



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Referred Care Information System

(BMC)

Addendum to User Manual

Version 4.0 Patch 8 September 2014

Office of Information Technology (OIT) Division of Information Technology Albuquerque, New Mexico

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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 Referred Care Information System Version 4.0. These changes will be integrated into future versions of the software and user manuals. These changes will no longer be considered an addendum at the time of the next version release.

This addendum only provides written guidance on changes made in the patch that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes of each of the respective patches.

1.1 Certification Commission for Health Information Technology

CCHIT® is recognized by the National Institute of Standards and Technology as an Accredited Testing Laboratory (ATL) and by the U.S. Department of Health and Human Services as an Authorized Certification Body (ONC-ACB) for certifying EHRs to support meaningful use.

Meaningful Use is a new health initiative project assigned to the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS). The ONC is creating criteria for what an electronic health record (EHR) should be able to do. CMS is creating guidelines EHR uses in the health care system.

To achieve meaningful use, health care providers and hospitals must meet the following criteria created by the ONC and CMS:

Clinical quality measures - §170.314(c)(1)

(1) Clinical Quality Measures – capture and export.

(i) Capture. For each and every CQM for which the EHR technology is presented for certification, EHR technology must be able to electronically record all of the data identified in the standard specified at § 170.204(c) that would be necessary to calculate each CQM. Data required for CQM exclusions or exceptions must be codified entries, which may include specific terms as defined by each CQM, or may include codified expressions of "patient reason," "system reason," or "medical reason."

Transition of Care (C32/CCDA)

The eligible professional (EP), eligible hospital (EH), or critical access hospital (CAH) who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.

- § 170.314(b)(1) (Transitions of care receive, display, and incorporate transition of care/referral summaries)
- § 170.314(b)(2) (Transitions of care create and transmit transition of care/referral summaries)

1.2 Stage 2

CMS published a final rule that specifies the Stage 2 criteria that EPs, EHs, and CAHs must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. All providers must achieve meaningful use under the Stage 1 criteria before moving to Stage 2.

Requires specific SNOMED terms for "closing the loop" on referrals.

Requires certain care planning activities such as referrals be captured in SNOMED.

1.3 Summary of Changes

Patch 8 includes the following changes for both the RPMS RCIS application and the Referred-RCIS tabs located in the EHR Application.

- Requirement to select a PCC Visit when adding a referral (with the exception of call-in referrals created from RPMS)
- Add Referral Type SNOMED field to adding a new referral data entry screens and Routine Referral Templates
- A new Referral status to indicate approval of services from Active to Approved
- Display Referral Type SNOMED and PCC Visit date on the Referral screens
- New Fields to track Clinical Consultation Reported document
- New vendor fields added to identify vendor as Direct Email Participant
- New Menu Option Add/Edit Transition of Care Information (TOC)
- New Report Approved Referrals Pending TOC Document (TOCR) located under ADM-Administrative Reports.

2.0 Patch 8

2.1 Workflow changes

This patch contains changes that affect the current referral workflow in order to meet the Meaningful Use Stage 2 measures outlined in previous sections. The changes will affect both the RCIS-EHR component and the RPMS RCIS application. Below is an overview of these changes.



2-1: Workflow changes diagram

- 1. Patient Visits the IHS Provider.
- 2. A new referral is created.
 - a. A Visit is selected in the EHR Patient Chart.
 - b. The Purpose of Referral is selected from an existing Purpose of Visit (POV) from the Patient's Problem List or from a user selected SNOMED term.
 - c. A Referral Type SNOMED is selected to indicate the type of referral.
- 3. Once all required fields are completed, then the referral document can be saved.
- 4. Referrals will need to go through an approval process to indicate that the appointment for an outside visit has been initiated.
 - a. Referral Status updated to Approved.
 - b. Appointment Scheduled.
 - c. If a CHS referral, then a PO is created.

- 5. Transition of Care (TOC):
 - a. To meet this measure, a TOC document should be created once the referral document has been marked with an approved status. The TOC will most likely be generated by either the Referral Clerk or designated Direct messaging agent.
- 6. Patient completes visits to Outside Provider.
- 7. Closing Referral Loop: Once the patient has completed the visit to the outside provider, receipt of the documentation provided from that outside visit will need to be documented through EHR or RCIS.
 - a. Electronic EOB or Paper EOB received.
 - b. Clinical Consultation Report Received.

2.2 Create and Edit Referral document

2.2.1 EHR Referral Forms

The EHR–Referred Care component is for the clinical management of referred care to inhouse services, other IHS facilities, and outside contract providers. This information is stored in the RPMS Referred Care Information System (RCIS) application and is also used by CHS. To access this tab, log into the EHR application and select a patient in the Patient Chart.

There are new requirements and fields added to Add Referral and Add Template Referral forms.

- A PCC visit is now required when creating a new referral through EHR.
- Referral priority level is available for selection.
- Referring Provider Show All checkbox added to select a non-provider
- A SNOMED referral code is required.
- The Purpose of referral field has been changed to accept 3 types of entries:
 - Purpose of Visit (POV) from the patient's Problem List
 - SNOMED CT code that can be searched from the referral form
 - Free-text description
- Business Office Notes is available.
- Appointment Scheduled is available on the Edit form only

2.2.2 Add Referral

To add a new referral:

- 1. Open a patient record in the **Patient Chart** tab
- 2. Click the current encounter option to select **Visit not selected** and verify that a visit can be selected. If **Appointment/Visits** or **Hospital Admission** is not available, the user will have to create a **New Visit**.

DEMO CLINIC	18-Dec-2013 07:32 - PRES	CRIBERONE,ONE TEST	
Encounter Location			
Appointments / Visits Hospital	Admissions New Visit		
Location	Date/Time	Туре	
DEMO CLINIC	18-Dec-2013 07	:32 AMBULATORY	
Encounter Providers All Providers VALENCIA, TINA	Provide PRES	rs for this Encounter CRIBERONE, ONE TEST	
Encounter Providers All Providers VALENCIA, TINA VALENCIA, TINA VALENCIA, TINA VALENCIA, TINA VANFLEET, KIM T MD WALCOTT, CHARLES RICHARE WALCOTT, STUDENT	Provide PRES	rs for this Encounter CRIBERONE,ONE TEST	

Figure 2-2: Encounter Settings for Current Activities dialog

- 3. Click on the Referral tab
- 4. Click on Add Template Referral or Add Referral.
 - New Referral–Information is entered on a blank form.
 - Add Template Referral–Form fields are prepopulated based on the selected routine referral template.
- 5. When the user opens the **Add Referral** or **Add Template Referral** form, the user will see the new fields that have been added.

2.2.2.1 Priority Field

The **Priority** field has been added to the EHR referral form.

1. Click the **Priority** list box and select a referral priority level from 1 to 5.

Add Referral for Patientone,One		
Patient Eligibility Status: CHS_DIRECT	VA Eligiblity: NO	
Priority I		
Purpose Of Referral	✓ Referral	SNOMED
Referring Provider 5	✓ Show All Refe	ierral Date 12/27/2013

Figure 2-3: Priority field on EHR referral form

2.2.2.2 Purpose of Referral Field

The **Purpose of Referral** field has been updated to allow selection from the Patient's Problem List, a SNOMED code search, or free-text data entry.

To select a problem List item:

- 1. Click the **Purpose of Referral** list box and choose from the existing problem lists displayed.
- 2. If a problem list item is not available, this can first be entered as the Purpose of Visit through the Problem List or IPL tab in EHR before creating a new referral.

To Select a SNOMED CT code:

- 1. Click the **Purpose of Referral** list box and select **Other**.
- 2. A window will display, allowing the user to enter search terms to select the appropriate SNOMED CT code.

ral for Patientone,One				
Eligibility Status: CHS_DIRECT	Ň	/A Eligiblity: NO		
2 🗸				
e Of Referral Other		▼ R	eferral SNOMED	
SNOMED CT Lookup		Bar 8	And a second sec	×
Diagnosis Lookup: Eully specified	name 🔊 Si		Search Date: 10/07/	2012
Maximum Results : @ 25 © 50	100 © 20	nonym nALL		:013
		U O ALL		
Search: Asthma			IHS SNOMED	ALL SNOMED
- Subset		Problem	'is a' relationship	Mapped ICD *
Subset	• •	Extrinsic asthma with asthma attack	is a Asthma attack (disorder) is a IgE-mediated allergic asthma (disorder	493.02
Asthma Behavioral Health Cardiology	_	Intrinsic asthma with asthma attack	is a Asthma attack (disorder) is a Non-IgE mediated allergic asthma (disorder)	493.10
Cog Funct Status	E .	Asthma	is a Disorder of respiratory system (disorde	r) 493.90
Dental	÷	Sequoiosis	is a Extrinsic allergic alveolitis (disorder)	495.8
ENT Eye General Family History	▼	Byssinosis	is a Degenerative disorder (disorder) is a Occupational asthma (disorder) is a Pneumonopathy due to inhalation of dus (disorder) is a Substance induced asthma (disorder)	504 ⋿ st
		Wood asthma	is a Disorder of bronchus (disorder) is a IgE-mediated allergic asthma (disorder is a Obstruction of lower respiratory tract (disorder) is a Substance induced asthma (disorder)	495.8
	÷.	Mild asthma	is a Asthma (disorder)	493.90
		Mixed asthma	is a Asthma (disorder) is a Disorder of bronchus (disorder) is a Obstruction of lower respiratory tract (disorder)	493.90
		Acute asthma	is a Acute respiratory disease (disorder) is a Asthma (disorder) is a Disorder of bronchus (disorder) is a Obstruction of lower respiratory tract (disorder)	493.90
		Asthma attack	is a Asthma (disorder) is a Disorder of bronchus (disorder) is a Obstruction of lower respiratory tract (disorder)	493.90

Figure 2-4: **SNOMED CT Lookup** window

2.2.2.3 Referral SNOMED field

The **Referral SNOMED** field has been added to the EHR referral form. This will capture the SNOMED code for the type of referral being created as part of a Clinical Quality Measure.

1. Click the **Referral SNOMED** list box and select from the list of SNOMED terms that best describes the type of referral being created.

d Referral for Patier	ntone,One								X
Patient Eligibility Stat	us: CHS_DIRE	ст		VA Eligiblity: NO					
Priority	2	-							
Purpose Of Referral	Mixed asthma			.	Ref	erral SNOMED			Т
Referring Provider	VALENCIA, TINA			-	Show All	Referral Date	Bums referral Referral to surgeon		
Referral Type				-			Patient referral Patient referral for dental care		
уре							Patient referral for alcoholism rehabilitatio Patient referral for medical consultation	n	
							Patient referral to dietitian Patient referral to non-physician provider		
uthorized Vists		Visit Type (Inpatient	Outpatient	Schedule App	ointment within	Refer to mental health worker		
CD Diagnosis Categ	ory			•	CPT Proce	edure Category	Refer to weight management program		
Notes to Appointmen	t Scheduler						Referral to Accident and Emergency door Referral to adult intensive care specialist	tor	
							Referral to intensive care specialist		
Nedical History and I	indings						Referral to cardiac surgeon		
							Referral to cardiologist		
							Referral to thoracic surgeon Referral to chest physician		
							Referral to child and adolescent psychiat	rist	
							Referral to psychiatrist Referral to chiropractor		
							Referral to clinical allergist		
							Referral to clinical geneticist		
1							Referral to clinical immunologist		
Jusiness Office Note	5						Referral to clinical physiologist		

Figure 2-5: Referral SNOMED list box example

2.2.2.4 Business Office Notes Field

The Business Office Notes are now displayed on the EHR Referral form. This information is also available through the RPMS Referred Care application under the Business Office Comments for a referral.

1. Click **Business Office Notes** to add free text notes.

Business Office Notes		Signed Tubal Consent Speciality Clinic Notes
Add business office notes here.	*	X-Ray / Report
l	-	
		Save Cancel

Figure 2-6: Business Office Notes dialog

- 2. The user will need to complete the remaining required fields on the Referral form.
- 3. Click **Save** when complete. This will create a new referral number.
- 4. Click **Cancel** to exit without saving

2.2.3 Edit Existing Referrals

To edit a previously created referral document:

1. Open the **Referral** tab.

- 2. To view or edit an existing referral, select a referral document from the table view.
- 3. You can either double-click the selection or click **Edit Referral** above the table view to open the highlighted referral document.
- 4. You can edit the new options in EHR as described under the add section.

Edit Referral for PATIE	NTONE,ONE		and the second s		
Patient Eligibility Stat	us: CHS&DIRECT	VA Eligiblity: NO	CHS Status:	PENDING	
Priority	2				
Purpose Of Referral	Acute asthma	-	Referral SNOMED	Referral to ear, no	ose and throat surgeon 👻
Referring Provider	VALENCIA, TINA		Show All Referral Date	1/ 2/2014	
Referral Type	CHC				
Туре	CHS	•	SMITH,LINDSAY, N	1.D.	Primary Vendor
			<unknown></unknown>		Specific Provider
Authorized Vists	1 Visit Type 💿 Inpatier	t Outpatient	Schedule Appointment within	Days Exp	Schedule Date 11/02/2014@00:00 -
ICD Diagnosis Categ	ory RESPIRATORY DISORDERS	-	CPT Procedure Category	EVALUATION AN	ID/OR MANAGEMENT
Notes to Appointmen	it Scheduler				
Pt is having breathing	g problems.				
Medical History and F	Findings			Append	Include
VALENCIA,TIN Mom has hist	A JAN 02, 2014 ory of Asthma.				Consultation Report Face Sheet Health Summary History and Physical Most Recent EKG Most Recent Lab Repor PCC Visit Form Pre-Natal Record
Business Office Note	5			Append	Signed Tubal Consent
VALENCIA,TIN Patient maybe	A JAN 02, 2014 e elig for MEDICAID.				X-Ray / Report
					Save Cancel

Figure 2-7: Editing a referral

2.2.3.1 Appointment Scheduled (Expected Begin Date)

The Appointment Scheduled field is now displayed on the EHR Referral form. This information is also available through the RPMS Referred Care application under the **Expected Begin Date of Service** for a referral.

- 1. Click Exp. Schedule Date.
- 2. Enter the Appointment Date/Time in this format: MM/DD/YYYY@HH:MM.
- 3. The dropdown calendar can also be used to select a date, which can also be edited.

Edit Referral for PATIE	NTONE, ONE TES	TS		- Contract				• <mark>- x</mark>			
Patient Eligibility Stat Priority	us: CHS&DIR	ECT	VA Eligiblity: NO	CHS Status:	PENDING				4 4	Vi	isit Sum
Purpose Of Referral	EVAL ON DM		•	Referral SNOMED	Referral to occupational	health physicia	n	•			
Referring Provider			Y	Show All Referral Date	1/ 8/2014	-					
Referral Type Type	CHS		•	ABC VENDOR			Primary 1	Vendor			
				<unknown></unknown>			Specific P	rovider	Ш		
Authorized Vists	1	Visit Type 🔘 Inpati	ent Outpatient	Schedule Appointment within	Days Exp. Sched	lule Date 01/1	3/2014@	00:00 👻	1	P	rint Dat
ICD Diagnosis Categ	ory OTHER SYM	PTOMS, SIGNS, AND II	L-DEFINED CONDI	CPT Procedure Category	EVALUATION AND/OR	MANAGE 4		January, 2	2014		•
Notes to Appointmen	t Scheduler					Sur 29	30 6	Tue Wed 31 1 7 8	Thu 2 9	Fri 3	Sat 4
Medical History and F	indings				Append	ude 12 26	13 20 27	14 15 21 22 28 29	16 23 30	17 24 31	18 25 1
VALENCIA, TIN TESTINGTM	A 7	JAN 08, 2014				Consulta 2 Face She	3	4 5 Today	6 : 1/10/	7 2014	8

Figure 2-8: Editing the Expected Schedule Date

- 4. The user can then complete the remaining updates to the Referral form.
- 5. Click **Save** when complete.
- 6. Click **Cancel** to exit without saving.

2.2.4 Add Secondary Referral

The Add Secondary Referral form contains similar field changes as described in Section 2.2.2 - Add Referral. Most of the information is copied from the Primary referral document and users will be able to edit the field as needed.

- 1. Open the **Referrals** tab within the **Patient Chart** area.
- 2. Select an existing referral from the Table List view. Select a primary referral in order to add a secondary referral. A primary referral is identified by referral numbers without a suffix (i.e., A1, A2, etc.).
- 3. Click **Add Secondary Referral**. The referral form will display with the available information from the primary referral.
- 4. Click the **Priority** list box and select the priority.

ſ	Add Secondary Referral for	PATIENTONE,ONE		
	Patient Eligibility Status:	CHS&DIRECT	VA Eligiblity: NO	
	Priority			
	Purpose Of Referral 2	ce	 Referral SNOMED Refer to terminal care consult 	_
	Referring Provider 5		Show All Referral Date 12/27/2013	



5. Click the **Purpose of Referral** list box and select **Other**.

dd Secondary Refe	erral for PATIENTONE,ONE				
Patient Eligibility S	tatus: CHS&DIRECT		VA Eligiblity: NO		
Flionty	· •				
Purpose Of Referr	al Other		✓ Refe	erral SNOMED Refer to terminal care consult	•
Referring Provider			Chaus All	Beferrel Dete 12/27/2012	
Referral Turne	VALENCIA, TINA		Show All		
				100 a. 700	SZ Dr
sNON	AED CT Lookup				
Diagno Autori Maximi	sis Lookup:	ne ⊚ Syn	nonym	Search Date: 12/27/2013	
Authori Maximi		0 0 20	J & ALL		
ICD Di Search	Cardiology			IHS SNOMED	ALL SNOMED -
	ibset		Problem	lie of relationship	Managel ICD
Notes	_		Cardiology	is a Medical encoipty (qualifier value)	Mapped ICD
Subs	et		Cardiology Cardiology service	is a Physician service (procedure)	
Medica Roba	na 🖌		Seen in cardiac clinic	is a Seen in clinic (finding)	
Cardi	ology		Cardiology department	is a Medical department (environment)	
Cog I	Funct Status		Attending cardiology clinic	is a Attending clinic (finding)	
CQM	Problems	J 🖀 –	Seen by cardiology - service	is a Seen by medical - service (finding)	
ENT Eve (General		Admit cardiology emergency	is a Emergency hospital admission (procedure)	
Famil	y History		Pediatric cardiology	is a Cardiology (qualifier value) is a Pediatric specialty (qualifier value)	
		÷	Listed for Cardiology admission	is a Listed for admission to hospital (finding)	
Pupipa		÷	Referral to cardiology service	is a Referral to medical service (procedure)	
Dusine		÷	Cardiology domiciliary visit done	is a Domiciliary visit received (finding)	
VALI Add			Discharge from cardiology service	is a Discharge from medical service (procedure)	
			Admission to cardiology department	is a Admission to medical department (procedure)	
			Cardiology domiciliary visit requested	is a Domiciliary visit requested (finding)	
		.	Referral to pediatric cardiology service	is a Procedure with a clinical finding focus (procedure) is a Referral to pediatric service (procedure))
ne re:					
the r				Select	Cancel

Figure 2-10: SNOMED CT Lookup window

6. Click the **Referral SNOMED** list box and choose from the selections provided.

dd Secondary Referra	al for PATIENTONE,ONE		-		• ×
Patient Eligibility Stat	us: CHS&DIRECT	VA Eligiblity: NO			
Priority	1 -				
Purpose Of Referral	Seen by cardiology - service	•	Referral SNOMED	Refer to terminal care consult	-
Referring Provider Referral Type	VALENCIA, TINA	~	Show All Referral Date	Refer to terminal care consult Refer to weight management program Referral for exercise therapy	^
Туре	CHS	•	VALENCIA, TINA	Referral to Accident and Emergency doctor Referral to adult intensive care specialist	
			<unknown></unknown>	Referral to intensive care specialist Referral to breast surgeon	
Authorized Vists	1 Visit Type 🔘 Inpatien	t Outpatient 	Schedule Appointment within	Referral to cardiac surgeon Referral to cardiothoracic surgeon Referral to cardiologist	Ξ
ICD Diagnosis Categ	ory RESPIRATORY DISORDERS	•	CPT Procedure Category	Referral to thoracic surgeon Referral to chest physician	
Notes to Appointmen	t Scheduler			Referral to child and adolescent psychiatrist Referral to psychiatrist	
				Referral to chiropractor Referral to clinical allergist	
Medical History and F	indings			Referral to clinical geneticist Referral to geneticist	
	-			Referral to clinical immunologist Referral to clinical physiologist	
				Referral to clinical psychologist	
				Referral to clinical social worker	
				Referral to colorectal surgeon	
				Referral to community alcohol team	
				Referral to community drug and alcohol team	
				Referral to dental surgeon	
				Referral to oral surgeon	
D : OF N.				Referral to orthodontist	
Business Office Note:	6			Reterral to pediatric dentist	Ψ.

Figure 2-11: Referral SNOMED list box options

7. Click **Append** to append the free text notes in the **Comment Box** and click **OK** when done.

Add Secondary Referr	al for PATIENTONE,ONE		0 X
Patient Eligibility Stat Priority	us: CHS&DIRECT	VA Eligiblity: NO	
Purpose Of Referral	Seen by cardiology - service	✓ Referral SNOMED Referral to cardiologist	•
Referring Provider	VALENCIA, TINA		
Туре	CHS	▼ VALENCIA.TINA	Primary Vendor
0	omment Box	- IN DECEMBER	ecific Provider
Authorized Vists ICD Diagnosis Ca Notes to Appointr Medical History a	Append notes heretmv	OK Ca	incel - Natal Record
Business Office Note VALENCIA, TIN. LESTINGtm VALENCIA, TIN. Add business	s 12/27/2013 v DEC 27, 2013 office notes here.	Append Sig Sp X-1	ined Tubal Consent eciality Clinic Notes Ray / Report Ray Film
			Save Cancel

Figure 2-12: Comment Box display

- 8. Edit the prepopulated fields as needed.
- 9. Click **Save** when complete.
- 10. Click **Cancel** to exit without saving.

2.3 RPMS Referral Forms

New fields have been added to the referral forms which are now required to complete a referral document. These new requirements will apply to the Mini Referral, Complete Referral, and Abbreviated entry for clinicians and Locally-defined Routine Referral Templates options.

Below is a list of the new requirements and fields added to Add Referral and Add Template Referral forms:

- A PCC visit is now required when creating a new referral through EHR.
- A SNOMED referral code is required.
- The Purpose of referral field will now display the text description entered through EHR for the following type of entries:
 - Purpose of Visit (POV) from the patient's Problem List

- SNOMED CT code that can be searched from the referral form
- Free-text description

2.3.1 Add Referral – PCC Visit

A PCC visit is required when adding and editing a referral except when the call-in referral form is used. If a visit is not selected or available for the patient, then the user will need to add a new PCC Visit for the patient before issuing a new referral.

1. Type the patient's name at the "Select PATIENT NAME" prompt.

Figure 2-13: Select PATIENT NAME prompt

2. If the patient has any previous referrals available, then the last 5 will display for the user to review. Enter **Y** (Yes) to continue entering a new referral.

Figure 2-14: LAST 5 REFERRALS display

- 3. Enter the referral date at the DATE INITIATED prompt.
- 4. A list of available referral forms will be displayed. Select the referral form number at the "REFERRAL FORM" prompt.

Please select the referral form you wish to use. 1. Mini Referral 2. Complete Referral (all referral data) 3. Call In Notification by outside facility 4. Abbreviated entry for clinicians Locally-defined Routine Referral Templates: 5) Cardiology/ps 16) Mammogram 6) Chemo-therapy 17) Ob delivery 7) Chest xray 18) Ob ultrasound 8) Emergency\ 19) Orthopedic 9) Eyeglasses 20) Ped ekg reading/ps 10) Eyeqlasses/parker 21) Podiatry-ps 11) Ground transportation 22) Prostate cancer 12) Hamana-ps 23) Ps dental 13) Headstart dental 24) Temp 1 14) Headstart routine dental care 25) Test temp 1 15) Immunization Enter REFERRAL FORM: (1-25): 2// REFERRAL number : 2321011400063

Figure 2-15: Enter REFERRAL FORM prompt

- 5. Enter the referring provider's name at the "REQUESTING PROVIDER" prompt.
- 6. A list of available PCC visits from the past 30 days will display for the selected patient. Select a visit from the list.

```
PATIENT VISITS:
1. Nov 22, 2013@15:48 2013 DEMO HOSPITAL VALENCIA,TINA
2. Nov 20, 2013@08:00 2013 DEMO HOSPITAL SMITH,VICKIE S RN
HYPERTENSION NOS
3. Nov 20, 2013@15:06 2013 DEMO HOSPITAL VALENCIA,TINA
Select a visit for the referral, Enter 1-3: (1-3):
```

Figure 2-16: PATIENT VISITS display

7. If there are no current visits, the user will be able to search for a visit in 30 day increments.

Patient has not had a visit in the past 30 days, continue searching? NO// YES Patient has not had a visit in the past 60 days, continue searching? NO// YES Patient has not had a visit in the past 90 days, continue searching? NO// YES

Figure 2-17: Display when there are no current visits

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Note: If a visit is not selectable, the user will need to add a new PCC Visit for the Patient.

2.3.2 Add Referral – SNOMED code

A Referral SNOMED field has been added to the referral forms used for creating and editing a referral document and a routine referral template. The SNOMED CT codes are a standardized list of clinical terminology that is needed as part of Meaningful Use Stage 2, EHR certification, and the health information exchange.

When adding a new referral, the user is required to enter a SNOMED clinical term into the Referral SNOMED field: The SNOMED CT field is required and will not allow user to exit without an entry.

- 1. Once the referral is associated to a visit, the referral form will display to complete.
- 2. Press ENTER to navigate through the fields on the referral form.

```
Referral: 2321011400034
                                             Date Entered: DEC 5,2013
                                             PCC VISIT: NOV 20,2013@08
PATIENT: ONE, DEMO
REQUESTING FACILITY: 2013 DEMO HOSPITAL Display Face Sheet? N
REQUESTING PROVIDER: SMITH-TRYON, WILLIAM A M S
REFERRAL TYPE: CHS
                                            PRIMARY PAYOR:
INPATIENT/OUTPATIENT:
                                            CASE MANAGER:
APPT/ADM DATE&TIME:
                                           Insurance Auth No:
PROVISIONAL DRG:
ESTIMATED TOTAL REFERRAL COST:
                                        ESTIMATED IHS REFERRAL COST:
Do you want to enter CHS Eligibility Factors?: N
PURPOSE/SERVICES REQUESTED:
Referral SNOMED <RET>:
PRIORITY:
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
ICD DIAGNOSTIC CATEGORY:
CPT PROCEDURE CATEGORY:
```

Figure 2-18: Patient visits displays

- 3. At the Referral SNOMED field, press ENTER to go to the SNOMED code search screen.
- 4. At the prompt, enter in part of the SNOMED name and press ENTER to bring up a list of matching codes to select. The SNOMED code number (i.e., 308471005) cannot be used for selection.

Enter the Referral Snomed code: CARD 1. 308471005 Referral to cardiologist (procedure) 2. 306302005 Referral to cardiac surgeon (procedure) 3. 183557002 Referral to cardiothoracic surgeon (procedure) 4. 312487009 Referral to pediatric cardiologist (procedure) Enter the corresponding number: (1-4): 1

Figure 2-19: Referral SNOMED partial name search

5. If the specific SNOMED term is not known, type two question marks (??) to see a list of all available SNOMED codes.

```
Enter the Referral Snomed code: ??

183555005 Burns referral

3457005 Patient referral

38670004 Patient referral for alcoholism rehabilitation

103697008 Patient referral for dental care

54395008 Patient referral for medical consultation

103699006 Patient referral to dietitian

103698003 Patient referral to non-physician provider

183583007 Refer to mental health worker

183569005 Refer to terminal care consult

408289007 Refer to weight management program

390864007 Referral for exercise therapy
```

Figure 2-20: Referral SNOMED list display

6. Once the Referral SNOMED has been selected, the referral form is then displayed to complete the data entry process.

2.3.3 Add Secondary Referral

New requirements and fields have been added to the secondary referral forms which are now required to complete a referral document. These changes are similar to the add referrals changes described in Section 2.3 - RPMS Referral Forms.

- 1. Type the patient name or Referral date or number:
- 2. Type Y or N on Is this a Call-in Secondary Referral?
 - If user selects "No" the user is required to select a visit.
 - If user selects "Yes" the user is not required to select a visit.
- 3. If this is not a call-in referral, then a list of available PCC visits from the past 30 days will display for the selected patient. Select a visit from the list.

```
PATIENT VISITS:
1. Nov 22, 2013@15:48 2013 DEMO HOSPITAL VALENCIA,TINA
2. Nov 20, 2013@08:00 2013 DEMO HOSPITAL SMITH,VICKIE S RN
HYPERTENSION NOS
3. Nov 20, 2013@15:06 2013 DEMO HOSPITAL VALENCIA,TINA
Select a visit for the referral, Enter 1-3: (1-3):
```

Figure 2-21: Patient visits displays

1. If there are no current visits, the user will be able to search for a visit in 30 day increments.

```
Patient has not had a visit in the past 30 days, continue searching? NO// YES
Patient has not had a visit in the past 60 days, continue searching? NO// YES
Patient has not had a visit in the past 90 days, continue searching? NO// YES
```

2-22: Display when there are no current visits

```
Note: If a visit is not selectable the user will need to add a new PCC Visit for the Patient.
```

- 2. Once the referral is associated to a visit, the referral form will display.
- 3. Press ENTER to navigate through the fields to enter the referral information. The required fields are similar to the Primary Referral data entry as described in Section 2.3 RPMS Referral Forms.

```
REFERRAL #: 2321011400034
Referral Suffix: A1
                                              Date Entered: DEC 6,2013
PATIENT: DEMO, PATIENT
                                              PCC VISIT: NOV 20
_____
REQUESTING FACILITY: 2013 DEMO HOSPITAL Display Face Sheet? N
REQUESTING PROVIDER: SMITH-TRYON, WILLIAM A M S
Referral Type: CHS
                                         PRIMARY PAYOR: IHS
INPATIENT OR OUTPATIENT: OUTPATIENT
APPT/ADM DATE&TIME: DEC 6,2013
                                        Number of remaining visits: 0
PURPOSE OF REFERRAL: EVAL ON EYES
Referral SNOMED <RET>:
PRIORITY: II
ICD Diagnostic Category:
CPT Procedure Category:
```

2-23: Referral form

2.3.4 Edit Referral options

When editing an existing referral, the new Referral SNOMED field can be edited using the existing edit options that are available for referrals. However, the PCC visit selected for a referral cannot be edited or removed.

The edit referral options can be found under the Modify Referral-Current Fiscal Year, Modify Referral-All Fiscal Years and Modify Closed Referral-All Fiscal Years options.

- 1. Select **RCIS REFERRAL** by Patient or by Referral Date or number:
- 2. Use the **MINI MOD** or the **ALL DATA** options to continue.

```
Select RCIS REFERRAL by Patient or by Referral Date or #:
                                                            3-14-2014
     2321011400065 RCIS, PATIENT ON
                                                      <UNKNOWN>
                             UNKNOWN SERVICE DATE - I Purpose - NONE RECORDED
    Select one of the following:
         0
                   OUIT
         1
                  MINI MOD
         2
                  ALL DATA
         3
                  DATE/COUNTS
         4
                  COSTS
         5
                  ICD9 DX
         6
                  CPT PROCEDURES
         7
                   CASE REVIEW
         8
                   PURPOSE/MED HX/OTHER DX INFO
         9
                   BUSINESS OFFICE
         10
                   DISCHARGE NOTES
                   ADD DOCUMENTATION
         11
                   CHS ELIG FACTORS
         12
         13
                   OTHER REFERRALS
         14
                  SEND GROUP MESSAGE
         15
                  SEND MESSAGE TO PROVIDERS
         16
                  SEND ALERT TO PROVIDERS
         17
                  APPROVE REFERRAL
EDIT Which Data Type: 0//
```

Figure 2-24: Select RCIS REFERRAL display

- 3. Use the arrow keys or Tab key to navigate to the Referral SNOMED field. Once at the field, press ENTER to go to the SNOMED code search screen.
- 4. Enter **YES** to update the previous SNOMED referral code. If no updates are needed, select **NO** to return to the previous screen.

SNOMED Clinical Term selected: 308471005 Referral to cardiologist (procedure)
Changing the SNOMED Code will update automatically without saving.
Edit the SNOMED Referral Clinical Term? N// YES
Enter the Referral Snomed code:

Figure 2-25: Enter the Referral SNOMED code prompt

5. At the prompt, enter in part of the SNOMED name and press ENTER to display a list of matching codes from which to select. The SNOMED code number (i.e., 308471005) cannot be used for selection.

```
Enter the Referral Snomed code: CARD

1. 308471005 Referral to cardiologist (procedure)

2. 306302005 Referral to cardiac surgeon (procedure)

3. 183557002 Referral to cardiothoracic surgeon (procedure)

4. 312487009 Referral to pediatric cardiologist (procedure)

Enter the corresponding number: (1-4): 1
```

Figure 2-26: Referral SNOMED partial name search

6. If the specific SNOMED term is not known, type two question marks (??) to see a list of all available SNOMED codes.

```
Enter the Referral Snomed code: ??

183555005 Burns referral

3457005 Patient referral

38670004 Patient referral for alcoholism rehabilitation

103697008 Patient referral for dental care

54395008 Patient referral for medical consultation

103699006 Patient referral to dietitian

103698003 Patient referral to non-physician provider

183583007 Refer to mental health worker

183569005 Refer to terminal care consult

408289007 Refer to weight management program

390864007 Referral for exercise therapy
```

Figure 2-27: Referral SNOMED list display

7. Once the Referral SNOMED has been selected, the referral form is then displayed to complete the data entry process.

Note: When editing the SNOMED code it will auto update the referral, even if the user does not save changes upon exiting the referral form.

8. If no SNOMED code was provided on the original referral, then the following message will display and you will not be able to update the field.

```
This field is not editable because original referral does not have a SNOMED code.
```

Figure 2-28: Message display when field is not editable

2.3.5 Add or Edit a Routine Referral Template

A new Referral SNOMED field has been added to the routine referral templates. The SNOMED CT field is available when adding and editing a routine referral template. This field is called the Referral SNOMED on the referral data entry form and can be prepopulated on a template if needed.

- 1. Enter NAME of Routine Referral:
 - Enter an existing referral Template name
 - Add a new Routine Referral Template name, enter Yes to add.

The user can add/edit or arrow/tab through to SNOMED CT field.

```
Enter the Referral Snomed code: CARD
1. 308471005 Referral to cardiologist (procedure)
2. 306302005 Referral to cardiac surgeon (procedure)
3. 183557002 Referral to cardiothoracic surgeon (procedure)
4. 312487009 Referral to pediatric cardiologist (procedure)
Enter the corresponding number: (1-4): 1
```

Figure 2-29: Entering the Referral SNOMED code

2. Enter SNOMED CT. If the the SNOMED code is not known, the user can type two question marks (??) to view a drop down menu or the user can type the partial name.

```
UPDATE ROUTINE REFERRAL INFORMATION
NAME OF ROUTINE REFERRAL: CHEST XRAY
    REQUESTING FACILITY: 2013 DEMO HOSPITAL
       TYPE of REFERRAL: CHS FACILITY
                                               PRIMARY PAYOR: IHS
Refer To - CHS Referrals: PRIMARY VENDOR: XRAY ASSOCIATES OF NM PC
           IHS Referrals: IHS FACILITY:
            Any Referral: OTHER PROVIDER:
INPT/OUTPT: OUTPATIENT INPT-EST LOS.
EST. IHS COST: 500
EST. IHS COST: 500
                                               OUTPT # OF VISITS: 1
                                                       PRIORITY: 2
      PURPOSE OF REFERRAL: CHEST XRAY
              SNOMED CT: Referral to cardiologist (procedure)
  ICD DIAGNOSTIC CATEGORY:
     CPT SERVICE CATEGORY:
          PROVISIONAL DRG:
Exit
        Save
                Refresh
```



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3. Type E to Exit without saving your changes, or type S to Save, and then E to Exit.

2.4 Approving Referral Document

A new "Approved" status has been added to indicate when the referral has been approved for outside services by CHS or an Alternate Resource and when the appointment is ready to be scheduled. At this point, the referral status can be changed from Active to Approved. This status will also auto update when adding an associated Purchase Order in the CHS application or by manually using Option 17 APPROVE REFERRAL, under Option MODIFY REFERRAL. An alert or EHR notification can be setup to auto-send to the provider when the referral is APPROVED.

Below is a complete list of referral statuses and their indications:

- Active New referral is created
- Approved Services are approved by CHS or through Alternate Resource
- Closed-Completed Referral visit completed
- Closed-Not Completed Referral visit was not completed

2.4.1 Edit Referral Status

This option will be available in the Modify Referral-Current Fiscal Year, Modify Referral-All Fiscal Years and Modify Closed Referral-All Fiscal Years.

- 1. Select RCIS REFERRAL by Patient or by Referral Date or #:
- 2. Select and EDIT Which Data Type: // User can select 17
- 3. Select one of the following: A1 Approved

```
Enter Referral Status: ACTIVE// ??
Set to Approved if patient will receive referred services even if denied
by CHS.
Select one of the following:
Al APPROVED
```

2-31: Editing the referral status

Note: Referral status can only be changed from Active to Approved.

2.5 Generating a Transition of Care

This was added to assist with a Stage 2 Meaningful Use requirement for EPs, EHs, and CAHs to provide a Summary of Care Record for patients referred outside of the issuing IHS facility. Referrals that have a status of Approved and a TOC document generated after the approval date will be counted towards this measure.



2-32: Generating the Transition of Care diagram

2.5.1 EHR - CCDA Button

This option is available in the EHR application and is used to electronically create and transmit a Transition of Care (TOC) document for specific visits and referrals. If the referral vendor is setup in RPMS as a Direct participant as described in Section 2.6.1 - Edit Vendor Options–Direct Participant and Direct E-mail, then the option to send electronically is displayed. If the referral vendor is not setup as a Direct participant, then the print option will display. If the referral vendor is setup with a fax number and not as a Direct Participant, then a fax option will display.

To general a TOC document for an approved referral:

Go to the Patient Chart – Referral tab.

- 4. Hover over or click the **CCDA** option. This should display a pop-up with the available options.
- 5. A TOC can be generated using one of the following options:
 - GENERATE Transition of Care for Current selected visit
 - GENERATE Transition of Care for Current date of service visits
 - GENERATE CCDA for Visits/Referrals

	ALENCIA, TINA ** MUPrepHost Prec	ert **							
er Patient	Refresh Data Tools Help eSig	Clear Clear and Lock Co	mmunity Alerts [osing Calculate	or Rx Print Settings				
PRIVACY	PATIENT CHART	RESOURCES	RCIS		T WebMail				
avez,Andre		D	EMO CLINIC		02J	lan-2014 16:20 GOLD 1	EAM / Crozier,Penn	ie	
1229 09	HApr-1988 (25) F	V	ALENCIA, TINA			Ambulatory			
		Befl"0"	Roblem Liet Adve I	Panet Madiant					
ଏ 👸	No Pol Pi Bastings	harm	Nds Rywd Nds F	Nds Rv		C Athema Action	WH Med	Beviewed/	liy 🤇
	Entry					DO NOT GENERA	TE Summary, Patie	nt Declines	
otifiations C	over Sheet Triage Wellness Pr	oblem Mngt Prenatal Wel	Child Medication	Labs Orc	ers Notes Consults/Rei	GENERATE Clinica	al Summary for Cu	rrent selected visit	,
Consults R	eferrals					GENERATE Clinica	al Summary for Cu	rrent date of service v	risits 🕨
dd Template	Referral Add Referral Edit Referral	Add Secondan/ Referral CI	inical Consultation			GENERATE Transi	tion of Care for Cu	rrent selected visit	
au remplate	Authoritin Authoritin Eurencient	Add secondary hereitar er	incor constitution			GENERATE Transi	tion of Care for Cu	rrent date of service v	visits
	Thursday, January 02 2012	The second second				GENERATE CCDA	for Visits/Referrals		
Nelerral Date	From mulsuay , January 03, 2013	to Hiday , 3	anuary 03, 2014 (j	y* Status A	arve/Approve •				
eferral Date	Purpose	Referring Provider	Referral Number	Status	Facility Referred To	Appointment Date/Time	Clinical Consulta	Printed By	Print Date
UG 20, 2013	EVAL ON HEAD	SMITH-TRYON, WILLIA	2321011302213	APPROVED	ST MARY'S REG MED	AUG 21, 2013		VALENCIA, TINA	AUG 21, 2013@15:06
UG 20, 2013	EVAL ON HEAD INJURY	SMITH-TRYON, WILLIA	2321011302213	ACTIVE	SMITH JR MD, MARSHA	AUG 22, 2013			
UG 21, 2013	EVAL ON LOSS TOOTH	SMITH-TRYON, WILLIA	2321011302222	ACTIVE	RICHARDSON DDS,GU	AUG 22, 2013		VALENCIA, TINA	AUG 21, 2013@15:31
UG 23, 2013	PRESCRIPTION EYEGLASSES	SMITH-TRYON, WILLIA	2321011302237	ACTIVE	ORUTHALMOLOGY & O	IANI 02, 2014	REVENED	VALENCIA, TINA	AUG 23, 2013@11:41
UG 23, 2013	EVAL ON TOP		2321011302237	ACTIVE	VALENCIA TINA	AUG 23 2013	REVIEWED		
AN 02, 2014	PRESCRIPTION EYEGLASSES	VALENCIA, TINA	2321011400016	ACTIVE	NATIVE VISIONS	JAN 03, 2014			

2-33: CCDA button options

- 6. The Generate CCDA for Visits/Referrals screen will display with a list of visits or referrals for the patient.
- 7. Select the **Referrals** tab and select the **Transition of Care** button (upper-right) to view a list of referrals.

GENERATE CCDA for Visits/Referrals	
Patient: Rcis,Patient Ten HR#: 999005	Clinical Summary Interest Transition of Care
Visits Referrals	
2/20/2014	
 Visit Detail: (Time: 2:39 PM; Location: TEST CL Reference Detail: (Ref#: 134642; RefType: 	INIC ONE; Status: AMBULATORY; Email: ; Fax: eval; Status: ACTIVE; Vendor: ; Email: ; Fax: 50
	►
Submit	Save Review/Customize Cancel

2-34: Generate CCDA for Visits/Referrals dialog

- 8. Select the checkbox for one or more referrals using the reference detail to identify the documents.
- 9. Click the **Submit** button.
 - a. If the selected referral is for a Direct participant vendor, then the **Direct Email Form** will display to complete the transmission process.

GENERATE CCDA for	Visits/Referrals			nary Suicide Form Re	ports			
Patient: Rcis,Patient Ter	n HR#: 999005	Clinical Summary 🔘 Trans	Transition of Care					
				No Allergy	y Assessment			
Visits Referrals								
Reference Detail: (Ref#: 134531; RefType: test referal to denial; Status: CLOSED-COMPLET *								
Visit Detail: (Time: 3:	00 PM; Location: TEST CLINIC ONE; St	atus: AMBULATORY)						
Reference Detail	: (Ref#: 134523; RefType: admission fo	or obs; Status: CLOSED-NO	T COMP					
Visit Detail: (Time: 3)	00 PM; Location: TEST CLINIC ONE; St	atus: AMBULATORY)						
Reference Detail	: (Ref#: 134518; RefType: A; Status: AP 00 DM: Location: TEST CUNIC ONE: St	PROVED; Vendor: ; Email:	; Fax:)					
Reference Detail	: (Ref#: 134526; RefType: EVAL; Status	: APPROVED; Vendor: ; Em	ail: ABCV	Active				
DirectEmailForm				-				
Sender Credentials								
Username:		Password:			Enable SSL			
Direct Server:	ditdirect01	Port:	10025					
Message Header								
To:	ABCVENDOR@YAHOO				Async			
From:								

2-35: DirectEmail Form dialog

b. If the selected referral is for a non-Direct participant vendor with a fax number available, then the following message will display:

GENERATE CCDA for Visits/Referrals	
Patient: Rcis,Patient Ten HR#: 999005 O Clinical Summary Trans	sition of Care
Visits Referrals	
)/2014 Visit Detail: (Time: 2:39 PM; Location: TEST CLINIC ONE; Status: AMBULATORY; Email: ; Fa Reference Detail: (Ref#: 134642; RefType: eval; Status: ACTIVE; Vendor: ; Email: ; Fax: !	ax: 50533366 5053336666)
Fax Notification	<u> </u>
Image sent to VistA Imaging for faxing. Medical records department has been notified.	
ОК	
	•
Submit Save Review/Customize	Cancel

2-36: Fax Notification dialog

- c. If the selected referral is for a non-Direct participant vendor without a fax number available, then the Windows Printer selection window will display to print a paper copy of the TOC document.
- 10. Return to the Referral table view and verify that the following is populated for the referral document:
 - Printed By
 - Printed Date
 - Type

2.5.2 RPMS - Manually Document TOC

The TOC (Add/Edit Transition of Care Information) is a new menu option and report located under the EDIT (Edit Referral Options) in RPMS. This option is a work queue report to capture/display approved referrals for ToC—Transition of Care.

- 1. Select REFFERAL by Patient or Referral Date or #:
- 2. Select DATE-TIME PRINTED OR TX-FILE:
- 3. Type in **Y** or **N** on "Are you adding date and time as a new DATE-TIME PRINTED OR TX-FILE?" prompt.
 - If the user applies "No" it will take the user back to Select DATE-TIME PRINTED OR TX-FILE:
 - If the user applies a "Yes" it will add the new date and time selected by the user.
- 4. Add the "DATE-TIME PRINTED OR TX-FILE PRINTED-TRANSMITTED BY:" prompt:
 - Enter the person who printed or transmitted the document.
- 5. Add the DATE-TIME PRINTED OR TX-FILE DOCUMENT TYPE:
 - C3 C32
 - CP CCDA PRINTED
 - CT CCDA TRANSMITTED
- 6. Add the Date/Time Transmission acknowledged: Leave blank until user receives acknowledgement from vendor.
- 7. Add the Date/Time Transmission sent:

Select REFERRAL by Patient or Referral Date or #: 1 - 24 - 20142321011400074 PATIENTFIFTEEN, 01/24/14 E - 1 VALENCIA, TINA eval on chest pain Select DATE-TIME PRINTED OR TX-FILE: 1.24.14@9 JAN 24, 2014@09:00 Are you adding 'JAN 24, 2014@09:00' as a new DATE-TIME PRINTED OR TX-FILE (the 1ST for this RCIS REFERRAL)? No// Y (Yes) DATE-TIME PRINTED OR TX-FILE PRINTED-TRANSMITTED BY: VALENCIA, TINA TV R DATE-TIME PRINTED OR TX-FILE DOCUMENT TYPE: ?? Enter the type of document for the transfer of care. Choose from: C3 C32 CP CCDA PRINTED СТ CCDA TRANSMITTED DATE-TIME PRINTED OR TX-FILE DOCUMENT TYPE: CP CCDA PRINTED Date/Time Transmission acknowledged: Date/Time Transmission sent: 1.24.14@915 (JAN 24, 2014@09:15)

2-37: Manually documenting TOC

2.5.3 Transmission Acknowledgement

The Transmission Acknowledged option provides the date and time that the vendor has acknowledged receipt of the referral.

- 1. Select REFFERAL by Patient or Referral Date or #:
- 2. By pass the pre-populated: Select DATE-TIME PRINTED OR TX-FILE: JAN 24,2014@09:00
- 3. Add Date/Time Transmission acknowledged:

```
Select REFERRAL by Patient or Referral Date or #: 1-24-2014

2321011400074 PATIENTFIFTEEN, VALENCIA,TINA

01/24/14 E - 1 eval on chest pain

Select DATE-TIME PRINTED OR TX-FILE: JAN 24,2014@09:00

//

Date/Time Transmission acknowledged: 1.27.14@10 (JAN 27, 2014@10:00)
```

2-38: Transmission Acknowledgement

2.5.4 New TOC Report

The TOCR (Approved Referrals Pending TOC Document) is a new report located under the ADM (Administrative Reports) option in RPMS. This report prints out a list of all approved referrals for which a transition of care document has not been printed or transmitted.

This was added to assist with Stage 2 Meaningful Use requirement for eligible providers (EPs), eligible hospitals, and critical access hospitals (CAH) to provide a Summary of Care Record (Transition of Care) for patients referred outside of the issuing Indian Health Service (IHS) facility.

This report will include Primary and Secondary Referrals.

- 1. The Report is located under the **RPT–Print Reports** menu option.
- 2. Select the ADM-Administrative Reports menu option.

```
*
              INDIAN HEALTH SERVICE
                  REFERRED CARE INFORMATION SYSTEM
              *
                  VERSION 4.0, Patch 8
              2013 DEMO HOSPITAL
                         Print Reports
  ADM Administrative Reports ...
  CM
       Case Management Reports ...
  UTIL Utilization Reports ...
  GEN RCIS General Retrieval
DGR Delete General Retrieva
       Delete General Retrieval Report Definition
Select Print Reports Option: ADM Administrative Reports
```

2-39: The ADM option

3. Select **TOCR–Approved Referrals Pending TOC Document without a Printed TOC** from the menu options.

```
******
               *
                    INDIAN HEALTH SERVICE
               *
                                                    *
                   REFERRED CARE INFORMATION SYSTEM
               *
                    VERSION 4.0, Patch 8
               2013 DEMO HOSPITAL
                        Administrative Reports
  ARD Active Referrals by Date
  ARR Active Referrals by Referred To
  ARP Active Referrals by Requesting Provider
  CHPD CHS Paid
  ARC Active Referrals without a Printed C32
  CHSR CHS Status Report for Referrals
  INHC Tally of In-House Referrals by Clinic
  INHP Tally of In-House Referrals by Requesting Provider
  INHR In-House Report for Active Referrals
  OUT Referrals at an Outside Facility (Call In's)
  RRRF Referral Review Report - By Time Period
SRR Secondary Referral Report
  TOCR Approved Referrals Pending TOC Document
Select Administrative Reports Option:
```

2-40: The TOCR option

4. Enter a beginning date range to view referrals without a printed TOC record.

```
*****
               *
                       INDIAN HEALTH SERVICE
               *
                  REFERRED CARE INFORMATION SYSTEM
                                                  *
                    VERSION 4.0, Patch 8
               2013 DEMO HOSPITAL
                Approved Referrals Pending TOC Document
This report prints out a list of all approved referrals for which the status of
the transition of care document is pending.
Report will include Primary and Secondary Referrals.
Enter beginning Referral Date: 1.1.13 (JAN 01, 2013)
    Select one of the following:
        Ρ
                PRINT Output
        В
                BROWSE Output on Screen
Do you wish to: P// RINT Output
DEVICE: HOME// Virtual
```

2-41: Selecting a beginning date range

- 5. The user can select **P** to print the report to local printer or **B** to browse the report on the screen.
- 6. The report will display following information:
 - a. Referral document number
 - b. Patient Name
 - c. Date the referral was initiated
 - d. Vendor or Provider Name

********* CONFIDENTIAL PATIENT INFORMATION ********* 2013 DEMO HOSPITAL Page 1 APPROVED REFERRALS WHERE TRANSITION OF CARE DOCUMENT IS PENDING BEG DATE: JAN 01, 2013 END DATE: DEC 04, 2013 REFERRAL # PATIENT NAME REFERRAL-DATE Provider: KHAN MD,AZAM M 2321011302259 TEST, PM 11/18/13 Provider: DIALYSIS SYSTEMS, INC. 2321011302211 RCIS, PATIENT TEN 8/20/13 Provider: CARDER JR MD, BRYAN 2321011302173 YELLOWBOY, ADAM 8/12/13 Press any key to continue:

2-42: Patient information displays (Page 1)

********* CONFIDENTIAL PATIENT INFORMATION ********* 2013 DEMO HOSPITAL Page 2 APPROVED REFERRALS WHERE TRANSITION OF CARE DOCUMENT IS PENDING BEG DATE: JAN 01, 2013 END DATE: DEC 04, 2013 REFERRAL # PATIENT NAME REFERRAL-DATE Direct Provider: RADIOLOGIC PROFESSIONAL SVCS 2321011302177 RCIS, PATIENT ONE 8/13/13 Direct Provider: ABC VENDOR 2321011302211A1 RCIS, PATIENT TEN 8/21/13 2321011400018 RCIS, PATIENT TEN 11/26/13 Press any key to continue:

2-43: Patient information displays (Page 1)

2.6 Vendor Option – New Fields

2.6.1 Edit Vendor Options–Direct Participant and Direct E-mail

Two additional fields were added under the **VEN–Provider/Vendor data** menu option to enter and edit a vendor's Direct Participant and Direct E-mail address. These fields represents whether or not the Vendor has a Direct E-Mail account to electronically receive patient visit information from a Transition of Care (ToC) document. 7. Select VEN-Provider/Vendor data

```
*****
             *
                     INDIAN HEALTH SERVICE
                                             *
             *
                                             *
                 REFERRED CARE INFORMATION SYSTEM
             *
                    VERSION 4.0, Patch 8
                                             *
             2013 DEMO HOSPITAL
                      Provider/Vendor data
  DE
      Data Entry ...
  RPT Print Reports ...
  MGT RCIS Management ...
  SPEC RCIS Special Print Menu ...
  VEN Provider/Vendor data
Select Referred Care Information System Option: VEN
```

2-44: The VEN option

8. Enter the name of the vendor to update or new vendor.

	PROVIDER/VENDOR UPDATE
* * * * * * * * * * * * * * * * * * * *	*****************
Enter Provider/Vendor:	ABC CHILDRENS EYE SPECIALIST

2-45: Entering the vendor name

- 9. At the "Want to Edit?" Prompt, type Y (Yes)
- 10. At the "Change Which Item" prompt, enter field number **13** to add or edit the Direct Participant.
- 11. Type **Yes** or **No** to indicate if this vendor is able to receive electronic information.

PROVIDER/VENDOR UPDATE ***** 1) ABC CHILDRENS EYE SPECIALIST 2) EIN No: 1753032761 3) Status: ACTIVE 4) Contracts: NONE 6) Rate Quotation: NONE ACTIVE 5) UPIN: 7) Type of Business: 0) Agreement 9) Medicare Provider: No entry 10) BPA: NONE 12) DUNS: 7) Type of Business: 8) Agreement: NONE 11) E-Mail: 12) DUNS: 13) Direct Participant: 14) Direct E-Mail: **** MAILING/BILLING ADDRESS **** 15) Street: PO BOX 97876 16) Street: 1920 E CAMBRIDGE, City: DUCENUX City: PHOENIX City: PHOENIX State: ARIZONA Zip: 85060-7876 State: ARIZONA Phone: (602) 222-2234Fax: Zip Code: 85006 Attn: BILLING DEPARTMENT 17) Vendor Type: PHYSICIAN 18) Fed/Non-Fed: 19) Specialty: 20) Geographic Loc: Want to Edit? NO// YES Change Which Item: (1-20): 13 DIRECT EMAIL PARTICIPANT: ?? Choose from: Y YES N NO

2-46: Entering Y for Yes and N for No.

- 12. At the "Want to Edit?" Prompt, type Y (Yes).
- 13. At the "Change Which Item" prompt, type field number **14** to add or edit the Direct Email field.
- 14. Enter the vendor's email address where they can receive Direct Messaging information.

```
Want to Edit? NO// YES
Change Which Item: (1-20): 14
DIRECT EMAIL ADDRESS: ABChildrens@yahoo.com
```

2-47: Entering the field number and vendor email address

15. Once the email address is entered, press Enter to return to the vendor edit screen.

PROVIDER/VENDOR UPDATE ***** 1) ABC CHILDRENS EYE SPECIALIST 2) EIN No: 1753032761 3) Status: ACTIVE 4) Contracts: NONE 5) UPIN: 6) Rate Ouotation: NONE 7) Type of Business: 8) Agreement: NONE 9) Medicare Provider: No entry 10) BPA: NONE 12) DUNS: 11) E-Mail: 13) Direct Participant: YES 14) Direct E-Mail: ABChildrens@yahoo.com **** MAILING/BILLING ADDRESS **** **** PROVIDER LOCATION ADDRESS 15) Street: PO BOX 97876 16) Street: 1920 E CAMBRIDGE, City: PHOENIX City: PHOENIX City: PHOENIX State: ARIZONA Zip: 85060-7876 State: ARIZONA Phone: (602) 222-2234Fax: Zip Code: 85006 Attn: BILLING DEPARTMENT 17) Vendor Type: PHYSICIAN 18) Fed/Non-Fed: 19) Specialty: 20) Geographic Loc: Want to Edit? NO// YES Change Which Item: (1-20): 14

2-48: Entering the vendor's e-mail address

2.7 Closing the Referral Loop

2.7.1 Clinical Consultation

The provider's review of a clinical consultation report following a completed referral to outside services can be documented using the RCIS component in EHR. This is needed as part of the "Clinical Quality Measure—Capture and Export" which requires specific SNOMED terms for "closing the loop" on referrals.



2-49: Clinical Consultation work diagram

The following includes steps to document the closing of a referral document:

- 1. Click Clinical Consultation.
- 2. Click **Review Date** and select a date from Calendar or type in the date.

3. Click **Reviewing Provider**; select a provider from the drop down list

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Notifiations Co	ver Sheet Triage Wellness Prot	blem Mngt Prenatal	Well Child Medications	Labs Orders N	lotes Consults/Ref	ierrals Superbil I	D/C Summary St	uicide Form	Reports		
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Referral Date	Purpose	Referrin			ed To	Appointment Date/Ti	ime Clinical Consu	ulta Printed	Bv	Print Date	
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JAN 03, 2014	Chest pain	VALEN			ONALD						
JAN 02, 2014	Chest pain	VALEN Reviewing	g Provider VALENCIA,	TINA	- J						
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VALENCIA, TINA	2013-DEMO.NA.IHS.GOV 201	3 DEMO HOSPITAL 0	3-Jan-2014 15:29								

2-50: Clinical Consultation dialog

- 4. Click **OK** when completed
- 5. Click **Cancel** to exit without saving

Once the user has completed the process, the user should see **REVIEWED**, under the **Clinical Consultation** tab.

PROVACY	PATIENT CHART	RESOURCES	ACIE.	DIFI	CT Graditual				
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eral Date	Purpose	Refering Provider	Referal Number	Status	Facility Referred To	Appointment Date/Time	Cinical Consulta	Printed By	Print Date
02, 2014	Acute asthma	VALENCIA, TINA	2321011400001	ACTIVE	SMITH, LINDSAY, M.D.		-	4	-1
02, 2014	Chest pain	VALENCIA TINA	2321011400013	ACTIVE	SMITH MD HONALD		REVIEWED		
								V	

2-51: Clinical Consultation tab

2.7.2 Clinical Encounter

The completion of a clinical encounter with an outside vendor or provider can be documented through RCIS when the referral status is updated to Closed-Completed. This status usually follows after an Explanation of Benefits summary has been received at the site.

If the CHS application is actively used and linked to RCIS, then the payment information entered from the EOB, either manually or electronically, will automatically update the associated referral document. Once the referral status has been updated to Closed-Completed, the SNOMED code for the Clinical Encounter measure will automatically be captured by the system.





Acronym List

ATL	Accredited Testing Laboratory
САН	Critical Access Hospital
CCHIT	Certified Commission for Health Information Technology
CMS	Centers for Medicare and Medicaid Services
CQM	Clinical Quality Measures
ЕН	Eligible Hospital
EHR	Electronic Health Record
EP	Eligible Professional
IHS	Indian Health Service
ONC	Office of the National Coordinator
POV	Purpose of Visits
RPMS	Resource and Patient Management System
тос	Transition of Care

Contact Information

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

Phone: (888) 830-7280 (toll free)

- Web: http://www.ihs.gov/helpdesk/
- Email: support@ihs.gov