RESOURCE AND PATIENT MANAGEMENT SYSTEM

iCare Population Management GUI

(BQI)

Panel View User Manual

Version 2.9 Patch 6
July 2024

Office of Information Technology
Division of Information Technology

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Preface

The purpose of this manual is to provide the information needed to use the latest enhancements to the Panel View window in the iCare (BQI) population management application.

This manual contains reference information about iCare views, examples of its processes, and step-by-step procedures to demonstrate how to perform activities related to the Panel View window in the latest version of the iCare application.

1.0 Introduction

iCare is a Windows-based, client-server graphical user interface (GUI) for the Indian Health Service (IHS) Resource and Patient Management System (RPMS). iCare retrieves critical patient information from various components of the RPMS database and brings it together under a single, user-friendly interface. iCare helps providers manage the care of their patients. Creating multiple panels of patients with common characteristics (e.g., age, diagnosis, community) allows users to personalize how they view patient data.

The information in this panel view–specific manual covers iCare Panel View functionality in iCare version 2.9 patch 6.

2.0 System Navigation

2.1 Panel View

Every panel, when opened, has a panel view. Each panel displays data about the patients in the selected panel. Access this window by using the **Open** function from the main view or double-clicking a record on a specific panel in the **Panel List** from the main view.

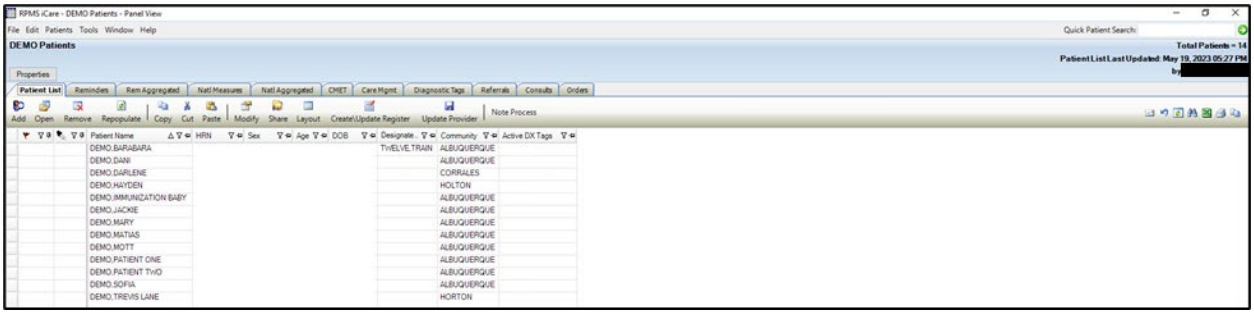


Figure 2-1: Sample **Panel View** window

> **Note:** The **Repopulate** button will not display in the **Panel View** window if the patients in the panel were added manually (when the panel has no predefined logic).

Currently, there are 13 tabs in **Panel View**.

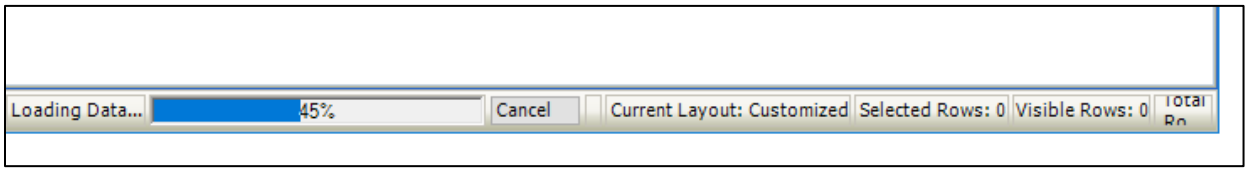


Figure 2-2: Loading Data progress information

The application displays the loading progress (in percentages) in the status bar when the panel contains many patients. This feature applies to all tabs except the **Rem Aggregated** (Reminder Aggregated) tab.

Cancel the load by clicking **Cancel**; the application displays the **Cancel display of data?** dialog as confirmation to cancel the loading process. Click **Yes** to cancel the load (otherwise, click **No**).

iCare allows more than one user to open the same shared panel simultaneously. The second and subsequent users to open the same panel will have read-only access to the panel content, like Word or Excel functionality. If the first user closes the panel, the second user will be notified that the panel is now available for edit access unless the user has only shared read-only access by the panel creator.

Any tab, once opened, can be viewed without re-loading the data.

2.1.1 Toolbar Buttons

There are essential toolbar buttons available for users.

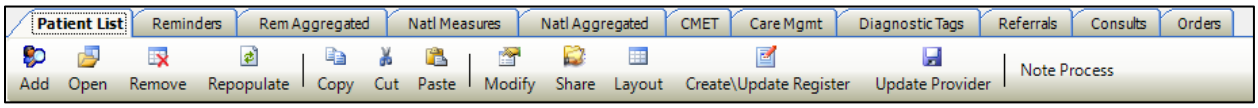


Figure 2-3: Toolbar buttons

2.1.1.1 Add

> **Note:** Add a patient to the current panel using the **Add** function or copy a patient from another panel and paste the patient data into the current panel.

Only the panel creator or the shared user with read/write access can add patient names to the current panel. This is a manual add function. A patient name can be added even if the panel was initially created from a pre-defined search definition. The panel stores the original definition as well as any patients added. This is important during the repopulate action.

Add a patient to the Panel View by doing one of the following:

- Clicking **Add** (

)
- Selecting **Patients** | **Add Patient(s)**
- Selecting the **Add Patient(s)** option on the context menu

The **Select Patients** dialog displays.

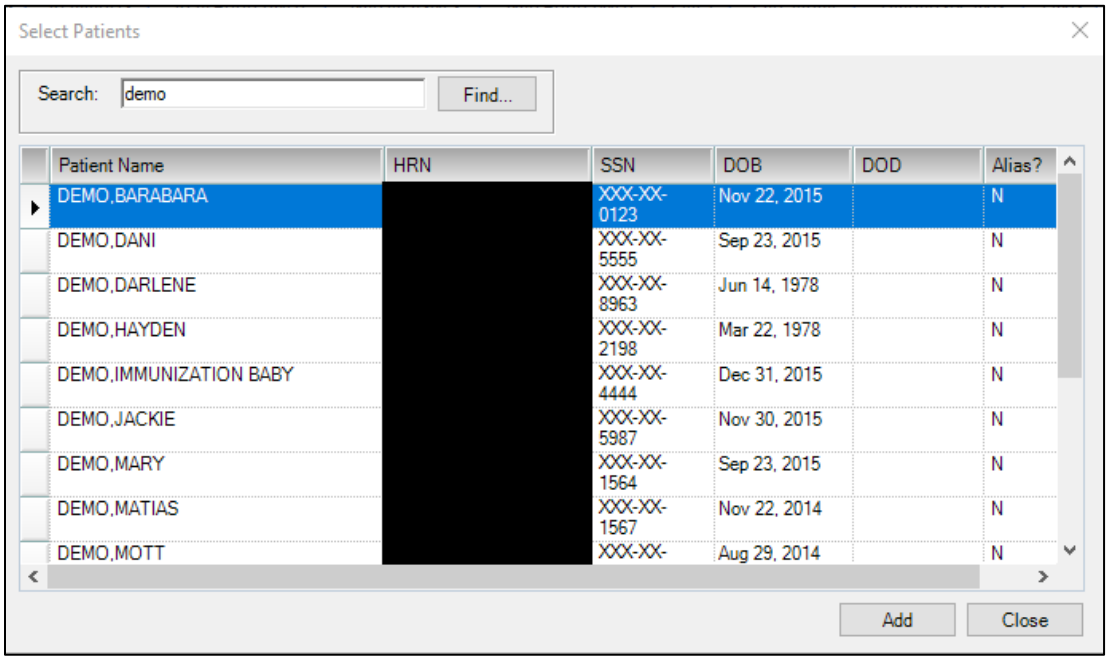


Figure 2-4: **Select Patients** dialog

1. Use any of the following to search for the patient in the **Search** field:
   - A few characters of the patient's last name
   - The patient's health record number (HRN)
   - The patient's SSN
   - The patient's date of birth
2. Click **Find**. The retrieved records will display in the lower panel of the **Select Patients** dialog.
   - Refine the search (if needed) using the **Search** field again.
   - More than one row can be added by selecting multiple rows using the Ctrl and Shift keys while highlighting the row.
3. When the correct patient(s) is highlighted, click **Add** to add the patient(s) to the **Patient List** tab on the **Panel View** window (otherwise, click **Close**).

2.1.1.2 Open

The **Open** function moves the focus to another window where the patient record (patient data information stored in the RPMS database) is viewable.

Highlight the patient's name and open the patient record by doing one of the following:

- Clicking **Open** (

)
- Selecting **Patients** | **Open Patient(s)**
- Selecting the **Open Patient(s)** option on the context menu
- Double-clicking the row in the grid
- Using the key combination **Ctrl+O**

This action opens your default tab of the **Patient Record** window.

Multiple patient records open in individual windows by highlighting more than one row.

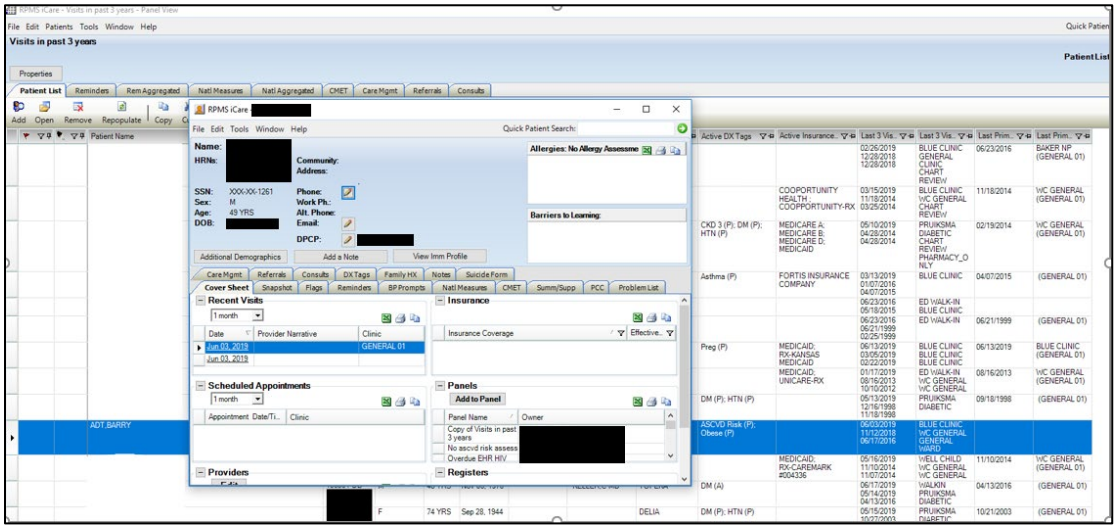


Figure 2-5: Patient View with patient selected using **Open (Patients)** option

2.1.1.3 Remove

The **Remove** function deletes one or more selected patients from the **Patient List** tab on the **Panel View** window. The removed patients are ***not*** deleted from the RPMS database but are only removed from your panel display. The remove function is limited to the panel creator or the shared user with read/write access.

The panel stores the original definition and any patients removed or added. This is important during the repopulate action.

Remove the highlighted patients by doing one of the following:

- Clicking **Remove** (

)
- Selecting **Patients** | **Remove Patient(s)**
- Selecting the **Remove Patient(s)** option on the context menu
- Pressing the **Delete** key on your keyboard

After using the Delete function, the **Confirm patient remove** dialog displays, confirming the user would like to delete the selected patients. Click **Yes** to remove them (otherwise, click **No**).

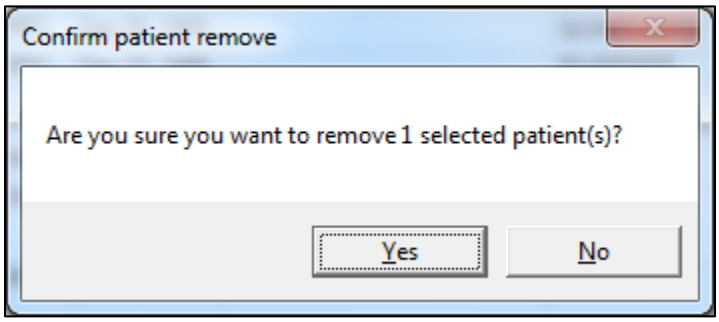


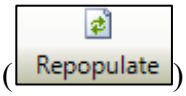
Figure 2-6: **Confirm patient remove** dialog

2.1.1.4 Repopulate

The **Repopulate** function rebuilds the contents of the panel. This function reruns the panel definition against the cached data (from the nightly job), adds patients who meet the criteria, and removes patients who no longer meet the criteria. The **Repopulate** function is limited to the panel creator or the shared user with read/write access.

> **Note:** The **Repopulate** button will not display on the Panel View if the patients in the panel were added manually (that is, the panel has no predefined logic).

Repopulate a panel by doing one of the following:

- Clicking **Repopulate** (

)
- Selecting **Patients** | **Repopulate**
- Selecting the **Repopulate** option on the context menu

A warning message indicates that the patient list for this panel may be updated during repopulation and cannot be undone. Do you want to continue? Click **Yes** to repopulate the panel. Otherwise, click No.

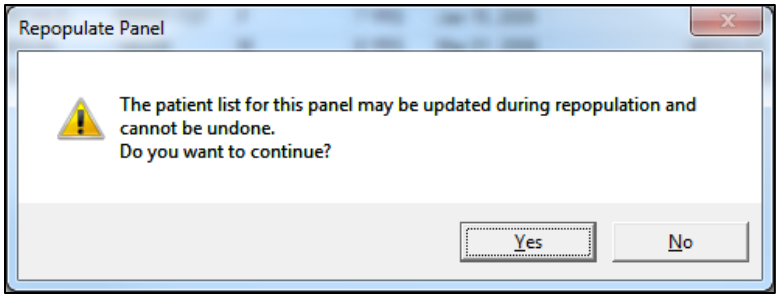


Figure 2-7: **Repopulate Panel** dialog

If patients were manually edited (added or removed), the **Maintain Manual Changes** warning message indicates, "This panel has been edited manually (patients added or removed). Do you want to keep your manual change while repopulating?"

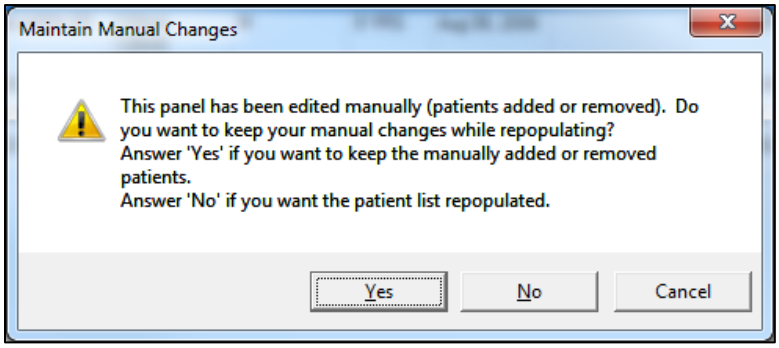


Figure 2-8: **Maintain Manual Changes** dialog

Click **Cancel** to cancel the repopulate process.

Click **Yes** to repopulate the panel and to keep the manually added or removed patients.

Click **No** to refresh the patient list. In this case, the patient list will be totally refreshed, any added patient names will be lost, and any deleted patient names will be added back to the panel.

iCare displays the **Background populate** information message if a panel with many patients is refreshed. "Populating the panel may take some time. Do you want to run in the background?" Click **Yes** to run the repopulate process in the background. Otherwise, click **No** to repopulate in the foreground.

2.1.1.5 Copy or Copy Patient(s)

The **Copy** function copies the selected patient's information to the iCare clipboard. Go to another panel view (for a different patient panel) and paste the patient's information.

Copy the selected patient's information by doing one of the following:

- Clicking **Copy** (

).
- Selecting **Patients** | **Copy Patient(s)**.
- Selecting the **Copy Patient(s)** option on the context menu.
- Using the keyboard combination **Ctrl+C**.

Use the **Select All** function to select all the patients on the current **Panel View** window. Once the patients are selected, copy-paste them into another panel, for example.

Select all the patients by doing one of the following:

- Selecting **Edit** | **Select All**.
- Using the keyboard combination **Ctrl+A**.

Select the **Deselect All** option on the **Edit** menu to deselect the patients.

2.1.1.6 Cut

The **Cut** function copies the selected patient's information to the iCare clipboard and removes the selected patient from the current panel view. Go to another panel view (for a different patient panel) and paste the patient's information. The **Cut** function is limited to the panel creator or the shared user with read/write access. This function helps move patients from one panel to another.

Cut the selected patient's information by doing one of the following:

- Clicking **Cut** (

)
- Selecting **Patients** | **Cut Patient(s)**
- Selecting the **Cut Patient(s)** option on the context menu
- Using the keyboard combination **Ctrl+X**

Move to another patient panel and use the **Paste** function.

2.1.1.7 Paste

The **Paste** function places the contents of the iCare clipboard (containing patient data) into the current panel view (this cannot duplicate patient data). If duplicate patients are in the paste operation, the system displays a message about this condition. The **Paste** function is limited to the panel creator or the shared user with read/write access.

Patients who are pasted into a panel are considered "manually added." This means they are members of the panel manually selected to be on the patient list and, therefore, considered outside of the existing patient list due to the panel's search logic.

Paste the contents of the iCare clipboard by doing one of the following:

- Clicking **Paste** (

)
- Selecting **Patients** | **Paste Patient(s)**
- Selecting the **Paste Patient(s)** option on the context menu
- Using the keyboard combination **Ctrl+V**

The patients on the clipboard are added to the current panel view. (A warning message will display if no patients are on the iCare clipboard.)

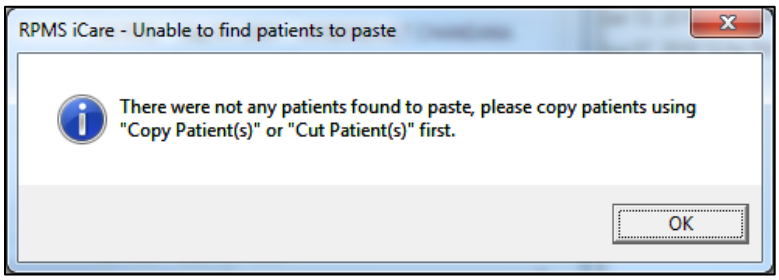


Figure 2-9: **Unable to find patients to paste** dialog

If a duplicate patient is to be pasted, the duplicate patient message indicates that the patient "already exists in the panel. To avoid duplicate patients, this patient will not be pasted." Click **OK** to dismiss the message.

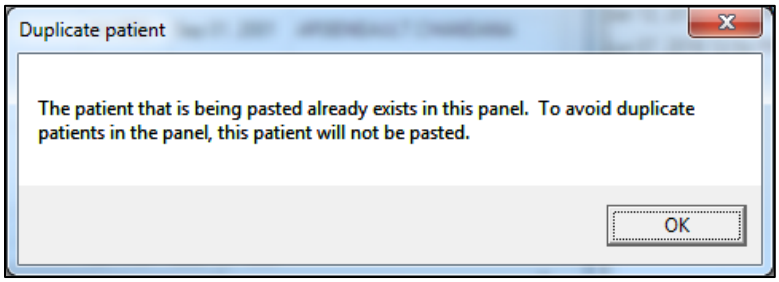
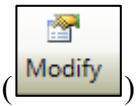


Figure 2-10: **Duplicate patient** dialog

2.1.1.8 Modify

The **Modify** function modifies the patient panel definition information. This function is limited to the panel creator or the shared user with read/write access.

Modify the current panel by doing one of the following:

- Clicking **Modify** (

)
- Selecting **Patients** | **Modify**

The **Panel Definition** window for the panel displays.

2.1.1.9 Share

The **Share** function defines users who can share the current panel. This function is limited to the panel creator or the shared user with read/write access.

Share the patient panel by doing one of the following:

- Clicking **Share** (

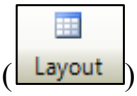
)
- Selecting **Patients** | **Share**

The **Panel Definition** window opens to the **Sharing** tab of the **Panel Definition** window.

2.1.1.10 Layout

The **Layout** function defines which data columns to show in the current panel, the order of the columns chosen for display, and the initial sort order of the patients in the list. If you save the panel changes, this layout information is stored with the panel. Users with read-only access can change the layout of a panel.

Select the view layout function by doing one of the following:

- Clicking **Layout** (

)
- Selecting **Patients** | **Layout**.

The **Patient List Layout** window opens, showing the current layout for the panel.

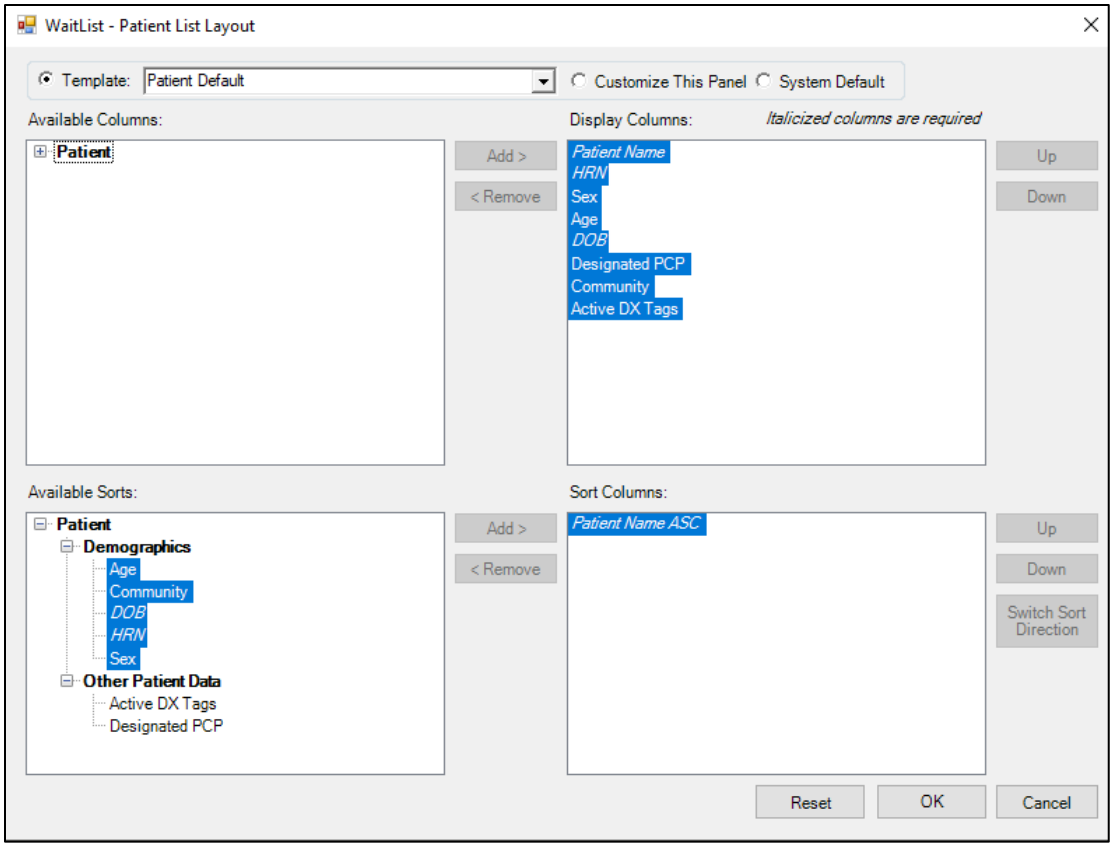


Figure 2-11: **Patient List Layout** window

Section 4.3.2 provides information about using the various features on the layout window.

2.1.1.11 Create\Update Register

The **Create\Update Register** function will either add the selected patients to a newly defined register or add patients to an existing register. Users can only modify registers that they are authorized to update.

Select the patients by highlighting the selected patients:

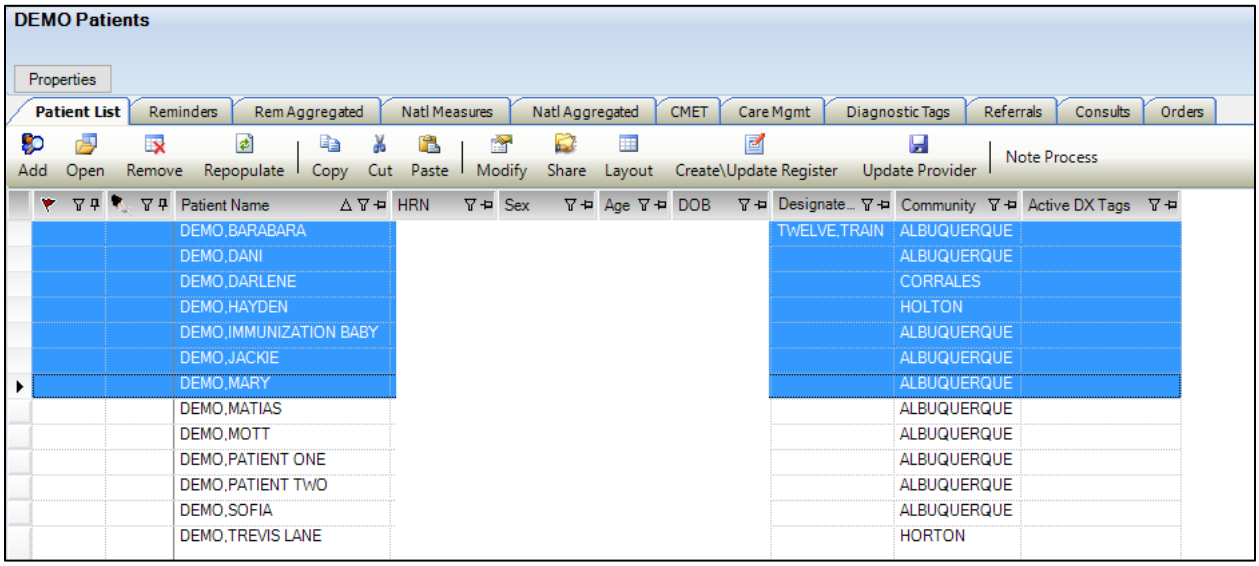
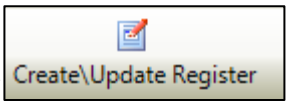


Figure 2-12: **Patient List** selection

Select the **Create\Update Register** function by doing one of the following:

- Clicking **Create\Update Register** (

)
- Selecting **Patients** | **Create\Update Register**

The default selection is **New** (create a new register). Enter the name. The name must be a unique register name. Enter a description of the register.

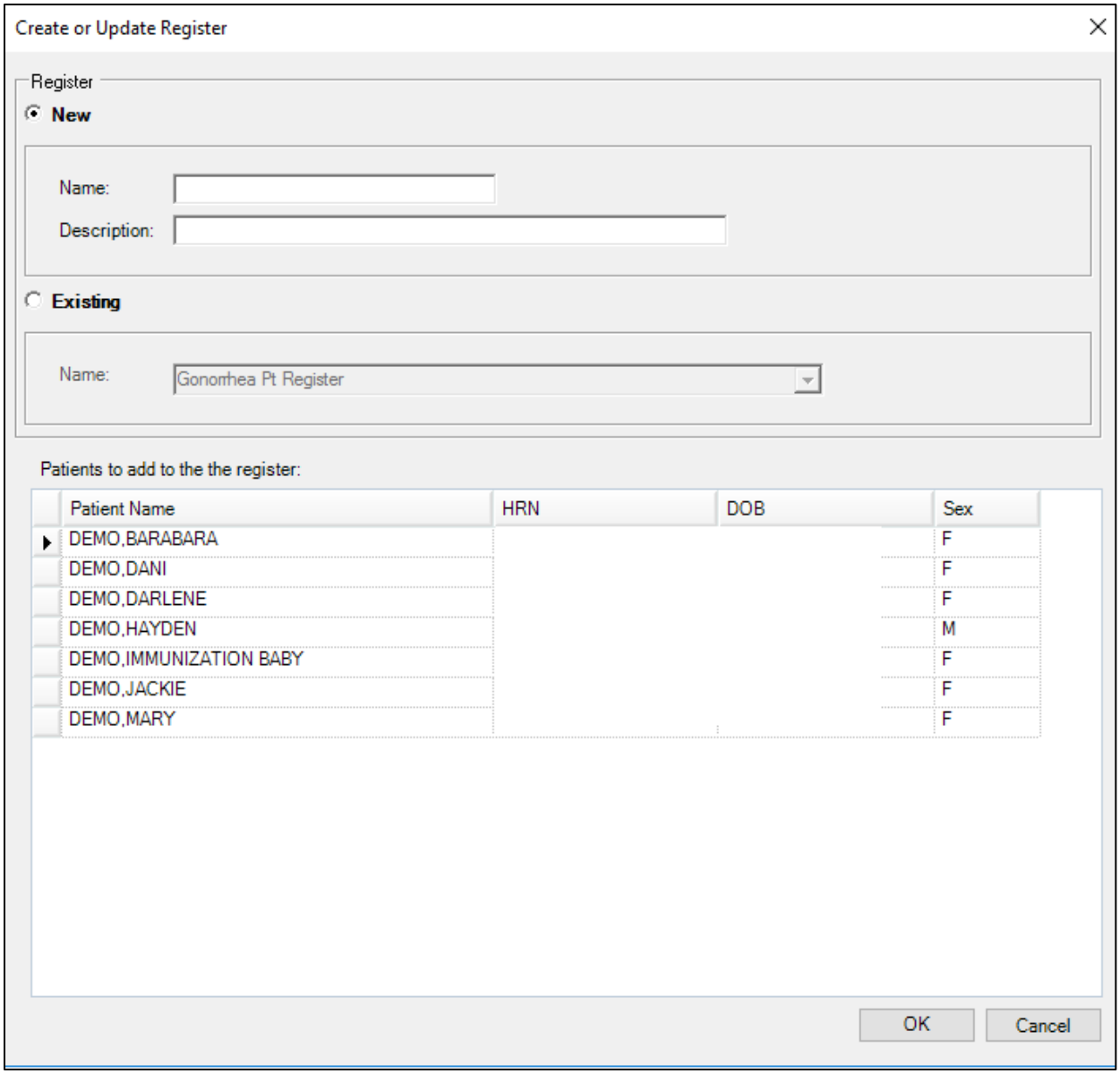


Figure 2-13: **Create or Update Register** dialog, new register

- Click **Existing** if adding the selected patients to an existing register. A drop-down of the registers that you are authorized for will be available for your selection.

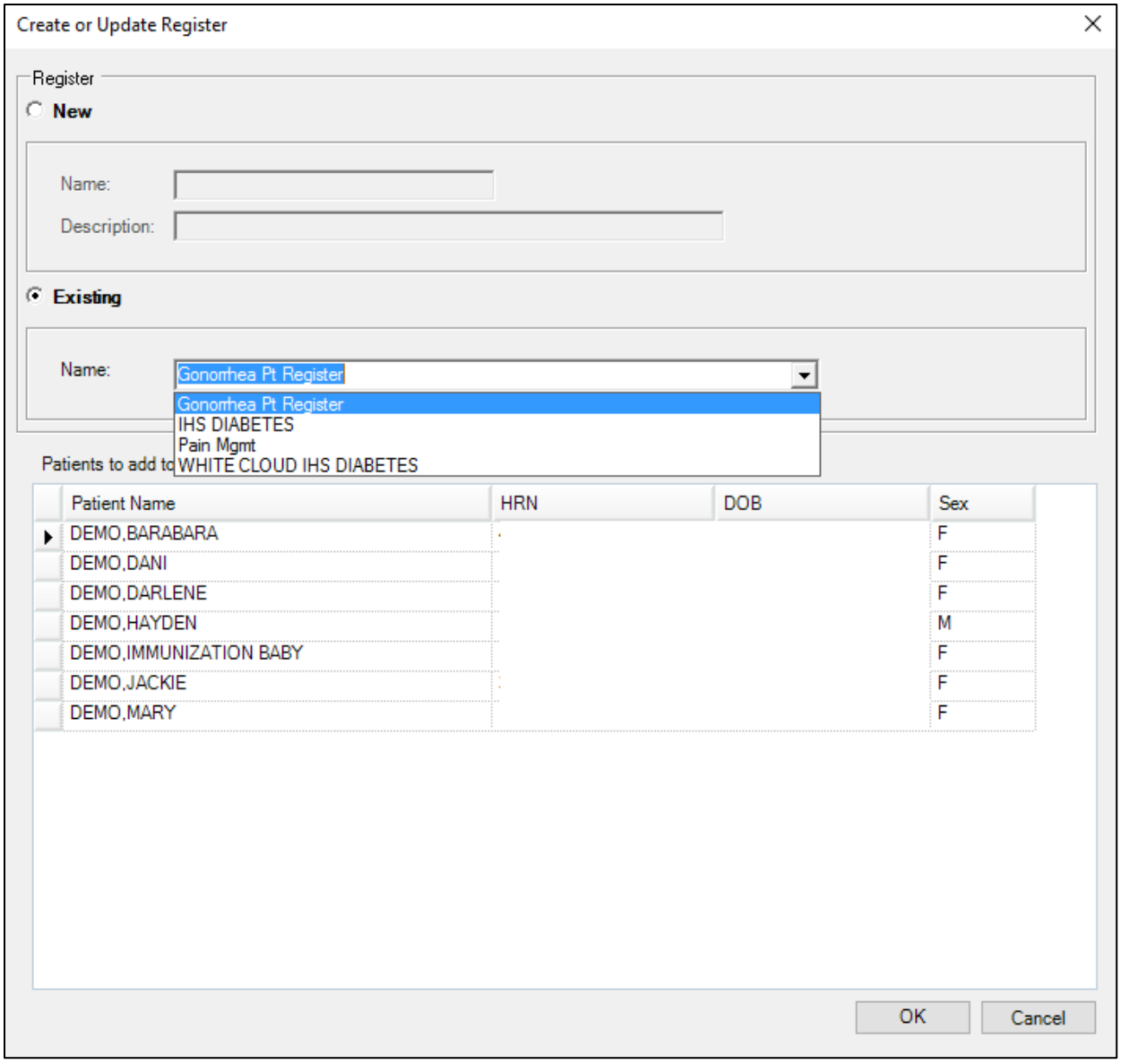


Figure 2-14: **Create or Update Register** dialog, existing register

Registers in RPMS are a part of the case management system. Additional updates can be made there.

```
                    ****************************************
                    **      CASE MANAGEMENT SYSTEM        **
                    ****************************************
                                 VERSION 2.0
                               2016 DEMO HOSPITAL

                                  MAIN MENU


  CR      Create/Modify Register Structure
  AU      Add Authorized Users
  BL      Build Supporting Lists
  DL      Display Supporting Lists ...
  AD      Add/Delete Patients ...
  DE      Data Entry
  RG      Report Generation ...
  RD      Resource Directory ...
  QMAN    Q-Man (PCC Query Utility)
  DEL     Delete Entire Register
  CLM     Custom letter Management ...
  ECR     Display/Edit Register Creator
  LTR     Manage Recall Letters ...
  PDM     Install Pre-Diabetes Register
  IDR     Install IHS Diabetes Register
```

Figure 2-15: Existing **Case Management System** options

2.1.1.12 Update Provider

The **Update Provider** function updates the designated primary care provider (DPCP) for selected patients with the entered provider. In iCare v2.9 p6, this has been changed to allow the user to batch update any provider category. The user must have either the DSPM Editor (BQIZDSPM) or a Designated Specialty Provider Management System (BDPZMENU) security key. The message in Figure 2-16 displays if the user does not have one of the above-listed keys.

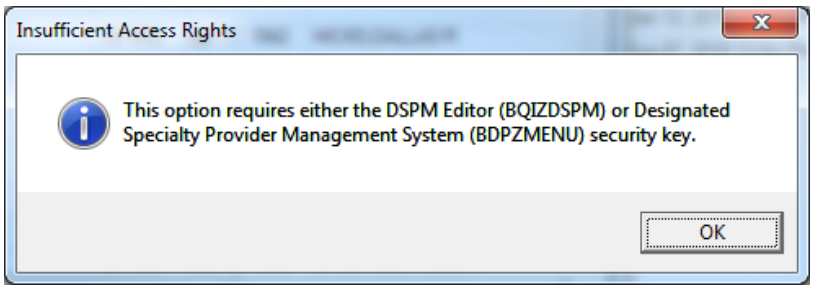


Figure 2-16: **Insufficient Access Rights** dialog

Select a list of patients to update their provider.

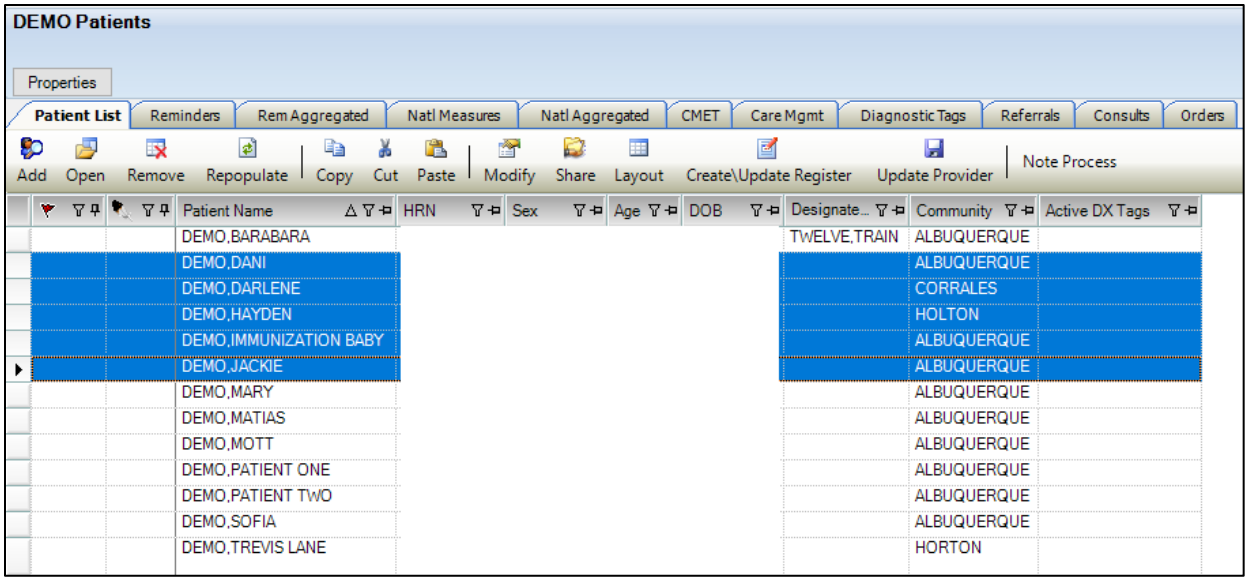


Figure 2-17: **Patient selection** list

Select the **Update Provider** function by doing one of the following:

- Clicking **Update Provider** (

)
- Selecting **Patients** | **Update Provider**

The **Update Provider** window opens, showing the update provider form.

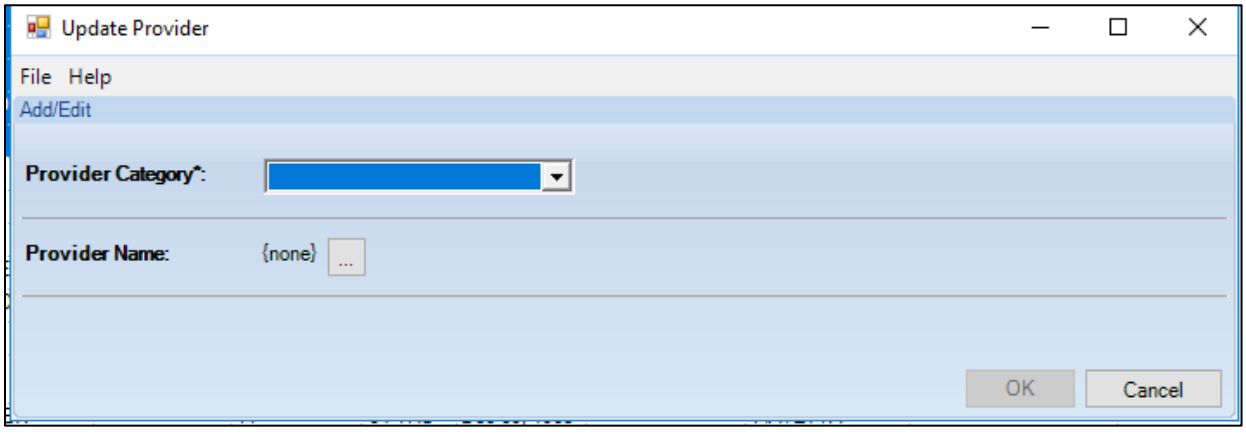


Figure 2-18: **Update Provider** form

Provider Category

Select the Provider Category you wish to update. Previously, only the designated primary care provider (DPCP) could be updated. Now, you can change any defined provider categories (specialty providers). Select the provider category from the drop-down list.

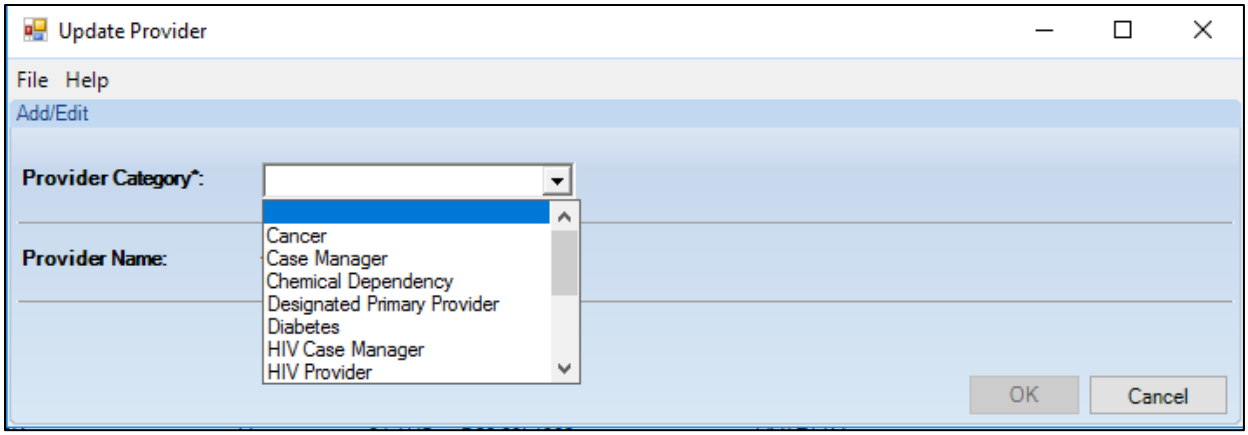


Figure 2-19: **Provider Category** list

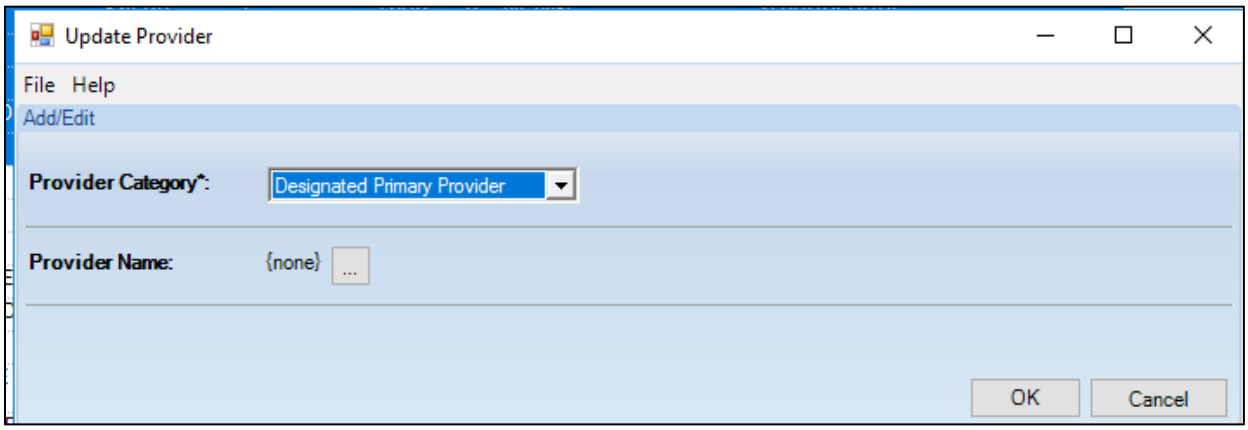
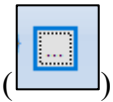


Figure 2-20: **Provider Category** selection

Click **Lookup** ()

Add or Change

To change or add a provider, enter the provider's name in the **Search** field and click **Find**.

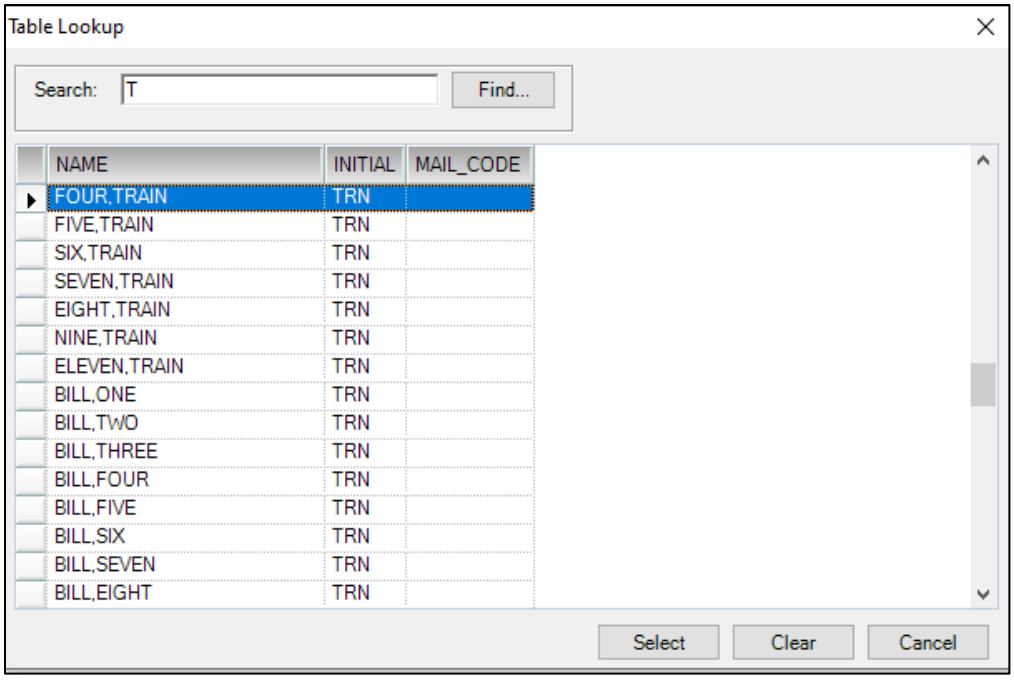


Figure 2-21: **Table Lookup** dialog, **Search** function

Highlight the provider and click the **Select** button. It will return with the selected provider. Click the **OK** button.

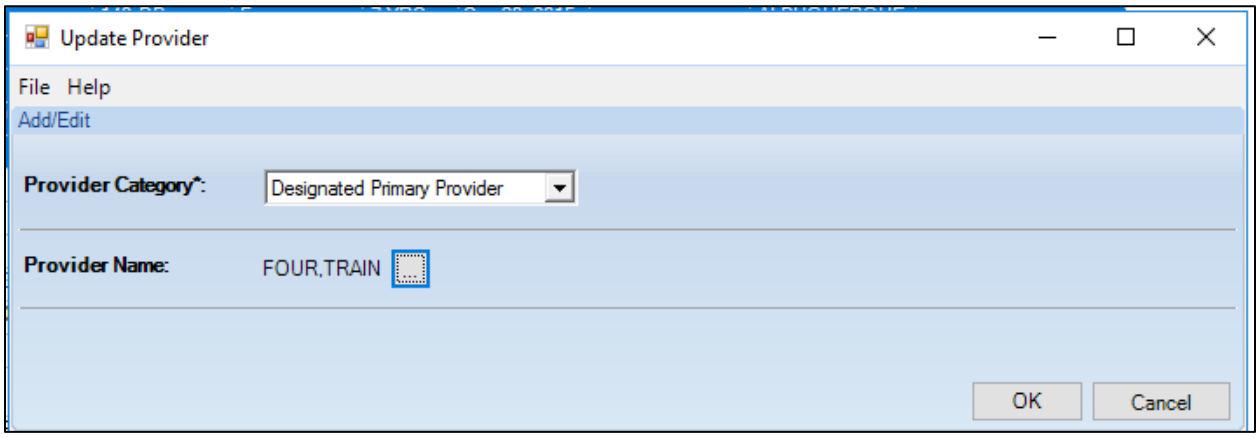


Figure 2-22: Update selected Provider Category and Provider Name

Click **Yes** to confirm saving to RPMS.

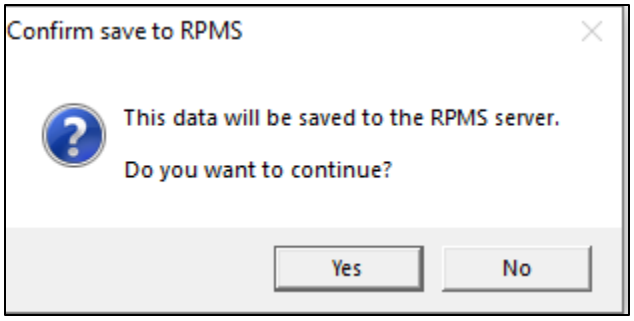


Figure 2-23: Confirm save to RPMS message

Click **OK** to refresh.

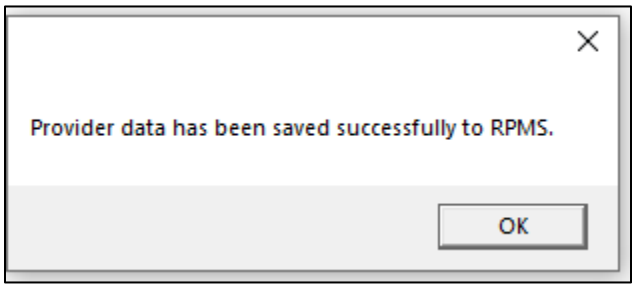


Figure 2-24: Provider data has been successfully saved

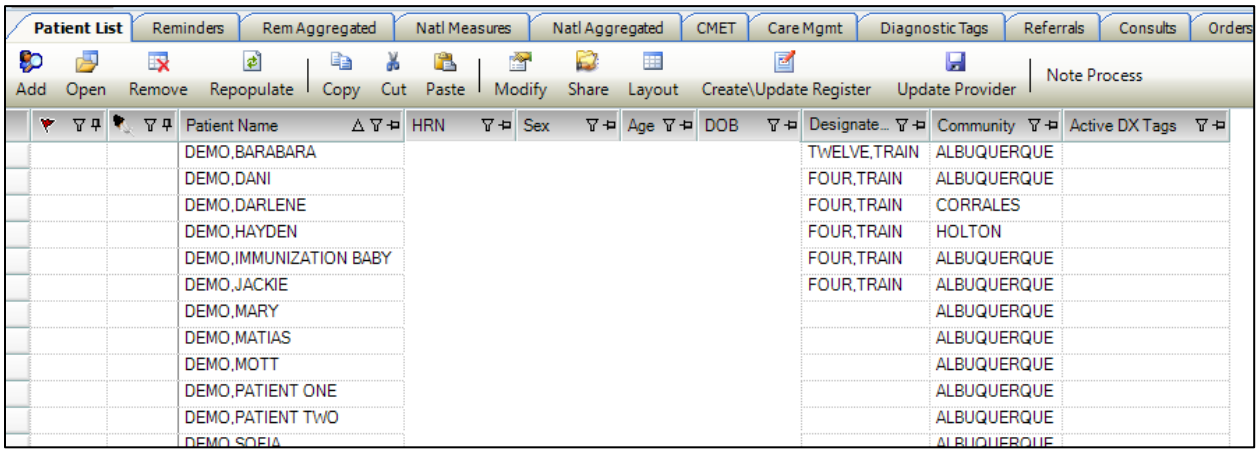


Figure 2-25: **Patient List** tab

Remove

To remove the provider from all selected patients for the Provider Category, leave the **Search** field blank and click the **Clear** button. It will return to the **Add/Edit** screen. Click **OK**.

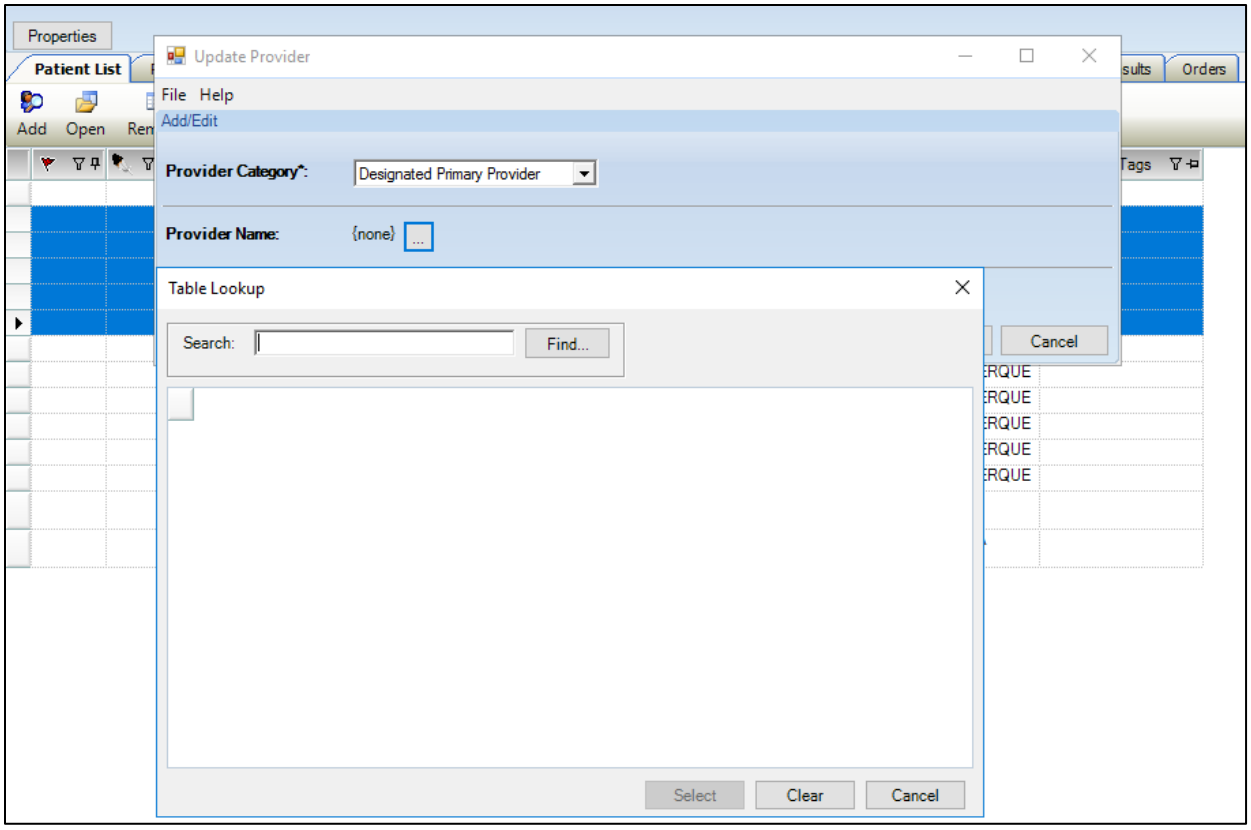


Figure 2-26: Update selected Provider Category selection

Click **Yes** to confirm saving to RPMS.

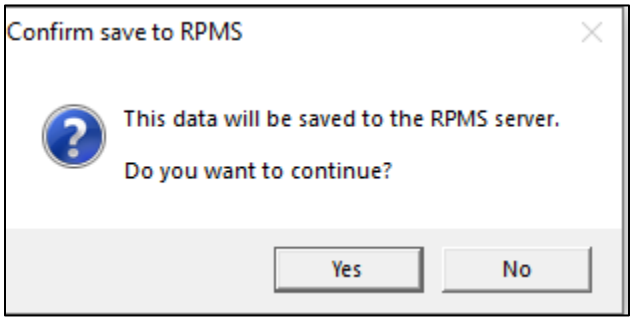


Figure 2-27: Confirm to save to RPMS message

Click **OK** to refresh.

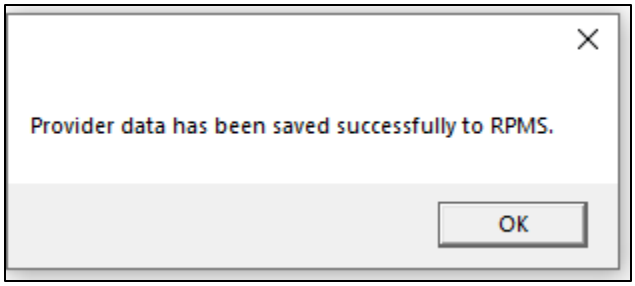


Figure 2-28: Provider data has been successfully saved

The selected Provider Category column should be cleared for the selected providers. To confirm, add the **Provider Category (Specialty Providers)** column to the layout before updating to confirm the changes.

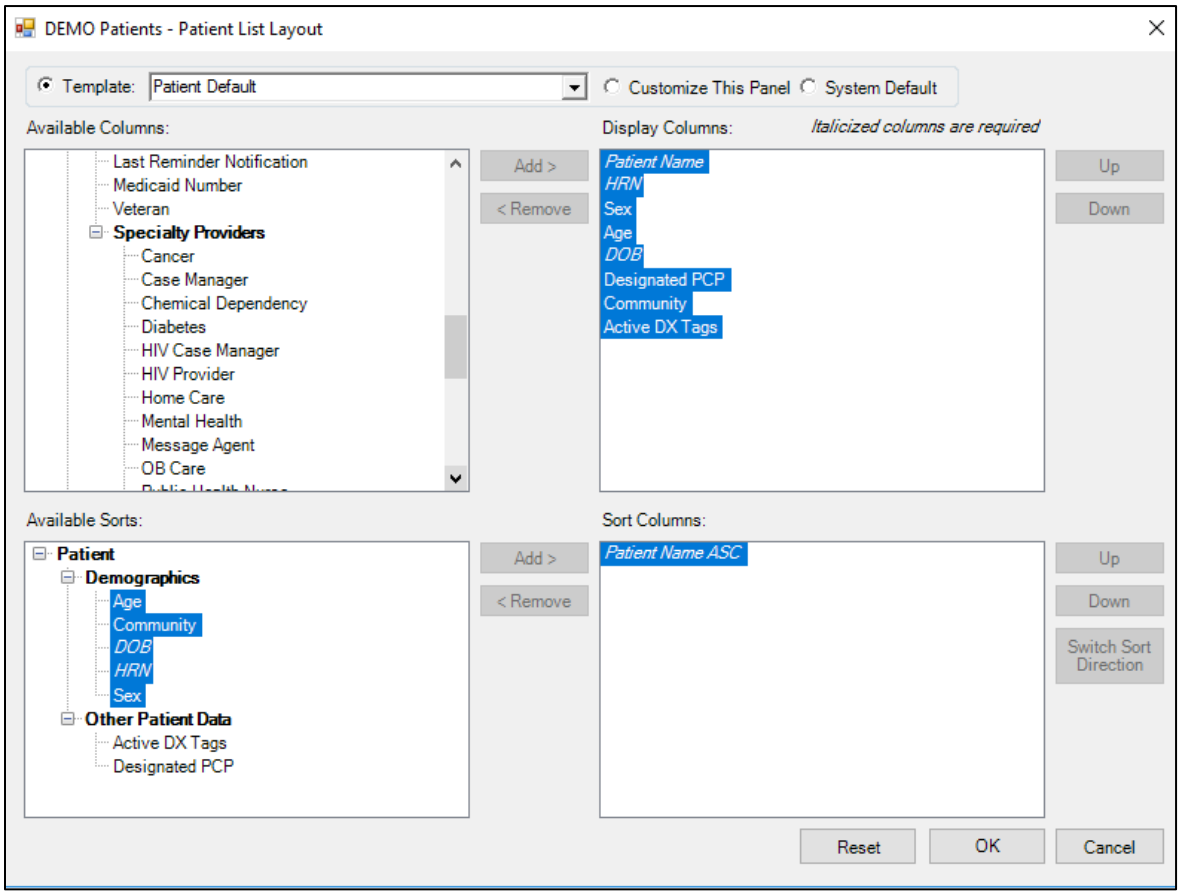


Figure 2-29: Specialty Providers list from Patient layout

Occasionally, specific categories might not be updated if the patient's record was somehow out of synchronization. In those cases, it may be necessary to remove the provider by one of the following RPMS menus:

Update Primary Care Provider [BSDPCP EDIT 1PAT]

Update Designated Providers for One Patient [BDP UPDATE PATIENT]

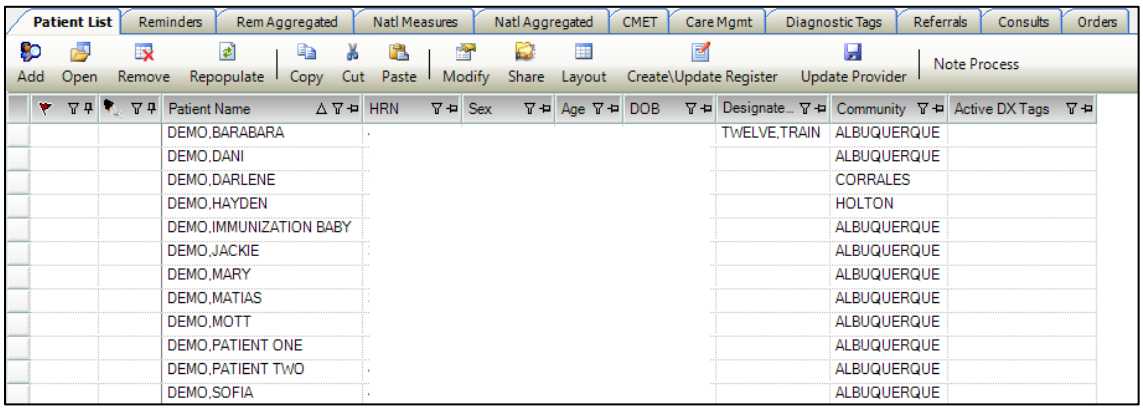


Figure 2-30: Patient List tab displaying updated data

2.1.1.13 Note Process

The **Note Process** function allows the user to create a letter or phone note for the selected patients. The default is LETTER. To use the Note Process, the user must have an electronic signature set up in RPMS and default telephone and letter clinics set up in User Preferences; see Section 4.3.1. See Section 3.12.2.2 for more information on letters or notes.

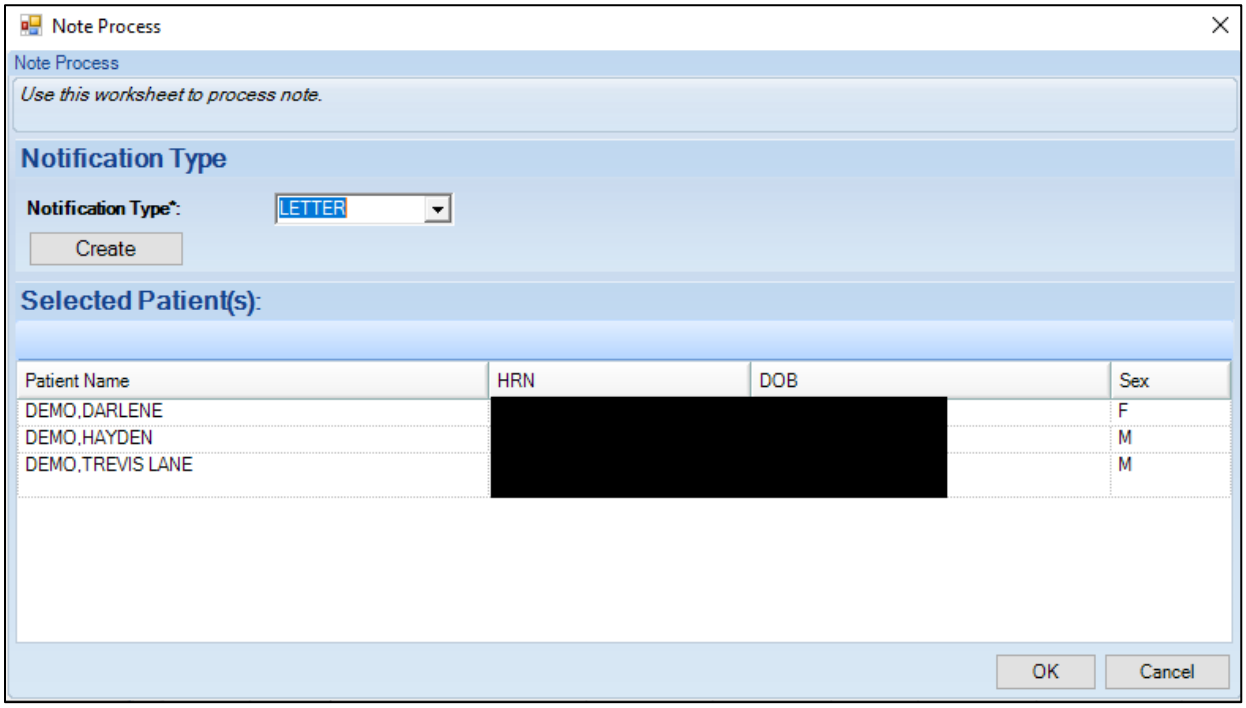


Figure 2-31: Note Process dialog

Click **Create** to start the letter or note.

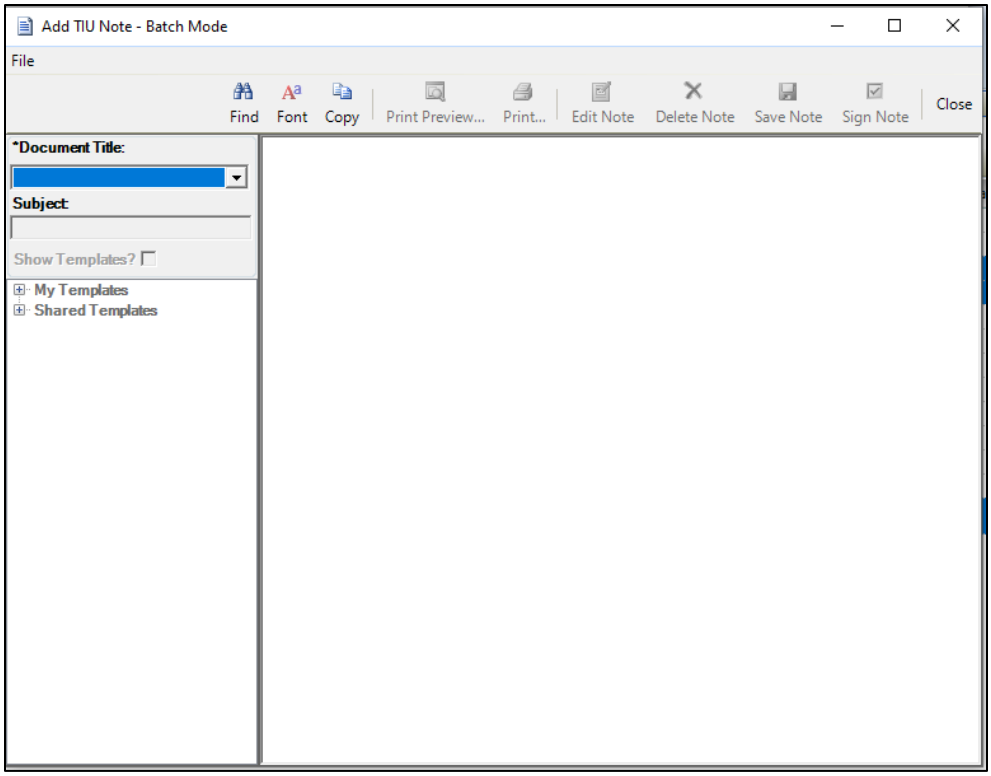


Figure 2-32: **Add TIU Note - Batch Mode** window

2.1.2 Additional Toolbar Items

The buttons on the right side of any iCare window have many of the same functionality as other iCare views. For Panel View, there is one button that does not exist elsewhere in iCare: the **Mail Merge** button.

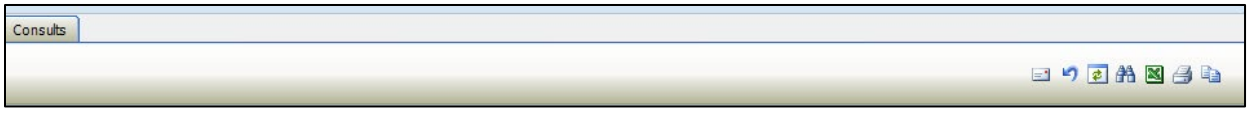


Figure 2-33: Right-side toolbar

These buttons might not be visible; in that case, click the drop-down list ( ) button.

The application provides hover help for each button.

2.1.2.1 Mail Merge

The iCare application provides the capability to export patient demographic data in a format that word-processing mail merge files can use. This is a demographic data export for the Letter Generation function.

Follow these steps:

1. Select the patients to include in the mail merge process.
2. Click the **Mail Merge** ( ) button (or select **Tools** | **Mail Merge**) to display the **Export** dialog.

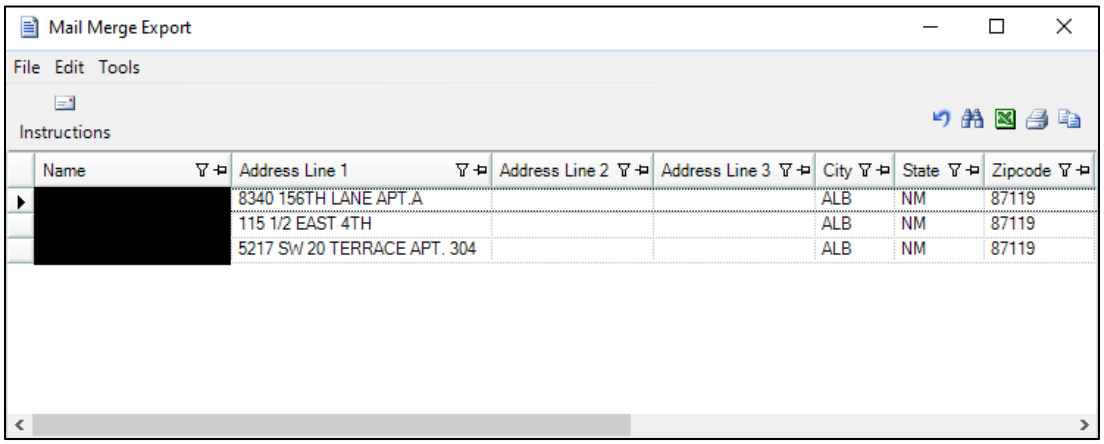


Figure 2-34: **Mail Merge Export** dialog

Section 2.1.2 provides information about using the buttons on the right side of the toolbar.

3. Click the **Instructions** (Instructions) button to display the **Mail Merge Instructions** pop-up. Here are the instructions for completing the mail merge process.

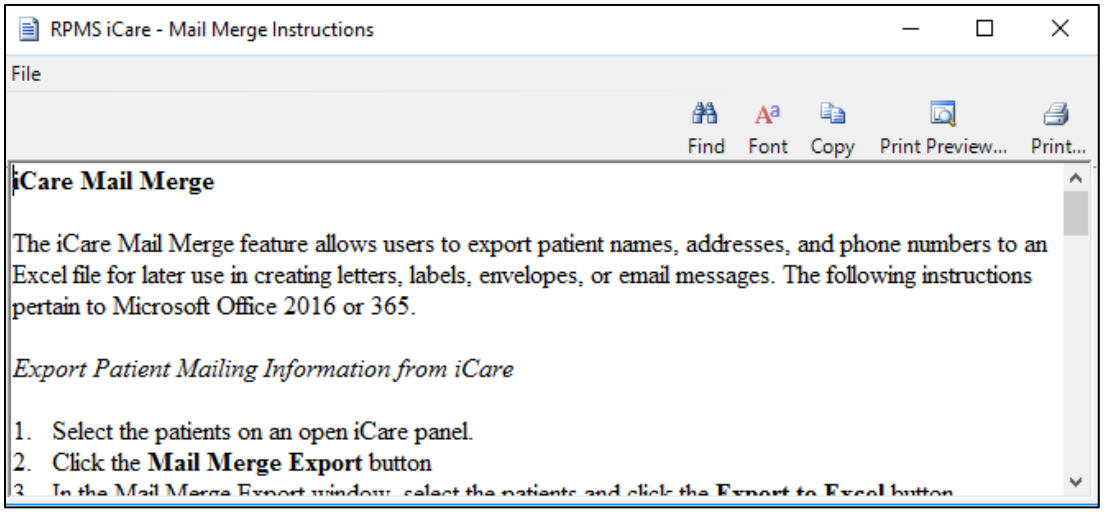


Figure 2-35: **Mail Merge Instructions** pop-up

> **Note:** Print the contents by clicking the **Print** button or selecting **File** | **Print**.

Section 4.1 provides information about the **File** menu and buttons on the pop-up.

2.1.2.2 Reset View

Click the **Reset View** ( ) button (or select **Tools** | **Reset View**) to return the current view to the default view. Use this feature to change the view, such as resizing the column width. This is the same as using the **Ctrl+R** key combination.

2.1.2.3 Refresh

Click the **Refresh** ( ) button (or select **Tools** | **Refresh**) to update any RPMS field values on the current window with new data from the server. This is the same as pressing F5 on your keyboard.

2.1.2.4 Search

Click the **Search** ( ) button (or select **Tools** | **Search** or use the **Ctrl+F** key combination) to display the **Search** dialog.

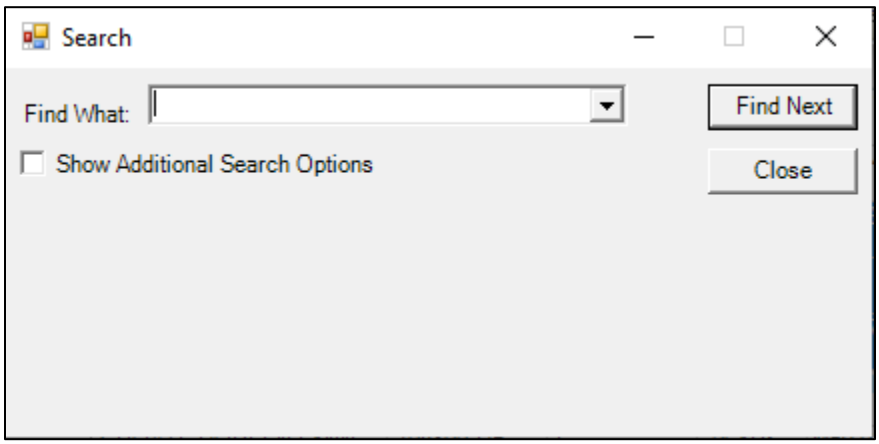


Figure 2-36: **Search** dialog

If the **Show Additional Search Options** check box is not selected, the search looks in all columns for a match.

If the **Show Additional Search Options** check box is selected, the **Search** dialog changes to show more options for the search.

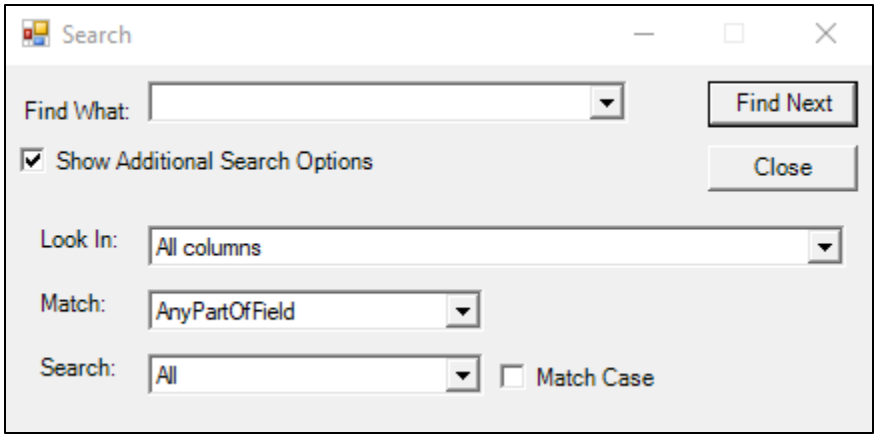


Figure 2-37: **Search** dialog with additional search options

Type the search criteria in the **Find What** free text field. The remaining fields determine the criteria for the search.

If the **Match Case** check box is selected, the search will match the case of the text in the **Find What** field.

Look In Field

Click the drop-down list for the **Look In** field to view the options. The highlighted option determines which part of the window to search.

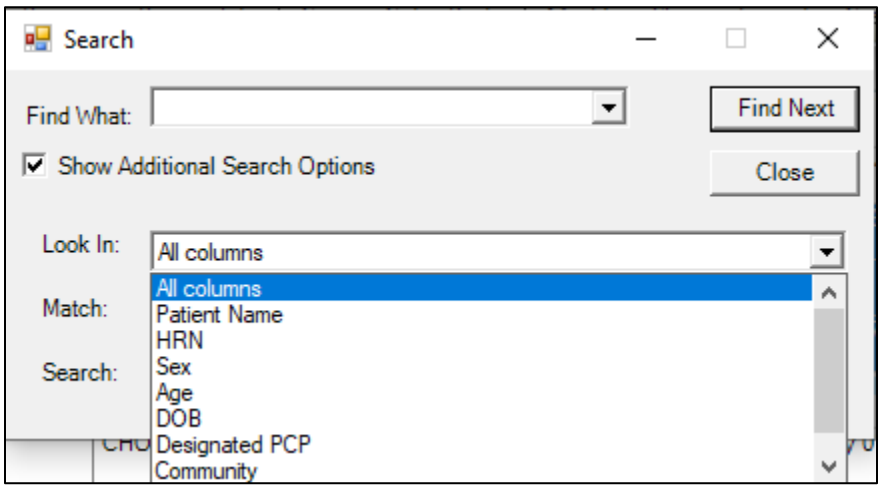


Figure 2-38: Sample options for the **Look In** field

The highlighted items in the upper part of the list determine the options in the lower part. For example, if the **Look In** field contained **All columns**, the list of the column names would appear in the lower part of the drop-down list.

Match Field

Click the drop-down list for the **Match** field to view the options for that field.

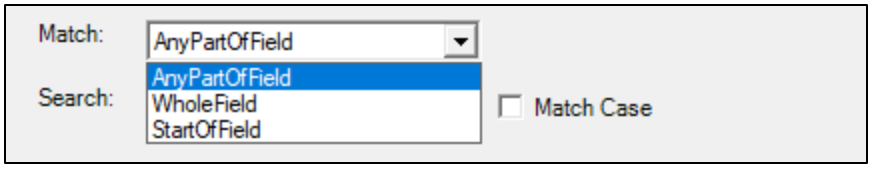


Figure 2-39: Sample options for the **Match** field

The highlighted option determines what part of the **Find What** field will be matched in the search.

Search Field

Click the drop-down list for the **Search** field to view the options.

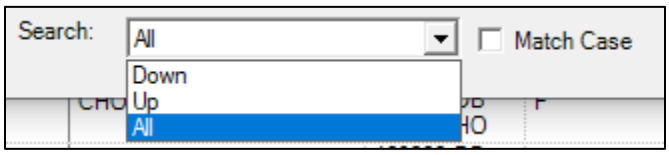


Figure 2-40: Sample options for the **Search** field

The highlighted option determines the direction of the search.

After all fields are populated with the search criteria, click the **Find Next** button. (Otherwise, click **Close**.)

The matching text will be highlighted (in the grid) if a match is found. To continue the exact search, click the **Find Next** button again; repeat this process as needed.

The **Datagrid Search Results** message will display if a match is not found.

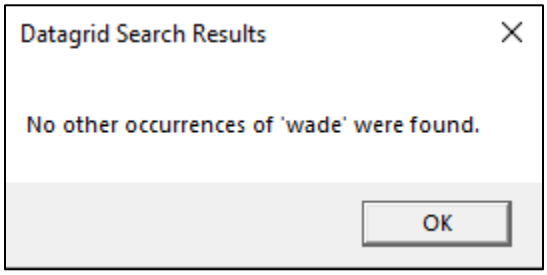


Figure 2-41: **Datagrid Search Results** message

Click **OK** to close the message and return to the **Search** dialog.

2.1.2.5 Export to Excel

Export the information in the grid to Excel by clicking the **Export to Excel** ( ) button (or by selecting **Tools** | **Excel Export** or pressing **Ctrl+E**).

The application displays a warning message about the export.

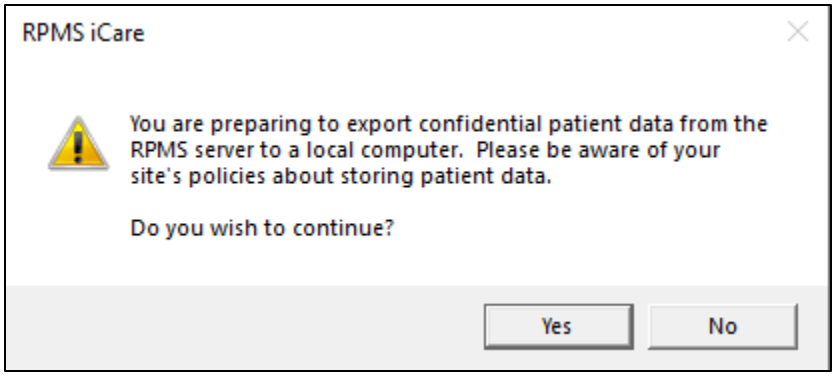


Figure 2-42: Warning message about exporting patient data

- Click **No** to dismiss the warning and to exit the export process.
- Click **Yes** to continue the export process and display the **Save As** dialog.

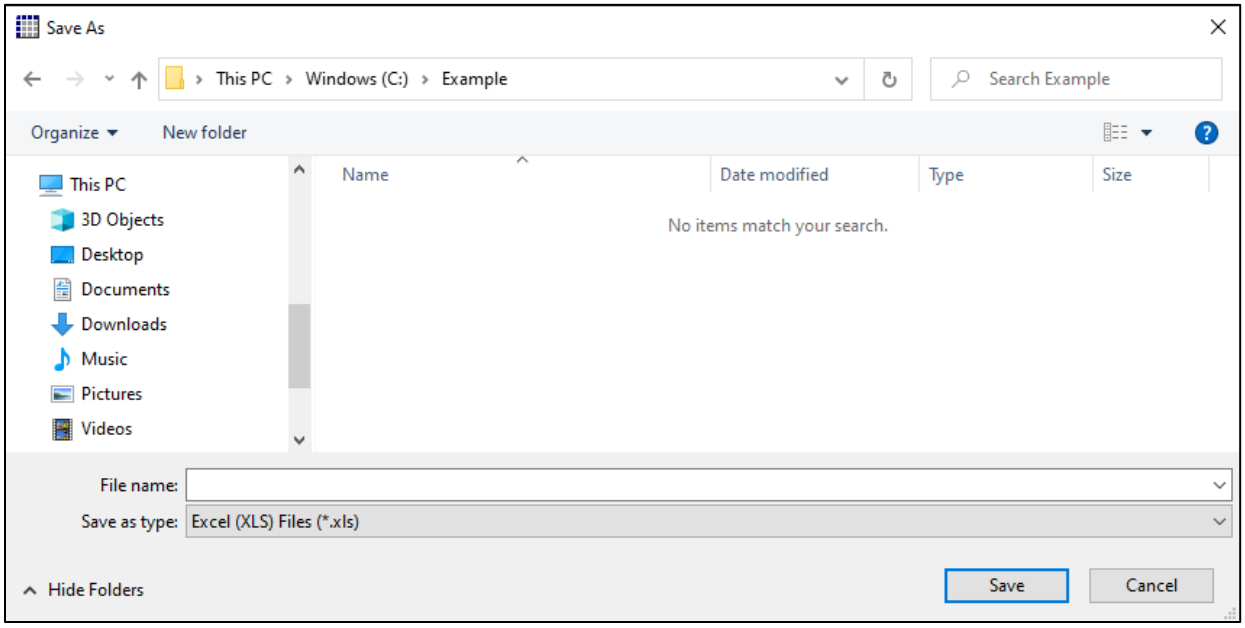


Figure 2-43: Sample **Save As** dialog

Make sure the file location displays in the **Save in** field.

Type the name in the **File name** field. The system will add an XLS extension to the field name (automatically).

Click **Save**. (Otherwise, click **Cancel**.) The Export Panel message, "Excel export has been created" displays when the save command is complete; click **OK** to dismiss the message.

The application provides a Confidential Patient Information header when the Excel document is viewed.

2.1.2.6 Print

Print selected rows will print the selected patients' information.

Copy the selected patients' information by doing the following:

- Selecting the patients by selecting the rows or selecting all using **Ctrl+A**.
- Clicking the **Print** ( ) button (or selecting **Tools** | **Print** or pressing **Ctrl+P**).

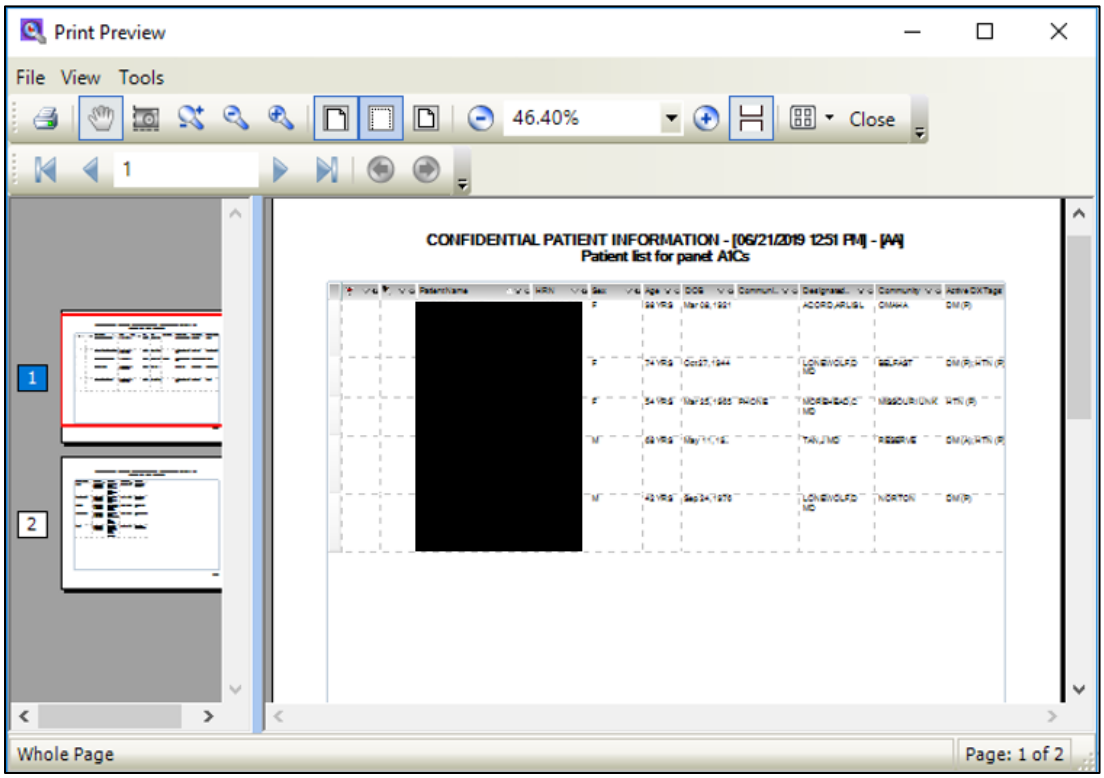


Figure 2-44: **Print Preview** dialog

2.1.2.7 Copy

Copy selected rows of the selected patients' information to the iCare clipboard. Then, paste the patients' information from the clipboard.

Copy the selected patients' information by doing one of the following:

- Selecting the patients by selecting the rows or selecting all pressing **Ctrl+A**.
- Clicking the **Copy** button (or selecting **Tools** | **Copy Rows to Clipboard** or pressing **Ctrl+Shift+C**).

2.1.3 Additional Information

Information about the panel displays in different parts of the window.

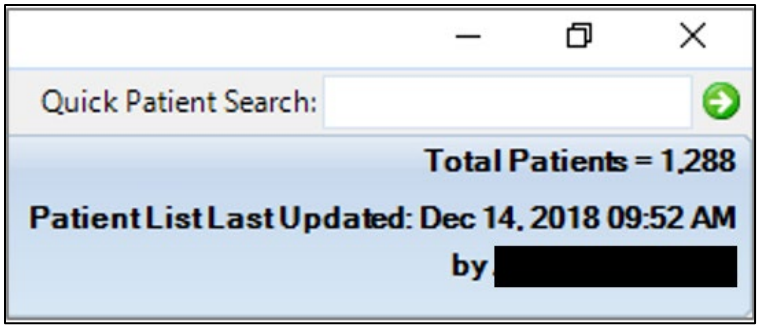


Figure 2-45: Top right

- **Total Patients**: The number of patients in the panel.
- **Patient List Last Updated**: The date and time the patient list was last repopulated, either manually or auto-repopulated.
- **By**: The name of the user who last repopulated the patient list.

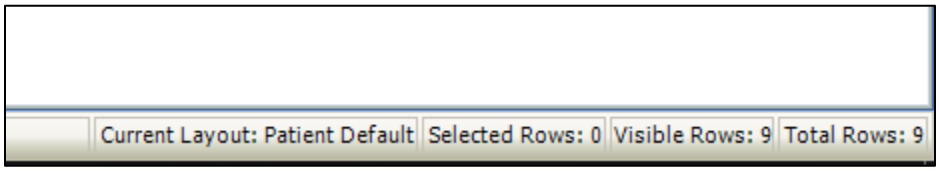


Figure 2-46: Bottom right of panel

Information about the current layout, how many rows are selected, if the view is filtered, and how many visible rows are out of the total.

Figure 2-47: Top left

The panel's name and a **Properties** button describe the panel's definition.

2.1.4 Properties

Click the **Properties** button above the tabs in the Panel Information area (or select **File | Panel Properties**) to view the properties of the current panel. Click **OK** to dismiss the pop-up.

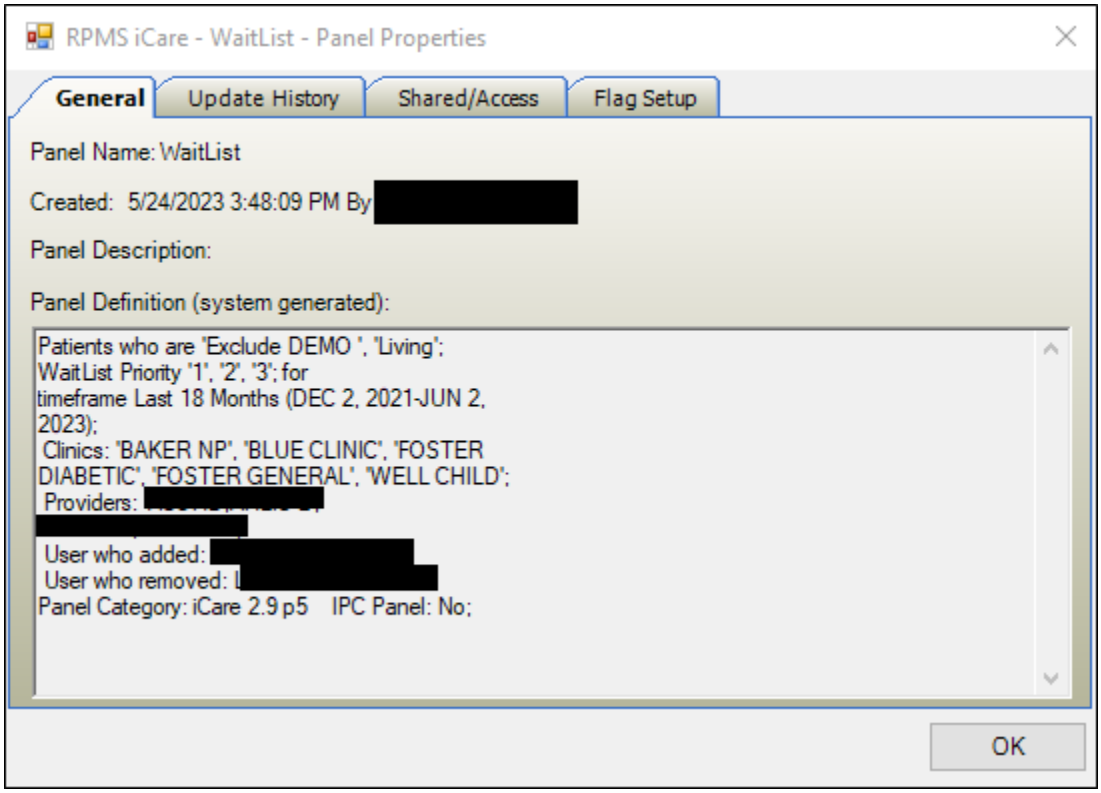


Figure 2-48: Sample **Panel Properties** pop-up

- The **General** tab provides information about the panel name, when it was created and who created it, the panel description, and any filters used to create it.
- The **Update History** tab provides information about the auto-repopulate status of the panel, when the panel definition was last modified and who modified it, when the patient list was last populated and who modified it, and when the patient list was manually updated.
- The **Shared/Access** tab provides information about the shared users for the current panel and their access rights.
- The **Flag Setup** tab provides information about the timeframes for the flag types (defined in User Preferences).

Click **OK** to dismiss the pop-up.

2.1.5 User Preferences

Users may hide tabs that they do not use or choose to change the opening tab. The default opening tab is Patient List. Users can adjust their views by selecting **User Preferences** under **Tools**.

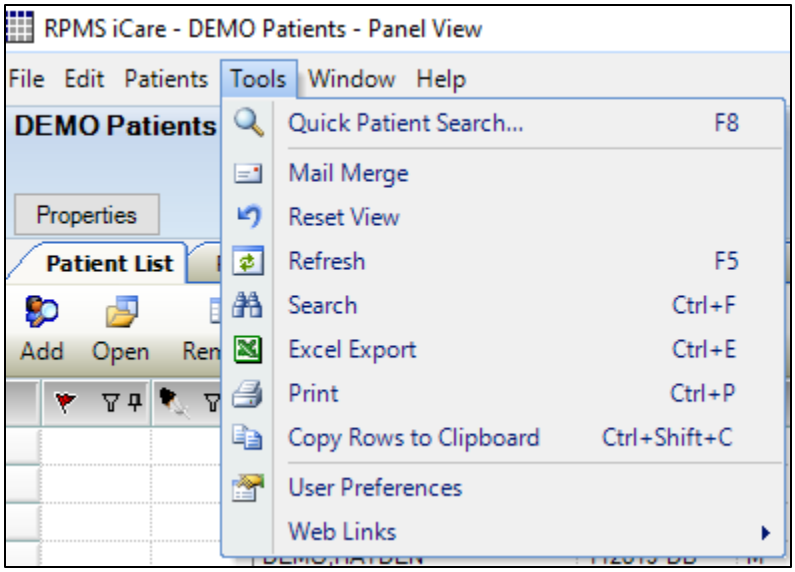


Figure 2-49: Tools list

In the **User Preferences** dialog, click the **Panel View** tab to display a list of available tabs that can be hidden by unchecking the corresponding box. Select a **Starting Tab** to choose the first panel that appears when a panel is opened. There can be only one Starting Tab selection, and at least one Starting Tab must be selected.

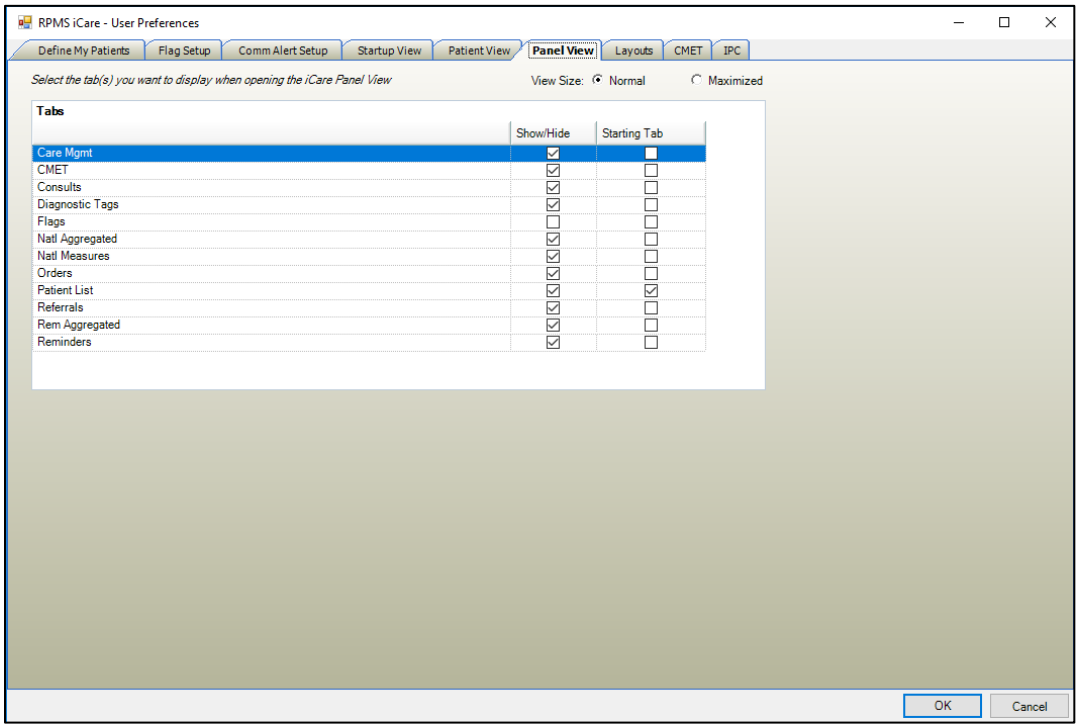


Figure 2-50: User Preferences Panel View list

3.0 Package Management

Section 2.1.2 provides information about the buttons on the right side of the toolbar.

3.1 Patient List Tab

The **Patient List** tab of the **Panel View** window displays data about the patients in the panel. The default grid displays the standard demographic columns (Patient Name, HRN, Sex, Age, DOB [date of birth]) in addition to the diagnostic tag-related data and the condition-specific (register) fields.

Users can create notes via the **Note Process** button.

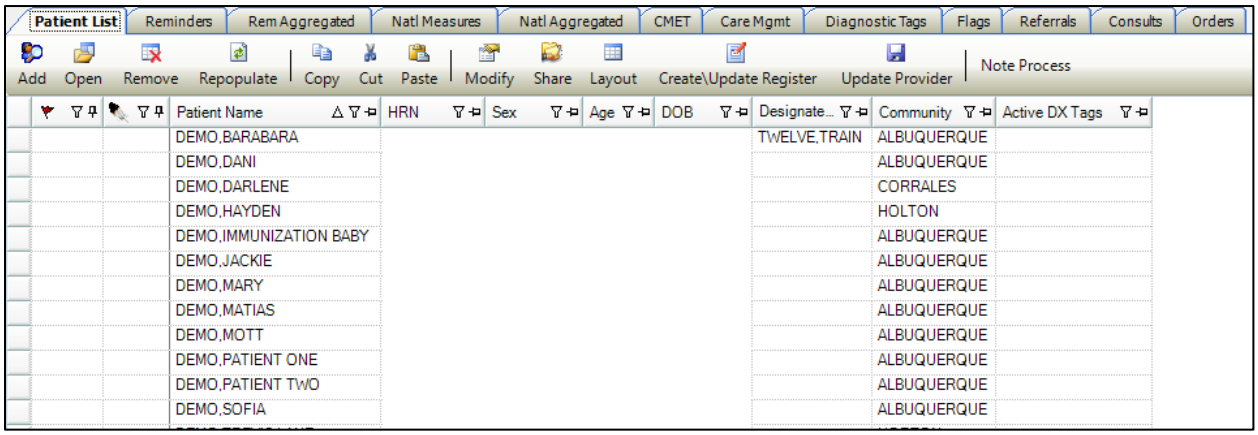


Figure 3-1: Sample **Patient List** tab

3.1.1 Patient List Tab Layout

Review the status bar in the current layout to identify which template is used. For example, it could read the current layout: system default.

The status bar shows information about the rows in the panel. Visible rows will be smaller than total rows if a filter has been applied.

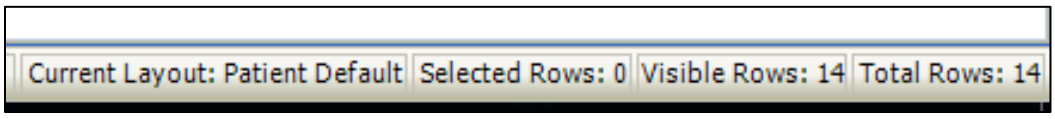


Figure 3-2: Sample row information

Sort/filter the columns and perform other functions on the columns.

Table 3-1 provides information about the default columns on the **Patient List** tab.

Table 3-1: Standard patient demographic information

Column	Information
Flag indicator	Displays when a patient has a flag. This column is always the first and can only be removed by turning all flags off in the User Preferences.
	The feather indicator in this column means an open CMET with an overdue step. Go to the CMET Tracked Events sub-tab to review this condition.
Patient Name	Required field that will link to the patient record if you double-click the name.
HRN	Patient's health record number. The HRN will display the HRN number followed by the facility code. An HRN with an asterisk (*) is an inactive HRN for that facility.
Sex	F (for female), M (for male), or U (for unknown).
Age	The patient's age as of today.
DOB	Patient's date of birth.
Designated PCP	Designated primary care provider, if any. Not all facilities use this field to empanel patients.
Community	Patient's community of residence.
Active DX Tags	One or more predefined diagnosis definitions (tags) that iCare has proposed for the patient with a Proposed or Active status. Section 3.1.1.1 provides more information about diagnostic tags.

View the community alert text by hovering your mouse over the Community Alert icon ( ), if any. The icon does not affect the sorting of the Community column.

3.1.1.1 Diagnostic Tags

iCare provides a diagnosis tagging function that runs as a background process on your RPMS server and reviews all patient data. Tagging is a term that refers to running a series of logic algorithms on one or multiple patients that identifies (tags) them with one or more of the predefined diagnosis categories listed below:

- ASCVD At Risk (ASCVD Risk)
- ASCVD Known (ASCVD Kn)
- Asthma (Asthma)
- COPD (COPD)
- Chronic Kidney Dis NOS (CKD NOS)
- Chronic Kidney Dis Stg 1 (CKD 1)
- Chronic Kidney Dis Stg 2 (CKD 2)
- Chronic Kidney Dis Stg 3 (CKD 3)
- Chronic Kidney Dis Stg 4 (CKD 4)

- Chronic Kidney Dis Stg 5 (CKD 5)
- Diabetes (DM)
- End Stage Renal Disease (ESRD)
- Glaucoma (Glau)
- HIV/AIDS (HIV)
- Hypertension (HTN)
- Obese (Obese)
- PreDM Metabolic Syndrome (PreDM)
- Pregnant (Preg)
- Tobacco Users (Smokers) (Smoker)

iCare will classify tags into one of five statuses: proposed (pending) (P), accepted (A), not accepted (NA), no longer valid (NLV), and superseded (S). In the **Active DX Tags** column on any panel view, the status value should be concatenated with the tag name, e.g., Asthma (A), CVD AHR (P), DM (A).

The detailed logic for each diagnosis tag can be found in the Diagnostic Tag glossary (found by selecting that option on the Help menu).

3.1.1.2 Patient Classified as Sensitive

A "sensitive patient" is preceded by the ( ) symbol in the **Patient Name** column.

Double-click the sensitive patient record. If one of the following conditions exists:

- The patient is sensitive, and the user is not a DG SENSITIVITY key holder

  or

- The patient is an employee, and the user is not a DG SENSITIVITY OFFICER key holder

Then, the application displays a warning message.

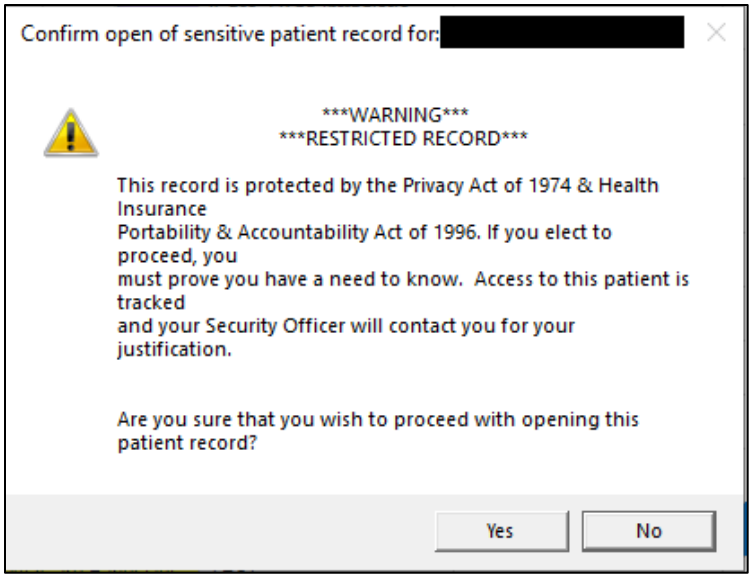


Figure 3-3: Sample sensitive patient warning message

Click **Yes** to open the patient record. Otherwise, click **No**.

3.2 Reminders Tab

The **Reminders** tab displays reminders pulled from RPMS: Health Summary report reminders, EHR Clinical Reminders, HMS Reminders, Care Management Event Tracking (CMET) Reminders, and Immunization Forecaster Reminders. The default view is the Health Summary Reminders.

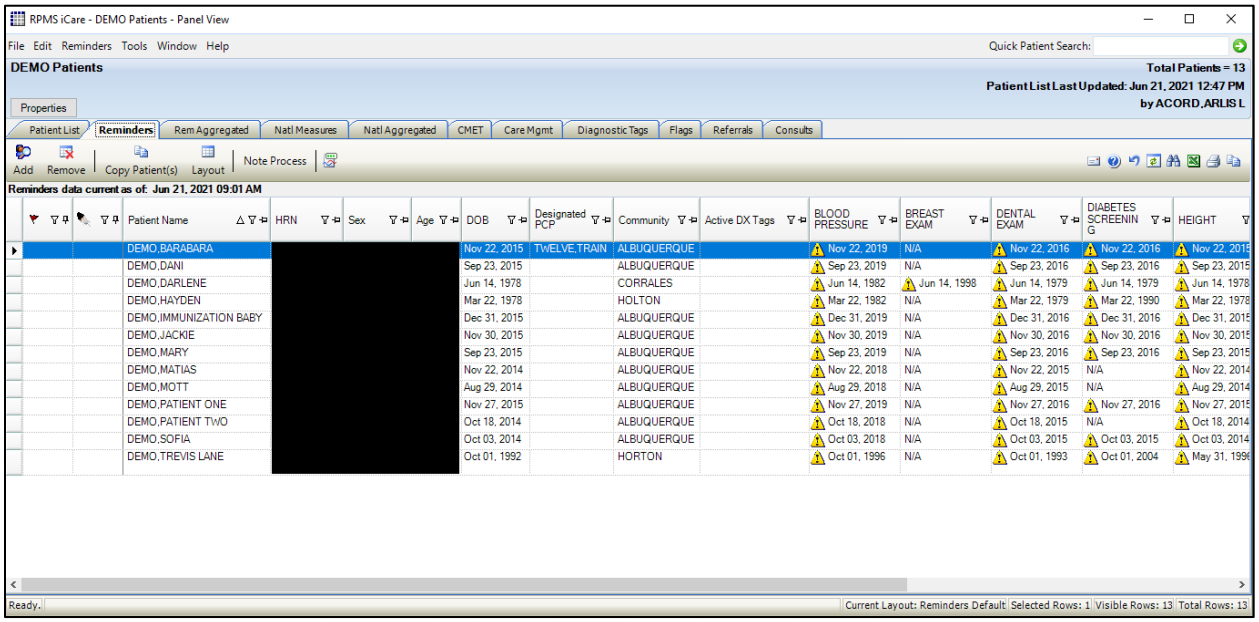


Figure 3-4: Sample **Reminders** tab

The Reminders Glossary contains information about each of the reminders. To view this glossary, select **Help** | **Reminders Glossary**.

3.2.1 Reminders Tab Layout

The default view displays the standard patient demographic columns (see Figure 3-4) plus selected active reminders.

Table 3-2: Sample **Reminders** tab

Column	Information
Individual Columns	There are individual columns for each active reminder.

Double-click any row in the grid to access the **Reminders** tab of the **Patient Record** window.

The default sort order is alphabetical by patient name.

You can sort/filter the columns and perform other functions on the columns.

3.2.1.1 Due/Overdue Dates

A date will display under each reminder column if the test or procedure is due. As shown in Figure 3-5, a yellow triangle icon displays if the test or procedure is overdue.

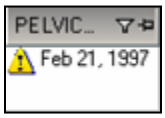


Figure 3-5: Sample overdue date for pelvic exam reminder

3.2.1.2 Tooltip for Reminder

Hover your mouse over a reminder column heading to view information about it. The information is pulled from the Reminders application. The reminder tooltip will indicate the type of reminder by source and category.

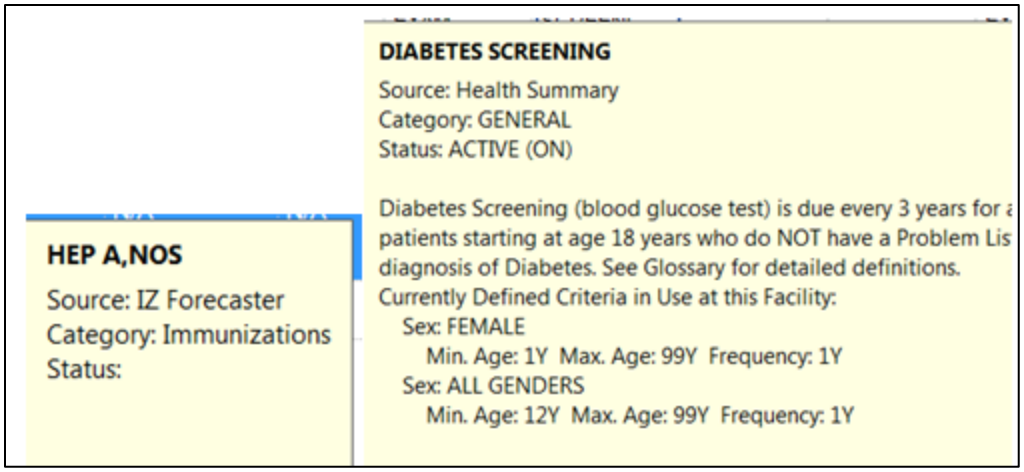


Figure 3-6: Reminder hover text

3.2.2 Reminders Tab Toolbar

The reminder logic is calculated and cached for display. The reminder logic is updated nightly by the nightly background job and once a week by the weekly job. The toolbar shows the date for which the data is effective.

Section 2.1.2 provides information about the buttons on the right side of the toolbar window.

3.2.2.1 Add

Click the **Add** button if there are patients to be manually added to the panel.

3.2.2.2 Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

3.2.2.3 Copy Patient(s)

Highlight patients and click the **Copy Patient(s)** button if there are patients to be copied to another panel.

3.2.2.4 Layout

See Section 3.2.3 for information about the **Reminders Layout** button.

3.2.2.5 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on how the Note Process works.

3.2.3 Layout

The **Layout** function determines which reminder columns to display for the current panel and the order and sorting that should be used.

To change the layout, do one of the following:

- Click the **Layout** (

) button.
- Select **Reminders** | **Layout**.

The **Reminders Layout** screen will display for the current panel. Select the **Reminders** columns that will display on the panel.

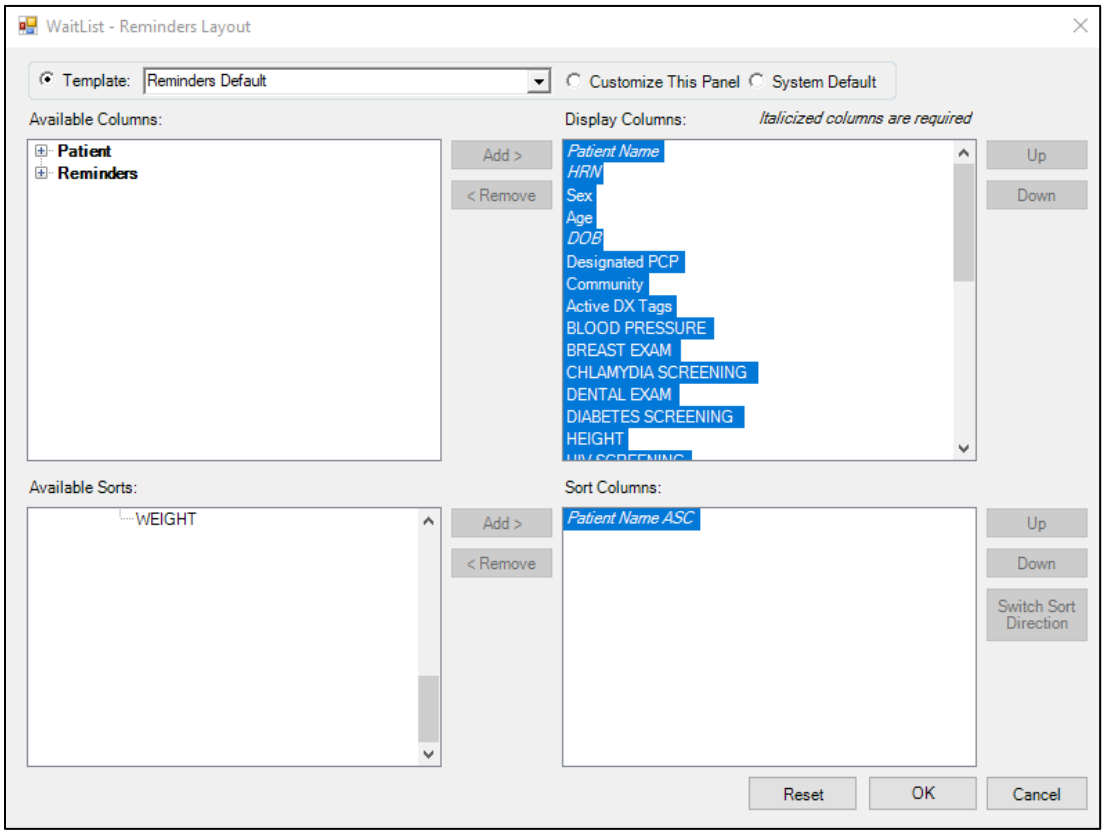


Figure 3-7: **Reminders Layout** window

There are three options to configure your display of data: **Template**, **Customize**, or **System Default**. Templates can be managed in Template Management. Choose the one appropriate for this panel if there are multiple reminder-type templates. A template can be used repeatedly for many different panels.

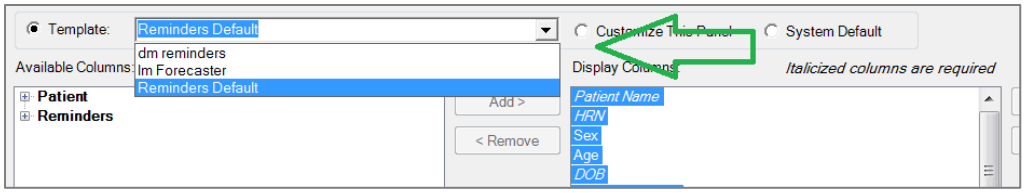


Figure 3-8: Template selection

Select **Customize,** and the configuration is only valid for this panel. **System Default** is the standard view released with iCare.

Update the Reminders columns by selecting **Reminders**, picking the appropriate source (on the **Reminders Layout** window), and adding them to the **Display Columns.** Section 4.3.2 provides information about manipulating the columns in the layout.

3.2.3.1 Status of Background Jobs

To check on the status of the background jobs, do one of the following:

- Click the **Background Jobs** ( ) button.
- Select **File** | **Background Jobs**.

The action accesses the **RPMS iCare - Background Jobs** window. Section 4.1.1 provides information about this window.

3.3 Rem Aggregated Tab

The **Reminders Aggregated** tab displays the percentages and counts of patients within a panel that has or has not met reminder criteria. Active reminders are reminders that are turned on at a site. The aggregated values of reminders will be calculated when the view is opened.

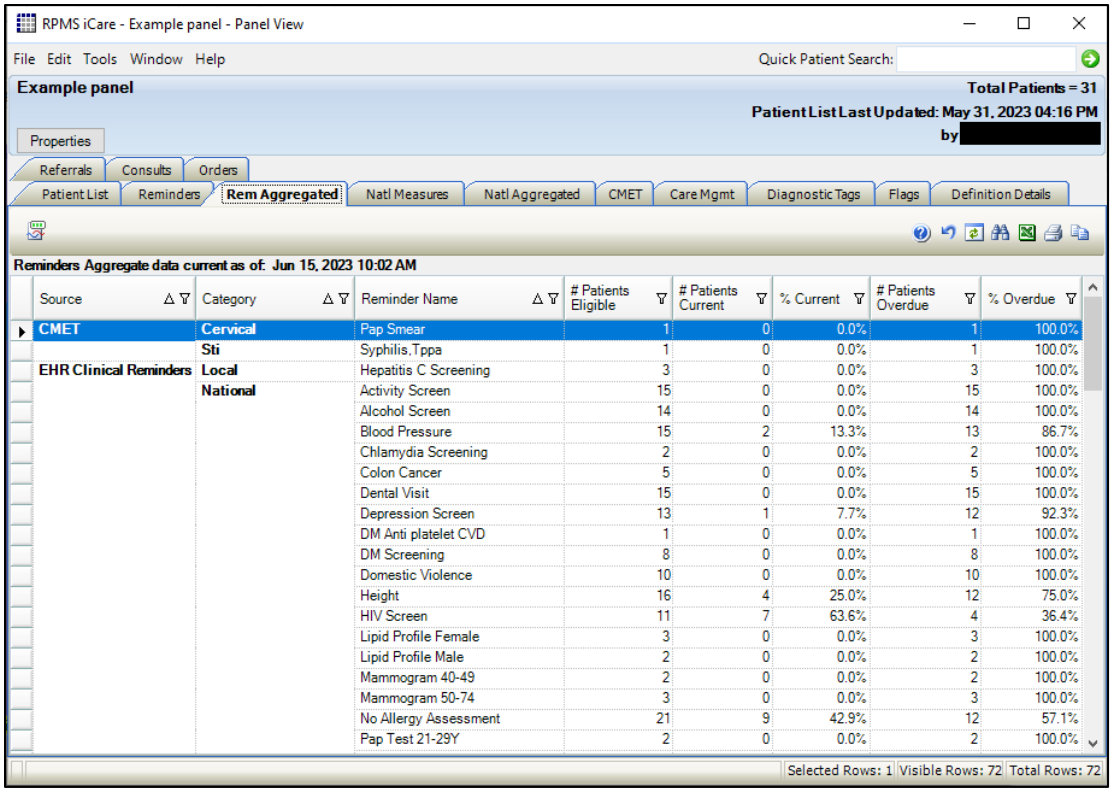


Figure 3-9: Sample **Rem Aggregated** tab

3.3.1 Rem Aggregated Tab Layout

The default view displays the fields on the **Reminders Aggregated** tab in the order as listed in Table 3-3.

Table 3-3: Reminder Aggregated columns

Column	Meaning
Source	The name of the source for the reminder. The following reminders will be organized into source: Asthma Reminders, CMET Reminders, EHR Clinical Reminders, Health Summary Reminders, and HIV/AIDS Reminders.
Category	The name of the category for the source.
Reminder Name	The name of the reminder.
# Patients Eligible	The total number of patients in this panel who need individual reminders.
# Patients Current	Current is defined as any due date in the future (not including today).

Column	Meaning
% Current	The total percentage of patients in this panel waiting for an individual reminder is [# Patient Current] divided by [#Patients Eligible]. Because of the one-month grace period for the overdue definition, the total percentage of current and overdue cannot equal 100%.
# Patients Overdue	Overdue is the due date equal to or before [today − 30 days]. This means the reminder is NOT counted as overdue for performance purposes until at least a month. The total of the Patients Current and the Patients Overdue cannot equal the total number of Patients Eligible because of the one-month grace period for the overdue definition.
% Overdue	The total percentage of patients in this panel who are overdue for an individual reminder. That is [Patients Overdue] divided by [Patients Eligible]. Because of the one-month grace period, the total percentage of Patients Current and Patients Overdue might not equal 100%.

You can sort/filter the columns and perform other functions on the columns.

3.3.2 Rem Aggregated Tab Toolbar

The toolbar displays the date/time the data is effective.

Section 2.1.2 provides information about the buttons on the right side of the toolbar.

To check on the status of the background jobs, do one of the following:

- Click the **Background Jobs** ( ) button.
- Select **File** | **Background Jobs**.

This action accesses the **RPMS iCare - Background Jobs** window. Section 4.1.1 provides information about this window.

3.4 Natl Measures Tab

The **Natl Measures** tab displays IHS national clinical performance measures as defined and reported in the RPMS Clinical Reporting System (CRS). iCare uses CRS performance logic to display whether patients meet annual performance goals.

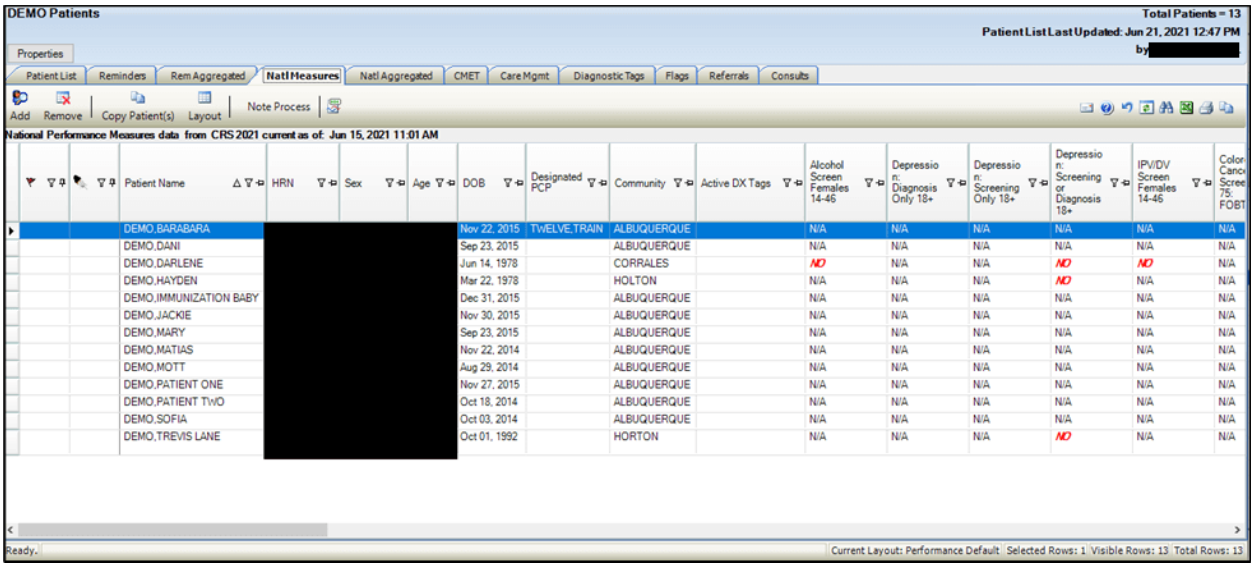


Figure 3-10: Sample **National Measures** tab

3.4.1 What Is National Performance (GPRA)?

The Government Performance and Results Act (GPRA) requires federal agencies to report annually to Congress on how the agency measured up against the performance targets set in its annual plan.

Most performance measures have a denominator and a numerator defined as:

- The denominator is the total population being reviewed.
- The numerator is the number of patients from the denominator who meet the definition of the measure.

Some measures are just a count, such as Sealants and Topical Fluorides.

Measure example: GPRA Measure Cancer Screening: Pap Smear Rates: Maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the past three years at the previous year's level (60.0%).

The denominator is the total population being reviewed for a specific measure. For the Pap smear measure, the denominator is all female patients ages 21 through 64 at the beginning of the report period. The numerator is the number of patients in the denominator who meet specific criteria. For a Pap smear, the numerator is the number of patients in the denominator who had either a Pap smear, defined by specific codes, documented in RPMS any time in the three years before the end of the reporting period or a refusal of a Pap smear in the past year.

If you are unfamiliar with your facility's policies and practices related to national performance reporting, talk with your site GPRA coordinator.

3.4.2 Natl Measures Tab Buttons

Each tab has a standard left-side group of buttons on the toolbar and a right-side group on the toolbar. See Section 2.1.2 for information on the left-side toolbar buttons.

3.4.2.1 Add

Click the **Add** button if there are patients to manually add to the panel.

3.4.2.2 Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

3.4.2.3 Copy

Highlight patients and click the **Copy** button if patients are to be copied to another panel.

3.4.2.4 Layout

See Section 3.4.4.1 for information about the **Natl Measures Layout** button.

3.4.2.5 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.4.3 Natl Measures Tab Layout

The default view displays the standard patient demographic columns (see Figure 3-10) plus the active National GPRA measures.

Table 3-4: Natl Measures columns

Column	Information
Individual columns	The value of the performance was met.

Double-clicking any record in the grid opens the patient record window to the **Natl Measures** tab.

There is hover help for each performance column that displays the GPRA definition.

You can find information about all the measures in the National Measures Glossary by selecting **Help** | **Natl Measures Glossary**.

You can sort/filter the columns and perform other functions on the columns.

3.4.4 Natl Measures Tab Toolbar

The toolbar shows the date/time for which the data is effective.

Section 2.1.2 provides more information about the buttons on the right side of the toolbar.

3.4.4.1 Layout

The **Layout** function determines which performance measures columns to display and the order and sorting that should be used in the current panel.

To change the layout, do one of the following:

- Click the **Layout** (

) button.
- Select **National Measures** | **Layout**.

The **Natl Measures Layout** window for the current panel displays.

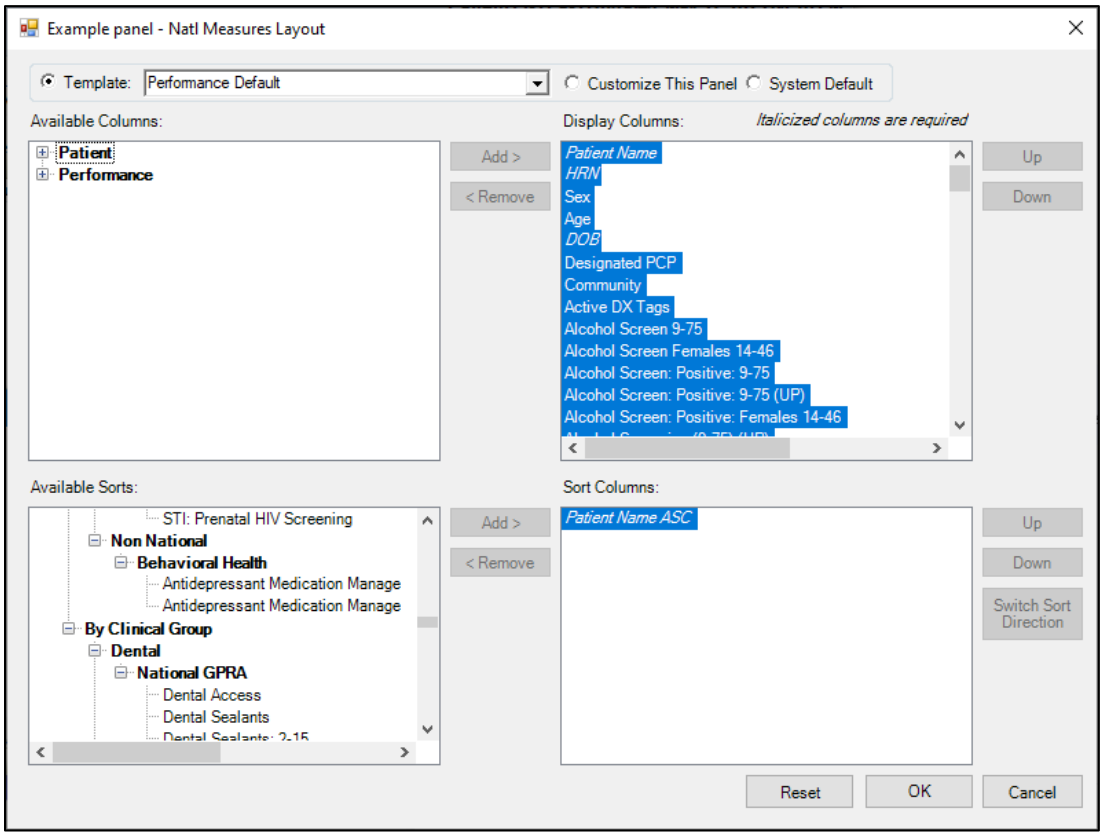


Figure 3-11: **Natl Measures Layout** window

If you choose to add the **CRS Pop** column (under **Patient** | **Demographics**) to the **National Measures** tab, it will display the values describing the population category defined by CRS. The CRS population categories include UP (user population), AC (active clinical), AD (active diabetic), etc. The population is a text string from the Denominator column of the CRS Patient List report that will be calculated for each patient within the weekly performance measures background process.

Section 4.3.2 provides information about using the features of the layout window.

3.4.4.2 Status of Background Jobs

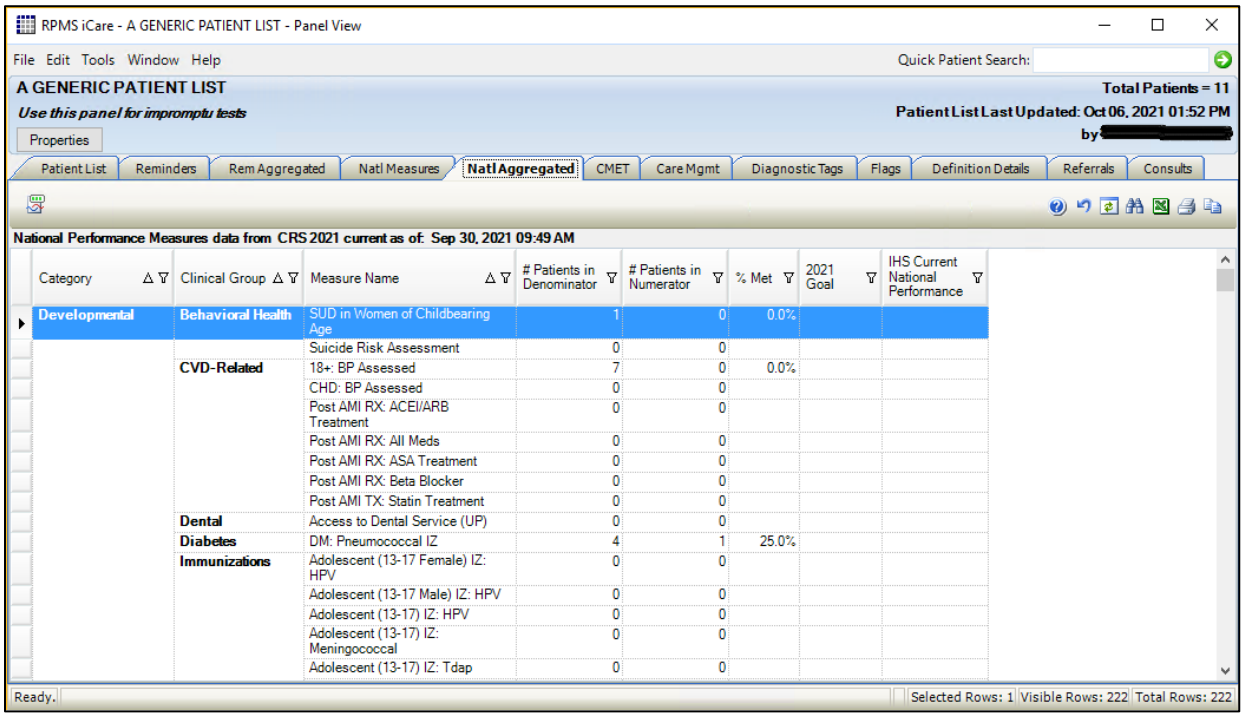
To check on the status of the background jobs, do one of the following:

- Click the **Background Jobs** ( ) button.
- Select **File** | **Background Jobs**.

This action accesses the **RPMS iCare - Background Jobs** window. Section 4.1.1 provides information about this window.

3.5 Natl Aggregated Tab

The **National Aggregated** tab information is based on the format of the summary page from the CRS National GPRA report. It displays a summarized overview of the national performance measure data for patients in the viewed panel.



Category	Clinical Group	Measure Name	# Patients in Denominator	# Patients in Numerator	% Met	2021 Goal	IHS Current National Performance
Developmental	Behavioral Health	SUD in Women of Childbearing Age	1	0	0.0%		
		Suicide Risk Assessment	0	0			
	CVD-Related	18+: BP Assessed	7	0	0.0%		
		CHD: BP Assessed	0	0			
		Post AMI RX: ACEI/ARB Treatment	0	0			
		Post AMI RX: All Meds	0	0			
		Post AMI RX: ASA Treatment	0	0			
		Post AMI RX: Beta Blocker	0	0			
		Post AMI TX: Statin Treatment	0	0			
	Dental	Access to Dental Service (UP)	0	0			
	Diabetes	DM: Pneumococcal IZ	4	1	25.0%		
	Immunizations	Adolescent (13-17 Female) IZ: HPV	0	0			
		Adolescent (13-17 Male) IZ: HPV	0	0			
		Adolescent (13-17) IZ: HPV	0	0			
		Adolescent (13-17) IZ: Meningococcal	0	0			
		Adolescent (13-17) IZ: Tdap	0	0			

Figure 3-12: Sample **Natl Aggregated** tab

3.5.1 Natl Aggregated Tab Layout

The data in Table 3-5 displays on the **Natl Aggregated** tab.

Table 3-5: Natl Aggregated columns

Column	Meaning
Category	The name of the category associated with the measure.
Clinical Group	The name of the clinical performance group.
Measure Name	The measure title is derived from the Summary Report (iCare pulls from the first column of the CRS Summary Report). The hover help displays a description of the performance logic for each cell in the column.
# Patients in Denominator	The total number of patients in this panel who meet the denominator definition.
# Patients in Numerator	The total number of patients in this panel who meet the numerator definition.
% Met	The percentage of the panel that meets the measure is derived by dividing the denominator total by the numerator total.
year Goal	The value will be the same as displayed in the GPRA column on the summary page from the CRS National GPRA report. The *year* is the most recent year with final goals recorded.
IHS Current National Performance	The value will be the same as that displayed in the Nat'l column on the summary page from the CRS National GPRA report.

You can sort/filter the columns and perform other functions on the columns.

3.5.2 Natl Aggregated Tab Toolbar

The toolbar shows the date/time for which the data is current.

Section 2.1.2 provides more information about the buttons on the right side of the toolbar.

To check on the status of the background jobs, do one of the following:

- Click the **Background Jobs** ( ) button.
- Select **File** | **Background Jobs**.

This action accesses the **RPMS iCare - Background Jobs** window. Section 4.1.1 provides information about this window.

3.6 CMET Tab

The **CMET** tab on the **Panel View** displays data related to the Events, Tracked Events, and Follow-up Events for the panel of patients. Please see the *Care Management Event Tracking User Manual* for details.

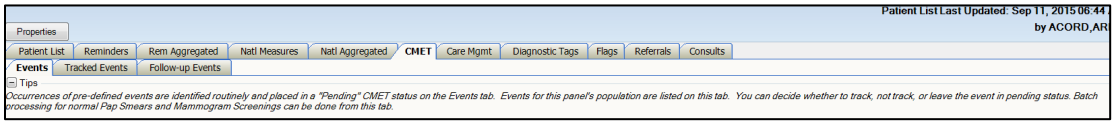


Figure 3-13: Sample **CMET** tabs

3.6.1 Events Sub-Tab

The **Events** sub-tab provides last mined data on the date displayed on this **Events** window.

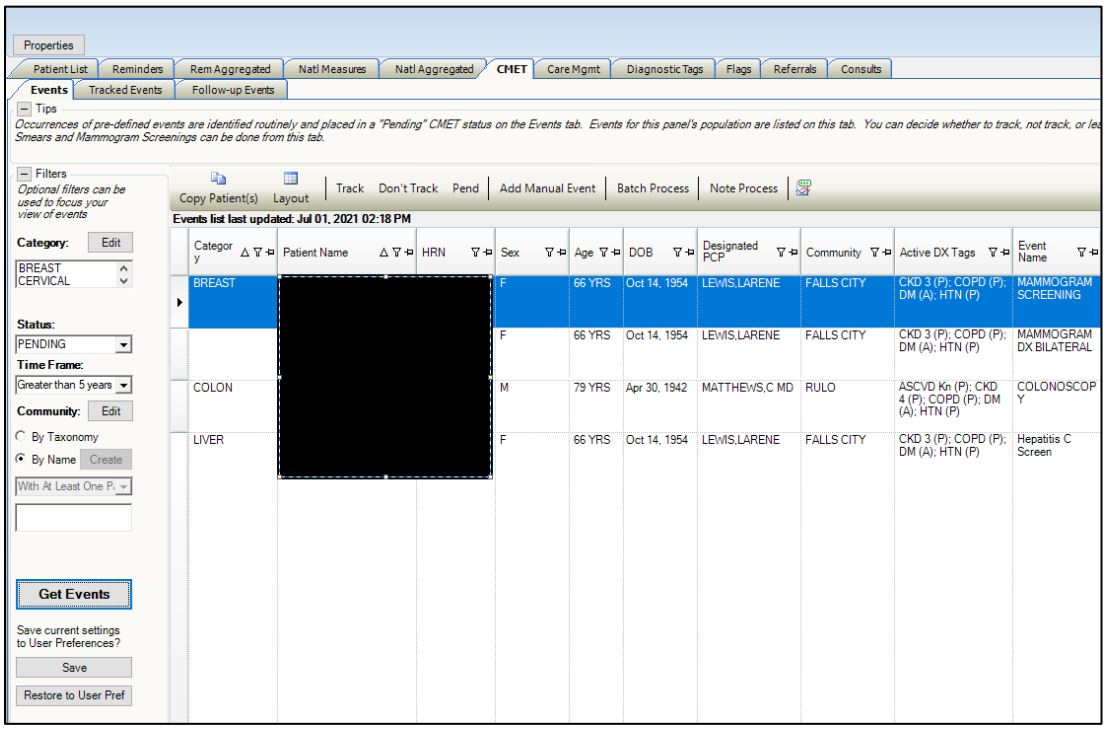


Figure 3-14: Sample **Events** sub-tab

Table 3-6 provides information about the default columns.

Table 3-6: Default columns

Column	Meaning
Category	The event categories are Breast, Cervical, Colon, Skeletal, and STI.
Patient Name	Required field that links to the Events sub-tab of the CMET tab on the patient record if you double-click the name.

Column	Meaning
HRN	Patient's Health Record Number.
Sex	F (for female) or M (for male)
Age	The patient's age today.
DOB	Patient's date of birth
Designated PCP	Designated primary care provider, if any. Not all facilities use this field to empanel patients.
Community	Patient's community of residence.
Active DX Tags	Predefined Diagnosis definitions (tags) that iCare has proposed for this patient are based on the tagging function.
Event Name	Name of the event.
Event Date	The date associated with the event.
Expanded Event	The definition of the event was expanded for display only.
Result	The date of the result of the event. This cell also has hover help, such as V Radiology.
Expanded Result	The expanded view of the result value.
Status	The status of the event.
Status Comments	Text of any comments about the status.
Last Modified Date/Time	The date and time the record was last modified.
Last Modified By	The name of the person who last modified the record. The initial job means it is the initial record.

Double-click the underlined **Event Date** to access the **Visit Detail** pop-up.

Double-click the underlined **Result Date** to access a particular detail pop-up, for example, Women's Health Detail.

You can sort/filter the columns and perform other functions on the columns.

3.6.1.1 Events Tab Buttons

Each tab has a standard left-side group of buttons on the toolbar and a right-side group on the toolbar. See Section 2.1.2 for information on the right-side toolbar buttons.

Copy Patient(s)

Highlight patients and click the **Copy Patient(s)** button if there are patients to be copied to another panel.

Layout

See Section 0 for information about the **Events Layout** button.

Track

Refer to the *CMET User Manual*.

Don't Track

Refer to the *CMET User Manual*.

Pend

Refer to the *CMET User Manual*.

Add Manual Event

Refer to the *CMET User Manual*.

Batch Process

Refer to the *CMET User Manual*.

Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.6.1.2 Events Sub-Tab Toolbar

The toolbar shows the date/time the data is effective.

Section 2.1.2 provides information about the buttons on the right side of the window.

Layout

The **Layout** function determines the current panel's columns on the **Events** sub-tab.

You can select the layout function by doing one of the following:

- Clicking the **Layout** (

) button.
- Selecting **File** | **Layout**.
- Selecting **CMET** | **Events** | **Layout**.

This action accesses the **Events Layout** window.

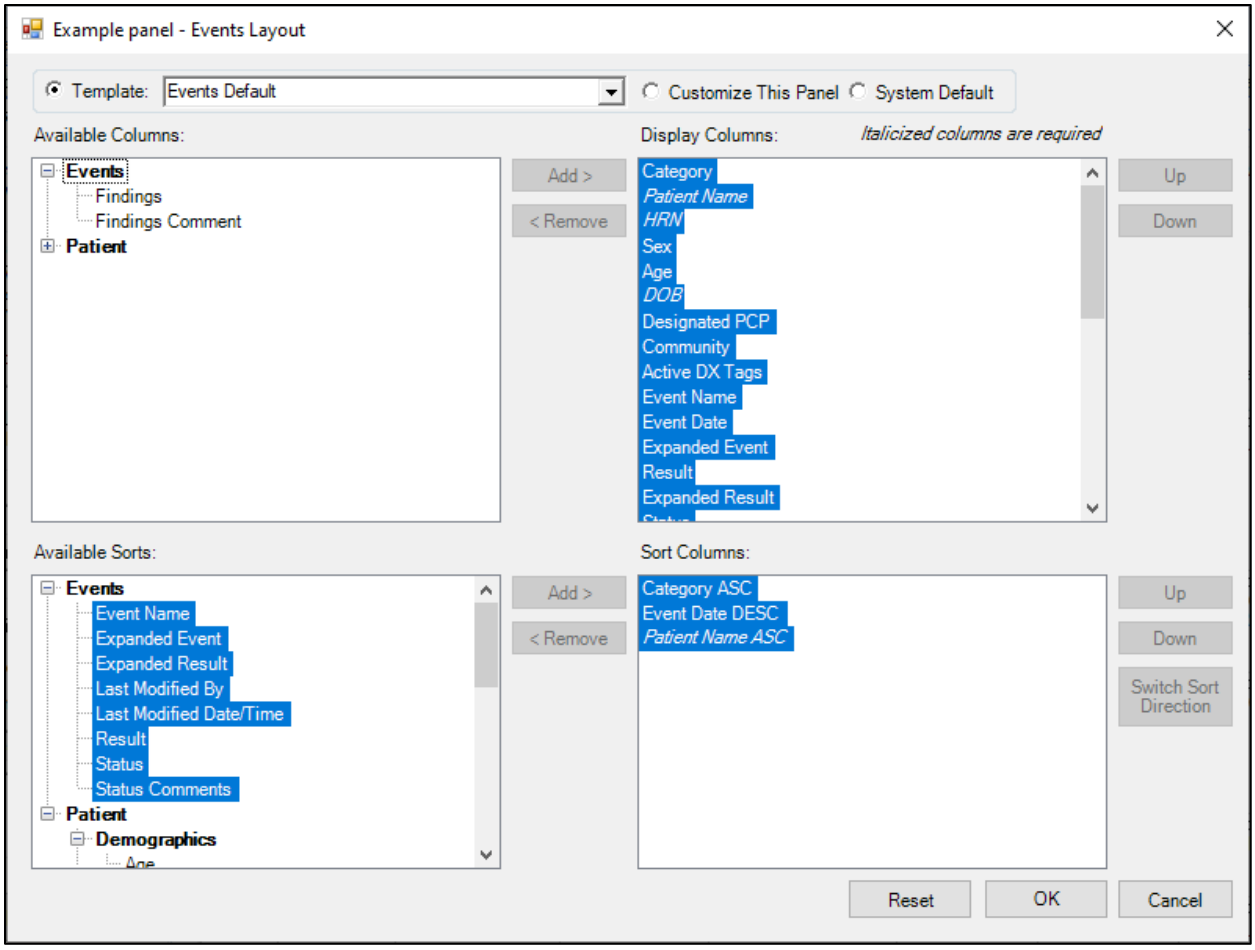


Figure 3-15: **Events Layout** window

Section 4.3.2 provides information about using the features of the layout window.

3.6.2 Tracked Events Sub-Tab

The current panel's CMET events identified as Tracked will display on the **Tracked Events** sub-tab.

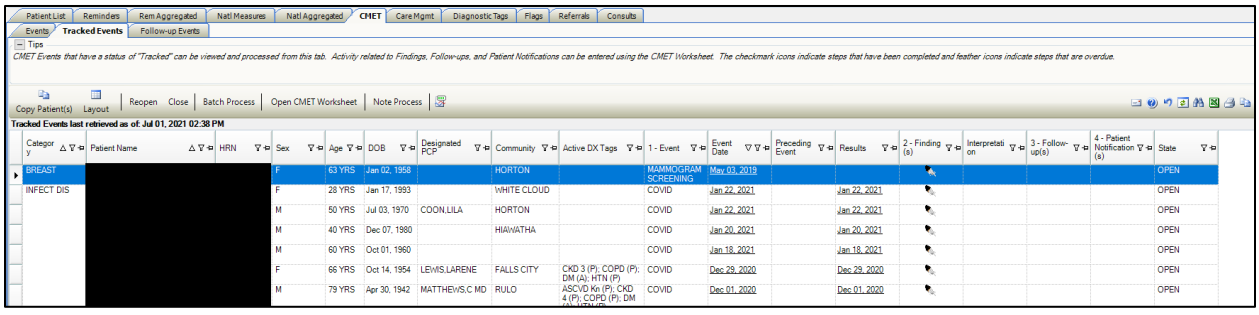


Figure 3-16: Sample **Tracked Events** sub-tab

3.6.2.1 Tracked Events Tab Buttons

Each tab has a standard left-side group of buttons on the toolbar and a right-side group on the toolbar. See Section 2.1.2 for information on the right-side toolbar buttons.

Copy Patient(s)

Highlight patients and click the **Copy Patient(s)** button if there are patients to be copied to another panel.

Layout

See Section 3.6.2.2 for information about the **Event Layout** button.

Reopen

Refer to the *CMET User Manual*.

Close

Refer to the *CMET User Manual*.

Batch Process

Refer to the *CMET User Manual*.

Open CMET Worksheet

Refer to the *CMET User Manual*.

Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.6.2.2 Tracked Events Sub-Tab Layout

You can sort/filter the columns and perform other functions on the columns.

Table 3-7 provides information about the columns.

Table 3-7: Tracked Events sub-tab columns

Column	Meaning
Category	The categories of the tracked events are Breast, Cervical, and Colon, Skeletal, STI.
Patient Name	A required field will link to the Tracked Events sub-tab of the CMET tab on the patient record if you double-click it.
HRN	Patient's Health Record Number.

Column	Meaning
Sex	F (for female) or M (for male)
Age	The patient's age today.
DOB	Patient's date of birth.
Designated PCP	Designated primary care provider, if any. Not all facilities use this field to empanel patients.
Community	Patient's community of residence.
Active DX Tags	Predefined diagnosis definitions (tags) that iCare has proposed for this patient are based on the tagging function.
1 - Event	Name of the event.
Event Date	The date associated with the event.
Preceding Event	Contains the date of the preceding event—double-click this underlined date to open the Tracked Events of the CMET tab on the patient record. The chain of events in the same category displays. In addition, there is hover help when you move your mouse over the date (for example, PAP SMEAR 139).
Results	The date of the result of the event. Hover help will describe where the result came from (V-RADIOLOGY, V-LAB).
2 - Finding(s)	The icons indicate if the event has any findings.
Interpretation	The interpretation of the finding.
3 - Follow-up(s)	The icon indicates if the event has follow-up data.
4 - Patient Notification(s)	The icon indicates if the event has any patient notification data.
State	The state of the tracked event (Open or Closed).

When the **2 - Finding(s)** cell contains the following:

- The feather ( ) icon indicates that the element is overdue; hover your mouse over the icon to view the due date (the tickler).
- The check ( ) icon indicates that the step is complete; hover your mouse over the icon to view the finding due date and the finding value.
- Blank indicates that the element is not complete but is not overdue.

When the **3 - Follow-up(s)** cell contains the check icon, the step is complete; hover your mouse over the icon to view the follow-up date and the follow-up type. If it is blank, this indicates that the element is not complete but is not overdue.

When the **4 - 4-Patient Notification(s)** cell contains the check icon, the step is complete; hover your mouse over the icon to view the notification date and the notification method. If it is blank, this indicates that the element is not complete but is not overdue.

The **Results** column will display the date (Linked) if results have been mined during the nightly job. The data link will be the most recent result. However, help will describe where the result came from, for example, v-lab.

Layout

Use the **Layout** function to determine the columns on the **Tracked Events** sub-tab for the current panel.

Select the **Layout** function by doing one of the following:

- Clicking the **Layout** (

) button.
- Selecting **File** | **Layout**.
- Selecting **CMET** | **Tracked Events** | **Layout**.

This action accesses the **Tracked Events Layout** window.

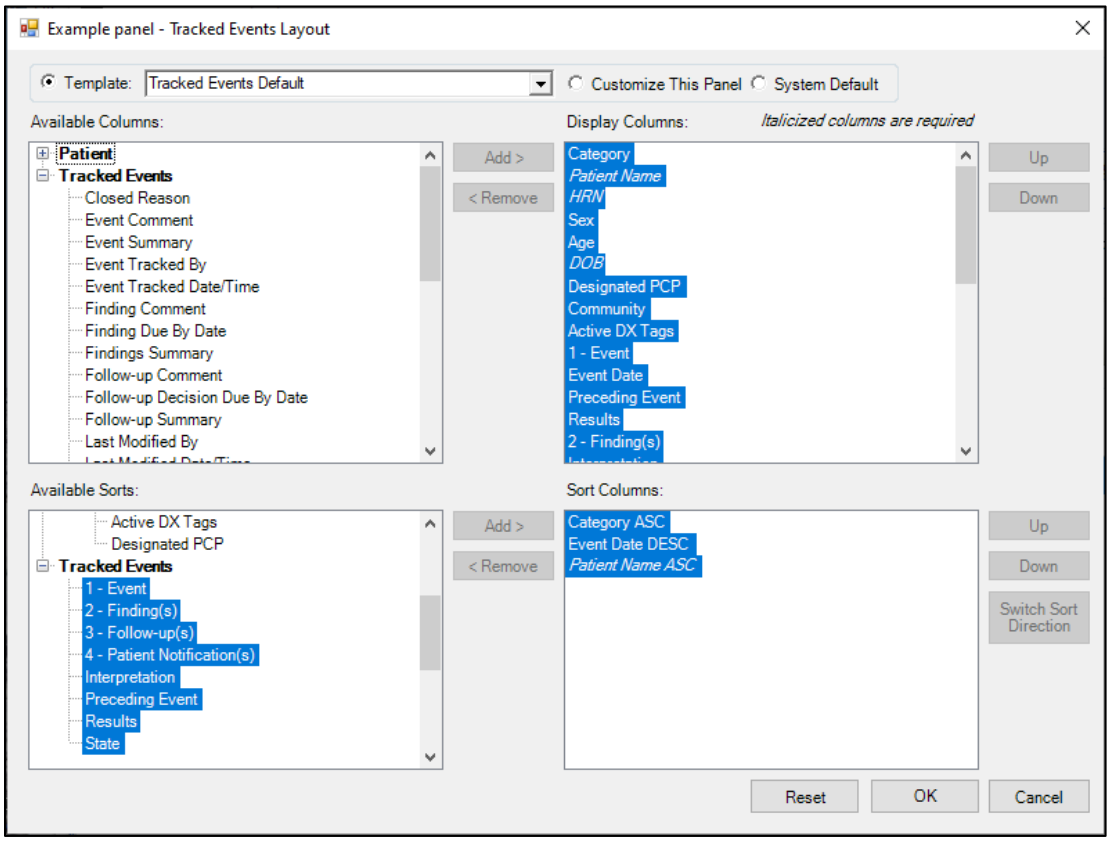


Figure 3-17: **Tracked Events Layout** window

Section 4.3.2 provides information about using the features of the **Layout** window.

3.6.3 Follow-up Events Sub-Tab

The **Follow-up Events** sub-tab contains what you want to do for follow-up. The follow-up events are generated by the recommendation(s) made for the follow-up of the Tracked CMET event.

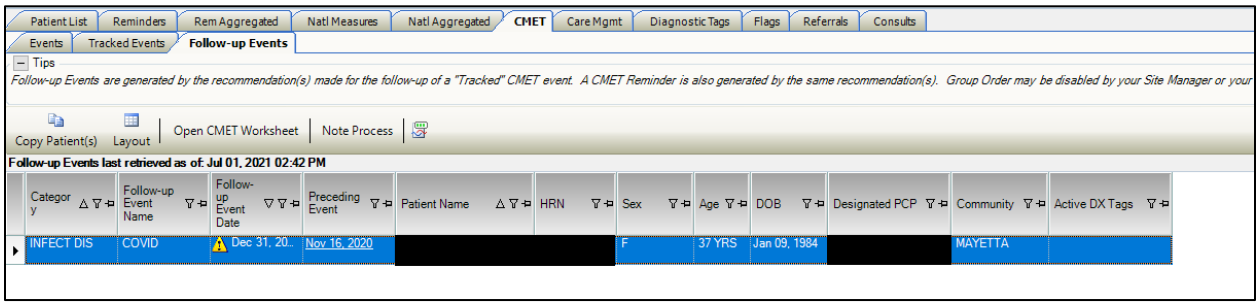


Figure 3-18: Sample **Follow-up Events** sub-tab

The Follow-up Event Name and Date are pulled from step 3 of the CMET process. This is the provider's recommendation for follow-up. The date is the date due for the follow-up.

A CMET reminder is also generated by the same recommendation(s).

3.6.3.1 Follow-up Events Tab Buttons

Each tab has a standard left-side group of buttons on the toolbar and a right-side group on the toolbar. See Section 2.1.2 for information on the right-side toolbar buttons.

Copy Patient(s)

Highlight patients and click the **Copy Patient(s)** button if there are patients to be copied to another panel.

Layout

See Section 3.6.3.2 for information about the **Event Layout** button.

Open CMET Worksheet

Refer to the *CMET User Manual*.

Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on how the Note Process works.

3.6.3.2 Follow-up Events Sub-Tab Layout

The data on the **Follow-up Events** sub-tab is effective as of the date on the window.

Table 3-8 provides information about the columns.

Table 3-8: Follow-up Events sub-tab columns

Column	Meaning
Category	The category for the Follow-up Event: Breast, Cervical, Colon, and Skeletal.
Follow-up Event Name	The name of the event.
Follow-up Event Date	The follow-up date for the event.
Preceding Event	Contains the date of the preceding event—double-click this underlined date to open the Follow-up Events of the CMET tab on the patient record. The chain of events in the same category displays.
Patient Name	Required field that will link to the Follow-up Events sub-tab of the CMET tab on the patient record if you double-click the name.
HRN	Patient's Health Record Number.
Sex	F (for female) or M (for male)
Age	The patient's age today.
DOB	Patient's date of birth (required)
Designated PCP	Designated primary care provider, if any. Not all facilities use this field to empanel patients.
Community	Patient's community of residence.
Active DX Tags	Predefined Diagnosis definitions (tags) that iCare has proposed for this patient are based on the tagging function.

Layout

Use the **Layout** function to determine the columns on the **Follow-up Events** sub-tab for the current panel.

Select the layout function by doing one of the following:

- Clicking the **Layout** (

) button.
- Selecting **File** | **Layout**.
- Selecting **CMET** | **Follow-up Events** | **Layout**.

This action accesses the **Follow-up Events Layout** window.

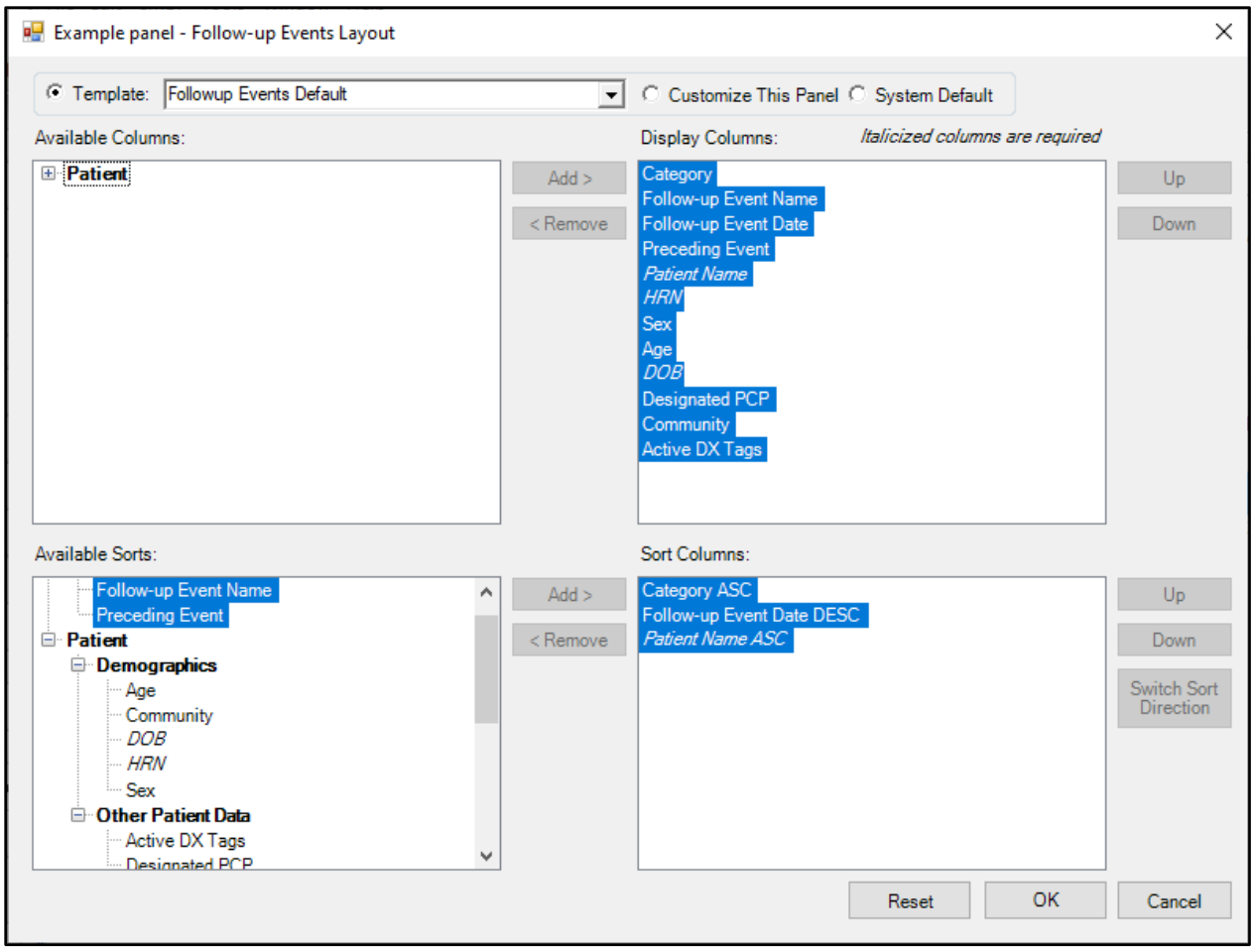


Figure 3-19: **Follow-up Events Layout** window

Section 4.3.2 provides information about using the features of the **Layout** window.

3.7 Care Mgmt Tab

The **Care Mgmt** tab displays data related to various groups of patients in the panel.

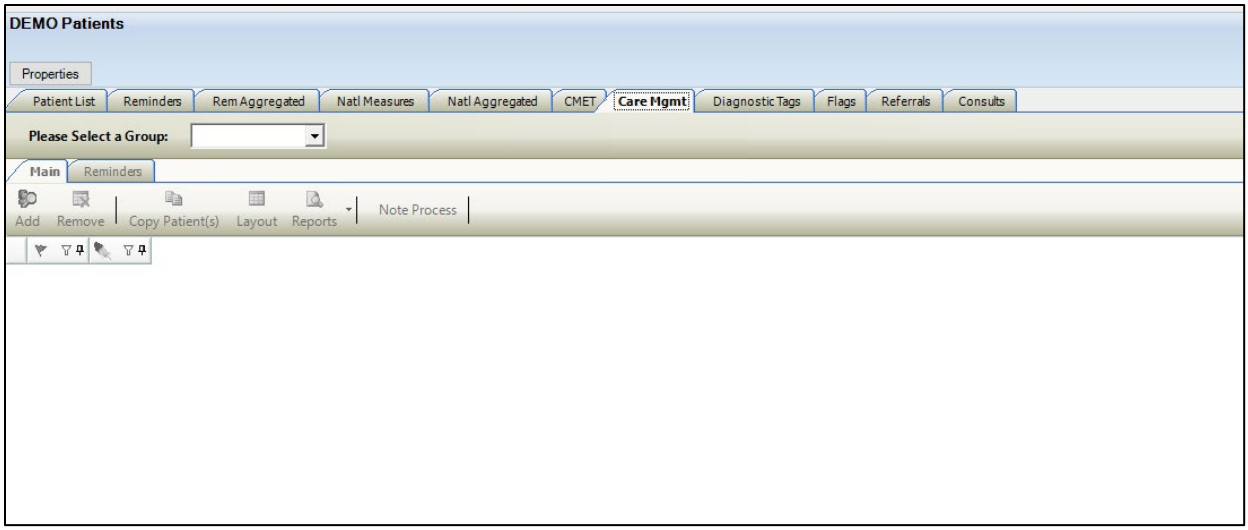


Figure 3-20: Sample **Care Mgmt** tab

This tab displays information from the register (shown in the **Please Select a Group** field) for the patients in the panel. You must select an option for this field to view the data.

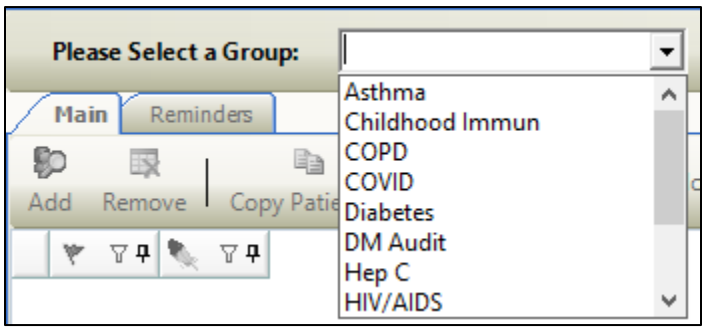


Figure 3-21: Various groups for the **Care Mgmt** tab

iCare provides you with specific underlying care management groups. The underlying RPMS application for the HIV/AIDS Register option is BKM.

The current list of Care Management groups are:

- Asthma
- Childhood Immun
- COPD
- COVID
- Diabetes
- DM Audit
- Hep C

- HIV/AIDS
- Immunizations
- Pain Management
- Pediatric
- Prenatal
- STI/STD

3.7.1 Main Sub-Tab

The **Main** sub-tab displays specific information about the patients in the panel. Each Care Mgmt group has its layout.

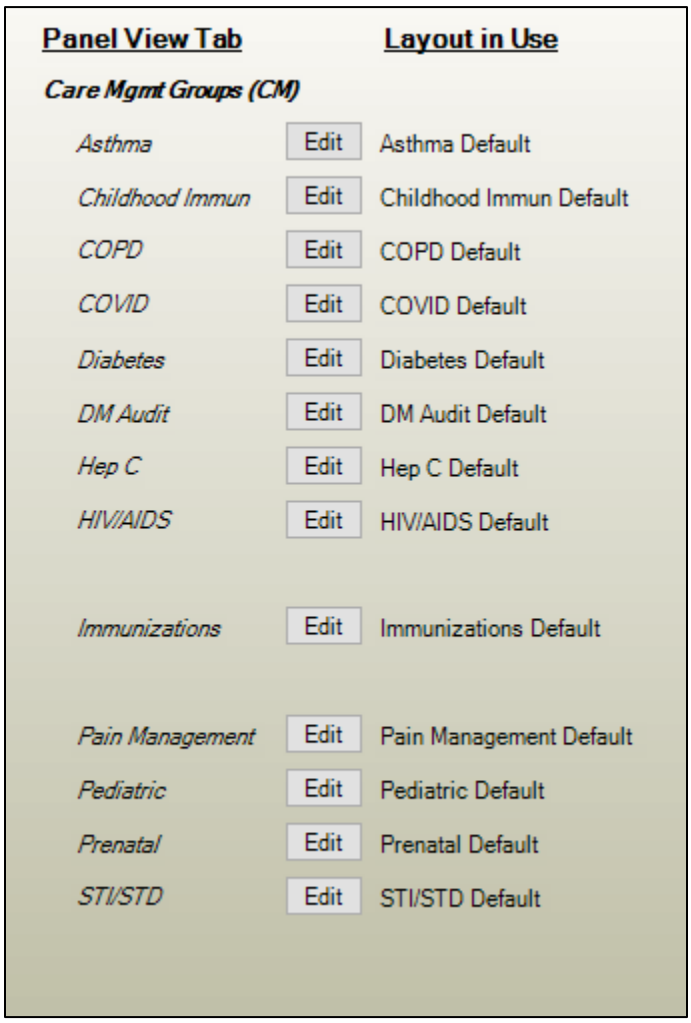


Figure 3-22: Layouts for the **Care Mgmt** tab

When you select a Care Mgmt group, the default layout will display.

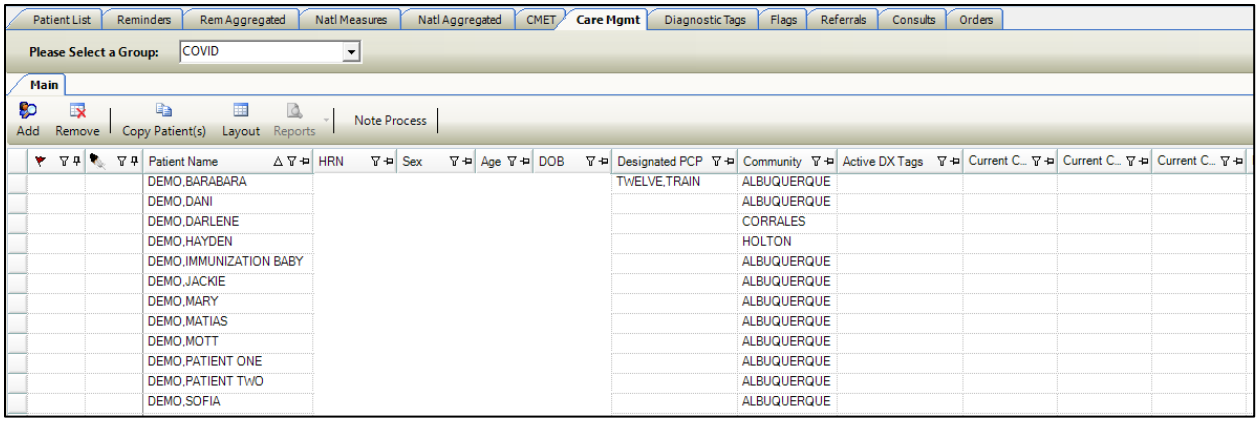


Figure 3-23: Sample **Main** sub-tab view for groups, not HIV/AIDS

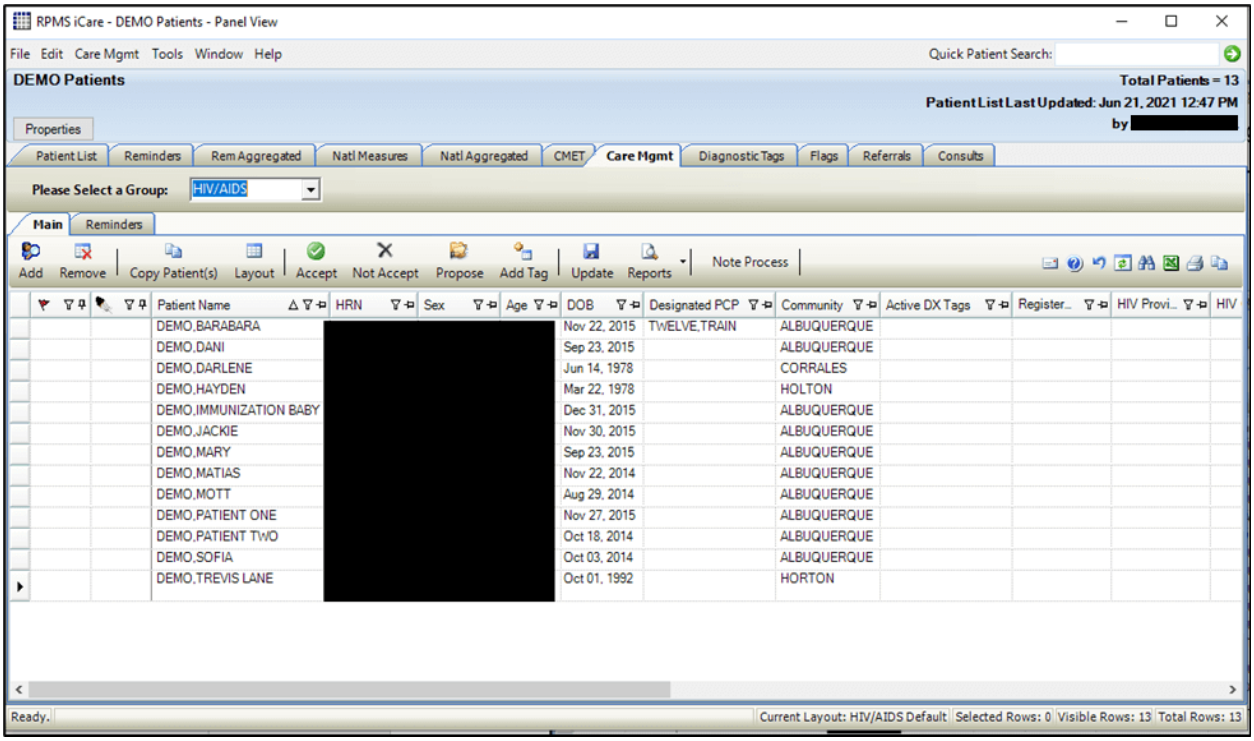


Figure 3-24: Sample **Main** sub-tab view for HIV/AIDS

> **Note:** The **Main** sub-tab displays for all groups. The **Reminders** sub-tab only displays for the HIV/AIDS group.

3.7.1.1 Main Sub-Tab Toolbar

Section 2.1.2 provides information about the buttons on the right side of the toolbar.

Add

Click the **Add** button if there are patients to be manually added to the panel.

Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

Copy Patient(s)

Highlight patients and click the **Copy Patient(s)** button if there are patients to be copied to another panel.

Layout

See Section 3.4.4.1 for information about the **Natl Measures Layout** button.

Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

Main Sub-Tab Layout

Each default view displays the standard patient demographic columns (see Section A.1) plus columns unique to each group in a named default template. Columns are designated as required, default, or optional. Required columns cannot be removed from the layout. Default columns always display in the default view but can be removed from the layout. Optional columns do not display and must be added to the layout to be seen.

You can sort/filter the columns and perform other column functions.

3.7.1.2 Layout

Each Care Mgmt Group has specific columns for its layout. Each group has a default layout.

Click the **Layout** button (or select **Care Mgmt** | **Main** | **Layout**) to display the panel's columns layout.

Section 4.3.2 provides information about using the features of the layout window.

3.7.1.3 Additional Buttons

> **Note**: The Additional buttons do not apply to those groups where there is no corresponding diagnostic tag, e.g., Hep C, Immunizations, and Pediatric.

You use the **Accept**, **Not Accept**, **Propose**, and **Add Tag** buttons to change the status on an existing record (or select **Care Mgmt** | **Main** to select a status to change).

Select the patient record whose status you want to change and click the appropriate **Status Change** button to display the **Update Diagnostic Tag** dialog.

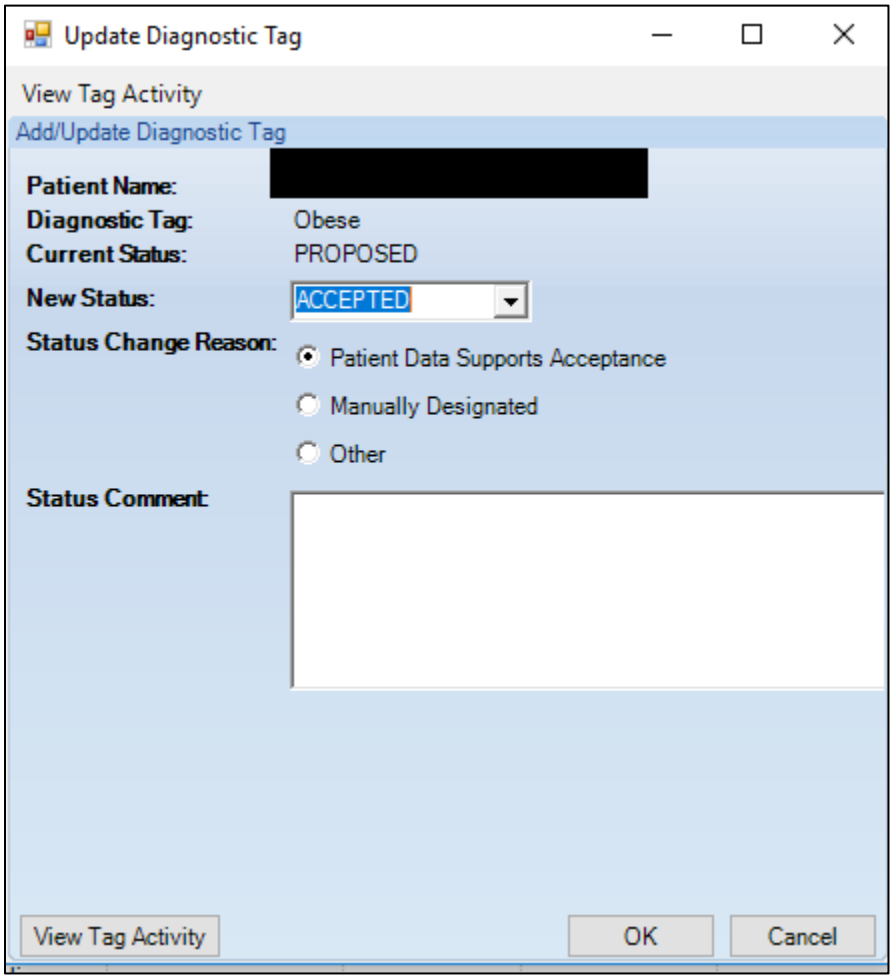


Figure 3-25: Sample **Update Diagnostic Tag** dialog

All fields are required for this dialog.

The available **Status Change Reason** option buttons change according to what you select in the **New Status** field.

The **Not Accept** function cannot be performed on multiple patients or tags.

Section 3.10.3 provides information about the fields and the **View Tag Activity** button on this dialog.

3.7.1.4 Add Tag

> **Note**: The **Add Tag** button does not apply to Hep C, Immunizations, and Pediatric groups since there is no corresponding diagnostic tag.

Select a patient to whom you want to add a tag, then click the **Add Tag** (

) button (or select **Care Mgmt** | **Main** | **Add Tag**) to display the **Add Diagnostic Tag** dialog. This manual add allows a provider to manually assign one or more diagnosis tags to patients that did not meet the tag's criteria for being proposed automatically. Section 3.10.2.3 provides information about using the **Add Tag** button.

3.7.1.5 Update

> **Note:** The **Update** button applies to the HIV/AIDS group only.

Batch update register data for selected patients by clicking the **Update** (

) button (or by selecting **Care Mgmt** | **Main** | **Update**). The **Batch Update Data** dialog will display. Refer to the *HIV Management System User Manual* for more information.

3.7.1.6 Reports Button

> **Note:** The **Reports** button applies to the HIV/AIDS group only.

Select one or more patients and click the drop-down list on the **Reports** (

) button to view the Quality of Care report (or select **Care Mgmt** | **Main** | **Reports**). The reports define their scope based on the patients of a given panel.

Refer to the *HIV Management System User Manual* for more information.

3.7.2 Reminders Sub-Tab for HIV/AIDS Register

The **Reminders** sub-tab view displays the disease/register-specific reminders for the patient. Refer to the *HIV Management System User Manual* for more information.

3.8 Diagnostic Tags Tab

The **Diagnostic Tags** tab provides a comprehensive view of all tag history for a patient (regardless of the tag status), provides auto-accept and auto-reject capabilities, allows the user to accept proposed tags for multiple patients, allows the user to reject proposed tags, and allows the user to update a tag status.

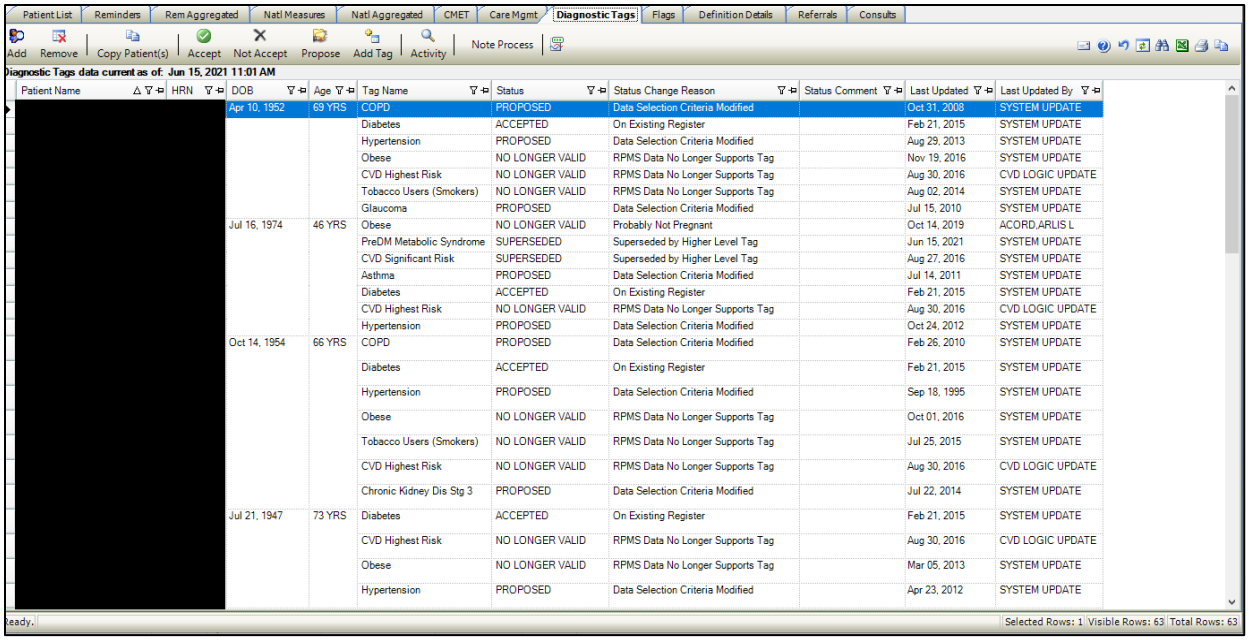


Figure 3-26: Sample **Diagnostic Tags** tab

Tags identified through iCare's execution of the pre-defined tag criteria will start with an initial tag status of **PROPOSED**. From there, you have several options, including accepting not accepting a tag's validity for any patient. These statuses are editable from within this tab.

3.8.1 Diagnostic Tags Tab Layout

Table 3-10 provides information about the columns.

Table 3-9: Diagnostic Tags tabs columns

Column	Meaning
Patient Name	Required field that will link to the patient record if you double-click the name.
HRN	Patient's Health Record Number.
DOB	Patient's date of birth.
Age	Patient's age.
Tag Name	The name of the tag for the patient.
Status	ACCEPTED means the patient is a member of specified formal case management registers with the status of Active, Decease, Transient, Non-IHS, Lost to Follow-Up, or Noncompliant. PROPOSED means the patient has the status Un-reviewed or Inactive in the register. NO LONGER VALID: The RPMS data no longer supports the tag. SUPERCEDED means the level of the tag has gone to a higher level.

Column	Meaning
Status Change Reason	The reason the status changed can be System Generated (system), RPMS Data No Longer Supports Tab (system), Patient Data Does Not Support Acceptance (user), Manually Designated (user), Other (user—with required comment field), on Existing RPMS Register (system).
Status Comment	The text of any comments entered about the status change (used with the Other status change reason).
Last Updated	The date the content of the panel was last updated by a manual (user) repopulate, by an auto-repopulate, or the panel created date if the panel has never been repopulated.
Last Updated By	The name of the user who either created or last repopulated the panel (in some instances, it may contain the name of a process like SYSTEM UPDATE instead of a person).

There is hover help for the **Tag Name** cell that shows the tag's name.

Double-click any record to go to the **Diagnostic Tags** tab of the **Patient Record** window.

You can find information about all the tags in the **Diagnostic Tag Glossary** (select **Help** | **Diagnostic Tag Glossary**).

You can sort/filter the columns and perform other functions on the columns.

3.8.2 Diagnostic Tags Toolbar

The toolbar shows the date/time for which the data is effective.

iCare will classify tags into one of five statuses: proposed (pending) (P), accepted (A), not accepted (NA), no longer valid (NLV), and superseded (S). Those tags with a classification of NA will not display.

Section 2.1.2 provides information about the buttons on the right side of the toolbar.

3.8.2.1 Add

Click the **Add** button if there are patients to be manually added to the panel.

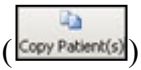
3.8.2.2 Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

3.8.2.3 Copy Patient(s)

This action copies the patient's information to the clipboard.

Select one or more patients and then do one of the following:

- Click the **Copy Patient(s)** (

) button.
- Select **Diagnostic Tags** | **Copy Patient(s)**.
- Use the keyboard combination **Ctrl+C**.

You must go to another panel view (for a different patient panel) and paste the patient's information.

3.8.2.4 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.8.2.5 Change Status

You use the **Accept**, **Not Accept**, and **Proposed** buttons to change the status on an existing record (or select **Care Mgmt** | **Main** to select a status to change). Section 3.9.1.5 provides information about using these buttons.

3.8.2.6 Add Tag

Select a patient to whom you want to add a tag, then click the **Add Tag** (

) button (or select **Diagnostic Tags** | **Add Tag**) to display the **Add Diagnostic Tag** dialog. This manual add allows a provider to manually assign one or more diagnosis tags to patients that did not meet the tag's criteria for being proposed automatically.

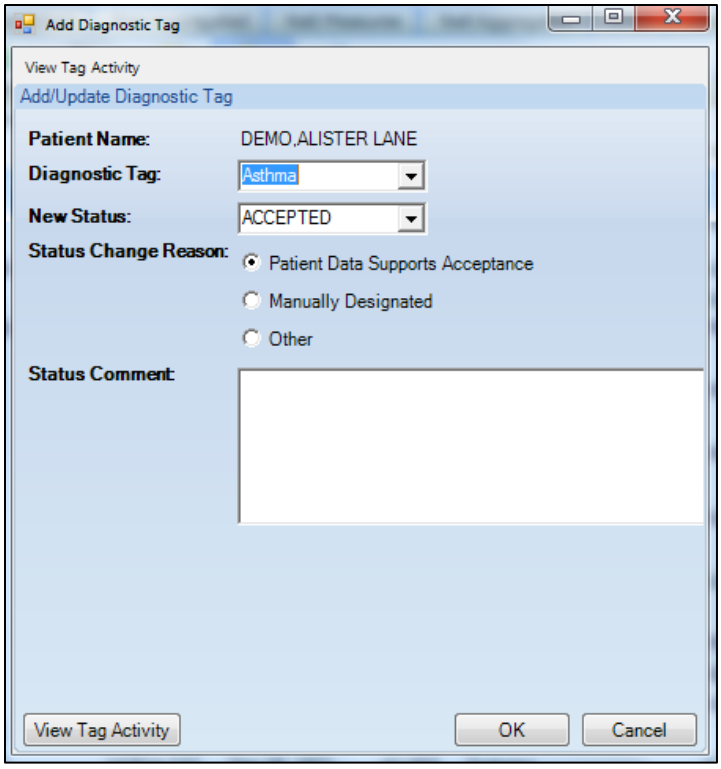


Figure 3-27: **Add Diagnostic Tag** dialog

This dialog shows information about the patient named in the **Patient Name** field (the one you selected).

After completing the dialog, click **OK** to add the information to the **Diagnostic Tags** tab on the **Panel View**. (Otherwise, click **Cancel**.)

3.8.2.7 Tag Activity

You can view existing tag activity about the patient by clicking the **View Tag Activity** button. The **Diagnostic Tag Activity** pop-up displays. Section 3.10.3 provides more information about this pop-up.

3.8.2.8 Fields on Add Diagnosis Tag Dialog

All fields are required.

- **Patient Name**: The patient's name to add tag information (application populated).
- **Diagnostic Tag**: The diagnostic tag to add for the patient. Select an option from the drop-down list to populate this field.
- **New Status**: The status of the tag being added.
  - **ACCEPTED**: This option allows you to accept a proposed tag to provide an affirmation of its validity for a given patient.

  - **NOT ACCEPT**: This option allows you to disapprove or not accept a diagnostic tag proposed for a patient.
  - **PROPOSED**: This option allows you to change the status of a diagnosis tag back to Proposed so that further review can occur.
- **Reason**: Click the appropriate reason for adding the tag.
  - **Patient Data Supports Acceptance**: Use this when the patient data does support the tag.
  - **Manually Designated**: Use this to change the tag status manually.
  - **Other**: Use this when the other reasons do not fit.
- **Status Comment**: Type the reason for the change in this free text field. This feature provides a rich audit history for reasons for providers' decisions to accept or not accept proposed tag assignments.

3.8.3 Activity

View existing tag activity for the selected patient by clicking the **Activity** button (

) on the **Panel View** toolbar (or selecting **Diagnostic Tags** | **Activity**). The **RPMS iCare - Diagnostic Tag Activity** pop-up displays. This is a view-only pop-up. Multiple people can enter the tags, so this pop-up shows all the activity.

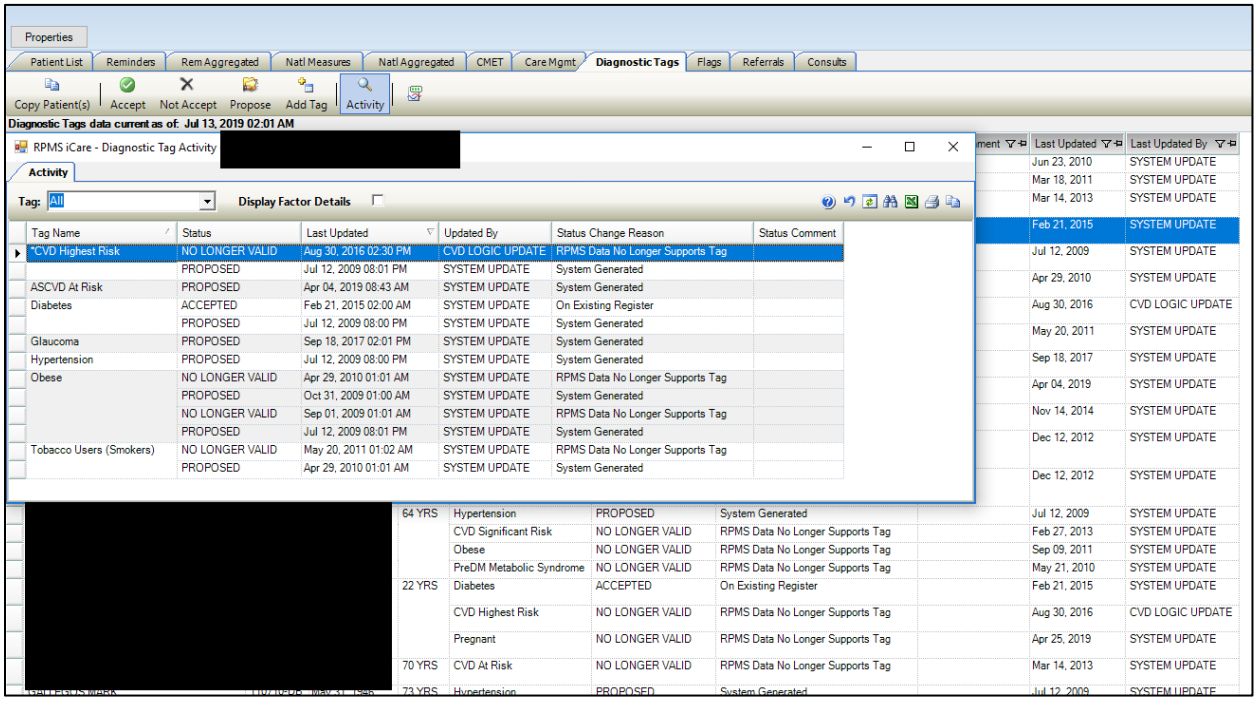


Figure 3-28: Sample Diagnostic Tags **Activity** pop-up

Section 2.1.2 provides information about the buttons on the right side of the toolbar.

Click the **Glossary** ( ) button to display the Diagnostic Tag Glossary.

You can sort/filter the columns and perform other functions on the columns.

You can view various tags by selecting from the drop-down list for the **Tag** field.

If you select the **Display Factor Details** check box, the following columns will display: **Factor**, **Date**, **Item**, and **Value**. This allows you to view additional details about the tags. The default view is unchecked. You must dismiss the pop-up.

3.9 Flags Tab

The **Flags** tab of the panel view displays the flags for the patients in the open panel.

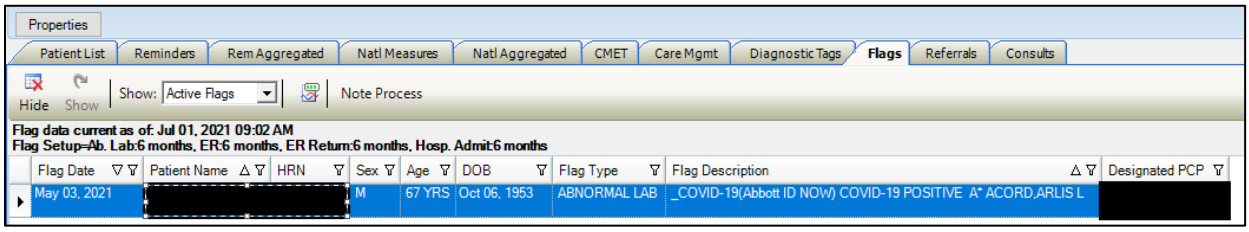


Figure 3-29: Sample **Flags** tab

The **Flags** tab displays the flag type shown in the **Show** field.

You can change the default flag display by changing the flag settings under User Preferences.

Double-click any record on this tab to go to the **Flags** tab of the **Patient Record** window.

3.9.1 Flags Tab Layout

The default display lists the flags alphabetically by flag date (most recent first), patient name, and then flag type. No duplicate values display in the first column. This means if a particular date has more than one flag, the date will display only on the first row.

The iCare application will display an initial list of flags at first login only for the timeframe defined in the User Preferences. Likewise, you can change the flag view to display modified flag types or timeframes if you change the User Preferences. After changing the flag settings in User Preferences, refresh the flag view.

You can sort/filter the columns and perform other functions on the columns.

Table 3-10 provides information about the columns.

Table 3-10: Flags tab columns

Column	Meaning
Flag Date	The date the flag became active, e.g., the hospital admission date.
Patient Name	If you double-click the name, this field is required and will link to the patient's patient record.
HRN	Patient's Health Record Number.
Sex	Either F (for Female) or M (for Male)
Age	Patient's age.
DOB	Patient's date of birth.
Flag Type	This can be Abnormal Lab Values, ER Visits, Unanticipated ER Return Visits, and Hospital Visits.
Flag Description	A brief description of the event that caused the trigger.
Designated PCP	Designated primary care provider, if any. Not all facilities use this field to empanel patients.

The Flag Type column contains various flag types, as defined in Table 3-11.

Table 3-11: Flag types

Flag Type	Meaning
Abnormal Lab Values Alert	Based on the Kernel Alerts component, this flag type informs the user when a patient has abnormal lab values within a user-defined timeframe. The Abnormal Lab Values alerts, generated from the RPMS Laboratory application, reside in the Kernel Alerts component. Suppose the ALV alert is closed by the provider in Kernel Alerts. In that case, it will no longer display in iCare, regardless of the Flag Display Timeframe the user selects in the User Preferences.
ER Visit	This flag type informs the user when a patient has an emergency room visit within a user-defined timeframe. This flag is generated directly by iCare. ER visits (clinic code 30) are the trigger for this flag.
Unanticipated ER Return Visit	This flag type informs the user when a patient has an emergency room visit designated as unanticipated within a user-defined timeframe. This flag is generated directly by iCare. ER visits (clinic code 30) with the Visit type Unscheduled Revisit is the trigger for this flag.
Hospital Admission	This flag type informs the user when a patient has a hospital visit within a user-defined timeframe. This flag is generated directly by iCare. Any visit with service category H where the discharge date is not the same day as the admission date is the trigger for this flag.

3.9.2 Flags Tab Toolbar

The text above the grid shows the flag setup information and how current the data is.

3.9.2.1 Show Field

The option selected on the **Show** field determines which flags display in this window. The choices are as follows:

- **Active Flags**: Active is defined as a flag that has not expired and has not been hidden by the users.
- **Hidden Flags**: The flags specified to be hidden using the **Hide** button.
- **All Flags**: All flags are hidden as well as active.

3.9.2.2 Hide

Hide a highlighted row in the Flag List grid by doing any of the following:

- Clicking the **Hide** ( ) button.
- Selecting **File** | **Flags** | **Hide**.
- Selecting the **Hide** option on the context menu.
- Pressing F3 on your keyboard.

View hidden flags by selecting the **Hidden Flags** option on the **Show** field.

3.9.2.3 Show

If you need a hidden flag to re-appear in the current view, select it from the list on the **Hidden Flags** option (from the **Show** field) and do any of the following:

- Click the **Show** ( ) button.
- Select **File** | **Flags** | **Show**.
- Select the **Show** option on the context menu.
- Press F4 on your keyboard.

3.9.2.4 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.9.2.5 Status of Background Jobs

To check on the status of the background jobs, do one of the following:

- Click the **Background Jobs** ( ) button.
- Select **File** | **Background Jobs**.

This action accesses the **RPMS iCare - Background Jobs** window. Section 4.1.1 provides information about this window.

3.9.3 Flags Tab Menu Options

The options on the **File** and **Tools** menus are the same as those on the **Patient List** tab. Section 4.0 provides more information about these menus.

The **Flags** menu is only available when the **Flags** tab is selected. The **Hide** and **Show** options work like the **Hide** and **Show** action buttons. The **Refresh** option refreshes the flag display to show the most recent changes.

3.10 Referrals Tab

The **Referrals** tab displays referral data for the panel of patients.

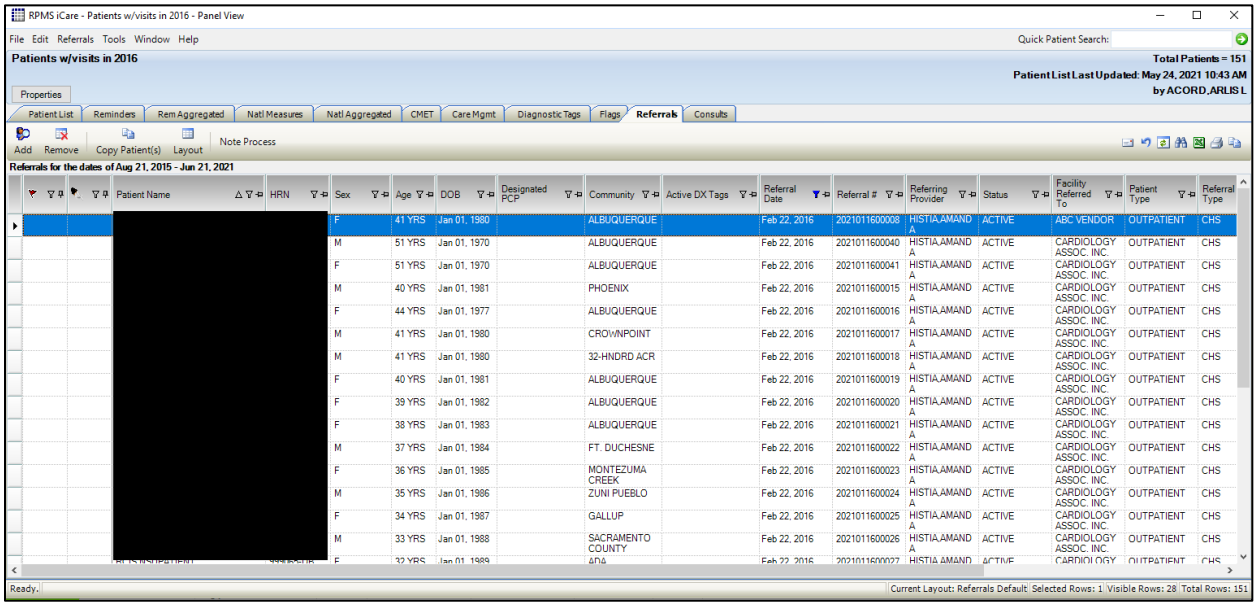


Figure 3-30: Sample **Referrals** tab

3.10.1 Referrals Tab Layout

The default view displays the standard patient demographic columns (see Figure 3-30) plus specific Referral columns.

Table 3-12: Referrals tab

Column	Information
Individual columns	There are individual columns for each referral.

Double-click any row in the grid to access the **Referrals** tab of the **Patient Record** window.

The default sort order is alphabetical by patient name.

You can sort/filter the columns and perform other functions on the columns.

3.10.2 Referrals Tab Toolbar

The toolbar shows the date/time for which the data is effective.

Section 2.1.2 provides more information about the buttons on the right side of the toolbar.

3.10.2.1 Add

Click the **Add** button if there are patients to be manually added to the panel.

3.10.2.2 Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

3.10.2.3 Copy

Highlight patients and click the **Copy** button if patients are to be copied to another panel.

3.10.2.4 Layout

The **Layout** function determines which referral columns to display for the current panel and the order and sorting that should be used.

To change the layout, do one of the following:

- Click the **Layout** (

) button.
- Select **Referrals** | **Layout**.

The **Referrals Layout** screen will display for the current panel. Select the **Referrals** columns you want to display on your panel.

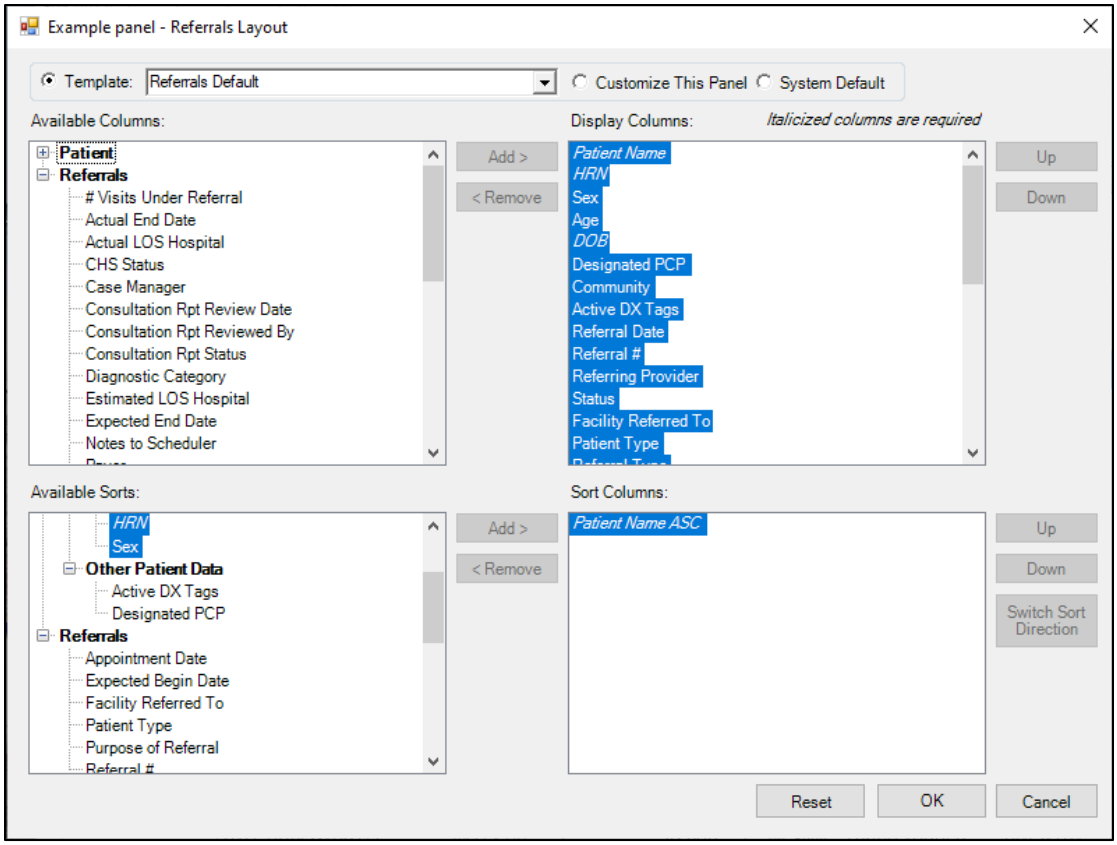


Figure 3-31: **Referrals Layout** window

Section 4.3.2 provides information about manipulating the columns of the view.

3.10.2.5 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.11 Consults Tab

The **Consults** tab displays consult data for the panel of patients.

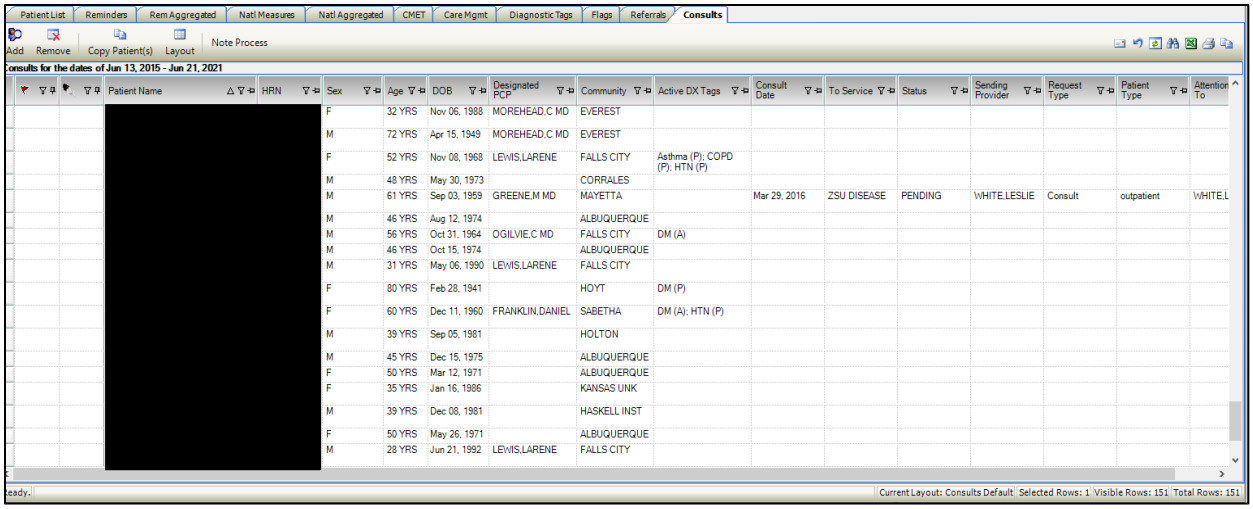


Figure 3-32: Sample **Consults** tab

3.11.1 Consults Tab Layout

The default view displays the standard patient demographic columns (see Figure 3-32) plus specific Consult columns.

Table 3-13: Consults tab

Column	Information
Individual columns	There are individual columns for each consult.

Double-click any row in the grid to access the **Consults** tab of the **Patient Record** window.

The default sort order is alphabetical by patient name.

You can sort/filter the columns and perform other functions on the columns.

3.11.2 Consults Tab Toolbar

The toolbar shows the date/time for which the data is effective.

Section 2.1.2 provides more information about the buttons on the right side of the toolbar.

3.11.2.1 Add

Click the **Add** button if there are patients to be manually added to the panel.

3.11.2.2 Remove

Highlight patients and click the **Remove** button if patients are to be manually removed from the panel.

3.11.2.3 Copy

Highlight patients and click the **Copy** button if patients are to be copied to another panel.

3.11.2.4 Layout

The **Layout** function determines which consult columns to display for the current panel and the order and sorting that should be used.

To change the layout, do one of the following:

- Click the **Layout** (

) button.
- Select **Consults** | **Layout**.

The **Consults Layout** screen will display for the current panel. Select the **Consults** columns you want to display on your panel.

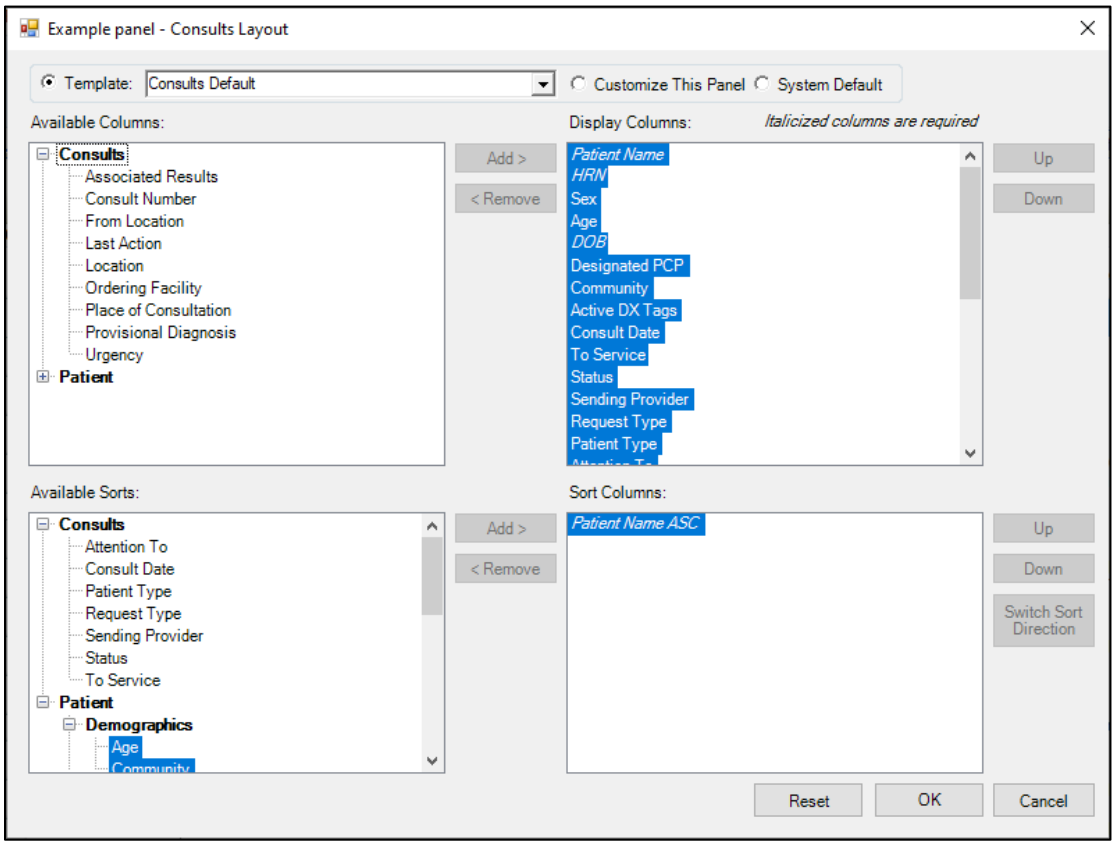


Figure 3-33: **Consults Layout** window

Section 4.3.2 provides information about manipulating the columns in the layout.

3.11.2.5 Note Process

Highlight patients and click the **Note Process** button if letters or notes are to be created for the selected patients. See Section 2.1.1.13 for more information on the Note Process.

3.12 Definition Details

The **Definition Details** tab displays certain types of data based on the panel definition for the panel of patients. Suppose the panel is defined using Allergies, Scheduled Appts, CPT, Exams, ER, High Risk/Immunocompromised Conditions, Health Factors, Immunizations, Inpatient, Labs, Measurements, Medications, Notes, Orders, Patient Education, POV, Problems, Reminders, Visits, or Waitlists. In that case, an additional **Definition Details** tab will be visible in Panel View.

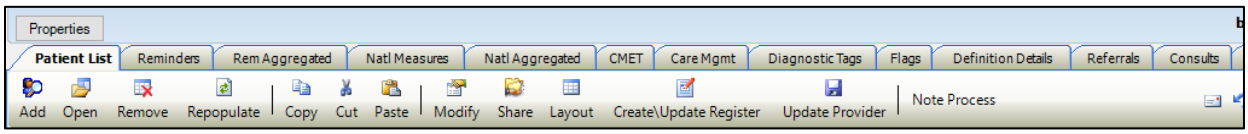


Figure 3-34: **Definition Details** display

The **Definition Details** tab will generally be before the **Referrals** and the **Consults** tab. If the Panel Definition has only one of the above-listed groups, it will automatically default when clicking on the **Definition Details** tab.

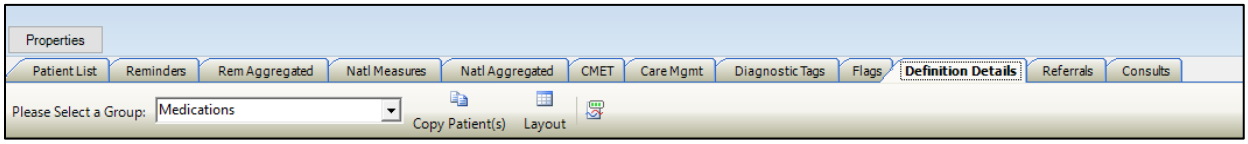


Figure 3-35: **Definition Details** default of Medications

Otherwise, you must select the group to see the detailed information.

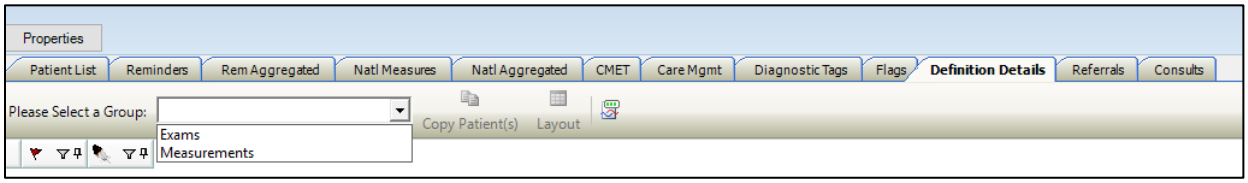


Figure 3-36: **Definition Details** for Exams and Measurements

3.12.1 Definition Details Layout

The default view displays the standard patient demographic columns (see Figure 3-34) plus selected individual columns for the group.

Table 3-14: Definition details

Column	Information
Individual columns	There are individual columns for each Definition Details group.

Double-click any row in the grid to access the patient record for the selected patient.

The default sort order is alphabetical by patient name.

You can sort/filter the columns and perform other functions on the columns.

3.12.2 Definitions Detail Toolbar

Section 2.1.2 provides more information about the buttons on the right side of the toolbar.

The standard buttons for the Definitions Detail toolbar are **Copy Patient(s)**, **Layout**, **Note Process**, and **Background Job**.

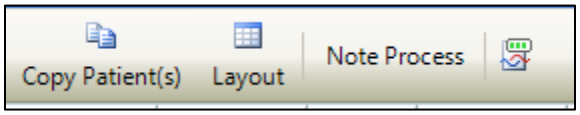


Figure 3-37: Definition Details toolbar

Reminder Notifications has an additional button, **Notification Process**.

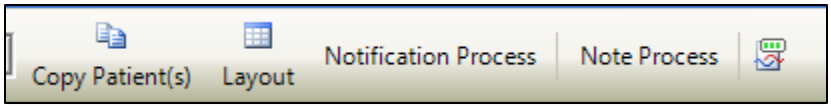


Figure 3-38: Definition Details toolbar for reminder notifications

3.12.2.1 Copy Patient(s)

This action copies the patient's information to the clipboard.

3.12.2.2 Layout

The **Layout** function determines which Definition Details columns to display for the current panel and group, and the order and sorting that should be used.

Each group has its list of columns.

To change the layout, do the following:

- Select the group.
- Click the **Layout** button.

The appropriate **Group Layout** screen will display for the current panel. You can select the **Group** columns you want to display on your panel.

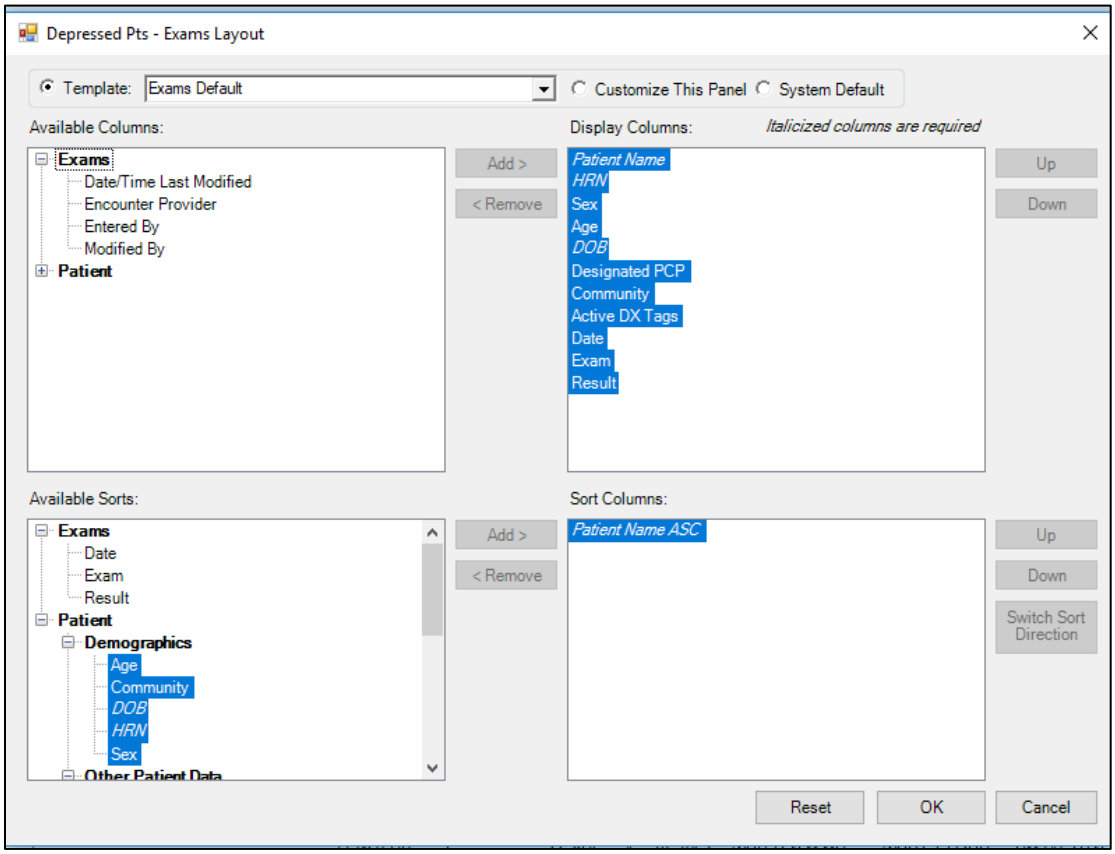


Figure 3-39: **Exams Layout** dialog

3.12.2.3 Note Process

The **Note Process** function allows the user to create a letter or phone note for the selected patients. The default is LETTER. To use the **Note Process** function, the user must have an electronic signature set up in RPMS and default telephone and letter clinics set up in User Preferences; see Section 4.3.1. See Section 3.12.2.2 for more information on letters and notes.

3.12.2.4 Notification Process

To use the **Notification Process** function, the user must have an electronic signature set up in RPMS and default telephone and letter clinics set up in User Preferences. See Section 4.3.1 for more information.

Select the patients for the notification process and click the **Notification Process** button.

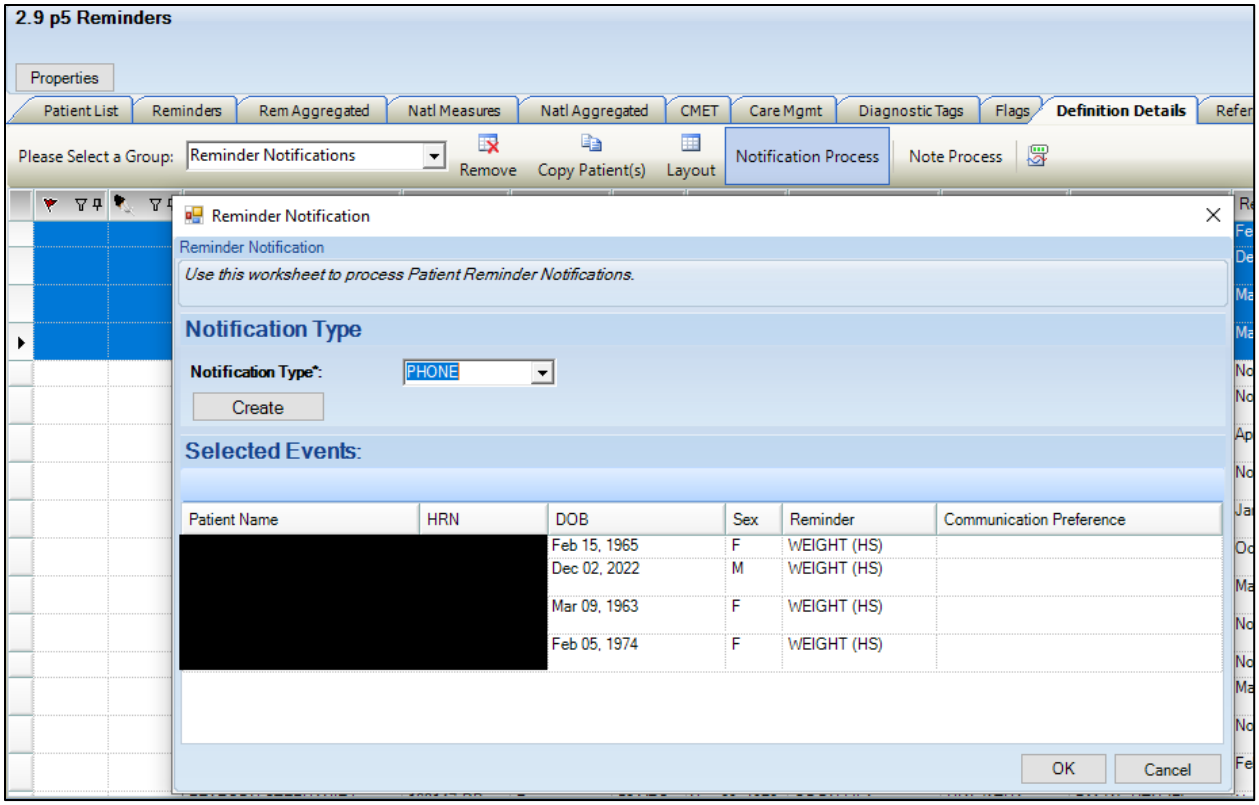


Figure 3-40: **Reminder Notification** window

The **Notification Type** field defaults to PHONE. The current selections are **PHONE**, **EMAIL**, and **LETTER**. Currently, only PHONE and LETTER work. Selecting EMAIL will gray out the **Create** button.

Click the **Create** button. You can manually write a note or use an existing TIU template to generate a note.

TIU Note Fields

The default view displays the fields in the following order:

Table 3-15: TIU Note field

Column	Information
Document Title	Required field
Subject	Subject of the note.
Show Templates	Check the box when checked, which allows the user to use My Templates or Shared Templates.
My Templates	Templates set up in EHR that only the user can access.
Shared Templates	Templates set up in EHR that all users can access.

Work with your EHR CAC to help set up templates and discuss which document title is best for Reminder Notifications.

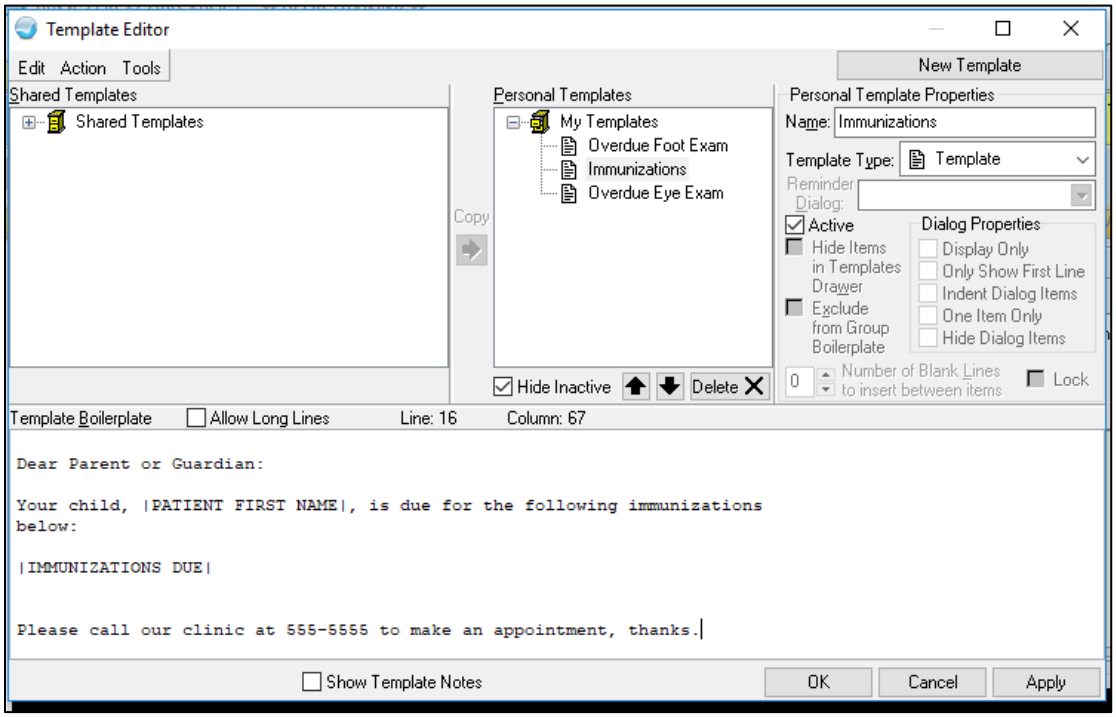


Figure 3-41: TIU Template layout

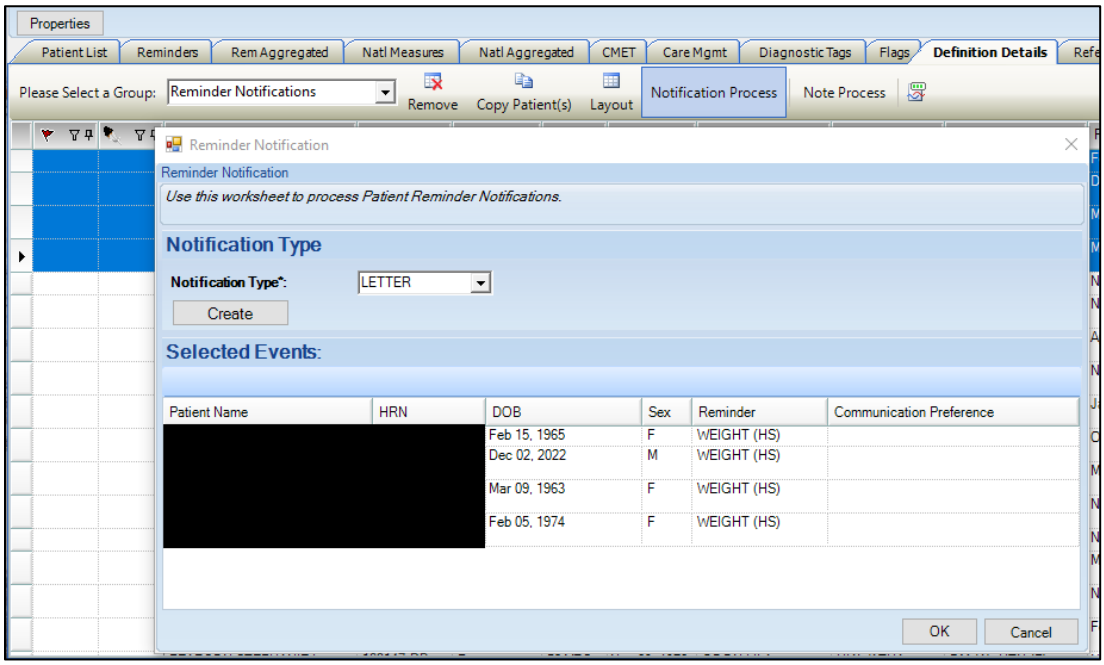


Figure 3-42: Patient selection

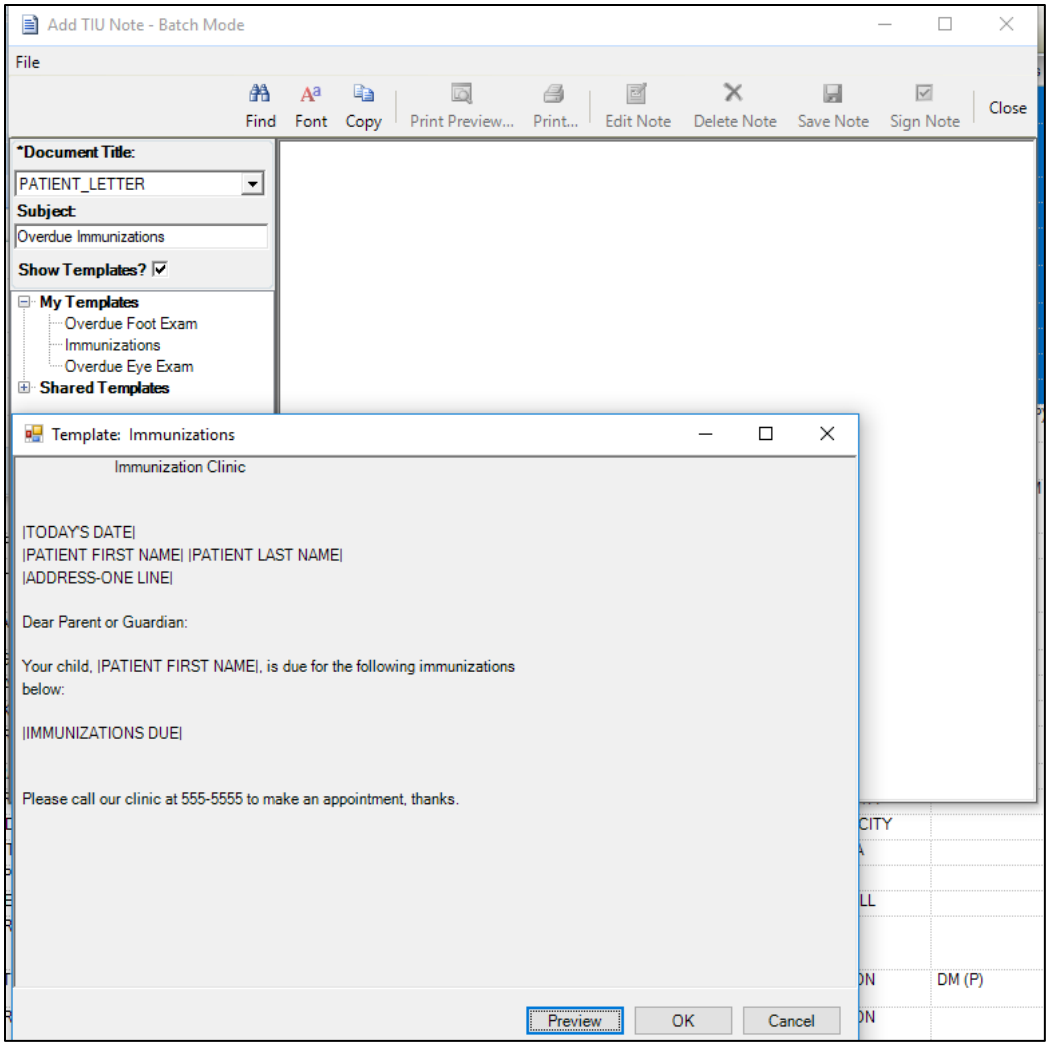


Figure 3-43: Document selection

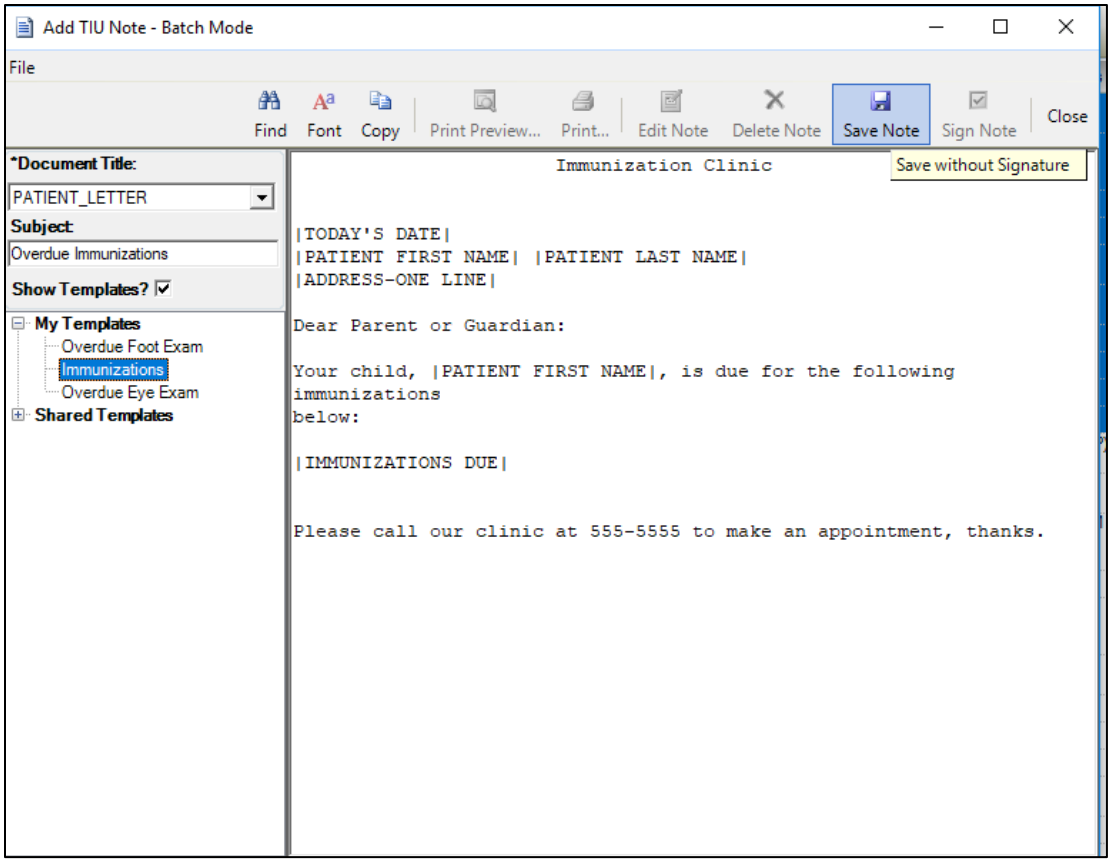


Figure 3-44: Template selection and **Save Note** button

Once the **Save Note** button is no longer highlighted, it takes you back to the patient selection screen, where you click **OK**. You will be asked to confirm. At any time, you can click **Cancel** to exit.

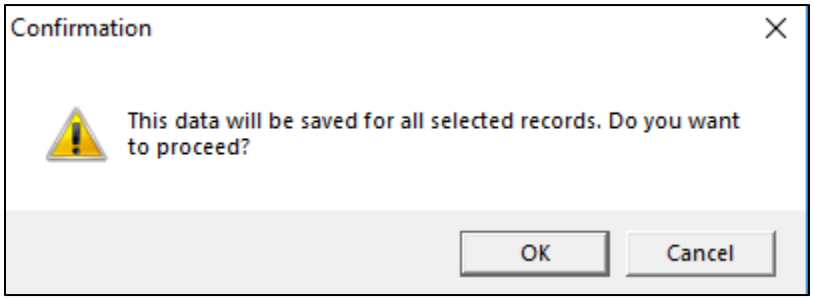


Figure 3-45: Save confirmation message

Click **OK**, and you will be prompted to enter your electronic signature. You can still cancel at this point, and nothing will be saved.

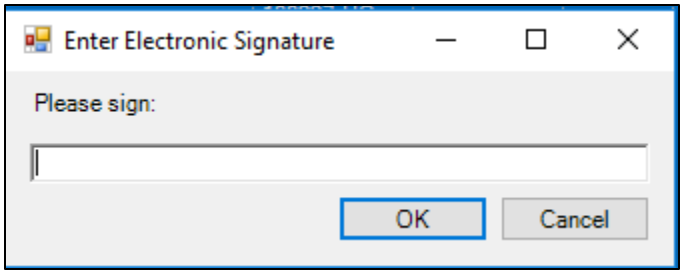


Figure 3-46: **Enter Electronic Signature** window

Once an electronic signature is entered, the document is saved for every selected patient. You will be asked if you want to print the notes.

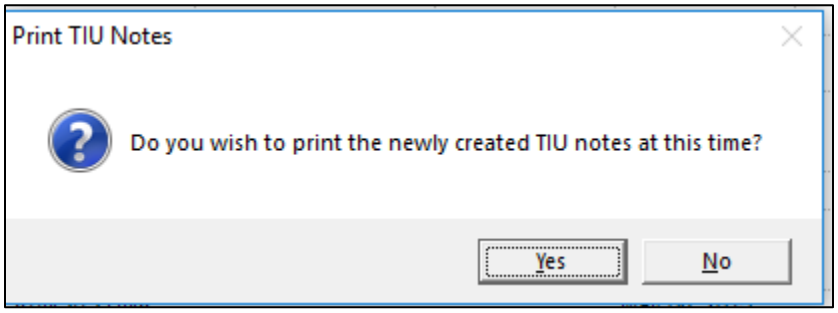


Figure 3-47: **Print TIU Notes** confirmation

You can print preview the notes and then select a printer to print them.

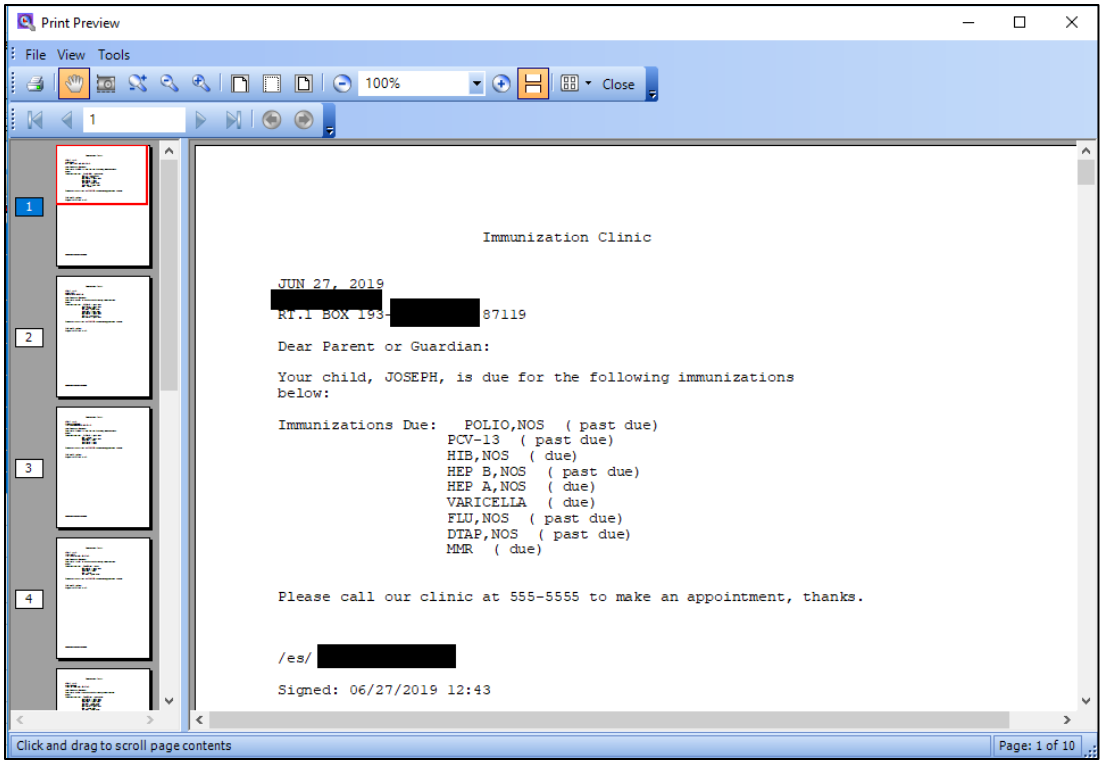


Figure 3-48: **Print Preview** dialog

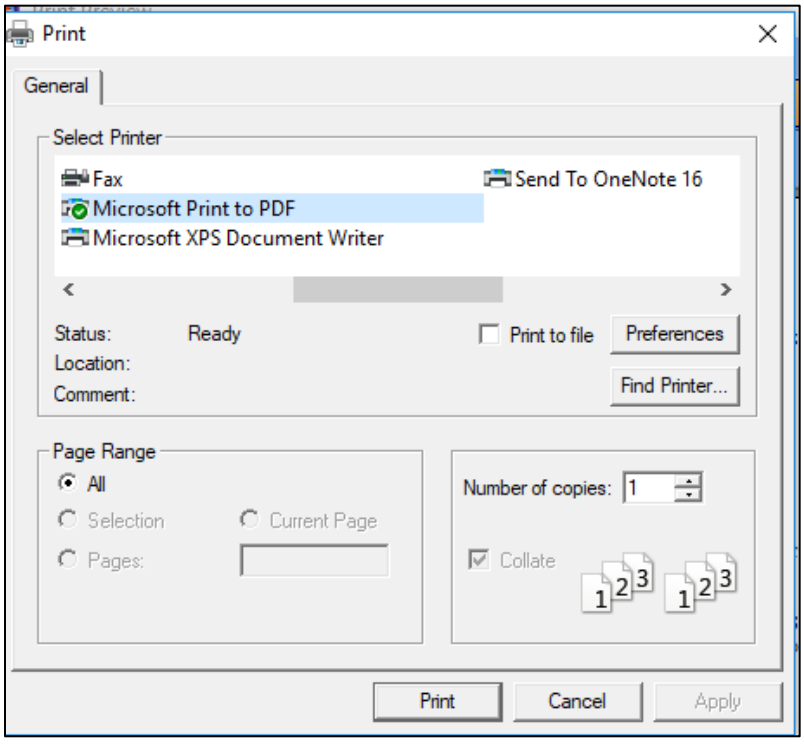


Figure 3-49: Printer selection

Check the printer before closing to ensure the letters print correctly. You will not be able to batch-print the letters later if there is a problem. They will only be able to be printed singly. The **Notification Date** and **Notification Type** will be filled in after closing the **Print** dialog.

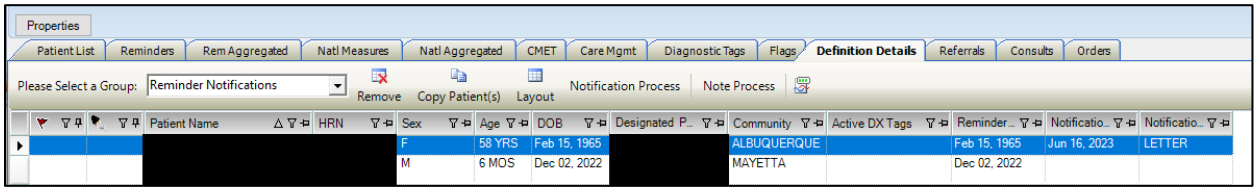


Figure 3-50: **Definition Details** completion

TIU Note Toolbar

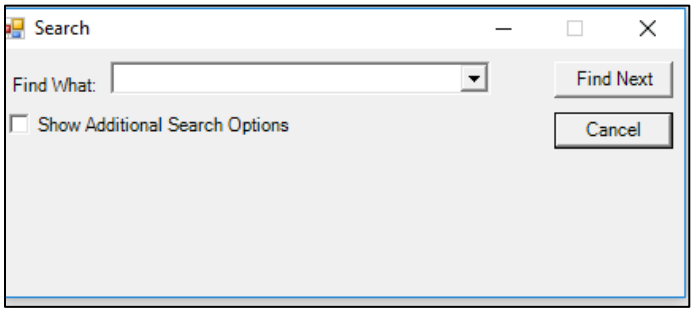


Figure 3-51: **Search** dialog

Find: Find a string in the letter.

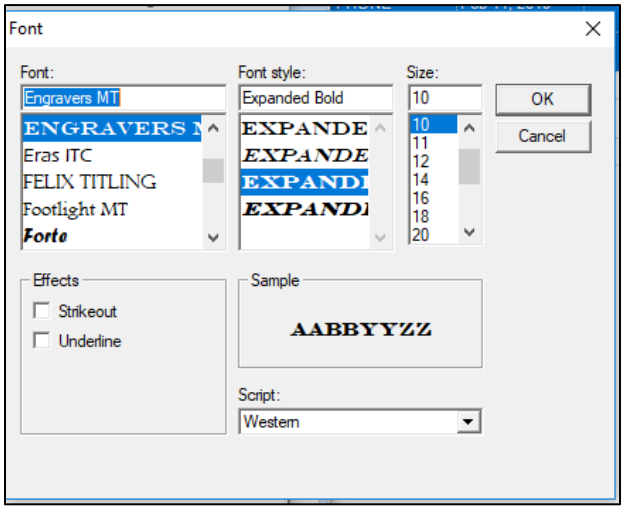


Figure 3-52: Changing fonts

Font: Change the default font.

Copy: Copy the text of the note.

Print Preview: Preview of the selected template.

Print: Disabled until saved and signed.

Edit Note: Disabled.

Delete Note: Disabled.

Save Note: When the note is completed.

Sign Note: Disabled until after the note is saved.

Close: When the note has been saved.

4.0 Package Operation

When given access to the iCare GUI, all users can create panels, view data, and perform actions without having any specific security keys. Certain keys can be given for more in-depth access. Any button needing additional access will display a message. For example, the **Update DPCP** button requires an additional security key.

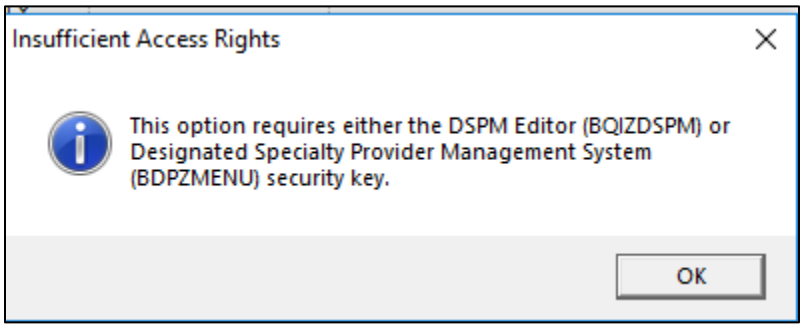


Figure 4-1: **Insufficient Access Rights** message

All views in iCare have **File**, **Edit**, **Tools**, **Window**, and **Help** options. Panel View additionally has a **Patient** option. Each view may have different selections within the options.

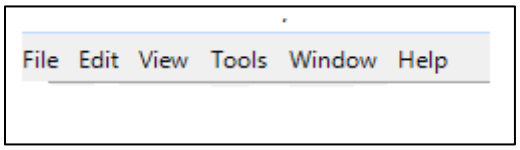


Figure 4-2: Main view options

4.1 File

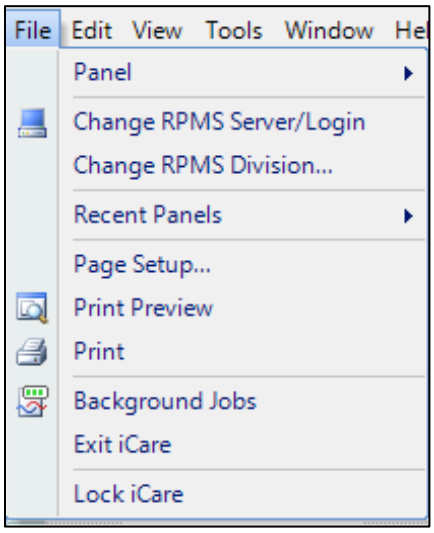


Figure 4-3: Main view **File** options

Figure 4-4: Panel View options

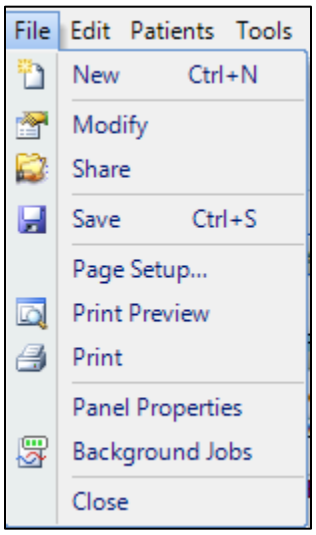
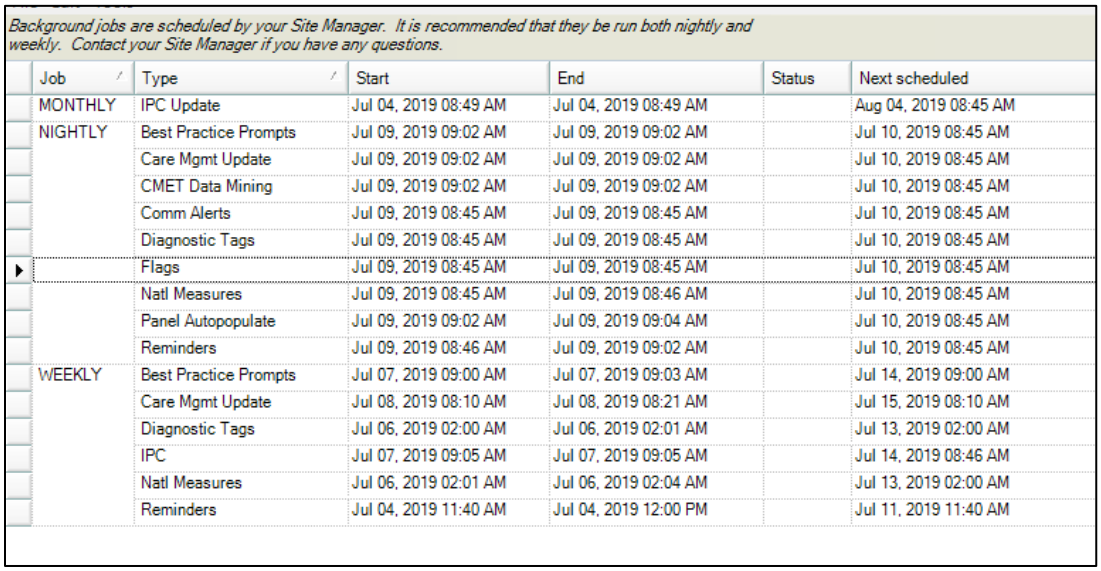


Figure 4-5: Panel View **File** options

4.1.1 Background Jobs

The **Background Jobs** icon can be found in iCare and the **File** menu. Clicking the icon or selecting the option displays the state of all the iCare background jobs.



Background jobs are scheduled by your Site Manager. It is recommended that they be run both nightly and weekly. Contact your Site Manager if you have any questions.

Job	Type	Start	End	Status	Next scheduled
MONTHLY	IPC Update	Jul 04, 2019 08:49 AM	Jul 04, 2019 08:49 AM		Aug 04, 2019 08:45 AM
NIGHTLY	Best Practice Prompts	Jul 09, 2019 09:02 AM	Jul 09, 2019 09:02 AM		Jul 10, 2019 08:45 AM
	Care Mgmt Update	Jul 09, 2019 09:02 AM	Jul 09, 2019 09:02 AM		Jul 10, 2019 08:45 AM
	CMET Data Mining	Jul 09, 2019 09:02 AM	Jul 09, 2019 09:02 AM		Jul 10, 2019 08:45 AM
	Comm Alerts	Jul 09, 2019 08:45 AM	Jul 09, 2019 08:45 AM		Jul 10, 2019 08:45 AM
	Diagnostic Tags	Jul 09, 2019 08:45 AM	Jul 09, 2019 08:45 AM		Jul 10, 2019 08:45 AM
	Flags	Jul 09, 2019 08:45 AM	Jul 09, 2019 08:45 AM		Jul 10, 2019 08:45 AM
	Natl Measures	Jul 09, 2019 08:45 AM	Jul 09, 2019 08:46 AM		Jul 10, 2019 08:45 AM
	Panel Autopopulate	Jul 09, 2019 09:02 AM	Jul 09, 2019 09:04 AM		Jul 10, 2019 08:45 AM
	Reminders	Jul 09, 2019 08:46 AM	Jul 09, 2019 09:02 AM		Jul 10, 2019 08:45 AM
WEEKLY	Best Practice Prompts	Jul 07, 2019 09:00 AM	Jul 07, 2019 09:03 AM		Jul 14, 2019 09:00 AM
	Care Mgmt Update	Jul 08, 2019 08:10 AM	Jul 08, 2019 08:21 AM		Jul 15, 2019 08:10 AM
	Diagnostic Tags	Jul 06, 2019 02:00 AM	Jul 06, 2019 02:01 AM		Jul 13, 2019 02:00 AM
	IPC	Jul 07, 2019 09:05 AM	Jul 07, 2019 09:05 AM		Jul 14, 2019 08:46 AM
	Natl Measures	Jul 06, 2019 02:01 AM	Jul 06, 2019 02:04 AM		Jul 13, 2019 02:00 AM
	Reminders	Jul 04, 2019 11:40 AM	Jul 04, 2019 12:00 PM		Jul 11, 2019 11:40 AM

Figure 4-6: Background jobs

Five individual iCare background jobs should be scheduled in TaskMan. The nightly job should be scheduled daily, and the four weekly jobs should be scheduled weekly (not simultaneously). The monthly and weekly IPC jobs are handled automatically via the nightly job.

If the **End** column is earlier than the **Start** column and is in red, then there may be a problem with that job.

Monitoring the background jobs is essential so that the data seen in iCare is current.

4.2 Edit

The **Edit** option is the same for all views.

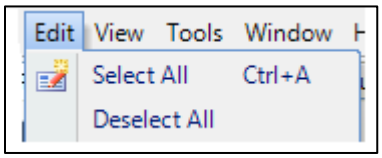


Figure 4-7: **Edit** options

4.3 Tools

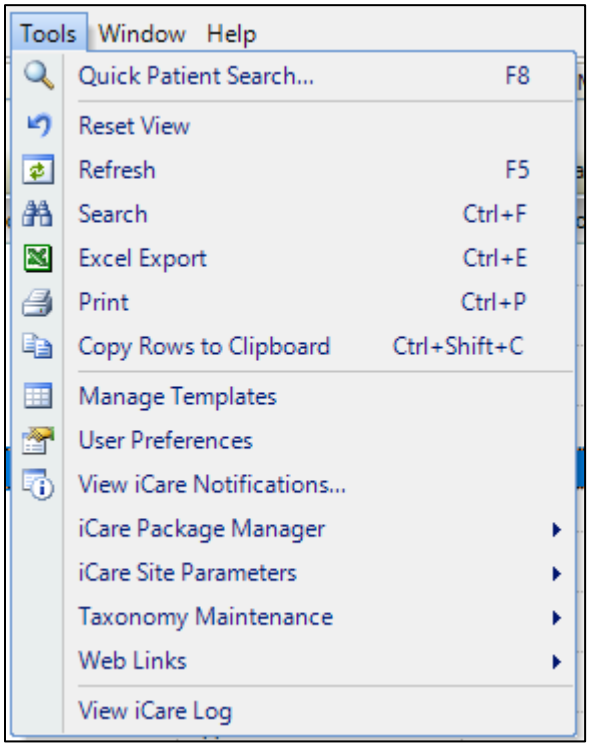


Figure 4-8: Main view **Tools** options

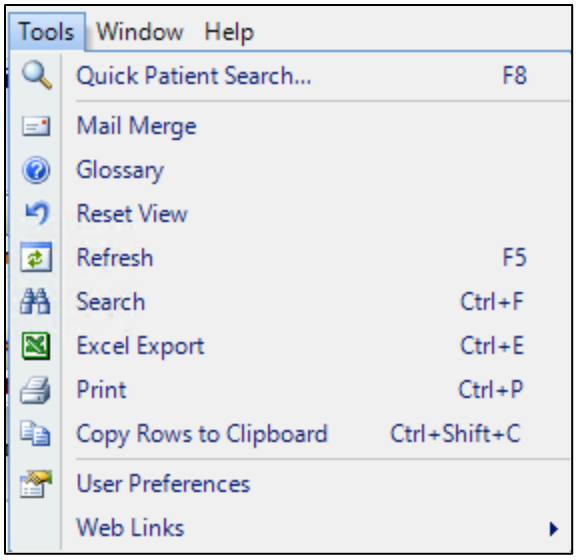


Figure 4-9: Other view **Tools** options

4.3.1 User Preferences

There is a user preference specifically for Panel View where the user can choose which tabs to display.

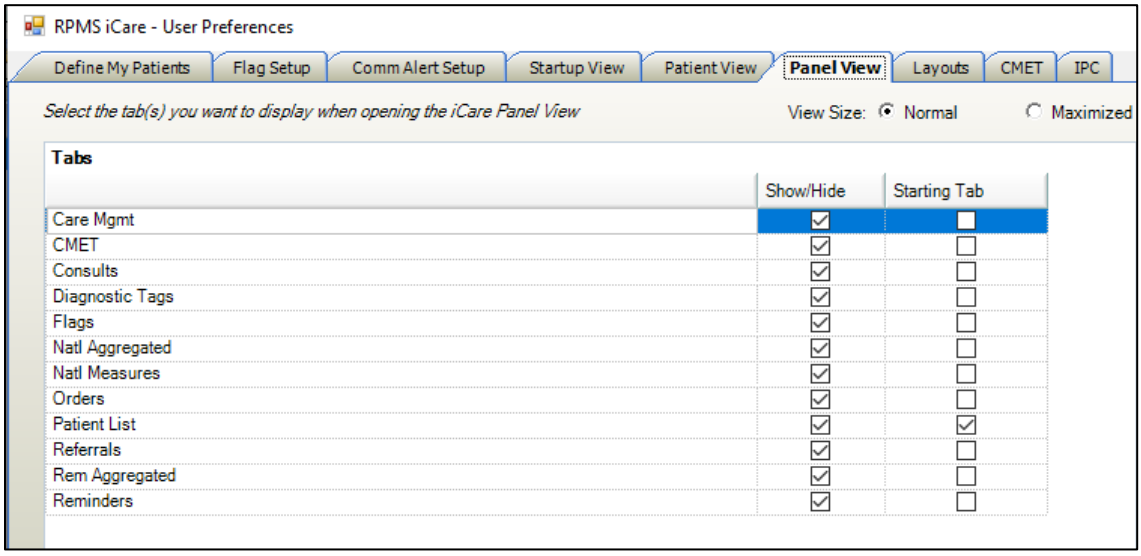


Figure 4-10: **User Preferences** dialog, **Panel View** tab

Select the tab you wish to have as your starting tab when you open a panel. All tabs default to **Show**. Deselect to **Hide** tabs that may not be of interest to you. The **Definition Details** tab will always display if the panel definition indicates.

Select whether the view size will be normal or maximized when opening iCare Panel View.

There is a user preference specifically for Patient View where the user can choose which tabs to have access to display. It also contains the default clinics needed for Letter, Telephone, and Chart Review notes.

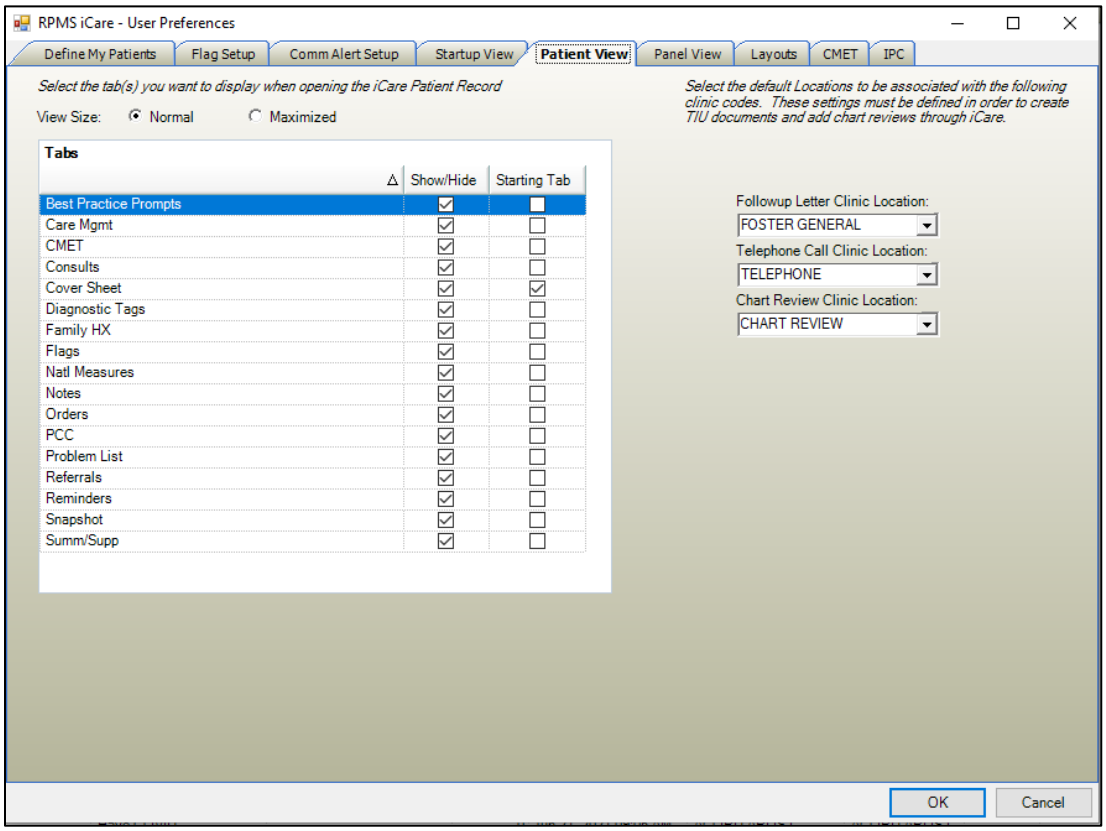


Figure 4-11: Patient View tab

4.3.2 Manage Templates

Views can be modified through Manage Templates or via the Layouts button. Every view in iCare has a default view template. Each view can be modified by customizing the view, modifying the default template, or creating a new one via Manage Templates. Clicking the **Layout** button opens the **Layout** window.

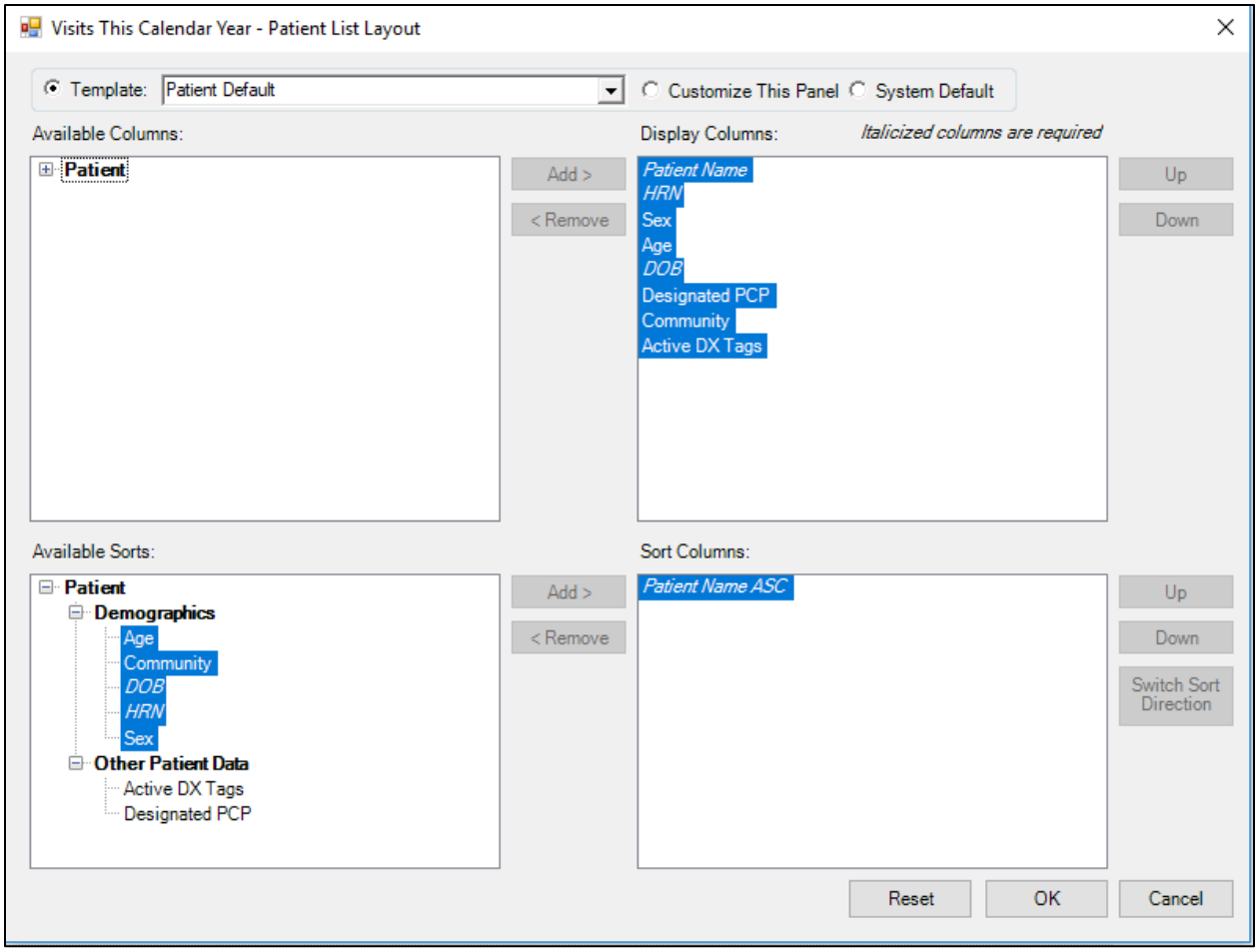


Figure 4-12: **Layout** window

Users can keep the template default view, customize the view for this panel only, or revert to the system default if the layout changes.

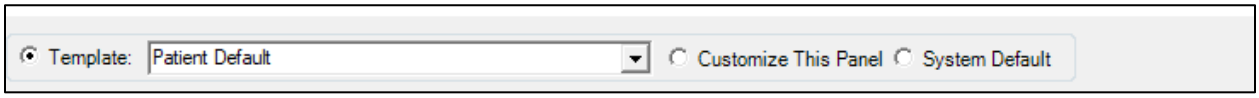


Figure 4-13: Views

You can pick from any selection of templates that exist for that view.

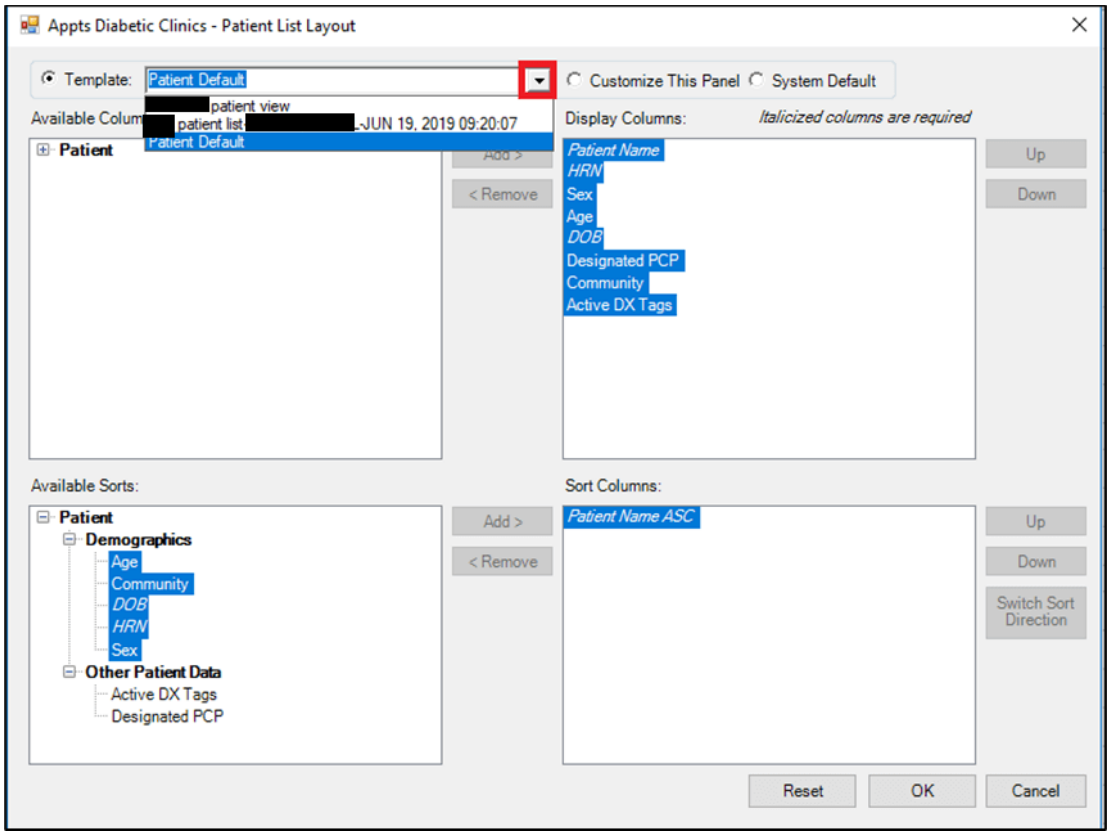


Figure 4-14: Template selection

Four boxes allow for the changing of data: **Available Columns** (data element columns available to view), **Display Columns** (data element columns already selected for the view), **Available Sorts** (data element columns available to sort the data by), and **Sort Columns** (data elements already selected for sorting).

See Appendix A for a list of the data element columns available for display for all layout views.

Use the **Add** and **Remove** buttons to move data elements back and forth from the **Available Columns** and **Display Columns** boxes and the **Available Sorts** and **Sort Columns**. They will be enabled if the **Customize This Panel** option button is selected.

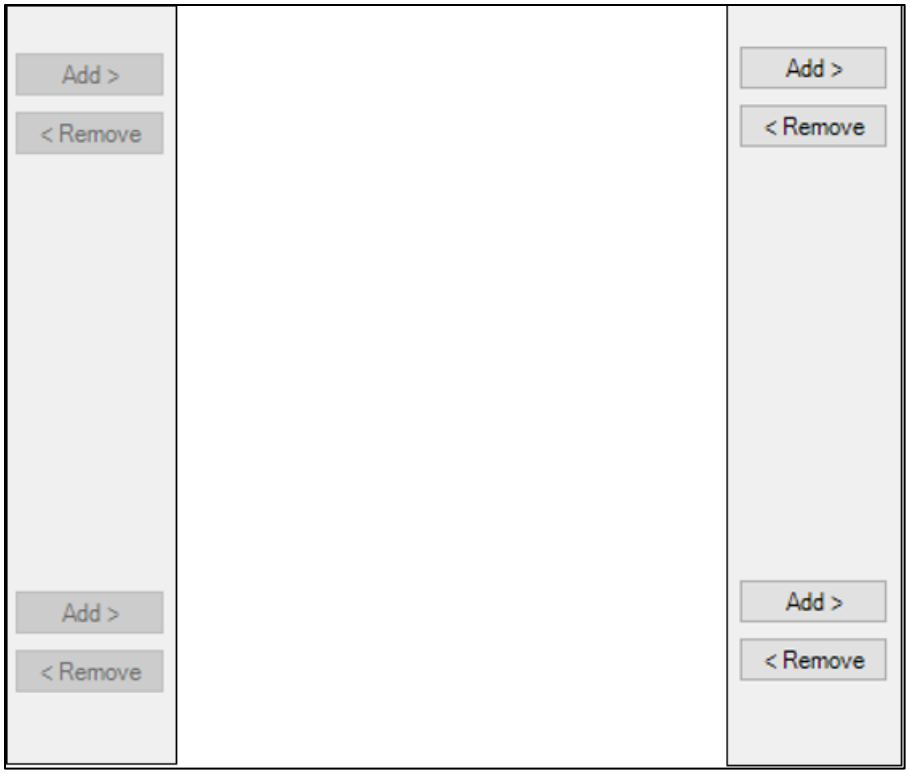


Figure 4-15: **Add** and **Remove** buttons

Customizing the view is only for this specific panel; if the layout is changed to template or system default, the customized view will be gone.

Users can always revert to the system default or a template.

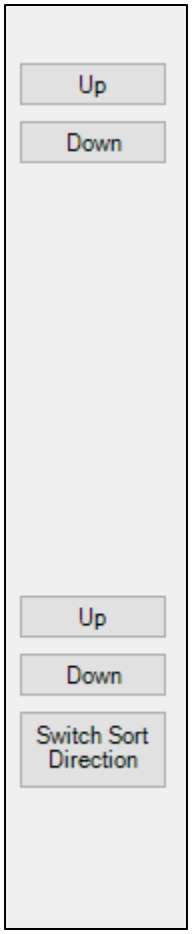


Figure 4-16: **Up**, **Down**, and **Switch Sort Direction** buttons

The **Up** and **Down** buttons move the highlighted data elements up or down in the **Display Columns** or **Sort Columns** boxes. The **Switch Sort Direction** button changes the order of the sort from the default, ascending (A–Z), to descending (Z–A).

If you click the column heading to change the sort, it will automatically change the value in the **Sort Columns** box.

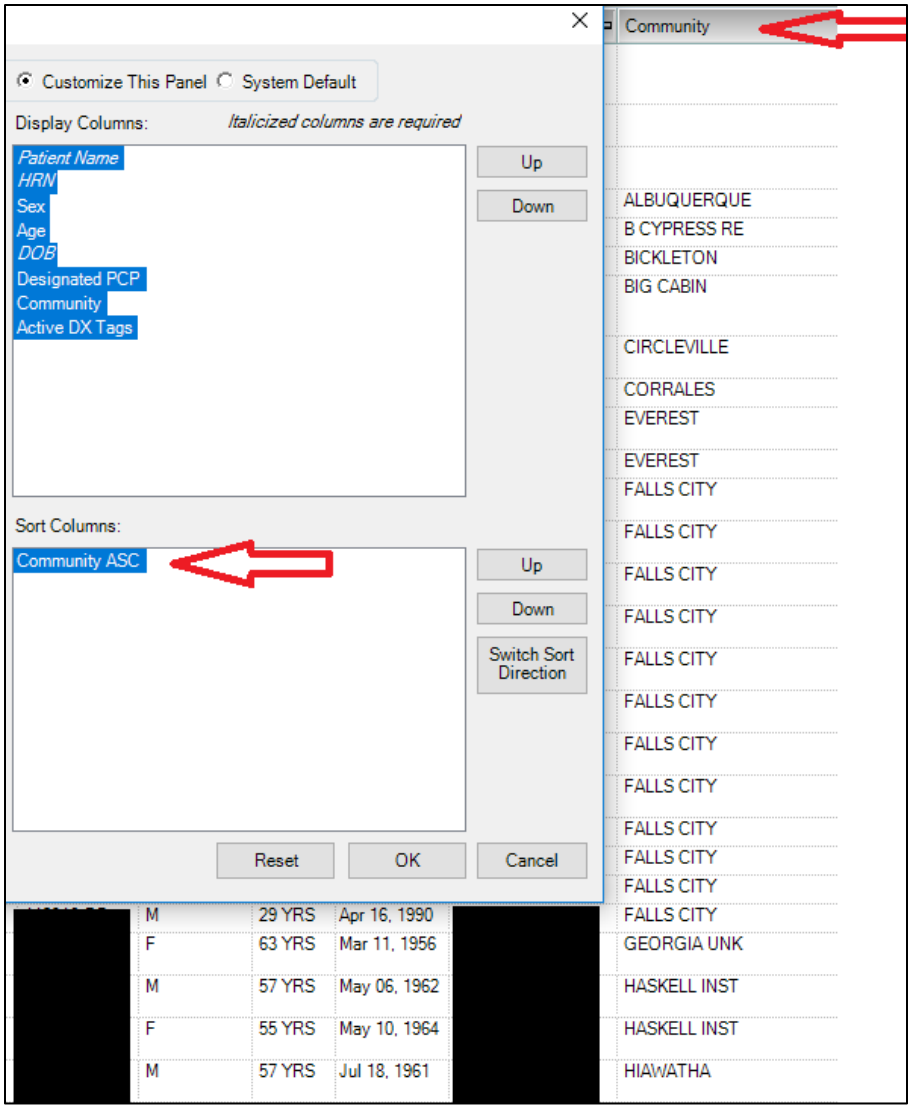


Figure 4-17: Changing the **Sort Column**

When leaving the panel, and the column order or sort order has changed, you will be asked if you want to save the changes.

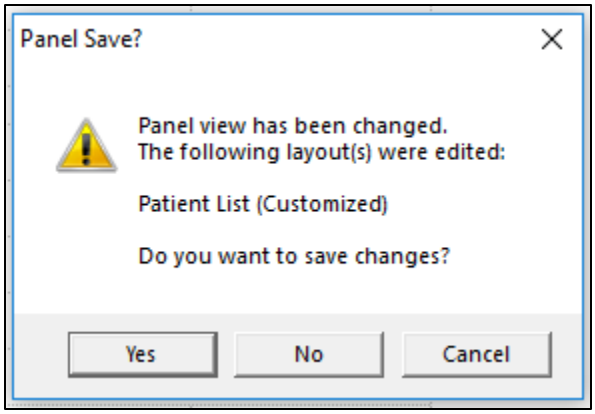


Figure 4-18: Panel Save? confirmation window

Appendix A Panel View Columns

A.1 Patient List

The default template for the Patient List tab is named Patient Default. Other tabs also have this view's required and default fields and their specific column fields.

A.1.1 Address

Column	Information
Alt Phone	The OTHER PHONE number from the patient registration
City	The city name of the patient's address
County	The county of the patient's community
Email Address	The current email address of the patient
Home Phone	The PHONE NUMBER [RESIDENCE] from patient registration
Location of Home	A description of where the patient's home might be found
State	The state of the patient's address
Street Address	The mailing address of the patient
Work Phone	The WORK PHONE from patient registration
Zip Code	The zip code of the patient's address

A.1.2 Contacts

Column	Information
EC Address-City	Emergency Contact's city
EC Address-State	Emergency Contact's state
EC Address-Street	Emergency Contact's street address
EC Address-Zip	Emergency Contact's zip code
Emerg Contact Phone	Emergency Contact's phone number
Emerg Contact Relationship	The relationship of the Emergency Contact to the patient.
Emergency Contact Name	Emergency Contact's name
Father's Cell Phone	The father's cell phone number
Father's Name	The name of the patient's father from patient registration
Father's Phone	The father's phone number
Mother's Cell Phone	The mother's cell phone number
Mother's Name	The name of the patient's mother from patient registration
Mother's Phone	The mother's phone number
NOK Address-City	Next of Kin's city

Column	Information
NOK Address-State	Next of Kin's state
NOK Address-Street	Next of Kin's street address
NOK Address-Zip	Next of Kin's zip code
NOK Phone	Next of Kin's phone number
NOK Relationship	The relationship of the Next of Kin to the patient.
Next of Kin Name	Next of Kin's name

A.1.3 CRS Flag

Column	Information
CRS Active Clinical	A patient who had an AMBULATORY, DAY SURGERY, HOSPITALIZATION, or OBSERVATION visit to a primary care clinic in the CRS report range
CRS DM DX Ever	If a patient ever had diabetes (DM) diagnosis recorded in RPMS using taxonomy SURVEILLANCE DIABETES
CRS DM DX Report Period	If the patient had a DM diagnosis in the Report Period
CRS First DM Dx	If the patient's First DM diagnosis was before the Report Period
CRS One DM Visit	If the patient had 1 DM visit in the Report Period
CRS Two DM Visits	If the patient had 2 DM visits in the Report Period

A.1.4 Demographics

Column	Information
Alias(es)	Any aliases that a patient has
Beneficiary	The patient's CLASSIFICATION/BENEFICIARY from patient registration, e.g., INDIAN/ALASKA NATIVE, NON-INDIAN SPOUSE, etc.
CRS Pop	Whether the patient is identified as User Population (UP) or Active Clinical (AC) by CRS
Cause of Death	In PCC, the Underlying Cause of Death (UCD) is where this information can be entered.
Communication Preference	The method by which the patient has indicated they wish to be communicated with from patient registration—PHONE; EMAIL; LETTER; DO NOT NOTIFY
Date of Death	If the patient has been marked as deceased, the date of death from the patient's registration
Date/Time Added	The date/time the patient was added to the panel.
Ethnicity	The ethnicity of the patient from patient registration
Legal Name(s)	Any legal names that the patient has

Column	Information
Manually Added	Identifies if the patient was manually added or removed from the panel; if blank, then the patient was added via panel definition criteria
Other Tribes	Any other tribes that the patient is associated with besides the TRIBE OF MEMBERSHIP
Perf Met	If the patient is YES for all applicable CRS measures or not
Preferred Language	The language by which the patient prefers to communicate in
Preferred Name	The preferred name of the patient (when the flag is turned on)
Race	The race of the patient
Tribe	The TRIBE OF MEMBERSHIP of the patient
Who Manually Added	The user who manually added a patient to the panel

A.1.5 Measurement

Any active measurement found in the Measurement Type (File #9999999.07). Measurement updates are released in AUM releases. The iCare Nightly Background job will determine which measurement is active and will add any new ones to the list.

Table A-1: Measurement

Column	Information
Last measurement	Displays the value and date of the last measurement type

A.1.6 Other Patient Data

Column	Information
Active Insurance Coverage	Any active insurance that the patient has
Advanced Directives	If the patient has any advanced directives on file in RPMS
Allergies	If the patient has any allergies
Employer	The employer of the patient
Last Immunization Notification	The last recorded immunization notification in iCare
Last Reminder Notification	The last recorded reminder notification in iCare
Medicaid Number	If the patient has Medicaid, the Medicaid number
Veteran	Whether the patient is a Veteran or not
Specialty Providers	The active Provider category a patient could be assigned to, e.g., Case Manager

A.1.7 Visit Related

Column	Information
IPC Adolescent Qualify Dates	The date the patient should have had an immunization visit if the patient was 13 years old. old during the IPC report period
IPC Depress Office Visit	If the patient had a depression office visit
IPC Flu Office Visit	If a visit that meets the IPC Influenza Immunization Status encounter criteria
IPC Last Office Visit	The last office visit per IPC requirements usually has a specific visit CPT code.
Last 3 Visit Clinics	The clinics of the last three visits that the patient had (no visit type filter)
The last 3 Visit Dates	The dates of the last three visits that the patient had (no visit type filter)
Last 5 Visit Clinics	The clinics of the last five visits that the patient had (no visit type filter)
The last 5 Visit Dates	The dates of the last five visits that the patient had (no visit type filter)
Last Appt Clinic	The clinic of the last appointment of the patient
Last Appt Date	The date of the last appointment of the patient
Last PC Visit Location	The last location of encounter for the last ambulatory visit whose clinic is a primary care clinic
Last PC Visit POV Narrative	The Purpose of Visit narrative of the last ambulatory visit whose clinic is a primary care clinic
Last PC Provider Narrative	The provider's narrative of the last ambulatory visit, whose clinic is a primary care clinic
Last Primary Care Visit Clinic	The clinic of the last ambulatory visit which is a primary care clinic
Last Primary Care Visit Date	The date of the last ambulatory visit whose clinic was a primary care clinic
Last Primary Care Visit Provider	The provider of the last ambulatory visit, whose clinic was a primary care clinic
Last Visit Clinic	The clinic of the last visit that the patient had (no visit type filter)
Last Visit Date	The date of the last visit that the patient had (no visit type filter)
Last Visit Date w DPCP	The date of the last ambulatory or hospitalization visit where the assigned primary care provider was listed as a provider
Last Visit Date/Time	The date/time of the last visit that the patient had (no visit type filter)
Last Visit Location	The location of encounter for the last visit that the patient had (no visit type filter)
Last Visit POV Narrative	The Purpose of Visit narrative of the last visit that the patient had (no visit type filter)

Column	Information
Last Visit Provider	The provider of the last visit that the patient had (no visit type filter)
Last Visit Provider Narrative	The provider's narrative of the last visit that the patient had (no visit type filter)
Next 3 Appt Clinics	The clinics of the following three appointments that the patient is scheduled for
Next 3 Appt Dates	The dates of the following three appointments that the patient is scheduled for
Next 5 Appt Clinics	The clinics of the following five appointments that the patient is scheduled for
Next 5 Appt Dates	The dates of the following five appointments that the patient is scheduled for
Next Appt Clinic	The clinic of the next appointment that the patient is scheduled for
Next Appt Date	The date of the next appointment that the patient is scheduled for
Next Appt Date/Time	The date and time of the next appointment that the patient is scheduled for
Next Appt Provider	The name of the default provider is defined for the clinic of the next appointment that the patient is scheduled for
Number of No-Shows	The number of no-show appointments that the patient has had in the past 12 months
Number of Patients Cancels	The number of appointments that the patient canceled in the past 12 months

A.2 Reminders

There are five categories of reminders: Health Summary, EHR Clinical Reminders, IZ Forecaster, Care Management, and CMET. The default Reminders template displays the default Health Summary reminders.

Each night, the iCare Nightly Background job checks to see if reminders have been inactivated or if new reminders have been found (or activated). A notification message may be sent to you informing you of a newly added or newly deactivated/deleted reminder.

Table A-2: Reminders

Status	Received	From	Notification Text	Body
	Mar 27, 2019 08:11 AM		Reminder [DTAP, NOS] has been newly added. You may want to update your panel Reminder View layouts.	

A.2.1 Default Health Summary Reminders

The default Health Summary Reminders belong to the category General. Health Summary Reminders can be activated or inactivated from the **Health Summary Maintenance Menu** | **Health Maintenance Reminders** | **Activate/Inactivate a Health Maintenance Reminder** menu option.

Table A-3: Health Summary Reminders

Column
BLOOD PRESSURE
BREAST EXAM
DENTAL EXAM
DIABETES SCREENING
HEIGHT
HIV SCREENING
PELVIC EXAM
PHYSICAL EXAM
WEIGHT

A.2.2 Optional Health Summary Reminders

Behavioral Health

Column
ALCOHOL USE SCREENING
DEPRESSION SCREENING
DOMESTIC VIOLENCE/IPV SCREENING

Cancer-Related

Column
COLORECTAL CA-SCOPE/XRAY
MAMMOGRAM
PAP SMEAR
RECTAL
TOBACCO USE SCREENING

CVD-Related

Column
CHOLESTEROL

Elder

Column
FALL RISK ASSESSMENT
TONOMETRY
VISUAL ACUITY EXAM

Pediatric

Column
EPSDT Screening
HCT/HGB
HEAD CIRCUMFERENCE
HEARING TEST
NEWBORN HEARING TEST
PPD - TUBERCULOSIS
URINALYSIS

A.2.3 EHR Clinical Reminders

EHR Clinical Reminders are divided into two types: national reminders and local reminders. National reminders are reminders released to all facilities, and local reminders are reminders created within a specific facility. Typically, national reminders start with IHS, and local reminders start with a local variation, such as the initials of the facility.

Only those reminders that are active will display in iCare. Reminders can be activated or inactivated using the **Reminder Definition Management** | **Activate/Inactivate Reminders** menu option. Reminders with the same name will show up looking like a duplicate reminder. During the iCare Nightly Background job, if such duplicate reminders are found, a notification message will be sent to any user designated as an iCare Package Manager (security key BQIZMGR).

Table A-4: EHR Clinical Reminders

Status	Received	From	Notification Text	Body
	Jun 27, 2019 11:44 AM		Duplicate EHR reminders found	The following duplicate EHR reminders are active. Please get in touch with the EHR Reminder CAC to go to the Reminder Definition Management menu and inactivate the incorrect duplicate reminders. DM Foot Exam [IHS-DIAB FOOT EXAM 2013] DM Foot Exam [IHS-DIAB FOOT EXAM 2015]

A.2.4 IZ Forecaster Reminders

IZ Forecaster or Immunization reminders are those reminders found to be due by the Forecaster interface. There may be other immunization reminders in the Health Summary or EHR Clinical Reminders, but they are not included in iCare.

Some examples of Immunization Forecaster immunizations are listed in the following table.

Table A-5: Example Immunization Forecaster immunizations

Column
DTaP
FLU, NOS
HEP A, NOS
HEP B, NOS
HIB, NOS
HPV, NOS
MMR
Men-B, NOS
MenCV4,NOS
PCV-13
POLIO, NOS
Td-ADULT
Tdap
VARICELLA
ZOS-Shgrx

A.2.5 Care Management Reminders

Currently, the only specialized Care Management Reminders are for HIV patients and are a part of the HIV Management System (HMS).

Detail information about these reminders can be found in Appendix B of the *HIV/AIDS Management User Manual*.

A.2.6 CMET Reminders

Every event in the CMET becomes a reminder if it is used as a follow-up event.

A.3 National Measures

There are five categories of National Measures: National GPRA, Non-National, Other, IPC, and Developmental. The default Performance template displays the National GPRA measures.

Each night, the iCare Nightly Background job checks to see if a new version of IHS CLINICAL REPORTING (CRS) has been installed at your facility and will automatically update the list of measures. A notification will be sent when the new measures are updated.

Table A-6: National Measures

Status	Received	From	Notification Text	Body
	Mar 14, 2019 08:10 AM		CRS Updated	The RPMS Clinical Reporting System (CRS) has been updated on your facility's server. This update may affect your iCare Natl Measures view because of new or inactivated performance measures. Please review your Natl Measures layout and update it as needed. The CRS UPDATE job is scheduled to run MAR 14, 2019, at 20:00. Your Natl Measures data will not be up-to date until this job has been completed.

A.4 CMET

Please refer to the *CMET User Manual* for the details on this tab.

A.5 Care Management

The current Care Management groups are Asthma, Childhood Immun, COPD, COVID, Diabetes, DM Audit, Hep C, HIV/AIDS, Immunizations, Pain Management, Pediatric, Prenatal, and STI/STD.

Each group has its own list of columns. The DM Audit group is based on the current release of the Diabetes Audit (BDM). When a new DM Audit is installed in RPMS, the iCare Nightly Background job will determine if there are any new columns to be added or columns that should be inactivated.

Childhood Immun is based on the type and number of immunizations needed for patients from age 0 to age 17.

A.5.1 Asthma

Column	Information
Asthma Severity	The most recent Severity is documented in the Problem List Classification field. Values are: 1-Intermittent; 2-Mild Persistent; 3-Moderate Persistent; 4-Severe Persistent
Asthma Tag Status	Most recent diagnostic tag status for Asthma only if any
Last Asthma Visit	Date of most recent Asthma visit, defined as a face-to-face visit with ANY of the following asthma-related data elements documented: Severity, Control, Symptom-Free Days, Work/School Missed, or Patient Education
Best Peak Flow	The most recent Best Peak Flow value from the Measurements file
Last Peak Flow	The most recent Peak Flow value from the Measurements file, obtained from a peak flow meter during a visit
Asthma Control	What the designated asthma control is—WELL CONTROLLED; WELL CONTROLLED; VERY POORLY CONTROLLED
FEV1/FVC	Most recent FEV1/FVC values from the Measurements file, obtained from spirometry measurements during a visit
Last Action Plan	The date of the most recent Action Plan was provided to this patient. Action Plans are available from the PCC Patient Wellness Handout.
Last Flu Shot	Date of most recent Influenza immunization
Last Asthma ER/UC Visit	Date of most recent visit to the ER or Urgent Care (clinic codes 80 or 30) with Asthma as the primary POV
Last Asthma Hospital Visit	Date of most recent hospitalization (service category H) with Asthma as the primary POV
Last Tobacco Health Factor	The most recent Tobacco Health Factor
On Controller Meds	Is this patient currently prescribed Asthma Controller medications?
On Inhaled Steroids	Is this patient currently prescribed Inhaled Steroid medications?
On Reliever Meds	Is this patient currently prescribed Asthma Reliever medications?
Asthma Quality of Care	All the following critical elements documented: Asthma Severity value ever; Asthma Control and Peak Flow or FEV1 measurement and Asthma Action Plan and Flu Shot in the past year; and current Controller medication prescription if Severity is Persistent (2, 3 ~or 4)
Symptom-Free Days	The value of the most recent symptom-free days was documented in V Measurements.
Work/School Days Missed	Value of most recent Work/School Missed documented in V Measurements
ASTHMA TRIGGERS	ASTHMA TRIGGERS from Health Factors are separated into each trigger, e.g., air pollutants, dust mites, etc.

A.5.2 Childhood Immun

The display can be adjusted however the user wishes all first shots, all series, etc. This is an example of how the column will look.

Table A-7: Childhood Immun

Column	Information
1-DTaP	DTaP shot 1
1-POLIO	Polio shot 1
1-HIB	HIB shot 1
2-DTaP	DTaP shot 2
2-POLIO	Polio shot 2
2-HIB	HIB shot 2
3-DTaP	DTaP shot 3
3-POLIO	Polio shot 3
3-HIB	HIB shot 3
4-DTap	DTaP shot 4

A.5.3 COPD

Column	Information
Oximetry	The most recent O2 measurement
Spirometry	The most recent FVFC measurement
Pneumovax	The most recent Pneumovax immunizations
Tobacco Assessed	When tobacco assessed
Tobacco Health Factor	The most recent tobacco health factor recorded
Active Inhaled Steroids	Checks if the patient has an active medication from site-specified taxonomy BGP ASTHMA INHALED STEROIDS or BGP ASTHMA INHALED STEROIDS NDC
Abdominal Girth	The most recent abdominal girth measurement

A.5.4 COVID

Column	Information
Current COVID Lab Date	The most recent COVID lab test date
Current COVID Lab	The most recent COVID lab test name
Current COVID Lab Result	The most recent COVID lab test result
Previous COVID Lab Date	The previous COVID lab test date is before the current one.
Previous COVID Lab	The previous COVID lab test name before the current one.

Column	Information
Previous COVID Lab Result	The previous COVID lab test result before the current one.
COVID Immunization Series	All COVID immunizations in V Immunization match the CVX codes in taxonomy, BQI COVID IZ CVX CODES.
High-Risk Patient	**Yes**, if a patient has any High-Risk Conditions.
COVID Referral	If the PURPOSE OF REFERRAL in a Referral contains COVID, this column will be **Yes**.
COVID Addtl Dose	The date(s) of any additional COVID dose given to the patient using a CPT from taxonomy BQI COVID ADDTL DOSE CPTS.
Immunocompromised Pt	If the patient has met any immunocompromised conditions, and no, if they have not.
Immunocompromised Conditions	The immunocompromised conditions that a patient has. See Appendix C for details.
# High Risk Conditions	The count of High-Risk Conditions that a patient has.
Active Orders	**Yes**, if the patient has any orders that are currently active.
Current Post-COVID Functional Status	The most recently entered Health Factor for the category Post COVID Functional Status.
COVID Breakthrough Infection	If the patient has a positive COVID-19 lab test from taxonomies BQI COVID BRKTHRU LOINC/BQI COVID BRKTHRU TAX 14 days or more after they completed the recommended doses, then the value is YES.
COVID Immun Status	Whether a COVID immunization is **Complete** or **Incomplete**
COVID Immunization Refusals	The date(s) of any COVID immunizations refusals by the patient
COVID Treatment Meds	Any drugs in taxonomy BQI COVID DRUGS have been used to treat COVID patients since Jan 1, 2020.
Confirmed COVID Dx Description	The confirmed COVID diagnosis code from taxonomy BQI CONFIRMED COVID-19 DXS in the IPL.
Confirmed COVID Dx Onset Date	The Onset date that a confirmed COVID diagnosis from taxonomy BQI CONFIRMED COVID-19 DXS has in IPL.
Covid Shot #1 Date	The date of the first COVID immunization shot.
Covid Shot #1 Name	The name of the first COVID immunization (Moderna, Pfizer, etc.)
Covid Shot #1 Location	The location of the first COVID immunization.
Covid Shot #1 Category	The visit service category of the first COVID immunization (Ambulatory, Event Historical)
Covid Shot #2 Date	The date of the second COVID immunization shot.
Covid Shot #2 Name	The name of the second COVID immunization (Moderna, Pfizer, etc.)
Covid Shot #2 Location	The location of the second COVID immunization.

Column	Information
Covid Shot #2 Category	The visit service category of the second COVID immunization (Ambulatory, Event Historical)
Covid Shot #3 Date	The date of the third COVID immunization shot.
Covid Shot #3 Name	The name of the third COVID immunization (Moderna, Pfizer, etc.)
Covid Shot #3 Location	The location of the third COVID immunization.
Covid Shot #3 Category	The visit service category of the third COVID immunization (Ambulatory, Event Historical)
Current Post-COVID Functional Status	The most recently entered Health Factor for the category Post COVID Functional Status.
High-Risk Conditions	A list of all High-Risk Conditions that a patient has. See Appendix B for details.
Immunosuppressed Meds	Any autoimmune suppress drugs from taxonomy ATX IMMUNOSUPPRESS DRUGS for immunocompromised patients.
Occupation	The most recently entered Health Factor for the category Occupation.
Personal History of COVID-19	If someone entered a Personal History of COVID-19 (Z86.16) in IPL.
Personal History of COVID-19 Onset Date	Date of Onset in IPL for Personal History of COVID-19 diagnosis.
Previous Post-COVID Functional Status	The previous health factor for the Post-COVID Functional Status category is before the current one.
Probable COVID Dx Description	The probable COVID diagnosis from taxonomy BQI PROBABLE COVID-19 DXS.
Probable COVID Dx Onset Date	The Onset date of a probable COVID diagnosis in the past 30 days in IPL from taxonomy BQI PROBABLE COVID-19 DXS.
Total # COVID Immunizations	The total number of COVID-19 immunizations given to the patient was recorded in RPMS.
Total # COVID Labs	A count of all COVD Labs from V Lab that a patient has had.
Travel History	The most recently entered Health Factor for the category Travel History.

A.5.5 Diabetes

Column	Information
DM Onset	The date of the onset of Diabetes for this patient and where the date is documented
Last Height	The last height measurement taken for this patient
Last Weight	The most recent weight measurement taken for this patient

Column	Information
BMI	The value of the BMI calculated from the most recent height and weight measurements for the patient
Tobacco User	NO = Not a current tobacco user. YES = Current tobacco user. Taken from CRS measure Tobacco Use/Exposure Assessment 5+
HTN Diagnosed?	Has the patient been diagnosed with Hypertension?
On ACE Inhibitor?	Did the patient have an active ACE Inhibitor/ARB medication in the past year?
Aspirin Use/Anti-platelet	The patient had an active aspirin/anti-platelet medication in the past year.
Last 3 BP (non-ER)	The last three blood pressure measures for this patient in a non-ER visit
Depression	If the patient has Depression on the Problem List, no depression screening is needed. Otherwise, has the patient had a depression screening in the past year
DM Foot Exam	Has the patient had a foot exam in the past year?
DM Eye Exam	Has the patient had an eye exam in the past year?
Dental Exam	Has the patient had a dental exam in the past year?
Last Dietician Visit	The date of the patient's last visit to a dietician
Seasonal Flu	Returns the last recorded FLU immunization
Pneumovax	The last Pneumovax immunization for this patient
TD (10 years)	Did the patient have a TD immunization in the past ten years
Last TB Health Factor	The last tobacco health factor entered for the patient.
HbA1c	The most recent HbA1c test result for this patient
Previous HbA1c	The previous result from the most recent HbA1c lab test for this patient
UACR (Quant A/C Ratio)	The most recent UACR (Quant A/C Ratio) lab test for this patient
Creatinine	The most recent Creatinine lab test for this patient
Estimated GFR	The most recent Estimated GFR lab test for this patient
Total Cholesterol	The most recent Total Cholesterol lab test for this patient
LDL Cholesterol	The most recent LDL Cholesterol lab test for this patient
HDL Cholesterol	The most recent HDL Cholesterol lab test for this patient
Triglycerides	The most recent Triglyceride lab test for this patient
Hep B Series Complete	If the patient has completed the Hep B series of immunizations
CVD Diagnosed?	Has the patient been diagnosed with CVD?
Non-HDL Cholesterol	The most recent non-HDL Cholesterol lab test
Last Chest Xray	Date of the last Chest x-ray for the patient

Column	Information
Last Mammogram	If applicable, the date of the patient's last mammogram
Last Pap Smear	If applicable, the date of the patient's last pap smear
Last TB Test	The last TB test for this patient
Last Waist Circumference	The most recent waist circumference measurement taken for this patient
PPD Status	The status of a PPD test for the patient

A.5.6 DM Audit

See Appendix A in the current *Diabetes Audit User Addendum Manual* for definitions. The columns enabled for iCare are as follows and can change when a new DM Audit is installed into RPMS.

Table A-8: DM Audit

Column
DM Diagnosis Date
DM Type
Tobacco Use
Tob Cessation Counsel
Electronic Nicotine
Last Height
Last Weight
BMI
HTN Documented
Blood Pressure
DM Foot Exam
DM Eye Exam
Dental Exam
Depression (Active Problem)
Depression Screening
Diet Instruction
Physical Activity Instruction
DM Education
Insulin
Sulfonylurea
Glinide
Metformin

Column
Acarbose
Pioglitazone
DPP4 inhibitors
Amylin Analogues
GLP-1 analog
Bromocriptine
Colesevelam
SGLT-2 inhibitor
ACE/ARB
Statin
CVD Documented
TB Test Done
TB Test Result
TB Result (Pos), Tx Complete
TB Result (Neg)
Seasonal Flu Vaccine
Pneumovax Ever
Td/TDAP (past 10 yrs.)
Tdap (ever)
Hep B Series
HbA1c (most recent)
Total Cholesterol
HDL Cholesterol
LDL Cholesterol
Triglycerides
CREATININE
Estimated GFR
UACR
Combined Measure
eGFR and UACR
ENDS Status
Hep C Dx Ever
Hep C Screened
LEAMP
Retinopathy DX

A.5.7 Hep C

Column	Information
HCV Antibody Test	The most recent lab test from site-specified taxonomy BQI HCV ANTIBODY TAX
HCV RNA Test	The most recent lab test from site-specified taxonomy BQI HCV RNA TAX
AST Test	The most recent lab test from site-specified taxonomy DM AUDIT AST TAX
ALT Test	The most recent lab test from site-specified taxonomy DM AUDIT ALT TAX
Platelet Test	The most recent lab test from site-specified taxonomy BQI PLATELET TAX
HCV Viral Load Test	The most recent lab test from site-specified taxonomy BQI HCV VIRAL LOAD TAX
HCV Genotype Test	The most recent lab test from site-specified taxonomy BQI HEP C GENOTYPE TESTS
HIV Test	The most recent lab test from site-specified taxonomy BGP HIV TEST TAX
Fibroscan	The most recent Fibroscan procedure from taxonomy BQI FIBROSCAN CPT PROC
Liver Ultrasound	The most recent Liver Ultrasound procedure from taxonomy BQI LIVER ULTRASOUND CPT
Hep B	Hepatitis B immunization series
Hep A	Hepatitis A immunization series
Current HCV Status	This is the current HCV status from Health Factors.
FIB-4 Calculation	The FIB-4 calculation is based on the patient's age and the ALT, AST, and Platelet lab test values. The calculation will look at the most recent lab values in the past two years. Optimally, the three labs would be on the same day, but if they are not, they should be within 30 days of each other.
First Hep C Dx	The first Hepatitis C diagnosis is in the Problem or Purpose of Visit files.
Pregnant After DX	If the patient was pregnant after the first Hepatitis C diagnosis
Other Lab Tests	The most recent other identified lab test from site-specified taxonomy BQI HCV OTHER LAB TESTS
Baseline Lab Tests	The baseline value (and date) and the most recent value (and date) for any lab test from site-specified taxonomy BQI HCV BASELINE LAB TESTS

A.5.8 HIV/AIDS

See Section 2.1 in the *HIV/AIDS Management User Manual* for listing and definitions.

A.5.9 Immunizations

Column	Information
Immunization Short name	Any active immunization found in the IMMUNIZATION File #9999999.14

A.5.10 Pediatric

Column	Information
Activity Level	The most recent ACTIVITY LEVEL health factor
Weight	The most recent weight measurement
Height	The most recent height measurement
BMI	The most recent body mass index measurement
BMI Percentile	The most recent body mass index percentile measurement
Head Circumference	The most recent head circumference measurement
Last Infant Feeding	The most recent entered infant feeding data
Infant Feeding 2mos	Patients who were screened for infant feeding choice at the age of two months (45–89 days)
Infant Feeding 6mos	Patients who were screened for infant feeding choice at the age of six months (165–209 days)
Infant Feeding 9mos	Patients who were screened for infant feeding choice at the age of nine months (255–299 days)
Infant Feeding 1yr	Patients who were screened for infant feeding choice at the age of 1 year (350–394 days)
Lead Screening	The most recent blood lead test from site-specified taxonomy BQI BLOOD LEAD TESTS
Last Dental Visit	The most recent dental visit
ADD/ADHD Dx	The most recent diagnosis from taxonomy BQI ADD/ADHD DXS
Last 3 Well Child Visits	The last three visits where the Purpose of Visit was from SNOMED subset PXRM BQI WELL CHILD VISIT
Last ASQ	All the most recent ASQ measurements
Last Hearing Screening	The most recent hearing exam
Last Vision Screening	The most recent eye exam or vision screening measurement

A.5.11 Prenatal

Column	Information
Currently Pregnant?	The value from the Reproductive Factors file
Definitive Delivery Date	The value from the Reproductive Factors file

Column	Information
Estimated Gestational Age	The Estimated Gestational Age measurement (EGA) from the V Measurement file
High Risk	Based on the prenatal problems prioritized in the prenatal package in EHR.
Gravida	The Total Number of Pregnancies recorded in the Reproductive Factors file
3rd Trim RPR	The third trimester is weeks 27–40, counted from the Definitive Delivery Date. RPR lab test is determined from taxonomy BQI SYPHILIS REAGIN LOINC or BQI SYPHILIS REAGIN TEST TAX
3rd Trim TPA	TPA lab test is determined from taxonomy BQI SYPHILIS TP-AB LOINC or BQI SYPHILIS TP-AB TEST TAX
AOD (4P)	The current date and value of the Health Factor AOD (4PS)
Abortions	The number of abortions recorded in the Reproductive Factors file
BMI 1st Trimester	Based on the definitive delivery date, this is the BMI value that is the most current during Trimester 1
BMI 2nd Trimester	Based on the definitive delivery date, this is the BMI value that is the most current during Trimester 2
BMI 3rd Trimester	Based on the definitive delivery date, this is the BMI value that is the most current during Trimester 3
Ectopic Pregnancies	Number of ectopic pregnancies recorded in the Reproductive Factors file
Estimated Delivery Date	Based on the most recent date of the EDD (LMP), EDD (ULTRASOUND), EDD (CLINICAL PARAMETERS), or EDD (METHOD UNKNOWN) dates from the Reproductive Factors file
Full Term Births	Number of full-term births recorded in the Reproductive Factors file
Initial BMI	Based on the definitive delivery date, this is the BMI value that occurred before the beginning of the first trimester. This is to establish a baseline for the pregnancy.
Initial RPR Lab	The initial prenatal visit is determined by the date of the Initial Prenatal Visit note. If no note is found in the iCare Site Parameters - Pregnancy, it will look at CPT 0500F (INITIAL PRENATAL CARE VISIT) or CPT 0501F (PRENATAL FLOW SHEET). If no note or CPT is found, the date range is determined to be weeks 1–13, counting back from the Definitive Delivery Date. RPR lab test is determined from taxonomy BQI SYPHILIS REAGIN LOINC or BQI SYPHILIS REAGIN TEST TAX
Initial TPA Lab	TPA lab test is determined from taxonomy BQI SYPHILIS TP-AB LOINC or BQI SYPHILIS TP-AB TEST TAX
Living Children	Number of living children recorded in the Reproductive Factors file

Column	Information
Miscarriages	Number of miscarriages recorded in the Reproductive Factors file
Multiple Births	Number of multiple births recorded in the Reproductive Factors file
Postpartum RPR	Postpartum is from the Definitive Delivery Date to 60 days past the Definitive Delivery Date. RPR lab test is determined from taxonomy BQI SYPHILIS REAGIN LOINC or BQI SYPHILIS REAGIN TEST TAX
Postpartum TPA	TPA lab test is determined from taxonomy BQI SYPHILIS TP-AB LOINC or BQI SYPHILIS TP-AB TEST TAX
Premature Births	Number of premature births recorded in the Reproductive Factors file
Syphilis Treatment	If a patient had a prescription found in RXNORM subsets: RXNO BQI BICILLIN (PCN G BENZ), RXNO BQI PCN G AQ CRYST INJ, RXNO BQI PCN G PROCAINE INJ (see Taxonomy View/Edit for matched drugs) during the expected pregnancy dates (definitive delivery date – 280 days)
Trimester 1 Dates	The expected dates of the first trimester are based on the definitive delivery date (weeks 1–13, days 1 –97)
Trimester 2 Dates	The expected dates of the second trimester are based on the definitive delivery date (weeks 14–26, days 98–188)
Trimester 3 Dates	The expected dates of the third trimester based on the definitive delivery date (weeks 27–40, days 189–280)
Lab tests	The most recent lab tests entered in site-specified taxonomy BQI PRENATAL TAX

A.5.12 STI/STD

Column	Information
Last Chlamydia Dx	The most recent diagnosis in the IPL using taxonomy BKM CHLAMYDIA DXS and SNOMED subset PXRM BQI CHLAMYDIA
Last Gonorrhea Dx	The most recent diagnosis in the IPL using taxonomy BQI GONORRHEA DXS and SNOMED subset PXRM BQI GONORRHEA
Last Syphilis Dx	The most recent diagnosis in the IPL using taxonomy BKM SYPHILIS DXS and SNOMED subset PXRM BQI PRIMARY SYPHILIS
Last HIV Dx	The most recent diagnosis in the IPL using taxonomy BQI HIV DXS and SNOMED subset PXRM BQI HIV INFECTION OR AIDS
Most Recent Chlamydia Lab	The most recent lab test using taxonomies BQI C.TRACH SPECIFIC LOINC, BQI C.TRACH SPECIFIC TAX, BQI C.TRACH NON-SPECIFIC LOINC, BQI C.TRACH NON-SPECIFIC TAX, BQI CHLAMYDIA CULTURE LOINC, BQI CHLAMYDIA NUCLEIC LOINC, BQI CHLAMYDIA ANTIGEN LOINC

Column	Information
Most Recent Gonorrhea Lab	The most recent lab test using taxonomies BKM GONORRHEA LOINC CODES, BKM GONORRHEA TEST TAX, BQI GONORRHEA NUCLEIC LOINC, BQI GONORRHEA CULTURE LOINC
Most Recent HIV Lab	The most recent lab test using taxonomies BQI HIV AB QUAL SCREEN LOINC, BQI HIV QUAL CONFIRM LOINC, BQI HIV AB QUAL SCREEN TAX, BQI HIV QUAL CONFIRM TAX, BQI HIV ID SPEC CONFIRM LOINC, BQI HIV QUAL NUC ACID LOINC, BQI HIV ID SPEC CONFIRM TAX, BQI HIV QUAL NUC ACID TAX, BQI HIV QUAL ANTIGEN LOINC, BQI HIV VIROLOGIC TEST LOINC, BQI HIV QUAL ANTIGEN TAX, BQI HIV VIROLOGIC TEST TAX, BQI HIV AB QUANT SCREEN LOINC, BQI HIV QUANT CONFIRM LOINC, BQI HIV AB QUANT SCREEN TAX, BQI HIV QUANT CONFIRM TAX, BQI HIV QUANT NUC ACID LOINC, BQI HIV QUANT ANTIGEN LOINC, BQI HIV QUANT NUC ACID TAX, BQI HIV QUANT ANTIGEN TAX
Most Recent Syphilis Lab	The most recent lab test using taxonomies BQI SYPHILIS TP-AB LOINC, BQI SYPHILIS TP-AB TEST TAX, BQI SYPHILIS REAGIN LOINC, BQI SYPHILIS REAGIN TEST TAX
Last Chancroid Dx	The most recent diagnosis in the IPL using taxonomy BKM CHANCROID DXS and SNOMED subset PXRM BQI CHANCROID
Last Genital Herpes Dx	The most recent diagnosis in the IPL using taxonomy BKM GENITAL HERPES DX
Last Genital Warts Dx	The most recent diagnosis in the IPL using taxonomy BKM GENITAL WARTS DXS
Last HPV Dx	The most recent diagnosis in the IPL using taxonomy BKM HPV DXS
Last Hep B Dx	The most recent diagnosis in the IPL using taxonomy BKM HEP B DXS
Last Hep C Dx	The most recent diagnosis in the IPL using taxonomy BKM HEP C DXS and SNOMED subset PXRM BQI HEPATITIS C VIRUS INF
Last Lympho Venereum Dx	The most recent diagnosis in the IPL using taxonomy BKM LGV DXS
Last Trichomonas Dx	The most recent diagnosis in the IPL using taxonomy BKM TRICHOMONIASIS DXS
Most Recent Chancroid Lab	The most recent lab test using taxonomy BQI CHANCROID OTHER LOINC
Most Recent Genital Herpes Lab	The most recent lab test using taxonomies BQI HERPES SIMPLEX ANTIBODY LC, BQI HERPES SIMPLEX NUCL LOINC, BQI HERPES SIMPLEX CULT LOINC
Most Recent Hep B Lab	The most recent lab test using taxonomies BQI HEP B QUAL TEST LOINC, BQI HEP B QUANT TEST LOINC, BQI HEP B QUAL TEST TAX, BQI HEP B QUANT TEST TAX

Column	Information
Most Recent Hep C Lab	The most recent lab test using taxonomies BQI HEP C QUAL TEST LOINC, BQI HEP C QUANT TEST LOINC, BQI HEP C QUAL TEST TAX, BQI HEP C QUANT TEST TAX, BQI HEP C ANTIBODY LOINC, BQI HEP C ANTIGEN LOINC, BQI HEP C NUCLEIC LOINC

A.5.13 Pain Management

Column	Information
Current SUD Dx	IPL entries using SNOMED subset PICK BH-SUD.
Pain Agreement Note	The most recent PAIN AGREEMENT Note is on file for this patient.
Rescinded Pain Agree on Note	The most recent RESCINDED PAIN AGREEMENT Note is on file for this patient.
Informed Consent Note	The most recent INFORMED CONSENT Note is on file for this patient.
Last Urine Drug Screen (UDS)	The most recent Urine Drug Screen (UDS) lab test is on file for this patient. Uses taxonomy BQI URINE DRUG SCREEN TAX.
Last PHQ9	The most recent PHQ9 measurement.
Last GAD7	The most recent GAD7 measurement.
GPRA SBIRT	The value of the GPRA SBIRT measure for this patient.
GPRA SBIRT: Positive Screen	The value of the GPRA SBIRT: Positive Screen measure for this patient.
GPRA SBIRT: Intervention	The value of the GPRA SBIRT: Intervention measure for this patient.
# ER/UC Prescriptions	In the last 365 days, several Opioid prescriptions attributed to Clinic Code 30 = EMERGENCY MEDICINE and 80 = URGENT CARE using RXNORM subset RXNO BQI OPIOID PAIN MED.
Total # Prescriptions	In the last 365 days, the total number of prescriptions using RXNORM subset RXNO BQI OPIOID PAIN MED.
Total # Prescriptions with <7 days' supply	In the last 365 days, the number of prescriptions had a less than 7-day supply using RXNORM subset RXNO BQI OPIOID PAIN MED.
Admitted in the Last 90 Days	Total number of hospital admissions at this facility in the last 90 days for the patient.
# Inpatient Days past 90 days	Total number of days the patient spent as an inpatient in the past 90 days.
Current Inpatient?	Is the patient currently an inpatient at this facility?
Last Opioid Prescription	The most recent prescription uses the RXNORM subset RXNO BQI OPIOID PAIN MED. Displays the drug name|SIG|Quantity|Last Fill Date.

Column	Information
Last adj med - Gabapentin	The most recent prescription uses the RXNORM subset RXNO BQI GABAPENTINOIDS. Displays the drug name|SIG|Quantity|Last Fill Date.
Last adj med - Other meds	The most recent prescription uses the RXNORM subset RXNO BQI ADJUVANT PAIN MED. Displays the drug name|SIG|Quantity|Last Fill Date.
Last Nalaxone meds	The most recent prescription using RXNORM subset RXNO BQI OPIOID OD POISN NALOX. Displays the drug name|SIG|Quantity|Last Fill Date.

A.6 Diagnostic Tags

Column	Meaning
Patient Name	Name of the patient
HRN	Patient's Health Record Number
DOB	Patient's date of birth
Age	Patient's age today
Tag Name	Name of the diagnostic tag
Status	Status of the tag for the patient. Values are PROPOSED, ACCEPTED, NO LONGER VALID, or SUPERCEDED.
Status Change Reason	Standard reasons why the tag status would have changed.
Status Comment	A comment was entered by a user when updating a diagnostic tag.
Last Updated	The date that the tag was updated
Last Updated By	Who updated the tag? It could be a system process or a user who updated.

A.7 Flags

Column	Meaning
Flag Date	Date of the visit that meets the flag criteria
Patient Name	Name of the patient
HRN	Patient's Health Record Number
Sex	F (for female), M (for male), U (unknown), gender of patient at birth
Age	Patient's age today
DOB	Patient's date of birth
Flag Type	The flag type can be Abnormal Lab, Emergency Room Visit, etc.
Flag Description	Information about the visit met the flag criteria, e.g., if it was not an abnormal lab, then provider, purpose of visit (POV) narrative. If an Abnormal Lab, the lab, result, range, abnormal, and ordering provider

Column	Meaning
Designated PCP	The primary care primary that the patient has been assigned to

A.8 Referrals

Column	Information
Referral Date	Date the referral was initiated.
Referral #	The referral number
Referring Provider	Provider who is asking for the referral
Status	Status of the referral - ACTIVE;APPROVED;CLOSED-COMPLETED;CLOSED-NOT COMPLETED
Facility Referred To	The primary vendor
Patient Type	Whether Inpatient or Outpatient
Referral Type	Type of referral—CHS;IHS (ANOTHER FACILITY);OTHER;IN-HOUSE
Expected Begin Date	The expected date for the services to begin (i.e., admission date for a hospitalization)
Appointment Date	The date the services began
Purpose of Referral	Text of the purpose of the referral
# Visits Under Referral	The number of outpatient visits that occurred under the authority of this referral
Actual End Date	The date the services ended
Actual LOS Hospital	The actual length of stay for a hospital admission
CHS Status	If the referral type is CHS, the status—PENDING; APPROVED; DENIED; PENDING APPEAL
Case Manager	The person who is managing this case
Diagnostic Category	The ICD diagnostic category of the referral
Estimated LOS Hospital	The estimated length of stay for a hospital admission
Expected End Date	The last date services were provided under the authority of this referral.
Notes to Scheduler	Notes to be seen by the appointment clerk or the person scheduling the appointment for the patient
Payor	The entity that is primarily responsible for paying for the treatment the patient will receive based on this referral
Priority	A value indicating the priority of this referral
Procedure Category	The CPT service category for which this patient is being referred

Column	Information
Requesting Facility	The facility requesting the referral
Schedule with # days	The provider records how soon it is necessary to schedule an appointment for this referral.

A.9 Consults

Column	Information
Consult Date	Date of actual entry of consultation request into the file
To Service	The name of the service that will complete the consult
Status	Status of the consult
Sending Provider	The provider who originated the order
Request Type	Whether the order is a consult or procedure
Patient Type	If the service is to be rendered on an outpatient or inpatient basis
Attention To	The name of a person that is to be alerted about the new consult
Associated Results	The reason for requesting the consult or procedure request
Consult Number	The order number of the consult
From Location	The location that sent the order to the receiving location
Last Action	The last action that was taken on the consult.
Location	The location of the patient when the consult/request order was placed
Ordering Facility	If a consult/request is sent to another Institution, this is the SENDING hospital/institution.
Place of Consultation	The place of consultation: Bedside, Consultant's Choice, On Call, Emergency Room, EKG Lab
Provisional Diagnosis	The ordering clinician would specify the Provisional Diagnosis on the Consult Form.
Urgency	The urgency for this order (STAT, ROUTINE, NEXT AVAILABLE, EMERGENCY, TODAY, WITHIN 24 HOURS, WITHIN 48 HOURS, WITHIN 72 HOURS, etc.)

A.10 Orders

Column	Information
Order Date/Time	Date and time that the order was entered into RPMS
Order Number	The unique number assigned to the order
Ordering Provider	The person who requested the order
Order Class	The patient's classification for this order is either Inpatient or Outpatient.
Order Status	The status of the order

Column	Information
Order Group	This is the service to which the order is referred that determines the display group in which the order appears.
Ordered Item	The individual items of the class and group that were ordered
Hospital Location	The internal location associated with the order
Order Start Date	If entered, the date that the order is to start
Order Stop Date	If entered, the date that the order is to stop
Who Entered	The person who entered the order

A.11 Definition Details

A.11.1 Allergies

Column	Information
Causative Agent	This is the agent to which the patient had an allergic reaction.
Severity	The severity of this allergic reaction.
Signs/symptoms	The signs or symptoms that are associated with this allergic reaction.
Origination Date	Date/time this allergy/adverse reaction was entered into the system.

A.11.2 Sched Appts

Column	Information
Appointment Date/Time	The date and time the appointment was scheduled for
Hosp Location	The internal location or clinic that the appointment was made for
Appt Status	The status of the appointment
Appt Length	How many minutes was the appointment for
Appt Made	The date the appointment was entered.
Check-In Entered	The date and time of the check-in were entered.
Checked In	The date and time the patient checked in for the appointment
Checked In By	Who checked the patient in
Checked Out	The date and time the patient checked out from the appointment.
Checked Out By	Who checked the patient out
Checked Out Entered	The date and time the checkout was entered.
Entered By	Who made the appointment?

A.11.3 CPTs

Column	Information
Date	Date of the visit

Column	Information
CPT	The CPT code and the description.
Modifier 1	A modifier of the CPT code
Modifier 2	A modifier of the CPT code
Quantity	The number of times this procedure was done to the patient during the encounter.
Provider	The encounter provider
Provider Narrative	The provider narrative

A.11.4 Exams

Column	Information
Date	Date of the visit
Exam	Name of the exam
Result	The exam result
Date/Time Last Modified	The date/time that the record was last modified
Encounter Provider	The encounter provider
Entered By	Who entered the exam record?
Modified By	Who last modified the exam record

A.11.5 ER Visits

Column	Information
Admit Date	The date/time the person was admitted to the ER.
Discharge Date	The date/time the person was discharged from the ER.
Discharge Acuity	Acuity of the patient at discharge from the ER
Discharge Type	Type of discharge from the ER
Primary Diagnosis	The patient's diagnosis
Dx Narrative	Diagnosis narrative
Admitting Provider	A provider who decided to admit the patient from the ER
Discharge Nurse	Nurse at the time of discharge
Discharge Provider	Provider at the time of discharge
Presenting Complaint	Free text complaints of problems when coming into the ER
Transferred To	Where the patient was transferred to
Transport Mode	How the patient came to the ER
Triage Nurse	The nurse who triaged the incoming patient
Visit Type	The type of ER visit

A.11.6 High Risk\Immunocompromised

Column	Information
HR Condition	The name of the high-risk condition
HR Condition Code	The code that determined the high-risk condition
HR Onset Date	The onset date of the high-risk condition
HR Found In	Where the code was found that determined the condition
Immunocompromised Condition	The name of the immunocompromised condition
Immunocompromised Code	The code that determined the immunocompromised condition
Immunocompromised Onset Date	The onset date of the condition
Immunocompromised Found In	Where the condition code was found

A.11.7 Health Factors

Column	Information
Visit Date	The Visit Date where the health factor was entered
Health Factor	The individual health factor
Health Factor Category	The category of health factor
Date/Time Last Modified	The date and time the health factor record was last modified.
Encounter Provider	The provider who was the encounter provider
Entered By	The person who entered the health factor record
Modified By	The person who last modified the health factor record

A.11.8 Immunizations

Column	Information
Visit Date	The Visit Date when the immunization was given
Vaccination	The full vaccine name of the vaccination
Vaccine Group	The group that the vaccine is assigned to
Vaccine Short Name	The short name of the vaccine
Admin Notes	Any administration notes are written for the vaccination.
Date Entered	The date the vaccination was entered
Date/Time Last Modified	The date and time the vaccination record was modified.
Encounter Provider	The provider associated with the vaccination event

Column	Information
Event Date/Time	The immunization event date and time
Injection Site	The injection site of the vaccination
Last Modified By	Who last modified the vaccination record
Location	The location where the vaccination is recorded as being done
Lot #	The lot number of the vaccine
Series	Which series of immunization type was given to the patient
Service Category	The category of the visit
Vaccine Eligibility	The patient's vaccine eligibility
Who Entered	A person who entered the vaccination record

A.11.9 Inpatient

	Information
Admission Date	Date patient admitted
Admit Type	Type of admission
Attending Provider	Who the attending provider was
Ward	The ward(s) that the patient might have been in during their stay
Specialty	The treatment specialty of the patient's stay
Discharge Date	The date the patient was discharged
Discharge Type	Type of discharge
Diagnosis	The initial admitting diagnosis
Nurse	Nurses who may have done notes on the patient during their stay
Transfer Facility	The facility where the patient might have been transferred to

A.11.10 Labs

Column	Information
Date	The visit date of the lab
Lab Test	The name of the lab test
Lab Result	The result of the lab test
Normal/Abnormal	Whether the result indicates if it is abnormal or not
Ordering Physician	Provider who ordered the lab test
Accession #	The accession number of the lab test
Collection Date/Time	When the lab specimen was collected
Comment	Any comment about the lab test
Location	What facility location was the lab test associated with

Column	Information
Result Date/Time	The date and time of the lab test result.
Status	The status of the lab test (resulted, accessioned, modified)

A.11.11 Measurements

Column	Information
Date	Visit date of the measurement
Measurement	The name of the measurement
Result	The measurement result
Date/Time Last Modified	The date and time the measurement was last modified.
Encounter Provider	The visit provider
Entered By	Who entered the measurement record
Modified By	Who last modified the measurement record
Percentile	If the patient's age is less than 16, based on the height and weight
Qualifier(s)	The qualifier associated with the vital type of this measurement
Supplemental O2	The information on the supplemental oxygen
VC/VU Numerator	Vision Corrected/Vision Uncorrected value

A.11.12 Medications

Column	Information
Date	The visit date of the medication record
Medication	The name of the medication
Instructions	Are any specific medication instructions
Days	Number of days the medication is prescribed for
Quantity	The quantity of the medication
Ordering Physician	A provider who ordered the medication
# of Refills	The number of refills allowed for this medication
Last Dispensed Date	Date the medication was last dispensed.
Prescription Status	The status of the prescription

A.11.13 Notes

Column	Information
Date Entered	The visit date of the note
Note Title	The title of the note
Author/Dictator	The person who entered the note

Column	Information
Expected Cosigner	The person who is expected to be a cosigner if indicated
Hosp Location	The clinic location associated with the note
Site Location	The facility where the note was entered
Status	The status of the note
Additional Signers	If there were any additional signers to the note
Cosignature Date/Time	The date/time the note was cosigned.
Cosigned By	The person who cosigned the note
Expected Signer	The person who is expected to be the signer of the note.
Signature Date/Time	The date/time the note was signed.
Signed By	The person who signed the note
Subject	The subject header for the note
Visit Date	The date of the visit that the note is associated with
Visit Type	The service category of the visit that the note is associated with

A.11.14 Orders

Column	Information
Order Date	The date and time that the order was entered into RPMS
Order Number	The unique number assigned to the order
Provider	The person who requested the order
Class	The patient's classification for this order is either Inpatient or Outpatient.
Status	The status of the order
Group	This is the service to which the order is referred that determines the display group in which the order appears.
Item	The individual items of the class and group that were ordered
Hosp Location	The internal location associated with the order
Start Date	If entered, the date that the Order is to start
Stop Date	If entered, the date that the Order is to stop
ICD Indicator	The ICD code from the Order dialog response
Indicator Text	The ICD text from the Order dialog response
Most Recent Action Date/Time	The date/time of the most recent action taken on the order
SNOMED Concept ID	The SNOMED concept ID code from the Order dialog response
Site Location	The facility where the order was entered
Who Entered	The person who entered the order

A.11.15 Patient Education

Column	Information
Date	The visit date of the education
Topic	The topic on which education was delivered
Time Spent	The number of minutes that the education topic was provided
Level of Understanding	The provider's assessment of how well the patient understood the education received
Provider	The provider of the education topic
Comments	Narrative text about the patient education given.
Learning Readiness	Patient’s readiness to learn the education topic
Setting	Whether the education was provided in a group setting or to the individual patient

A.11.16 POV

Column	Information
Date	The visit date
Purpose of Visit	The ICD code purpose of the visit
Primary/Secondary	Whether this purpose of visit is the primary or a secondary reason for the visit
First/Revisit	Is this visit a first visit for this POV or a revisit?
Encounter Provider	The provider for the visit
SNOMED Description	The SNOMED description for the visit
Provider Narrative	The provider’s text describing the diagnosis that was treated at the visit
SNOMED Concept ID	The SNOMED ID for the visit
Cause of DX	The cause of the diagnosis
Date Entered	The date the visit was entered.
Entered By	The person who entered the visit
External Cause	An External Cause code for the visit
Last Modified	When the visit record was last modified
Laterality Qualifier	The laterality attribute/qualifier value
Modified By	The person who last modified the record
Modifier	How a provider may modify the diagnosis or problem
Place of Accident	If the purpose of the visit was an accident, what is the accident place is

Column	Information
Place of Occurrence	A valid Place of Occurrence code
Present on Admission	Was this diagnosis present on admission?

A.11.17 Problems

Column	Information
Problem	The problem with the ICD code
Date of Onset	Date of onset, if entered, otherwise it is the date entered.
Status	Status of the problem
Provider Narrative	The provider's text describing the problem
Facility	The facility at which this problem was initially observed and documented.
Date Last Modified	Date the problem was last modified.
Problem ID	Serves as a unique identifier for this problem
Problem Notes	Notations appended to a problem for further clarification or information.
SNOMED Concept	The SNOMED Concept ID used to identify the problem.
Severity	The severity of the problem
Used as Inpatient	Has this problem been used for an inpatient visit?
Used as POV	Has this problem been used for an outpatient visit as a purpose of visit?
User Last Modified	The person who last modified the problem

A.11.18 Reminder Notifications

Column	Information
Reminder Due	The date that the selected reminder is due by
Notification Date	The most recent date that a notification was done for this reminder
Notification Method	The method of the notification
Completion Date	If the reminder was completed, the date it was no longer due.
Creator	Who created the notification
Eligible Provider	If a particular provider is indicated for the reminder notification

A.11.19 Visits

Column	Information
Visit Date/Time	The date and time of the visit

Column	Information
Location of Encounter	The facility of the visit
Clinic	The clinic stop code associated with the visit
Hosp Location	The internal location/clinic/ward associated with the visit
Service Category	The category of the visit
Providers	The providers associated with the visit
Created By	The person who created the visit
Date/Time Last Modified	The date/time the visit was last modified.
Last Modified By	The person who last modified the visit
Outside Location	If the location of the encounter is OTHER, the free text location
Outside Provider	If the location of the encounter is OTHER, the free text provider

A.11.20 Waitlists

Column	Information
Date/Time Added	The date/time the request was added to the waitlist.
Priority	The priority assigned to the waitlist request.
Provider	The provider assigned to the waitlist request.
Clinic	The clinic of the waitlist request
Recall Date	The date the waitlist request should be reviewed by
Comments	Any comments associated with the waitlist request
Add Reason	The reason the request was added to the waitlist
Date Removed	The date the request was removed from the waitlist
Last Appt with Clinic	The most recent appointment of the patient with the clinic of this waitlist request
Next Appt with Clinic	The next appointment of the patient with the clinic on this waitlist request
Resolution	The reason the request was removed from the waitlist
Who Added	The person who added the request to the waitlist
Who Removed	The person who removed the request from the waitlist

Appendix B High-Risk Conditions

B.1 ALCOHOL ABUSE

Code	Code	Code	Code	Code	Code
E52.	F10.239	F10.982	T51.0X3D	T51.2X3A	T51.8X2S
F10.10	F10.24	F10.988	T51.0X3S	T51.2X3D	T51.8X3A
F10.11	F10.250	F10.99	T51.0X4A	T51.2X3S	T51.8X3D
F10.120	F10.251	G62.1	T51.0X4D	T51.2X4A	T51.8X3S
F10.121	F10.259	I42.6	T51.0X4S	T51.2X4D	T51.8X4A
F10.129	F10.26	K29.20	T51.1X1A	T51.2X4S	T51.8X4D
F10.14	F10.27	K29.21	T51.1X1D	T51.3X1A	T51.8X4S
F10.150	F10.280	K70.0	T51.1X1S	T51.3X1D	T51.91XA
F10.151	F10.281	K70.10	T51.1X2A	T51.3X1S	T51.91XD
F10.159	F10.282	K70.11	T51.1X2D	T51.3X2A	T51.91XS
F10.180	F10.288	K70.2	T51.1X2S	T51.3X2D	T51.92XA
F10.181	F10.29	K70.30	T51.1X3A	T51.3X2S	T51.92XD
F10.182	F10.920	K70.31	T51.1X3D	T51.3X3A	T51.92XS
F10.188	F10.921	K70.40	T51.1X3S	T51.3X3D	T51.93XA
F10.19	F10.929	K70.41	T51.1X4A	T51.3X3S	T51.93XD
F10.20	F10.94	K70.9	T51.1X4D	T51.3X4A	T51.93XS
F10.21	F10.950	T51.0X1A	T51.1X4S	T51.3X4D	T51.94XA
F10.220	F10.951	T51.0X1D	T51.2X1A	T51.3X4S	T51.94XD
F10.221	F10.959	T51.0X1S	T51.2X1D	T51.8X1A	T51.94XS
F10.229	F10.96	T51.0X2A	T51.2X1S	T51.8X1D	Z71.41
F10.230	F10.97	T51.0X2D	T51.2X2A	T51.8X1S	Z71.42
F10.231	F10.980	T51.0X2S	T51.2X2D	T51.8X2A	T51.8X2S
F10.232	F10.981	T51.0X3A	T51.2X2S	T51.8X2D	

B.2 BLOOD LOSS ANEMIA

Code
D50.0

B.3 BONE MARROW TRANSPLANT

Code
Z94.81

B.4 CEREBROVASCULAR DISEASE

Code	Code	Code	Code	Code	Code
I60.00	I63.311	I66.02	I69.090	I69.249	I69.822
I60.01	I63.312	I66.03	I69.091	I69.251	I69.823
I60.02	I63.313	I66.09	I69.092	I69.252	I69.828
I60.10	I63.319	I66.11	I69.093	I69.253	I69.831
I60.11	I63.321	I66.12	I69.098	I69.254	I69.832
I60.12	I63.322	I66.13	I69.10	I69.259	I69.833
I60.2	I63.323	I66.19	I69.11	I69.261	I69.834
I60.20	I63.329	I66.21	I69.110	I69.262	I69.839
I60.21	I63.331	I66.22	I69.111	I69.263	I69.841
I60.22	I63.332	I66.23	I69.112	I69.264	I69.842
I60.30	I63.333	I66.29	I69.113	I69.265	I69.843
I60.31	I63.339	I66.3	I69.114	I69.269	I69.844
I60.32	I63.341	I66.8	I69.115	I69.290	I69.849
I60.4	I63.342	I66.9	I69.118	I69.291	I69.851
I60.50	I63.343	I67.0	I69.119	I69.292	I69.852
I60.51	I63.349	I67.1	I69.120	I69.293	I69.853
I60.52	I63.39	I67.2	I69.121	I69.298	I69.854
I60.6	I63.40	I67.3	I69.122	I69.30	I69.859
I60.7	I63.411	I67.4	I69.123	I69.31	I69.861
I60.8	I63.412	I67.5	I69.128	I69.310	I69.862
I60.9	I63.413	I67.6	I69.131	I69.311	I69.863
I61.0	I63.419	I67.7	I69.132	I69.312	I69.864
I61.1	I63.421	I67.81	I69.133	I69.313	I69.865
I61.2	I63.422	I67.82	I69.134	I69.314	I69.869
I61.3	I63.423	I67.83	I69.139	I69.315	I69.890
I61.4	I63.429	I67.841	I69.141	I69.318	I69.891
I61.5	I63.431	I67.848	I69.142	I69.319	I69.892
I61.6	I63.432	I67.850	I69.143	I69.320	I69.893
I61.8	I63.433	I67.858	I69.144	I69.321	I69.898
I61.9	I63.439	I67.89	I69.149	I69.322	I69.90
I62.00	I63.441	I67.9	I69.151	I69.323	I69.91
I62.01	I63.442	I68.0	I69.152	I69.328	I69.910
I62.02	I63.443	I68.2	I69.153	I69.331	I69.911
I62.03	I63.449	I68.8	I69.154	I69.332	I69.912
I62.1	I63.49	I69.00	I69.159	I69.333	I69.913
I62.9	I63.50	I69.01	I69.161	I69.334	I69.914
I63.00	I63.511	I69.010	I69.162	I69.339	I69.915
I63.011	I63.512	I69.011	I69.163	I69.341	I69.918
I63.012	I63.513	I69.012	I69.164	I69.342	I69.919

Code	Code	Code	Code	Code	Code
I63.013	I63.519	I69.013	I69.165	I69.343	I69.920
I63.019	I63.521	I69.014	I69.169	I69.344	I69.921
I63.02	I63.522	I69.015	I69.190	I69.349	I69.922
I63.031	I63.523	I69.018	I69.191	I69.351	I69.923
I63.032	I63.529	I69.019	I69.192	I69.352	I69.928
I63.033	I63.531	I69.020	I69.193	I69.353	I69.931
I63.039	I63.532	I69.021	I69.198	I69.354	I69.932
I63.09	I63.533	I69.022	I69.20	I69.359	I69.933
I63.10	I63.539	I69.023	I69.21	I69.361	I69.934
I63.111	I63.541	I69.028	I69.210	I69.362	I69.939
I63.112	I63.542	I69.031	I69.211	I69.363	I69.941
I63.113	I63.543	I69.032	I69.212	I69.364	I69.942
I63.119	I63.549	I69.033	I69.213	I69.365	I69.943
I63.12	I63.59	I69.034	I69.214	I69.369	I69.944
I63.131	I63.6	I69.039	I69.215	I69.390	I69.949
I63.132	I63.8	I69.041	I69.218	I69.391	I69.951
I63.133	I63.81	I69.042	I69.219	I69.392	I69.952
I63.139	I63.89	I69.043	I69.220	I69.393	I69.953
I63.19	I63.9	I69.044	I69.221	I69.398	I69.954
I63.20	I65.01	I69.049	I69.222	I69.80	I69.959
I63.211	I65.02	I69.051	I69.223	I69.81	I69.961
I63.212	I65.03	I69.052	I69.228	I69.810	I69.962
I63.213	I65.09	I69.053	I69.231	I69.811	I69.963
I63.219	I65.1	I69.054	I69.232	I69.812	I69.964
I63.22	I65.21	I69.059	I69.233	I69.813	I69.965
I63.231	I65.22	I69.061	I69.234	I69.814	I69.969
I63.232	I65.23	I69.062	I69.239	I69.815	I69.990
I63.233	I65.29	I69.063	I69.241	I69.818	I69.991
I63.239	I65.8	I69.064	I69.242	I69.819	I69.992
I63.29	I65.9	I69.065	I69.243	I69.820	I69.993
I63.30	I66.01	I69.069	I69.244	I69.821	I69.998

B.5 CHRONIC KIDNEY DISEASE

Code	Code	Code	Code	Code	Code
I12.0	N18.3	N18.6	N25.0	Z94.0	
N18.1	N18.4	N18.9	Z49.01	Z99.2	
N18.2	N18.5	N19.	Z49.02		

B.6 CHRONIC PULMONARY DISEASE

Code	Code	Code	Code	Code	Code
J40.	J44.1	J45.50	J47.9	J63.6	J67.4
J41.0	J44.9	J45.51	J60.	J64.	J67.5
J41.1	J45.20	J45.52	J61.	J65.	J67.6
J41.8	J45.21	J45.901	J62.0	J66.0	J67.7
J42.	J45.22	J45.902	J62.8	J66.1	J67.8
J43.0	J45.30	J45.909	J63.0	J66.2	J67.9
J43.1	J45.31	J45.990	J63.1	J66.8	J68.4
J43.2	J45.32	J45.991	J63.2	J67.0	J70.1
J43.8	J45.40	J45.998	J63.3	J67.1	J70.3
J43.9	J45.41	J47.0	J63.4	J67.2	
J44.0	J45.42	J47.1	J63.5	J67.3	

B.7 COAGULOPATHY

Code	Code	Code	Code	Code	Code
D65.	D68.2	D68.4	D68.62	D69.3	D69.59
D66.	D68.311	D68.51	D68.69	D69.41	D69.6
D67.	D68.312	D68.52	D68.8	D69.42	
D68.0	D68.318	D68.59	D68.9	D69.49	
D68.1	D68.32	D68.61	D69.1	D69.51	

B.8 CONGESTIVE HEART FAILURE

Code	Code	Code	Code	Code	Code
I09.0	I13.2	I42.7	I50.23	I50.43	I50.84
I09.2	I25.5	I42.8	I50.30	I50.810	I50.89
I09.9	I42.0	I42.9	I50.31	I50.811	I50.9
I11.0	I42.1	I43.	I50.32	I50.812	P29.0
I11.9	I42.2	I50.1	I50.33	I50.813	
I13.0	I42.3	I50.20	I50.40	I50.814	
I13.10	I42.4	I50.21	I50.41	I50.82	
I13.11	I42.5	I50.22	I50.42	I50.83	

B.9 DEFICIENCY ANEMIAS

Code	Code	Code	Code	Code	Code
D56.9	D51.9	D55.0	D56.5	D58.2	D59.2
D50.0	D52.0	D55.1	D56.8	D58.8	D59.3

Code	Code	Code	Code	Code	Code
D50.1	D52.1	D55.2	D56.9	D58.9	D59.4
D50.8	D52.8	D55.3	D57.00	D59.0	D59.5
D50.9	D52.9	D55.8	D57.01	D59.1	D59.6
D51.0	D53.0	D55.9	D57.02	D59.10	D59.8
D51.1	D53.1	D56.0	D57.03	D59.11	D59.9
D51.2	D53.2	D56.1	D57.09	D59.12	
D51.3	D53.8	D56.2	D58.0	D59.13	
D51.8	D53.9	D56.3	D58.1	D59.19	

B.10 DEPRESSION

Code	Code	Code	Code	Code	Code
F31.30	F32.1	F32.8	F33.1	F33.42	F43.22
F31.31	F32.2	F32.81	F33.2	F33.8	F43.23
F31.32	F32.3	F32.89	F33.3	F33.9	F43.24
F31.4	F32.4	F32.9	F33.40	F43.20	F43.25
F32.0	F32.5	F33.0	F33.41	F43.21	F43.29

B.11 DIABETES

Code	Code	Code	Code	Code
E10.10	E11.00	E11.11	E13.00	E13.11
E10.11	E11.01	E11.9	E13.01	E13.9
E10.9	E11.10		E13.10	

B.12 DIABETES,COMPLICATED

Code	Code	Code	Code	Code	Code
E10.21	E10.3532	E11.22	E11.3533	E13.29	E13.3539
E10.22	E10.3533	E11.29	E11.3539	E13.311	E13.3541
E10.29	E10.3539	E11.311	E11.3541	E13.319	E13.3542
E10.311	E10.3541	E11.319	E11.3542	E13.321	E13.3543
E10.319	E10.3542	E11.321	E11.3543	E13.3211	E13.3549
E10.321	E10.3543	E11.3211	E11.3549	E13.3212	E13.3551
E10.3211	E10.3549	E11.3212	E11.3551	E13.3213	E13.3552
E10.3212	E10.3551	E11.3213	E11.3552	E13.3219	E13.3553
E10.3213	E10.3552	E11.3219	E11.3553	E13.329	E13.3559
E10.3219	E10.3553	E11.329	E11.3559	E13.3291	E13.359
E10.329	E10.3559	E11.3291	E11.359	E13.3292	E13.3591
E10.3291	E10.359	E11.3292	E11.3591	E13.3293	E13.3592
E10.3292	E10.3591	E11.3293	E11.3592	E13.3299	E13.3593

Code	Code	Code	Code	Code	Code
E10.3293	E10.3592	E11.3299	E11.3593	E13.331	E13.3599
E10.3299	E10.3593	E11.331	E11.3599	E13.3311	E13.36
E10.331	E10.3599	E11.3311	E11.36	E13.3312	E13.37X1
E10.3311	E10.36	E11.3312	E11.37X1	E13.3313	E13.37X2
E10.3312	E10.37X1	E11.3313	E11.37X2	E13.3319	E13.37X3
E10.3313	E10.37X2	E11.3319	E11.37X3	E13.339	E13.37X9
E10.3319	E10.37X3	E11.339	E11.37X9	E13.3391	E13.39
E10.339	E10.37X9	E11.3391	E11.39	E13.3392	E13.40
E10.3391	E10.39	E11.3392	E11.40	E13.3393	E13.41
E10.3392	E10.40	E11.3393	E11.41	E13.3399	E13.42
E10.3393	E10.41	E11.3399	E11.42	E13.341	E13.43
E10.3399	E10.42	E11.341	E11.43	E13.3411	E13.44
E10.341	E10.43	E11.3411	E11.44	E13.3412	E13.49
E10.3411	E10.44	E11.3412	E11.49	E13.3413	E13.51
E10.3412	E10.49	E11.3413	E11.51	E13.3419	E13.52
E10.3413	E10.51	E11.3419	E11.52	E13.349	E13.59
E10.3419	E10.52	E11.349	E11.59	E13.3491	E13.610
E10.349	E10.59	E11.3491	E11.610	E13.3492	E13.618
E10.3491	E10.610	E11.3492	E11.618	E13.3493	E13.620
E10.3492	E10.618	E11.3493	E11.620	E13.3499	E13.621
E10.3493	E10.620	E11.3499	E11.621	E13.351	E13.622
E10.3499	E10.621	E11.351	E11.622	E13.3511	E13.628
E10.351	E10.622	E11.3511	E11.628	E13.3512	E13.630
E10.3511	E10.628	E11.3512	E11.630	E13.3513	E13.638
E10.3512	E10.630	E11.3513	E11.638	E13.3519	E13.641
E10.3513	E10.638	E11.3519	E11.641	E13.3521	E13.649
E10.3519	E10.641	E11.3521	E11.649	E13.3522	E13.65
E10.3521	E10.649	E11.3522	E11.65	E13.3523	E13.69
E10.3522	E10.65	E11.3523	E11.69	E13.3529	E13.8
E10.3523	E10.69	E11.3529	E11.8	E13.3531	
E10.3529	E10.8	E11.3531	E13.21	E13.3532	
E10.3531	E11.21	E11.3532	E13.22	E13.3533	

B.13 DRUG ABUSE

Code	Code	Code	Code	Code	Code
F11.10	F12.23	F13.94	F15.129	F16.250	F19.122
F11.11	F12.250	F13.950	F15.14	F16.251	F19.129
F11.120	F12.251	F13.951	F15.150	F16.259	F19.14
F11.121	F12.259	F13.959	F15.151	F16.280	F19.150
F11.122	F12.280	F13.96	F15.159	F16.283	F19.151

Code	Code	Code	Code	Code	Code
F11.129	F12.288	F13.97	F15.180	F16.288	F19.159
F11.14	F12.29	F13.980	F15.181	F16.29	F19.16
F11.150	F12.90	F13.981	F15.182	F16.90	F19.17
F11.151	F12.920	F13.982	F15.188	F16.920	F19.180
F11.159	F12.921	F13.988	F15.19	F16.921	F19.181
F11.181	F12.922	F13.99	F15.20	F16.929	F19.182
F11.182	F12.929	F14.10	F15.21	F16.94	F19.188
F11.188	F12.93	F14.11	F15.220	F16.950	F19.19
F11.19	F12.950	F14.120	F15.221	F16.951	F19.20
F11.20	F12.951	F14.121	F15.222	F16.959	F19.21
F11.21	F12.959	F14.122	F15.229	F16.980	F19.220
F11.220	F12.980	F14.129	F15.23	F16.983	F19.221
F11.221	F12.988	F14.14	F15.24	F16.988	F19.222
F11.222	F12.99	F14.150	F15.250	F16.99	F19.229
F11.229	F13.10	F14.151	F15.251	F18.10	F19.230
F11.23	F13.11	F14.159	F15.259	F18.11	F19.231
F11.24	F13.120	F14.180	F15.280	F18.120	F19.232
F11.250	F13.121	F14.181	F15.281	F18.121	F19.239
F11.251	F13.129	F14.182	F15.282	F18.129	F19.24
F11.259	F13.14	F14.188	F15.288	F18.14	F19.250
F11.281	F13.150	F14.19	F15.29	F18.150	F19.251
F11.282	F13.151	F14.20	F15.90	F18.151	F19.259
F11.288	F13.159	F14.21	F15.920	F18.159	F19.26
F11.29	F13.180	F14.220	F15.921	F18.17	F19.27
F11.90	F13.181	F14.221	F15.922	F18.180	F19.280
F11.920	F13.182	F14.222	F15.929	F18.188	F19.281
F11.921	F13.188	F14.229	F15.93	F18.19	F19.282
F11.922	F13.19	F14.23	F15.94	F18.20	F19.288
F11.929	F13.20	F14.24	F15.950	F18.21	F19.29
F11.93	F13.21	F14.250	F15.951	F18.220	F19.90
F11.94	F13.220	F14.251	F15.959	F18.221	F19.920
F11.950	F13.221	F14.259	F15.980	F18.229	F19.921
F11.951	F13.229	F14.280	F15.981	F18.24	F19.922
F11.959	F13.230	F14.281	F15.982	F18.250	F19.929
F11.981	F13.231	F14.282	F15.988	F18.251	F19.930
F11.982	F13.232	F14.288	F15.99	F18.259	F19.931
F11.988	F13.239	F14.29	F16.10	F18.27	F19.932
F11.99	F13.24	F14.90	F16.11	F18.280	F19.939
F12.10	F13.250	F14.920	F16.120	F18.288	F19.94
F12.11	F13.251	F14.921	F16.121	F18.29	F19.950
F12.120	F13.259	F14.922	F16.122	F18.90	F19.951

Code	Code	Code	Code	Code	Code
F12.121	F13.26	F14.929	F16.129	F18.920	F19.959
F12.122	F13.27	F14.94	F16.14	F18.921	F19.96
F12.129	F13.280	F14.950	F16.150	F18.929	F19.97
F12.150	F13.281	F14.951	F16.151	F18.94	F19.980
F12.151	F13.282	F14.959	F16.159	F18.950	F19.981
F12.159	F13.288	F14.980	F16.180	F18.951	F19.982
F12.180	F13.29	F14.981	F16.183	F18.959	F19.988
F12.188	F13.90	F14.982	F16.188	F18.97	F19.99
F12.19	F13.920	F14.988	F16.19	F18.980	Z71.51
F12.20	F13.921	F14.99	F16.20	F18.988	Z71.52
F12.21	F13.929	F15.10	F16.21	F18.99	
F12.220	F13.930	F15.11	F16.220	F19.10	
F12.221	F13.931	F15.120	F16.221	F19.11	
F12.222	F13.932	F15.121	F16.229	F19.120	
F12.229	F13.939	F15.122	F16.24	F19.121	

B.14 HTN

Code
I10.

B.15 HTN,COMPLICATED

Code	Code	Code	Code	Code	Code
I12.9	I15.0	I15.1	I15.2	I15.8	I15.9

B.16 HYPOTHYROIDISM

Code	Code	Code	Code	Code	Code
E00.0	E00.9	E01.2	E03.0	E03.3	E03.8
E00.1	E01.0	E01.8	E03.1	E03.4	E03.9
E00.2	E01.1	E02.	E03.2	E03.5	E89.0

B.17 IMMUNE DEFICIENCIES

Code	Code	Code	Code	Code	Code
D80.0	D81.2	D81.819	D83.2	D86.82	D89.40
D80.1	D81.3	D81.89	D83.8	D86.83	D89.41
D80.2	D81.30	D81.9	D83.9	D86.84	D89.42
D80.3	D81.31	D82.0	D84.0	D86.85	D89.43

Code	Code	Code	Code	Code	Code
D80.4	D81.32	D82.1	D84.1	D86.86	D89.49
D80.5	D81.39	D82.2	D84.8	D86.87	D89.810
D80.6	D81.4	D82.3	D84.9	D86.89	D89.811
D80.7	D81.5	D82.4	D86.0	D86.9	D89.812
D80.8	D81.6	D82.8	D86.1	D89.0	D89.813
D80.9	D81.7	D82.9	D86.2	D89.1	D89.82
D81.0	D81.810	D83.0	D86.3	D89.2	D89.89
D81.1	D81.818	D83.1	D86.81	D89.3	D89.9

B.18 LIVER DISEASE

Code	Code	Code	Code	Code	Code
B18.0	I85.11	K71.51	K73.0	K74.3	K76.4
B18.1	I86.4	K71.7	K73.1	K74.4	K76.5
B18.2	K71.10	K72.00	K73.2	K74.5	K76.6
B18.8	K71.11	K72.01	K73.8	K74.60	K76.7
B18.9	K71.2	K72.10	K73.9	K74.69	K76.81
I85.00	K71.3	K72.11	K74.0	K76.0	K76.89
I85.01	K71.4	K72.90	K74.1	K76.2	K76.9
I85.10	K71.50	K72.91	K74.2	K76.3	Z94.4

B.19 LYMPHOMA

Code	Code	Code	Code	Code	Code
C81.00	C81.93	C82.56	C83.39	C84.42	C85.15
C81.01	C81.94	C82.57	C83.50	C84.43	C85.16
C81.02	C81.95	C82.58	C83.51	C84.44	C85.17
C81.03	C81.96	C82.59	C83.52	C84.45	C85.18
C81.04	C81.97	C82.60	C83.53	C84.46	C85.19
C81.05	C81.98	C82.61	C83.54	C84.47	C85.20
C81.06	C81.99	C82.62	C83.55	C84.48	C85.21
C81.07	C82.00	C82.63	C83.56	C84.49	C85.22
C81.08	C82.01	C82.64	C83.57	C84.60	C85.23
C81.09	C82.02	C82.65	C83.58	C84.61	C85.24
C81.10	C82.03	C82.66	C83.59	C84.62	C85.25
C81.11	C82.04	C82.67	C83.70	C84.63	C85.26
C81.12	C82.05	C82.68	C83.71	C84.64	C85.27
C81.13	C82.06	C82.69	C83.72	C84.65	C85.28
C81.14	C82.07	C82.80	C83.73	C84.66	C85.29
C81.15	C82.08	C82.81	C83.74	C84.67	C85.80

Code	Code	Code	Code	Code	Code
C81.16	C82.09	C82.82	C83.75	C84.68	C85.81
C81.17	C82.10	C82.83	C83.76	C84.69	C85.82
C81.18	C82.11	C82.84	C83.77	C84.70	C85.83
C81.19	C82.12	C82.85	C83.78	C84.71	C85.84
C81.20	C82.13	C82.86	C83.79	C84.72	C85.85
C81.21	C82.14	C82.87	C83.80	C84.73	C85.86
C81.22	C82.15	C82.88	C83.81	C84.74	C85.87
C81.23	C82.16	C82.89	C83.82	C84.75	C85.88
C81.24	C82.17	C82.90	C83.83	C84.76	C85.89
C81.25	C82.18	C82.91	C83.84	C84.77	C85.90
C81.26	C82.19	C82.92	C83.85	C84.78	C85.91
C81.27	C82.20	C82.93	C83.86	C84.79	C85.92
C81.28	C82.21	C82.94	C83.87	C84.90	C85.93
C81.29	C82.22	C82.95	C83.88	C84.91	C85.94
C81.30	C82.23	C82.96	C83.89	C84.92	C85.95
C81.31	C82.24	C82.97	C83.90	C84.93	C85.96
C81.32	C82.25	C82.98	C83.91	C84.94	C85.97
C81.33	C82.26	C82.99	C83.92	C84.95	C85.98
C81.34	C82.27	C83.00	C83.93	C84.96	C85.99
C81.35	C82.28	C83.01	C83.94	C84.97	C88.0
C81.36	C82.29	C83.02	C83.95	C84.98	C88.2
C81.37	C82.30	C83.03	C83.96	C84.99	C88.3
C81.38	C82.31	C83.04	C83.97	C84.A0	C88.4
C81.39	C82.32	C83.05	C83.98	C84.A1	C88.8
C81.40	C82.33	C83.06	C83.99	C84.A2	C88.9
C81.41	C82.34	C83.07	C84.00	C84.A3	C90.00
C81.42	C82.35	C83.08	C84.01	C84.A4	C90.01
C81.43	C82.36	C83.09	C84.02	C84.A5	C90.02
C81.44	C82.37	C83.10	C84.03	C84.A6	C90.20
C81.45	C82.38	C83.11	C84.04	C84.A7	C90.21
C81.46	C82.39	C83.12	C84.05	C84.A8	C90.22
C81.47	C82.40	C83.13	C84.06	C84.A9	C96.0
C81.48	C82.41	C83.14	C84.07	C84.Z0	C96.2
C81.49	C82.42	C83.15	C84.08	C84.Z1	C96.20
C81.70	C82.43	C83.16	C84.09	C84.Z2	C96.21
C81.71	C82.44	C83.17	C84.10	C84.Z3	C96.22
C81.72	C82.45	C83.18	C84.11	C84.Z4	C96.29
C81.73	C82.46	C83.19	C84.12	C84.Z5	C96.4
C81.74	C82.47	C83.30	C84.13	C84.Z6	C96.5
C81.75	C82.48	C83.31	C84.14	C84.Z7	C96.6
C81.76	C82.49	C83.32	C84.15	C84.Z8	C96.9

Code	Code	Code	Code	Code	Code
C81.77	C82.50	C83.33	C84.16	C84.Z9	C96.A
C81.78	C82.51	C83.34	C84.17	C85.10	C96.Z
C81.79	C82.52	C83.35	C84.18	C85.11	
C81.90	C82.53	C83.36	C84.19	C85.12	
C81.91	C82.54	C83.37	C84.40	C85.13	
C81.92	C82.55	C83.38	C84.41	C85.14	

B.20 METASTATIC CANCER

Code	Code	Code	Code	Code	Code
C77.0	C78.00	C78.5	C79.10	C79.51	C79.81
C77.1	C78.01	C78.6	C79.11	C79.52	C79.82
C77.2	C78.02	C78.7	C79.19	C79.60	C79.89
C77.3	C78.1	C78.80	C79.2	C79.61	C79.9
C77.4	C78.2	C78.89	C79.31	C79.62	C80.0
C77.5	C78.30	C79.00	C79.32	C79.70	C80.1
C77.8	C78.39	C79.01	C79.40	C79.71	C80.2
C77.9	C78.4	C79.02	C79.49	C79.72	

B.21 OBESITY

Code	Code	Code	Code	Code	Code	Code
E66.01	E66.09	E66.1	E66.2	E66.3	E66.8	E66.9

B.22 ORGAN TRANSPLANT

Code	Code	Code	Code	Code	Code
Z94.1	Z94.3	Z94.6	Z94.82	Z94.84	Z94.9
Z94.2	Z94.5	Z94.7	Z94.83	Z94.89	

B.23 OTHER

Code	Code	Code	Code	Code	Code
E88.9	Q21.9	Q23.9	Q25.4	Q25.8	Q27.32
Q20.0	Q22.0	Q24.0	Q25.40	Q25.9	Q27.33
Q20.1	Q22.1	Q24.1	Q25.41	Q26.0	Q27.34
Q20.2	Q22.2	Q24.2	Q25.42	Q26.1	Q27.39
Q20.3	Q22.3	Q24.3	Q25.43	Q26.2	Q27.4
Q20.4	Q22.4	Q24.4	Q25.44	Q26.3	Q27.8
Q20.5	Q22.5	Q24.5	Q25.45	Q26.4	Q27.9
Q20.6	Q22.6	Q24.6	Q25.46	Q26.5	Q28.0

Code	Code	Code	Code	Code	Code
Q20.8	Q22.8	Q24.8	Q25.47	Q26.6	Q28.1
Q20.9	Q22.9	Q24.9	Q25.48	Q26.8	Q28.2
Q21.0	Q23.0	Q25.0	Q25.49	Q26.9	Q28.3
Q21.1	Q23.1	Q25.1	Q25.5	Q27.0	Q28.8
Q21.2	Q23.2	Q25.2	Q25.6	Q27.1	Q28.9
Q21.3	Q23.3	Q25.21	Q25.71	Q27.2	
Q21.4	Q23.4	Q25.29	Q25.72	Q27.30	
Q21.8	Q23.8	Q25.3	Q25.79	Q27.31	

B.24 OTHER NEUROLOGICAL DISORDERS

Code	Code	Code	Code	Code	Code
G10.	G13.1	G31.85	G40.001	G40.419	G40.919
G11.0	G13.2	G31.89	G40.009	G40.501	G40.A01
G11.1	G13.8	G31.9	G40.011	G40.509	G40.A09
G11.2	G20.	G32.0	G40.019	G40.801	G40.A11
G11.3	G21.0	G32.81	G40.101	G40.802	G40.A19
G11.8	G21.11	G32.89	G40.109	G40.803	G40.B01
G11.9	G21.19	G35.	G40.111	G40.804	G40.B09
G12.0	G21.2	G36.0	G40.119	G40.811	G40.B11
G12.1	G21.3	G36.1	G40.201	G40.812	G40.B19
G12.20	G21.4	G36.8	G40.209	G40.813	G93.1
G12.21	G21.8	G36.9	G40.211	G40.814	G93.40
G12.22	G21.9	G37.0	G40.219	G40.821	G93.41
G12.23	G25.4	G37.1	G40.301	G40.822	G93.49
G12.24	G25.5	G37.2	G40.309	G40.823	R47.01
G12.25	G31.2	G37.3	G40.311	G40.824	R47.02
G12.29	G31.81	G37.4	G40.319	G40.89	R56.00
G12.8	G31.82	G37.5	G40.401	G40.901	R56.01
G12.9	G31.83	G37.8	G40.409	G40.909	R56.1
G13.0	G31.84	G37.9	G40.411	G40.911	R56.9

B.25 PARALYSIS

Code	Code	Code	Code	Code	Code
G04.1	G81.04	G81.92	G82.52	G83.14	G83.32
G11.4	G81.10	G81.93	G82.53	G83.20	G83.33
G80.1	G81.11	G81.94	G82.54	G83.21	G83.34
G80.2	G81.12	G82.20	G83.0	G83.22	G83.4
G81.00	G81.13	G82.21	G83.10	G83.23	G83.9
G81.01	G81.14	G82.22	G83.11	G83.24	

Code	Code	Code	Code	Code	Code
G81.02	G81.90	G82.50	G83.12	G83.30	
G81.03	G81.91	G82.51	G83.13	G83.31	

B.26 PEPTIC ULCER DISEASE

Code	Code	Code	Code	Code	Code	Code	Code
K25.7	K25.9	K26.7	K26.9	K27.7	K27.9	K28.7	K28.9

B.27 PERIPHERAL VASCULAR DISORDERS

Code	Code	Code	Code	Code	Code
I70.0	I70.309	I70.421	I70.532	I70.641	I70.749
I70.1	I70.311	I70.422	I70.533	I70.642	I70.75
I70.201	I70.312	I70.423	I70.534	I70.643	I70.761
I70.202	I70.313	I70.428	I70.535	I70.644	I70.762
I70.203	I70.318	I70.429	I70.538	I70.645	I70.763
I70.208	I70.319	I70.431	I70.539	I70.648	I70.768
I70.209	I70.321	I70.432	I70.541	I70.649	I70.769
I70.211	I70.322	I70.433	I70.542	I70.65	I70.791
I70.212	I70.323	I70.434	I70.543	I70.661	I70.792
I70.213	I70.328	I70.435	I70.544	I70.662	I70.793
I70.218	I70.329	I70.438	I70.545	I70.663	I70.798
I70.219	I70.331	I70.439	I70.548	I70.668	I70.799
I70.221	I70.332	I70.441	I70.549	I70.669	I70.8
I70.222	I70.333	I70.442	I70.55	I70.691	I70.90
I70.223	I70.334	I70.443	I70.561	I70.692	I70.91
I70.228	I70.335	I70.444	I70.562	I70.693	I70.92
I70.229	I70.338	I70.445	I70.563	I70.698	I71.00
I70.231	I70.339	I70.448	I70.568	I70.699	I71.01
I70.232	I70.341	I70.449	I70.569	I70.701	I71.02
I70.233	I70.342	I70.45	I70.591	I70.702	I71.03
I70.234	I70.343	I70.461	I70.592	I70.703	I71.1
I70.235	I70.344	I70.462	I70.593	I70.708	I71.2
I70.238	I70.345	I70.463	I70.598	I70.709	I71.3
I70.239	I70.348	I70.468	I70.599	I70.711	I71.4
I70.241	I70.349	I70.469	I70.601	I70.712	I71.5
I70.242	I70.35	I70.491	I70.602	I70.713	I71.6
I70.243	I70.361	I70.492	I70.603	I70.718	I71.8
I70.244	I70.362	I70.493	I70.608	I70.719	I71.9
I70.245	I70.363	I70.498	I70.609	I70.721	I73.1
I70.248	I70.368	I70.499	I70.611	I70.722	I73.81

Code	Code	Code	Code	Code	Code
I70.249	I70.369	I70.501	I70.612	I70.723	I73.89
I70.25	I70.391	I70.502	I70.613	I70.728	I73.9
I70.261	I70.392	I70.503	I70.618	I70.729	I77.1
I70.262	I70.393	I70.508	I70.619	I70.731	I79.0
I70.263	I70.398	I70.509	I70.621	I70.732	K55.1
I70.268	I70.399	I70.511	I70.622	I70.733	K55.8
I70.269	I70.401	I70.512	I70.623	I70.734	K55.9
I70.291	I70.402	I70.513	I70.628	I70.735	Z95.810
I70.292	I70.403	I70.518	I70.629	I70.738	Z95.811
I70.293	I70.408	I70.519	I70.631	I70.739	Z95.812
I70.298	I70.409	I70.521	I70.632	I70.741	Z95.818
I70.299	I70.411	I70.522	I70.633	I70.742	Z95.820
I70.301	I70.412	I70.523	I70.634	I70.743	Z95.828
I70.302	I70.413	I70.528	I70.635	I70.744	Z95.9
I70.303	I70.418	I70.529	I70.638	I70.745	
I70.308	I70.419	I70.531	I70.639	I70.748	

B.28 PREGNANCY

Code	Code	Code	Code	Code	Code
O03.0	O03.85	O12.24	O14.25	O22.53	O46.092
O03.1	O03.86	O12.25	O14.90	O22.8X1	O46.093
O03.2	O03.87	O13.1	O14.92	O22.8X2	O46.099
O03.30	O03.88	O13.2	O14.93	O22.8X3	O46.8X1
O03.31	O03.89	O13.3	O14.94	O22.8X9	O46.8X2
O03.32	O03.9	O13.4	O14.95	O22.90	O46.8X3
O03.33	O12.00	O13.5	O15.00	O22.91	O46.8X9
O03.34	O12.01	O13.9	O15.02	O22.92	O46.90
O03.35	O12.02	O14.00	O15.03	O22.93	O46.91
O03.36	O12.03	O14.02	O15.1	O46.001	O46.92
O03.37	O12.04	O14.03	O15.2	O46.002	O46.93
O03.38	O12.05	O14.04	O15.9	O46.003	O67.0
O03.39	O12.10	O14.05	O20.0	O46.009	O67.8
O03.4	O12.11	O14.10	O20.8	O46.011	O67.9
O03.5	O12.12	O14.12	O20.9	O46.012	O72.0
O03.6	O12.13	O14.13	O22.30	O46.013	O72.1
O03.7	O12.14	O14.14	O22.31	O46.019	O72.2
O03.80	O12.15	O14.15	O22.32	O46.021	O72.3
O03.81	O12.20	O14.20	O22.33	O46.022	Z33.3
O03.82	O12.21	O14.22	O22.50	O46.023	
O03.83	O12.22	O14.23	O22.51	O46.029	

Code	Code	Code	Code	Code	Code
O03.84	O12.23	O14.24	O22.52	O46.091	

B.29 PSYCHOSES

Code	Code	Code	Code	Code	Code	Code
F20.0	F20.3	F20.89	F23.	F25.1	F28.	F31.2
F20.1	F20.5	F20.9	F24.	F25.8	F29.	F31.5
F20.2	F20.81	F22.	F25.0	F25.9	F30.2	

B.30 PULMONARY CIRCULATION

Code	Code	Code	Code	Code	Code
I26.01	I26.93	I27.2	I27.24	I27.89	I28.9
I26.02	I26.94	I27.20	I27.29	I27.9	
I26.09	I26.99	I27.21	I27.81	I28.0	
I26.90	I27.0	I27.22	I27.82	I28.1	
I26.92	I27.1	I27.23	I27.83	I28.8	

B.31 RHEUMATOID ARTHRITIS

Code	Code	Code	Code	Code	Code	Code
L94.0	M05.40	M05.819	M06.80	M08.472	M12.372	M46.99
L94.1	M05.411	M05.821	M06.811	M08.479	M12.379	
L94.3	M05.412	M05.822	M06.812	M08.48	M12.38	
M05.00	M05.419	M05.829	M06.819	M08.80	M12.39	
M05.011	M05.421	M05.831	M06.821	M08.811	M30.0	
M05.012	M05.422	M05.832	M06.822	M08.812	M30.1	
M05.019	M05.429	M05.839	M06.829	M08.819	M30.2	
M05.021	M05.431	M05.841	M06.831	M08.821	M30.3	
M05.022	M05.432	M05.842	M06.832	M08.822	M30.8	
M05.029	M05.439	M05.849	M06.839	M08.829	M31.0	
M05.031	M05.441	M05.851	M06.841	M08.831	M31.1	
M05.032	M05.442	M05.852	M06.842	M08.832	M31.2	
M05.039	M05.449	M05.859	M06.849	M08.839	M31.30	
M05.041	M05.451	M05.861	M06.851	M08.841	M31.31	
M05.042	M05.452	M05.862	M06.852	M08.842	M32.0	
M05.049	M05.459	M05.869	M06.859	M08.849	M32.10	
M05.051	M05.461	M05.871	M06.861	M08.851	M32.11	
M05.052	M05.462	M05.872	M06.862	M08.852	M32.12	
M05.059	M05.469	M05.879	M06.869	M08.859	M32.13	

Code	Code	Code	Code	Code	Code	Code
M05.061	M05.471	M05.89	M06.871	M08.861	M32.14	
M05.062	M05.472	M05.9	M06.872	M08.862	M32.15	
M05.069	M05.479	M06.00	M06.879	M08.869	M32.19	
M05.071	M05.49	M06.011	M06.88	M08.871	M32.8	
M05.072	M05.50	M06.012	M06.89	M08.872	M32.9	
M05.079	M05.511	M06.019	M06.9	M08.879	M33.00	
M05.09	M05.512	M06.021	M08.00	M08.88	M33.01	
M05.10	M05.519	M06.022	M08.011	M08.89	M33.02	
M05.111	M05.521	M06.029	M08.012	M08.90	M33.03	
M05.112	M05.522	M06.031	M08.019	M08.911	M33.09	
M05.119	M05.529	M06.032	M08.021	M08.912	M33.10	
M05.121	M05.531	M06.039	M08.022	M08.919	M33.11	
M05.122	M05.532	M06.041	M08.029	M08.921	M33.12	
M05.129	M05.539	M06.042	M08.031	M08.922	M33.13	
M05.131	M05.541	M06.049	M08.032	M08.929	M33.19	
M05.132	M05.542	M06.051	M08.039	M08.931	M33.20	
M05.139	M05.549	M06.052	M08.041	M08.932	M33.21	
M05.141	M05.551	M06.059	M08.042	M08.939	M33.22	
M05.142	M05.552	M06.061	M08.049	M08.941	M33.29	
M05.149	M05.559	M06.062	M08.051	M08.942	M33.90	
M05.151	M05.561	M06.069	M08.052	M08.949	M33.91	
M05.152	M05.562	M06.071	M08.059	M08.951	M33.92	
M05.159	M05.569	M06.072	M08.061	M08.952	M33.93	
M05.161	M05.571	M06.079	M08.062	M08.959	M33.99	
M05.162	M05.572	M06.08	M08.069	M08.961	M34.0	
M05.169	M05.579	M06.09	M08.071	M08.962	M34.1	
M05.171	M05.59	M06.1	M08.072	M08.969	M34.2	
M05.172	M05.60	M06.20	M08.079	M08.971	M34.81	
M05.179	M05.611	M06.211	M08.08	M08.972	M34.82	
M05.19	M05.612	M06.212	M08.09	M08.979	M34.83	
M05.20	M05.619	M06.219	M08.1	M08.98	M34.89	
M05.211	M05.621	M06.221	M08.20	M08.99	M34.9	
M05.212	M05.622	M06.222	M08.211	M12.00	M35.01	
M05.219	M05.629	M06.229	M08.212	M12.011	M35.02	
M05.221	M05.631	M06.231	M08.219	M12.012	M35.03	
M05.222	M05.632	M06.232	M08.221	M12.019	M35.04	
M05.229	M05.639	M06.239	M08.222	M12.021	M35.09	
M05.231	M05.641	M06.241	M08.229	M12.022	M35.1	
M05.232	M05.642	M06.242	M08.231	M12.029	M35.2	
M05.239	M05.649	M06.249	M08.232	M12.031	M35.3	
M05.241	M05.651	M06.251	M08.239	M12.032	M35.4	

Code	Code	Code	Code	Code	Code	Code
M05.242	M05.652	M06.252	M08.241	M12.039	M35.5	
M05.249	M05.659	M06.259	M08.242	M12.041	M35.6	
M05.251	M05.661	M06.261	M08.249	M12.042	M35.7	
M05.252	M05.662	M06.262	M08.251	M12.049	M35.8	
M05.259	M05.669	M06.269	M08.252	M12.051	M35.9	
M05.261	M05.671	M06.271	M08.259	M12.052	M45.0	
M05.262	M05.672	M06.272	M08.261	M12.059	M45.1	
M05.269	M05.679	M06.279	M08.262	M12.061	M45.2	
M05.271	M05.69	M06.28	M08.269	M12.062	M45.3	
M05.272	M05.70	M06.29	M08.271	M12.069	M45.4	
M05.279	M05.711	M06.30	M08.272	M12.071	M45.5	
M05.29	M05.712	M06.311	M08.279	M12.072	M45.6	
M05.30	M05.719	M06.312	M08.28	M12.079	M45.7	
M05.311	M05.721	M06.319	M08.29	M12.08	M45.8	
M05.312	M05.722	M06.321	M08.3	M12.09	M45.9	
M05.319	M05.729	M06.322	M08.40	M12.30	M46.1	
M05.321	M05.731	M06.329	M08.411	M12.311	M46.80	
M05.322	M05.732	M06.331	M08.412	M12.312	M46.81	
M05.329	M05.739	M06.332	M08.419	M12.319	M46.82	
M05.331	M05.741	M06.339	M08.421	M12.321	M46.83	
M05.332	M05.742	M06.341	M08.422	M12.322	M46.84	
M05.339	M05.749	M06.342	M08.429	M12.329	M46.85	
M05.341	M05.751	M06.349	M08.431	M12.331	M46.86	
M05.342	M05.752	M06.351	M08.432	M12.332	M46.87	
M05.349	M05.759	M06.352	M08.439	M12.339	M46.88	
M05.351	M05.761	M06.359	M08.441	M12.341	M46.89	
M05.352	M05.762	M06.361	M08.442	M12.342	M46.90	
M05.359	M05.769	M06.362	M08.449	M12.349	M46.91	
M05.361	M05.771	M06.369	M08.451	M12.351	M46.92	
M05.362	M05.772	M06.371	M08.452	M12.352	M46.93	
M05.369	M05.779	M06.372	M08.459	M12.359	M46.94	
M05.371	M05.79	M06.379	M08.461	M12.361	M46.95	
M05.372	M05.80	M06.38	M08.462	M12.362	M46.96	
M05.379	M05.811	M06.39	M08.469	M12.369	M46.97	
M05.39	M05.812	M06.4	M08.471	M12.371	M46.98	

B.32 SICKLE CELL DISEASE

Code	Code	Code	Code	Code	Code	Code
D57.00	D57.20	D57.3	D57.419	D57.439	D57.459	D57.819
D57.1	D57.211	D57.40	D57.42	D57.44	D57.80	

Code	Code	Code	Code	Code	Code	Code
D57.01	D57.212	D57.411	D57.431	D57.451	D57.811	
D57.02	D57.213	D57.412	D57.432	D57.452	D57.812	
D57.03	D57.218	D57.413	D57.433	D57.453	D57.813	
D57.09	D57.219	D57.418	D57.438	D57.458	D57.818	

B.33 SMOKING

Code	Code	Code	Code	Code	Code	Code
F17.200	F17.208	F17.211	F17.219	F17.223	F17.290	F17.298
F17.201	F17.209	F17.213	F17.220	F17.228	F17.291	F17.299
F17.203	F17.210	F17.218	F17.221	F17.229	F17.293	

B.34 SOLID TUMOR W/O METASTASIS

Code	Code	Code	Code	Code	Code	Code
C00.0	C18.9	C41.9	C44.509	C4A.0	C54.8	C69.91
C00.1	C19.	C43.0	C44.510	C4A.10	C54.9	C69.92
C00.2	C20.	C43.10	C44.511	C4A.11	C55.	C70.0
C00.3	C21.0	C43.11	C44.519	C4A.111	C56.1	C70.1
C00.4	C21.1	C43.111	C44.520	C4A.112	C56.2	C70.9
C00.5	C21.2	C43.112	C44.521	C4A.12	C56.9	C71.0
C00.6	C21.8	C43.12	C44.529	C4A.121	C57.00	C71.1
C00.8	C22.0	C43.121	C44.590	C4A.122	C57.01	C71.2
C00.9	C22.1	C43.122	C44.591	C4A.20	C57.02	C71.3
C01.	C22.2	C43.20	C44.599	C4A.21	C57.10	C71.4
C02.0	C22.3	C43.21	C44.601	C4A.22	C57.11	C71.5
C02.1	C22.4	C43.22	C44.602	C4A.30	C57.12	C71.6
C02.2	C22.7	C43.30	C44.609	C4A.31	C57.20	C71.7
C02.3	C22.8	C43.31	C44.611	C4A.39	C57.21	C71.8
C02.4	C22.9	C43.39	C44.612	C4A.4	C57.22	C71.9
C02.8	C23.	C43.4	C44.619	C4A.51	C57.3	C72.0
C02.9	C24.0	C43.51	C44.621	C4A.52	C57.4	C72.1
C03.0	C24.1	C43.52	C44.622	C4A.59	C57.7	C72.20
C03.1	C24.8	C43.59	C44.629	C4A.60	C57.8	C72.21
C03.9	C24.9	C43.60	C44.691	C4A.61	C57.9	C72.22
C04.0	C25.0	C43.61	C44.692	C4A.62	C58.	C72.30
C04.1	C25.1	C43.62	C44.699	C4A.70	C60.0	C72.31
C04.8	C25.2	C43.70	C44.701	C4A.71	C60.1	C72.32
C04.9	C25.3	C43.71	C44.702	C4A.72	C60.2	C72.40
C05.0	C25.4	C43.72	C44.709	C4A.8	C60.8	C72.41
C05.1	C25.7	C43.8	C44.711	C4A.9	C60.9	C72.42

Code	Code	Code	Code	Code	Code	Code
C05.2	C25.8	C43.9	C44.712	C50.011	C61.	C72.50
C05.8	C25.9	C44.00	C44.719	C50.012	C62.00	C72.59
C05.9	C26.0	C44.01	C44.721	C50.019	C62.01	C72.9
C06.0	C26.1	C44.02	C44.722	C50.021	C62.02	C73.
C06.1	C26.9	C44.09	C44.729	C50.022	C62.10	C74.00
C06.2	C30.0	C44.101	C44.791	C50.029	C62.11	C74.01
C06.80	C30.1	C44.102	C44.792	C50.111	C62.12	C74.02
C06.89	C31.0	C44.1021	C44.799	C50.112	C62.90	C74.10
C06.9	C31.1	C44.1022	C44.80	C50.119	C62.91	C74.11
C07.	C31.2	C44.109	C44.81	C50.121	C62.92	C74.12
C08.0	C31.3	C44.1091	C44.82	C50.122	C63.00	C74.90
C08.1	C31.8	C44.1092	C44.89	C50.129	C63.01	C74.91
C08.9	C31.9	C44.111	C44.90	C50.211	C63.02	C74.92
C09.0	C32.0	C44.112	C44.91	C50.212	C63.10	C75.0
C09.1	C32.1	C44.1121	C44.92	C50.219	C63.11	C75.1
C09.8	C32.2	C44.1122	C44.99	C50.221	C63.12	C75.2
C09.9	C32.3	C44.119	C45.0	C50.222	C63.2	C75.3
C10.0	C32.8	C44.1191	C45.1	C50.229	C63.7	C75.4
C10.1	C32.9	C44.1192	C45.2	C50.311	C63.8	C75.5
C10.2	C33.	C44.121	C45.7	C50.312	C63.9	C75.8
C10.3	C34.00	C44.122	C45.9	C50.319	C64.1	C75.9
C10.4	C34.01	C44.1221	C46.0	C50.321	C64.2	C76.0
C10.8	C34.02	C44.1222	C46.1	C50.322	C64.9	C76.1
C10.9	C34.10	C44.129	C46.2	C50.329	C65.1	C76.2
C11.0	C34.11	C44.1291	C46.3	C50.411	C65.2	C76.3
C11.1	C34.12	C44.1292	C46.4	C50.412	C65.9	C76.40
C11.2	C34.2	C44.131	C46.50	C50.419	C66.1	C76.41
C11.3	C34.30	C44.1321	C46.51	C50.421	C66.2	C76.42
C11.8	C34.31	C44.1322	C46.52	C50.422	C66.9	C76.50
C11.9	C34.32	C44.1391	C46.7	C50.429	C67.0	C76.51
C12.	C34.80	C44.1392	C46.9	C50.511	C67.1	C76.52
C13.0	C34.81	C44.191	C47.0	C50.512	C67.2	C76.8
C13.1	C34.82	C44.192	C47.10	C50.519	C67.3	C7A.00
C13.2	C34.90	C44.1921	C47.11	C50.521	C67.4	C7A.010
C13.8	C34.91	C44.1922	C47.12	C50.522	C67.5	C7A.011
C13.9	C34.92	C44.199	C47.20	C50.529	C67.6	C7A.012
C14.0	C37.	C44.1991	C47.21	C50.611	C67.7	C7A.019
C14.2	C38.0	C44.1992	C47.22	C50.612	C67.8	C7A.020
C14.8	C38.1	C44.201	C47.3	C50.619	C67.9	C7A.021
C15.3	C38.2	C44.202	C47.4	C50.621	C68.0	C7A.022
C15.4	C38.3	C44.209	C47.5	C50.622	C68.1	C7A.023

Code	Code	Code	Code	Code	Code	Code
C15.5	C38.4	C44.211	C47.6	C50.629	C68.8	C7A.024
C15.8	C38.8	C44.212	C47.8	C50.811	C68.9	C7A.025
C15.9	C39.0	C44.219	C47.9	C50.812	C69.00	C7A.026
C16.0	C39.9	C44.221	C48.0	C50.819	C69.01	C7A.029
C16.1	C40.00	C44.222	C48.1	C50.821	C69.02	C7A.090
C16.2	C40.01	C44.229	C48.2	C50.822	C69.10	C7A.091
C16.3	C40.02	C44.291	C48.8	C50.829	C69.11	C7A.092
C16.4	C40.10	C44.292	C49.0	C50.911	C69.12	C7A.093
C16.5	C40.11	C44.299	C49.10	C50.912	C69.20	C7A.094
C16.6	C40.12	C44.300	C49.11	C50.919	C69.21	C7A.095
C16.8	C40.20	C44.301	C49.12	C50.921	C69.22	C7A.096
C16.9	C40.21	C44.309	C49.20	C50.922	C69.30	C7A.098
C17.0	C40.22	C44.310	C49.21	C50.929	C69.31	C7A.1
C17.1	C40.30	C44.311	C49.22	C51.0	C69.32	C7A.8
C17.2	C40.31	C44.319	C49.3	C51.1	C69.40	C7B.00
C17.3	C40.32	C44.320	C49.4	C51.2	C69.41	C7B.01
C17.8	C40.80	C44.321	C49.5	C51.8	C69.42	C7B.02
C17.9	C40.81	C44.329	C49.6	C51.9	C69.50	C7B.03
C18.0	C40.82	C44.390	C49.8	C52.	C69.51	C7B.04
C18.1	C40.90	C44.391	C49.9	C53.0	C69.52	C7B.09
C18.2	C40.91	C44.399	C49.A0	C53.1	C69.60	C7B.1
C18.3	C40.92	C44.40	C49.A1	C53.8	C69.61	C7B.8
C18.4	C41.0	C44.41	C49.A2	C53.9	C69.62	
C18.5	C41.1	C44.42	C49.A3	C54.0	C69.80	
C18.6	C41.2	C44.49	C49.A4	C54.1	C69.81	
C18.7	C41.3	C44.500	C49.A5	C54.2	C69.82	
C18.8	C41.4	C44.501	C49.A9	C54.3	C69.90	

B.35 VALVULAR DISEASE

Code	Code	Code	Code	Code	Code
A52.00	I05.2	I07.2	I09.81	I35.8	I37.8
A52.01	I05.8	I07.8	I09.89	I35.9	I37.9
A52.02	I05.9	I07.9	I34.0	I36.0	I38.
A52.03	I06.0	I08.0	I34.1	I36.1	I39.
A52.04	I06.1	I08.1	I34.2	I36.2	Z95.2
A52.05	I06.2	I08.2	I34.8	I36.8	Z95.3
A52.06	I06.8	I08.3	I34.9	I36.9	Z95.4
A52.09	I06.9	I08.8	I35.0	I37.0	
I05.0	I07.0	I08.9	I35.1	I37.1	
I05.1	I07.1	I09.1	I35.2	I37.2	

B.36 WEIGHT LOSS

Code	Code	Code	Code	Code
E40.	E42.	E44.0	E45.	R63.4
E41.	E43.	E44.1	E46.	R64.

Appendix C Immunocompromised Conditions

C.1 Immune Deficiency

Code	Code	Code	Code	Code	Code
B20.	D80.1	D81.0	D81.9	D83.0	D89.810
B97.33	D80.2	D81.1	D82.0	D83.1	D89.811
C86.6	D80.3	D81.2	D82.1	D83.2	D89.812
C96.6	D80.4	D81.4	D82.2	D83.8	D89.813
D57.1	D80.5	D81.6	D82.3	D83.9	D89.82
D70.8	D80.6	D81.7	D82.4	D84.0	Q93.59
D76.2	D80.8	D81.819	D82.8	D84.89	
D80.0	D80.9	D81.89	D82.9	D84.9	

C.2 Transplant

Code	Code	Code	Code	Code	Code
C80.2	T86.09	T86.298	T86.5	T86.890	Z48.288
D47.Z1	T86.10	T86.30	T86.810	T86.898	Z48.290
E23.0	T86.11	T86.31	T86.811	T86.899	Z48.298
I15.8	T86.12	T86.32	T86.812	T86.90	Z94.0
I25.811	T86.13	T86.33	T86.818	T86.91	Z94.1
I77.1	T86.19	T86.39	T86.819	Z09.	Z94.2
N99.89	T86.20	T86.40	T86.850	Z48.21	Z94.3
T86.00	T86.21	T86.41	T86.851	Z48.22	Z94.4
T86.01	T86.22	T86.42	T86.852	Z48.23	Z94.81
T86.02	T86.23	T86.43	T86.858	Z48.24	Z94.82
T86.03	T86.290	T86.49	T86.859	Z48.280	Z94.83
					Z94.84

C.3 Cancer

Code	Code	Code	Code	Code	Code
C78.00	C81.37	C83.50	C84.73	C85.96	C94.22
C78.01	C81.38	C83.51	C84.74	C85.97	C94.30
C78.02	C81.39	C83.52	C84.75	C85.98	C94.32
C78.1	C81.40	C83.53	C84.76	C85.99	C94.80
C78.2	C81.41	C83.54	C84.77	C86.0	C94.82
C78.30	C81.42	C83.55	C84.78	C86.1	C95.00
C78.39	C81.43	C83.56	C84.79	C86.2	C95.02
C78.4	C81.44	C83.57	C84.90	C86.3	C95.10
C78.5	C81.45	C83.58	C84.91	C86.4	C95.12

Code	Code	Code	Code	Code	Code
C78.6	C81.46	C83.59	C84.92	C88.2	C95.90
C78.7	C81.47	C83.70	C84.93	C88.3	C95.92
C78.80	C81.48	C83.71	C84.94	C88.8	C96.0
C78.89	C81.49	C83.72	C84.95	C88.9	C96.2
C79.00	C81.70	C83.73	C84.96	C90.00	C96.4
C79.01	C81.71	C83.74	C84.97	C90.02	C96.9
C79.02	C81.72	C83.75	C84.98	C90.10	C96.A
C79.10	C81.73	C83.76	C84.99	C90.12	C96.Z
C79.11	C81.74	C83.77	C84.A0	C90.20	B27.99
C79.19	C81.75	C83.78	C84.A1	C90.22	C16.0
C79.2	C81.76	C83.79	C84.A2	C90.30	C16.1
C79.31	C81.77	C83.80	C84.A3	C90.32	C16.2
C79.32	C81.78	C83.81	C84.A4	C91.00	C16.3
C79.40	C81.79	C83.82	C84.A5	C91.02	C16.4
C79.49	C81.90	C83.83	C84.A6	C91.10	C16.5
C79.51	C81.91	C83.84	C84.A7	C91.12	C16.6
C79.52	C81.92	C83.85	C84.A8	C91.30	C18.7
C79.60	C81.93	C83.86	C84.A9	C91.31	C26.1
C79.61	C81.94	C83.87	C84.Z0	C91.32	C49.4
C79.62	C81.95	C83.88	C84.Z1	C91.40	C49.9
C79.70	C81.96	C83.89	C84.Z2	C91.50	C77.0
C79.71	C81.97	C84.00	C84.Z3	C91.52	C77.1
C79.72	C81.98	C84.01	C84.Z4	C91.60	C77.2
C79.81	C81.99	C84.02	C84.Z5	C91.61	C77.3
C79.82	C82.50	C84.03	C84.Z6	C91.62	C77.4
C79.89	C82.51	C84.04	C84.Z7	C91.90	C77.5
C79.9	C82.52	C84.05	C84.Z8	C91.92	C77.8
C81.00	C82.53	C84.06	C84.Z9	C91.A0	C77.9
C81.01	C82.54	C84.07	C85.10	C91.A2	C80.0
C81.02	C82.55	C84.08	C85.11	C91.Z0	C80.1
C81.03	C82.56	C84.09	C85.12	C91.Z2	C82.00
C81.04	C82.57	C84.10	C85.13	C92.00	C82.60
C81.05	C82.58	C84.11	C85.14	C92.02	C82.80
C81.06	C82.59	C84.12	C85.15	C92.10	C83.00
C81.07	C82.90	C84.13	C85.16	C92.12	C83.99
C81.08	C82.91	C84.14	C85.17	C92.20	C86.5
C81.09	C82.92	C84.15	C85.18	C92.22	C88.4
C81.10	C82.93	C84.16	C85.19	C92.30	C90.01
C81.11	C82.94	C84.17	C85.20	C92.32	C94.40
C81.12	C82.95	C84.18	C85.21	C92.40	C96.20
C81.13	C82.96	C84.19	C85.22	C92.42	C96.21

Code	Code	Code	Code	Code	Code
C81.14	C82.97	C84.40	C85.23	C92.50	C96.29
C81.15	C82.98	C84.41	C85.24	C92.52	C96.5
C81.16	C82.99	C84.42	C85.25	C92.60	D37.8
C81.17	C83.10	C84.43	C85.26	C92.62	D46.0
C81.18	C83.11	C84.44	C85.27	C92.90	D46.20
C81.19	C83.12	C84.45	C85.28	C92.92	D46.21
C81.20	C83.13	C84.46	C85.29	C92.A0	D46.22
C81.21	C83.14	C84.47	C85.80	C92.A2	D46.9
C81.22	C83.15	C84.48	C85.81	C92.Z0	D46.A
C81.23	C83.16	C84.49	C85.82	C92.Z2	D46.B
C81.24	C83.17	C84.60	C85.83	C93.00	D46.C
C81.25	C83.18	C84.61	C85.84	C93.02	D47.02
C81.26	C83.19	C84.62	C85.85	C93.10	D47.1
C81.27	C83.30	C84.63	C85.86	C93.12	D47.3
C81.28	C83.31	C84.64	C85.87	C93.30	D49.0
C81.29	C83.32	C84.65	C85.88	C93.32	D49.9
C81.30	C83.33	C84.66	C85.89	C93.90	D76.1
C81.31	C83.34	C84.67	C85.90	C93.92	I42.5
C81.32	C83.35	C84.68	C85.91	C93.Z0	K12.30
C81.33	C83.36	C84.69	C85.92	C93.Z2	K20.90
C81.34	C83.37	C84.70	C85.93	C94.00	M31.2
C81.35	C83.38	C84.71	C85.94	C94.02	T66.XXXS
C81.36	C83.39	C84.72	C85.95	C94.20	Z51.89

Appendix D Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action, including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them before being granted access to an RPMS system, per IHS policy.

- For a listing of general RoB for all users, see the most recent edition of the *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers' rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website: https://home.ihs.gov/security/index.cfm/.

> **Note**: Users must be logged on to the IHS D1 Intranet to access these documents.

The RoB listed in the following sections are specific to RPMS.

D.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within that application's documentation (e.g., Dental, Pharmacy).

D.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as an employer before providing any information system access, sensitive or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions of *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have the authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, portable devices, or media if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

D.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have expressly granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on their functions, such as system administrator or application administrator.
- Acquire a written preauthorization per IHS policies and procedures before interconnection to or transferring data from RPMS.

D.1.3 Accountability

RPMS users shall

- Behave ethically, technically proficient, informed, and trustworthy.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO).
- Differentiate tasks and functions to ensure that no person has sole access to or control of essential resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies, procedures, and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

D.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media before reusing or disposing of the media.
- Always protect all RPMS terminals from public viewing.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not:

- Allow confidential information to remain on the PC screen when someone has unauthorized access to that data nearby.
- Store sensitive files on a portable device or media without encrypting.

D.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not:

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

D.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified period (e.g., one hour).

D.1.7 Passwords

RPMS users shall

- Change passwords at least every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lowercase letter, and one number. If possible, it is recommended that a unique character be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or storing them safely (do not store passwords in login scripts or batch files).
- Change passwords immediately if the password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not:

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept using another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in a prominent place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

D.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

D.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

D.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

D.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near the system equipment.

D.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information about system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

D.1.13 Remote Access

Each subscriber organization establishes its policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide remote user authentication using ID and password or other acceptable technical means.
- Outline the work requirements, security safeguards, and procedures the employee must follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Direct dial-in access must be justified and approved in writing, and its use must be secured per industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption for network, internet, and Web browser communications.

D.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Fully observe the separation of duties policies and procedures as possible.
- Document or comment on all changes to any RPMS software when the change or update is made. Documentation shall include the programmer's initials, change date, and reason for the change.
- Use checksums or other integrity mechanisms when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow the industry's best standards for systems assigned to develop, maintain, and abide by all department and agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code, or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

D.3 Privileged Users

Personnel with significant access to processes and data in RPMS, such as system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assisted the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual is responsible for several functions (i.e., transaction entry and approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the system's accountability, integrity, confidentiality, and availability.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible when the system no longer authorizes the user. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has the authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel login IDs and passwords and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done in person or by having the user answer a question that can be compared to one in the administrator's database.
- They shall follow the industry's best standards for systems they are assigned to and abide by all department and agency policies and procedures.

Privileged RPMS users shall not

- Access files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

Aggregated

A sum of data.

Context Menu

The menu of options displays when you right-click on an entity.

Designated Primary Care Provider (DPCP)

In RPMS, the provider's name is assigned as the primary care physician for a patient or group at a specific facility. This is not a required function.

Free Text Field

A field where the user can type text, just like typing a note to someone.

iCare Package Manager

The designated person with authority to manage all information settings for iCare.

Panel List

The list of patient panels owned by the user.

Providers

Any staff member in an I/T/U facility who provides direct healthcare to patients, e.g., general practice or specialty physicians, registered nurses, social workers, physician assistants, etc.

Within RPMS, the term "provider" has different specific meanings. See definitions for Designated Primary Care Provider (DPCP), Primary Provider, and Visit Providers.

Reminders

Health Maintenance Reminders review patient data and alert the provider to procedures that might be overdue for the patient. Reminders can be based on age and gender and include typical clinical prevention measures, such as pap smears.

Tagging

A process to review the patient's data and categorize (tag) the patient with one or more clinical diagnoses, such as Known CVD or Diabetes. Tags will provide more accurate reminders prioritized more appropriately for a patient's multiple conditions.

Taxonomy

In RPMS, a grouping of functionally related data elements, such as ICD codes, are created and maintained within the RPMS Taxonomy Setup application. Taxonomies will define diagnoses, procedures, lab tests, medications, and other clinical data types.

Please see your CRS coordinator if you need a change or addition to an existing taxonomy.

Tooltip/Hover Help

A common GUI element is used to provide additional information to users. To display a Tooltip, hover the mouse pointer, without clicking, over a column heading or field.

Visit Provider

In RPMS, the provider(s) who cared for a patient on a specific visit. Each patient's visit must have at least a primary provider entered. Visits can also have one or more secondary providers. The primary visit provider might or might not be the same provider as the patient's DPCP and can change on each visit, depending on the visit type or the clinic staffing.

Acronym List

Acronym	Meaning
CAC	Clinical Application Coordinator
CMET	Care Management Event Tracking
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
DOB	Date of Birth
EHR	Electronic Health Record
ER	Emergency room
GPRA	Government Performance and Results Act
GUI	Graphical User Interface
HRN	Health Record Number
HTN	Hypertension
IHS	Indian Health Service
NLV	No longer valid
PCP	Primary Care Physician
RPMS	Resource and Patient Management System
SSN	Social Security Number
TIU	Text Integrated Utility

Contact Information

For any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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

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