



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Referred Care Information System

(BMC)

Addendum to User Manual

Version 4.0 Patch 8
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Office of Information Technology (OIT)
Division of Information Technology
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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

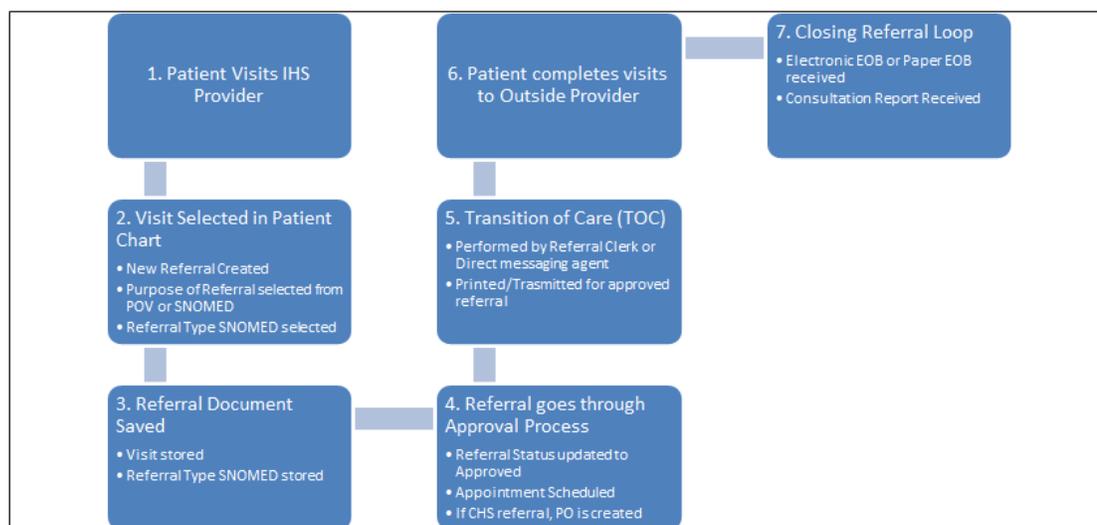
Patch 8 includes the following changes for both the RPMS RCIS application and the Referred-RCIS tabs located in the EHR Application.

- 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 in-house 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**.

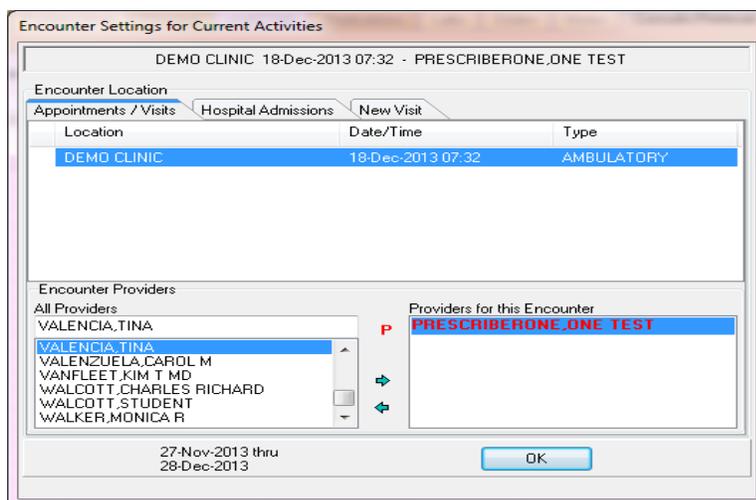


Figure 2-2: **Encounter Settings for Current Activities** dialog

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.

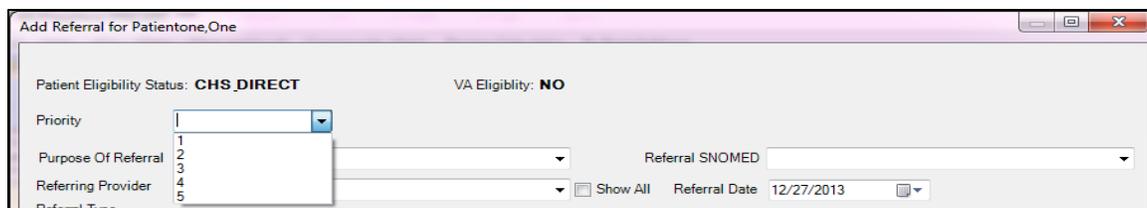


Figure 2-3: **Priority** field on EHR referral form

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.

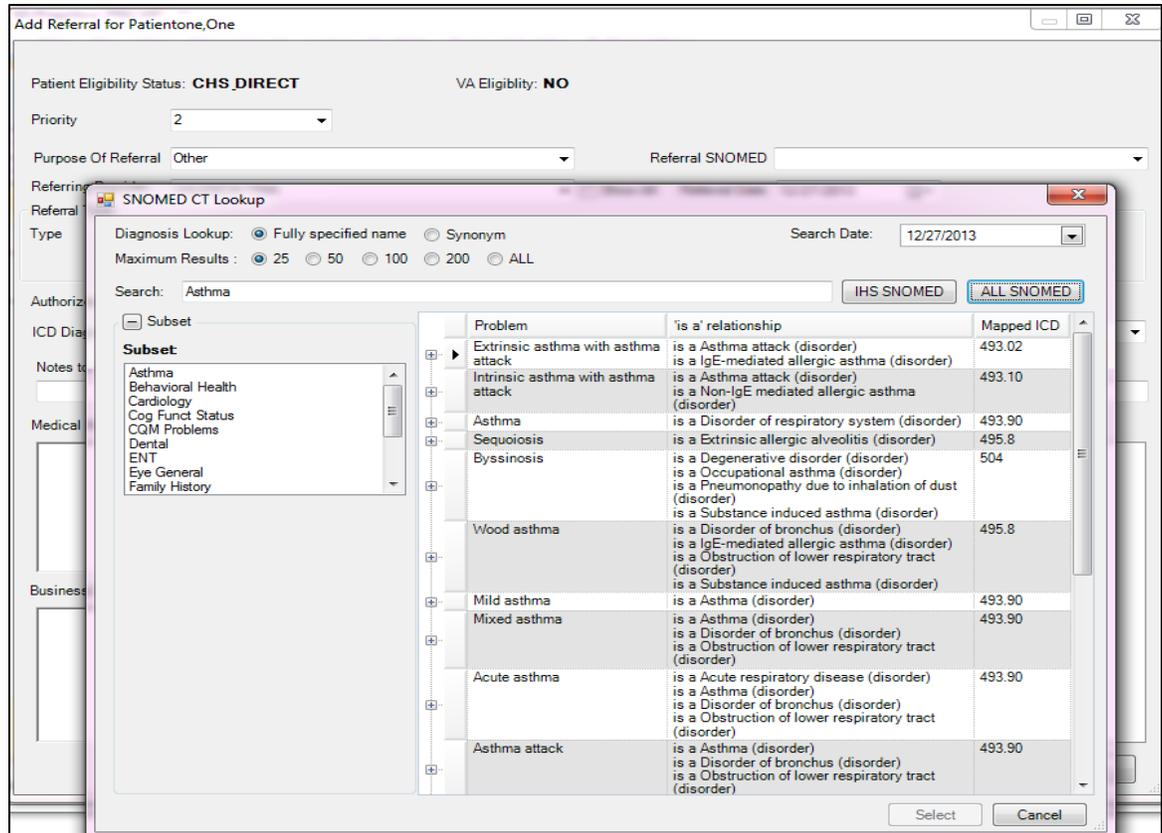


Figure 2-4: SNOMED CT Lookup window

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.

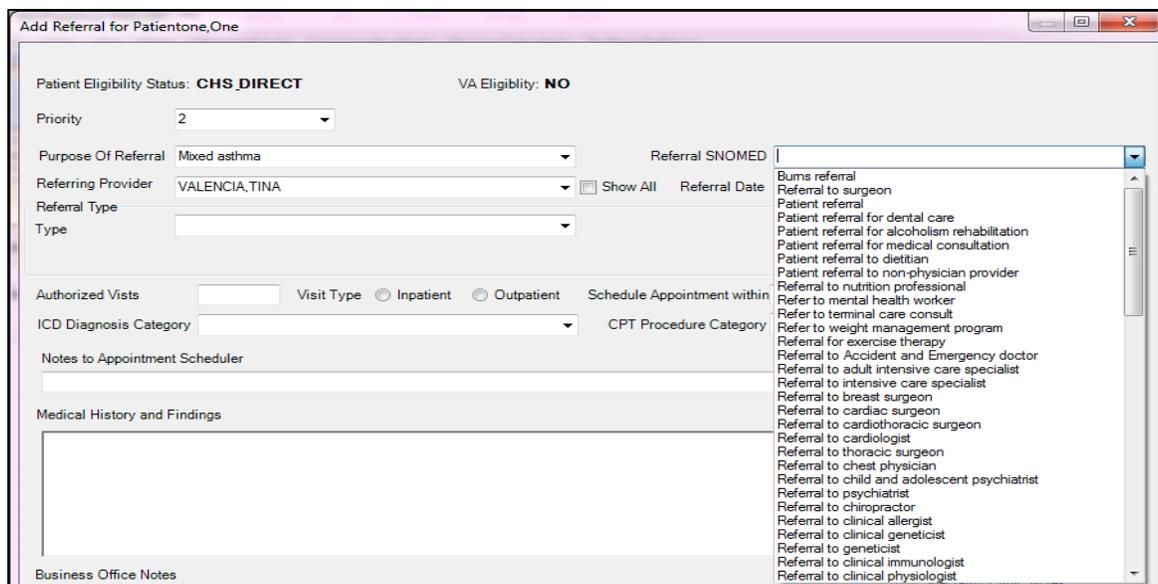


Figure 2-5: Referral SNOMED list box example

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.

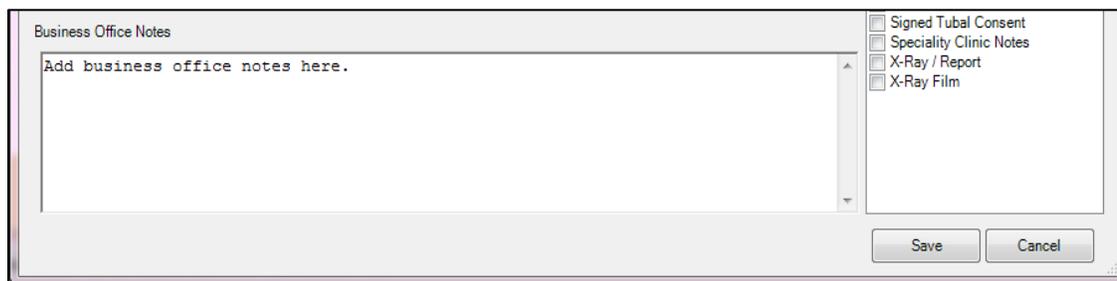


Figure 2-6: Business Office Notes dialog

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.

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.

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.

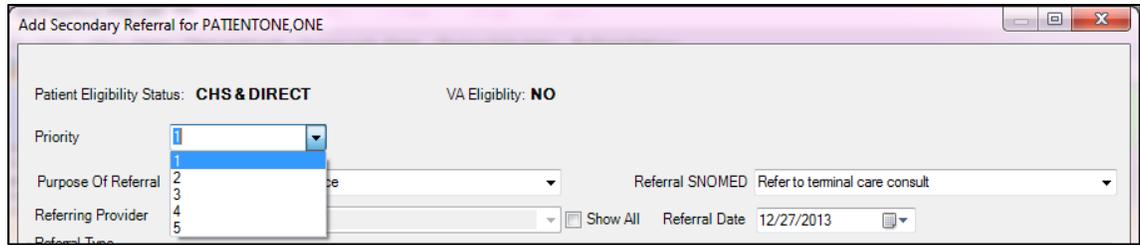


Figure 2-9: Selecting a **Priority**

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

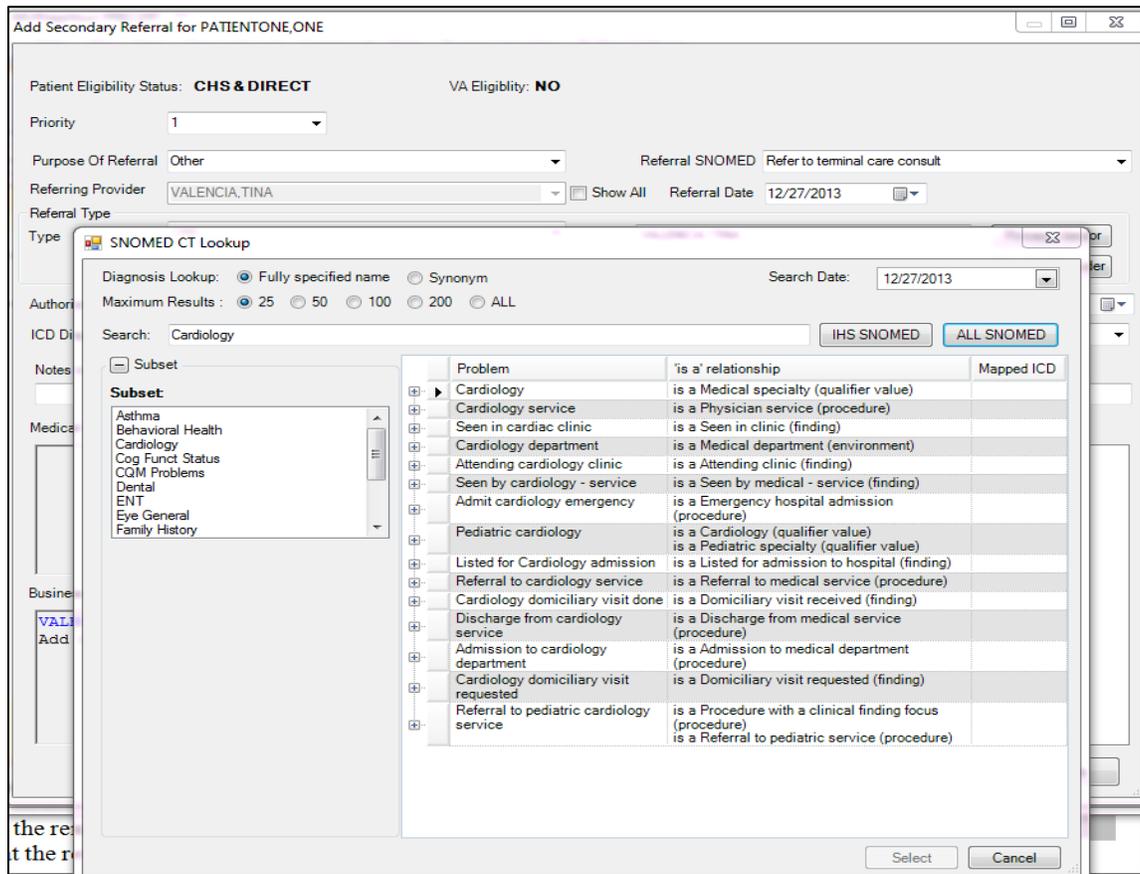


Figure 2-10: **SNOMED CT Lookup** window

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

The screenshot shows a software window titled "Add Secondary Referral for PATIENTONE.ONE". The window contains several input fields and a dropdown menu. The "Referral SNOMED" dropdown is open, showing a list of referral options. The selected option is "Refer to cardiologist".

Field	Value
Patient Eligibility Status	CHS & DIRECT
VA Eligibility	NO
Priority	1
Purpose Of Referral	Seen by cardiology - service
Referring Provider	VALENCIA,TINA
Referral Type	CHS
Authorized Vists	1
Visit Type	<input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient
ICD Diagnosis Category	RESPIRATORY DISORDERS
Referral SNOMED	Refer to cardiologist

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.

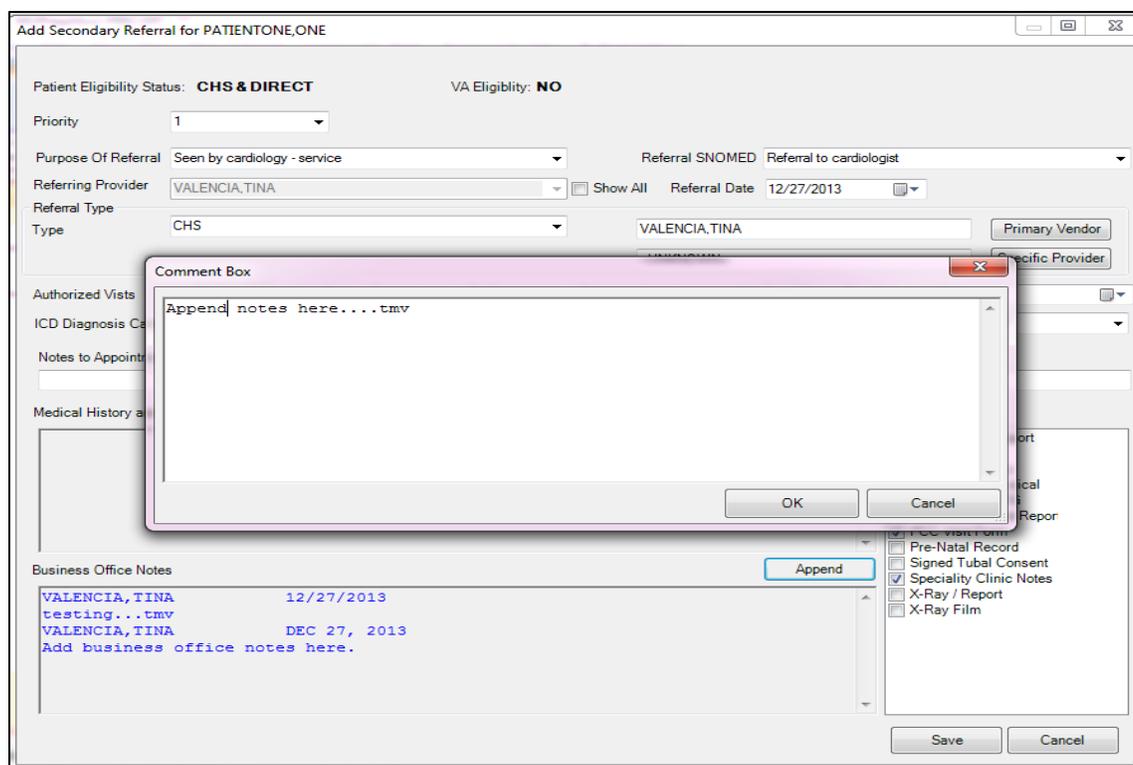


Figure 2-12: **Comment Box** display

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.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 4.0, Patch 8          *
*****
                2013 DEMO HOSPITAL
                Add Referral

Select PATIENT NAME: DEMO,PATIENT BARBARA
    
```

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.

```

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

01/01/14 2321011400010 DEMO,PATIENT BA      VALENCIA,TINA
                UNKNOWN SERVICE DATE - 2 Mixed asthma

01/02/14 2321011400011 DEMO,PATIENT BA      ST MARK'S HOSPITAL
                UNKNOWN SERVICE DATE - 1 Cardiomegaly

Do you want to continue with adding a new referral? Y//
    
```

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) Eyeglasses/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

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
PATIENT: ONE,DEMO                                     PCC VISIT: NOV 20,2013@08
-----
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
PATIENT: DEMO,PATIENT
Date Entered: DEC 6,2013
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          QUIT
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
11         ADD DOCUMENTATION
12         CHS ELIG FACTORS
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

- 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

- 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

- 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.

- 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 pre-populated 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: OUTPT # OF VISITS: 1
EST. COST: 500 EST. IHS COST: 500 PRIORITY: 2
PURPOSE OF REFERRAL: CHEST XRAY
SNOMED CT: Referral to cardiologist (procedure)
ICD DIAGNOSTIC CATEGORY:
CPT SERVICE CATEGORY:
PROVISIONAL DRG:

Exit Save Refresh
```

2-30: Update routine referral information

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

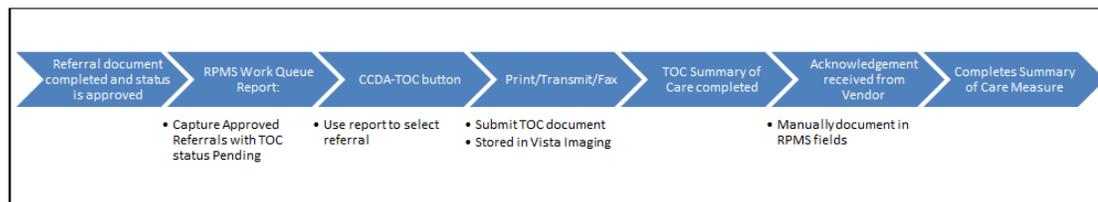
```
Enter Referral Status: ACTIVE// ??  
  
Set to Approved if patient will receive referred services even if denied  
by CHS.  
  
Select one of the following:  
  
A1      APPROVED
```

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

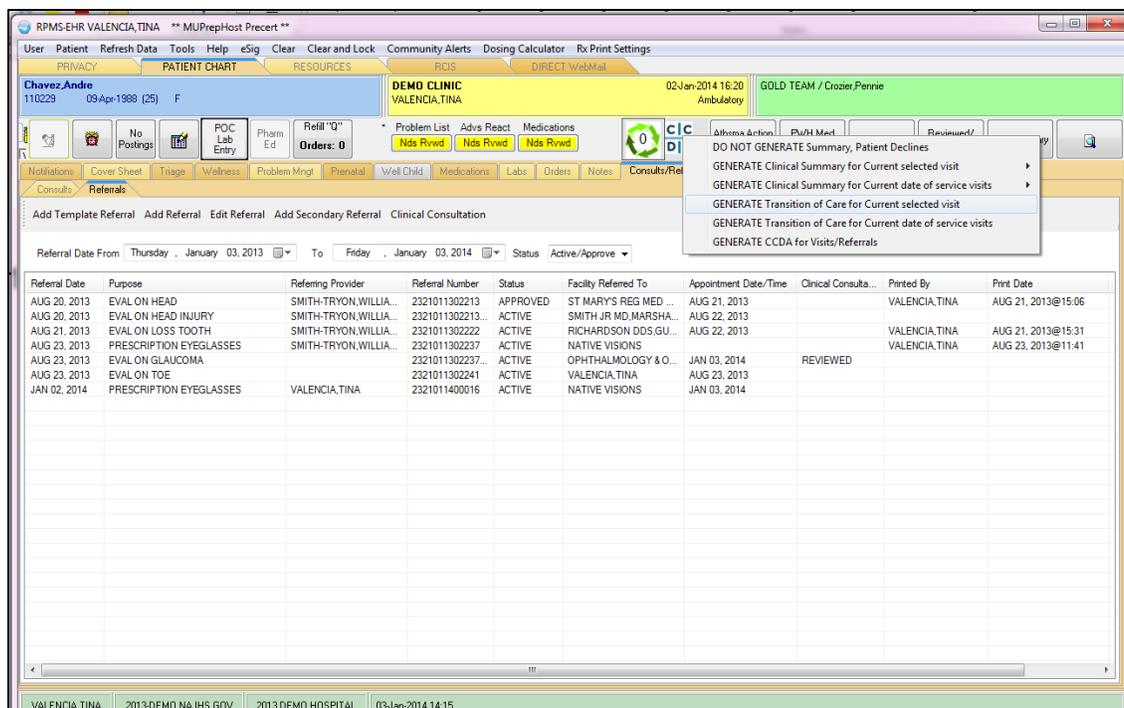
2.5.1 EHR - CCDA Button

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:

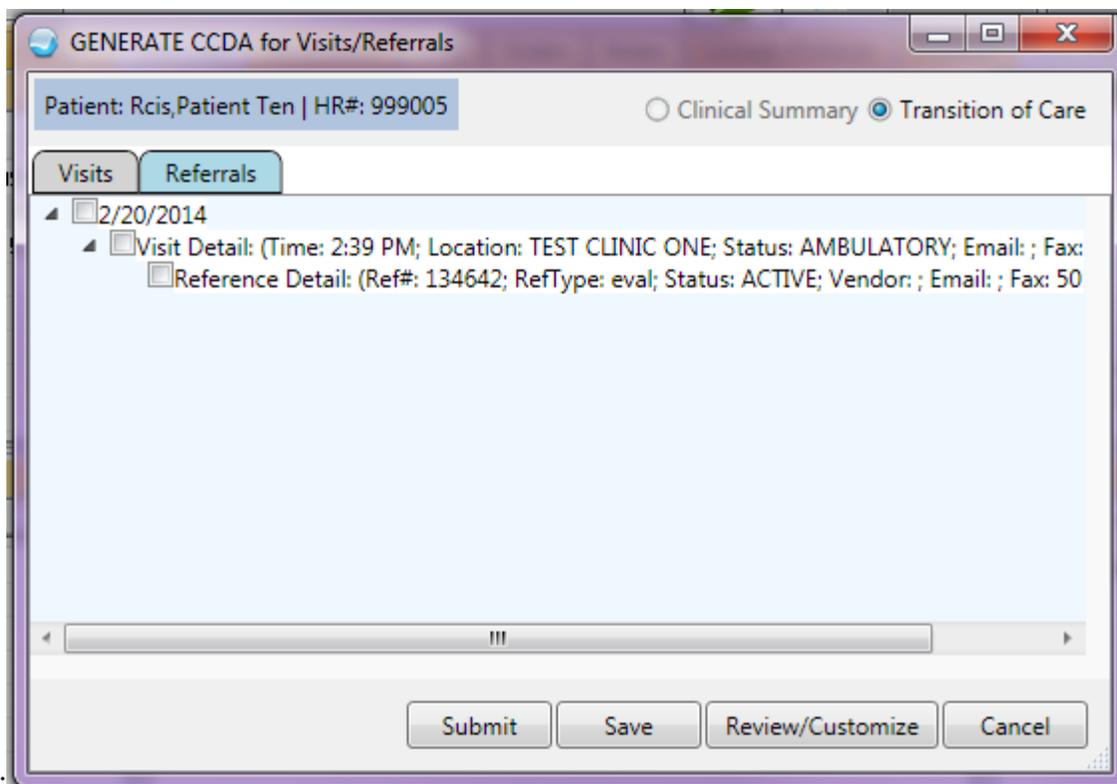
Go to the **Patient Chart – Referral tab**.

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**



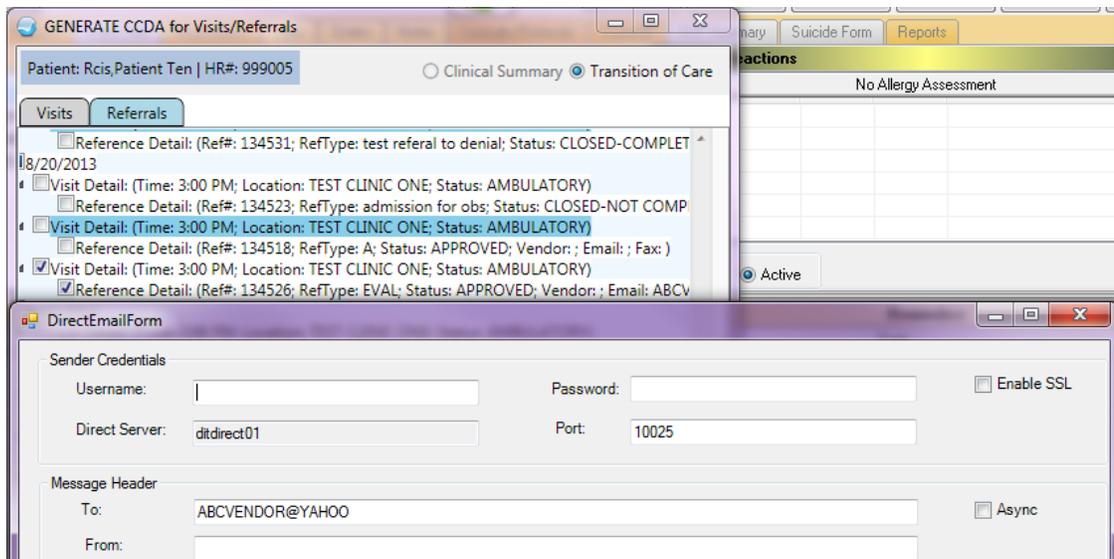
2-33: CCDA button options

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



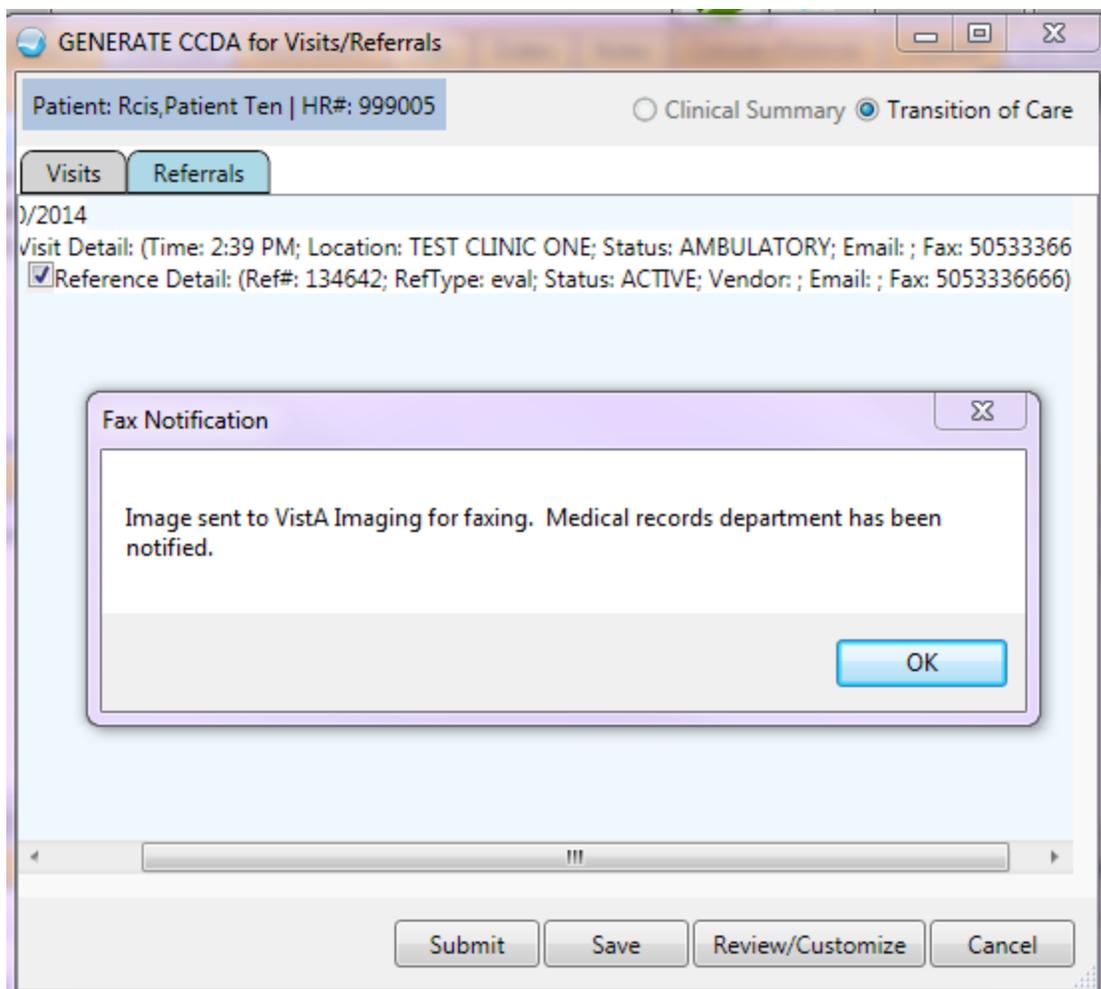
2-34: **Generate CCDA for Visits/Referrals** dialog

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.



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:



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 #:      1-24-2014
2321011400074 PATIENTFIFTEEN,                        VALENCIA,TINA
                                                    01/24/14 E - 1      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
CT          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 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)
RRR    Referral Review Report - By Time Period
RRRF   Referral Review Report - By Facility/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:

                P          PRINT Output
                B          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
APPROVED REFERRALS WHERE TRANSITION OF CARE DOCUMENT IS PENDING
                BEG DATE: JAN 01, 2013 END DATE: DEC 04, 2013
                Page 1

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
APPROVED REFERRALS WHERE TRANSITION OF CARE DOCUMENT IS PENDING
                BEG DATE: JAN 01, 2013 END DATE: DEC 04, 2013
                Page 2

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
5) UPIN:                                  6) Rate Quotation: NONE ACTIVE
7) Type of Business:                     8) Agreement: NONE
9) Medicare Provider: No entry           10) BPA: NONE
11) E-Mail:                               12) DUNS:
13) Direct Participant:
14) Direct E-Mail:

**** MAILING/BILLING ADDRESS ****      **** PROVIDER LOCATION ADDRESS ****
15) Street: PO BOX 97876                16) Street: 1920 E CAMBRIDGE,
    City: PHOENIX                        City: PHOENIX
    State: ARIZONA                       State: ARIZONA
    Zip: 85060-7876                      Zip Code: 85006
    Phone: (602) 222-2234Fax:
    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 Quotation: NONE
7) Type of Business:                          8) Agreement: NONE
9) Medicare Provider: No entry                10) BPA: NONE
11) E-Mail:                                    12) DUNS:
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
    State: ARIZONA                               State: ARIZONA
    Zip: 85060-7876                             Zip Code: 85006
    Phone: (602) 222-2234Fax:
    Attn: BILLING DEPARTMENT
17) Vendor Type: PHYSICIAN                      18) Fed/Non-Fed:
19) Specialty:                                  20) Geographic Loc:
*****

Want to Edit? NO// YES

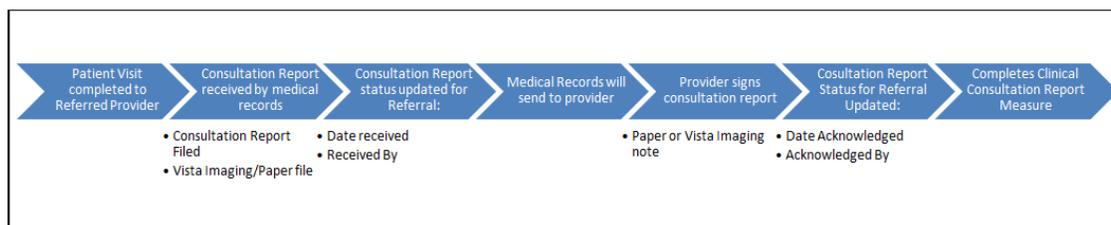
Change Which Item: (1-20): 14
    
```

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.

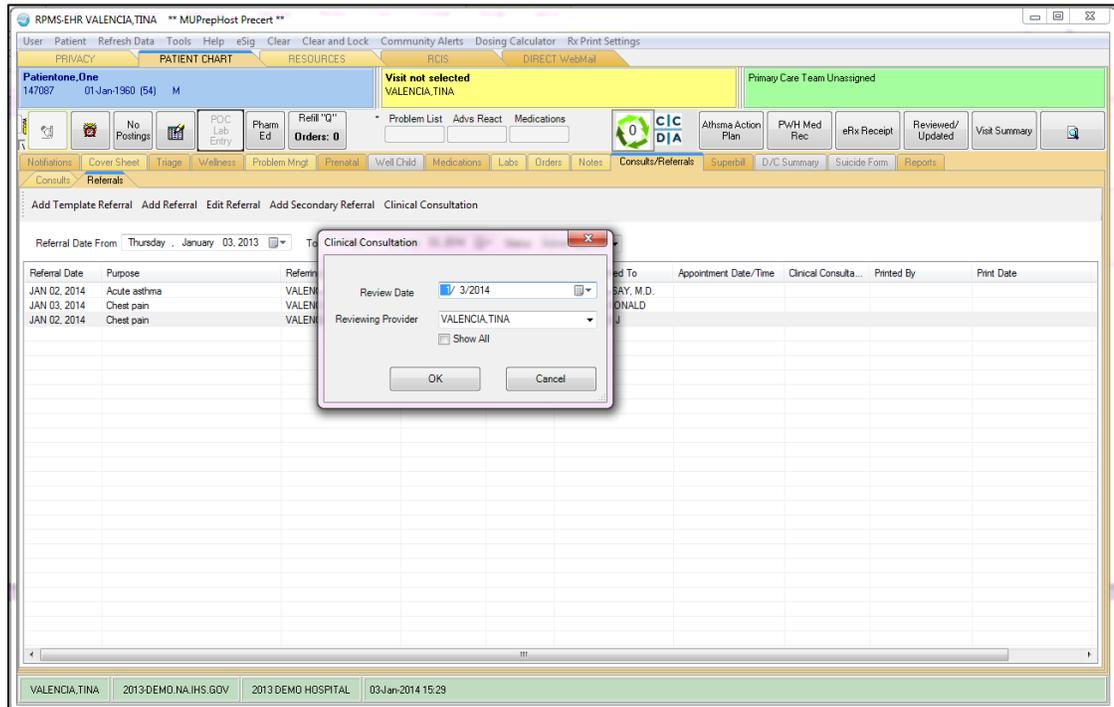


2-49: Clinical Consultation work diagram

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.

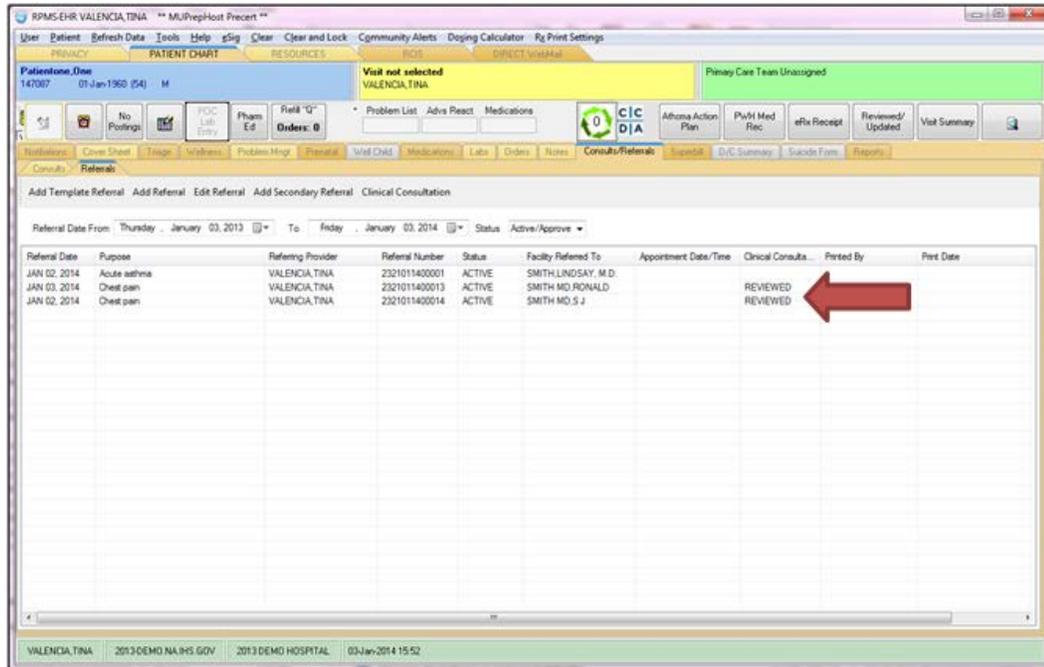
3. Click **Reviewing Provider**; select a provider from the drop down list



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.

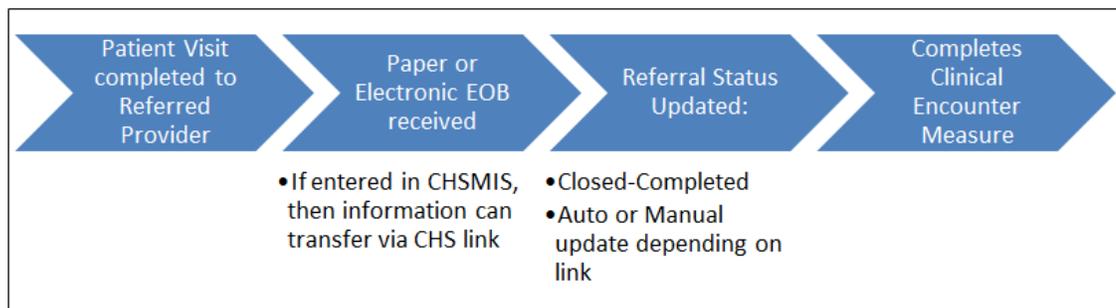


2-51: Clinical Consultation tab

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.



2-52: Clinical Encounter diagram

Acronym List

ATL	Accredited Testing Laboratory
CAH	Critical Access Hospital
CCHIT	Certified Commission for Health Information Technology
CMS	Centers for Medicare and Medicaid Services
CQM	Clinical Quality Measures
EH	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
TOC	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