



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Referred Care Information Services (BMC)

Addendum to User Manual

Version 4.0 Patch 5
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1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for ACHS 3.1. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

This user manual addendum is cumulative, as are patch files, and contains all previous patch addendums for ease of use. This addendum specifically addresses changes made by patches that change the way a user interacts with Contract Health Service (CHS). If a particular patch did not make any significant user changes, it will not be referred to in this manual.

1.1 Summary of Changes

Patch 5 of the Referred Care Information Services (RCIS) makes the following changes in this distribution:

- Changing the referral year parameter now displays a screen to notify user that the referral year will be changed, instead of automatically changing it.
- The New Vendor option provides the ability to add and edit providers and vendors. This option is locked with the BMCZVEN security key, which should not be given until CHS has been consulted.
- The EHR Notifications tab now displays the text referral information.

Miscellaneous change:

- A routing slip will now automatically print after printing a referral letter.

2.0 Patch 5

2.1 Edit Site Parameter (ESP) Referral Year:

With this enhancement to the Referral Year site parameter field, the Referral Year parameter is now protected from accidentally being changed, eliminating the chance of referral numbers being reset to 0 and duplicated.

```
UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
Referral Year 09 (return):          STATE: OREGON

PROMPT      Are you sure you want to change the Referral Year,
PROMPT      this will reset the Referral number to zero.
ENTE        This should only be changed at the beginning of the Year.
CASE MGR:   REFERRAL YEAR: 09
BUSINESS

REFERRAL CONTACT NAME: CHS Supervisor
REFERRAL CONTACT PHONE: (541)555-9900
RCIS ACTIVATION DATE: OCT 1,2008
Mailman/Alert Parameter (return):
PRIORITY ON ALL REFERRALS? YES
PRIORITY HELP TEXT (return):
SEC REF AUTO POPULATE POV:

THIRD PARTY SIGNATURE: YES
BENEFITS COORDINATOR:
UNIVERSAL OR SITE SPEC. LOOKUP: S
MCC ACTION HS DISPLAY: YES
SITE-SPECIFIC LETTER TEXT (return):
Prompt to print Consult Letter: NO

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

Figure 2-1: Set Referral Year

2.2 New Menu Option: Adding a Vendor

This option allows sites that are not using CHS to add a vendor from an RCIS menu option. Currently vendors must be added in CHS.

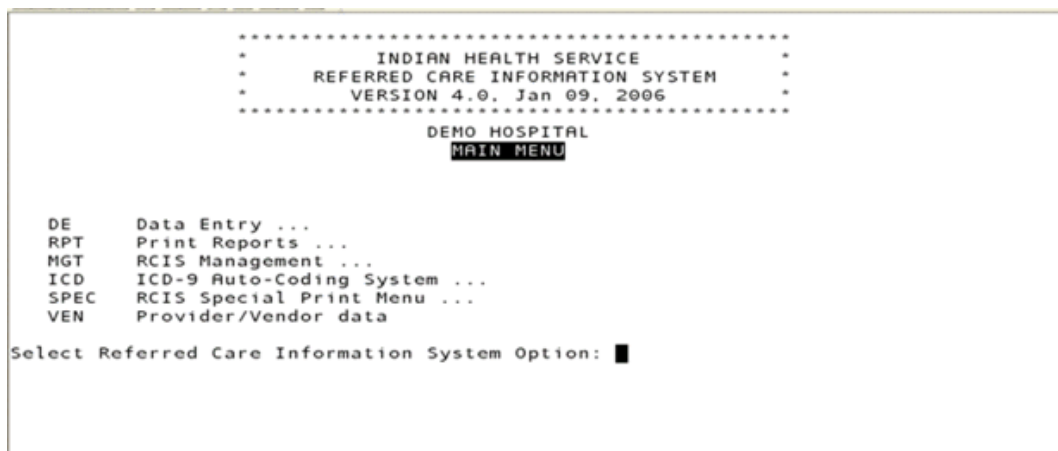


Figure 2-2: RCIS Main Menu, Provider/Vendor data option

2.2.1 Adding a New Vendor

When adding a new vendor, have the current EIN and the correct name (including spelling) of the vendor and follow these guidelines:

- Type the new vendor's name at the "Enter Provider/Vendor:" prompt and press the Enter key.
- Type the name of an individual vendor (physician, dentist, etc.) in Last Name, First Name order.
- Type the name of an organization in the order in which it officially appears.
- Do not include commas in an organization's name, because the comma is used to invert the last name and first name of individuals and causes problems when used in organizational names.

The following prompts display the fields necessary to create an initial vendor record:

```

Are you adding "TEST DOCTOR" as a new VENDOR? Y
VENDOR DUNN AND BRADSTREET NUMBER:
VENDOR EIN NO.:
VENDOR EIN SUFFIX:
VENDOR MAILING ADDRESS-CITY:
VENDOR Select PREVIOUS EIN NO.:
  
```

Figure 2-3: Fields required to create a new vendor record

NOTE: This is not a complete list of the fields necessary to create a functional vendor record. After creating the initial record, edit the record to add additional information.

Prompts for two “Remit To” fields will be displayed when creating the initial record (“Vendor Remit To Address-Street” and “Vendor Remit To Address-City”). Because these fields are no longer used by RCIS and will be removed in a future patch, proceed to the next prompt by pressing the Enter key at each “Remit To” prompt without typing any address information.

2.2.1.1 Dunn and Bradstreet Number

The response to this prompt must be 9 numeric characters in length. The Dunn and Bradstreet number, or D-U-N-S number, is a 9-digit identification number associated with a specific business and its location and quality information.

2.2.1.2 Vendor EIN No.

The response to this prompt must be 10 numeric characters in length. The vendor Employer Identification Number (EIN) may be the provider’s social security number or a corporate tax identification number. This number must be current, as this is the identifier used to report income (payment made to the provider) to the Internal Revenue Service.

2.2.1.3 Vendor EIN Suffix

The response to this prompt must be 2 characters in length. If several providers use the same EIN as a part of a corporation, it may be necessary to establish suffixes for the individual providers to distinguish income (payment made to the provider) for each specific provider.

2.2.1.4 Mailing Address: City

Type the city for the vendor’s mailing address and press the Enter key. This response can be 3 to 15 characters in length.

2.2.1.5 Vendor Select Previous EIN No.

Type a whole number between 1000000000 and 2999999999. This field cross-references any EINs under which the provider may have previously been identified.

After you complete the initial data entry, the following screen is displayed.

```

                                PROVIDER/VENDOR UPDATE
*****
1) SMITH & NEPHEW INC                      2) EIN No: 1510123924
3) Status: ACTIVE                          4) Contracts: NONE
5) UPIN:                                  6) Rate Quotation: NONE ACTIVE
7) Type of Business:                      8) Agreement: NONE
9) Medicare Provider: No entry           10) BPA: NONE
11) DUNS:
***** MAILING/BILLING ADDRESS *****      ***** PROVIDER LOCATION ADDRESS *****
12) Street: PO BOX 22987                   13) Street:
    City: CHICAGO                          City:
    State: ILLINOIS                        State:
    Zip Code: 60673-1229PHONE: (800)637-4391 Zip Code:
    Attn:
14) Vendor Type: ALL OTHER                 15) Fed/Non-Fed:
16) Specialty:                            17) Geographic Loc:
*****
Want to Edit? NO//

```

Figure 2-4: Provider/Vendor Update screen

2.2.1.6 Vendor Type

Vendor Type is a required field. If a vendor type has not been added, the “Vendor Type” prompt is displayed.

```

MUST HAVE VENDOR TYPE.
VENDOR TYPE:

```

Figure 2-5: Vendor Type prompt

Type a number corresponding to a vendor type at the “Vendor Type” prompt and press the Enter key.

Type ?? and press the Enter key to see the following list of available vendor type codes. To ensure accuracy of the vendor type, these codes cannot be edited.

```
ANSWER WITH VENDOR TYPE CODE
DO YOU WANT THE ENTIRE 19-ENTRY VENDOR TYPE LIST? Y (YES)

CHOOSE FROM:

10 ORTHOPEDIC APPLIANCE COMPANY
11 OPTICAL COMPANY
12 PHARMACY
13 TRANSPORTATION
14 MORTUARY
15 X-RAY
16 ALL OTHER
17 CHIROPRACTOR
18 PEDIATRIC (NHSC)
19 CERTIFIED NURSE MIDWIFE (NHSC)
01 HOSPITAL GM&S
02 HOSPITAL TB
03 HOSPITAL PSYCHIATRIC
04 NURSING HOME/REHAB CENTER
05 PHYSICIAN
06 OPTOMETRIST
07 DENTIST
08 NURSE OR HOME HEALTH SERVICE
09 LABORATORY
```

Figure 2-6: Vendor Type list

After selection of the Vendor Type code, an initial vendor record is created. To complete the vendor record, add a complete mailing address, information regarding contracts and agreements, and other items as described in Section 2.2.3, Editing a Vendor

2.2.2 Retrieving a Vendor Record

To retrieve a vendor record, type the vendor's name or EIN at the "Select Provider/Vendor" prompt. It is recommended that you enter the EIN to ensure that the correct vendor is selected. To retrieve a vendor by name, type the name using the same format used to enter the vendor file at your location.

If the vendor name you entered is not found, the "???" prompt is displayed. Press the Enter key, and then type the vendor name again at the "Select Provider/Vendor" prompt. Be sure that the correct name or number has been entered.

Type ? and press the Enter key to display a list of vendors. or type a few characters or words of the full name to display the name, EIN, and city of any matching vendors, as shown below:

```
Enter PROVIDER/VENDOR: ADAMS

1 ADAMS MD,WARREN 1234567890 WOODWARD
2 ADAMS MD,WARREN 2222222222 OKLAHOMA CITY
3 ADAMS,STEPHEN 1730456723A1 DEL CITY

Choose 1-3:
```

Figure 2-7: Selecting a vendor from a list

Type the number of the vendor you want to retrieve at the “Type (^) to stop, or choose 1-__” prompt and press the Enter key.

The Provider Location Address value is not currently used at the facility level. The Mailing/Billing Address value should contain the location to which all authorizations should be mailed.

NOTE: Nonsupervisory CHS personnel have View Only access to provider/vendor information. They can view the data but cannot make any changes or add new vendors. Requests for changes should be directed to the appropriate IHS personnel for necessary action.

2.2.3 Editing a Vendor

NOTE: Editing vendor records is a supervisory function in the MIS. Area Offices should assume and maintain the function of vendor updates for area-wide standardization.

The following message is displayed for CHS supervisors or site managers:

```
Want to Edit? No//
```

Press the Enter key to accept the default response if no editing of the data is required. To change information displayed on the screen, type Y and press the Enter key to display the following prompt:

```
Change Which Item? (1-17)
```

Select any of the 17 items to add or edit. As each item is selected, the default response is displayed, and changes are allowed. After all information for a particular item number has been changed, the complete vendor information is displayed again.

2.2.4 Name of Vendor

A vendor name is added when the vendor record is created. Use the edit option to change the name of a vendor. After the name change is complete, press the Enter key to close the vendor record and display the “Enter Provider/Vendor” prompt. To make additional changes to a record, type the new vendor name to display the record.

2.2.5 EIN No.

Change the EIN number if the provider’s identification number has changed.

2.2.6 Status

Use this prompt to inactivate a provider that is no longer available for service. Change the status from Active to Inactive and type the date of inactivation.

2.2.7 Contracts

Enter data in this field if the contracting instrument used is actually a contract. If the contracting instrument for Rate Quotation Methodology, Provider Agreements, or Blanket Purchase Agreements is used, type the data in the appropriate field.

Until a contract is entered, this field displays “None.” When this item is selected and no contracts currently exist in the vendor file, the following message is displayed:

```
No Contracts On File.  
Want to Enter a New Contract? No//
```

Figure 2-8: Option to create new contract for a vendor

Press the Enter key to accept the default response (No) and return to the previous screen display. Type **Y** and press the Enter key to display the following prompts for contract information:

```
CONTRACT NUMBER :  
BEGINNING DATE :  
ENDING DATE :  
DESCRIPTION :  
AMOUNT OF CONTRACT :
```

Figure 2-9: Fields to add new contract information

Changes to add, correct, or update contract information should be made only in accordance with the face sheets or cover sheets of contracts or contract modification documents, and should be made immediately upon receipt of this information. Ensure that correct contract information is entered.

If a vendor already has contract information on file, the information is displayed for each contract as shown below:

Contract Number	Begin Date	Ending Date	Desc. of Service
1 286-95-4555	Nov 3, 1994	Mar 1, 1995	Lab Services
2 287-96-5555	Oct 1, 1995	Sep 30, 1996	Med Services

Figure 2-10: Existing contract information

Type the number of the contract you want to edit at the “Which one:” prompt and press the Enter key. Change any item for the selected contract.

2.2.8 UPIN

Type the Uniform Provider Identification Number (UPIN), which consists of one alpha and five numeric characters.

2.2.9 Rate Quotation

Use this field if the contracting instrument used is under the Rate Quotation methodology.

To enter a new rate quotation, type **Y** at the “Want to Enter a New Vendor Rate Quotation? N/” prompt. Press the Enter key to display the following prompt:

Select AGREEMENT/RATE/BPA NUMBER :

Type a number between 910000 and 999999 with no decimal digits. The area contracting number and the alpha contract identifier (RQ, A, or PA) is automatically entered.

Type the following data regarding the rate quotation:

INPATIENT RATE DESCRIPTION:
MEDICARE RATE FOR INPATIENT:
OUTPATIENT RATE DESCRIPTION:
MEDICARE RATE FOR OUTPATIENT:
PROF. SERVICES RATE DESC.:
DATE OF AGREEMENT:
EFFECTIVE DATE:
EXPIRATION DATE:

Figure 2-11: Fields to add a new rate quotation

After entry for these fields is completed, any data other than the agreement number may be edited and corrected. The following screen is displayed:

#	TYPE	NUMBER	EFF-DATE	EXP-DATE	MCR	DESCRIPTION
1	RQ	6-R-0001	10/01/95	09/30/96	YES	INP: RG
						OUT:57%BILL CHGS
						PRO:65% BILL CHGS
Enter # to Edit: (1-1):						

Figure 2-12: Existing rate quotation information

2.2.10 Type of Business

Type the correct Type of Business code or description. To display a list of Type of Business codes, type ? at the “Do you want the entire [#]-entry Type of Business List?” prompt, and then type the desired code.

2.2.11 Agreement

Entering an agreement is identical to the process described in Section 2.2.9, Rate Quotation, except that the agreement will be identified with an “A” in the identifier number. This field should be used if the contracting instrument used is a provider agreement.

2.2.12 Medicare Provider Number

The process for entering a Medicare provider number when adding a new provider/vendor is almost identical to the process for updating an existing provider/vendor file with the Medicare provider number.

After completing the initial data entry steps outlined in the CHS User Manual v3.1, Section 9.1, edit the provider/vendor file beginning with Step 3 of Section 5.2, Updating an Existing Provider/Vendor’s Medicare Provider Number.

2.2.13 BPA

Entering a BPA or blanket purchase agreement is identical to the process described in Section 2.2.9, Rate Quotation, except that the BPA is identified with the letters “PA” in the identifier number. This field should be used if the contracting instrument used is a blanket purchase agreement.

2.2.14 DUNS Number

The D-U-N-S number is a 9-digit identification number associated with a specific business and its location and quality information.

2.2.15 Mailing/Billing Address

The mailing/billing address appears on the purchase delivery order as the provider's address. Ensure that this address is the correct mailing address, since all labels are created using this address.

2.2.15.1 Mailing/Billing Address: Street

Type the provider's street or mailbox address (3–30 characters).

2.2.15.2 Mailing/Billing Address: City

Type the provider's city (3–15 characters).

2.2.15.3 Mailing/Billing Address: State

Type the name or abbreviation of the provider's state.

2.2.15.4 Mailing Billing Address: Zip

Type the 5-digit zip code or the 5-digit zip code plus the 4-digit extension (5–10 characters).

2.2.15.5 Mailing/Billing Address: Attention

If the mail should be directed to a particular person or location within the provider's billing office, type the person's name or the location (3–20 characters).

2.2.15.6 Mailing/Billing Address: Phone

Type the provider's phone number in the following format: xxx-xxx-xxxx (12 characters, including hyphens).

2.2.16 Provider Location Address

A provider location address can be entered if the provider's physical location is different from the mailing/billing address or if the mailing/billing address is a mailbox. This information can be given to patients so they know where to go for appointments.

2.2.16.1 Provider Location Address: Street

Type the street address of the provider's physical location (3–30 characters).

2.2.16.2 Provider Location Address: City

Type the name of the city in which the provider is located (3–15 characters).

2.2.16.3 Provider Location Address: State

Type the name or abbreviation of the state in which the provider is located.

2.2.16.4 Provider Location Address: Zip

Type the 5-digit zip code or the 5-digit zip code plus the 4-digit extension of the provider location address (5–10 characters).

2.2.17 Vendor Type

This is a required field. Type ?? and press the Enter key to display the various vendor type codes, and then type the correct code.

2.2.18 Fed/Non-Fed

Select from Federal or Non-Federal. If “Federal” is selected, it indicates that the provider is managed by the Federal government (for example, a Veteran’s Administration hospital).

2.2.19 Physician Specialty

Use this field to identify providers within specialty classifications. A management report can be generated by specialty type.

After editing the vendor record, additional prompts are displayed before returning to the “Enter Provider/Vendor:” prompt.

Want to see Vendor Contract Information? No//

Type Y at this prompt to display “Rate Quotation,” “Agreement,” or “BPA” for each contracting instrument that has been entered.

2.3 Adding Text Messages to EHR Referral Notifications

Referral notifications currently being sent by EHR contain only a purpose of referral. This enhancement adds a text field, allowing notifications to be sent from EHR with referral information similar to that in the mailman messages. This enhancement allows text messages to be sent from EHR with referral information similar to that in the mailman messages. Refer to Referred Care Information Services (BMC) Patch 3 Addendum for complete instructions.

DEMO.PATIENT GILLIAN (555555)

Subject: Referral New: DEMO.PATIENT GILLIAN
From: JACKSON,FONDA C
On: 13-Mar-2009 12:17

Patient: DEMO.PATIENT GILLIAN Chart #: 555555
Date Referral Initiated: MAR 13, 2009
Requesting Provider: RAY,KATHY R
Purpose of Referral: TEST
Referred To: BANNER GOOD SAMARITAN MED CTR
Priority: 2 Ref Type: CHS Date of Service: 03/13/09 E

Select an action for this information-only alert:

Delete Skip Cancel Delete All Skip All

Figure 2-13: Text message, new referral

DEMO.PATIENT BABY JOE (98989)

Subject: Referral Updated: DEMO.PATIENT BABY JOE
From: JACKSON,FONDA C
On: 13-Mar-2009 11:37

Patient: DEMO.PATIENT BABY JOE Chart #: 98989
Date Referral Initiated: NOV 21, 2008
Requesting Provider: RAY,KATHY R
Purpose of Referral: CT SCAN-CHEST
Referred To: LA PAZ REGIONAL HOSPITAL
Priority: 1 Ref Type: CHS Date of Service: 11/21/08 E

COMMENT DATE: MAR 13, 2009 REVIEWER: JACKSON,FONDA C
test to add a message to an alert

Select an action for this information-only alert:

Delete Skip Cancel Delete All Skip All View Patient

Figure 2-14: Text message, referral updated with text message added

3.0 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