RESOURCE AND PATIENT MANAGEMENT SYSTEM

Referred Care Information System (RCIS)

(BMC)

Technical Manual

Version 4.0
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Preface

The purpose of this manual is to provide technical information about the Referred Care Information System (RCIS) package. The RCIS package 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.

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1.0   Introduction

This manual provides IHS site managers with a technical description of the Referred Care Information System routines, files, menus, cross references, globals, and other necessary information required to effectively manage the system.

All routines, files, options, and keys are namespaced starting with the letters "BMC." The file number range for this package is 90001 – 90001.83.

2.0 Implementation and Maintenance

Entry of the site parameter file is required to implement this package. Each Fiscal Year (FY) the Referral Year should be incremented using the Option Edit Site Parameters. The Referral Year is contained in the Referral Number and will provide easy visibility to the FY in which the referral was created. This field should only be set one time during the FY, because this parameter will also automatically reset the referral number to 0.

There are specific site options to allow the sites to utilize links with PCC and CHS. If the PCC link is turned on, the Referral data will be displayed on the Health Summary. When the Referral is closed the visit data will be transferred to the visit file for the patient. The CHS link will allow the CHS staff to select an established referral when creating a Purchase Order (PO). Once the PO has been generated fields in the Referral document will be updated. When entering a denial the CHS staff has the option to select a referral, once the denial has been completed. If it is an outpatient referral, and the auto close parameter is turned on, the referral will be closed with the appropriate fields. To minimize data entry fields contained therein, the referral will default during data entry of POs and Denials.

There are other site specific parameters such as sending mail messages. Mail groups will need to be established. There is an option that allows completion of this task.

For full details on site specific parameters, please refer to the users guide.

2.1 System Requirements

- Referred Care Info System (RCIS) v3.0
  - First time RCIS install does not require v3.0
- VA FileMan 21 or higher
- VA Kernel 8 or higher
- IHS Dictionaries (Patient) (AUPN) v99.1 patch 11
- Taxonomy Package (ATX) v5.1 patch 5
- Patient Registration (AG) v7.1

2.2 Package-wide Variables

None

3.0   Menu Diagram

Referred Care Information System (BMCMENU)

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Referred Care Information System (BMCMENU)
|__DE Data Entry [BMC MENU-DATA ENTRY]
|      |__ADD Add Referral [BMC ADD REFERRAL]
|      |__RFY Add a Referral for a Previous Fiscal Year [BMC ADD REFERRAL
|         PREVIOUS FY]
|      |__EDIT Edit Referral Options [BMC MENU EDIT REFERRAL]
|      |      |__MOD Modify Referral Current Fiscal Year [BMC MODIFY CURRENT
|      |         REFERRAL]
|      |      |__MR Modify Referral - All Fiscal Years [BMC MODIFY REFERRAL]
|      |      |__MCR Modify Closed Referral - All Fiscal Years [BMC MODIFY
|      |         CLOSED REFERRAL]
|      |      |__BOC Enter Business Office/CHS Comments [BMC BUSINESS OFFICE
|      |         COMMENTS]
|      |      |__MSD Enter or Edit Scheduling Data [BMC MOD SCHEDULING]
|      |      |__URMD Utilization Review by MD/Managed Care Comm Action [BMC
|      |         DE UPDATE UR/MCC]
|      |      |__CAS Enter or Edit Case Review Comments [BMC CASE REVIEW COMMENTS]
|      |      |__ECHS Add/Edit CHS Data [BMC EDIT CHS DATA]
|      |      |__FDX Fix Uncoded DX Codes [BMCFIXVPOV]
|      |      |__FPX Fix Uncoded Procedure Codes [BMCFIXCPT]
|      |__ALT Check Alternate Resources [BMC ALTERNATE RESOURCES]
|      |__DSP Display Referral Record [BMC DISPLAY REFERRAL RECORD]
|      |__NDA Number of Days Authorized Modifications [BMC RPT-NO DAYS AUTH]
|      |__SAS Quick Inquiry to Appointment Scheduling Status [BMC5 SCHEDULE
|         STATUS]
|      |__SEC Secondary Referrals [BMC MENU SECONDARY REFERRAL]
|      |      |__ASEC Add Secondary Referral [BMC ADD SECONDARY REFERRAL]
|      |      |__ESEC Edit Secondary Referral Data [BMC EDIT SECONDARY PROVIDER]
|      |      |__DSEC Delete Secondary Referral [BMC DELETE SECONDARY REF]
|      |      |__SPIQ Display Secondary Providers for a Specific Patient [BMC
|      |         RPT-SECONDARY PROVIDER]
|      |__LTRS Print RCIS Letter Types [BMC MENU LETTERS]
|      |      |__PCHS Print Referral Letters (CHS Approval Status) [BMC PRINT
|      |         REFERRAL FORMS - CHS]
|      |      |__PARL Print Alternate Resource Application Letter [BMC6 PRINT ALT
|      |         RESOURCE LETTER]
|      |      |__PRF Print Referral Letter (All Types of Letters) [BMC PRINT
|      |         REFERRAL FORMS]
|      |      |__PRS Print Routing Slips [BMC PRINT ROUTING SLIP]
|      |      |__PRFS Print Secondary Provider Letter [BMC DE SECONDARY PROVIDER]
|__RPT Print Reports [BMC MENU-PRINT REPORTS]
|      |__ADM Administrative Reports [BMC MENU-RPTS ADMINISTRATIVE]
|      |      |__ARD Active Referrals by Date [BMC RPT-ACTIVE REFERRALS1]
|      |      |__ARR Active Referrals by Referred To [BMC RPT-ACTIVE REFERRALS2]
|      |      |__ARP Active Referrals by Requesting Provider [BMC RPT-ACTIVE
|      |         REFERRALS3]
|      |      |__CHPD CHS Paid [BMC RPT-CHS PAID]
|      |      |__CHSR CHS Status Report for Referrals [BMC RPT-CHS STATUS]
|      |      |__INHC Tally of In-House Referrals by Clinic [BMC RPT-IN HOUSE BY
|      |         CLINIC]
|      |      |__INHP Tally of In-House Referrals by Requesting Provider [BMC
|      |         RPT-IN HOUSE BY PROV]
|      |      |__INHR In-House Report for Active Referrals [BMC RPT-IN HOUSE
|      |         REPORT]
|      |      |__OUT Referrals at an Outside Facility (Call In's) [BMC OUTSIDE
|      |         REFERRALS]
|      |      |__RRR Referral Review Report - By Time Period [BMC RPT-WEEKLY
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                         REVIEW REPORT]
|      |       |__RRRF Referral Review Report – By Facility/Time Period [BMC5
                  RPT-WEEKLY RRR FACILITY]
|      |       |__SRR Secondary Referral Report [BMC RPT-SECONDARY WORKLOAD]
|      |__CM Case Management Reports [BMC MENU-RPTS CASE MANAGEMENT]
|      |       |__ILOG Inpatient Log [BMC RPT-INPATIENT LOG]
|      |       |__AHDC Area Hospital Discharges [BMC RPT-AREA DISCHARGES]
|      |       |__OLOG Outpatient Referral Log [BMC RPT-OUTPATIENT LOG]
|      |       |__HCU List of High Cost Users [BMC RPT-HIGH COST USERS LIST]
|      |       |__HCTX Potential High Cost Cases [BMC RPT-POT HIGH COST - TAX]
|      |       |__TDL Timeliness of Receiving Disch/Consult Summary [BMC RPT-DISCH
                  SUMMARY RC'D]
|      |       |__DCNR Patients for Whom Disch/Consult Summary Not Rec'd [BMC
                  RPT-MED/COST NOT RCVD]
|      |       |__TLOG Transfer Log [BMC RPT-TRANSFER LOG]
|      |       |__CRD Print Case Review Comments (By Date/Facility) [BMC5 RPT CASE
                  REVIEW]
|      |       |__OTL Outlier Report [BMC RPT-OUTLIER REPORT]
|      |       |__RNK Reasons Not Completed Report [BMC RPT DKNA]
|      |__UTIL Utilization Reports [BMC MENU-RPTS UTILIZATION]
|      |       |__RFP Referral Patterns by Provider or Facility [BMC RPT-REFERRAL
                  PATTERNS]
|      |       |__CHSC CHS Referral Costs By Requesting Prov/Facility [BMC RPT-CHS
                  REF COSTS BY PROV]
|      |       |__TTDX Top Ten Diagnosis Report [BMC RPT-TOP TEN]
|      |       |__TTPX Top Ten Procedure Report [BMC RPT-TOP TEN PX]
|      |__GEN RCIS General Retrieval [BMC RPT-GENERAL RETRIEVAL]
|      |__DGR Delete General Retrieval Report Definition [BMC MGT-DELETE RPT
          LISTER DEF]
|__MGT RCIS Management [BMC MENU-MANAGEMENT]
|      |__ESP Edit Site Parameters [BMC EDIT SITE PARAMETERS]
|      |__TAB Table and Template Updates [BMC MENU TABLE AND TEMPLATES]
|      |       |__LC Add/Edit Local Category [BMC ADD/EDIT LOCAL CATEGORY]
|      |       |__ASP Add Specific Provider [BMC MGT-EDIT SPECIFIC PROVIDER]
|      |       |__EAR Add/Edit Alternate Resource [BMC6 EDIT ALTERNATE RESOURCE]
|      |       |__LUV Add/Edit Local Utilization Review By MD Codes [BMC ADD/EDIT
                  LOCAL UTIL REV]
|      |       |__MCC Add/Edit Local Managed Care Committee Action [BMC ADD/EDIT
                  LOCAL MCC ACTION]
|      |       |__AERR Add/Edit Routine Referral Template Form [BMC MGT-ADD/EDIT
                  ROUTINE REF]
|      |       |__DRR Delete Routine Referral Template Form [BMC MGT-DEL ROUTINE
                  REFERRAL]
|      |__EMAL Manage Mail Menu [BMC MENU MANAGE MAIL]
|      |       |__GRP Add/Edit the Groups receiving bulletins [BMC GROUP EDIT]
|      |       |__MRG Purge Mail Messages [BMC PURGE MESSAGES]
|      |__DISP Print Parameters and Tables [BMC MENU PRINT PARA/TAB]
|      |       |__DSP Display Site Parameters [BMC DISPLAY SITE PARAMETERS]
|      |       |__PLC Print Local Categories Listing [BMC MGT-PRT LOCAL CATEGORIES]
|      |       |__PMC Print MGD Care Committee Action Listing [BMC MGT-PRT MGD CARE
                  COM ACT]
|      |       |__PSP Print Specific Provider Listing [BMC MGT-PRT SPECIFIC PROV]
|      |       |__PUR Print Utilization Review/MD Listing [BMC MGT-PRT UTIL REVIEW
                  BY MD]
|      |__RMM Referral Management Menu [BMC MENU REFERRAL MANAGEMENT]
|      |       |__BOCE Enter/Edit Business Office/CHS Comments Supervisor [BMC
                  BUSINESS OFFICE COM SUP]
|      |       |__DELR Delete Referral Entered in Error [BMC DELETE REFERRAL]
|      |       |__CLO Close Out Referral - Current Fiscal Year [BMC CLOSE CURRENT
                  REFERRAL]
|      |       |__COR Close Out Referral – All Fiscal Years [BMC CLOSE REFERRAL]
|      |       |__ACLO Automatic Referral Closure***WARNING*** [BMC AUTO REFERRAL
                  CLOSE]
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|__SPEC RCIS Special Print Menu [BMC MENU SPECIAL]
|     |__BOC Enter Business Office/CHS Comments [BMC BUSINESS OFFICE COMMENTS]
|     |__DSP Display Referral Record [BMC DISPLAY REFERRAL RECORD]
|     |__PRF Print Referral Letter (All Types of Letters) [BMC PRINT REFERRAL
|        FORMS]
|     |__PRS Print Routing Slips [BMC PRINT ROUTING SLIP]              |
|     |__RPT Print Reports [BMC MENU-PRINT REPORTS]
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Figure 3-1: Sample of menu diagram screens

4.0   Routines

214 routines

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BMC.INT          BMC4P.INT        BMC4P0.INT       BMCADD.INT       BMCADD1.INT
BMCADD2.INT      BMCADDFY.INT     BMCADDS.INT      BMCAERR.INT      BMCALERT.INT
BMCALT.INT       BMCBMRG.INT      BMCBULL.INT      BMCCHS.INT       BMCCLO.INT
BMCCLOS1.INT     BMCCLOS2.INT     BMCCLOS3.INT     BMCDAPOV.INT     BMCDKNA.INT
BMCDLRR.INT      BMCDSP.INT       BMCDXADD.INT     BMCDXLK.INT      BMCDXSTF.INT
BMCFACE.INT      BMCFAHC.INT      BMCFAHC1.INT     BMCFAHC2.INT     BMCFAHC3.INT
BMCFDR.INT       BMCFDR2.INT      BMCFDR3.INT      BMCFDRA.INT      BMCFDRC.INT
BMCFDRS.INT      BMCFLTR.INT      BMCFMC.INT       BMCFPRN.INT      BMCFPRN1.INT
BMCFPRN2.INT     BMCFPRN3.INT     BMCFPRNA.INT     BMCFPRNC.INT     BMCFREQ.INT
BMCFREQ1.INT     BMCFREQP.INT     BMCFUNC.INT      BMCFUNC1.INT     BMCFY1.INT
BMCFYP.INT       BMCHELP.INT      BMCHS.INT        BMCKILL.INT      BMCL.INT
BMCLKID.INT      BMCLKID1.INT     BMCMENU.INT      BMCMINI.INT      BMCMM.INT
BMCMOD.INT       BMCMOD1.INT      BMCMODS.INT      BMCNDA.INT       BMCOSUT.INT
BMCOUTR.INT      BMCOUTR1.INT     BMCOUTRP.INT     BMCP4.INT        BMCPCCL.INT
BMCPOS1.INT      BMCPOST.INT      BMCPOST1.INT     BMCPOST2.INT     BMCPRE.INT
BMCPREI.INT      BMCPRI.INT       BMCPXCHK.INT     BMCPXREF.INT     BMCPXSTF.INT
BMCPXTEN.INT     BMCRCHK.INT      BMCRCHK1.INT     BMCRCHS1.INT     BMCRCHS2.INT
BMCRCHS3.INT     BMCRCHS4.INT     BMCRCRV.INT      BMCRCRV1.INT     BMCRCRVP.INT
BMCRD.INT        BMCRD1.INT       BMCRDEL.INT      BMCRDLT.INT      BMCRDSP.INT
BMCREF.INT       BMCRINH.INT      BMCRL.INT        BMCRL0.INT       BMCRL01.INT
BMCRL1.INT       BMCRL3.INT       BMCRL4.INT       BMCRLD.INT       BMCRLP.INT
BMCRLP1.INT      BMCRLP2.INT      BMCRLS.INT       BMCRLU.INT       BMCRLU1.INT
BMCRR1.INT       BMCRR10.INT      BMCRR101.INT     BMCRR10P.INT     BMCRR11.INT
BMCRR12.INT      BMCRR121.INT     BMCRR12P.INT     BMCRR13.INT      BMCRR131.INT
BMCRR13P.INT     BMCRR14.INT      BMCRR141.INT     BMCRR14P.INT     BMCRR15.INT
BMCRR16.INT      BMCRR17.INT      BMCRR171.INT     BMCRR17P.INT     BMCRR18.INT
BMCRR181.INT     BMCRR18P.INT     BMCRR19.INT      BMCRR191.INT     BMCRR19P.INT
BMCRR1P.INT      BMCRR2.INT       BMCRR20.INT      BMCRR201.INT     BMCRR20P.INT
BMCRR21.INT      BMCRR22.INT      BMCRR221.INT     BMCRR22P.INT     BMCRR2P.INT
BMCRR3.INT       BMCRR31.INT      BMCRR3P.INT      BMCRR4.INT       BMCRR41.INT
BMCRR4P.INT      BMCRR5.INT       BMCRR51.INT      BMCRR5P.INT      BMCRR6.INT
BMCRR61.INT      BMCRR6P.INT      BMCRR71.INT      BMCRR7P.INT      BMCRR7P2.INT
BMCRR8.INT       BMCRR81.INT      BMCRR8P.INT      BMCRR9.INT       BMCRR91.INT
BMCRR9P.INT      BMCRRDEL.INT     BMCRRNDA.INT     BMCRRSP.INT      BMCRRSP1.INT
BMCRRSPP.INT     BMCRUTL.INT      BMCSEL.INT       BMCSKEL.INT      BMCSKILL.INT
BMCSMC.INT       BMCSMHS.INT      BMCSPD.INT       BMCSPDSP.INT     BMCTEN.INT
BMCTEN1.INT      BMCTENP.INT      BMCTEST.INT      BMCTX.INT        BMCTXA.INT
BMCTXB.INT       BMCTXBB.INT      BMCTXC.INT       BMCTXD.INT       BMCTXDB.INT
BMCTXE.INT       BMCTXEB.INT      BMCTXEC.INT      BMCTXED.INT      BMCTXEE.INT
BMCTXEF.INT      BMCTXEG.INT      BMCTXEH.INT      BMCTXEI.INT      BMCTXEJ.INT
BMCTXEK.INT      BMCTXEL.INT      BMCTXEM.INT      BMCTXEN.INT      BMCTXEO.INT
BMCTXEP.INT      BMCTXEQ.INT      BMCTXER.INT      BMCTXF.INT       BMCTXFB.INT
BMCTXFC.INT      BMCURMD.INT      BMCVDOC.INT
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Figure 4-1: List of routines

4.1   Routines with Descriptions

Routine	Description
BMC	IHS/PHXAO/TMJ - Referred Care Info System
BMC4P	IHS/ITSC/FCJ - BMC 4.0 Install Rtn 1 Of 2
BMC4P0	IHS/ITSC/FCJ - BMC 4.0 Install 2 Of 2
BMCADD	IHS/PHXAO/TMJ - Add A New Referral
BMCADD1	IHS/PHXAO/TMJ - add a referral part 2

Routine	Description
BMCADD2	IHS/PHXAO/TMJ - display routine referrals
BMCADDFY	IHS/PHXAO/TMJ - Add A New Referral For A Specific Fiscal Year
BMCADDS	IHS/ITSC/FCJ - Add Secondary Letter
BMCAERR	IHS/PHXAO/TMJ - add/edit routine referral definition
BMCALERT	IHS/PHXAO/TMJ - Rcis Alerts
BMCALT	IHS/PHXAO/TMJ - List Alternate Resources
BMCBMRG	IHS/ITSC/FCJ - Merge Bulletin Messages Sent
BMCBULL	IHS/PHXAO/TMJ - Rcis - Send Bulletin
BMCCHS	IHS/PHXAO/TMJ - Chs Interface
BMCCLO	IHS/PHXAO/TMJ - Close Out A Referral
BMCCLOS1	IHS/PHXAO/TMJ - Close Referrals Automatically
BMCCLOS2	IHS/PHXAO/TMJ - Auto Close of CHS Referrals
BMCCLOS3	IHS/PHXAO/TMJ - Process Referral Closures
BMCDAPOV	IHS/PHXAO/TMJ - Screen E-Codes
BMCDKNA	IHS/PHXAO/TMJ - Did Not Keep Appointment Dkna Report
BMCDLRR	IHS/PHXAO/TMJ - delete routine referral definition
BMCDSP	IHS/PHXAO/TMJ - BMC - Display Referral Record
BMCDXADD	IHS/PHXAO/TMJ - Add DXs
BMCDXLK	IHS/PHXAO/TMJ - Lookup Icd9 Entry
BMCDXSTF	IHS/PHXAO/TMJ - Stuff Dx & CPT if Site Parameters Request stuffing
BMCFACE	IHS/PHXAO/TMJ - print face sheet ffrom screenman
BMCFAHC	IHS/PHXAO/TMJ - Print Referral Form
BMCFAHC1	IHS/PHXAO/TMJ - Print Referral Form
BMCFAHC2	IHS/PHXAO/TMJ - Print Secondary Provider Referralahcccs Form
BMCFAHC3	IHS/PHXAO/TMJ - Re-Print Secondary Provider Referralahcccs Form
BMCFDR	IHS/PHXAO/TMJ - Driver To Print Referral Form
BMCFDR2	IHS/ITSC/FCJ - Driver To Print Secondary Provider Letter
BMCFDR3	IHS/PHXAO/TMJ - Driver To Re-Print/Edit/Delete Secondary Provider Letter
BMCFDRA	IHS/PHXAO/TMJ - Driver To Print Alt Resource Letter
BMCFDRC	IHS/PHXAO/TMJ - Chs Driver To Print Referral Form
BMCFDRS	IHS/PHXAO/TMJ - Driver To Print Routing Slip
BMCFLTR	IHS/PHXAO/TMJ - Filtering Criteria For Referral Selection
BMCFMC	IHS/PHXAO/TMJ - Rcis Fileman Calls
BMCFPIN	IHS/ITSC/FCJ – PRINT IN-HOUSE REFERRAL FORM
BMCFPRN	IHS/PHXAO/TMJ - Print Referral Form
BMCFPRN1	IHS/PHXAO/TMJ - Print Referral Form Part 2
BMCFPRN2	IHS/PHXAO/TMJ - Print Referral Form-Secondary Provider
BMCFPRN3	IHS/PHXAO/TMJ - Print Referral Form-Existing Secondary Provider
BMCFPRNA	IHS/PHXAO/TMJ - Print Alt Resource Letter
BMCFPRNC	IHS/PHXAO/TMJ - Print Referral Call In Form
BMCFREQ	IHS/PHXAO/TMJ - Top Fpr Procedures
BMCFREQ1	IHS/PHXAO/TMJ - Top Fpr Prcs
BMCFREQP	IHS/PHXAO/TMJ - cont. of top ten
BMCFUNC	IHS/PHXAO/TMJ - Fix Uncoded Dx
BMCFUNC1	IHS/PHXAO/TMJ - Fix Uncoded Cpt Codes
BMCFY1	IHS/PHXAO/TMJ - Fy Po Cost Analysis Process Routine
BMCFYP	IHS/PHXAO/TMJ - Print Routine for FY PO Cost Analysis
BMCHELP	IHS/PHXAO/TMJ - Referred Care Information System
BMCHS	IHS/PHXAO/TMJ - Rcis Health Summary Component
BMCKILL	IHS/PHXAO/TMJ - Kill All Bmc Variables
BMCL	IHS/PHXAO/TMJ - List Template Exporter
BMCLKID	IHS/PHXAO/TMJ - Identifiers For Referral Lookup 2

Routine	Description
BMCLKID1	IHS/PHXAO/TMJ - Identifiers For Referral Lookup 2
BMCMENU	IHS/PHXAO/TMJ - Adds Menu to RCIS
BMCMINI	IHS/PHXAO/TMJ - Mini Add A New Referral
BMCMM	IHS/OIT/FCJ – RCIS Send MailMan Message
BMCMOD	IHS/PHXAO/TMJ - Modify A Referral
BMCMODS	IHS/ITSC/FCJ - Edit Secondary Referral
BMCNDA	IHS/PHXAO/TMJ - Number of Days Authorized Modifications
BMCOSUT	IHS/PHXAO/TMJ - Printing Utilities
BMCOUTR	IHS/PHXAO/TMJ - Outside Facilities - No IHS Providers
BMCOUTR1	IHS/PHXAO/TMJ - Process Outside Referral List
BMCOUTRP	IHS/PHXAO/TMJ - Outside Provider Referrals
BMCP4	IHS/PHXAO/TMJ - FIX DB CHR<-->RCIS
BMCPCCL	IHS/PHXAO/TMJ - Pcc Link From Mh/Ss
BMCPOS1	IHS/PHXAO/TMJ - Patch #1 Post-Init
BMCPOST	IHS/PHXAO/TMJ - New Installs Post
BMCPOST1	IHS/PHXAO/TMJ - Install Mail Groups
BMCPOST2	IHS/PHXAO/TMJ - Add Mail Group To Bullentin Entry
BMCPRE	IHS/PHXAO/TMJ - preinit, chk rqmnts, etc., delete dics
BMCPREI	IHS/PHXAO/TMJ - Created By Xbbpi On Sep 26,1996
BMCPRI	IHS/PHXAO/TMJ - Service Categories
BMCPXCHK	IHS/PHXAO/TMJ - Check Cpt Cat/Px At Close Time
BMCPXREF	IHS/PHXAO/TMJ - Fix X-Ref For Po Fiscal Year
BMCPXSTF	IHS/PHXAO/TMJ - Stuff CPT if Site Parameters Request stuffing
BMCPXTEN	IHS/PHXAO/TMJ - Top Fpr Procedures
BMCRCHK	IHS/PHXAO/TMJ - Check Provisional Primary DX
BMCRCHK1	IHS/PHXAO/TMJ - Check Provisional Primary Procedures PX
BMCRCHS1	IHS/PHXAO/TMJ - List Paid Chs Referrals
BMCRCHS2	IHS/PHXAO/TMJ - List Chs Referrals Not Approved
BMCRCHS3	IHS/PHXAO/TMJ - List Active Referrals Chs Denied
BMCRCHS4	IHS/ITSC/FCJ - Status Report For Chs Referrals
BMCRCRV	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRCRV1	IHS/PHXAO/TMJ - Process Referral List
BMCRCRVP	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRD	IHS/PHXAO/TMJ -Visit Display
BMCRD1	IHS/PHXAO/TMJ - No Description Provided
BMCRDEL	IHS/PHXAO/TMJ - Referral Delete
BMCRDLT	IHS/PHXAO/TMJ - Referral Delete
BMCRDSP	IHS/PHXAO/TMJ - No Description Provided
BMCREF	IHS/PHXAO/TMJ - Set Referral Variables
BMCRINH	IHS/ITSC/FCJ - In-House Report
BMCRL	IHS/PHXAO/TMJ - Pcc Referral General Retrieval Driver Routine
BMCRL0	IHS/PHXAO/TMJ - Screen Logic
BMCRL01	IHS/PHXAO/TMJ - Screen Logic
BMCRL1	IHS/PHXAO/TMJ - Process Referral List
BMCRL3	IHS/PHXAO/TMJ - More Lister
BMCRL4	IHS/PHXAO/TMJ - No Description Provided 26-Jun-1996
BMCRLD	IHS/PHXAO/TMJ - delete vgen/pgen custom report
BMCRLP	IHS/PHXAO/TMJ - Print Referral Report
BMCRLP1	IHS/PHXAO/TMJ - Cont of BMCRLP
BMCRLP2	IHS/PHXAO/TMJ - Print Referral Report
BMCRLS	IHS/PHXAO/TMJ - APC referral counts: show screens

Routine	Description
BMCRLU	IHS/PHXAO/TMJ - Gen Retr Utilities
BMCRLU1	IHS/PHXAO/TMJ - Gen Retr Utilities
BMCRR1	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR10	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR101	IHS/PHXAO/TMJ - Process Referral List
BMCRR10P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR11	IHS/PHXAO/TMJ - Process Referral List
BMCRR12	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR121	IHS/PHXAO/TMJ - Process Referral List
BMCRR12P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR13	IHS/PHXAO/TMJ - list active referral by Requesting Provider
BMCRR131	IHS/PHXAO/TMJ - Process Referral List
BMCRR13P	IHS/PHXAO/TMJ - Prnt Referrals
BMCRR14	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR141	IHS/PHXAO/TMJ - Process Referral List
BMCRR14P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR15	IHS/PHXAO/TMJ - In House Referrals By Provider
BMCRR16	IHS/PHXAO/TMJ - In House Referrals By Provider
BMCRR17	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR171	IHS/PHXAO/TMJ - Process Referral List
BMCRR17P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR18	IHS/PHXAO/TMJ - list patients for Inpatient Discharge Comments
BMCRR181	IHS/PHXAO/TMJ - Process Referral List
BMCRR18P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR19	IHS/PHXAO/TMJ - Weekly RRR Report for One Facility Only
BMCRR191	IHS/PHXAO/TMJ - Process Referral List
BMCRR19P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR1P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR2	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR20	IHS/PHXAO/TMJ - Case Review Dates/By Facility/Reviewer
BMCRR201	IHS/PHXAO/TMJ - Process Referral List
BMCRR20P	IHS/PHXAO/TMJ - Case Review Comments
BMCRR21	IHS/PHXAO/TMJ - Process Referral List
BMCRR22	IHS/PHXAO/TMJ - list patients currently in active, outpatient referral status
BMCRR221	IHS/PHXAO/TMJ - Process Referral List
BMCRR22P	IHS/PHXAO/TMJ - Detailed Olog Report
BMCRR2P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR3	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR31	IHS/OHPRD/TMJ - Process Referral List
BMCRR3P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR4	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR41	IHS/PHXAO/TMJ - Process Referral List
BMCRR4P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR5	IHS/PHXAO/TMJ - patients without medical and/or cost data
BMCRR51	IHS/PHXAO/TMJ - Process Referral List

Routine	Description
BMCRR5P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR6	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR61	IHS/PHXAO/TMJ - Process Referral List
BMCRR6P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR71	IHS/PHXAO/TMJ - Process Referral List
BMCRR7P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR7P2	IHS/PHXAO/TMJ - Detailed Olog Report
BMCRR8	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received ;
BMCRR81	IHS/PHXAO/TMJ - Process Referral List
BMCRR8P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRR9	IHS/PHXAO/TMJ - list patients for which medical and/or cost data has not been received
BMCRR91	IHS/PHXAO/TMJ - Process Referral List
BMCRR9P	IHS/PHXAO/TMJ - Prnt Bill Vsts
BMCRRDEL	IHS/PHXAO/TMJ - delete Routine Referral Templates
BMCRRNDA	IHS/PHXAO/TMJ - Number Of Days Authorized
BMCRRSP	IHS/PHXAO/TMJ - Secondary Providers By User Created/Timeframe
BMCRRSP1	IHS/PHXAO/TMJ - Process Referral List
BMCRRSPP	IHS/PHXAO/TMJ - Secondary Provider Letter
BMCRUTL	IHS/ITSC/FCJ - Report Utilites
BMCSEL	IHS/PHXAO/TMJ - FY PO Cost Analysis Process Routine
BMCSKEL	IHS/PHXAO/TMJ - Skeleton Routine
BMCSKILL	IHS/PHXAO/TMJ - Kill All BMC Variables
BMCSMC	IHS/PHXAO/TMJ - Calls From Screenman Screens
BMCSMHS	IHS/PHXAO/TMJ - Print Face Sheet From Screenman
BMCSPD	IHS/PHXAO/TMJ - Display Site Parameters
BMCSPDSP	IHS/PHXAO/TMJ - BMC - Display Secondary Provider Records For A Specific Pt
BMCTEN	IHS/PHXAO/TMJ - Top Ten POVS
BMCTEN1	IHS/PHXAO/TMJ - Top Ten POVS
BMCTENP	IHS/PHXAO/TMJ - cont. of top ten
BMCTEST	IHS/PHXAO/TMJ - Test Of Last Fy Referral
BMCTX	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXA	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXB	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXBB	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXC	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXD	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXDB	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXE	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEB	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEC	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXED	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEE	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEF	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEG	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEH	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEI	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEJ	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEK	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEL	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996

Routine	Description
BMCTXEM	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEN	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEO	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEP	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXEQ	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXER	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXF	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXFB	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCTXFC	IHS/PHXAO/TMJ -Created By ^ATXSTX On Apr 12, 1996
BMCURMD	IHS/PHXAO/TMJ
BMCVDOC	IHS/PHXAO/TMJ - Referred Care Information System

Figure 4-2: Table of routines and descriptions

5.0   Files and Tables

5.1   File List

File Number	File Name
90001	RCIS Referral
90001.01	RCIS Diagnosis
90001.02	RCIS Procedure
90001.03	RCIS Comments
90001.04	RCIS Secondary Referral (*No Longer used*)
90001.31	RCIS Site Parameter
90001.32	RCIS Routine Referral Def
90001.33	RCIS Output Form Definition
90001.51	RCIS ICD Diagnostic Category
90001.52	RCIS CPT Procedure Category
90001.53	RCIS Specific Provider
90001.54	RCIS Local Service Category
90001.55	RCIS Managed Care Comm Action
90001.56	RCIS Local Util Rev by MD Codes
90001.57	RCIS Messages
90001.81	RCIS Report Lister Items
90001.82	RCIS Report Lister Temp File
90001.83	RCIS Alternate Resource

Figure 5-1: Table of file numbers and file names

> **Note:** If you wish to include file descriptions in your table, add a third column labeled Description and copy the description for each file when you generate the File Accesses data (section 5.2).

5.2   File Access

The following table indicates Read, Write, Laygo, Data Dictionary, and Delete access security for all BMC files.

FILE (#)	GL	RD	WR	LYG	DD	DEL
90001 RCIS Referral	^BMCREF(	M	M	M	@	M
90001.01 RCIS Diagnosis	^BMCDX(	M	M	M	@	M
90001.02 RCIS Procedure	^BMCPX(	M	M	M	@	M
90001.03 RCIS Comments	^BMCCOM(	M	M	M	@	M

FILE (#)	GL	RD	WR	LYG	DD	DEL
90001.04 RCIS Secondary Referral	^BMCPROV(	M	M	M	@	M
90001.31 RCIS Site Parameter	^BMCPARM(	M	M	M	@	M
90001.32 RCIS Routine Referral Def	^BMCRTNRF(	M	M	M	@	@
90001.33 RCIS Output Form Definition	^BMCTFORM(	@	@	@	@	@
90001.51 RCIS ICD Diagnostic Category	^BMCTDXC(	M	@	@	@	@
90001.52 RCIS CPT Procedure Category	^BMCTSVC(	M	@	@	@	@
90001.53 RCIS Specific Provider	^BMCLPRV(	M	M	M	@	@
90001.54 RCIS Local Service Category	^BMCLCAT(	M	M	M	@	@
90001.55 RCIS Managed Care Comm Action	^BMCLMCC(	M	M	M	@	@
90001.56 RCIS Local Util Rev by MD Codes	^BMCLURMD(	M	M	M	@	@
90001.57 RCIS Messages	^BMCMSG(	M	M	M	@	M
90001.81 RCIS Report Lister Items	^BMCTSORT(	@	@	@	@	@
90001.82 RCIS Report Lister Temp Files	^BMCRTMP(	@	@	@	@	@
90001.83 RCIS Alternate Resource	^BMCALT(	M	M	M	@	@

Figure 5-2: File access table

5.3　　Cross References

```
90001 (RCIS Referral)
      .01 Date Initiated
            B Regular type cross reference
      .02 Referral #
            C Regular type cross reference
            MUMPS type cross reference
            MUMPS type cross reference
      .03 Patient
            D Regular type cross reference
            MUMPS type cross reference
      .04 Type
            ^TRIGGER^90001^.11
            CREATE VALUE  S X="OTHER"
            DELETE VALUE  @
            FIELD                PRIMARY PAYOR
            ^TRIGGER^90001^.08
            CREATE VALUE  NO EFFECT
            DELETE VALUE  @
            FIELD                TO IHS FACILITY
            ^TRIGGER^90001^1112
            CREATE VALUE  S X="P"
            DELETE VALUE  NO EFFECT
            FIELD                CHS APPROVAL STATUS
            MUMPS type cross reference
            MUMPS type cross reference
            MUMPS type cross reference
            MUMPS type cross reference
.05 Requesting Facility
.06 Requesting Provider
.07 To Primary Vendor
.08 To IHS Facility
.09 To Other Provider
.0999 Facility Referred to (Comp) Computed
.11 Primary Payor
.12 ICD Diagnostic Category
            MUMPS type cross reference
.13 CPT Service Category
.14 Inpatient or Outpatient
            ^TRIGGER^90001^1109
            CREATE VALUE  @
            DELETE VALUE  NO EFFECT
            FIELD                INP ESTIMATED LOS
            ^TRIGGER^90001^1110
            CREATE VALUE  @
            DELETE VALUE  NO EFFECT
            FIELD                INP ACTUAL LOS
.1499 Days Since Begin DOS           Computed
            .15 Status of Referral
            ^TRIGGER^90001^.16
            CREATE VALUE  NO EFFECT
            DELETE VALUE  @
            FIELD                REASON NOT COMPLETED
            MUMPS type cross reference
            ^TRIGGER^90001^.17
            CREATE VALUE  S X=DT
            DELETE VALUE  @
            FIELD                DATE COMPLETED
            ^TRIGGER^90001^.24
            CREATE VALUE  S X=DUZ
            DELETE VALUE  @
```

```
                    FIELD              CLOSED BY USER
                    MUMPS type cross reference
         .16 Reason Not Completed
                    MUMPS type cross reference
.17 Date Closed
.18 DATE DSCH SUMM/CONS LTR RCVD
.19 Case Manager
.21 Provisional DRG
.22 Final DRG
.23 Clinic Referred To In House
.24 Closed by User
.25 Created by User
.26 Date Created
.27 Date Last Modified
.28 Date Exported
.29 PCC Visit
.31 Next Review Date
.32 Priority
.34 Send Additional Med Info
.35 CHS Eligibility Factor
101 Secondary Suffix
MUMPS type cross reference
MUMPS type cross reference
102 Primary Ref PT
201 Not Completed Notes (90001.201)
 .01 Not Completed Notes
401 Include PCC Visit Form
402 Include Specialty Clinic Notes
403 Include Prenatal Record(s)
404 Include Signed Tubal Consent
405 Include Face Sheet
406 Include Health Summary
407 Include Most Recent EKG
408 Include History and Physical
409 Include X-Ray / Report
410 Include X-Ray Film
411 Include Consultation Report
412 Include Most Recent Lab Report
501 Include Misc Doc  (90001.5)
 .01 Include Misc Doc
1101 Estimated Total Referral Cost
1102 Final Total Referral Cost
1103 Estimated IHS Referral Cost
1104 Final IHS Referral Cost
     1105 Expected Begin DOS
            ^TRIGGER^90001^1107
            CREATE VALUE EXPECTED BEGIN DOS+INP ESTIMATED LOS
            DELETE VALUE @
            FIELD              EXPECTED END DOS
     1106 Actual Appt/Begin DOS
            ^TRIGGER^90001^1110
            CREATE VALUE $S(#1108'=""&(#1106'=""):#1108-#1106+1,1:0)
            DELETE VALUE $S(#1108'=""&(#1106'=""):#1108-#1106+1,1:0)
            FIELD              INP ACTUAL LOS
1107 Expected End DOS
     1108 Actual End DOS
            AC Regular type cross reference
            ^TRIGGER^90001^1110
            CREATE VALUE $S(#1108'=""&(#1106'=""):#1108-#1106+1,1:0)
            DELETE VALUE $S(#1108'=""&(#1106'=""):#1108-#1106+1,1:0)
            FIELD              INP ACTUAL LOS
     1109 INP Estimated LOS
            ^TRIGGER^90001^1107
```

```
                 CREATE VALUE  EXPECTED BEGIN DOS+INP ESTIMATED LOS
                 DELETE VALUE @
                 FIELD                EXPECTED END DOS
        1110 INP Actual LOS
                 MUMPS type cross reference
        1111 OUTP Number of Visits
                 ^TRIGGER^90001^1126
                 CREATE VALUE TODAY
                 DELETE VALUE TODAY
                 FIELD                OUTP VISIT NUMBER MOD DATE
                 ^TRIGGER^90001^1127
                 CREATE VALUE S X=DUZ
                 DELETE VALUE S X=DUZ
                 FIELD                OUTPT VISIT NUMBER USER
        1112 CHS Approval Status
                 MUMPS type cross reference
1113 CHS Approval/Denial Date
1114 CHS Denial Reason
1115 CHS Authorization Count
        1116 CHS Authorization Paid
                 ^TRIGGER^90001^.15
                 CREATE VALUE S X="C1"
                 DELETE VALUE NO EFFECT
                 FIELD                STATUS OF REFERRAL
1117 Updated Estimated IHS Cost
        1118 IHS Referral Costs to Date
                 ^TRIGGER^90001^1104
                 CREATE VALUE CHS IHS PAID AMT TO DATE
                 DELETE VALUE @
                 FIELD                ACTUAL IHS COST
        1119 Total Referral Costs to Date
                 ^TRIGGER^90001^1102
                 CREATE VALUE CHS FI TOTAL AMT TO DATE
                 DELETE VALUE @
                 FIELD                ACTUAL COST
1120 CHS Amount Authorized to Date
1121 CHS Authorization Dec Staff
1122 CHS Authorization Dec Rev Dt
1123 Man Care Comm Action
1124 Date MCC Action Recorded
1125 Utilization Review by MD
        1126 OUTP Visit Number Mod Date
                 AD Regular type cross reference
1127 OUTPT  Visit Number User
1128 CHS Denial Number
1201 Purpose of Referral
1301 Notes to Scheduler
1302 Scheduler W/I# of Days
        1401 Alt Res Ltr Date
                 ^TRIGGER^90001^1402
                 CREATE VALUE S X=DUZ
                 DELETE VALUE S X=DUZ
                 FIELD                ALT RES LTR USER
1402 Alt Res Ltr User
1403 Alt Cert Mail
1401 Alt Res Ltr Dissemination
1501 Alt Res Ltr Documentation  (90001.15)
   .01 Alt Res Ltr Documentation
     2100 Local Service Category (90001.21)
                 .01 Local Service Category
                        B Regular type cross reference
     4100 CHS Authorizations (90001.41)
                 .01 Authorization
```

```
                        B Regular type cross reference
                        ^TRIGGER^90001^1115
                        CREATE VALUE  CHS AUTHORIZATION COUNT+1
                        DELETE VALUE  CHS AUTHORIZATION COUNT-1
                        FIELD               CHS AUTHORIZATION COUNT
                        ^TRIGGER^90001.41^.12
                        CREATE VALUE TODAY
                        DELETE VALUE NO EFFECT
                        FIELD               DATE PO ADDED
               .02 Dollars Authorized
                        ^TRIGGER^90001^1117
 CREATE VALUE CHS AMOUNT AUTHORIZED TO DATE+DOLLARS AUTHORIZED
 DELETE VALUE CHS AMOUNT AUTHORIZED TO DATE-DOLLARS AUTHORIZED
                        FIELD               UPDATED ESTIMATED IHS COST
                        ^TRIGGER^90001^1120
 CREATE VALUE CHS AMOUNT AUTHORIZED TO DATE+DOLLARS AUTHORIZED
 DELETE VALUE CHS AMOUNT AUTHORIZED TO DATE-OLD DOLLARS AUTHORIZED
                        FIELD               #1120
               .03 Dollars Paid
                        ^TRIGGER^90001^1116
                        CREATE VALUE CHS AUTHORIZATIONS PAID+1
                        DELETE VALUE CHS AUTHORIZATIONS PAID-1
                        FIELD               CHS AUTHORIZATIONS PAID
                        ^TRIGGER^90001^1118
 CREATE VALUE IHS REFERRAL COSTS TO DATE+DOLLARS PAID
 DELETE VALUE IHS REFERRAL COSTS TO DATE-DOLLARS PAID
                        FIELD               IHS REFERRAL COSTS TO DATE
                        ^TRIGGER^90001^1117
 CREATE VALUE CHS IHS AUTH AMT TO DATE-DOLLARS AUTHORIZED
 DELETE VALUE CHS IHS AUTH AMT TO DATE+DOLLARS AUTHORIZED
                        FIELD               CHS IHS AUTH AMT TO DATE
                        ^TRIGGER^90001^1117
 CREATE VALUE CHS IHS AUTH AMT TO DATE+DOLLARS PAID
 DELETE VALUE CHS IHS AUTH AMT TO DATE-DOLLARS PAID
                        FIELD               CHS IHS AUTH AMT TO DATE
.04 Payment Status
               .05 Total Cost
                        ^TRIGGER^90001^1119
 CREATE VALUE TOTAL REFERRAL COSTS TO DATE+TOTAL COST
 DELETE VALUE TOTAL REFERRAL COSTS TO DATE-TOTAL COST
                        FIELD               TOTAL REFERRAL COSTS TO DATE
               .06 Actual Beginning Date
                        ^TRIGGER^90001^1106
                        CREATE VALUE  ACTUAL BEGINNING DATE
                        DELETE VALUE NO EFFECT
                        FIELD               ACTUAL APPT/BEGIN DOS
               .07 Actual Ending Date
                        ^TRIGGER^90001^1108
                        CREATE VALUE  ACTUAL ENDING DATE
                        DELETE VALUE NO EFFECT
                        FIELD               ACTUAL END DOS
               .08 PO Authorization Number
                        ^TRIGGER^90001.41^.11
                        CREATE VALUE S X=$E(X,1,2)
                        DELETE VALUE @
                        FIELD               PO FISCAL YEAR
.09 Vendor
.11 PO Fiscal Year
.12 Date PO Added
.13 Date PO Paid
     4200 CHS Approval Status Audit Log (90001.42)
               .01 Date/Time Changed
                        B Regular type cross reference
```

```
.02 User Updated
.03 Option used
.04 Old Value
.05 New Value
4300 CHS Other Denial Reason (90001.43)
.01 CHS Other Denial Reason
B Regular type cross reference
4400 CHS Other Denial Provider (90001.44)
.01 CHS Other Denial Provider
B Regular type cross reference
5101 EXP Name
5102 EXP HRN
5103 EXP DOB
5104 EXP SSN
5105 EXP Community
5106 EXP Tribe Code
5107 EXP Sex
5108 EXP Vendor
5109 EXP EIN
5110 EXP MCARE Eligible
5111 EXP MCAID Eligible
5112 EXP PI Eligible
5113 EXP Facility
5114 EXP ASUFAC
      6101 CHS Indian Descent
            ^TRIGGER^90001^6111
            CREATE VALUE  TODAY
            DELETE VALUE  TODAY
            FIELD                 CHS INDIAN DESCENT DATE
            ^TRIGGER^90001^6112
            CREATE VALUE  S X=DUZ
            DELETE VALUE  S X=DUZ
            FIELD                 CHS INDIAN DESCENT USER
      6102 CHS Residency
            ^TRIGGER^90001^6105
            CREATE VALUE  TODAY
            DELETE VALUE  TODAY
            FIELD                 CHS RESIDENCY DATE
            ^TRIGGER^90001^6106
            CREATE VALUE  S X=DUZ
            DELETE VALUE  S X=DUZ
            FIELD                 CHS RESIDENCY USER
      6103 CHS Alternate Resource
            ^TRIGGER^90001^6107
            CREATE VALUE  TODAY
            DELETE VALUE  TODAY
            FIELD                 CHS ALT RESOURCE DATE
            ^TRIGGER^90001^6108
            CREATE VALUE  S X=DUZ
            DELETE VALUE  S X=DUZ
            FIELD                 CHS ALT RESOURCE USER
      6104 CHS 72 Hour Notification
            ^TRIGGER^90001^6109
            CREATE VALUE  TODAY
            DELETE VALUE  TODAY
            FIELD                 CHS 72 HR DATE
            ^TRIGGER^90001^6110
            CREATE VALUE  S X=DUZ
            DELETE VALUE  S X=DUZ
            FIELD                 CHS 72 HR USER
6105 CHS Residency Date
6106 CHS Residency User
6107 CHS Alt Resource Date
```

```
6108 CHS Alt Resource User
6109 CHS 72 Hr Date
6110 CHS 72 Hr User
6111 CHS Indian Descent Date
6112 CHS Indian Descent User
      6113 CHS Medical Priority
               ^TRIGGER^90001^6114
               CREATE VALUE  TODAY
               DELETE VALUE  NO EFFECT
               FIELD                CHS MEDICAL PRIORITY DT
               ^TRIGGER^90001^6115
               CREATE VALUE  S X=DUZ
               DELETE VALUE  S X=DUZ
               FIELD                CHS MEDICAL PRIORITY USER
6114 CHS Medical Priority Dt
6115 CHS Medical Priority User

90001.01 (RCIS Diagnosis)
      .01 Diagnosis
               B Regular type cross reference
               MUMPS type cross reference
               MUMPS type cross reference
      .02 Patient
               AC Regular type cross reference
      .03 Referral
               AD Regular type cross reference

90001.02 (RCIS Procedures)
      .01 Procedure
               B Regular type cross reference
               MUMPS type cross reference
               MUMPS type cross reference
      .02 Patient
               AC Regular type cross reference
      .03 Referral
               AD Regular type cross reference

90001.03 (RCIS Comments)
      .01 Date
               B Regular type cross reference
               MUMPS type cross reference
      .02 Patient
               AC Regular type cross reference
      .03 Referral Date
               AD Regular type cross reference

90001.04 (RCIS Secondary Referral) (No longer used with v4.0)
      .01 Date
               B Regular type cross reference
               MUMPS type cross reference
      .02 Patient
               AC Regular type cross reference
               C Regular type cross reference
      .03   Referral Date
               AD Regular type cross reference
      .05 Provider Vendor
               AE Regular type cross reference
      201 Suffix
               MUMPS type cross reference

90001.31 (RCIS Site Parameter)
      .01 Facility
               B Regular type cross reference
```

```
      .02 Referral Year
            ^TRIGGER^90001.31^.07
            CREATE VALUE  S X=0
            DELETE VALUE  @
            FIELD                REFERRAL #
      2101 High Cost Dx Msg (90001.312101)
            .01 High Cost Dx Msg
                  B Regular type cross reference
      2201 High Cost Procedure Msg (90001.312201)
            .01 High Cost Procedure Msg
                  B Regular type cross reference
      2301 Cosmetic Procedure Msg (90001.312301)
            .01 Cosmetic Procedure Msg
                  B Regular type cross reference
      2401 Experimental Procedure Msg (90001.312401)
            .01 Experimental Procedure Msg
                  B Regular type cross reference
      2501 Third Party Liability Msg (90001.312501)
            .01 Third Party Liability Msg
                  B Regular type cross reference

90001.32 (RCIS Routine Referral Def)
      .01 Name of Routine Referral
            B Regular type cross reference
      2100 Local Service Category (90001.3221)
            .01 Local Service Category
                  B Regular type cross reference
      6100 ICD Diagnosis (90001.61)
            .01 CPT Codes
                  B Regular type cross reference

90001.33 (RCIS Output Form Definition)
      .01 Name of Output Form
            B Regular type cross reference

90001.51 (RCIS ICD Diagnosis Category)
      .01 Dx Category
            B Regular type cross reference
      2100 Code Ranges (90001.5121)
            .01 Low Code
                  B Regular type cross reference
                  MUMPS type cross reference
            .02 High Code
                  MUMPS type cross reference

90001.52 (RCIS CPT Procedure Category)
      .01 SVC Category
            B Regular type cross reference
      2101 Code Ranges (90001.5221)
            .01 Low Code
                  B Regular type cross reference
                  MUMPS type cross reference
            .02 High Code
                  MUMPS type cross reference

90001.53 (RCIS Specific Providers)
      .01 Name
            B Regular type cross reference
      1 Mnemonic
            C Regular type cross reference

90001.54 (RCIS Local Service Category)
      .01 Name
```

```
                   B Regular type cross reference
       .02 Mnemonic
                   C Regular type cross reference

90001.55 (RCIS Managed Care Comm Action)
       .01 Item
                   B Regular type cross reference
       .02 Code
                   C Regular type cross reference

90001.56 (RCIS Local Util Rev By MD Codes
       .01 Action
                   B Regular type cross reference

90001.57 (RCIS Messages)
       .01 Date
                   B Regular type cross reference
       .02 Referral Date
                   C Regular type cross reference
       1 Sent To (90001.571)
             .01 Sent To
                     B Regular type cross reference

90001.81 (RCIS Report Lister Items)
       .01 Item
                   B Regular type cross reference
                   MUMPS type cross reference
       .09 Order on Menu
                   C Regular type cross reference
                   MUMPS type cross reference

90001.82 (RCIS Report Lister Temp File)
       .01 $J_$H
                   B Regular type cross reference
       .03 Name of Report
                   C Regular type cross reference
       .07 Sort Item
                   ^TRIGGER^90001.82^.08
                   CREATE VALUE #.07:#.01
                   DELETE VALUE #.07:#.01
                   FIELD              SORT TEXT
       1101 Screen Items (90001.83101)
             .01 Screen Items
                     B Regular type cross reference
             1101 Item Value (90001.8310101)
                   .01 Item Value
                         B Regular type cross reference
       1102 Print Items (90001.83102)
             .01 Print Items
                     B Regular type cross reference

90001.83 (RCIS Alternate Resource)
       .01 Name
                   B Regular type cross reference
```

5.4   Table File

File: 90001 RCIS Referral

Global: ^BMCREF(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	DATE INITIATED	D0,0	1	D
.02	REFERRAL #	"	2	F
.03	PATIENT	"	3	P
.04	TYPE	"	4	S
.05	REQUESTING FACILITY	"	5	P
.06	REQUESTING PROVIDER	"	6	P
.07	TO PRIMARY VENDOR	"	7	P
.08	TO IHS FACILITY	"	8	P
.09	TO OTHER PROVIDER	"	9	P
.0999	FACILITY REFERRED TO (COMP)	COMPUTED		
.11	PRIMARY PAYOR	D0,0	11	S
.12	ICD DIAGNOSTIC CATEGORY	"	12	P
.13	CPT SERVICE CATEGORY	"	13	P
.14	INPATIENT OR OUTPATIENT	"	14	S
.1499	DAYS SINCE BEGIN DOS	COMPUTED		
.15	STATUS OF REFERRAL	D0,0	15	S
.16	REASON NOT COMPLETED	"	16	S
.17	DATE CLOSED	"	17	D
.18	DATE DSCH SUMM/CONS LTR RCVD	"	18	D
.19	CASE MANAGER	"	19	P
.21	PROVISIONAL DRG	"	21	P
.22	FINAL DRG	"	22	P
.23	CLINIC REFERRED TO (IN HOUSE)	"	23	P
.24	CLOSED BY USER	"	24	P
.25	CREATED BY USER	"	25	P
.26	DATE CREATED	"	26	D
.27	DATE LAST MODIFIED	"	27	D
.28	DATE EXPORTED	"	28	D
.29	PCC VISIT	"	29	P
.31	NEXT REVIEW DATE	"	31	D
.32	PRIORITY	"	32	F
.34	SEND ADDITIONAL MED INFO	"	34	S
.35	CHS ELIGIBILITY FACTOR	"	35	S
101	SECONDARY SUFFIX	D0,1	1	F
102	PRIMARY REF PT	"	2	N
201	NOT COMPLETED NOTES (90001.201)			
.01	NOT COMPLETED NOTES	D0,4	1	W
401	INCLUDE PCC VISIT FORM	D0,4	1	S
402	INCLUDE SPECIALTY CLINIC NOTES	"	2	S
403	INCLUDE PRENATAL RECORD(S)	"	3	S
404	INCLUDE SIGNED TUBAL CONSENT	"	4	S
405	INCLUDE FACE SHEET	"	5	S
406	INCLUDE HEALTH SUMMARY	"	6	S
407	INCLUDE MOST RECENT EKG	"	7	S
408	INCLUDE HISTORY AND PHYSICAL	"	8	S
409	INCLUDE X-RAY / REPORT	"	9	S
410	INCLUDE X-RAY FILM	"	10	S
411	INCLUDE CONSULTATION REPORT	"	11	S
412	INCLUDE MOST RECENT LAB REPORT	D0,4	12	S
501	INCLUDE MISC DOC (90001.5)			
.01	INCLUDE MISC DOC	D0,5,D1,0	1	W
1101	ESTIMATED TOTAL REFERRAL COST	D0,11	1	N

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
1102	FINAL TOTAL REFERRAL COST	"	2	N
1103	ESTIMATED IHS REFERRAL COST	"	3	N
1104	FINAL IHS REFERRAL COST	"	4	N
1105	EXPECTED BEGIN DOS	"	5	D
1106	ACTUAL APPT/BEGIN DOS	"	6	D
1107	EXPECTED END DOS	"	7	D
1108	ACTUAL END DOS	"	8	D
1109	INP ESTIMATED LOS	"	9	N
1110	INP ACTUAL LOS	"	10	N
1111	OUTP NUMBER OF VISITS	"	11	N
1112	CHS APPROVAL STATUS	"	12	S
1113	CHS APPROVAL/DENIAL DATE	"	13	D
1114	CHS DENIAL REASON	"	14	P
1115	CHS AUTHORIZATION COUNT	"	15	N
1116	CHS AUTHORIZATIONS PAID	D0,11	16	N
1117	UPDATED ESTIMATED IHS COST	"	17	N
1118	IHS REFERRAL COSTS TO DATE	"	18	N
1119	TOTAL REFERRAL COSTS TO DATE	"	19	N
1120	CHS AMOUNT AUTHORIZED TO DATE	"	20	N
1121	CHS AUTHORIZATION DEC STAFF	"	21	P
1122	CHS AUTHORIZATION DEC REV DT	"	22	D
1123	MAN CARE COMM ACTION	"	23	P
1124	DATE MCC ACTION RECORDED	"	24	D
1125	UTILIZATION REVIEW BY MD	"	25	P
1126	OUTP VISIT NUMBER MOD DATE	"	26	D
1127	OUTPT VISIT NUMBER USER	"	27	P
1128	CHS DENIAL NUMBER	"	28	F
1201	PURPOSE OF REFERRAL	D0,12	1	F
1301	NOTES TO SCHEDULER	D0,13	1	F
1302	SCHEDULE W/I # DAYS	"	2	N
1401	ALT RES DATE	D0,14	1	D
1402	ALT RES LTR USER	"	2	P
1403	ALT CERT MAIL	"	3	F
1404	ALT RES LTR DISSEMINATION	"	4	S
1501	ALT RES LTR DOCUMENTATION (90001.15)			
.01	ALT RES LTR DOCUMENTATION	D0,15,D1,0	1	W
2100	LOCAL SERVICE CATEGORY (90001.21)			
.01	LOCAL SERVICE CATEGORY	D0,21,D1,0	1	P
4100	CHS AUTHORIZATIONS (90001.41)			
.01	AUTHORIZATION	D0,41,D1,0	1	N
.02	DOLLARS AUTHORIZED	"	2	N
.03	DOLLARS PAID	"	3	N
.04	PAYMENT STATUS	"	4	S
.05	TOTAL COST	"	5	N
.06	ACUTAL BEGINNING DATE	"	6	D
.07	ACTUAL ENDING DATE	"	7	D
.08	PO AUTHORIZATION	"	8	F
.09	VENDOR	"	9	P
.11	PO FISCAL YEAR	D0,41,D1,11	1	F
.12	DATE PO ADDED	"	2	D

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.13	DATE PO PAID	D0,41,D1,0	10	D
4200	CHS APPROVAL STATUS AUDIT LOG (90001.42)			
.01	DATE/TIME CHANGED	D0,42,D1,0	1	D
.02	USER UPDATED	"	2	P
.03	OPTION USED	"	3	F
.04	OLD VALUE	"	4	S
.05	NEW VALUE	"	5	S
4300	CHS OTHER DENIAL REASON (90001.43)			
.01	CHS OTHER DENIAL REASON	D0,43,D1,0	1	P
4400	CHS OTHER DENIAL PROVIDER (90001.44)			
.01	CHS OTHER DENIAL PROVIDER	D0,44,D1,0	1	P
5101	EXP NAME	D0,51	1	F
5102	EXP HRN	"	2	N
5103	EXP DOB	"	3	D
5104	EXP SSN	"	4	F
5105	EXP COMMUNITY	"	5	F
5106	EXP TRIBE CODE	"	6	F
5107	EXP SEX	"	7	F
5108	EXP VENDOR	"	8	F
5109	EXP EIN	"	9	F
5110	EXP MCARE ELIGIBLE	"	10	S
5111	EXP MCAID ELIGIBLE	D0,51	11	S
5112	EXP PI ELIGIBLE	"	12	S
5113	EXP FACILITY	"	13	F
5114	EXP ASUFAC	"	14	F
6101	CHS INDIAN DESCENT	D0,61	1	S
6102	CHS RESIDENCY	"	2	S
6103	CHS ALTERNATIVE RESOURCE	"	3	S
6104	CHS 72 HOUR NOTIFICATION	"	4	S
6105	CHS RESIDENCY DATE	"	5	D
6106	CHS RESIDENCY USER	"	6	P
6107	CHS ALT RESOURCE DATE	"	7	D
6108	CHS ALT RESOURCE USER	"	8	P
6109	CHS 72 HR DATE	"	9	D
6110	CHS 72 HR USER	"	10	P
6111	CHS INDIAN DESCENT DATE	"	11	D
6112	CHS INDIAN DESCENT USER	"	12	P
6113	CHS MEDICAL PRIORITY	"	13	S
6114	CHS MEDICAL PRIORITY DT	"	14	D
6115	CHS MEDICAL PRIORITY USER	"	15	P
9999	LOOKUP	COMPUTED		

Figure 5-3: Table files

File: 90001.01 RCIS Diagnosis

Global: ^BMCDX(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	DIAGNOSIS	D0,0	1	P
.019	ICD NARRATIVE	COMPUTED		

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.02	PATIENT	D0,0	2	P
.03	REFERRAL	"	3	P
.04	TYPE	"	4	S
.05	PRI/SEC	"	5	S
.06	DIAGNOSIS NARRATIVE	"	6	P
.07	COUNT	"	7	N

Figure 5-4: Table files

File: 90001.02 RCIS Procedures

Global: ^BMCPX(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	PROCEDURE	D0,0	1	P
.019	CPT NARRATIVE	COMPUTED		
.02	PATIENT	D0,0	2	P
.03	REFERRAL	"	3	P
.04	TYPE	"	4	S
.05	PRI/SEC	"	5	S
.06	PROCEDURE NARRATIVE	"	6	P
.07	UNITS	"	7	N

Figure 5-5: Table files

File: 90001.03 RCIS Comments

Global: ^BMCCOM(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	DATE	D0,0	1	D
.02	PATIENT	"	2	P
.03	REFERRAL DATE	"	3	P
.04	REVIEWER	"	4	P
.05	COMMENT TYPE	"	5	S
1	COMMENTS (90001.031)			
.01	COMMENTS	D0,1,D1,0	1	W

Figure 5-6: Table files

File: 90001.04 RCIS Secondary Referral

Global: ^BMCPROV(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	DATE	D0,0	1	D
.02	PATIENT	"	2	P
.03	REFERRAL DATE	"	3	P
.04	USER	"	4	P
.05	PROVIDER VENDOR	"	5	P
.06	EXP APPT DATE	"	6	D
.07	PURPOSE OF APPT	"	7	F
.08	REFERRAL NUMBER	Computed		
.09	PRIMARY VENDOR	"		
.11	PRIMARY PURPOSE	"		
.12	PROVIDER IHS	D0,0	8	P

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
1	MEDICAL HX & FINDINGS COMMENTS (90001.041)			
.01	COMMENTS	D0,1,D1,0	1	W
201	SUFFIX	D0,2	1	F
202	TYPE	"	2	S
203	OUTP VISITS LEFT	"	3	N
204	REQUESTING PROVIDER	"	4	P
205	SPECIFIED PROVIDER VENDOR	"	5	P
206	PRIMARY PAYOR	"	6	S
207	ICD DIAGNOSTIC CATEGORY	"	7	P
208	CPT SERVICE CATEGORY	"	8	P

Figure 5-7: Table files

File: 90001.31 RCIS Site Parameters

Global: ^BMCPARM(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	FACILITY	D0,0	1	P
.02	REFERRAL YEAR	"	2	F
.03	PCC INTERFACE	"	3	S
.04	CHS INTERFACE	"	4	S
.07	REFERRAL #	"	7	N
.08	ICD/CPT CODING	"	8	S
.09	LOCAL CATEGORY	"	9	S
.11	OTHER LOC	"	11	P
.12	DEFAULT MGR	"	12	P
.13	CHS SUPERVISOR	"	13	P
.14	BUSINESS OFFICE SUPERVISOR	"	14	P
.15	CHS ALERT	"	15	S
.16	REQUIRE PRIORITY RANK ON ALL	"	16	S
.17	REFERRAK CONTACT NAME	"	17	F
.18	REFERRAL CONTACT PHONE	"	18	F
.19	STATE	"	19	P
.21	IHS ALERT	D0,0	21	S
.22	OTHER ALERT	"	22	S
.23	IN-HOUSE ALERT	"	23	S
.24	RCIS ONLINE START DATE	"	24	D
.25	UNIVERSAL OR SITE SPEC. LOOKUP	"	25	S
.26	MANAGED CARE COMMITTEE ACTION	"	26	S
.27	STUFF ICD/CPT CODING	"	27	S
.28	THIRD PARTY SIGNATURE	"	28	F
.29	BENEFITS COORDINATOR	"	29	P
1	HELP FOR PRIORITY SYSTEM (90001.311)			
.01	HELP FOR PRIORITY SYSTEM	D0,1,D1,0	1	W
1101	AHCCCS ID NO	D0,11	1	F
1102	AHCCCS LOCATION NO	"	2	F
1103	AHCCCS NAME	"	3	F
1104	AHCCCS ADDRESS	"	4	F
1105	AHCCCS TELEPHONE NUMBER	"	5	F
1106	AHCCCS PROVIDER NO	"	6	F

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
2101	HIGH COST DX MSG (90001.312101)			
.01	HIGH COST DX MSG	D0,21,D1,0	1	P
.02	TYPES OF REFERRAL	"	2	F
2201	HIGH COST PROCEDURE MSG (90001.312201)			
.01	HIGH COST PROCEDURE MSG	D0,22,D1,0	1	P
.02	TYPES OF REFERRAL	"	2	F
2301	COSMETIC PROCEDURE MSG (90001.312301)			
.01	COSMETIC PROCEDURE MSG	D0,23,D1,0	1	P
.02	TYPES OF REFERRAL	"	2	F
2401	EXPERIEMENTAL PROCEDURE MSG (90001.312401)			
.01	EXPERIEMENTAL PROCEDURE MSG	D0,24,D1,0	1	P
.02	TYPES OF REFERRAL	"	2	F
2501	THIRD PARTY LIABILITY MSG (90001.312501)			
.01	THIRD PARTY LIABILITY MSG	D0,25,D1,0	1	P
.02	TYPES OF REFERRAL	"	2	F
3101	CHS APPROVED TEXT (90001.313101)			
.01	CHS APPROVED TEXT	D0,31,D1,0	1	W
3201	CHS DENIED TEXT (90001.313201)			
.01	CHS DENIED TEXT	D0,32,D1,0	1	W
3301	CHS PENDING OR UNKNOWN TEXT (90001.313301)			
.01	CHS PENDING OR UNKNOWN TEXT	D0,33,D1,0	1	W
3401	OTHER REFERRAL TEXT (90001.313401)			
.01	OTHER REFERRAL TEXT	D0,34,D1,0	1	W
4101	HLTH SUM DISPLAY MCC ACTION	D0,4100	1	S
4102	SSN LETTER DISPLAY	"	2	S
4103	CHS DENIAL CLOSE REFERRAL		3	S
4104	CHS REQUIRE REFERRAL		3	S

Figure 5-8: Table files

File: 90001.32 RCIS Routine Referral Def

Global: ^BMCRTNRF(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	NAME OF ROUTINE REFERRAL	D0,0	1	F
.04	TYPE	"	4	S
.05	REQUESTING FACILITY	"	5	P
.06	REQUESTING PROVIDER	"	6	P
.07	TO PRIMARY VENDOR	"	7	P
.08	TO IHS FACILITY	"	8	P
.09	TO OTHER PROVIDER	"	9	P
.11	PRIMARY PAYOR	"	11	S
.12	ICD DIAGNOSTIC CATEGORY	"	12	P
.13	CPT SERVICE CATEGORY	"	13	P
.14	INPATIENT OR OUTPATIENT	"	14	S
.21	PROVISIONAL DRG	"	21	P
.22	FINAL DRG	"	22	P

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.25	CREATED BY USER	"	25	P
.26	DATE CREATED	"	26	D
.27	DATE LAST MODIFIED	"	27	D
.32	PRIORITY	D0,0	32	N
1	PERTINENT MED HX, EXAM, LAB (90001.321)			
.01	PERTINENT MED HX, EXAM, LAB	DO,1,D1,0	1	W
2	BUSINESS OFFICE (90001.322)			
.01	BUSINESS OFFICE COMMENTS	D0,2,D1,0	1	W
3	DISCHARGE NOTES (90001.323)			
.01	DISCHARGE NOTES	D0,3,D1,0	1	W
1101	ESTIMATED COST	D0,11	1	N
1103	ESTIMATED IHS COST	"	3	N
1109	INP ESTIMATED LOS	"	9	N
1111	OUTP NUMBER OF VISITS	"	11	N
1201	PURPOSE FO REFERRAL	D0,12	1	F
1301	NOTES TO SCHEDULER	D0,13	1	F
2100	LOCAL SERVICE CATEGORY (90001.3221)			
.01	LOCAL SERVICE CATEGORY	D0,21,D1,0		
6100	ICD DIAGNOSIS (90001.61)			
.01	ICD DIAGNOSIS	D0,61,D1,0	1	P
6200	CPT CODES (90001.62)			
.01	CPT CODES	D0,62,D1,0	1	P

Figure 5-9: Table files

File: 90001.33 RCIS Output Form Definition

Global: ^BMCTFORM(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	NAME OF OUTPUT FORM	D0,0	1	F
.02	TITLE	"	2	F
1	TEXT 1 (90001.331)			
.01	TEXT 1	D0,1,D1,0	1	W
2	TEXT 2 (90001.332)			
.01	TEXT 2	D0,2,D1,0	1	W
3	TEXT 3 (90001.333)			
.01	TEXT 3	D0,3,D1,0	1	W
12	PRINT ROUTINE	D0,12		K
1101	PREPROCESSING ROUTINE	D0,11		K

Figure 5-10: Table files

File: 90001.51 RCIS ICD Diagnostic Category

Global: ^BMCTDXC(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	DX CATEGORY	D0,0	1	F
2100	CODE RANGES (90001.5121)			
.01	LOW CODE	D0,21,D1,0	1	F
.02	HIGH CODE	"	2	F

File: 90001.52 RCIS CPT Procedure Category

Global: ^BMCTSVC(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	SVC CATEGORY	D0,0	1	F
.02	SIGNIFICANT TAXONOMY	"	2	P
2100	CODE RANGES (90001.5221)			
.01	LOW CODE	DO,21,D1,0	1	F
.02	HIGH CODE	"	2	F

Figure 5-11: Table files

File: 90001.53 RCIS Specific Provider

Global: ^BMCLCAT(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	NAME	D0,0	1	F
1	MNEMOIC	"	2	F

Figure 5-12: Table files

File: 90001.54 RCIS Local Service Category

Global: ^BMCLCAT(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	NAME	D0,0	1	F
.02	MNEMOIC	"	2	F

Figure 5-13: Table files

File: 90001.55 RCIS Managed Care Comm Action

Global: ^BMCLMCC(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	ITEM	D0,0	1	F
.02	CODE	"	2	F

Figure 5-14: Table files

File: 90001.56 RCIS Local Util Rev By MD Codes

Global: ^BMCLURMD(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	ACTION	D0,0	1	F

Figure 5-15: Table files

File: 90001.57 RCIS Messages

Global: ^BMCMSG(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	Date	D0,0	1	D
.02	REFERRAL DATE	"	2	P
.03	REFERRAL NUMBER	"	3	F

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.04	SENDER	"	4	P
.05	MESSAGE SUBJECT	"	5	F
1	SENT TO (90001.571)			
.01	SENT TO	D0,1,D1,0	1	P

Figure 5-16: Table files

File: 90001.81 RCIS Report Lister Items

Global: ^BMCTSORT(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.001	NUMBER			N
.01	ITEM	D0,0	1	F
.02	TYPE	"	2	S
.021	INPUT TX FOR FREE TEXT	D0,21		K
.022	HELP PROMPT FOR FREE TEXT	D0,22		K
.025	INPUT TX FOR NUMERIC	D0,25		K
.026	HELP PROMPT FOR NUMERIC	D0,26		K
.03	QMAN TERM	D0,0	3	F
.04	FILE,FIELD FOR DIR/DIQ	"	4	F
.05	PRINT/SELECT/SORT	"	5	F
.06	COLUMN HEADER	"	6	F
.07	SUGGESTED COLUMN WIDTH	"	7	N
.08	MULT LOGIC	"	8	S
.09	ORDER ON MENU	"	9	N
.11	REFERRAL/PATIENT	"	11	F
.12	PRINT MENU HEADER	"	12	F
.13	DOLLAR	D0,0	13	S
.14	PAGE	"	14	N
1	SCREEN LOGIC	D0,1		K
2	TRANSLATION LOGIC	D0,2		K
3	PRINT LOGIC	D0,3		K
4	SORT LOGIC	D0.4		K

Figure 5-17: Table files

File: 90001.82 RCIS Report Lister Temp File

Global: ^BMCRTMP(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	$J_$H	D0,0	1	F
.02	PERMANENT	"	2	S
.03	NAME OF REPORT	"	3	F
.04	SEPARATE PAGE	"	4	S
.05	COUNT TYPE	"	5	S
.06	REFERRAL/PATIENT	"	6	S
.07	SORT ITEM	"	7	P
.08	SORT TEXT	"	8	F
.09	PACKAGE	"	9	F
.13	USER CREATED	"	13	P
1	CUSTOM TITLE	D0,1	1	F
1101	SCREEN ITEMS (90001.83101)			

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	SCREEN ITEMS	D0,11,D1,0	1	F
.02	ITEM 2	"	2	F
1101	ITEM VALUE (90001.8310101)			
.01	ITEM VALUE	D0,11,D1,11,D2,0	1	F
1102	PRINT ITEMS (90001.83102)			
.01	PRINT ITEMS	D0,12,D1,0	1	P
.02	LENGTH	"	2	N

Figure 5-18: Table files

File: 90001.83 RCIS Alternate Resource

Global: ^BMCALT(

FIELD #	FIELD NAME	SUBSCRIPT	PIECE	TYPE
.01	NAME	D0,0	1	F

Figure 5-19: Table files

6.0   Internal Relations

All options within this package are stand alone. Security keys should be assigned to appropriate staff.

7.0   External Relations

Requirements

- Referred Care Info System v3.0

  - RCIS Parameter File: The CHS Supervisor must be entered for all facilities in the RCIS parameter file

- RCIS New Install will not need any previous versions of RCIS

- VA FileMan 21 or higher

- VA Kernel 8 or higher

- IHS Dictionaries (Patient) v99.1 Patch 11

- Taxonomy Package v5.1 Patch 5

- IHS Patient Registration v6.0

- List Manager v1.0

- IHS/VA Utilities v3.0

7.1   External Calls

VALM	VALM0	VALM1	XBCLS	XBDBQUE	XBDIQ1	XBFMK
XBFUNC1	XBKD	XBLM	XBNEW	XLFDT	XLFSTR	XQORM1
APCDALV1	APCDEKL	AUPNPAT1	AUPNPAT2	AUPNPAT3	AUPNPAT4	AUPNVSIT
ORVOM11	ORVOMH	VALM00	VALM10	VALM11	VALM4	XBDIR
XBGXFR	XBKD2	XBKD3	XBKVAR	XBRESID	XBSFGBL	XBVIDEO
XGF	XLFDT2	XLFDT4	XQOR	XQORM4	XQORM6	AMQQTX0
APCDVDSP	APCDVMRG	ORVOM1	ORVOM2	ORVOM3	XBKTMP	XGKB
XGSA	XGSBOX	XGSETUP	XGSW	XLFDT3	XQOR1	XQOR4
XQORM5	XTBASE	ZIBVKMSM	APCDVCHK	APCDVLK	APCDVM2	ORVOM4
XPDUTL	XQ12	XQORO	XUP	APCDVCH	OR1	ORGKEY
ORVOM5	ORX2	XQ6	XQCHK	XQDATE	XQOO1	XUS1
XUSCLEAN	XUSHSH	APCDVCH1	APCDVCH2	OR4	ORF3	ORF8
ORREV2	ORTRAP	ORU	ORU2	ORVOM6	ORX1	XQ6A
XQ92	XQH	XQOO2	XUS1A	XUS2	XUSHSHP	XUSTZ
APCDRV	GMRADPT	OR	OR5	OR51	OR6	ORDD100
ORF6	ORF9	ORREV3	ORREV32	ORREV4	ORREV7	ORUHDR
ORX3	ORX5	ORX6	XQ83	XQH0	XQH1	XQH2
XUSESIG	XUVERIFY	APCDR00	APCDRVH	OR50	ORB	ORDD100A
ORF2	ORLA1	ORLB0	ORREV	ORREV31	ORREV34	ORREV6
ORSED1	ORU3	ORUDPA	ORUTL1	ORX4	ORX7	ORX8
XQ8	XQ81	XQ83A	XQ83D	XQ83R	XQALERT	APCDR001
APCDRVH2	OR3	ORF5	ORF7	ORLA11	ORLPURG	ORREV1
ORULIST1	VADPT0	XQALDATA	XQALDEL	XQALDOIT	XQALERT1	XQALSET
ORLA3	ORUS	VADPT1	VADPT2	VADPT3	VADPT4	VADPT5
XQ74	XQALFWD	DGMTU21	ORLA2	ORUS1	ORUS5	VADPT30
XQ72	XQALMAKE	XQSET	DGMTSCU1	DGMTU11	ORUS2	ORUS3
VADPT32	XQ72A	XQ73	XBFUNC	AMQQTX	ORVOM0	XBDSET
XBVK	APCDDIC	XGS	XQORM3	XGKB1	ORUTL	XUS3

ORGR	XQ7	ZU	ORF32	ORX	XUS4	ORF1
ORSED	VADPT	APCDRVH1	ORU1	APCDRRQ	VADPT6	VADPT31
ORUS4						

Figure 7-1: Table of external calls

7.2 Published Entry Points

Routine	Description
BMCRD+7	Entry point to build lister array

Figure 7-2: Table of published entry points

7.3 Exported Options

Option Name	Description
BMC ADD REFERRAL	Add Referral
BMC ADD REFERRAL PREVIOUS FY	Add a Referral for a Previous Fiscal Year
BMC ADD SECONDARY REFERRAL	Add Secondary Referral
BMC ADD/EDIT LOCAL CATEGORY	Add/Edit Local Category
BMC ADD/EDIT LOCAL MCC ACTION	Add/Edit Local Managed Care Committee Action
BMC ADD/EDIT LOCAL UTIL REV	Add/Edit Local Utilization Review By MD Codes
BMC ALTERNATE RESOURCES	Check Alternate Resources
BMC AUTO CLOSE REFERRALS	Automatic Referral Closure (Date Range)
BMC AUTO REFERRAL CLOSE	Automatic Referral Closure***WARNING***
BMC BUSINESS OFFICE COM SUP	Enter/Edit Business Office/CHS Comments Supervisor
BMC BUSINESS OFFICE COMMENTS	Enter Business Office/CHS Comments
BMC CASE REVIEW COMMENTS	Enter or Edit Case Review Comments
BMC CHS APPROVAL AUDIT	Print Audit of CHS Approval User Edit/Deletes
BMC CLOSE CURRENT REFERRAL	Close Out Referral - Current Fiscal Year
BMC CLOSE OUT REFERRAL	Close Out Referral
BMC CLOSE REFERRAL	Close Out Referral - All Fiscal Years
BMC DE SECONDARY PROVIDER	Print Secondary Provider Letter
BMC DE UPDATE UR/MCC	Utilization Review by MD/Managed Care Comm Action
BMC DELETE REFERRAL	Delete Referral Entered in Error
BMC DELETE SECONDARY REF	Delete Secondary Referral
BMC DISPLAY REFERRAL RECORD	Display Referral Record
BMC DISPLAY SITE PARAMETERS	Display Site Parameters
BMC EDIT CHS DATA	Add/Edit CHS Data
BMC EDIT SECONDARY PROVIDER	Edit Secondary Referral Data
BMC EDIT SITE PARAMETERS	Edit Site Parameters
BMC EXPORT DATA	Export Data
BMC GROUP EDIT	Add/Edit the Groups receiving bulletins
BMC MENU EDIT REFERRAL	Edit Referral Options
BMC MENU LETTERS	Print RCIS Letter Types
BMC MENU MANAGE MAIL	Manage Mail Menu
BMC MENU PRINT PARA/TAB	Print Parameters and Tables

Option Name	Description
BMC MENU REFERRAL MANAGEMENT	Referral Management Menu
BMC MENU SECONDARY REFERRAL	Secondary Referrals
BMC MENU SPECIAL	RCIS Special Print Menu
BMC MENU TABLE AND TEMPLATES	Table and Template Updates
BMC MENU-DATA ENTRY	Data Entry
BMC MENU-MANAGEMENT	RCIS Management
BMC MENU-PRINT REPORTS	Print Reports
BMC MENU-RPTS ADMINISTRATIVE	Administrative Reports
BMC MENU-RPTS ALTERNATIVE RES	Alternative Resources Reports
BMC MENU-RPTS CASE MANAGEMENT	Case Management Reports
BMC MENU-RPTS QUALITY OF CARE	Quality of Care Reports
BMC MENU-RPTS UTILIZATION	Utilization Reports
BMC MGT-ADD/EDIT ROUTINE REF	Add/Edit Routine Referral Template Form
BMC MGT-DEL ROUTINE REFERRAL	Delete Routine Referral Template Form
BMC MGT-DELETE RPT LISTER DEF	Delete General Retrieval Report Definition
BMC MGT-EDIT SPECIFIC PROVIDER	Add Specific Provider
BMC MGT-PRT LOCAL CATEGORIES	Print Local Categories Listing
BMC MGT-PRT MGD CARE COM ACT	Print MGD Care Committee Action Listing
BMC MGT-PRT SPECIFIC PROV	Print Specific Provider Listing
BMC MGT-PRT UTIL REVIEW BY MD	Print Utilization Review/MD Listing
BMC MOD SCHEDULING	Enter or Edit Scheduling Data
BMC MODIFY CLOSED REFERRAL	Modify Closed Referral - All Fiscal Years
BMC MODIFY CURRENT REFERRAL	Modify Referral - Current Fiscal Year
BMC MODIFY REFERRAL	Modify Referral - All Fiscal Years
BMC PRINT REFERRAL FORMS - CHS	Print Referral Letters (CHS Approval Status)
BMC PRINT ROUTING SLIP	Print Routing Slips
BMC PURGE MESSAGES	Purge Mail Messages
BMC REPRINT SECONDARY PROVIDER	Reprint an Existing Secondary Provider Letter
BMC RPT DKNA	Reasons Not Completed Report
BMC RPT-ACTIVE REFERRALS1	Active Referrals by Date
BMC RPT-ACTIVE REFERRALS2	Active Referrals by Referred To
BMC RPT-ACTIVE REFERRALS3	Active Referrals by Requesting Provider
BMC RPT-AREA DISCHARGES	Area Hospital Discharges
BMC RPT-ASTHMA ADMISSION RATE	Asthma Admission Rates per Community
BMC RPT-CHS PAID	CHS Paid

Option Name	Description
BMC RPT-CHS PENDING	CHS Pending
BMC RPT-CHS REF COSTS BY PROV	CHS Referral Costs By Requesting Prov/Facility
BMC RPT-CHS STATUS	CHS Status Report for Referrals
BMC RPT-DISCH SUMMARY RC'D	Timeliness of Receiving Disch/Consult Summary
BMC RPT-FAILURE TO USE 3RD RES	Failure to Use 3rd Party Resources for Elig Pts
BMC RPT-GENERAL RETRIEVAL	RCIS General Retrieval
BMC RPT-HIGH COST USERS LIST	List of High Cost Users
BMC RPT-IN HOUSE BY CLINIC	Tally of In-House Referrals by Clinic
BMC RPT-IN HOUSE BY PROV	Tally of In-House Referrals by Requesting Provider
BMC RPT-IN HOUSE REPORT	In-House Report for Active Referrals
BMC RPT-INPATIENT LOG	Inpatient Log
BMC RPT-MED/COST NOT RCVD	Patients for Whom Disch/Consult Summary Not Rec'd
BMC RPT-NO DAYS AUTH	Number of Days Authorized Modifications
BMC RPT-OUTLIER REPORT	Outlier Report
BMC RPT-OUTPATIENT LOG	Outpatient Referral Log
BMC RPT-OUTPT DETAILED LOG	Outpatient Detailed Referral Log
BMC RPT-POT HIGH COST - TAX	Potential High Cost Cases
BMC RPT-REFERRAL PATTERNS	Referral Patterns by Provider or Facility
BMC RPT-SECONDARY PROVIDER	Display Secondary Providers for a Specific Patient
BMC RPT-SECONDARY WORKLOAD	Secondary Referral Report
BMC RPT-TOP TEN	Top Ten Diagnosis Report
BMC RPT-TOP TEN PX	Top Ten Procedure Report
BMC RPT-TRANSFER LOG	Transfer Log
BMC RPT-WEEKLY REVIEW REPORT	Referral Review Report - By Time Period
BMC5 RPT CASE REVIEW	Print Case Review Comments (By Date/Facility)
BMC5 RPT-WEEKLY RRR FACILITY	Referral Review Report - By Facility/Time Period
BMC5 SCHEDULE STATUS	Quick Inquiry to Appointment Scheduling Status
BMC6 EDIT ALTERNATE RESOURCE	Add/Edit Alternate Resource
BMC6 PRINT ALT RESOURCE LETTER	Print Alternate Resource Application Letter
BMCFIXCPT	Fix Uncoded Procedure Codes
BMCFIXVPOV	Fix Uncoded DX Codes
BMCFIXVPROC	Fix Uncoded Procedure Codes
BMCMENU	Referred Care Information System

Figure 7-3: Table of exported options

8.0   Security Keys

Key Name	Description
BMCZ MGR	Key for the management menu, which provides access to the site parameters, tables, mail groups and referral management.
BMCZAUTOCLOSE	This key allows the User to Automatically Close Referrals for selected Facility, Type of Referral, Inpatient or Outpatient, and/or exclude a particular Local Category. \n ****ASSIGN WITH GREAT CAUTION*****
BMCZCHS	This key allows the User to manually add or edit CHS Data. This option should only be utilized if the Site is NOT running the automatic CHS Link which can be activated within the Site Parameters specifications.
BMCZDELETE	Unlocks the delete a referral option.
BMCZEDIT	This key is utilized for the Main Menu Data Entry Option. For those staff members not needing the data entry option, but require access to data, they should use the RCIS Special Print Menu which allows for extracting data. The Security Key for that menu is BMCZSPECIAL.
BMCZMENU	This security key locks the main menu to the Referred Care System. It must be held by any user who needs access to any option in the Referred Care System.
BMCZSPECIAL	This Menu Option was designed to provide Users of RCIS with only those Menu Options that allow Data Extraction/View without providing access to the Data Entry Menu.
BMCZSUPERVISOR	This Key is issued to staff responsible for Data Entry Supervisory activities to do the following: (1) Modify Closed Referrals, (2) Fix Uncoded ICD9 and CPT Codes, (3) Delete a Referral, (4) Modify a Closed Referral, and (5) Add/Edit CHS Data (Manually).

Figure 8-1: Table of security key names and descriptions

9.0   Archiving and Purging

Tracking of mail messages sent, sent by, sent to, and the date are stored in the RCIS messages file. The original message is not stored in the file. The *purge mail message* option allows the manager to select a date range to remove the tracking information.

10.0   Generating Online Documentation

This section describes a few methods for generating Patient Registration system technical documentation. Online Patient Registration software technical documentation, in addition to that which is located in the help prompts throughout the Patient Registration package, can be generated through the use of several Kernel options. These include, but are not limited to, the following:

- %INDEX

- Menu Management

- Inquire Option

- Print Option File

- VA FileMan

- Data Dictionary Utilities

- List File Attributes

Typing ? at the "Select . . . Option" prompt will provide online technical information.

- A single question mark (?) lists all options that can be accessed from the current option.

- Two question marks (??) list all options accessible from the current one, showing the formal name and lock for each.

- Three question marks (???) display a brief description for each option in a menu.

- An option name preceded by a question mark (?OPTION) shows extended help, if available, for that option.

For a more exhaustive option listing and further information about other utilities that supply online technical information, consult the DHCP Kernel Reference manual.

10.1   %INDEX

This option analyzes the structure of a routine to determine in part if the routine adheres to RPMS programming standards. The %INDEX output can include the following components:

- Compiled list of errors and warnings

- Routine listing

- Local variables

- Global variables

- Naked globals

- Label references

- External references

Running %INDEX for a specified set of routines, allows users to discover any deviations from RPMS programming standards that exist in the selected routines and to see how routines interact with one another (i.e., which routines call or are called by other routines).

To run %INDEX for the Patient Registration package, type the AG namespace at the Routine(s)?> prompt.

10.2 Inquire Option

This menu management option provides the following information about a specified option:

- Option name

- Menu text

- Option description

- Type of option

- Lock (if any)

In addition, all items on the menu are listed for each menu option. To secure information about patient registration options, specify the AG namespace.

10.3 Print Option File

This utility generates a listing of options from the Option file (#19). Users can choose to print all of the entries in this file or specify a single option or range of options. For a list of Patient Registration options, refer to the Exported Options section of this manual.

10.4 List File Attributes

This VA FileMan option allows users to generate documentation pertaining to files and file structure. Using the standard format of this option yields the following data dictionary information for a specified file:

- File name and description

- Identifiers

- Cross-references

- Files pointed to by the file specified

- Files that point to the file specified

- Input, print, and sort templates

In addition, the following applicable data is supplied for each field in the file:

- Field name, number, title, and description

- Global location

- Help prompt

- Cross-references

- Input transform

- Date last edited

- Notes

Using the Global Map format of this option generates an output that lists the following information:

- All cross-references for the file selected

- Global location of each field in the file

- Input, print, and sort templates

For a comprehensive listing of Patient Registration package files, please refer to the Files section of this manual (section 5.0).

11.0   SAC Requirements / Exemptions

There are no exemptions for the SAC requirements for this version.

12.0   Glossary

Term	Definition
Archiving	The storing of historical or little-used data off-line (often on tape).
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text that includes the name and domain of the user.
Browser	An interactive application that displays ASCII text on a terminal that supports a scroll region. The text can be in the form of a word-processing field, or sequential local or global array. The user is allowed to navigate freely within the document.
Callable Entry Points	Places in a routine that can be *called* from an application program.
Cross-reference	An indexing method whereby files can include pre-sorted lists of entries as part of the stored database. Cross-references (x-refs) facilitate look-up and reporting.
Default Facility	A user selects a facility identification to work with patients registered to that facility.
Entry Point	Entry point within a routine that is referenced by a "DO" or "GOTO" command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification "ASUFAC" make a unique identifier within all of IHS.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked either through an option or from direct mode (>D ^%INDEX).
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). *Init* is a shortened form of initialization.
Internal Entry Number (IEN)	The number used to identify an entry within a file. Every record has a unique internal entry number.
IRM	Information Resource Management. The IHS personnel responsible for information systems management and security.
Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
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 Menu Management option: (the menu's select prompt).
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.

Term	Definition
Official Registering Facility	A facility so designated that when HRNs are added/modified, those changes are sent to the central database. A Service Unit can have several satellites for which it is registering patients.
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 can also be scheduled to run in the background, non-interactively, by TaskMan.
Patient Care Component (PCC)	The central repository for data in the Resource and Patient Management System (RPMS).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Routine	A program or sequence of instructions called by a program that can have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
UCI	User Class Identification: A computing area.
Up-Hat (^)	A circumflex, also know as a "hat" or "caret," that is used as a piece delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

13.0   Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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

Fax: (505) 248-4363

Web: http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

Email: support@ihs.gov