Service Unit.

Default Case Manager: You can use this field to enter a particular Case Manager whose name will appear as the default for Case Manager during the referral data entry process. If you have only one or a primary Case Manager who handles referrals at your facility, entering the Case Manager's name in this field helps minimize data entry. You may leave this field blank and no default name will display at the Case Manager prompt.

CHS Supervisor: Enter in this field the name of the CHS staff member responsible for reviewing CHS referrals. The CHS Supervisor named in the field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

Business Office Supervisor: This field contains the name of the Business Office staff member responsible for reviewing referrals. The Business Office Supervisor named in this field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

Referral Contact Name: The name entered into this field is printed on all referral forms as the contact person for any inquiries that referred providers might have about the referral. This entry is required.

Referral Contact Phone: Type the phone number of the referral contact person. This number will appear on all of the printed referral forms. It is a required entry and must be 13-15 characters in length (e.g., (520) 295-2533).

A pop-up screen containing the mailing address of your facility appears after you have entered the phone number for the referral contact person. A sample screen is shown below. Verify that your site's mailing address is correct. If it

is incorrect, contact your site manager who can make the necessary corrections.

```

** Contact Site Manager to Change Address- If incorrect **
Mailing Address-Street: PO Box 548
Mailing Address- City: SELLS
Mailing Address- State: ARIZONA
Mailing Address- Zip: 85634
    
```

RCIS Activation Date: Type the date that the RCIS “went live,” or started processing actual patient data. Do not use the date on which the RCIS was installed at your site. Once the RCIS has been active for 6 months (i.e., 6 months after the activation date), referral numbers will be required on all CHS Purchase Orders. When entering the activation date, you may omit the exact day (e.g., July 1996).

Universal/ Site-Specific Lookup: This field specifies how the system looks up patients in the database. Type **U** for universal lookup or **S** for site-specific lookup. For multi-facility sites, the universal lookup will display a list of patients regardless of the HRN prefix. The site-specific lookup will display only those patients who have an HRN with the prefix of your site. For example, if a user at the San Xavier (SX) clinic entered John Smith as the patient, the site-specific lookup would display all patients named John Smith who had a record at the San Xavier clinic.

Update Bulletin Parameters: The RCIS generates MailMan bulletins for the four different types of referrals when a referral has been initiated and entered into the system. You may elect whether to use these alerts and which ones to use. Four mail groups are already included in the system to which these bulletins are sent; however, you must specify who is included in each one. The referral types and their corresponding mail groups are listed below.

Referral Type	Mail Group Name
IHS	BMC IHS Alert
OTHER	BMC Other Alert
CHS	BMC CHS Alert
In-House	MBC In-House Alert

In addition, you may activate mail bulletins for the following special referrals. These bulletins are available only if you are entering ICD-9 Diagnosis and CPT Procedure Codes at your facility.

- **High-Cost Diagnosis:** sent when a diagnosis previously classified as “high cost” is entered in a patient’s referral record
- **High-Cost Procedure:** sent when a procedure previously classified as “high cost” is entered in a patient’s referral record
- **Cosmetic Procedure:** sent when a cosmetic procedure is entered in a patient’s referral record

- **Experimental Procedure:** sent when a procedure previously classified as “experimental” is entered in a patient’s referral record.
- **Third Party Liability:** sent when a diagnosis that indicates a third party may be liable for patient care is entered in a patient’s referral record (e.g., auto accident).

You will need to specify which individuals will receive the mail bulletins pertaining to each of the special referral categories listed above.

To define or edit the mail bulletin parameters, press the return key at the Update Bulletin Parameters prompt on the Edit Site Parameters screen, as indicated. The following pop-up screen will display for entering mail bulletin data.

```

***** UPDATE BULLETIN RELATED RCIS SITE PARAMETERS *****
|
|           Referral Type                               Mail Group Name
|SEND BULLETIN ON CHS REFERRALS? NO                   BMC CHS ALERT
|SEND BULLETIN ON IHS REFERRALS? NO                   BMC IHS ALERT
|SEND BULLETIN ON OTHER REFERRAL TYPE? NO            BMC OTHER ALERT
|SEND BULLETIN ON IH-HOUSE REFERRALS? NO             BMC INHOUSE ALERT
|
|Hit return at each item below to ADD/EDIT/DELETE users who should
|receive each bulletin type.
|
|HIGH COST DIAGNOSIS BULLETIN:   EXPERIMENTAL PROCEDURE BULLETIN:
|HIGH COST PROCEDURE BULLETIN:   THIRD PARTY LIABILITY BULLETIN:
|COSMETIC PROCEDURE BULLETIN:

```

The first four prompts on the pop-up screen allow you to specify whether you want mail bulletins sent for each of the referral types (CHS, IHS, Other, In-house). Type YES at the prompt for each mail bulletin desired and type NO at the prompt for each mail bulletin type you do not want sent. Remember that you will need to define the membership for each mail group. To do so, contact your Site Manager.

To use the mail bulletins for special referrals listed at the bottom of the Update Bulletin pop-up screen, press the return key at the designated prompt to see another pop-up screen that allows you to specify this information. The following pop-up screen is for the High-Cost Diagnosis bulletins. All of the pop-up screens for the special bulletin types are similar to this one and function identically.

```

** UPDATE USERS WHO RECEIVE HIGH COST DIAGNOSIS BULLETIN **
|
| Person to Receive Bulletin           Receive for Referral Types
|
| SMITH, SUSAN                        CI
| MARTIN, DON                          I
| EDWARDS, ANTHONY                    CION
| SHORE, DIANA                         CIN
|
    
```

On the left side of this screen, type the name of the person to receive the bulletin. Then, to the right of each person’s name, enter the following codes to indicate the specific referral types for which mail bulletins will be sent.

C CHS **O** Other
I IHS **N** In-House

For instance, in the example above, Susan Smith will receive bulletins on high-cost diagnoses for CHS and IHS referrals only. Don Martin will receive bulletins on high-cost diagnoses for IHS referrals only. You may enter up to 4 codes for each person.

Require Priority Entry: Type YES or NO in this field to indicate whether a priority ranking will be required for each referral record entered into the system. The priority ranking system is required for each CHS referral, regardless of your choice for this parameter. If you type NO, the system will prompt the user for a priority ranking for CHS Referrals only.

Help for Priority System: The RCIS package contains the standard CHS priority rating system. The Help for Priority System field may be used for creating local priority definitions to be used instead of the standard rating system at your facility. The definitions that you create will then be displayed as a help screen if a user types a question mark at the priority ranking prompt during the data entry process.

To define a local priority-ranking system, press the return key at the prompt. A pop-up word-processing screen will appear. Type the new priority categories.

```

COMMAND:                                     Press <PF1>H for help
Insert

1> [Enter text for the new priority ranking here.]
2>

EDIT option:
    
```

Site-Specific Referral Text: You can customize the referral text to print for CHS and Other referral types. Text for CHS letters can be specific to the approval status as

well. Press the return key at the prompt to display the following pop-up screen, then pres the return key at the specific letter for which you want to enter or edit text.

```
PRESS RETURN TO EDIT CHS APPROVED TEXT:
PRESS RETURN TO EDIT CHS DENIED TEXT:
PRESS RETURN TO EDIT CHS PENDING OR UNKNOWN TEXT:
PRESS RETURN TO EDIT OTHER REFERRAL TEXT:
```

After you have selected the specific letter for customizing text, the following word-processing screen appears. Enter the specific text you want to appear on the referral letter, as show in the example below.

```
COMMAND:                                Press <PF1>H for help
Insert

1> This is site-specific text for SELLS where the CHS has
2>authorized payment for this referral.
3>

EDIT option:
```

4.3 Add/Edit Local Category (LC)

If you are entering local CPT procedure categories at your facility, you will need to define the categories to be used. The Add/Edit Local Category option on the RCIS Management menu allows for the creation and modification of these categories.

To add a new category, enter the name of the category at the first prompt. The name may be 3-30 characters in length and must not be numeric or begin with punctuation. At the "Name:" prompt, press the return key to add the new category name. If you have accidentally mistyped the category name, type the correct name at this prompt and press the return key.

Next you have the option of selecting a mnemonic for the category. Selecting a mnemonic for each category facilitates the data entry process by reducing the number of keystrokes required for entry. The mnemonic you select may be 1 to 3 characters long. For ease of use, it should be a logical abbreviation of the category. The following sample shows the addition of a new category. User responses and instructions are in bold type.

```
Select RCIS LOCAL SERVICE CATEGORY NAME: X-RAY
Are you adding 'X-RAY' as
  a new RCIS LOCAL SERVICE CATEGORY (the 6th)? Y

NAME: X-RAY// [Press the return key to accept the default or type a new name]
Mnemonic: XR
```

You can also use this option to modify already existing local categories; for instance, you may want to rename a category or select a new mnemonic. The process is very similar to creating a new category. First, select the category you want to edit. Then enter the new name at the Name prompt that appears next. Finally, enter a new mnemonic or press return to keep the previous one. The former name and mnemonic for the category will be replaced with your new entries. A sample of this process is show below.

```
Select RCIS LOCAL SERVICE CATEGORY NAME: X-RAY
NAME: X-RAY// RADIOLOGY
MNEMONIC: X1// RD
```

4.4 Add/Edit Routine Referral Template Form (AERR)

As mentioned in the data entry section of this manual, you can create routine referral templates for your site. Routine referral templates are typically created for the most common referrals initiated at your facility. These templates minimize the amount of data entry required by providing default values for many of the fields on the data entry screen. The default values are used whenever one of the routine referrals is generated. Referral templates allow for faster and easier data entry into the system and printed referral forms can be quickly prepared and sent with the patient to the referred provider.

To create a routine referral template, select the Add/Edit Routine Referral Template Form option (AERR) on the RCIS Management menu (Main → MGR → AERR). You will be prompted to enter a name for the routine referral. The name may be 3 to 30 characters in length. You will then be asked if you want to create a new template with the name you entered. If you want to change the name, type NO and you will be returned to the first prompt. Type YES to add the template and continue.

```
Enter NAME of Routine Referral: ROUTINE X-RAY
Are you adding 'ROUTINE X-RAY' as
A new RCIS ROUTINE REFERRAL DEF (the 8th)? Y
```

Next, the following screen will display for entering the template default data. Remember that the data you enter will appear each time the referral form is selected for data entry. Enter data into each of the fields, as needed, in the same way that you enter data for a new referral. The only pop-up screen that appears is for the CPT Service Category screen that allows you to enter local categories if they are used at your facility. For more detailed instructions on entering data and descriptions of each field, see the “Using the Complete Referral Form” section 3.2.1.

```

UPDATE ROUTINE REFERRAL INFORMATION
*****
NAME OF ROUTINE REFERRAL: ROUTINE X-RAY
  REQUESTING FACILITY: PARKER HOSP
    TYPE of REFERRAL:                PRIMARY PAYOR:

Refer To - CHS Referrals:  PRIMARY VENDOR:
           IHS Referrals:  IHS FACILITY:
           Any Referral:  OTHER PROVIDER:

INPT/OUTPT:          INPT-EST LOS:          OUTPT # OF VISITS:
EST. COST:           EST. IHS COST:         PRIORITY:

  PURPOSE OF REFERRAL:
  ICD DIAGNOSTIC CATEGORY:
  CPT SERVICE CATEGORY:
  PROVISIONAL DRG:

```

Figure 4-4

After you have entered data on the data entry screen and have saved the changes, you will be prompted for entering ICD-9 Diagnosis codes and CPT Service Category codes that will be the default codes used when this custom referral is selected. Note that these prompts will appear only if the ICD/CPT site parameter has been set to YES. You may enter codes or bypass the prompts by pressing the return key.

Once you have finished adding the template, it will now appear on the list of referral types you can select from when using the Add Referral option on the Data Entry menu.

```

Please select the referral form you wish to use.
  1. Mini Referral (abbreviated entry for clinicians)
  2. Complete Referral (all referral data)
  3. Referral initiated by outside facility

Locally-defined Routine Referral Templates:
  4. Routine mammogram
  5. Routine prenatal care

  7. Dental Visit

```

When adding a new referral, selecting the referral template that you created will then display the data entry screen with all of the default values that were specified during the template creation process. If using the following sample template, for instance, the person entering data will need to add information only in the fields without default information. In this case, the appointment date and time would be entered as well as any other information needed in the optional fields, such as pertinent medical history and lab data or Business Office comments. The person entering data may change any of the default data, if needed.

```

                                RCIS REFERRAL RECORD
DATE: JUN 25, 1996 NUMBER: 00010195000509 PATIENT: WILLIAMS, ROBERT
-----
REQUESTING FACILITY: SELLS HOSPITAL/CLINI   Display Face Sheet? N
REFERRAL TYPE: CHS FACILITY                 PRIMARY PAYOR: IHS
INPATIENT/OUTPATIENT: OUTPATIENT           CASE MANAGER: ENOS, DON
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED COSE: 50                         ESTIMATED IHS COST: 50

PURPOSE/ SERVICES REQUESTED: X-RAY
PERTINENT MED HX & FINDINGS:               PRIORITY: 3
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:

```

Figure 4-5

4.5 Add Specific Provider (ASP)

Specific providers may be added with the Add Specific Provider option (ASP) on the RCIS Management menu (Main → MGR → ASP). When adding the specific providers with this option, a mnemonic can be assigned to each to speed the selection of the provider during the data entry process. An example of adding a new provider is shown below.

```

Select RCIS SPECIFIC PROVIDER NAME: MARTIN,ROBERT
  Are you adding 'Martin,Robert' as
    a new RCIS SPECIFIC PROVIDER (the 16th)? YES
RCIS SPECIFIC PROVIDER MNEMONIC: RM
MNEMONIC: RM// <RETURN>

```

Note that the specific providers can also be added during the data entry process.

4.6 Delete Routine Referral Template Form (DRR)

Routine referrals that have been entered into the system and are no longer used can be deleted with the Delete Routine Referral Template Form option on the RCIS Management menu (Main → MGR → DRR). Select the menu option and enter the name of the template to be deleted. You will then be prompted to confirm the deletion. A message appears indicating that the template has been removed from the system. Remember that once a template is deleted, it can no longer be retrieved.

```

ROUTINE REFERRAL TEMPLATE NAME: PRENATAL
Are you sure you want to delete the PRENATAL Routine Referral? N//
YES
Routine Referral PRENATAL deleted.

```

4.7 Add/Edit Alternate Resource (EAR)

This Table File entry is used when printing Alternate Resource letters and is located under the MGT menu option (Main → MGT → EAR). The user can only select an Alternate Resource entry that resides in this table file. These entries include third party alternate resources such as Medicaid, Medicare, and State/Federal programs.

To add/edit an alternate resource for use in the Alternate Resource letters:

1. Type EAR at the MGT menu.
2. Type the name of the Alternate Resource that you wish to add/edit at the “Select RCIS Alternate Resource Name:” prompt. You will be presented with a “Name: AlternateResourceName//” prompt. If the entry is restricted, a (No Editing) message will appear after the two slashes (//) and the “Select RCIS Alternate Resource Name:” prompt will reappear (Figure 4-6). If you are adding a new alternate resource entry, the “Are you adding 'AlternateResourceName' as a new RCIS ALTERNATE RESOURCE (the #TH)? No//” prompt will appear before allowing you to edit the entry name (Figure 4-6).

```

*****
*                INDIAN HEALTH SERVICE                *
*    REFERRED CARE INFORMATION SYSTEM                    *
*          VERSION 2.0, Nov 21, 2001                    *
*****
                PARKER HOSP
                Add/Edit Alternate Resource

Select RCIS ALTERNATE RESOURCE NAME: STATE MEDICAID
NAME: STATE MEDICAID//      (No Editing)

Select RCIS ALTERNATE RESOURCE NAME: KIDSCARE
Are you adding 'KIDSCARE' as a new RCIS ALTERNATE RESOURCE (the
7TH)? No// Y
(Yes)
NAME: KIDSCARE//      (No Editing)

Select RCIS ALTERNATE RESOURCE NAME:
    
```

Figure 4-6

4.8 Add/Edit Local Utilization Review by MD Codes (LUV)

If your facility will be entering codes for utilization reviews by physicians, these codes must be predefined prior to entry. The Add/Edit Local Utilization Review by MD Codes option (Main → MGR → LUV) allows your site to enter the codes that will be used locally. The codes that you define must be 3 to 30 characters in length and may not be numeric or begin with punctuation.

The following sample dialog shows how to add a new code. If you are editing a code, you will select the code first and then enter the new text that you want to replace the

previous code. This process is the same as creating and editing other local categories in the RCIS.

```
Select RCIS LOCAL UTIL REV BY MD CODES ACTION: APPROVED

Are you adding 'APPROVED' as a new RCIS LOCAL UTIL REV BY MD CODES
(the 2nd)? YES

ACTION: APPROVED// <Press the return key to confirm your entry or re-enter your
code to replace it.>
```

4.9 Add/Edit Local Managed Care Committee Action (MCC)

This option allows for the creation of site-specific Managed Care Committee actions. Before entering any Managed Care Committee decisions into patients' referral records, the decision codes must be defined for your facility. After these actions have been defined and entered into the RCIS, they may be added to referral records as needed to track Managed Care Committee decisions regarding referred care.

Action items developed by the Managed Care Committee may consist of text or numeric codes. There are no restrictions on the format of the actions and as many actions as needed may be entered in the RCIS. For instance, one facility developed the following actions based upon the decisions typically made by the Managed Care Committees.

- Deferred Service
- Hold, To Be Determined
- Schedule as Requested
- Schedule at San Xavier Clinic

To enter a Managed Care Committee action into the system, select the Add/Edit Managed Care Committee action on the RCIS Management menu (MCC). You will be prompted to type an action item. Your response must be 3 to 30 characters in length. The next prompt allows you to add the action item or return to the previous prompt. Respond YES to add the item or NO to return to the previous prompt.

```
Select RCIS MANAGED CARE COMM ACTION ITEM: HOLD, TO BE DETERMINED

Are you adding 'HOLD, TO BE DETERMINED' as
a new RCIS MANAGED CARE COMM ACTION (the 3rd)? YES
```

Continue adding Managed Care Committee action items in this manner until finished.

4.10 Print Local Categories Listing (PLC)

A list of the local service categories developed at your site can be printed with this option. Select the PLC option (Main → MGR → PLC) from the management menu and the output device at the “Device:” prompt and the list will print/display. Below is a sample of the printed list.

RCIS LOCAL SERVICE CATEGORY LIST		SEP 3, 1997	09:30	PAGE 1
NAME	MNEMONIC			

AMBULANCE	AMB			
CAT SCAN	CS			
RADIOLOGY	RD			

4.11 Print MGD Care Committee Action Listing (PMC)

A list of the managed care committee actions developed at your site can be printed with this option. Select the PMC option (Main → MGR → PMC) from the management menu and the output device at the “Device:” prompt and the list will print/display. A sample list is shown below.

RCIS MANAGED CARE COMM ACTION LIST		SEP 3, 1997	09:30	PAGE 1
ITEM	CODE			

APPROVED				
DENIED				
HOLD, TO BE DETERMINED				
SCHEDULE AS REQUESTED				

4.12 Print Specified Provider Listing (PSP)

A list of the specific providers and the corresponding mnemonics that have been entered at your site can be printed with this option. Select the PSP option (Main → MGR → PSP) from the management menu and the output device at the “Device:” prompt and the list will print/display. A sample is shown below.

RCIS SPECIFIC PROVIDER LIST		SEP 3, 1997	09:30	PAGE 1
NAME	MNEMONIC			

JOHNSON, ROBERT	RJ			
MARTIN, ROBERT	RM			
MEDLIN, JOHN	MED			

4.13 Print Utilization Review/ MD Listing (PUR)

The site-specific utilization review decisions developed locally can be printed using the Print Utilization Review/MD Listing. Select the PUR option (Main → MGR →

PUR) from the Management menu and the output device at the "Device:" prompt and the list will print/display. A sample list is displayed here.

```
RCIS LOCAL UTIL REV BY MD CODES LIST    SEP 3, 1997    09:30    PAGE 1
ACTION
-----
APPROVED
REVIEWED/ NOT APPROVED
REVIEWED/ PENDING
```

5. Using the Print Reports Module

A number of predefined reports can be generated from the Print Reports Module of the RCIS to help with the tracking and management of referred care at your facility. Reports in a variety of general categories are available as well as a very flexible report option that allows you to create customized reports with a minimum of effort.

The following menu displays the different report categories that are available to you. Each of the categories contains a submenu of reports except the RCIS General Retrieval option and the Delete General Retrieval Report Definition option, which are used for creating and deleting customized reports.

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*                VERSION 2.0, Nov 21, 2001          *
*****
                PARKER HOSP
                Print Reports

ADM   Administrative Reports ...
CM    Case Management Reports ...
UTIL  Utilization Reports ...
GEN   RCIS General Retrieval
DGR   Delete General Retrieval Report Definition

Select Print Reports Option:
    
```

Figure 5-1

This section of the manual contains detailed instructions for using all of the report options and presents a sample of each. It is helpful to review all of the report options available and their capabilities before generating any reports.

For many of the reports, you have the option of printing the output or browsing it on the screen. When browsing output on the screen, the following commands are available for reviewing the output:

- + Next Screen
- Previous Screen
- Q Quit
- ?? More Actions

Note: All reports in this module exclude in-house referrals except those specifically designed for the reporting of in-house referral data.

5.1 Administrative Reports (ADM)

The Administrative Reports option provides a means for tracking active referrals, checking the status of CHS referrals, looking at the patterns of in-house referrals, and reviewing referrals for a particular time period. The menu below shows the reports that are available from this category.

```

*****
*                INDIAN HEALTH SERVICE                *
*      REFERRED CARE INFORMATION SYSTEM                *
*      VERSION 2.0, Nov 21, 2001                      *
*****
                PARKER HOSP
                Administrative Reports

ARD   Active Referrals by Date
ARR   Active Referrals by Referred To
ARP   Active Referrals by Requesting Provider
CHD   CHS Denied Still Active
CHPD  CHS Paid
CHPE  CHS Pending
CRD   Print Case Review Comments (By Date/Facility)
INHC  Tally of In-House Referrals by Clinic
INHP  Tally of In-House Referrals by Requesting Provider
OUT   Referrals Initiated at an Outside Facility
RRR   Referral Review Report - By Time Period
RRRF  Referral Review Report - By Facility/Time Period

Select Administrative Reports Option:

```

Figure 5-2

5.1.1 Active Referrals by Date (ARD)

The ARD report lists all active referrals ordered by date. Active referrals are those that have not yet been closed. You may choose to list the referrals by the date they were initiated or the best available beginning date of service. The date initiated is the actual date on which the referral was generated. The best available beginning date of service is the actual beginning date of service, if available. If the actual date is not available, the expected beginning date of service is displayed. If you are generating a report by best available beginning date of service, an (A) or (E) displays after each date of service to indicate whether the date is actual or estimated. You may print the report or browse the output on the screen.

The sample report in Figure 5-3 lists referrals by beginning date of service. Note the (A) and (E) printed after each date of service.

```

*****CONFIDENTIAL PATIENT INFORMATION *****
                SELLS HOSPITAL/CLINIC                PAGE 1
        ACTIVE REFERRALS BY BEGIN DATE OF SERVICE
    
```

BEGIN DOS	REFERRAL #	PATIENT NAME	REF PROV	TYPE	FACILITY REFERRED TO
02/26/96 (E)	0001019500141	GRANT, DOREEN	EDE	CHS	ST FRANCIS HOSPITAL
03/01/96 (E)	0001019500116	GRANT, ABE	EDE	IHS	SELLS HOSPITAL/CLINIC
03/04/96 (E)	0001019500229	GRANT, DOREEN	EDE	CHS	TMC FAMILY MEDICAL C
03/04/96 (E)	0001019500232	KETCHUP, GREGORY	EDE	IHS	SELLS HOSPITAL/CLINIC
03/04/96 (E)	0001019500236	ADAMS, JENNIFER	EDE	CHS	TMC FAMILY MEDICAL C
03/07/96 (A)	0001019500269	JOHNSON, MEGAN	EDE	CHS	DESERT SUGICENTER
03/09/96 (E)	0001019500234	ENOS, DON	EDE	IHS	SELLS HOSPITAL/ CLINI
03/14/96 (E)	0001019500218	THATCHER, BECKY	EDE	IHS	PHOENIX IND MED CTR
03/15/96 (E)	0001019500197	CARTER, ROBIN	ACC	IHS	ST FRANCIS HOSPITAL
03/19/96 (E)	00010195000271	KENNEDY, ANITA	SPG	CHS	TUCSON GENERAL HOSP
03/20/96 (A)	0001019500242	MILLER, MELANIE	EDE	CHS	ST JOSEPH'S HOSPITAL
03/20/96 (E)	0001019500285	ADAMS, JENNIFER	EDE	CHS	TMS FAMILY MEDICAL C
03/22/96 (E)	0001019500287	SMITTS, JEAN	EDE	CHS	UNIVERSITY MEDICAL C
03/29/96 (A)	0001019500276	ENOS, DON	EDE	IHS	TMC FAMILY MEDICAL C DR. SMITH
04/01/96 (A)	0001019500288	ALANO, FRED	GIS	CHS	TMC FAMILY MEDICAL C
04/01/96 (E)	0001019500290	KENNEDY, ANITA	EDE	CHS	TMC FAMILY MEDICAL C
04/01/96 (E)	0001019500294	CARPENTER, HANNAH	ACC	CHS	TMC FAMILY MEDICAL C
04/01/96 (A)	0001019500303	THATCHER, BECKY	EDE	CHS	ABBAY MEDICAL/ ABBAY DR. JONES
04/18/96 (A)	0001019500305	TIMAN, MARTHA	EDE	CHS	ABBAY MEDICAL/ ABBAY DR. SMITH
04/23/96 (A)	0001019500309	ZYKOS, BEA	EDE	CHS	ASSOCIATED RESPIRATO
04/24/96 (E)	0001019500311	BURR, ANDY	ACC	CHS	TMC FAMILY MEDICAL C

RUN TIME (H.M.S.): 0.0.2
End of report. HIT RETURN:

Figure 5-3

5.1.2 Active Referrals by Referred To (ARR)

This report lists all active referrals by the provider to which the patient was referred. Active referrals are those that have not yet been closed. The report may be printed or browsed on the screen. You may elect to print each facility on a separate page.

```

*****CONFIDENTIAL PATIENT INFORMATION *****
                SELLS HOSPITAL/CLINIC                PAGE 1
        ACTIVE REFERRALS BY FACILITY REFERRED TO

BEGIN DOS      REFERRAL #      PATIENT NAME      REF
                REFERRAL #      PATIENT NAME      PROV  TYPE  FACILITY REFERRED TO
-----
FACILITY REFERRED TO: TUCSON REHAB CENTER
12/26/95 (E) 0001019500103  ROBERTS, DIANE    EDE   CHS   TUCSON REHAB CENTER
02/26/96 (E) 0001019500141  GRANT, DOREEN    EDE   CHS   TUCSON REHAB CENTER
03/15/96 (A) 0001019500143  GRINTZ, DOUGLAS  JAS   CHS   TUCSON REHAB CENTER
                0001019500176  ADAMS, DANIELLE  MM    CHS   TUCSON REHAB CENTER
03/28/96 (E) 0001019500179  CARTER, MEGAN    CDA   CHS   TUCSON REHAB CENTER
                0001019500180  CARTRIGHT, LENA  CDA   IHS   TUCSON REHAB CENTER
05/21/96 (A) 0001019500204  HANCOCK, JOSEPH MM    OTH   TUCSON REHAB CENTER
05/30/96 (E) 0001019500281  ADAMS, JENNIFER EDE   CHS   TUCSON REHAB CENTER
06/01/96 (A) 0001019500319  GRANT, ABE       EDE   OTH   TUCSON REHAB CENTER
                0001019500329  LOPEZ, JUAN      JAS   CHS   TUCSON REHAB CENTER
                0001019500330  KLUTZ, BOB       JAS   CHS   TUCSON REHAB CENTER
05/13/96 (A) 0001019500343  KENNEDY, ANITA   EDE   CHS   TUCSON REHAB CENTER
05/20/96 (A) 0001019500356  SMITH, MAUDE     EDE   IHS   TUCSON REHAB CENTER

FACILITY REFERRED TO: ABBEY MEDICAL/ ABBEY RENTS
02/01/96 (E) 0001019500112  GRANT, ABE       BD    CHS   ABBEY MEDICAL/ ABBEY
                DR. SMITH
05/01/96 (A) 0001019500296  MILLER, BILL     BD    CHS   ABBEY MEDICAL/ ABBEY
04/01/96 (A) 0001019500303  THATCH, ELLEN   EDE   CHS   ABBEY MEDICAL/ ABBEY
                DR. JONES
04/01/96 (A) 0001019500305  WINFREY, OPRAH  EDE   CHS   ABBEY MEDICAL/ ABBEY
                DR. JONES
04/23/96 (A) 0001019500309  TUCKER, JOHN     EDE   CHS   ABBEY MEDICAL/ ABBEY
05/05/96 (A) 0001019500317  THORTON, BEN     BD    CHS   ABBEY MEDICAL/ ABBEY
                0001019500401  ENOS, DON        EDE   IHS   ABBEY MEDICAL/ ABBEY

FACILITY REFERRED TO: PHOENIX IND MED CTR FAC
06/01/96 (A) 0001019500055  ADAMS, ROSEANE   SPG   IHS   PHOENIX IND MED CTR
11/14/95 (E) 0001019500075  BURR, JOANNE     ACC   IHS   PHOENIX IND MED CTR
                0001019500093  CARO, MARIA      ACC   IHS   PHOENIX IND MED CTR

RUN TIME (H.M.S.): 0.0.0
End of report. HIT RETURN:
    
```

Figure 5-4

5.1.3 Active Referrals by Requesting Provider (ARP)

This report will list all active referrals at your facility sorted by the requesting provider. Active referrals are those that have not yet been closed. You may list the referrals by a single provider that you specify or by all providers. An (A) or (E) following each date of service indicates whether the date is actual or estimated. You may print the output or browse it on the screen.

```

*****CONFIDENTIAL PATIENT INFORMATION *****
                SELLS HOSPITAL/CLINIC                                PAGE 1
        ACTIVE REFERRALS BY REQUESTING PROVIDER

BEGIN DOS   REFERRAL #   PATIENT NAME           REF
                TYPE     FACILITY REFERRED TO
-----
REQUESTING PROVIDER:  JOHNSON, MARTY
01/06/96(A) 0001019500143  GRANT, DOREEN          MAJ   CHS   TUCSON REHAB CENTER
02/20/96(E) 0001019500173  ADAMS, DANIELLE        MAJ   CHS   TUCSON REHAB CENTER
02/21/96(E) 0001019500179  CARTER, MEGAN          MAJ   CHS   CARDIO ASSOCIATES
05/12/96(E) 0001019500180  CECIL, LOURDES         MAJ   IHS   ALLIED ALLERGY
05/28/96(A) 0001019500201  KETCHUP, MITCHELL      MAJ   CHS   TMC FAMILY MEDICAL C
                DR. JONES
                0001019500204  HANCOCK, JOSEPH        MAJ   IHS   <UNKNOWN>
03/19/96(A) 0001019500275  KENNEDY, ANITA         MAJ   CHS   TMC FAMILY MEDICAL C
                DR. JONES
05/20/96(E) 0001019500352  ENOS, DON              MAJ   CHS   TMC FAMILY MEDICAL C
05/20/96(A) 0001019500354  ADAMS, JENNIFER        MAJ   IHS   PHOENIX IND MED CTR
05/20/96(E) 0001019500361  MILLER, MELANIE        MAJ   CHS   TMC FAMILY MEDICAL C
05/22/96(A) 0001019500380  JOHNSON, IRENE         MAJ   CHS   TMC FAMILY MEDICAL C
                RADIOLOGY

REQUESTING PROVIDER:  CURTIS, ARTHUR NP
06/01/96(E) 0001019500095  KENNEDY, KELSEY        ACC   IHS   PHOENIX IND MED CTR
                NEW, OTHER PROVIDER
05/01/96(A) 0001019500220  KETCHUP, LOIS          ACC   CHS   TMC FAMILY MEDICAL C

REQUESTING PROVIDER:  CURTIS, CLAYTON
11/14/96(E) 0001019500075  BURR, JOANNE           CC    IHS   PHOENIX IND MED CTR
02/01/96(A) 0001019500093  RITZ, ROBERT           CC    CHS   PHOENIX IND MED CTR
02/14/96(E) 0001019500135  ROBERTS, DIANE M      CC    CHS   TMC FAMILY MEDICAL C
                DR. JOE
02/14/96(E) 0001019500192  GRANT, DOREEN          CC    CHS   ST MARY'S IMAGING CE
                DR. JONES
03/15/96(E) 0001019500197  CARTER, ROBIN          CC    IHS   ST FRANCIS HOSPITAL

RUN TIME (H.M.S.): 0.0.0
End of report. HIT RETURN:
    
```

Figure 5-5

5.1.4 CHS Denied Still Active (CHD)

This option prints a list of all referrals that were denied by CHS but are still active. The referrals in this report include those that have been or should be referred under some other mechanism (e.g., using alternative resources or referred to another IHS facility).

*****CONFIDENTIAL PATIENT INFORMATION *****				
SELLS HOSPITAL/CLINIC			PAGE 1	
CHS REFERRALS DENIED STILL ACTIVE				
REF DATE	PATIENT NAME	HRN	PROV	FACILITY REFERRED TO
12/04/95	KENNEDY, KELSEY SURGERY	SE100119	EDE	TMC FAMILY MEDICAL C
01/14/96	STEWART, MARTIN EVALUATION	SE179585	SPG	UNIVERSITY MEDICAL C
02/10/96	NAVRATILOVA, MARTHA ROUTINE EXAM	SE100857	DEM	CARDIOLOGY ASSOCIATES
02/15/96	THATCHER, BECKY SCAR REMOVAL	SE109375	MCR	ALLIED PLASTIC SURGEONS
03/12/96	SAWYER, TOM INITIAL EVALUATION	SE105924	LEU	ASSOCIATED ALLERGY
03/15/96	RODRIGUEZ, KAREN ROUTINE VISIT	SE101456	ROC	FAMILY PLANNING CENTER
05/18/96	YASMIN, DIANE CONTINUING THERAPY	SE1098456	EDE	COMMUNITY MENTAL HEALTH
06/30/96	WALTERS, NICH REHABILITATION SERVICES	SE1034545	SPG	RANDOLPH OCCUPATIONAL T

Figure 5-6

5.1.5 CHS Paid (CHPD)

This report lists all active CHS referrals for which one or more authorization have already been paid.

*****CONFIDENTIAL PATIENT INFORMATION*****				
SELLS HOSPITAL/CLINIC				PAGE 1
ACTIVE CHS REFERRALS WHERE ALL AUTHORIZATIONS PAID				
REF DATE	PATIENT NAME	HRN	PROV	FACILITY REFERRED TO
12/14/95	CHEE, JIM EVALUATION	SE102156	CCC	CARDIOLOGY ASSOCIATES
01/28/96	LONG, JAMES OUTPATIENT SURGERY	SE175145	COT	DERMATOLOGY SPECIALISTS
02/12/96	RUTHERFORD, BERNARD EVALUATION	SE134957	MED	CARDIOLOGY ASSOCIATES
02/18/96	GREENJEANS, MARTHA ALLERGY TREATMENT	SE109375	MCR	ASSOCIATED ALLERGY
03/24/96	FINN, ALEXANDER SURGERY	SE102547	LUT	UNIVERSAL MEDICAL CENTE
03/25/96	ROCKFORD, MELINDA COUNSELING SESSION	SE115498	MLE	COUNSEL AND PSYCH SERVI
05/4/96	GRIFFIN, MELANIE REHAB AFTER ACCIDENT	SE109265	KTY	TUCSON REHAB CENTER
06/21/96	HARRISON, WAYNE	SE1058326	SPG	COMMUNITY MEDICAL CENTE

Figure 5-7

5.1.6 CHS Pending (CHPE)

This report lists all active CHS referrals waiting for CHS authorization. This report is useful for the CHS office to review all referrals that still require their decision.

*****CONFIDENTIAL PATIENT INFORMATION*****				
SELLS HOSPITAL/CLINIC				PAGE 1
CHS REFERRALS PENDING APPROVAL				
REF DATE	PATIENT NAME	HRN	PROV	FACILITY REFERRED TO
10/30/95	KENNEDY, ANITA SURGERY	SE104078	EDE	TMC FAMILY MEDICAL C
10/31/95	ADAMS, BARNEY PHYSICAL THERAPY	SE101988	EDE	TUCSON REHAB CENTER
11/15/95	KARMEL, ANDREW MRI	SE120078	EDE	TMC FAMILY MEDICAL C
01/08/96	THATCHER, BECKY CARDIO EVAL	SE256356	BD	TMC FAMILY MEDICAL C

Figure 5-8

5.1.7 Print Case Review Comments (By Date/Facility) (CRD)

This report allows the user to enter a specified date range and print all case review comments entered for the review(s) at a single facility within that given date range. It is very useful when entering Managed Care Committee meeting minutes for that day

and all action and decisions made on these referrals. The report can also be printed for a specific Case Reviewer for a specific date range. In-house referrals are not included in this report.

To Print Case Review Comments:

1. Type **CRD** at the Administrative Report Menu (Main → RPT → ADM → CRD).
2. Type the name of the facility you wish to print the report for at the “Enter Facility Name:” prompt.
3. Type **Y** or **N** at the “Would you like to Restrict Report to a particular Case REVIEWER? NO//” prompt. If you typed **N**, continue to step 4. If you typed **Y**, you will first be prompted for the Case Reviewer’s name.
4. Type the date you wish to start the date range with at the “Enter beginning Case Review Date:” prompt.
5. Type the date you wish to end the date range with at the “Enter ending Case Review Date:” prompt.
6. Type **P** (Print) or **B** (Browse) at the “Do you wish to: P//” prompt. If you typed **P**, your report will print on the default printer. If you typed **B**, your report will appear on the screen.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                PARKER HOSP
Page 1
                                DEC 11, 2001
                                **CASE REVIEW COMMENTS BY DATE**
-----
CAPY,CHARLENE          PAH16950   DOB: Jul 06, 1986  15 YRS 601291103
Referral #: 6064010100053      Date Referral Initiated: 03/27/01

CASE REVIEW DATE: MAR 01, 2001      CASE REVIEWER: ADAM,ADAM
CASE REVIEW COMMENTS:
    The Committee met and we are going to pay for these services.
    The patient is doing well in hospital today.
-----
CAPY,CHARLENE          PAH16950   DOB: Jul 06, 1986  15 YRS 601291103
Referral #: 6064010100265      Date Referral Initiated: 05/23/01

CASE REVIEW DATE: MAY 23, 20      CASE REVIEWER: MGR,EIGHTEEN
CASE REVIEW COMMENTS:
    ELDERLY WOMAN WITH PROLAPSED UTERUS AND LONG STANDING PROBLEM
    WITH BLADDER INCONTINENCE.
-----
RUN TIME (H.M.S): 0.0.0
    
```

Figure 5-9

5.1.8 Tally of In-House Referrals by Clinic (INHC)

The INHC report provides a count of all in-house referrals by the clinic to which the patient was referred. You will enter a beginning and ending referral date for the report. Data may be generated for one specific clinic that you specify or for all clinics at your facility.

Jun 12, 1996 PAGE 1		
IN-HOUSE REFERRALS BY CLINIC		
REFERRAL DATE RANGE: JUN 01, 1995 TO JUN 06, 1996		
CLINIC REFERRED TO	PROVIDER REFERRED FROM	NUMBER

GENERAL	ENOS, DON	3
	SAWYER, THOMAS	4
Total for GENERAL		7
OBESITY		
	BUTCHER, LORI ANN	1
Total for OBESITY		1
DIABETES		
	BERNHARDT, SANDRA	6
	SENDER, JERRY	4
Total for DIABETES		10
DENTAL		
	MARTIN, DEAN	1
Total for DENTAL		1
RUN TIME (H.M.S): 0.0.1		
End of report. HIT RETURN:		

Figure 5-10

5.1.9 Tally of In-House Referrals by Requesting Provider (INHP)

This report displays a count of all in-house referrals by provider of service. You will enter a beginning and ending referral date for this report. Then you will select to print referrals for all providers or a single provider that you specify.

Jun 12, 1996 PAGE 1		
IN-HOUSE REFERRALS BY CLINIC		
REFERRAL DATE RANGE: JAN 01, 1995 TO JUN 06, 1996		
PROVIDER	CLINIC REFERRED TO	NUMBER

BUTCHER, LORI ANN	OBESITY	1
TOTAL FOR BUTCHER, LORI ANN		1
ENOS, DON	GENERAL	3
TOTAL FOR ENOS, DON		3
RUN TIME (H.M.S): 0.0.2		
End of report. HIT RETURN:		

Figure 5-11

5.1.10 Referrals Initiated at an Outside Facility (OUT)

The OUT report lists all referrals that were initiated at an outside facility. You will be prompted to enter the beginning and ending date of referral initiation for the report. The sample in Figure 5-12 lists referrals initiated from an outside facility for the period July 1 to July 31, 1997.

RCIS REFERRAL LIST	AUG 03, 1997	10:56	PAGE 1

DATE INITIATED: JUL 2, 1997			
DATE INITIATED: JUL 2, 1997	REFERRAL #:	0001019700369	
PATIENT: MILLER, ANITA	TYPE:	CHS	
REQUESTING FACILITY: SELLS HOSPITAL/CLINIC			
TO PRIMARY VENDOR: TMC FAMILY MEDICAL CENTER			
PRIMARY PAYOR: IHS			
ICD DIAGNOSTIC CATEGORY: INJURIES AND POISONINGS			
CPT SERVICE CATEGORY: NONSURGICAL PROCEDURES			
INPATIENT OR OUTPATIENT: OUTPATIENT	STATUS OF REFERRAL:	CLOSED- COMPLETED	
DATE CLOSED: AUG 04, 1997	CASE MANAGER:	ENOS, DON	
CLOSED BY USER: MARTIN, MARY	CREATED BY USER:	MARTIN, MARY	
DATE CREATED: JUL 2, 1997	DATE LAST MODIFIED:	AUG 4, 1997	
PRIORITY: 3	SEND ADDITIONAL MED INFO:	NO	
FINAL TOTAL REFERRAL COST: 333	FINAL IHS REFERRAL COST:	333	
RCIS REFERRAL LIST	AUG 03, 1997@10:56	PAGE 2	

DATE INITIATED: JUL 29, 1997			
DATE INITIATED: JUL 29, 1997	REFERRAL #:	0001019700396	
PATIENT: VON RICHTOFEN, CARY	TYPE:	CHS	
REQUESTING FACILITY: SELLS HOSPITAL CLINIC			
TO PRIMARY VENDOR: TMC FAMILY MEDICAL CENTER			
PRIMARY PAYOR: IHS			
ICD DIAGNOSTIC CATEGORY: INJURIES AND POISONINGS			
CPT SERVICE CATEGORY: OPERATIONS/SURGERY			
INPATIENT OR OUTPATIENT: INPATIENT	STATUS OF REFERRAL:	ACTIVE	
CREATED BY USER: VOLANTE, SHELLEY	DATE CREATED:	JUL 29, 1997	
DATE LAST MODIFIED: JUL 29, 1997	PRIORITY:	1	
SEND ADDITIONAL MED INFO: NO	ESTIMATED TOTAL REFERRAL COST:	15000	
ESTIMATED IHS REFERRAL COST: 15000	EXPECTED BEGIN DOS:	JUL 21, 1995	
EXPECTED END DOS: JUL 25, 1995	INP ESTIMATED LOS:	4	
CHS APPROVAL STATUS: PENDING	PURPOSE OF REFERRAL:	MVA	
DATE/TIME CHANGED: JUL 29, 1997@11:09:28			
NEW VALUE: PENDING			
EXP NAME: VON RICHTOFEN, CARY	EXP HRN:	100720	
EXP DOB: FEB 08, 1933	EXP SSN:	021740217	
EXP SEX: M	EXP VENDOR:	TMC FAMILY MEDICAL CENTER	
EXP MCARE ELIGIBLE: NO	EXP MCAID ELIGIBLE:	NO	
EXP PI ELIGIBLE: NO	EXP FACILITY:	SELLS HOSPITAL/CLINIC	
EXP ASUFAC: 000101			

Figure 5-12

5.1.11 Referral Review Report - By Time Period (RRR)

The Referral Review report (RRR) displays a list of referrals that were initiated within a specified time frame. Detailed information about each of the referrals is included in the report. This report is useful for the CHS or Managed Care Committee to review referrals initiated at your facility.

You will enter a date range indicating the dates on which the referrals were generated. The selected date range will appear in the header display. You may print the output or browse it on the screen.

*****CONFIDENTIAL PATIENT INFORMATION*****				
SELLS HOSPITAL/CLINIC			PAGE 1	
WEEKLY CHS REVIEW LISTING BY DATE				

BUTCHER, LORI ANN	SE345	DOB: JUN 21, 1957	38 YRS	177882222
Tribe: TOHONO O'ODHAM NATIO	Req Provider: CURTIS, CLAYTON			
3RD party:				
Refer To: TMC FAMILY MEDICAL C				
Primary Payor: IHS				
Inpatient Admission Date: 08/14/95 (A) LOS: 4 (A)				
Purpose:				
Evaluation and monitoring				
DX: 250.00 - DM UNCOMPL/T-II/NIDDM, NS UNCON				
Srv Cat: EVALUATION AND/OR MANAGEMENT				
Priority: CHS Prelim Review: PENDING MCC Action:				

COOPER, LISA	SE256419	DOB: JUN 24, 1953	63 YRS	000170001
Tribe: TOHONO O'ODHAM NATIO	Req Provider: LUKACS, BOB			
3RD Party: MEDICARE MEDICAID: AHCCCS-IHS BLUE CROSS/BLUE SHIELD				
Refer To: IHS CARDIOLOGY				
Primary Payor: OTHER				
Outpatient Services requested for: 09/18/95 (A) # of Visits: 1				
Purpose: THOROUGH EVALUATION				
Priority: CHS Prelim Review: PENDING MCC Action:				

THATCHER, BECKY	SE345	DOB: JAN 01, 1933	63 YRS	000170001
Tribe: TOHONO O'ODHAM NATIO	Req Provider: LUKACS, BOB			
3RD Party: MEDICARE MEDICAID: AHCCCS-IHS BLUE CROSS/BLUE SHIELD				
Refer To: SAN XAVIER HEALTH CE				
Primary Payor: IHS				
Outpatient Services requested for: 09/20/95 (A) # of Visits: 1				
Purpose: MONITORING				
Dx: 250.00 - DM UNCOMPL/T-II/NIDDM, NS UNCON				
401.9 - HYPERTENSION NOS				
250.43 - DM RENAL MANIF/T-I/IDDM, UNC				
Priority: 5 CHS Prelim Review: PENDING MCC Action:				

Figure 5-13

5.1.12 Referral Review Report - By Facility/Time Period (RRRF)

The Referral Review by Facility/ Time Period report is the same as the Referral Review by Time Period report except that this report allows extraction of a specific IHS Facility. See section 5.1.11 for more information on the Referral Review reports.

5.2 Case Management Reports (CM)

The Case Management Reports group included report options for reviewing records of patients who are currently receiving referred services, identifying patients with

high and potentially high costs of care, and tracking the receipt of discharge and consultation summaries.

The following reports are available from the Case Management Reports menu.

```

*****
*                INDIAN HEALTH SERVICE                *
*   REFERRED CARE INFORMATION SYSTEM                   *
*   VERSION 2.0, Nov 21, 2001                         *
*****
                PARKER HOSP
                Case Management Reports

ILOG  Inpatient Log
AHDC  Area Hospital Discharges
OLOG  Outpatient Referral Log
HCU   List of High Cost Users
HCTX  Potential High Cost Cases
TDL   Timeliness of Receiving Disch/Consult Summary
DCNR  Patients for Whom Disch/Consult Summary Not Rec'd
TLOG  Transfer Log
DKNA  Reasons Not Completed - DKNA
OTL   Outlier Report

Select Case Management Reports Option:
    
```

Figure 5-14

5.2.1 Inpatient Log (ILOG)

The Inpatient Log lists patients who are currently receiving inpatient treatment at outside facilities to which they were referred. To be included on this list, the patient's referral must meet the following criteria:

- It is an inpatient referral
- The beginning date of service is today's date or earlier
- The actual end date of service is blank, today's date, or later than today's date
- The status of the referral is active

You may elect to sort the output by the facility to which the patient was referred, case manager, or patient name. You have the option of printing a separate page for each category. A detailed report or a summary report can be printed. A sample of the detailed report is shown below. The summary report prints only the patient's name, health record number, date of birth, facility referred to, provider, admit date, and purpose of referral for each patient.

The report may be printed or reviewed on the screen. Note that if you select the summary report, it should be printed on a printer capable of producing condensed print. The sample report in Figure 5-15 is a detailed report that lists patients by the facility to which they were referred.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                PARKER HOSP
                INPATIENT REFERRAL LOG
                Page 1
-----
FACILITY REFERRED TO:  <UNKNOWN>

Name:   SMITH, ANITA           HRN: PAH1905  DOB: Jun 21, 2001  5 MOS
Tribe:  SHOSHONE DUCKWATER T  3RD Party Elig: MEDICARE  MEDICAID
Case Man: DOCTOR, ONE         NRD:

Facility: <UNKNOWN>           Provider:
Adm Date: 03/27/01 (A)       LOS: 2 (E)       LOS to date: 246
Purpose:  PSORIASIS
Dx Cat:   DERMATOLOGIC DISORDERS
Srv Cat:  EVALUATION AND/OR MANAGEMENT
-----
Name:   CABALLERO, BRENDA     HRN: PAH4567  DOB: Jan 01, 1972  29 YRS
Tribe:  GILA RIVER PIMA      3RD Party Elig: PRVT INS
Case Man:                NRD:

Facility: <UNKNOWN>           Provider:
Adm Date: 11/12/97 (E)       LOS: 5 (E)       LOS to date: 1477
Purpose:  PYSCHIATRIC EVALUATION
Dx:       292.11 - DRUG PARANOID STATE
Srv Cat:  EVALUATION AND/OR MANAGEMENT
-----

```

Figure 5-15

5.2.2 Area Hospital Discharges (AHDC)

This discharge report prints a list of discharged patients by the ending date of service for all inpatient referrals. You will enter a beginning and ending date of discharge for the report and then select the detailed or summary report. The detailed report, shown below, prints a separate page for each referral and includes any discharge comments that have been entered. The summary report prints a continuous list with the same information as the detailed report except the discharge comments are excluded.

Note: The summary report should only be printed on a printer capable of producing condensed print.

***** CONFIDENTIAL PATIENT INFORMATION *****					
PARKER HOSP					
AREA HOSPITAL DISCHARGES BY DATE					
Pt Name/Purpose	Rec #	Age	Referral #	Community	Fac. Ref To

JOHNSON, BARBARA TEST OF IHS TYPE CL	PAH12831	88 YRS	6064010100051	PHILLIPS M	PHOENIX INDIAN
Admit Dt: 03/01/01 (A)-Disch Dt: 3/3/01 LOS: 3 (A)					
Discharge: PATIENT WAS RELEASED 3/4/01 IN GOD HEALTH					
***** CONFIDENTIAL PATIENT INFORMATION *****					
PARKER HOSP					
AREA HOSPITAL DISCHARGES BY DATE					
Pt Name/Purpose	Rec #	Age	Referral #	Community	Fac. Ref To

HALL, B.J. CHEMO	PAH78910	52YRS	6064010100047	PARKER	TUCSON ANESTHES
Admit Dt: 03/02/01 (A)-Disch Dt: 3/5/01 LOS: 4 (A)					
Discharge:					
***** CONFIDENTIAL PATIENT INFORMATION *****					
PARKER HOSP					
AREA HOSPITAL DISCHARGES BY DATE					
Pt Name/Purpose	Rec #	Age	Referral #	Community	Fac. Ref To

BEAR, TEDDY PSYCHIATRIC EVALUAT	PAH9876	36YRS	6064010100202	MARICOPA	TMC FAMILY MEDI
Admit Dt: 05/22/01 (A)-Disch Dt: 6/14/01 LOS: 24 (A)					
Case Review Comments: 5/22/2001					
VERY EMOTIONAL PATIENT					
RUN TIME (H.M.S.): 0.0.1					
End of report. HIT RETURN:					

Figure 5-16

5.2.3 Outpatient Referral Log (OLOG)

This report prints a list of patients who are currently referred for outpatient services at an outside referral facility. Only those referrals for which services are not yet complete are included. For a referral to be considered currently referred, it must meet the following criteria:

- It is an outpatient referral
- The actual or estimated beginning date is today or earlier
- The actual end date of service is blank, today's date, or later than today's date.
- The status of the referral is active

You may sort the report by the facility to which the patient was referred, case manager, or patient name. If desired, each sort category can be printed on a separate page. The sample report in Figure 5-17 lists patients by case manager.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                PARKER HOSP
                                OUTPATIENT REFERRAL LOG
                                Page 1

REF DATE   PATIENT NAME           HRN      PROV   FACILITY REF TO   D.O.S.
-----
1/26/1999  BADALL,NELLIE                PAH8948  AA     A A MEDICAL - LA  1/29/99 (E)
# Visits:  1   Type: CHS
IHS Referring Physician: APPLE,ANNIE
REMOVE ARROW FROM HEAD

1/26/1999  HUNGE,CLETA                  PAH11457 HW     A O ORTHOPEDIC S  1/27/99 (E)
# Visits:  1   Type: CHS
IHS Referring Physician: WALDEN,HENRY A
RHEUMATOID ARTHRITIS/R-KNEE REPLACEMENT

1/26/1999  CAPY,CHARLENE                PAH16950 CC     A O ORTHOPEDIC S  1/26/99 (E)
# Visits:  1   Type: CHS
IHS Referring Physician: CORDOVA,CARLOS
RHEUNATOID ARTHRITIS-RIGHT KNEE REPLACEMENT 27447

1/26/1999  SMITH,ANITA                  PAH1905  ML     A O ORTHOPEDIC S  2/16/99 (E)
# Visits:  1   Type: CHS
IHS Referring Physician: LINGRUEN,MARY
RHEUMATOID ARTHRITIS
    
```

Figure 5-17

5.2.4 List of High Cost Users (HCU)

The HCU report option lists all patients who have incurred costs from referrals that exceed the amount you specify during a selected time period. This report includes the number of referrals that each of these patients has received and the total cost of service for those referrals during the time period. You will be asked to specify a beginning and ending referral date range. Then you will enter a minimum dollar amount for the cost of services. Any user whose total service costs equal or exceed the amount you have specified will be considered a high-cost user and will be included in the report.

You may choose to evaluate patients based on IHS cost or total cost of care. In cases where actual costs are available, those costs will be reported. If actual costs are unavailable, the estimated costs entered will be used. You may print the output or browse it on the screen.

The sample report in Figure 5-18 lists patients whose IHS costs for referred services are equal to or greater than \$1,000.

*****CONFIDENTIAL PATIENT INFORMATION*****					
SELLS HOSPITAL/CLINIC					Page 1
HIGH COST USERS- using IHS COST					
PATIENT NAME	HRN	DOB	SEX	# REFS	TOTAL COST
ADAMS, ANDY	SE101926	01/03/89	F	2	\$4,000.00
ADAMS, DEE	SE100572	02/27/63	F	1	\$10,000.00
ADAMS, JENNIFER	SE100044	04/19/31	F	9	\$2,000.00
BUTCHER, LORI ANN	SE345907	06/21/57	F	1	\$2,000.00
CARPENTER, HANNAH	SE100150	01/03/23	F	2	\$2,000.00
CARTER, MEGAN	SE100117	03/18/52	F	6	\$6,000.00
ENOS, DON	SE100041	03/05/41	F	13	\$20,400.00
GRANT, ABE	SE101770	05/24/86	M	11	\$8,499.00
GRANT, DOREEN	SE100321	01/01/21	F	7	\$8,900.00
RUN TIME (H.M.S): 0.0.0					
End of report. HIT RETURN:					

Figure 5-18

5.2.5 Potential High Cost Cases (HCTX)

The HCTX report lists patients who potentially have a high cost of care. A taxonomy of potentially high-cost diagnoses and procedures in the RCIS determines which patients appear in this report. Since no taxonomy can accurately identify all cases that are going to incur high costs, many of the cases in the report will not result in high costs.

You will enter beginning and ending referral dates that indicates when the referrals were initiated. You may print the output or browse it on the screen.

Note: This report is not available to facilities that do not enter full diagnosis coding for referrals.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                PARKER HOSP
                                POTENTIAL HIGH COST CASES - BASED ON DIAGNOSIS
                                Page 1
BEGIN D.O.S. ST  HRN      PATIENT NAME      REF
                                PROV  TYPE  FACILITY REFERRED TO
-----
10/10/01 (A) A   PAH12070  ANES,BETSY          ML   CHS   CACTUS CARDIOVASCULA

Purpose:    PATIENT HAS FAMILY HISTORY OF HEART DISEASE.
Dx:         996.01 - MALFUNC CARDIAC PACEMAKE
            250.00 - DM UNCOMPL/T-II/NIDDM,NS UNCON
Srv Cat:    EVALUATION AND/OR MANAGEMENT

CLASSIFICATION/BENEFICIARY IS: INDIAN/ALASKA NATIVE
ELIGIBILITY STATUS IS: CHS & DIRECT
NO THIRD PARTY COVERAGE RECORDED
-----

05/22/01 (A) C1  PAH78910  HALL,B.J.          MD1  CHS   A O ORTHOPEDIC SPECI
Purpose:    FAMILY HX OF RHEUMATROID ARTHRITIS.  DFJA;LDSF SDFJA;LFJD
            SDJA;JDA
Dx:         996.02 - MALFUNC PROSTH HRT VALVE
            996.01 - MALFUNC CARDIAC PACEMAKE
Proc:       27447 - TOTAL KNEE REPLACEMENT

CLASSIFICATION/BENEFICIARY IS: INDIAN/ALASKA NATIVE
ELIGIBILITY STATUS IS: DIRECT ONLY
PATIENT HAS MEDICARE
PATIENT HAS MEDICAID-PLAN NAME: UNKNOWN
PATIENT HAS INSURANCE-INSURER: PACIFICARE OF OKLAHOMA INC

ADDITIONAL REGISTRATION INFORMATION:
SUMMITTED TPQY CARD 12-1-95
-----

RUN TIME (H.M.S): 0.0.3
End of report. HIT RETURN:
    
```

Figure 5-19

5.2.6 Timeliness of Receiving Disch/Consult Summary (TDL)

The TDL report tabulates the timeliness with which discharge letters are received from facilities to which patients have been referred. The report includes the total number of referrals to each outside provider and the number of discharge summaries received within the date range you specify. This report also tabulates the number of discharge summaries/letters received within 1 month of discharge, within 2-3 months, within 4-6 months, and greater than 6 months.

You will enter a beginning and ending range for the referral activity. You may print the report or browse the output on the screen.

PARKER HOSP											Page 1
TIMELINESS OF RECEIPT OF DISCHARGE LETTERS											
BY REFERRAL FACILITY											
REFERRAL INITIATED DATE RANGE: Nov 29, 2000 to Nov 29, 2001											
*any referral with an ending service date of less than 31 days ago is excluded.											
REFERRAL FACILITY	TOTAL	NOT YET			RECEIVED WITH (#MONTHS)						
	REFS	RECD*	<1	1-3	4-6	>6					
	N	N	N	%	N	%	N	%	N	%	
A O ORTHOPEDIC SPECIALI	3	3	0	0	0	0	0	0	0	0	
BROWN, JAMES MD	2	2	0	0	0	0	0	0	0	0	
CALIFORNIA PODIATRIST P	1	0	1	100	0	0	0	0	0	0	
GOOD SAM MED CTR/RADIOL	1	1	0	0	0	0	0	0	0	0	
GOOD SAMARITAN TRAUMA S	1	1	0	0	0	0	0	0	0	0	
PHOENIX INDIAN MEDICAL	1	1	0	0	0	0	0	0	0	0	
RUN TIME (H.M.S): 0.0.0											
End of report. HIT RETURN:											

Figure 5-20

5.2.7 Patients for Whom Disch/ Consult Summary Not Rec'd (DCNR)

This report lists all referrals for which a discharge letter or consultation summary has not been received. All referral records (with or without an actual end date of service) with no discharge letter/consultation summary received are included in the report.

You will be prompted to specify the amount of time considered overdue for the discharge report. Enter the time in number of days. You can sort the report by the facility to which the patient was referred or by the amount of time that the discharge letter/consult summary is overdue. The user will also be prompted to select a specific IHS Facility to report on. The output may be printed or browsed on the screen.

The sample report in Figure 5-21 lists the referral by the facility to which the patient was referred.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                PARKER HOSP
                                REFERRALS FOR WHICH MEDICAL/COST DATA HAS NOT BEEN RECEIVED
                                Page 1
REF DATE   PATIENT NAME           HRN       PROV   FACILITY REF TO   BEG DOS.
-----
FACILITY REFERRED TO:   AND LUTHRA MDS

5/18/1999  FLURAS,GERTRUDE        PAH13368   ML     AND LUTHRA MDS
Ending Date of Service: UNKNOWN           Time Lapsed: UNKNOWN
Case Manager:
ICD Diagnosis Category:  CARDIOVASCULAR DISORDERS
CPT Service Category:   EVALUATION AND/OR MANAGEMENT

FACILITY REFERRED TO:   550 XRAY LABORATORY
5/5/1998  ANES,CONSTANCE         PAH5427   AA     550 XRAY LABORAT 5/5/1998 (A)
Ending Date of Service: May 05, 1998      Time Lapsed: 3 YRS
Case Manager: DOCTOR,ONE
ICD Diagnosis Category:  CEREBROVASCULAR DISRDERS
CPT Service Category:   DIAGNOSTIC IMAGING

FACILITY REFERRED TO:   975 RYLAND LABORATORIES

9/29/1999 BROWN,KATHERINE        PAH2578   ML     975 RYLAND LABOR 9/29/1999 (E)
Ending Date of Service: Oct 29, 1999      Time Lapsed: 25 MOS
Case Manager:
ICD Diagnosis Category:  MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
CPT Service Category:   OPERATIONS/SURGERY

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:
    
```

Figure 5-21

5.2.8 Transfer Log (TLOG)

This report lists detailed information for patients who are currently receiving treatment at outside referral facilities. To be included in this report, the referral must meet the following criteria:

- It is an inpatient referral
- The beginning date of service is today or earlier
- The expected end date of service is blank, or on or after today's date
- The status of the referral is active

The TLOG report prints a 1 to 2 page detailed summary record display for each referral. The TLOG report displays the specific IHS Facility in the header and allows for sorting output by either vendor or patient. You may print the report or browse the output on the screen.

```

***** CONFIDENTIAL PATIENT INFORMATION ***** Referral Summary (TLOG) Page 1
RCIS RUN SITE: PARKER HOSP
Report Run Date: Nov 29, 2001 9:12:20 am
-----
Name: ADAMS,JOANN      1/1/1999   35 MOS   153449900   Ref #: 6064010000073
Tribe: AMBLER VILLAGE Tribal #: 3300 PITTSBURG
PAH#: 1122
Referred To: FT.DEFIANCE           Attending:
Referred By: BAKER,GARY
Beg DOS: 2/11/00   Est LOS: 2   LOS to Date: 657
Purpose: INPATIENT SPECIALITY AT IHS FAC.
Primary Payor: IHS
Rcis procedure
  10140 - INCISION ON LEFT SIDE 2 IN.; TISSUE BRUISED

Name: ANDERSON,JAMES WILSON      5/1/1970   31 YRS   252536523Ref #:
60640101001
Tribe: KLAMATH INDIAN TRIBE Tribal #: B-123 CHILOQUIN
PAH#: 653214
Referred To: CACIOPPO DO,JOSEPH D           Attending:
Referred By: ADAM,ADAM
Beg DOS: 11/12/97   Est LOS: 7   LOS to Date: 1478
Purpose: CANCER OF LIVER
Primary Payor: IHS
Rcis diagnosis
  250.00 - DIABETES TEST
  401.1 - HTN 2ND DX
Discharge Comments:
  This is a test of the discharge note

```

Figure 5-22

5.2.9 Reasons Not Completed (DKNA)

The Reasons Not Completed option creates a listing of referrals that have not been completed for a given date range. The user is asked to select a specific reason not completed or list all reasons completed. This report is useful for printing a concise list of referrals that have not been completed. The user is prompted for a specified date range and asked whether a particular reason not completed is desired.

To print the Reasons Not Completed report:

1. Type DKNA at the Case Management menu (Main → RPT → CM → DKNA)
2. Type the date you wish to start the date range with at the “Enter beginning Referral Initiation Date:” prompt.
3. Type the date you wish to end the date range with at the “Enter ending Referral Initiation Date:” prompt.
4. Type Y or N at the “Would you like to INCLUDE ONLY a particular Reason NOT Completed? NO//” prompt.
5. Type the name of the device on which you wish to print/browse the report at the “DEVICE:” prompt.

RCIS-REASON NOT COMPLETED			DEC 11, 2001	09:41	PAGE 1
DT	INITIATED REFERRAL #	PATIENT	PRIORITY	STATUS/REASON	
05/02/01	6064010100113	ADDI, ALBENA	I	CLOSED-COMPLETED FAILED TO KEEP APPOIN	
05/02/01	6064010100118	ADDI, ALBENA	I	ACTIVE FAILED TO KEEP APPOIN	
05/22/01	6064010100221	ANES, BETSY	8	CLOSED-NOT COMPLETED UNKNOWN	

Figure 5-23

5.2.10 Outlier Report (OTL)

The Outlier Report generates a list of inpatients who have been hospitalized at facilities to which they were referred for a longer period of time than their estimated length of stay. The report includes any referral that meets the following criteria:

- It is an inpatient referral
- The referral has a date of admission of today or earlier
- The actual discharge date is blank
- The status of the referral is active
- The actual length of stay to date is greater than the estimated length of stay

You may choose to sort the report by the facility to which the patient was referred, case manager, or patient name. The output may be printed or browsed on the screen.

Note: If the estimated length of stay for a referral has not been entered into the database, the referral will not display on this report.

***** CONFIDENTIAL PATIENT INFORMATION *****						
PARKER HOSP OUTLIER REPORT						Page 1
HRCN	DX CATEGORY/DX	ICD-9CM	ADM DATE	ACTUAL LOS	OUTLIER	

PATIENT NAME: ADAMS, JOANN						
1122	PREVENTIVE HEALTH CARE		02/11/00 (E)	657	655	
Purpose: INPATIENT SPECIALITY AT IHS FAC.						
	REVIEWED BY	CASE REVIEW COMMENTS		3RD PARTY: PRVT	ELIG: C	

<No comments on file.>						
PATIENT NAME: ANDERSON, JAMES WILSON						
653214	DM UNCOMPL/T-II/NIDDM, NS U	250.00	11/12/97 (E)	1478	1471	
	BENIGN HYPERTENSION	401.1				
Purpose: CANCER OF LIVER						
	REVIEWED BY	CASE REVIEW COMMENTS		3RD PARTY: 0	ELIG: C	

<No comments on file.>						
PATIENT NAME: ANES, CONSTANCE						
10584	NORMAL DELIVERY	650.	05/23/01 (E)	4	2	
Purpose: LABOR & DELIVERY						
	REVIEWED BY	CASE REVIEW COMMENTS		3RD PARTY: MCD	ELIG: C	

<No comments on file.>						
RUN TIME (H.M.S): 0.0.3						
End of report. HIT RETURN:						

Figure 5-24

5.3 Utilization Reports (UTIL)

Utilization reports provide a means for tracking the number of referrals initiated and the costs associated with those referrals. This information is presented by provider or facility for identifying the source of high referral rates and costs.

```

*****
*                INDIAN HEALTH SERVICE                *
*      REFERRED CARE INFORMATION SYSTEM      *
*                VERSION 2.0, Nov 21, 2001          *
*****

                PARKER HOSP
                Utilization Reports

RFP   Referral Patterns by Provider or Facility
CHSC  CHS Referral Costs By Requesting Prov/Facility
TTDX  Top Ten Diagnosis Report
TTPX  Top Ten Procedure Report

Select Utilization Reports Option:
    
```

Figure 5-25

5.3.1 Referral Patterns by Provider or Facility (RFP)

This report displays referral patterns for each provider at your facility or for your entire facility. The report tabulates the total number of referrals initiated, the total number of each type of referral, and the rate of referrals per 100 PCC visits. Note that the rate of referral will be included only if you are utilizing the PCC. Cancelled referrals are excluded from the report.

You will specify a date range during which the referrals were initiated. You may have the results reported by requesting provider or by requesting facility. The output may be printed or browsed on screen.

The sample report in Figure 5-26 shows referral patterns by the requesting provider.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                PARKER HOSP
                Page 1

REFERRAL PATTERNS BY REQUESTING PROVIDER

PROVIDER          REFS    IHS  OTHER CHS  # PCC  TOTAL REF RATE
                   INITIATED REFS REFS  REFS  VISITS  PER 100 PCC
VISITS
-----
ADAM, ADAM          10      1    1     8     27     37
BEGAY, LYDIA        1                1     0
CHS, USER           1                1     0
BAKER, GARY          1                1     0
MANAGER, TEST        5                5     0
STANLEY, BRIAN R    11      1    10    569     2
PHYSICIAN, CONTRACT 4                4     0
LINGRUEN, MARY      61      2    59     0
BARTLETT, JACK       1                1     0

RUN TIME (H.M.S.): 0.0.9
End of report. HIT RETURN:
    
```

Figure 5-26

5.3.2 CHS Referral Costs by Requesting Prov/Facility (CHSC)

The CHSC report displays CHS referral costs by requesting provider or referring facility. The report will include the total number of referrals, total number of CHS referrals, total cost of CHS referrals, number of PCC visits, and CHS referral cost per 100 PCC visits. Note that the number of PCC visits and the referral cost per 100 PCC visits will be included only if you are utilizing the PCC interface. Cancelled referrals are excluded from this report.

You will enter a beginning and ending referral date range and indicate whether the data is to be reported by requesting provider or requesting facility. You will also elect to include either actual CHS costs or best available CHS costs. If you select actual costs, be aware that the costs are only those known to date. As subsequent bills are received and paid, the cost figures will increase. The best available CHS costs are based upon actual costs incurred plus estimated figures. The output may be printed or browsed on the screen.

The sample report in Figure 5-27 lists the best available CHS referral costs by requesting provider.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                PARKER HOSP
                                Page 1

CHS REFERRAL COSTS** BY REQUESTING PROVIDER

PROVIDER          # REFS      # CHS      TOTAL CHS      # PCC      CHS REF COST
                   INITIATED    REFS      REF COST      VISITS     PER 100 PCC VISITS
-----
ADAM, ADAM        10           8      $2,150         27           7963
BEGAY, LYDIA      1           1      $2,500         0
CHS, USER        1           1           $0           0
BAKER, GARY       1           1           $0           0
MANAGER, TEST    5           5     $755,000       0
STANLEY, BRIAN R 11          10     $23,100        569           4060
PHYSICIAN, CONTRACT 4           4       $500           0
LINGRUEN, MARY   61          59     $23,819        0
BARTLETT, JACK   1           1           $0           0

** These costs are based on best available data (actual or estimates).
Actual completed costs may vary from this.

RUN TIME (H.M.S): 0.0.2
End of report. HIT RETURN:
    
```

Figure 5-27

5.3.3 Top Ten Diagnosis Report (TTDX)

This report displays the top ten to top 100 ICD9 Diagnosis Codes and APC Diagnostic Groupings for referrals for a given date range. The report allows for screening on all items in the General Retrieval Search screen. For instance, you can find the top ten diagnoses for a specific Vendor, community, Tribe, IHS Referral Physician, etc..

To print/view the top ten diagnosis report:

1. Type TTDX at the Utilization Report menu (Main → RPT → UTIL → TTDX)
2. Type the date you wish to start the date range with at the “Enter beginning Referral Date:” prompt.
3. Type the date you wish to end the date range with at the “Enter ending Referral Date:” prompt.
4. Type the number of the items to see on the report at the “How many entries do you want in the list:” prompt. For example, if you want a top 10 list, type 10. If you want a top 50 list, type 50.
5. Select the referral screening item(s) you wish to use from the General Retrieval screen(s). Referrals can be screened based upon any of the listed items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all referrals hit Q.

6. Type **P** (Primary Diagnosis of Referral) or **A** (All diagnoses of Referral) at the "Report should include:" prompt. If you type **P**, the report will only include primary diagnoses. If you type **A**, the report will include all primary and secondary diagnoses.
7. Type **L** (List of items with counts) or **B** (Bar Graph) at the "Select TYPE OF OUTPUT:" prompt. If you type **B**, you must have a printer capable of printing 132-character lines.
8. Type the name of the device you wish to print to at the "DEVICE: HOME//" prompt.

```

***** RCIS FREQUENCY OF DIAGNOSES REPORT *****
No. REFERRALS: 77   No. DXs: 89           DX/REFERRAL ratio: 1.16
(min. std. > 1.6)

TOP 10 DX's =>
  1. 650.   NORMAL DELIVERY   (21)
  2. 696.1  OTHER PSORIASIS   (13)
  3. 250.00 DM UNCOMPL/T-II/NIDDM,NS UNCON (10)
  4. 311.   DEPRESSIVE DISORDER NEC (10)
  5. 996.01 MALFUNC CARDIAC PACEMAKE (4)
  6. V58.1  CHEMOTHERAPY (4)
  7. 618.3  UTEROVAG PROLAPS-COMPLET (3)
  8. V76.1  SCREEN MAL NEOP-BREAST (3)
  9. V07.39 PROPHYLACTIC CHEMOTHERAPY,NEC (3)
 10. 401.9  HYPERTENSION NOS (2)

TOP 10 DIAGNOSTIC CATEGORIES =>
  1. PREGNANCY,CHLDBRTH,PUERPERIUM (21)
  2. SKIN,BREAST,SUBCUTANEOUS T (15)
  3. MENTAL DISEASES & DISORDERS (11)
  4. ENDOCRINE,NUTRIT,METABOLIC (10)
  5. CIRCULATORY SYSTEM (9)
  6. HEALTH STATUS FACTORS (9)
  7. FEMALE REPRODUCTIVE SYSTEM (4)
  8. MYELOPROLIFERATIVE,NEOPLASIA (4)
  9. MUSCULOSKELETAL & CONNECTIVE T (2)
 10. EYE (1)

RUN TIME (H.M.S): 0.0.1
End of report. HIT RETURN:

```

Figure 5-28

5.3.4 Top Ten Procedure Report (TTPX)

The Top Ten Procedures Report displays the top ten to top 100 CPT Procedure Codes for referrals (for a given date range). The report allows for screening on all items listed in the General Retrieval Search Screen. For instance, you can find the top ten procedures for a specific Vendor, community, Tribe, IHS Referral Physician, etc..

To print/view the top ten procedure report:

1. Type TTPX at the Utilization Report menu (Main → RPT → UTIL → TTPX)
2. Type the date you wish to start the date range with at the “Enter beginning Referral Date:” prompt.
3. Type the date you wish to end the date range with at the “Enter ending Referral Date:” prompt.
4. Type the number of the items to see on the report at the “How many entries do you want in the list:” prompt. For example, if you want a top 10 list, type 10. If you want a top 50 list, type 50.
5. Select the referral screening item(s) you wish to use from the General Retrieval screen(s). Referrals can be screened by any of the listed items. Select as many as you wish, in any order or combination. An (*) asterisk indicates items already selected. To bypass screens and select all referrals hit Q.
6. Type the name of the device you wish to print to at the “DEVICE: HOME//” prompt.

```

***** FREQUENCY OF RCIS PROCEDURES REPORT *****
No. REFERRALS: 76   No. PRCs: 77   PRC/REFERRAL ratio: 1.01
(min. std. > 1.
6)

TOP 10 PRC's =>
 1. 00955  ANALGESIA, VAGINAL DELIVERY  (20)
 2. 27447  TOTAL KNEE REPLACEMENT  (20)
 3. 10060  DRAINAGE OF SKIN ABSCESS  (17)
 4. 56420  DRAINAGE OF GLAND ABSCESS  (4)
 5. 19100  BX BREAST PERCUT W/O IMAGE  (3)
 6. 76091  MAMMOGRAM, BOTH BREASTS  (3)
 7. 00103  ANESTH, BLEPHAROPLASTY  (1)
 8. 19120  REMOVAL OF BREAST LESION  (1)
 9. 19272  EXTENSIVE CHEST WALL SURGERY  (1)
10. 33322  REPAIR MAJOR BLOOD VESSEL(S)  (1)

RUN TIME (H.M.S): 0.0.1
End of report. HIT RETURN:

```

Figure 5-29

5.4 RCIS General Retrieval (GEN)

The RCIS General Retrieval is a very flexible report option that lists and/or counts patient referrals. This report option enables you to select which patients to include in the report, which data items to print, and how the data is sorted. Depending on the choices you make, you can generate a very specific report or a very general report. You may also save the logic used to produce the report for future use.

If you design a report that is 80 characters or fewer in width, it can be displayed on your screen or printed. If your report is 81-132 characters wide, it must be printed

and can only be printed on a printer capable of producing 132 character lines. Each report includes a cover page that details the user-defined criteria.

To begin generating a report using the General Retrieval option, you will need to indicate whether you are creating a new report or using logic that you saved from a previous report. You will select one of the following:

- P A previously Defined Report
- N Create a New Report

If you are using a previously defined report, you will be prompted for the name of the report. Enter the name of the report and then select to print or browse the output.

If you are creating a new report, you will be presented with a referral selection menu to browse (see section 5.4.6 for the list). The action items available for browsing this menu are:

- + Next Screen
- Previous Screen
- S Select Items
- Q Quit Item Selection
- R Remove Items
- E Exit Report

Enter + and – at the Select Action prompt to review the selection items in the list. When you are ready to select items, press the return key at the prompt to accept Select Items as the default value or type **S**. You can select patient referrals based on any combination of the data items in the list. Enter a list or a range of numbers at the next prompt; for example, 1-4,5,20 or 10,12,20,30. Then you will be prompted to define values for the items you chose, as applicable. For instance, if you selected age, you would be prompted to enter an age range.

After you have selected and defined referral selection items, you will be returned to the referral selection item list. The items that you selected will be marked with an asterisk (*). You may add or remove items at this point, if needed, by typing **S** or **R**. If you are finished marking your selections, type **Q** to leave this screen and continue creating your report.

Next you will need to choose a report output. The following five output formats are available. Each of these formats is described in the following section.

- Total Count Only
- Sub-counts and Total Count
- Detailed Referral Listing
- Numeric Item Basic Statistics
- Referral Record Display

5.4.1 Total Count Only

This report output prints only a count of the total number of referrals that match your selection criteria. For the following example, the selection criterion is patients 20-25 years old.

```

PCC MANAGEMENT REPORTS REFERRAL COUNT

Total COUNT of Referrals: 40

RUN TIME (H.M.S): 0.0.02
End of report. HIT RETURN:
    
```

Figure 5-30

5.4.2 Sub-counts and Total Counts

```

Selecting this format generates sub-totals for each category of the
sort criteria selected and a total count for the entire group of
patients specified. For instance, in the sample report in
REFERRED CARE INFORMATION SYSTEM REFERRAL COUNT

REPORT REQUESTED BY: MGR, FOUR

The following report contains a RCIS Referral report based on the
following criteria:

REFERRAL Selection Criteria
  Age: 20-25

Report will contain sub-totals by Sex.

PCC REFERRAL LISTING                                     Page 1
REFERRAL SUB-TOTALS BY: Sex
-----
Sex:
      FEMALE                                     127
      MALE                                       86

Total Referrals: 213
Total Patients: 24

RUN TIME (H.M.S): 0.0.1
    
```

Figure 5-31, all patients between the ages of 20 and 25 were selected. Sex was chosen as the sorting variable. Subtotals of the number of referrals for males and females are printed, as well as the total number of referrals for the group and the total number of patients included in the group selected.

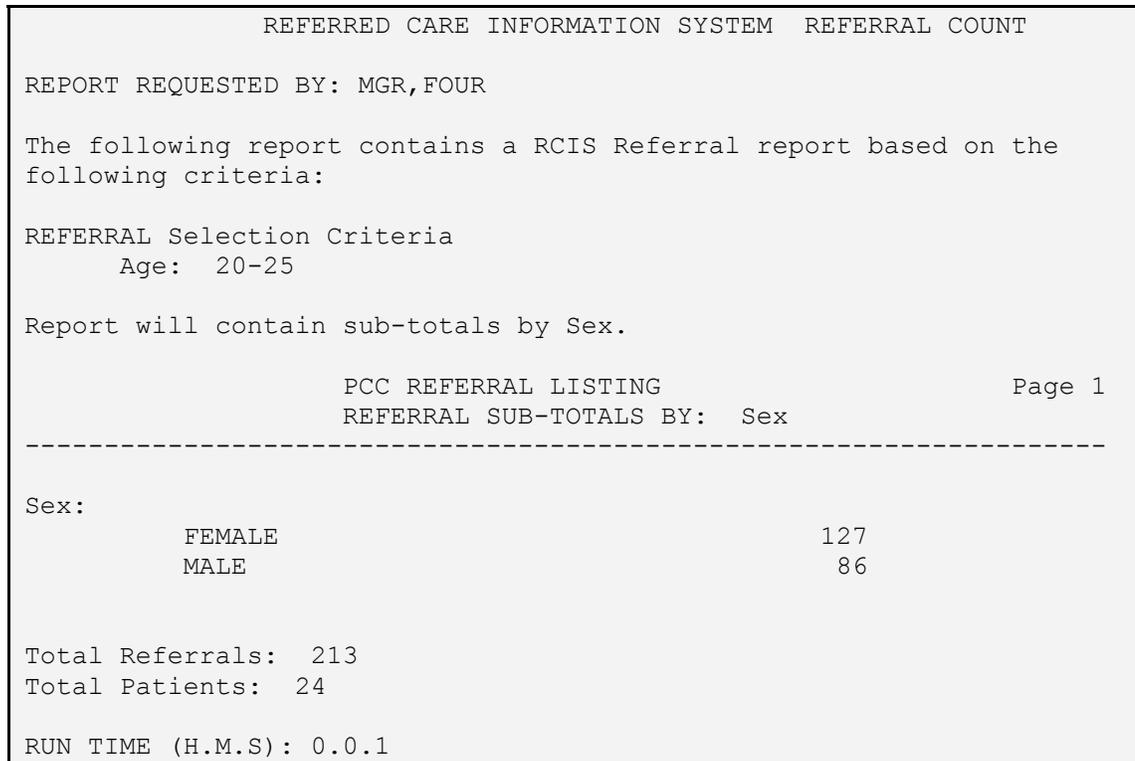


Figure 5-31

5.4.3 Detailed Referral Listing Report

The Detailed Referral Listing allows you to select the data items to print for each patient that matches your selection criteria. You will also select a variable for sorting the output. The total number of referrals and the total number of patients in the report are also printed.

After selecting the Detailed Referral Listing for your output format, you will be prompted in separate steps for the print and sort criteria (see section 5.4.6 for a list of available data items). Enter your choices in the same way that you entered the selection criteria (see section 5.4 for instructions on reviewing and selecting items in the list). After you select to print items, you will need to specify the column width for each one by following the prompts. Finally, select to print the report or browse it on the screen. Remember that reports 81-132 characters wide must be printed on a printer capable of producing 132-character lines. Reports fewer than 80 characters wide may be viewed on the screen.

Finally, you will have the option of saving the report logic for future use. When you have completed the selections required for the report output you have chosen, you will be prompted with the message `Do you wish to SAVE this SEARCH/PRINT/SORT logic for future use?` If you want to save the logic for use at a later date, type `YES` and enter a name for the report. Otherwise, type `NO` and press the return key.

The following sample report is based on the criteria listed below.

Referral Selection Criteria

Age: 10-40

Case Manager: ADAM,ADAM; ACTON,PATTI

Print Field Selection

Date Last Modified Sex

Patient Name Date Ref Initiated

Case Manager

Referrals will be sorted by: Case Manager

PCC REFERRAL LISTING					
DT	LAST MOD	CASE MANAGER	SEX	NAME	REF DT
H					
FEB 08,	2000	ACTON, PATTI	FEMALE	JONES, ELLEN ANN	02/08/00
P					
NOV 07,	1997	ADAM, ADAM	FEMALE	CABALLERO, BRENDA	11/07/97
P					
NOV 12,	1997	ADAM, ADAM	MALE	CAPY JR, RAY	11/12/97
P					
NOV 12,	1997	ADAM, ADAM	FEMALE	BAER DUNT WELK, ROSAN	11/12/97
P					
MAY 05,	1998	ADAM, ADAM	FEMALE	BAACHAR, ELENA RAE	05/05/98
P					

Figure 5-32

5.4.4 Numeric Item Basic Statistics

This print option provides basic statistics (sum, count, mean, maximum, and minimum) for any one of the following numeric items:

- Age
- Actual Total Cost
- Best Available Total Cost
- Actual IHS Cost
- Best Available IHS Cost
- CHS Amount Authorized to Date
- CHS IHS Paid to Date
- CHS FI Total to Date
- Best Available Inpatient LOS
- Actual Inpatient LOS

You also have the option of selecting a sort variable from the standard sort list (see section 5.4.6) for the purpose of generating sub-totals and totals for all records

selected. If you do not choose a sort variable, only one total for each of the statistics provided with be printed.

```

In the example in                                REFERRED CARE INFORMATION SYSTEM
REFERRAL COUNT

REPORT REQUESTED BY: MGR, FOUR

The following report contains a RCIS Referral report based on the
following criteria:

REFERRAL Selection Criteria
  Age: 20-25

Report will contain sub-totals by Sex.

                                PCC REFERRAL LISTING                                Page 1
                                REFERRAL SUB-TOTALS BY: Sex
-----
Sex:
      FEMALE                                127
      MALE                                  86

Total Referrals: 213
Total Patients: 24

RUN TIME (H.M.S): 0.0.1
    
```

Figure 5-31, all patients between the ages of 20 and 25 were selected. The numeric item selected was Best Available Total Cost and the sort variable was Primary Vendor. Note that the subtotals are provide for each category of the sort variable. Grand totals are printed at the end of the report.

PCC REFERRAL LISTING		Page 1
BASIC STATISTICS FOR: Best Avail TOTAL Cost BY Primary Vendor		

A O ORTHOPEDIC SPECIALISTS		
Total referrals selected		2
Total referrals w/Best Avail TOTAL Cost		2
Sum		\$12,500.00
Mean		0.00
Maximum Value		\$7,500.00
Minimum Value		\$5,000.00
ABATE MD, SALVADOR		
Total referrals selected		1
Total referrals w/Best Avail TOTAL Cost		1
Sum		\$500.00
Mean		0.00
Maximum Value		\$500.00
Minimum Value		\$500.00
BACON MD, DONALD D		
Total referrals selected		2
Total referrals w/Best Avail TOTAL Cost		2
Sum		\$1,650.00
Mean		0.00
Maximum Value		\$1,500.00
Minimum Value		\$150.00
TOTALS		
Total referrals selected		213
Total referrals w/Best Avail TOTAL Cost		79
Sum		\$194,049.00
Mean		0.00
Maximum Value		\$130,005.00
Minimum Value		\$35.00
Total Referrals: 213		
Total Patients: 24		
RUN TIME (H.M.S): 0.0.1		

Figure 5-33

5.4.5 Referral Record Display

This report output displays a detailed referral record, including diagnoses and procedures, for each patient referral that matches your selection criteria.

The sample in Figure 5-34 shows a referral record for one patient as it would appear on this report.

PCC REFERRAL LISTING		Page 1

Patient Name:	BAER DUNT WELK, ROSAN	

```

Chart #: 15330
Date of Birth: NOV 15, 1967
Sex: F

===== REFERRAL RECORD =====
DATE INITIATED: NOV 02, 1997
REFERRAL #: 6064019800028
PATIENT: BAER DUNT WELK, ROSANNA MARIE
TYPE: CHS
REQUESTING FACILITY: PARKER HOSP
REQUESTING PROVIDER: CHARLIE, ROBERTA
TO PRIMARY VENDOR: B E ANESTHESIA LTD
FACILITY REFERRED TO (COM: B E ANESTHESIA LTD
PRIMARY PAYOR: IHS
ICD DIAGNOSTIC CATEGORY: CARDIOVASCULAR DISORDERS
CPT SERVICE CATEGORY: EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT: OUTPATIENT
DAYS SINCE BEGIN DOS: 1478
STATUS OF REFERRAL: ACTIVE
CASE MANAGER: DOCTOR, ONE
CREATED BY USER: MGR, TWO
DATE CREATED: NOV 12, 1997
DATE LAST MODIFIED: NOV 12, 1997
NEXT REVIEW DATE: APR 14, 2001
PRIORITY: 5
SEND ADDITIONAL MED INFO: YES

PURPOSE OF REFERRAL: CHEST PAIN - CARDIAC EVALUATION

NOTES TO SCHEDULER:

ESTIMATED TOTAL REFERRAL : 250
ESTIMATED IHS REFERRAL CO: 250
ACTUAL APPT/BEGIN DOS: NOV 12, 1997
EXPECTED END DOS: NOV 12, 1997
ACTUAL END DOS: JAN 30, 1999
OUTP NUMBER OF VISITS: 1
CHS APPROVAL STATUS: APPROVED
CHS APPROVAL/DENIAL DATE: FEB 18, 2000
CHS AUTHORIZATION COUNT: 2
UPDATED ESTIMATED IHS COS: 7361
CHS AMOUNT AUTHORIZED TO : 7361
CHS AUTHORIZATION DEC STA: MGR, EIGHTEEN
CHS AUTHORIZATION DEC REV: JAN 27, 1999
MAN CARE COMM ACTION: DEFERRED SERVICES
DATE MCC ACTION RECORDED: NOV 12, 1997
UTILIZATION REVIEW BY MD: DEFER

ALT RES LTR DATE: JAN 23, 2001
ALT RES LTR USER: ADAM, ADAM

ALT CERT MAIL: 6969696969

ALTERNATE RESOURCE LETTER:

PERTINENT MED HX, LAB:

```

```

PATIENT HAS FAMILY HISTORY OF HEART DISEASE
THIS IS LINE 3
THIS IS LINE 4

BUSINESS OFFICE:
TO BE DETERMINED

DISCHARGE NOTES:

===== RCIS CASE REVIEW COMMENTSs =====

DATE:                JUN 14, 1999
REVIEWER:            ADAM,ADAM
THIS IS LINE #1
THIS IS LINE #2

DATE:                JUN 04, 1999
REVIEWER:            ADAM,ADAM

DATE:                MAR 15, 2001
REVIEWER:            ADAM,ADAM
The Managed Care Commitee met today and we are
holding this Referral until further notice.
and so on and so on

===== RCIS SECONDARY PROVIDER APPTSs =====

DATE:                SEP 25, 2001
USER:                ADAM,ADAM
SECONDARY PROVIDER:  TMC FAMILY MEDICAL CENTER
EXP APPT DATE:      SEP 25, 2001
PURPOSE OF APPT:    TEST OF LISTER ITEM
REFERRAL NUMBER:    6064019800028
PRIMARY VENDOR:     B E ANESTHESIA LTD
PRIMARY PURPOSE:    CHEST PAIN - CARDIAC EVALUATION
    
```

Figure 5-34

5.4.6 Data Item Menus

The following menu is available for referral item selection, printing, and sorting, depending on the report output you select. Refer to each report output description for details on using this menu.

Report Item Menu

- | | | |
|--------------------------|--------------------------|--------------------------|
| 1) Patient Name | 35) Primary Payor | 69) Date Dsch Summary Re |
| 2) Chart # | 36) Diagnostic Category | 70) Date Completed |
| 3) SSN | 37) Service Category (CP | 71) Purpose of Referral |
| 4) Sex | 38) Local Category | 72) Pertinent Med Hx |
| 5) Date of Birth | 39) Actual TOTAL Cost | 73) Discharge Notes |
| 6) Age | 40) Best Avail TOTAL Cos | 74) Best Avail DX Code |
| 7) Mlg Address-City | 41) Actual IHS Cost | 75) Final Dx Code |
| 8) Mlg Address-Street | 42) Best Avail IHS Cost | 76) Best Avail Procedure |
| 9) Mlg Address-Complete | 43) CHS Amt Auth to Date | 77) Final Procedure Code |
| 10) Community | 44) CHS IHS Paid to Date | 78) Comments-Case Review |
| 11) Tribe | 45) CHS FI Total to Date | 79) Comments-Business Of |
| 12) Indian Blood Quantum | 46) CHS PO Authorization | 80) Priority Rating |
| 13) Eligibility Status | 47) CHS Fiscal Year PO's | 81) Indian Descent |
| 14) Beneficiary Class | 48) PO Vendor | 82) Indian Descent Date |
| 15) Medicare | 49) CHS Dt PO Added | 83) Indian Descent User |
| 16) Medicaid | 50) Reason not completed | 84) Residency |
| 17) Private Insurance | 51) Cancellation Reason | 85) Residency Date |
| 18) Referral # | 52) CHS Approval Status | 86) Residency User |
| 19) Date Ref Initiated | 53) CHS Denial Reason | 87) Alternate Resource-C |
| 20) Created By User | 54) Alt Res Ltr Date | 88) Alt Resource Date |
| 21) Date User Created | 55) Alt Res Ltr Dissemin | 89) Alt Resource User |
| 22) Date Last Modified | 56) Alt Res Ltr User | 90) 72-Hr Notification |
| 23) Type of Referral | 57) Alt Res Ltr Mail# | 91) 72-Hr Date |
| 24) Requesting Facility | 58) Alt Res Ltr Document | 92) 72-Hr User |
| 25) Requesting Provider | 59) Expected Begin DOS | 93) Sec. Prov Name |
| 26) Status of Referral | 60) Best Avail Begin DOS | 94) Sec. Prov Appt Dt |
| 27) Next Review Date | 61) Actual Begin DOS | 95) Sec. Prov Purpose |
| 28) Case Manager | 62) Best Avail END DOS | 96) Sec. Prov User Creat |
| 29) Inpatient/Outpatient | 63) Actual END DOS | 97) Mgd Care Committee |
| 30) Primary Vendor | 64) Expected End DOS | 98) DT Mgd Care Action |
| 31) Facility Referred To | 65) Best Avail Inpt LOS | 99) Util Review Committe |
| 32) IHS Facility Refer T | 66) Actual Inpt LOS | |
| 33) Clinic Referred To | 67) Best Avail DRG | |
| 34) To Specific Provider | 68) Final DRG | |

<p>Note: If you do not select a sort item, as applicable, the report will be sorted by Referral Date.</p>
--

5.5 Delete General Retrieval Report Definition (DGR)

This option on the Reports menu allows you to delete any report types that have been saved using the General Retrieval report generation tool. It is recommended that you delete saved report types that are no longer used.

As shown in Figure 5-35, you will be prompted to enter the name of the saved report type and then confirm the deletion. Remember that once a report type has been deleted, it can no longer be retrieved. A confirmation message appears after the report has been deleted.

```
This option enables the user to delete an RCIS General Retrieval report
definition.
REPORT NAME: CKC TEST REPORT  CHVATA,CHRISTINE-SEP 11,1997@10:18:45
Are you sure you want to delete the CKC TEST REPORT report definition? N//
YES
Report Definition CHVATAL,CHRISTINE- SEP 11,1997@10:18:45 deleted.
```

Figure 5-35

6. Glossary

Access Code: A password used along with the verify code to provide secure user access. The access code must be entered by the user prior to using the RPMS.

Browser: An interactive application that displays text on a terminal in a scrolling format. The user is allowed to navigate freely within the text displayed using the specified commands.

Bulletin: An email message automatically delivered by MailMan under certain conditions. For example, a bulletin can be set to generate when a particular type of referral is entered into the system.

CHS: Contract Health Services; Services not directly available from IHS that are purchased under contract from community hospitals and practitioners.

CPT: Current Procedural Terminology; coding system for medical procedures

Field: In a record, a specified area used for a category of data. Specifications as to the type of data that can be entered apply to each field. These specifications are accessible on the Help screens throughout the program.

File: A set of related records or entries treated as a single unit.

ICD: International Classification of Diseases; coding system for medical diagnoses.

IHS: Indian Health Service

LAYGO Access: A user's authorization to create a new entry when editing a computer file. Learn As You Go (LAYGO) provides the ability to create new entries. An example of LAYGO is the Specific Provider field of the RCIS.

Local: The facility system that a user is currently signed on to.

MailMan: An email system that allows users to send and receive messages via the RPMS computer. Email messages received via MailMan may also be bulletins that are automatically generated.

Menu: A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "select" and followed by the word "option," as in "Select the Menu Management option." (the menu's select prompt).

Option: An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.

PCC: Patient Care Component; the central repository of data for the RPMS.

Prompt: A question or message issued interactively that requires a response.

Queuing: Requesting that a job be processed at a later time rather than within the current session.

RCIS: Referred Care Information System

Record: A set of related data treated as a unit

RPMS: Resource and Patient Management System; A suite of software applications used at IHS facilities to support administrative, clerical, and clinical functions

Return Key: The Enter key on the computer keyboard

Security Key: A means of safeguarding options that are used by managerial staff only; for example, a security key is required to modify a closed referral. Security keys are assigned to appropriate personnel by the local Site Manger.

Service Unit: An administrative unit of the Indian Health Service.

Spacebar/Return: The use of the key combination Spacebar/Return at a prompt to retrieve the user's last response to that prompt.

Template: A means of storing report formats, data entry formats, and sorted entry sequences. A template is a permanent place to store selected field specifications for use at a later time.

Up-Arrow Jump: In the menu system, entering a circumflex or up-hat (^) followed by an option name accomplishes a jump to the target option without needed to take the usual steps through the menu pathway.

Up-Hat: A circumflex, also known as a "hat" or "caret," that is used primarily for exiting functions and jumping to options in the RCIS. The up-hat is denoted at "^" and is entered by simultaneously pressing the shift key and the 6 key on the keyboard.

User: A person who interacts with the computer application.

Verify Code: A secret password used with the access code to provide secure user access. The verify code must be entered by the user after entering the access code to log on to the RPMS.

7. Appendix A: Data Entry Screen Help

When entering and modifying data, the following commands allow you to navigate through the data entry screens.

7.1 Cursor Movement

Move right one character	<Right>
Move left one character	<Left>
Move right one word	<Ctrl-L> or <PF1><Space>
Move left one word	<Ctrl-J>
Move to right of window	<PF1><Right>
Move to left of window	<PF1><Left>
Move to end of field	<PF1><PF1><Right>
Move to beginning of field	<PF1><PF1><Left>

7.2 Modes

Insert/Replace toggle	<PF3>
Zoom (invoke multiline editor)	<PF1>Z

7.3 Deletions

Character under cursor	<PF2> or <Delete>
Character left of cursor	<Backspace>
From cursor to end of word	<Ctrl-W>
From cursor to end of field	<PF1><PF2>
Toggle null/last edit/default	<PF1>D or <Ctrl-U>

7.4 Macro Movements

Field below	<Down>
Field above	<Up>
Field to right	<Tab>
Field to left	<PF4>
Pre-defined order	<Return>
Next Page	<PF1><Down> or <Page Down>

Previous Page	<PF1><Up> or <Page Up>
Next block	<PF1><PF4>
Jump to next field	^caption
Go to command line	^
Go into multiple or word processing field	<Return>

7.5 Command Line Options

Enter the up-hat (^) at any field to jump to the command line.

COMMAND	SHORTCUT	DESCRIPTION
Exit	<PF1>E	Exit form (asks whether changes should be saved)
Close	<PF1>C	Close window and return to previous level
Save	<PF1>S	Save changes
Next page	<PF1> <Down>	Go to next page
Refresh	<PF1>R	Repaint screen

7.6 Other Shortcut Keys

Exit form and save changes	<PF1>E
Quit form without saving changes	<PF1>Q
Invoke Record Selection Page	<PF1>L

8. Appendix B: Word Processing Screen Help

The following options are helpful for using the word-processing screens in the RCIS.

8.1 Edit Options

The options below are available for editing text that has been entered into a word-processing field. To use one of the options, type the first letter of the command at the EDIT prompt.

- Add Lines to End of Text (A)
- Break a Line into Two (B)
- Change Every String to Another in a Range of Lines (C)
- Delete Lines (D)
- Edit a Line (Replace ____ with ____) (E)
- Insert Line(s) After An Existing Line (I)
- Join Line to the One Following (J)
- List a Range of Lines (L)
- Move Lines to New Location Within Text (M)
- Print Lines as Formatted Output (P)
- Repeat Lines at a New Location (R)
- Search for a String (S)
- Transfer Lines from Another Document (T)
- Utility Sub-Menu (U)

8.2 Utility Sub-Menu

The options below are available from the utility sub-menu. To use one of these options, type the first letter of the command.

- Editor Change (E)
- File Transfer from Foreign CPU (F)
- Text-Terminator-String Change (T)