



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# Referred Care Information System

(BMC)

## Training Manual

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Office of Information Technology (OIT)  
Division of Information Resource Management  
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## 1.0 Introductions

Welcome to Referred Care Information System (RCIS) training. The RCIS provides a standard tool for automating the referral process and maintaining records on referred care services for IHS and Tribal programs. This will assist the user with clinical and administrative management for all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. This automated process provides timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites. Tracking information in the RCIS package will help IHS, Tribal, and Urban facilities provide appropriate, effective and high-quality referred care to American Indians/Alaska Native people.

Resource and Patient Management System (RPMS) is an integrated solution for management of clinical and administrative information in healthcare facilities of various sizes and orientation. The RPMS is a decentralized automated information system of over 50 integrated software applications. Many RPMS applications can function in a stand-alone environment if necessary or appropriate. The system is designed to operate on micro- and mini-computers located in IHS or tribal healthcare facilities.

The below picture illustrates the relationship between different RPMS packages and the PCC Patient Database.

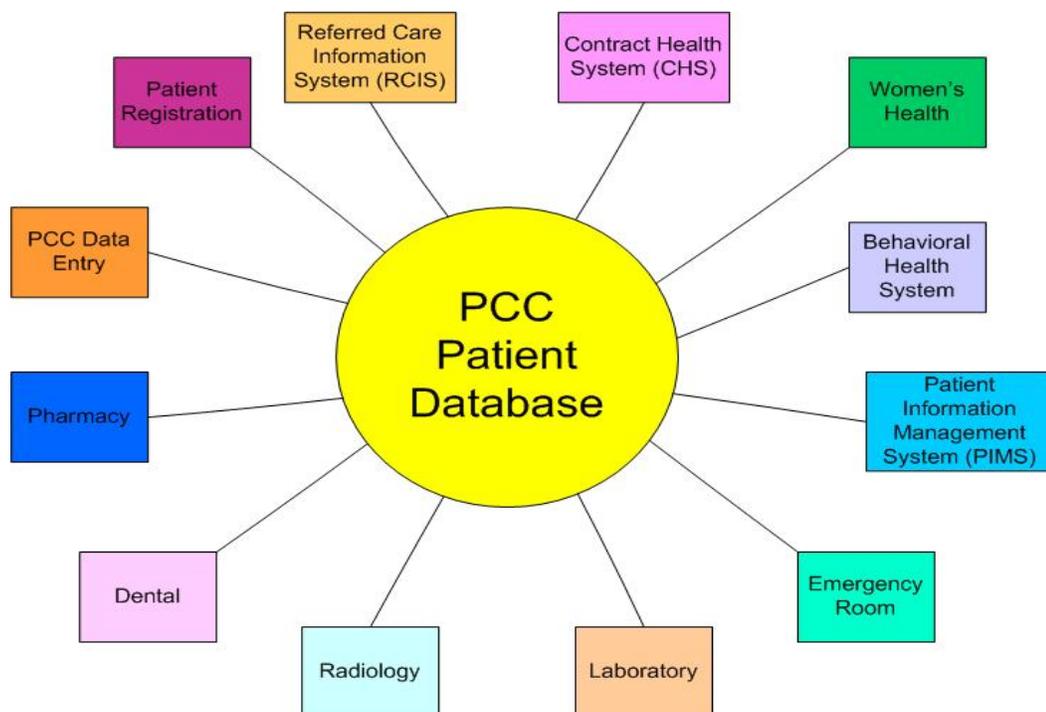


Figure 1-1: PCC Patient Database diagram

## 1.1 Security

RCIS requires you to have an RPMS access and verify code. A session will terminate when your computer logs out or has no activity for ten minutes. No patient data is stored on your computer. When a session is completed, all data is erased from cache (memory).

Role-based access: Role based accessed is determined by your function (role) at your facility.

**Note:** The site manager does not assign security keys to each option; they assign security keys to the users based on information provided by the Program Manager. They may assign security keys to options, but that is not typical, normally keys are already assigned to the option by the National programmer.

## 1.2 Workflow Assessment and Change

Implementing all features of RCIS may change how you do business. It is recommended that you identify your current workflow and then emphasize how RCIS can best be used in your facility.

## 2.0 Introduction to the Application

The Referred Care Information System (RCIS) is a group of computer programs that automate the clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. Information entered into the system provides timely and accurate referral data on individuals and groups of patients for the key clinical and administrative managers at care delivery sites, IHS Areas, and IHS Headquarters. By tracking this information, RCIS helps ensure that referred care services are appropriate, effective, of high quality, and provided at fair and reasonable prices.

### **Purpose**

The purpose of this RCIS v3.0 training is to give the user the basic skills and knowledge needed to enter RCIS data efficiently and effectively in order to track patient care, high-quality referred care, and maintain active and closed referrals for all fiscal years.

### **Goal**

The goal of this training is to teach IHS and Tribal personnel to use the Referred Care Information System application to process referrals and maintain records for individual, and groups of patients that require referred care services. Upon completion of this course, you will be able to.

### **Objectives**

- Set site parameters to best meet local facility needs
- Utilize the RCIS in conjunction with the CHS package and the PCC
- Define locally significant categories to assist with managing referrals
- Enter, modify, and close referrals
- Create customized referral letters to send to referred providers
- Design care-specific templates to facilitate referral initiation
- Generate pre-defined and custom reports for managing referrals process

## 3.0 Overview of the RCIS Modules

### Objective

Identify the main menu options of the Referred Care Information System.

### Goals

Upon completion of this objective, you should be able to:

- Access the Data Entry module
- Access Print Reports module
- Access RCIS Management module
- Access RCIS Special Print module

## 3.1 The Data Entry Module

Most referral processing work is handled in the Data Entry module on the RCIS main menu. Initial referral information can be directly entered by a provider at a terminal. Additional referral information can then be added as needed by a scheduling clerk and staff in the CHS, Business, and Managed Care offices. Once the initial data has been entered in the system, a RCIS-generated referral letter can be printed. The letter contains only the clinical and administrative information needed by the patient and the referred care provider. The printed letter can then be forwarded or hand-carried by the patient to the referred provider.

Alternatively, information can be progressively added to a standard, handwritten referral form. The final cumulative information can be entered into the RCIS by a staff member in the CHS, Business, or Managed Care office. The handwritten referral form may be taken by the patient to the outside provider or a letter may be printed after the data entry is complete and then forwarded to the outside provider.

After a patient has received services from an outside provider, the referral may be closed via the RCIS Data Entry module or the link with the CHS system, if enabled.

To access the Data Entry Module, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The Data Entry menu displays (Figure 3-1), listing all the available data entry modules.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.0, Jun 28, 2004     *
*****
          UNSPECIFIED SERVICE UNIT
          Data Entry

ADD      Add Referral
RFY      Add a Referral for a Previous Fiscal Year
EDIT     Edit Referral Options ...
ALT      Check Alternate Resources
DSP      Display Referral Record
NDA      Number of Days Authorized Modifications
SAS      Quick Inquiry to Appointment Scheduling Status
SEC      Secondary Referrals ...
LTRS     Print RCIS Letter Types ...

Select Data Entry Option:
    
```

Figure 3-1: Data Entry menu

<p><b>Exercises</b></p> <p>A. Access the Data Entry Module</p>
--

### 3.2 The Print Reports Module

Print Reports using the RPT option. A number of predefined reports can be generated from the Print Reports Module of the RCIS to help with the tracking and management of referred care at your facility. Reports in a variety of general categories are available as well as a very flexible report option that allows you to create customized reports with minimum effort. The main sub modules located within the Print Reports module are:

- Administrative Reports (ADM)
- Case Management Reports (CM)
- Utilization Reports (UTIL)
- RCIS General Retrieval (GEN) option
- Delete General Retrieval Report Definition (DGR) option

To access the Print Reports module, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main menu, type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.

3. The Print Reports menu displays (Figure 3-2), listing all the available data entry modules.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.0, Jun 28, 2004     *
*****
          UNSPECIFIED SERVICE UNIT
          Print Reports

ADM    Administrative Reports ...
CM     Case Management Reports ...
UTIL  Utilization Reports ...
GEN    RCIS General Retrieval
DGR    Delete General Retrieval Report Definition

Select Print Reports Option:
    
```

Figure 3-2: Print Reports menu

Exercises

A. Access the Print Reports Module.

### 3.3 The RCIS Management Module

The RCIS system provides functions that allow each facility to customize options to meet its needs. For example, each facility can set the system parameters as needed, create local procedure categories, develop referral templates for frequently initiated referrals, and specify Managed Care Committee actions. These options are available on the RCIS Management Menu:

- Edit Site Parameters (ESP)
- Table and Template Updates (TAB)
- Manage Mail Menu (EMAL)
- Print Parameters and Tables (DISP)
- Referral Management Menu (RMM)

Access to the Management Module menu options requires the manager’s security key. This section of the manual describes each of the RCIS Management menu options in detail and provides instructions on using them.

**Note:** Before using the system for the first time, the Site Manager or Referred Care Coordinator will need to set the initial parameters. These parameters can be changed at a later time, if needed.

To access the RCIS Management module, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main menu, type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The RCIS Management menu displays (Figure 3-3), listing all the available sub modules.

```
*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.0, Jun 28, 2004     *
*****
                UNSPECIFIED SERVICE UNIT
                RCIS Management

ESP    Edit Site Parameters
TAB    Table and Template Updates ...
EMAL   Manage Mail Menu ...
DISP   Print Parameters and Tables ...
RMM    Referral Management Menu ...

Select RCIS Management Option:).
```

Figure 3-3: RCIS management menu

**Exercises**

- A. Access the RCIS Management Module.

### 3.4 The RCIS Special Print Module

These following options are available on the RCIS Management Menu:

- Enter Business Office/CHS Comments (BOC)
- Display Referral Record (DSP)
- Print Referral Letter (All Types of Letters) (PRF)
- Print Routing Slips (PRS)
- Print Reports (RPT)

```
*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.0, Jun 28, 2004     *
*****
          UNSPECIFIED SERVICE UNIT
          RCIS Special Print Menu

BOC    Enter Business Office/CHS Comments
DSP    Display Referral Record
PRF    Print Referral Letter (All Types of Letters)
PRS    Print Routing Slips
RPT    Print Reports ...

Select RCIS Special Print Menu Option:
```

Figure 3-4: RCIS Special Print Menu

To access the RCIS Management module, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main menu, type **SPEC** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The RCIS Special Print menu displays (Figure 3-4), listing all the available sub modules.

Exercises
A. Access the RCIS Special Print Module.

## 4.0 Setting up Site Parameters

### Objective

Explain how to set up RCIS site parameters.

### Goals

Upon completion of this objective, you should be able to:

- Access the Site Parameters option
- Set up:
  - the Referral Year parameter
  - the CHS Interface parameter
  - the PCC Interface parameter
  - the RCIS Activation Date parameter

### Overview of Site Parameters

The RCIS system provides functions that allow each facility to customize options to meet its needs. These options are available on the RCIS Management Menu.

Access to the Management Module menu options requires the manager's security key. This section of the manual describes each of the RCIS Management menu options in detail and provides instructions on using them.

## 4.1 Accessing the Site Parameters Option

To access the Site Parameters option, follow these steps:

1. Type **MGT** at the "Select Referred Care Information System Option:" prompt and then press Enter.
2. The RCIS Management menu displays.
3. Type **ESP** at the "Select RCIS Management Option:" prompt and then press Enter.
4. The Edit Site Parameters menu displays.
5. Type the name of your facility at the "Select RCIS Site Parameter Facility:" prompt and then press Enter.
6. If prompted, type **YES** to confirm your selection at the "OK?" prompt and then press Enter.

7. The Update Referred Care Information System (RCIS) Parameters screen displays.

Exercises

- A. Access the Site Parameters menu
- B. Access the Update Referred Care Information System (RCIS) Parameters screen.

#### 4.1.1 The Referral Year

Type the last two digits of the referral processing year (i.e., enter 02 for 2002). The referral processing year may be the fiscal year or the calendar year. All assigned referral numbers include the two digits of the corresponding referral year.

To set the Referral year, follow these steps:

1. Use the arrow keys or the Tab key to navigate through this screen until the cursor is on the “Referral Year:” field.
2. Type the last two digits of a year in the “Referral Year:” field.

```

UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
REFERRAL YEAR: 04
STATE: NEW MEXICO
ACTIVATE THE CHS INTERFACE? YES      PROMPT FOR LOCAL CATEGORIES? ASK
ACTIVATE THE PCC INTERFACE? YES      PROMPT FOR MGED CARE COM ACTION? YES
PROMPT FOR ICD AND CPT CODES? YES    SSN LETTER DISPLAY: YES
ENTER YOUR SITE'S 'OTHER' LOCATION: UNSPECIFIED SERVICE UNIT
DEFAULT CASE MANAGER: GERBER,SPECIALIST
CHS SUPERVISOR: PIKE,CAL
BUSINESS OFFICE SUPERVISOR: PIKE,CAL
REFERRAL CONTACT NAME: HARM
REFERRAL CONTACT PHONE: (505) 248-4214  THIRD PARTY SIGNATURE:
RCIS ACTIVATION DATE: JAN 1,2000      BENEFITS COORDINATOR:
UPDATE BULLETIN PARAMETERS (press return):  UNIVERSAL OR SITE SPEC. LOOKUP: U
REQUIRE PRIORITY ENTRY ON ALL REFERRALS?  MCC ACTION HS DISPLAY:
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:
    
```

---

COMMAND: Press <PF1>H for help Insert

Figure 4-1: Example Referral Year

3. If you want to move to another field, use your arrow keys or the Tab key.

- |   |
|---|
| <p>Exercises</p> <p>A. Set the referral year to 2002</p> <p>B. Set the referral year to 2004.</p> |
|---|

#### 4.1.2 The CHS Interface

CHS Interface: If you are using the CHS package at your facility, you can link it to work in conjunction with the RCIS. This interface allows the CHS office to enter information in the RCIS referral records and to close records after services have been received. Activating this link will eliminate redundant data entry at your facility.

**Note:** The link affects CHS referrals only.

To set the CHS Interface parameter, follow these steps:

1. Use the arrow keys or the Tab key to navigate through this screen until the cursor is on the “Activate the CHS Interface?” field.
2. Type **1** for Yes to use the interface or **0** for No if your site does not use the CHS or if you do not want to use the interface.

```

UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
REFERRAL YEAR: 04
STATE: NEW MEXICO
ACTIVATE THE CHS INTERFACE? YES
ACTIVATE THE PCC INTERFACE? YES
PROMPT FOR LOCAL CATEGORIES? ASK
PROMPT FOR ICD AND CPT CODES? YES
PROMPT FOR MGED CARE COM ACTION? YES
SSN LETTER DISPLAY: YES
ENTER YOUR SITE'S 'OTHER' LOCATION: UNSPECIFIED SERVICE UNIT
DEFAULT CASE MANAGER: GERBER,SPECIALIST
CHS SUPERVISOR: PIKE,CAL
BUSINESS OFFICE SUPERVISOR: PIKE,CAL
REFERRAL CONTACT NAME: HARM
REFERRAL CONTACT PHONE: (505) 248-4214
THIRD PARTY SIGNATURE:
RCIS ACTIVATION DATE: JAN 1,2000
BENEFITS COORDINATOR:
UPDATE BULLETIN PARAMETERS (press return):
UNIVERSAL OR SITE SPEC. LOOKUP: U
REQUIRE PRIORITY ENTRY ON ALL REFERRALS?
MCC ACTION HS DISPLAY:
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:

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

Figure 4-2: Setting up the CHS Interface example

3. If you want to move to another field, use your arrow keys or the Tab key.

Exercises

- A. Set the “Activate the CHS Interface?” field to YES.
- B. Set the “Activate the CHS Interface?” field to NO.

### 4.1.3 The PCC Interface

**PCC Interface:** If the PCC is used at your facility, you have the option of linking the RCIS with the PCC. Data passes from the RCIS to the PCC and creates a PCC Visit only after a referral is closed. Data for open referrals is also passed to the PCC and available for retrieval and display on the Health Summary, but a PCC Visit is not created for the referral until it is closed.

Note: Not all types of referrals create a visit.

To set the PCC Interface parameter, follow these steps:

1. Use the arrow keys or the Tab key to navigate through this screen until the cursor is on the “Activate the PCC Interface?” field.
2. To enable this interface, type **Y**. Type **N** if your site does not use the PCC or if you do not want to enable the interface.

```

UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
REFERRAL YEAR: 04 STATE: NEW MEXICO
ACTIVATE THE CHS INTERFACE? YES PROMPT FOR LOCAL CATEGORIES? ASK
ACTIVATE THE PCC INTERFACE? YES PROMPT FOR MGED CARE COM ACTION? YES
PROMPT FOR ICD AND CPT CODES? YES SSN LETTER DISPLAY: YES
ENTER YOUR SITE'S 'OTHER' LOCATION: UNSPECIFIED SERVICE UNIT
DEFAULT CASE MANAGER: GERBER,SPECIALIST
CHS SUPERVISOR: PIKE,CAL
BUSINESS OFFICE SUPERVISOR: PIKE,CAL
REFERRAL CONTACT NAME: HARM
REFERRAL CONTACT PHONE: (505) 248-4214 THIRD PARTY SIGNATURE:
RCIS ACTIVATION DATE: JAN 1,2000 BENEFITS COORDINATOR:
UPDATE BULLETIN PARAMETERS (press return): UNIVERSAL OR SITE SPEC. LOOKUP: U
REQUIRE PRIORITY ENTRY ON ALL REFERRALS? MCC ACTION HS DISPLAY:
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:
    
```

COMMAND: Press <PF1>H for help Insert

Figure 4-3: Setting the PCC Interface example

3. If you want to move to another field, use your arrow keys or the Tab key.

Exercises

- A. Set the “Activate the PCC Interface?” field to YES.
- B. Set the “Activate the PCC Interface?” field to NO.

#### 4.1.4 The RCIS Activation Date

RCIS Activation Date: Type the date RCIS “went live” at your site or the date you started processing actual patient data. Do not use the date on which the RCIS was installed at your site. Once the RCIS has been active at your site for 6 months (i.e., 6 months after the activation date) referral numbers will be required on all CHS Purchase Orders.

To set the RCIS Activation Date parameter, follow these steps:

1. Use the arrow keys or the Tab key to navigate through this screen until the cursor is on the “RCIS Activation Date:” field.
2. Enter the RCIS activation date in this field.

```
UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*****
REFERRAL YEAR: 04 STATE: NEW MEXICO
ACTIVATE THE CHS INTERFACE? YES PROMPT FOR LOCAL CATEGORIES? ASK
ACTIVATE THE PCC INTERFACE? YES PROMPT FOR MGED CARE COM ACTION? YES
PROMPT FOR ICD AND CPT CODES? YES SSN LETTER DISPLAY: YES
ENTER YOUR SITE'S 'OTHER' LOCATION: UNSPECIFIED SERVICE UNIT
DEFAULT CASE MANAGER: GERBER,SPECIALIST
CHS SUPERVISOR: PIKE,CAL
BUSINESS OFFICE SUPERVISOR: PIKE,CAL
REFERRAL CONTACT NAME: HARM
REFERRAL CONTACT PHONE: (505) 248-4214 THIRD PARTY SIGNATURE:
RCIS ACTIVATION DATE: JAN 1,2000 BENEFITS COORDINATOR:
UPDATE BULLETIN PARAMETERS (press return): UNIVERSAL OR SITE SPEC. LOOKUP: U
REQUIRE PRIORITY ENTRY ON ALL REFERRALS? MCC ACTION HS DISPLAY:
PRESS RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
PRESS RETURN TO EDIT SITE-SPECIFIC REFERRAL LETTER TEXT:
```

---

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

Figure 4-4: Setting the RCIS Activation Date parameter example

<p>Exercises</p> <p>A. Set the “RCIS Activation Date:” field to January 1, 2002.</p> <p>B. Set the “RCIS Activation Date:” field to January 2002.</p>
---

#### 4.1.5 All Other Parameters

To set all other parameters, follow these steps:

1. Use the arrow keys or the Tab key to navigate through this screen until the cursor is on the parameter you want to edit.
2. Enter the parameter information in each field as described below.
3. If you want to move to another field, use your arrow keys or the Tab key.

State: Type the name of the state in which your facility resides.

ICD/CPT Coding: This field controls whether the system will prompt for ICD and CPT codes during the referral data entry process.

4. Type **Y** or **N** at the prompt and then press Enter.
  - a. If you type **N**, the system automatically moves you to the next prompt.

- b. If you type **Y**, the following pop-up box will appear, prompting you to specify whether you want to automatically stuff the uncoded ICD9 and CPT codes.
  - i. Responding **Y** to this subsequent prompt means that the user is prompted only for the narrative and the code field is stuffed with the unspecified code (.9999 for diagnoses and 0999 for procedures). A data entry or medical records staff person will add the correct codes at a later date based upon the provider narrative that has been entered.
  - ii. Responding **N** will prompt the user for both the code and the narrative.

Enter Yes if you wish to automatically stuff  
UNCODED ICD9 & CPT Codes.  
\*\* User will be prompted for Provider Narrative Only \*\*

STUFF ICD/CPT CODES: N

**Local Category:** Your response in this field indicates whether the system prompts for local site categories during the referral data entry process, and if so, whether the response is required. Select one of the following options:

- 0 Do Not Ask— the system does not prompt for local categories
- 1 Ask but Optional— the system prompts for local categories, but the response is optional
- 2 Ask and Required— the system prompts for local categories and the response is required

If you select 1 or 2, you must define the local categories using the Add/Edit Local Category option (LC) on the RCIS Management menu. (See Section 6.2.1 for instructions).

**Managed Care Committee Action:** Your response in this field indicates whether Managed Care Committee Actions are entered into the database. These actions are developed locally to meet the needs of your site.

- 1. Type **Y** or **N** in this field and then press Enter.
  - a. If you type **N**, the user will not be prompted to enter Managed Care Committee Actions.
  - b. If you type **Y**, the user will be prompted to enter Managed Care Committee Actions.

**Other Location:** This field contains the entry in the Location file to be used by the PCC link for the Location of Encounter for all outside referrals. This entry should point to the generic location Other for your local Service Unit.

**Default Case Manager:** You can use this field to enter a particular Case Manager whose name will appear as the default for Case Manager during the referral data entry process. If you have only one or a primary Case Manager who handles referrals at your facility, entering the Case Manager's name in this field helps minimize data entry. You may leave this field blank and no default name will display at the Case Manager prompt during the referral data entry process.

**CHS Supervisor:** Enter in this field the name of the CHS staff member responsible for reviewing CHS referrals. The CHS Supervisor named in the field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

**Business Office Supervisor:** This field contains the name of the Business Office staff member responsible for reviewing referrals. The Business Office Supervisor named in this field receives a mail bulletin if the CPT category and CPT procedure codes entered for a referral are not logically consistent.

**Referral Contact Name:** The name entered into this field is printed on all referral forms as the contact person for any inquiries that referred providers might have about the referral. This entry is required.

**Referral Contact Phone:** Type the phone number of the referral contact person. This number will appear on all of the printed referral forms. It is a required entry and must be 13-15 characters in length (e.g., (520) 295-2533).

A pop-up screen containing the mailing address of your facility appears after you have entered the phone number for the referral contact person. A sample screen is shown below. Verify that your site's mailing address is correct. If it is incorrect, contact your site manager who can make the necessary corrections.

```
** Contact Site Manager to Change Address- If incorrect **
Mailing Address-Street: PO Box 555
Mailing Address- City: ANYTOWN
Mailing Address- State: ARIZONA
Mailing Address- Zip: 88888
```

Figure 4-5: Mailing address (sample screen)

**Universal/Site-Specific Lookup:** This field specifies how the system looks up patients in the database.

1. Type **U** for (Universal) lookup or **S** for (Site-Specific) lookup and then press nter,
  - a. If you type **U**, for multi-facility sites, the universal lookup will display a list of patients regardless of the HRN prefix.

- b. If you type **S**, the site-specific lookup will display only those patients who have an HRN with the prefix of your site. For example, if a user at the San Xavier (SX) clinic entered John Smith as the patient, the site-specific lookup would display all patients named John Smith who had a record at the San Xavier clinic.

MailMan Alerts: When certain types of referrals have been initiated and entered into the system, you are prompted whether you want to send an alert to a particular mail group. You may elect whether to use these alerts and choose which ones to use. Four mail groups are already included in the system to which these bulletins are sent; however, you must specify who is included in each one. The referral types and their corresponding mail groups are listed below.

**Note:** To add/edit Mail Group Names (shown below) to fit your site specific needs you locate instructions in your (User Manual See Section 5.3.1). The four Mail Group Names can be changed and additional Mail Group Names can be added. The Mail Group Name needs to start with BMC

Referral Type	Mail Group Name
IHS	BMC IHS Alert
OTHER	BMC Other Alert
CHS	BMC CHS Alert
In-House	BMC In-House Alert

In addition, you may activate mail bulletins for the following special referrals. These bulletins are available only if you are entering ICD-9 Diagnosis and CPT Procedure Codes at your facility.

**High-Cost Diagnosis:** sent when a diagnosis previously classified as “high cost” is entered in a patient’s referral record

**High-Cost Procedure:** sent when a procedure previously classified as “high cost” is entered in a patient’s referral record

**Cosmetic Procedure:** sent when a cosmetic procedure is entered in a patient’s referral record

**Experimental Procedure:** sent when a procedure previously classified as “experimental” is entered in a patient’s referral record.

**Third Party Liability:** sent when a diagnosis that indicates a third party may be liable for patient care is entered in a patient’s referral record (e.g., auto accident).

You will need to specify which individuals will receive the mail bulletins pertaining to each of the special referral categories listed above.

To define or edit the mail bulletin parameters, press the Return key at the Update Bulletin Parameters prompt on the Edit Site Parameters screen, as indicated. A pop-up screen will display for entering mail bulletin data (see Figure 4-6).

```

+-----+
|          ***** UPDATE BULLETIN RELATED RCIS SITE PARAMETERS *****          |
|                                     Referral Type                               |
| SEND BULLETIN ON CHS REFERRALS?  YES                                         |
| SEND BULLETIN ON IHS REFERRALS?                                             |
| SEND BULLETIN ON OTHER REFERRAL TYPE?                                       |
| SEND BULLETIN ON IH-HOUSE REFERRALS?                                         |
|                                                                              |
| Hit return at each item below to ADD/EDIT/DELETE users who should           |
| receive each bulletin type.                                                  |
|                                                                              |
| HIGH COST DIAGNOSIS BULLETIN:          EXPERIMENTAL PROCEDURE BULLETIN:      |
| HIGH COST PROCEDURE BULLETIN:          THIRD PARTY LIABILITY BULLETIN:      |
| COSMETIC PROCEDURE BULLETIN:                                                  |
+-----+

```

Figure 4-6: Update Bulletin Related Parameters

The first four prompts on the pop-up screen allow you to specify whether you want mail bulletins sent for each of the referral types (CHS, IHS, Other, In-house). Type **Y** at the prompt for each mail bulletin desired and type **N** at the prompt for each mail bulletin type you do not want sent. Remember that you will need to define the membership for each mail group.

To use the mail bulletins for special referrals listed at the bottom of the Update Bulletin pop-up screen, press the Return key at the designated prompt to see another pop-up screen that allows you to specify this information. The following pop-up screen is for the High-Cost Diagnosis bulletins. All of the pop-up screens for the special bulletin types are similar to this one and function identically.

```

** UPDATE USERS WHO RECEIVE HIGH COST DIAGNOSIS BULLETIN **
|
| Person to Receive Bulletin          Receive for Referral Types
|
| PROVIDER,SUSAN                     CI
| PROVIDER,DON                       I
| PROVIDER,ANTHONY                   CION
| PROVIDER,DIANA                     CIN
|

```

Figure 4-7: Mail Bulletins (sample pop-up screen)

On the left side of this screen, type the name of the person to receive the bulletin. Then, to the right of each person’s name, enter the following codes to indicate the specific referral types for which mail bulletins will be sent:

C            CHS            O            Other

C	CHS	O	Other
I	IHS	N	In-House

For instance, in the example above, Susan Smith will receive bulletins on high-cost diagnoses for CHS and IHS referrals only. Don Martin will receive bulletins on high-cost diagnoses for IHS referrals only. You may enter up to 4 codes for each person.

**Require Priority Entry:** This field is systematically set to Yes. The priority ranking system is required for each CHS referral. This field allows the local Site to prompt for the Priority Ranking System on ALL Referral Types, not just CHS.

**Help for Priority System:** The RCIS package contains the standard CHS priority rating system. The Help for Priority System field can be used for creating local priority definitions to be used instead of the standard rating system at your facility. The definitions that you create will then be displayed as a help screen if a user types a question mark at the priority ranking prompt during the data entry process.

To define a local priority-ranking system, press Return at the prompt and then press Enter. A pop-up word-processing screen will appear. Type the new priority categories.

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

1>
2>

EDIT option:
```

Figure 4-8: Define a local priority-ranking system (sample pop-up screen)

**Site-Specific Referral Text:** You can customize the referral text to print for CHS and Other referral types. Text for CHS letters can be specific to the approval status as well. Press Return at the prompt to display the following pop-up screen, then press Return at the specific letter for which you want to enter or edit text.

```
PRESS RETURN TO EDIT CHS APPROVED TEXT:
PRESS RETURN TO EDIT CHS DENIED TEXT:
PRESS RETURN TO EDIT CHS PENDING OR UNKNOWN TEXT:
PRESS RETURN TO EDIT OTHER REFERRAL TEXT:
```

Figure 4-9: Site-Specific Referral Letter Text (sample pop-up screen)

After you have selected the specific letter for customizing text, the following word-processing screen appears. Enter the specific text you want to appear on the referral letter, as shown in Figure 4-10.

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

```
Insert  
  
1>This is site-specific text for SELLS where the CHS has authorized payment  
for this referral.  
2>  
3>  
  
EDIT option:
```

Figure 4-10: Customizing Referral Letter Text (sample pop-up screen)

Exercises

- A. Change the parameters for all other fields, as directed.

## 5.0 Adding a New Referral

### Objective

Enter a new referral using each of the four referral forms.

### Goals

Upon completion of this objective, you should be able to add the following referral types:

- Complete Referral Form
- Mini Referral Form
- Referral Initiated by Outside Facility
- Abbreviated Entry for Clinicians Referral

## 5.1 Beginning the Add Referral Process (ADD)

To complete a referral form, follow these steps:

1. Type **DE** at the “Select Referred Care Information System Option:” prompt and press Enter.
2. Type **ADD** at the “Select Data Entry Option:” prompt and then press Enter.

**Note:** The next three steps will be the same for each type of referral that you enter into the system.

3. Type the patient name at the “Select Patient Name:” prompt and then press Enter.

**Notes:** You can select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no space) social security number or health record number.

The patient must be registered at your facility prior to initiating a referral.

- a. If you enter the name of a patient who is not registered the system will respond with two question marks (??).
- b. If the patient you entered has prior referrals that have been recorded in the system, the five most recent referrals for this patient within the current fiscal year will be displayed on the screen (see Figure 5-1).

- c. If the patient does not have any recorded referrals, the message **\*\*NO EXISTING REFERRALS\*\*** displays (see Figure 5-2). If there are no existing referrals, skip to step 5.

```

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

11/29/04 1135100500017 BIRD,TWEETY          RADIOLOGY GROUP
                               11/30/04 A          Specific examination

09/27/04 1135100400019 BIRD,TWEETY          JOHNSON HOSPITAL
                               09/27/04 E          MVA

09/23/04 1135100400018 BIRD,TWEETY          ST.JOSEPH HOSPITAL
                               09/30/04 A          KNEE SURGERY

09/20/04 1135100400008 BIRD,TWEETY          GREAT HOSPITAL
                               09/20/04 A          ER MVA

09/20/04 1135100400007 BIRD,TWEETY          DUCK,DAISY MD
                               UNKNOWN SERVICE DATE  MAMMOGRAM
    
```

Figure 5-1: Patient with existing referrals

```

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

**--NO EXISTING REFERRALS--**
    
```

Figure 5-2: Patient with no existing referrals

4. Type **Y** or **N** at the “Do you want to continue with adding a new referral?” prompt and then press Enter.
  - a. If you type **N**, the system automatically returns you to the Data Entry Screen.
  - b. If you type **Y**, then enter an initiated date at the “Date Initiated:” prompt and then press Enter.
    - iii. If you are entering a referral directly into the system upon initiation, press Enter at the prompt to accept the default.

**Note:** The date you enter as this prompt is not necessarily the same as the current date. Example: If you are entering data from handwritten referral forms generated during the previous week, you would enter the date that was recorded on the referral form, not the current date.

5. Next the screen will display a list of standard referral forms and locally-defined routine referral templates in which you have to choose from.

```
Please select the referral form you wish to use.

1. Mini Referral
2. Complete Referral (all referral data)
3. Call In Notification by outside facility
4. Abbreviated entry for clinicians

Locally-defined Routine Referral Templates:

5. Mammogram
6. New
7. Normal
8. Routine xray

Enter REFERRAL FORM: (1-8): 2//
```

Figure 5-3: List of standard and added referral

6. Type the number of the referral form you want at the “Enter Referral Form:” prompt and then press Enter.

**Note:** The locally-defined routine referral templates are referrals that have been created specifically by your facility and are referral types that are frequently initiated at your site. These templates minimize the amount of data entry required by incorporating data that will remain constant for these referrals types. Example: if you refer all routine mammograms to one provider, you would most likely use a custom template for generating those referrals.

7. Type the requesting provider at the “Enter Requesting Provider:” prompt and then press Enter. You can identify the provider by full name (last name then first name separated by a comma, no space) or initials.

**Note:** The “Requesting Provider:” prompt will not appear if you have selected referral form 3. Call in Notification by outside facility.

8. The system automatically assigns a referral number and the form you have chosen will appear on your screen to finish entering remaining data.

## 5.2 Complete Referral Form

The Complete Referral Form is typically used when referral data is entered from a handwritten form. Not all data items that appear on the form are required. Refer to Figure 5-5, required elements are in italics

**Note:** If you have not entered data into all of the required fields and try to exit the screen, the system will alert you and return you to the data entry screen (Figure 5-4).

THE DATA COULD NOT BE FILED.  
 Page 1, PRIMARY PAYOR is a required field  
 Page 1, INPATIENT/OUTPATIENT is a required field  
 Page 1, ICD DIAGNOSTIC CATEGORY is a required field  
 Page 1, CPT PROCEDURE CATEGORY is a required field  
 Page 1, PURPOSE/SERVICES REQUESTED is a required field

Figure 5-4: Error message indicated that mandatory fields are required

```

                                RCIS REFERRAL RECORD
DATE: DEC 21,2004  NUMBER: 1135100500051  PATIENT: BIRD,TWEETY
-----
REQUESTING FACILITY: GET WELL SOON FACILI  Display Face Sheet? N
REFERRAL TYPE: CHS                          PRIMARY PAYOR: IHS
INPATIENT/OUTPATIENT:O                       CASE MANAGER: MOUSE,MICKEY
APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED TOTAL REFERRAL COST:                ESTIMATED IHS REFERRAL COST:
Do you want to enter CHS Eligibility Factors?: N
PURPOSE/SERVICES REQUESTED: DIABETES
PRIORITY:
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?

ICD DIAGNOSTIC CATEGORY: PREVENTATIVE HEALTH CARE
CPT PROCEDURE CATEGORY: PATHOLOGY AND LABORATORY
-----
COMMAND:                                     Press <PF1>H for help  Insert
    
```

Figure 5-5: RCIS Referral Form

If you need assistance with entering data into a field and are unsure of what to enter, type a question mark (?) and press Enter to see the help screen that is displayed below the line.

### RCIS Referral Record Data Elements

Listed below are all the data fields that you will see on the Referral Record screen with an explanation of each field.

**Date:** This is the date the referral was initiated. The date you entered in 4b is displayed on this screen and cannot be edited.

**Number:** The referral number is automatically generated for each new referral that is entered into the system. By entering a patient name, date, provider name and type of referral form initiates the referral number assignment. The number assigned is included at the top of the referral form for data entry; you do not need to enter it. This generated number consists of your 6-digit facility code, 2-digit calendar or fiscal year (entered in the site parameters), and a 5-digit referral number. Example: the number 1135100500051: 113510 is the White Earth Health Clinic number, 05 is the fiscal year specified in the site parameters, and 00051 is the number for the referral. This field cannot be edited from this screen.

**Patient:** The name of the patient for whom you are entering referral data is displayed and cannot be edited from this screen.

**Requesting Facility:** Enter the requesting facility into this field from which the referral is made. The system will automatically default to the facility entered in the site parameters. Press Enter or Tab key to accept the default value. You can change the requesting facility if different than your default.

**Display Face Sheet:** The Face Sheet is a summary of the patient's registration data.

1. Type **Y** or **N** at the Display Face Sheet field. The default value for this field is **N**.
  - a. If you type **N**, press Enter to accept the default value and the system will advance you to the next field.
  - b. If you type **Y** at the prompt you will have the option go print or browse the patient's face sheet.
2. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the "Do you wish to:" prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

<p><b>Note:</b> Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.</p>
--

Referral Type: This field is requesting you to select the referral type based upon the party who is responsible for payment of service. If you are not sure what is needed in this Referral Type field type a question mark (?) and press Enter. You must then select one of the following types:

- IHS: A referral to another IHS facility
  - CHS: A referral to an outside facility that will be paid for with CHS funds
  - In-House: A referral to another clinical area within you facility
  - Other: Any other type of referral that will be paid for with funds other than CHS; for example, Medicaid or private insurance
1. Type **I** (IHS), or **C** (CHS), or **N** (In-House), or **O** (Other) at the “Referral Type:” prompt and then press Enter.
    - a. If you are not sure what is needed in this Referral Type field type one question mark (?) and press Enter.
    - b. If you are not sure of the referral type, enter **CHS**.
    - c. If the CHS office determines that the patient is not eligible for CHS services, the referral record can be changed accordingly.
    - d. If a CHS Authorization exists for this referral, the Referral Type cannot be changed from CHS.

**Notes:** When a referral type is entered, an alert message may appear at the bottom of the screen to convey pertinent information about the patient. Example: If you entered CHS, you may see the message: Patient Registration indicates that this patient is Not Eligible for CHS care.

Be aware of these alerts and direct any questions about them to your Patient Registration Manager.

2. Once you have entered a referral type, a pop-up screen displays for each of the referral types requesting specific facility information to which you are referring the patient. See Figure 5-6.

TO PRIMARY VENDOR:  
SPECIFIC PROVIDER:

Figure 5-6: CHS and Other pop-up

3. If you selected **C** (CHS) or **O** (Other) then,
  - a. At the “To Primary Vendor:” prompt enter the facility to which the patient is being referred and then press Enter or Tab.

- i. The facility you entered must be a service provider that has already been entered into the vendor file. To enter a service provider that is not already in your facility's system, contact your CHS or Site Manager.
    - ii. If you do not know the Primary Vendor at the time of the referral entry, type **UNSPECIFIED** in the field.
    - iii. This entry can be modified at a later date.
  - b. At the "Specific Provider:" prompt enter the name of the specific provider that the patient will be seeing at the facility if known, and then press Enter or Tab.
    - i. This field is optional but the more information given on the referral helps maintain records.
    - ii. If you type the name of a provider who has not already been entered into your system, you can enter the specific provider in the RCIS system by using the Add Specific Provider option under the RCIS Management module.
4. If you typed **I** (IHS) then, at the "To IHS Facility" prompt, enter the IHS facility to which the patient is being referred and then press Enter or Tab. This is a required field.

TO IHS FACILITY:

Figure 5-7: To IHS Facility pop-up

5. If you typed **N** (In-House) then, at the "Clinic Referred To (In-house):" prompt, enter the name or code of the in-house clinic to which the patient is referred, and then press the Enter or Tab key. This is a required field.

Clinic Referred To (In-House):

Figure 5-8: In House pop-up

**Primary Payor:** The primary payor field is the party who is responsible for payment of the referred service.

1. Type **1** (IHS), or **2** (Medicare), or **3** (Medicaid), or **4** (Private), or **5** (Patient), or **6** (VA), or **7** (Other), or **8** (Workman's Compensation) at the "Primary Payor:" prompt and the press Enter or Tab.

**Note:** Again, if you are not sure what to enter on this field type question mark (?) press Enter. You than can make your selection by typing the name of your choice or select the number.

If you are not certain of the responsible party, enter IHS. The referral record can be modified later, if needed.

**Inpatient/Outpatient:** The Inpatient/Outpatient field is used to indicate whether the referral is for an inpatient or outpatient visit.

1. Type **I** (Inpatient) or **O** (Outpatient) at the Inpatient/Outpatient field and then press the Enter or Tab key.

### **Case Manager:**

1. Type the name of the case manager assigned to this referral at the “Case Manager:” prompt and then press Enter or Tab. Assigning a case manager to a referral ensures that all future references to the referral are reviewed by the case manager.
  - a. If your site has only one case manager or a primary case manager who handles most of the referred care services, you can set the name of this person as the default entry for this field by using the RCIS Management Option Edit Site Parameters (see Section 4.0).

### **APPT/ADM Date&Time:**

This field is used for entering the admission date for an inpatient referral and the appointment date and time for an outpatient referral. Depending on whether the referral is for an inpatient or outpatient visit you will be prompted for additional information with a pop-up screen.

There are two scenarios (I, II) to explain the data entry flow of the APPT/ADM DATE&TIME field.

1. If a DATE is known then enter the date (and time if available) at the “APPT/ADM DATE&TIME:” prompt and then press Enter.
  - a. If Inpatient, then enter the number of days at the “Estimated Length of Stay:” prompt and then press Enter.
  - b. If Outpatient, then enter a date at the “Expected End Date of Service:” prompt and then press Enter. A default value of “1” will be present at the “Estimated # of Outpatient Visits:” prompt. Press Enter to accept the default value or type in the new value and then press Enter.
2. If the DATE and TIME are both UNKNOWN then,
  - a. If **Inpatient**, then the following will be presented:  
EXPECTED ADMISSION DATE:  
  
ESTIMATED LENGTH OF STAY:

Schedule within N # Days:

Notes to Appointment Scheduler:

**Notes:** Expected Admission Date: This should be entered if you will be extracting data from the system for a group of referrals that includes unscheduled appointments/admissions for which you know the approximate date the service will be provided. If you do not enter an estimated date, referrals that are not yet scheduled may be omitted from your reports.

Schedule within N # Days: Enter the number of days it took you to schedule the appointment (any number between 0 and 365).

Notes to the Appointment Scheduler: Add notes for the person who will be scheduling the appointment (2-100 characters).

b. If **Outpatient**, then the following will be presented:

EXPECTED BEGIN DATE OF SERVICE:

EXPECTED END DATE OF SERVICE:

EXPECTED # OF OUTPATIENT VISITS:

Scheduled within N # Day:

Notes to Scheduler/Appointment Clerk:

**Notes:** Expected End Date of Service: Enter the estimated date of services to be completed if a patient has multiple visits planned. You can type the dates in this field with shortcuts, such as T+14 (14 days from today) or T+3M (3 months from today). By entering expected end dates of services, you will be able to print a report of presumed completed patient visits with an outside provider (even if you do not have any actual ending date of service) but for whom you have not yet received a consultation or discharge letter.

Expected # of Outpatient Visits: Outpatient referrals sometimes require multiple visits over a period of time. One visit is the default value for estimated # of outpatient visits. By entering a value for number of visits, you will be allowed to print this information on the referral sheet that is sent to the outside provider. You will also be able to print reports on patients who exceed or have fewer than the number of visits authorized.

Provisional DRG: At the Provisional DRG field enter the Provisional diagnostic-related group (DRG) if known, and then press Enter. If it is Unknown, then press Enter to bypass this optional field.

Estimated Total Referral Cost: At the Estimated Total Referral Cost field enter the estimated total cost of the referral for all payors and then press the Enter or Tab key.

**Note:** It is very important to enter estimated total cost. This will help measure how effectively alternative resources are employed and for negotiating contracts.

Estimated IHS Referral Cost: At the Estimated IHS Referral Cost field enter the estimated cost to IHS for the referred care and then press the Enter or Tab key.

**Note:** Be sure that you are entering only the portion of the total cost for which IHS is responsible.

Do you want to enter CHS Eligibility Factors? This option allows for the historical capture of CHS Regulatory Requirements at the time of the referral creation. The date of capture and the user who entered information into these fields display on the Display a Referral option and in the General Retrieval Report.

**Note:** Each site can decide whether or not they want to be prompted for CHS Eligibility Factors. The prompt can be turned off in site parameter.

1. Type **Y** or **N** at the “Do you want to enter CHS Eligibility Factors?” prompt and then press Enter or Tab.
  - a. If you type **N**, you will advance to the next field of the referral data entry screen.
  - b. If you type **Y**, a pop-up screen displays (Figure 5-9).
    - i. At the first five fields, type **Y** or **N** and then press Enter or Tab after each fields.
    - ii. At the MGD Care Committee Action field, type a question mark (?) and press Enter to list the options available. They include: Approved, Deferred Service, Denied Service, Hold To Be Determined, Pending, and Schedule As Requested.
    - iii. To select an option, enter at least the first two letters of the option and then press Enter.

```
**CHS ELGIBILITY FACTORS**  
CHS Indian Descent:  
CHS Residency:  
CHS Alternate Resource:  
CHS 72 Hour Notification:  
Within CHS Medical Priority:  
  
MGD Care Committee Action:
```

Figure 5-9: Do you want to enter CHS Eligibility Factors? Pop-up

**Note:** As a group discuss the CHS Eligibility Factors shown in (Figure 5-9) and describe how they might be used at your facility.

**Purpose/Services Requested:**

1. At the Purpose/Services Requested field, enter a narrative (1-80 characters) that describes the purpose of this referral, and press Enter or Tab.

**Note:** Similar to the purpose of visit on the PCC, this entry should be a concise statement that can be used for reference wherever a brief statement of purpose is needed.

**Example:** The following are sample purposes of referral:

- \* Evaluation and treatment of dysfunctional uterine bleeding
- \* Provide active-assistive range-of-motion treatment to left shoulder
- \* MVA- Motor Vehicle Accident

**Priority:**

1. At the Priority field enter the appropriate Medical Priority and then press Enter or Tab. The system is distributed with IHS standard priority list. The Priority Levels are listed below:

**Level I- Emergent/Acutely Urgent Care Services:** Diagnostic/therapeutic services that are necessary to prevent the immediate death/serious impairment of the health of the individual, and if left untreated, would result in uncertain but potentially grave outcomes.

**Level II- Preventive Care Services:** Primary health care aimed at the prevention of disease/disability, such as on urgent preventive ambulatory care, screening for known disease entities, and public health intervention.

**Level III- Primary and Secondary Care Services:** Inpatient and outpatient care services that involve the treatment of prevalent illness/conditions that have a significant impact on morbidity and mortality.

**Level IV- Chronic Tertiary and Extended Care Services:** Inpatient and outpatient care services that (1) are not essential for initial/emergent diagnosis/therapy; (2) have less impact on mortality than morbidity; and (3) are high cost, elective, and often require tertiary care facilities.

**Level V- Excluded Services:** Services and procedures that are considered purely cosmetic in nature, experimental or investigational, or have no proven medical benefit.

Alternatively, your site can substitute its own site-specific narrative description for the above standards by using the RCIS Management Option Edit Site Parameters.

**Note:** Priority code may be a required field depending on the site parameter specifications for your facility and the type of referral you are entering. Even if required, Priority prompt will not be underlined as are other required fields. When the priority is required and has not been entered upon your exiting the screen, an alert message will display and prompt you to return to the data entry screen and fill in the field.

Are You Sending Additional Medical Information With The Patient? This field allows you to track whether you have sent additional medical information to the provider relevant to the patient's care. This information will be noted on the referral that can be printed on the system. Also known as (Routing Slips).

1. Type a **Y** or **N** at the "Are You Sending Additional Medical Information With The Patient?" field and then press Enter.

- a. If you type **N**, you will advance to the next field of the referral data entry screen.
- b. If you type **Y**, a pop-up screen will display for you to specify the specific items that you are sending with the patient.
  - i. At each of the prompts you can enter a **Y** or **N** or you can bypass the fields that are not applicable by pressing Enter.
  - ii. The Additional Documents field is a word processing function that allows you to add notes to specify the documents being sent with the patient. To enter information press Enter at the “Additional Documents:” prompt to use the word processing screen. To exit the word processing screen press the F1 key and then the letter E.

2. At the “Command: Close” prompt, press Enter.

```

+-----+
| INCLUDE WHICH OF THE FOLLOWING ITEMS? |
| PCC VISIT FORM:                       MOST RECENT EKG: |
| SPECIALTY CLINIC NOTES:                HISTORY AND PHYSICAL: |
| PRENATAL RECORD(S):                    X-RAY / REPORT: |
| SIGNED TUBAL CONSENT:                   X-RAY FILM: |
| FACE SHEET:                             CONSULTATION REPORT: |
| HEALTH SUMMARY:                         MOST RECENT LAB REPORT: |
|                                         |
| ADDITIONAL DOCUMENTS: |
+-----+
    
```

Figure 5-10: Are You Sending Additional Medical Information with the Patient Pop-up

**ICD Diagnostic Category:** Choose the most appropriate diagnostic category from the list. This is a required field and data must be entered.

1. If you know the ICD Diagnostic Category, type the first few letters of the category in the field and press Enter. The system will automatically populate the field.
2. To view the entire list of categories on your screen, type a question mark (?) and press Enter in this field, and then type **Y** at the “Do you want the entire 25-Entry RCIS ICD Diagnostic Category List?” prompt and then press Enter. To return back to the ICD Diagnostic Category field you must type a caret (^). To enter the ICD Diagnostic Category, type the first few letters in the field and pressEnter.

**ICD Diagnostic Categories:**

• Cardiovascular Disorders	• Musculoskeletal and Connective Tissue Disorders
• Cerebrovascular Disorders	• Neoplasms

• Congenital Anomalies	• Nephrological and Urological Disorders
• Dental and Oral Surgical Disorders	• Neurological Disorders
• Dermatologic Disorders	• Obstetrical Care
• Endocrine, Nutritional, and Metabolic Diseases and Immune Disorders	• Other Symptoms, Signs, and Ill-Defined Conditions
• Female Breast and Genital Tract Disorders	• Ophthalmologic Disorders
• Gastrointestinal Disorders	• Other Perinatal Conditions
• Hematological Disorders	• Other Vascular Disorders
• Infectious and Parasitic Diseases	• Otolaryngologic Disorders
• Injures and Poisonings	• Preventive Health Care
• Male Genital Organ Disorders	• Respiratory Disorders
• Mental Disorders	

CPT Procedure Category: Choose the most appropriate service category from the list. This is a required field and data must be entered.

1. If you know the CPT Procedure Category, type the first few letters of the category in the field and press Enter. The system will automatically populate the category.
2. To view this list on your screen, type a question mark (?) and press Enter. To return back to the CPT Procedure Category field you must type a caret (^) and then press Enter. To enter the CPT Procedure Category type the first few letters in the field and press Enter.

• Diagnostic Imaging	• Non-surgical Procedures	• Pathology and Laboratory
• Evaluation and/or Management	• Operations/ Surgery	

- a. If your site parameter is set to Ask for “PROMPT FOR LOCAL CATEGORIES?” (see Section 4.0), a pop-up screen displays that allows you to enter local service categories. The pop-up screen will always display blank. Your site can create a list of local service categories by using the Add/Edit Local Category option in the RCIS Management Module (Section ).

Enter all appropriate LOCAL SERVICE CATEGORIES CATEGORY: CATEGORY: CATEGORY:
---

CATEGORY :  
CATEGORY :

Figure 5-11: Add/edit local categories

- i. If you know the Local Service Category and wish to enter, type the first few letters in the field and press Enter. If you have entered the incorrect category, type @ in the field to delete your entry.
- ii. To view Local Service Categories created by your site, type a question mark (?) and press Enter. Below the line in the help screen will give the list of Local Service Categories available.
- iii. If you wish to enter a Local Service Category, go back to Step 2a-i.
- iv. If you do not wish to enter a Local Service Category press Enter twice. This will take you to the command line.

**Note:** These categories must be defined before you enter them in a referral record.

- b. If your site parameter is set to DO NOT ASK for “PROMPT FOR LOCAL CATEGORIES?” (see Section 4.0), you will be taken to the “Command:” prompt and then press Enter.

### 5.3 Completing the Referral Form

After you have finished entering all required data on the Complete Referral form and with your cursor at the command line, press the <PF1>+E keys to exit the form and then type Y at the next prompt to save and file data. If all required data was entered the system will advance you to the next screen and you’ll be prompted to enter Pertinent Medical History and Findings.

1. Type **Y** or **N** at the “Do you want to enter Medical HX and Findings Comments?” prompt and then press Enter.
  - a. If you type **N**, go to step 2.
  - b. If you type **Y**, then type (Y/N) to “Edit?” prompt.
    - i. If you type **Y**, you’ll be taken to a word processing field in which you can enter a long narrative that describes any pertinent medical history. Once you have made your comments, type the <F1>+E keys to exit the form and save information. Go to step 2.
    - ii. If you type **N**, go to step 2.

**Note:** Steps 2 - 3 will only display if the ICD/CPT coding option in the RCIS site Parameters has been set to Yes. If your parameter is set to NO, you will go to step 4.

2. Type **Y** or **N** at the “Do you want to enter a Provisional Diagnosis?” prompt and then press Enter. Note: You can enter only one primary diagnosis in a referral record
  - a. If you type **Y**, type **P** (Primary) or **S** (Secondary) at the “Pri/Sec:” prompt.
    - i. Type a diagnosis narrative at the “Diagnosis Narrative:” prompt and then press Enter.
    - ii. Type **Y** or **N** at the “Continue entering DX's?” prompt and then press Enter.
  - b. If you type **N**, then go to step 3.
3. Type **Y** or **N** at the “Do you want to enter a Provisional Procedure code?” prompt and then press Enter.
  - a. If **Y**, type **P** (Primary) or **S** (Secondary) at the “Pri/Sec:” prompt.
    - i. Type a provider narrative at the “Procedure Narrative:” prompt and then press Enter.
    - ii. Type **Y** or **N** at the “Continue entering PX's?” prompt and then press Enter.
  - b. If you type **N**, then go to step 4.

**Note:** These data fields, if used at your facility, are optional. The procedure must be entered in all capital letters. If it is not, two question marks (??) will display and you will hear a beep. There will be no other indication that your entry was not accepted.

4. Type **Y** or **N** at the “Do you want to enter Business Office/CHS Comments?” prompt and then press Enter.
  - a. If you type **N**, your screen will display Entry of Referral 1135100500045 is complete.

**Note:** Your Referral Number will be different than above. The number shown is an example.

- b. If you type **Y**, then type **Y** or **N** at the “Edit?” prompt.

- i. If you type **Y**, you be taken to a word processing field in which you can enter a long narrative that describes any pertinent medical history. Once you have made your comments type <PF1>+E keys to exit form and save information.
  - ii. If you type **N**, go to step 5.
5. Type **Y** or **N** at the “A message has NOT been sent for this referral, Do you wish to send a message?” prompt and then press Enter.

**Note:** Description of this function can be found in the RCIS Management Module under the Edit Site Parameters.

- a. If you type **N**, go to step 6.
- b. If you type **Y**, the following message is displayed with a list of options:

```
1. BMC CHS
2. BMC IHS ALERT
3. BMC INHOUSE ALERT
4. BMC OTHER ALERT
```

- i. Type **1** (BMC CHS), **2** (BMC IHS Alert), **3** (BMC Inhouse Alert), **4** (BMC Other Alert) at the “To select recipient group(s) enter a list or range of numbers:” prompt.
  - ii. Once you have made your selection. The following message will display:

```
***MESSAGE SENT***
Press the ENTER Key to continue or '^' to exit:
```

- iii. Press Enter at the “Press the Enter Key to continue or '^' to exit:” prompt.
6. Your screen will display Entry of Referral 1135100500045 is complete.

**Note:** Your Referral Number will be different than the above number shown.

7. If you have not entered data into all required fields, a warning message will display that identifies which of the required fields are missing data. (See Figure 5-12). Press Enter at the next prompt to return to the data entry screen and enter missing data. Once you have entered all data required.

```
Verifying...
THE DATA COULD NOT BE FILED.
Page 1, CPT PROCEDURE CATEGORY is a required field
```

Page 1.2, TO PRIMARY VENDOR is a required field

Figure 5-12: Required fields missing data

Exercises

- A. Enter a Complete Referral Form using data from the handouts.

## 5.4 Mini Referral Form

The Mini Referral form is a shortened version of the Complete Referral form. This referral type is most often used for data entry when providers are entering referral information directly into the system upon initiation. The Mini Referral form facilitates the initiation of patient referrals by minimizing the amount of data entry required to generate a referral form for sending a patient to another provider. Additional referral data can be entered at a later date by data entry, business office, or CHS staff when it becomes available.

The fields used in the Mini Referral form are the same as those in the Complete Referral form. For descriptions of these fields and detailed instructions on entering data into each, refer to the list in Section 5.2.

```

                                RCIS REFERRAL RECORD
DATE: JAN 11,2005  NUMBER: 1135100500077  PATIENT: DAY,JUSTIN
-----
REQUESTING FACILITY:  GET WELL SOON FACILI
REQUESTING PROVIDER:  ADAM,ADAM
Do you wish to view a FACE SHEET?  N           View Health Summary?  N
REFERRAL TYPE:  CHS                               INPATIENT/OUTPATIENT:  O
PRIMARY PAYOR:  IHS
PURPOSE OF REFERRAL:

Are you sending additional medical information with the Patient?
Do you want to enter CHS Eligibility Factors?:  N
PRIORITY:
ICD DIAGNOSTIC CATEGORY:  PREVENTATIVE HEALTH CARE
CPT PROCEDURE CATEGORY:  EVALUATION AND/OR MANAGEMENT
Notes to Appointment Scheduler:
Schedule Patient Appointment within           Days

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

Figure 5-13: Mini referral form (sample)

Exercises

A. Enter a Mini Referral Form using data from the handouts.

## 5.5 Referral Initiated by Outside Facility

The data entry form for a referral initiated by an outside facility (option 3 on the referral form selection list) is used when a patient has received services at an outside facility without prior authorization from your facility (e.g., if a patient was involved in a weekend accident and required emergency medical care at the nearest hospital, not an IHS facility.) Such visits must be reported within 72 hours of the visit. In order for IHS to cover the cost of those services, a referral record must be generated for the patient. In cases such as these, the Outside Facility referral form would be used for entering the referral data.

The Outside Facility referral form (Figure 5-14) is exactly the same as the Complete Referral form. The only difference with using this form is that after you have selected the Outside Facility referral form from the selection list, you will not be prompted to enter the name of the requesting provider. In the case of a referral initiated by an outside facility, the patient has already received services at another facility, so the "Requesting Provider:" prompt is not applicable.

For descriptions of these fields and detailed instructions on entering data into each, refer to the list in Section 5.2.

```

                                RCIS REFERRAL RECORD
DATE: JUN 23,2004  NUMBER: 255555555522  PATIENT: PATIENT,EDWIN J
-----
--
REQUESTING FACILITY: GET WELL SOON FACILI  Display Face Sheet?  N
REFERRAL TYPE: CHS                          PRIMARY PAYOR: IHS
INPATIENT/OUTPATIENT: OUTPATIENT           CASE MANAGER: GERBER,SPECIALIST
APPT/ADM DATE&TIME:

PROVISIONAL DRG: DRG25
ESTIMATED TOTAL REFERRAL COST: 500          ESTIMATED IHS REFERRAL COST: 400
Do you want to enter CHS Eligibility Factors?: N
PURPOSE/SERVICES REQUESTED: Rehabilitation
PRIORITY: 3
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT? NO

ICD DIAGNOSTIC CATEGORY: MUSCULOSKELETAL AND CONNECTIVE TI
CPT PROCEDURE CATEGORY: NONSURGICAL PROCEDURES
    
```

Figure 5-14: Outside Facility Referral form (sample)

Exercises

A. Enter an Outside Facility Referral Form using data from the handouts.

## 5.6 Abbreviated Entry for Clinicians Referral

The purpose of this option is to allow for quick creation of a referral without prompting for non-required fields. Like the Mini Referral form, the Abbreviated Entry for Clinicians Referral is a shortened version of the Complete Referral form. The primary difference between these shortened form options is that the Abbreviated Entry for Clinicians Referral option does not prompt you with as many fields, accepting the defaults automatically instead. This option is more efficient for providers who already accept the default on all or most of the Mini Referral fields and do not wish to spend the time pressing Return to move through all of the defaults. Just as with the other shortened referral forms, additional referral data can be entered at a later date by data entry, business office, or CHS staff when it becomes available. Three basic fields are non-editable, automatically being set to the following defaults:

- Referral type = CHS
- Primary payor = IHS
- Primary vendor = Unspecified

```

                                RCIS REFERRAL RECORD
DATE: JAN 11,2005  NUMBER: 1135100500078  PATIENT: DAY,JUSTIN
-----
REQUESTING FACILITY:  GET WELL SOON FACILI
REQUESTING PROVIDER:  ADAM,ADAM
REFERRAL TYPE:  CHS                                PRIMARY PAYOR:  IHS
TO PRIMARY VENDOR:  UNSPECIFIED

INPATIENT/OUTPATIENT:  O

PURPOSE OF REFERRAL:  XRAY OF RT WRIST
PRIORITY:
Are You Sending Additional Medical Information With Patient?
ICD DIAGNOSTIC CATEGORY:  PREVENTATIVE HEALTH CARE
CPT PROCEDURE CATEGORY:  DIAGNOSTIC IMAGING
Notes to Appointment Scheduler:

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

Figure 5-15: Abbreviated Entry for Clinician Referral screen

For descriptions of these fields and detailed instructions on entering data into each, refer to the list in Section 5.2.

Exercises

- A. Enter an Abbreviated Entry for Clinicians Referral Form using data from handouts.

## 6.0 Table Maintenance Options

### Objective

Customize the RCIS Table and Template options for a specific site. priorities

### Goals

Upon completion of this objective, you should be able to:

- Add/Edit Local Category
- Add/Edit Specific Provider
- Add/Edit Local Utilization Review By MD Codes
- Add/Edit Local Managed Care Committee Action
- Create a Routine Referral Form
- Delete a Routine Referral Form

## 6.1 Using the RCIS Management Module

The RCIS system provides functions that allow each facility to customize options to meet its needs. For example, each facility can create local procedure categories, specify local utilization review by MD codes, specify local managed care committee action and develop referral templates for frequently initiated referrals.

**Note:** Access to the Management Module main options requires the manager's security key.

## 6.2 Table and Template Updates (TAB)

```
*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.00, Jun 10, 2004    *
*****
          UNSPECIFIED SERVICE UNIT
          Table and Template Updates

LC      Add/Edit Local Category
ASP     Add Specific Provider
EAR     Add/Edit Alternate Resource
LUV     Add/Edit Local Utilization Review By MD Codes
MCC     Add/Edit Local Managed Care Committee Action
AERR    Add/Edit Routine Referral Template Form
DRR     Delete Routine Referral Template Form
```

Select Table and Template Updates Option:

Figure 6-1: Table and Templates Update

### 6.2.1 Add/Edit Local Category (LC)

This option allows you to Add/Edit Local CPT Service Categories that can be entered at you facility, you will need to define the categories to be used.

1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **TAB** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **LC** at the “Select Table and Template Updates Option:” prompt and then press Enter.
4. Type the name of a service category at the “Select RCIS Local Service Category Name:” prompt and then press Enter.
  - a. If you are not sure if a certain local service category has already been entered, type one question mark (?) and press Enter and list of available options display.
  - b. If the Local Service Category is on the list and you accidentally mistyped it, type **N** at the “Are you adding ‘category name’ as a new RCIS Local Service Category (the 1ST)?” prompt and then correctly retype the category name.

Adding a new category

- i. Type the name of the new service category at the “Select RCIS Local Service Category Name:” prompt.
- ii. Type **Y** at the “Are you adding ‘category name’ as a new RCIS Local Service Category (the 1ST)?” prompt and then press Enter.
- iii. Type **Y** or **N** at the “RCIS Local Service Category Mnemonic:” prompt and then press Enter. By selecting mnemonic for each category facilitates the data entry process by reducing the number of keystrokes required for entry. If you wish to enter the mnemonic it must be 1 to 3 characters long and should be a logical abbreviation of the category. Type the selected characters and press Enter. If you wish not to enter a mnemonic press Enter and leave blank. To Add a new category, enter the name of the category at the prompt and then press Enter.

**Note:** The name must be 3-30 characters in length and must not be numeric or begin with punctuation.

- iv. Continue to step 5.
- 5. At the “Name:” prompt, you can edit the displayed name or press Enter if no changes are necessary.
- 6. At the “Mnemonic:” prompt, you can edit the displayed mnemonic and then press Enter. If no changes are necessary, press Enter and you will return to the “Select RCIS Local Service Category Name:” prompt, if you are done with your entry press Enter and you will return to the Select Table and Template Updates option.

```

Select RCIS LOCAL SERVICE CATEGORY NAME: Ortho
Are you adding 'Ortho' as
  a new RCIS LOCAL SERVICE CATEGORY (the 4TH)? No// Y (Yes)
  RCIS LOCAL SERVICE CATEGORY MNEMONIC: O
NAME: Ortho//
MNEMONIC: O//

Select RCIS LOCAL SERVICE CATEGORY NAME: am Ambulance      AM
NAME: Ambulance //
MNEMONIC: AM//

Select RCIS LOCAL SERVICE CATEGORY NAME:
    
```

Figure 6-2: Adding a new code

- Exercises
- A. Add X-Ray to the Local Service Category list.
  - B. Add the Mnemonic XR to the Local Service Category list.
  - C. Change the Local Service Category from X-Ray to Routine Radiology.
  - D. Change the Local Service Category Mnemonic from XR to RR.
  - E. Create your own RCIS Local Service Category Name and Mnemonic.

### 6.2.2 Add Specific Provider (ASP)

This option allows you to add a specific provider to your referral record.

- 1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.

2. Type **TAB** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **ASP** at the “Select Table and Template Updates Option:” prompt and then press Enter.
4. Type the name of the provider at the “Select RCIS Specific Provider Name:” prompt. When adding a provider, type (last name of the provider first name or initial, separated by a comma), the name must be 3-30 characters length. Once you have entered the provider name, press Enter and go to step 5.

**Notes:** Recommend one person be assigned to add providers and use the same format for entry to avoid duplicates. An example can be found in the CHS manual for entering vendors.

If you are not sure if a Specific Provider Name has been entered type a question mark (?) at the “Select RCIS Specific Provider Name:” prompt and then press Enter. This is display a list of all the current providers.

- a. If the Specific Provider Name that you were going to enter is not on the list. Go to step 4.
  - b. If the Specific Provider Name is on the list and already existing or if you accidentally mistyped and you need to edit go to step 6.
5. Type **Y** or **N** at the “Are you adding 'Provider Name' as a new RCIS Specific Provider (the 1ST)?” prompt and then press Enter.
    - a. If you type **N**, return to step 4.
    - b. If you type **Y**, then enter a mnemonic for the provider, if you appropriate, at the “RCIS Specific Provider Mnemonic:” prompt. By entering a mnemonic for the specific provider, the data entry process is simplified by reducing the number of keystrokes required for entry. If you wish to enter a Mnemonic, it must be 1 to 3 characters long. Type the characters and press Enter. If you do not wish to enter a Mnemonic, press Enter at the prompt and then proceed to step 6.
  6. At the “Mnemonic:” prompt, you can edit the mnemonic. To edit the field, type the correct characters selected for the Mnemonic and press Enter. If no changes press Enter and you will return to the “Select RCIS Specific Provider Name:” prompt. If you are done with your entry, press Enter and you will return to the Select Table and Template Updates Option.

**Note:** You cannot edit or delete the Specific Provider Name. You do have the option to edit the Mnemonic.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*          VERSION 3.0, Jun 28, 2004     *
*****
          UNSPECIFIED SERVICE UNIT
          Add Specific Provider

Select RCIS SPECIFIC PROVIDER NAME:  ROMORE, DRAKE
Are you adding 'ROMORE,DRAKE' as
  a new RCIS SPECIFIC PROVIDER (the 7TH)? No// Y (Yes)
  RCIS SPECIFIC PROVIDER MNEMONIC:  DR
MNEMONIC: DR// [ENT]

Select RCIS SPECIFIC PROVIDER NAME:

```

Figure 6-3: Adding a specific provider

- Exercises
- A. Add DAISY DUCK, MD as a Specific Provider.
  - B. Add Mnemonic DM to the Specific Provider DAISY DUCK, MD.
  - C. Change Specific Provider Name Mnemonic from DM to DD.
  - D. Create your own RCIS Specific Provider Name and Mnemonic.

### 6.2.3 Add/Edit Local Utilization Review by MD Codes (LUV)

This option allows for the creation of site-specific Utilization Review By MD Codes to be entered for utilization review by physicians, these codes must be defined prior to entry.

To add or edit a local utilization review by MD code, follow these steps:

1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **TAB** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **LUV** at the “Select Table and Template Updates Option:” prompt and then press Enter.

4. At the “Select RCIS Local Util Rev By MD Codes Action:” prompt, when adding a new Local Utilization Review By MD Codes Action, the codes that you define must be 3 to 30 characters in length and may not be numeric or begin with punctuation. Once you have entered the new code and press Enter and go to step 5.
  - a. If you are not sure of what codes are available at the prompt type one question mark (?) and press Enter. If your site has defined the codes a list to choose from will display.
  - b. If the Local Utilization Review By MD Codes that you were going to enter is not on the list to add go to Step 4.
  - c. If the Local Utilization Review By MD Codes Action is on the list and already existing or if you accidentally mistyped and need to edit go to Step 6.
5. Type **Y** or **N** at the “Are you adding ‘New Code’ as a new RCIS Local Util Rev By MD Codes (the 1ST)?” prompt and then press Enter.
  - a. If you type **N**, you will return back to step 4.
  - b. If you type **Y**, continue to step 6.
6. At the “Action:” prompt, you can edit the information you entered in this field. If appropriate, type the correct Local Utilization Review By MD Codes Action and press Enter . If no changes are needed then press Enter and you will return to the “Select RCIS LOCAL UTIL REV BY MD CODES ACTION:” prompt. If you are done with your entry press Enter and you will return to the Select Table and Template Updates Option.

**Note:** At each facility the Local Utilization Review BY MD Code Action may show a different list.

```

*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM          *
*                VERSION 3.0, Jun 28, 2004          *
*****
                UNSPECIFIED SERVICE UNIT
Add/Edit Local Utilization Review By MD Codes

Select RCIS LOCAL UTIL REV BY MD CODES ACTION: ??

Choose from:
APPROVED
DENIED
OTHER
PENDING

                You may enter a new RCIS LOCAL UTIL REV BY MD CODES, if you wish

Select RCIS LOCAL UTIL REV BY MD CODES ACTION: NEW
Are you adding 'NEW' as
a new RCIS LOCAL UTIL REV BY MD CODES (the 5TH)? No// Y (Yes)
    
```

```
ACTION: NEW// [ENT]
```

```
Select RCIS LOCAL UTIL REV BY MD CODES ACTION:
```

Figure 6-4: Adding an MD code

Exercises

- A. Add Local Util Rev By MD Codes Action: Approve
- B. Change Local Util Rev By MD Codes Action: from Approve to DENIED
- C. Create your own Local Util Rev By MD Codes Action.

### 6.2.4 Add/Edit Local Managed Care Committee Action (MCC)

This option allows for the creation of site-specific Managed Care Committee Action. The Managed Care Committee Action must be defined at your facility prior to entry.

To add or edit a local managed care committee action, follow these steps:

1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **TAB** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **MCC** at the “Select Table and Template Updates Option:” prompt and then press Enter.
4. At the “Select RCIS Managed Care Comm Action Item:” prompt, when adding a new Managed Care Committee Action item, type in your response, it must be 3 to 30 characters in length. Once you have entered your action item press Enter and go to step 5.
  - a. If you are not sure what action items are available, type one question mark (?) and then press Enter. If your site has defined the action items a list to choose from will display.
  - b. If the Managed Care Committee Action that you were going to enter is not on the list. Go to step 4 to add a new code.
5. Type **Y** or **N** at the “Are you adding ‘Action Item’ as a new RCIS Managed Care Comm Action (the 1st)?” prompt and then press Enter.
  - a. If you type **N**, you will return back to step 4.

- b. If you type **Y**, then press Enter at the “RCIS Managed Care Comm Action Code:” prompt and you will return to step 4. If you are done entering Action Items press Enter and you will return to the Select Table and Template Updates Option.

**Note:** At each facility the Managed Care Committee Action may show a different list.

```

*****
*                INDIAN HEALTH SERVICE                *
*   REFERRED CARE INFORMATION SYSTEM                   *
*   VERSION 3.0, Jun 28, 2004                         *
*****
                UNSPECIFIED SERVICE UNIT
Add/Edit Local Managed Care Committee Action

Select RCIS MANAGED CARE COMM ACTION ITEM: ??

Choose from:
APPROVED
DEFERRED SERVICE
DENIED SERVICE
HOLD, TO BE DETERMINED          Y
PENDING                         PE
SCHEDULE AS REQUESTED

        You may enter a new RCIS MANAGED CARE COMM ACTION, if you wish

Select RCIS MANAGED CARE COMM ACTION ITEM: NEW
Are you adding 'NEW' as
a new RCIS MANAGED CARE COMM ACTION (the 7TH)? No// Y (Yes)
RCIS MANAGED CARE COMM ACTION CODE:

Select RCIS MANAGED CARE COMM ACTION ITEM:
    
```

Figure 6-5: Adding a local managed care committee actions

**Exercises**

- A. Add Managed Care Comm Action Item: (PENDING)
- B. Create your own RCIS Managed Care Comm Action Item.

### 6.3 Add/Edit Routine Referral Template Form (AERR)

This option allows you to Add/Edit a Routine Referral. Typically the routine referral is created for the most common referrals initiated at your facility. These templates minimize the amount of data entry required by providing default values for many of the fields on the data entry screen.

To add or edit a routine referral template form, follow these steps:



- c. If you type **Y**, a list to choose from displays. To scroll through the list, press Ente. If you would like to return back to the Select ICD DIAGNOSIS field, type a caret (^) and press Enter.
8. Type the CPT Code or type the description of the CPT Code or CPT Category that you would use for the type of Routine Referral Form you are entering at the “Select CPT Codes:” prompt and then press Enter.
  - a. For a list to choose form type one question mark (?) and then press the Enter. Type **Y** or **N** at the “Do You want the entire Entry CPT List?” prompt.

**Note:** You may also type the procedure code or the narrative at this prompt.

- b. If you type **N**, you will return back to the “Select CPT Codes:” prompt.
- c. If you type **Y**, a list to choose from will display. To scroll through the list press Enter. If you would like to return back to the “Select CPT Codes:” prompt, type a caret (^) and press Enter.
9. Once you have completed your Routine Referral Form, you return to the “Select Table and Template Updates Option:” prompt.

Exercises

- A. Create and completely fill out a Routine Referral Template named Mammogram.

## 6.4 Delete Routine Referral Template Form (DRR)

This option will allow you to Delete Routine Referral that is no longer used at your facility.

To delete a routine referral template form, follow these steps:

1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **TAB** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **DRR** at the “Select Table and Template Updates Option:” prompt and then press Enter.
4. Type the first few characters of the name or type the full name of the Routine Referral that you wish to delete at the “Routine Referral Template Name:” prompt and then press Enter. For a list to choose from type one question mark (?) in the field and press Enter.

**Note:** You have to type the name of the Routine Referral exactly as it was entered.

5. Type **Y** or **N** at the “Are you sure you want to delete the Diabetes Routine Referral?” prompt.
  - a. If you type **N**, you will return to the Select Table and Template Updates option.
  - b. If you type **Y**, you will receive a message that the “Routine Referral (NAME) deleted”. You will automatically return to the Select Table and Template Updates Option.

```
ROUTINE REFERRAL TEMPLATE NAME: PRENATAL
Are you sure you want to delete the PRENATAL Routine Referral? N// YES
Routine Referral PRENATAL deleted.
```

Figure 6-6: Deleting routine referral

Exercises

- A. Delete your Mammogram Referral Template.

## 7.0 Editing Referral Options

### Objective

Modify referral records for Current Fiscal Year and All Fiscal Years.

### Goals

Upon completion of this objective, you should be able to modify the following:

- Referral Records for the Current Fiscal Year
- Referral Records for All Fiscal Years
- Add/Edit CHS Data within a Referral Record

## 7.1 Modify Referral for Current Fiscal Year & All Fiscal Years

Follow these steps to edit the referral options:

1. At the RCIS Main Menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **EDIT** at the “Select Data Entry Option:” prompt and then press Enter.
3. At the “Select Edit Referral Options Option:” prompt, you select any of the following options:
  - Type **MOD** to select the Select the Modify Referral – Current Fiscal Year option. This option allows you to modify an active referral record that may require updating or additional data information to your active referral.
  - Type **MR** to select the Select the Modify Referral – All Fiscal Years option. This option allows you to modify a referral that was initiated in a previous fiscal year.\*
  - Type **MCR** to select the Select the Modify Closed Referral – All Fiscal Years option. This option allows you modify data for a closed referral.\*

<p><b>Note:</b> Closed referrals created in the current fiscal year and previous fiscal years cannot be modified with this menu option. See Modify Closed Referral – All Fiscal Years</p>
---

4. At the “Select RCIS Referral by Patient or by Referral Date or #:” prompt, select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number. If the patient you select has more than one active referral a list of referrals will display on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
5. A list of options displays (Figure 7-1).

```
Select one of the following:
0      QUIT
1      MINI MOD
2      ALL DATA
3      DATE/COUNTS
4      COSTS
5      ICD9 DX
6      CPT PROCEDURES
7      CASE REVIEW
8      PURPOSE/MED HX/OTHER DX INFO
9      BUSINESS OFFICE
10     DISCHARGE NOTES
11     ADD DOCUMENTATION
12     CHS ELIG FACTORS
13     OTHER REFERRALS
14     SEND MESSAGE
EDIT Which Data Type: 0//
```

Figure 7-1: List of Modify options

6. At the “Edit Which Data Type:” prompt, enter the number or first few characters of the data type you want to edit.

**Note:** These options simplify the data entry task by prompting you for only the fields that are of interest to you instead of every item in the referral form. Each of these data entry options is described below.

7. Each time you enter data using one of the 15 selections under the Modify Referral Option, you will return to the selection list.

## 7.1.1 Modify Referral Options

### 7.1.1.1 Quit (0):

This option will return you to the Edit Referral menu. The Quit option is always the default value for the “Edit Which Data Type:” prompt and then press Enter.

### 7.1.1.2 Mini Mod (1):

This option displays the Mini Referral form used for data entry. All information entered for the referral to date displays onscreen. You can add or edit entries, as applicable. Refer to Section 5.0 for instructions on using the data entry screen and data to be entered into each field.

### 7.1.1.3 All Data (2):

This option allows you to enter or modify all data for each item of the RCIS referral form. Data that has been previously entered for the referral will display onscreen in ScreenMan mode. There are four new categories of data items at the bottom of the screen:

- Service Dates/Counts
- Cost Data
- Diagnostic/Procedural/Med Hx
- Status Information

Data can be added or edited for each of these four items by pressing Enter at any of the prompts. A pop-up screen displays for each, allowing you to enter and modify data. The first three categories can also be modified by selecting them individually from the list of options given in the modify selection menu. Descriptions and data entry instructions are given for these items. The Status Information field is described below.

**Status Information:** This field contains the current status of the referral record. When the referral record is first created, the status will always be active. If a referral has been closed, you can reopen the referral and put it back into Active status. At the “Status Information:” prompt, press Enter and the pop-up screen will identify three fields.

- **Status of Referral:** This field allows you to change the status of the referral form. For a list of options type a question mark (?) and press Enter.
  - A – Active: The referral record is in an active status
  - C1 – Closed/Completed: All final data has been collected to complete a referral form.
  - C2 – Closed/Final Resolution Unknown: It’s not known if all data has been collected to close/complete a referral but you believe no further information is forthcoming and it’s not known if there’s a solid reason for closing the referral.

**Note:** No data is entered in the Reason Not Completed field if this status is selected.

- X – Closed/Not Completed: The user knows why the referral is not completed and you should select a reason from the list.

**Note:** If the RCIS site parameter is set to Yes to interface with the CHS link, it will allow the CHS office to enter information in the RCIS referral record and to close records. After services have been received and payment has been issued to the PDO the referral will automatically close-complete. If the RCIS site parameter is set to No and your site does want to use the interface, you will have to close out each referral.

- Reason Not Completed: If you entered C1-Close/Completed or X-Closed /Not Completed in the Status of Referral field, you will need to enter information in the Reason Not Completed field. Type a question mark (?) and press Enter to display a list of options. Choose the appropriate reason why the referral was not completed.
- Date Close: Enter the date that you are closing out the referral.

#### 7.1.1.4 Date/Counts (3):

This option allows you to add or edit actual/expected dates and actual/estimated number of days. If the referral remains active, you may need to revise the expected dates of service. If services have been provided, you can enter the actual visit dates, number of visits, and length of stay, as applicable. Under the Service Dates/Counts field, two different screens display, depending if the referral is for an outpatient or an inpatient visit.

**Note:** If the referral is a CHS type and the CHS link is active, the beginning and ending service dates and length of stay will be automatically entered into the RCIS. You will need to enter the final dates and counts for all other referral types.

#### 7.1.1.5 Costs (4):

This option allows you to add or edit the actual and estimated costs. If the referral is a CHS type and the CHS link is active (which can be set in the RCIS site parameters module), the actual cost information will be automatically provided by the CHS office. For all other referral types, you must enter actual cost data manually. For these other referral types, entering the actual cost data will provide more accurate and timely information.

In the Actual Total Cost Information portion of the screen, enter the actual cost of the referral care for all payors. In the IHS Total Cost Information portion of the screen, enter only the Actual IHS cost portion of the total cost for which IHS is responsible. If you are unsure of the actual cost, you have the option to enter an estimated cost for both Actual Total Cost and IHS Total Cost.

#### 7.1.1.6 ICD-9 Diagnosis (5):

This option allows you to add, change, or delete an ICD-9 Diagnosis that has been entered on a referral record for your facility.

If no entries have been made you can select from the following:

- A Add a new Diagnosis
- Q Quit

To add a new diagnosis follow these steps:

1. Type **A** at the “Do you wish to:” prompt and then press Enter.
2. At the “Select RCIS Diagnosis:” prompt, enter the appropriate Diagnosis that is applicable to your referral. If you do not know the correct ICD-9 Diagnosis code, you can enter .9999 (uncoded) and include a detailed diagnosis narrative. Later, a coder can enter the appropriate code into the referral record based on the narrative that was entered.
3. At the “OK?” prompt, you can do the following:
  - a. Type **N** and then press Enter. This will return you to step 2.
  - b. Type **Y** and then press Enter. The following message will display.
    - i. At the “Are you adding as a new RCIS Diagnosis?” prompt, you can do the following:
      - (1) Type **N** and then press Enter. This will return you to step 2.
      - (2) Type **Y** and then press Enter. The Diagnosis code you have entered displays.
      - (3) Press Enter at the “Diagnosis:” prompt.
      - (4) Type **P** (Provisional) or **F** (Final) at the “Type:” prompt.
      - (5) Type **P** (Primary) or **S** (Secondary) at the “Pri/Sec:” prompt.

**Note:** You can enter only one primary diagnosis in a referral record.

4. **Diagnosis Narrative:** If you wish to enter a provider narrative it must be 2-80 characters in length. If you choose not to enter a provider narrative type a caret (^) press Enter and you will return to next screen.

Once one or more diagnosis have been added, you will be presented with four options you can select from the following to modify previously entered diagnosis information.

- Edit one of the above Diagnosis
- Add a new Diagnosis
- Delete one of the above Diagnosis
- Quit

To edit a diagnosis follow these steps:

1. Type **E** at the “Do you wish to:” prompt and then press Enter.
2. At the “Which one do you wish to EDIT:” prompt, select the diagnosis code that you wish to edit by entering the line number that will display on your screen above the prompt “Which one do you wish to EDIT”. Once you entered the line number you will be prompted for each of the data items.
  - Diagnosis
  - Type
  - Primary/Secondary
  - Diagnosis Narrative
3. See step 3 above. The default values for the prompts will be data that has already been entered. Press Enter at each field if information should remain unchanged and enter the new data at each field that should be modified.

To delete a diagnosis, follow these steps:

1. Type **D** at the “Do you wish to:” prompt and then press Enter.
2. At the “Which one do you wish to Delete:” prompt, select the diagnosis code that you wish to delete by entering the line number that displays at the top of the screen.
3. At the “Are you sure you want to delete this Diagnosis?” prompt, type **Y** to delete the selected diagnosis, or type **N** and you return to the previous selection menu.

To quit the option, follow these steps:

To quit and return to the previous menu, type **Q** at the “Do you wish to:” prompt. You will return to the modify selection menu.

#### **7.1.1.7 CPT Procedures (6):**

This option allows your facility to add, change, or delete CPT Procedures that have been entered on a referral record. The process for adding the CPT Procedures is the same adding the ICD-9 Diagnosis (see above).

#### **7.1.1.8 Case Review (7):**

This option allows you to add, edit, or delete the case review comments on a patient’s referral record.

If no entries have been made, you can select from the following:

- A Add a new Case Review Comments
- Q Quit

To add a new case review comment, follow these steps:

1. Type **A** at the “Do you wish to:” prompt and then press Enter.
2. At the “Edit?” prompt, you can do the following:
  - a. Type **N** and then press Enter. You will be taken back to step 1.
  - b. Type **Y** and then press Enter. You will be taken to a word processing field in which the case reviewer can enter comments that are related to the referral. Once you have made your comments type <P1>+E keys to exit form and save information.

<p><b>Note:</b> The default value for the date field is the current date. The default date can be changed if needed by going through edit option. If comments are entered into the system on a date other than when they are being recorded, be sure to enter the date on which they were recorded.</p>
---

3. Type a date, if applicable, at the “Next Review Date:” prompt.
4. The previous screen which displays the case review comments you entered displays.
5. You will be presented with four options you can select from the following to modify previously entered case review comments.

- Edit one of the above Case Review Comments
  - Add a new Case Review Comments
  - Delete one of the above Case Review Comments
  - Quit
6. Follow the appropriate steps to Edit, Add and Delete.
  7. To quit and return to the previous menu, type **Q** at the “Do you wish to:” prompt and then press Enter.
  8. Type a date, if applicable, at the “Next Review Date:” prompt. If you do not have a date, press Enter and you will return to the modify selection menu.

#### **7.1.1.9 Purpose of Referral/Med Hx/Other Diagnostic Information (8):**

This option allows you to add, edit or delete the Purpose of the Referral, Medical History and Other Diagnostic Information. Comments will be user and date stamped. If no entries have been made you can select from the following:

- A Add a new Medical Hx/Finding Comments
- Q Quit

#### **7.1.1.10 Business Office (9):**

This option will only allow you to add Business Office Comments. Comments will be user and date stamped. You can select from the following.

- A Add a New Business Office Comments
- Q Quit

<p><b>Note:</b> You can edit business office comments go to: RCIS Management &gt; Referral Management Menu &gt;Enter or Edit Business Office/CHS Comments Supervisor.</p>
---

#### **7.1.1.11 Discharge Notes (10):**

This option allows you to add, edit and delete any Discharge Notes on the referral record. Comments will be user and date stamped. At the “Edit Which Data Type:” prompt type **10** and press Enter. If no entries have been made you can select from the following.

- A Add a New Discharge Notes Comments
- Q Quit

To add a new discharge notes comment, follow these steps:

1. Type **A** at the “Do you wish to:” prompt and then press Enter.
2. Type **Y** or **N** at the “Edit?” prompt.
3. If you type **N**, you will be taken back to step 1.
4. If you type **Y**, you will be taken to a word processing field in which discharge comments can be entered. Once you have made your comments type <P1>+E keys to exit form and save information.

<p><b>Note:</b> The default value for the date field is the current date. The default date can be changed if needed by going through edit option. If comments are entered into the system on a date other than when recorded, be sure to enter the date on which they were recorded.</p>
--

5. The previous screen which displays the comments you entered displays.
6. You will be presented with four options you can select from the following to modify previously entered comments.
  - E Edit one of the above Case Review Comments
  - A Add a new Case Review Comments
  - D Delete one of the above Case Review Comments
  - Q Quit
7. Follow the appropriate steps to Edit, Add and Delete.
8. To quit and return to the previous menu, type **Q** at the “Do you wish to:” prompt and then press Enter.
9. Type an applicable date at the “Date Dsch Summ/Cons Ltr Rcvd:” prompt. If you do not have a date, press Enter and you will return to the modify selection menu.

#### **7.1.1.12 Add Documentation (11):**

This option allows you to add and edit specific items or enter additional document information sent with the patient for the specific referral record.

1. You can type **Y** or **N** in each of fields displayed in the Add Documentation screen (Figure 7-2) You can also leave the field blank if the information does not pertain to the patient referral record. If you entered information in the field in error type @ sign in the field to delete.

2. The Additional Documents field contains document information that are to be included with the referral but that have not been specifically listed anywhere else. This is word processing field in which to enter document information. Once you have entered the document information type <P1>+E keys to exit form and save information. If all information is correct at the Command field, you can also type <P1>+E keys to exit form and save information.

```

                                RCIS REFERRAL RECORD
DATE: NOV 29,2004  NUMBER: 1135100500017  PATIENT: BIRD,TWEETY
-----
INCLUDE WHICH OF THE FOLLOWING ITEMS?

PCC VISIT FORM:                MOST RECENT EKG:
SPECIALTY CLINIC NOTES:       HISTORY AND PHYSICAL:
PRENATAL RECORD(S):           X-RAY / REPORT:
SIGNED TUBAL CONSENT:         X-RAY FILM:
FACE SHEET:                   CONSULTATION REPORT:
HEALTH SUMMARY:               MOST RECENT LAB REPORT:

ADDITIONAL DOCUMENTS:

-----

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

Figure 7-2: Add documentation screen

### 7.1.1.13 CHS Elig Factors (12):

This option allows the user to edit the historical capture of CHS Regulatory Requirements that was entered at the time of the referral.

1. Type **Y** or **N** for each of these fields.
  - CHS ELIGIBILITY FACTORS:
  - CHS INDIAN DESCENT:
  - CHS RESIDENCY:
  - CHS ALTERNATE RESOURCE:
  - CHS 72 HOUR NOTIFICATION:
  - Within CHS MEDICAL PRIORITY

2. The MGD Care Committee Action filed is where the Managed Care Committee has determined an action for this referral. If you are not sure what should be entered here, you can type a question mark (?) then press Enter and a list of options will display. To return the MGD Care Committee Action field press Enter or type a caret (^) to exit. Type the first few letters in the field and press Enter. You will then return to the command field type <P1>+E keys to exit form and save information. The next screen will display the Business Office Comments.

**Note:** This field will only allow you to... Add New Business Office Comments or Quit.

#### 7.1.1.14 Other Referrals (13):

This option will allow you to display other referrals for the current fiscal year. At the “Select RCIS Referral by Patient or by Referral Date or #:” prompt, you can select a patient by entering the patient’s name (last name then first name or initial, separated by a comma), referral date or number and health record number. Once you have selected the patient, a list of referrals will be displayed in chronological order, displayed from oldest to newest.

#### 7.1.1.15 Send Message (14):

This option will allow you to send a message to a selected mail group(s). If you have changed the Business Office comments you may want to send a message to the selected groups. The BOC will concatenate to the previous message. You will also see when the last message was sent, who is was sent to and who it was sent by.

1. Type **Y** or **N** at the “A message has NOT been sent for this referral, “Do you wish to send a message?” prompt and then press Enter.
  - a. If you type **N**, you will return to the modify selection menu.
  - b. If you type **Y**, the following message is displayed with a list of options:

1. BMC CHS
2. BMC IHS ALERT
3. BMC INHOUSE ALERT
4. BMC OTHER ALERT

2. Type **1** (BMC CHS), **2** (BMC IHS Alert), **3** (BMC Inhouse Alert), **4** (BMC Other Alert) at the “To select recipient group(s) enter a list or range of numbers:” prompt.
3. Once you have made your selection. The following message will display: **\*\*\*MESSAGE SENT\*\*** and you will return to the modify selection menu.

Exercises

- |   |
|---|
| <ul style="list-style-type: none"> <li>A. Modify a Referral Record for the Current Year. Using the All Data option, change the Primary Payor from IHS to Private and change Status information from Active to Pending.</li> <li>B. Modify a Referral Record for Current Year. Using the Costs option change your Actual Total Cost and IHS Cost information.</li> <li>C. Modify a Referral Record for All Fiscal Years. Using the Business Office option, enter comments. e.g., Test Referral Form.</li> <li>D. Modify a Referral Record for All Fiscal Years. Using the CHS Elig Factors option, enter eligibility information.</li> </ul> |
|---|

## 7.2 Add/Edit CHS Data (ECHS)

This option is available for sites that are not using the link with the CHS system. The Add/Edit CHS Data option allows you to add and edit CHS data that would otherwise be added to referral records automatically via the CHS system interface. (See Setting up Site Parameters)

1. Type **EDIT** at the “Edit Referral Option Select Data Entry Option:” prompt and then press Enter.
2. Type **ECHS** at the “Add/Edit CHS Data Select Edit Referral Options Option:” prompt and then press Enter.
3. Enter a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
  - b. If the patient you select has more than one active referral a list of referrals will display on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
4. The Add/Edit CHS Data screen displays (Figure 7-3)

RCIS REFERRAL RECORD DATE: NOV 29, 2004    NUMBER: 1135100500017    PATIENT: BIRD, TWEETY ----- *****CONTRACT HEALTH SERVICES INFORMATION***** CHS APPROVAL STATUS: PENDING
---

```
CHS APPROVAL/DENIAL DATE:
CHS DENIAL REASON:
CHS AUTHORIZATION DEC STAFF: MOUSE,MICKEY
CHS AUTHORIZATION DEC REV DT: DEC 2,2004

AUTHORIZATION #:
AUTHORIZATION #:
AUTHORIZATION #:
AUTHORIZATION #:
AUTHORIZATION #:

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

Figure 7-3: Add/Edit CHS Data screen

5. The fields in the Add/Edit CHS Data screen are explained below:

**CHS Approval Status:** Enter the status of the referral. You have the choice of Pending, Approved, or Denied.

**CHS Approval/Denial Date:** Enter the date on which the CHS decision was made.

**CHS Denial Reason:** For a denied referral, specify the reason for the denial. To see a list of the locally defined selections for this field, type a question mark (?) and press Enter. At the Do you want the entire CHS DENIAL REASON List? Type **Y** and press Enter. After reviewing your choices to return back to the field press Enter or type a caret (^) and press Enter. Type the first few letters of the denial reason and press Enter.

**CHS Authorization Decision Staff:** Enter the name of the person who made the CHS authorization decision.

**CHS Authorization Decision Review Date:** Enter the date on which the referral was reviewed.

**Authorization Number:** Indicate the CHS authorization number for the referral.

**Note:** It is recommended that you not use this menu option for entering or modifying CHS data if your site is using the link with the CHS system. This data should be entered from the CHS office when the interface is turned on to link with the CHS system. This can be done in Edit Site Parameters located under RCIS management.

Exercises

- A. Instructor will demonstrate.

## 8.0 Display Referral Records

### Objective

Display Referral Records to view patient referral record information.

### Goals

Upon completion of this objective, you should be able to view the following patient referral record information:

- Referral Number
- Requesting Provider
- Primary Vendor
- Status of Referral
- Purpose of Referral
- Verify CHS Information

## 8.1 Display Referral Records (DSP)

This option allows you to display referral information that has been entered into the referral record. The information shown for each referral will differ depending on the type of referral.

1. From the RCIS Main Menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **DSP** at the “Select Data Entry Option: Display Referral Record:” prompt and then press Enter.
3. Enter a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
  - b. All open and closed referrals will display on your screen. Choose the appropriate initial or closed referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
4. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

Exercises

- A. Display a record for one of your patient's referrals.

## 9.0 Secondary Referrals (SEC)

### Objective

Add, edit, delete, and display a Secondary Referral Record.

### Goals

Upon completion of this objective, you should be able to:

- Add a Secondary Referral Record to initial referral record
- Edit a Secondary Referral Record
- Display a Secondary Providers for a Specific Patient
- Delete a Secondary Referral Record

## 9.1 Add Secondary Referral (ASEC)

This option allows you to assign a secondary referral letter for a different provider other than the primary provider/vendor while using the initial referral. This information is stored with the initial referral and displays along with all the other referral information.

1. From the RCIS Main Menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **SEC** at the “Select Data Entry Option:” prompt and then press Enter.
3. Type **ASEC** at the “Select Secondary Referrals Option:” prompt and then press Enter.
4. Enter a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number, or health record number.
  - b. All active and closed referrals will be displayed on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
5. The RCIS Secondary Referral Record screen displays. This screen is similar to the RCIS Complete Referral Record screen. It displays the initial referral number, date, patient name, and referral suffix which identifies that this is a secondary referral. These fields cannot be edited from this screen.

6. After you have finished entering all required data on the Secondary Referral Record, at the “Command:” prompt, press the <F1>+E keys to exit and save information.
7. If prompted, type **Y** at the next prompt to save and file data.
8. If all required data was entered the system will advance you to another screen that will display medical comments, if any.
9. Type **Y** or **N** at the “Edit?” prompt and then press Enter.
  - a. If you type **N** and press Enter, a message displays confirming that the referral has been completed. Press any key to continue you will return to Add Secondary Referral Screen.
  - b. If you type **Y**, you will be taken to a word processing field in which you can enter a long narrative that describes any pertinent medical history; for example, lab values, examination results, and other test performed. Once you have made your comments, type <F1>+E keys to exit form and save information.
10. The following message displays on your screen. If you press any key to continue you will return to Add Secondary Referral Screen.

Secondary Referral has been completed, 1135100500020A1  
Press any key to continue:

Figure 9-1: Referral confirmation message

**Note:** Secondary Referral Records are automatically appended with an alpha-numeric suffix (e.g. A1). This suffix is appended to the Initial Referral Record number.

Exercises

- A. Add a Secondary Referral to a Primary Referral Record.

## 9.2 Edit Secondary Referral (ESEC)

This option allows you to edit an existing Secondary Referral letter. You will need to use the Print Secondary Provider Letter option (PRFS) to print an updated letter.

1. Type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.

2. Type **SEC** at the “Select Data Entry Option:” prompt and then press Enter.
3. Type **ESEC** at the “Select Secondary Referrals Option:” prompt and then press Enter.
4. Enter a patient at the “Select Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
  - b. If the patient you select has more than one active referral a list of referrals will display on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
5. The RCIS Secondary Referral Record screen displays. This screen is similar to the RCIS Complete Referral Record screen. It displays the initial referral number, date, patient name and referral suffix which identifies that this is a secondary referral. These fields cannot be edited from this screen.
6. After you have finished editing all required data on the Secondary Referral Record, at the “Command:” prompt, press the <F1>+E keys to exit.
7. If prompted, type **Y** at the next prompt to save and file data.
8. If all required data was entered the system will advance you to another screen that will display medical comments, if any.
9. Type **Y** or **N** at the “Edit?” prompt and then press Enter.
  - a. If you type **N** and press Enter, a message displays confirming that the referral has been completed. If you press any key to continue you will return to Add Secondary Referral Screen.
  - b. If you type **Y**, you will be taken to a word processing field in which you can enter a long narrative that describes any pertinent medical history; for example, lab values, examination results, and other test performed. Once you have made your comments, type <F1>+E keys to exit form and save information. The following message will display on your screen. If you press any key to continue you will return to Add Secondary Referral Screen.

Exercises

- A. Change the Appointment Date in your Secondary Referral Record from today’s date to T+3.

### 9.3 Display Secondary Providers for a Specific Patient (SPIQ)

This option was designed to Display All Referrals and Display a Specific Referral for all Secondary Provider by a specific patient.

1. From the RCIS Main Menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **SEC** at the “Select Data Entry Option:” prompt and then press Enter.
3. Type **SPIQ** at the “Select Secondary Referrals Option:” prompt and then press Enter.
4. Enter a patient at the “Select Patient Name:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
5. Type **A** (Display All Referrals) or **S** (Display a Specific Referral) at the “Report Should Include:” prompt and then press Enter.
  - a. If you type **A**, All Secondary Providers will be display for each referral.
  - b. If you type **S**, you will be prompted to select a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.

**Note:** If the patient has more than one active referral, a list of referrals will display on your screen. Choose the appropriate referral by entering the line item at “Choose 1-?” prompt and press Enter. The system will display the specific referral requested.

6. All active primary and secondary referrals display from the oldest referral to the newest referral. If you select a referral and there is no secondary provider attached to the referral a message displays (Figure 9-2).

**\*\*NO SECONDARY PROVIDERS ATTACHED TO THIS REFERRAL\*\***

Figure 9-2: No secondary message

**Exercises**

- A. Display your patients Secondary Referral Record to view the Secondary Provider.

## 9.4 Delete Secondary Referral Data (DSEC)

This option allows you to delete an existing Secondary Referral letter.

1. Type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **SEC** at the “Select Data Entry Option:” prompt and then press Enter.
3. Type **DSEC** at the “Select Secondary Referrals Option:” prompt and then press Enter.
4. Enter a patient at the “Select Referral by Patient or by Referral Date or #:” prompt and then press Enter.

**Note:** Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.

- a. Once you have selected the secondary referral that you wish to delete, press Enter. If the patient has more than one active secondary referral, a list of referrals displays on your screen. Choose the appropriate secondary referral by entering the line item at the “Choose 1-?” prompt and press Enter. The secondary referral that you have chosen will display.
  - b. If the patient has only one active secondary referral your screen will display the active secondary referral number.
5. Type **Y** or **N** at the “Sure you want to delete?” prompt and then press Enter.
    - a. If you type **N**, the following message will display **SECONDARY Referral was NOT deleted**. Press any key to continue and you will return back to the Secondary Referrals screen.
    - b. If you type **Y**, the following message will display **SECONDARY REFERRAL: 1135100500020A2 has been DELETED**. Press any key to continue and you will return back to the Secondary Referrals screen.

```
SECONDARY REFERRAL: 1135100500020A2
PATIENT: FLOWERS,CARNATION                Appointment Date: DEC 28, 2004
Requesting Provider: ADAM,ADAM
Purpose of Visit: R/O Breast cancer
*****
Sure you want to delete? No//
```

Figure 9-3: Deleting a secondary referral

**Exercise**

A. Delete your Secondary Referral Record.

## 10.0 Print RCIS Letter Types (LTRS)

This menu option houses all the editing and printing of the RCIS Letter types. There are five letter options available from this menu. Each of these menu options will produce a hard copy computer generated referral letter and/or routing slips.

### Objective

Print Referral letters and Routing Slip for a referral record.

### Goals

Upon completion of this objective, you should be able to print the following:

- Standard IHS Referral Letter for CHS Approval Status
- Standard IHS Referral Letter
- Routing Slip

## 10.1 Print Referral Letters (CHS Approval Status) (PCHS)

This option allows you to change the existing CHS Approval Status field and print a new referral letter with the changed approval status. Changing the CHS Approval Status field changes the text that appears at the bottom of the referral letter. An audit of CHS Approval displays on the Display Referral Record (DSP) option, listing the date and time changed, user who updated, option used, old value and new value approval status.

To change a patient's CHS approval status and print a new referral letter, follow these steps:

1. From the RCIS Main Menu, type **DE** at the "Select Referred Care Information System Option:" prompt and then press Enter.
2. Type **LTRS** at the "Select Data Entry Option:" prompt and then press Enter.
3. Type **PCHS** at the "Select Print RCIS Letter Types Option:" prompt and then press Enter.
4. Type the name of the letter type you want to print at the "Select Type of Letter to be printed:" prompt and then press Enter.

<p><b>Note:</b> If you are unsure of the name of the letter type you wish to print type one or two questions marks (?) or (??) and a list displays the available options.</p>
---

You can also type the first few characters of the letter in the prompt and then press Enter.

- a. **AHCCS REFERRAL FORM –AZ:** This form is used in the Arizona (CHSDA) Contract Health Service Delivery Area.
  - b. **CALL-IN NOTIFICATION LETTER:** This letter is used when the patient presents themselves to a facility outside of IHS for care.
  - c. **IN-HOUSE REFERRAL:** This letter is used when sending letters for In-House Referrals.
  - d. **STANDARD IHS REFERRAL LETTER:** This letter is what you will be using the most. Depending on the CHS Status Approval field different text information will print out at the bottom of the letter.
5. Select a patient at the “Select Referral by Patient Name, date of referral or referral #:” prompt and then press Enter.
- a. You can select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no space), referral date or number or health record number.
  - b. If the patient has more than one active referral, a list of referrals will display on your screen. Choose the appropriate referral by entering the line item at “Choose 1-?” prompt and then press Enter

<p><b>Note:</b> You will not be prompted for step 6 for AHCCS REFERRAL FORM –AZ, CALL-IN NOTIFICATION LETTERS or IN-HOUSE REFERRAL LETTERS if you select one of these letters at the “Select Type of Letter to be printed:” prompt you can go to step 7.</p>
--

6. Type **Y** if you wish to change the patient’s CHS Approval Status or **N** if you want to leave the CHS Approval Status the same at the “Do you wish to Change the Existing CHS Approval Status?” prompt and then press Enter.
- a. If you type **N**, continue to step 7.
  - b. If you type **Y**, type **P** (Pending), **A** (Approved), or **D** (Denied) at the “CHS Approval Status:” prompt and then press Enter.
7. For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your referral letter. To review each page of the referral letter press Enter.

<p><b>Note:</b> Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.</p>
--

```
***** REFERRAL FORM PRINT *****  
  
This report will produce a hard copy computer generated referral letter.  
Select Type of Letter to be printed: ahccCS REFERRAL FORM-AZ  
  
Select Referral by Patient Name, date of referral or referral #: 11-30-  
2004  
1135100500027 DAY,JUSTIN 12/01/04 E - 5 PHYSICAL THERAPY  
PHYSICAL THERAPY  
  
This letter must be printed on a printer capable of 132 character print.  
  
DEVICE: HOME//
```

Figure 10-1: Printing referral letters

Exercises

A. Print a Standard IHS Referral Letter for CHS Approval Status for your patient.

## 10.2 Print Referral Letter (All Types of Letters) (PRF)

This option allows you to print all types of letters to send with the patient or forward the referral to provider. The referral type letter that prints for the referral record you select differs according to the referral type and status. If your site is interested in a site specific referral letter and meets the requirements of your state's health care program or the specific needs of other providers you can contact the IHS OIT Help Desk.

1. From the RCIS Main Menu, type **DE** at the "Select Referred Care Information System Option:" prompt and then press Enter.
2. Type **LTRS** at the "Select Data Entry Option:" prompt and then press Enter.
3. Type **PRF** at the "Select Print RCIS Letter Types Option:" prompt and then press Enter.
4. Type the name of the letter type you want to print at the "Select Type of Letter to be printed:" prompt and then press Enter.

**Note:** If you are unsure of the name of the letter type you wish to print type one or two questions marks (?) or (??) and a list displays the available options.

You can also type the first few characters of the letter in the prompt and then press Enter.

- a. **AHCCS REFERRAL FORM –AZ:** This form is used in the Arizona (CHSDA) Contract Health Service Delivery Area.
  - b. **CALL-IN NOTIFICATION LETTER:** This letter is used when the patient presents themselves to a facility outside of IHS for care.
  - c. **IN-HOUSE REFERRAL:** This letter is used when sending letters for In-House Referrals.
  - d. **STANDARD IHS REFERRAL LETTER:** This letter is what you will be using the most. Depending on the CHS Status Approval field different text information will print out at the bottom of the letter.
5. Select a patient at the “Select Referral by Patient Name, date of referral or referral #:” prompt and then press Enter.
- a. You can select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no space), referral date or number or health record number.
  - b. If the patient has more than one active referral, a list of referrals will display on your screen. Choose the appropriate referral by entering the line item at “Choose 1-?” prompt and then press Enter

**Note:** Step 6 will only display if there is **\*\*ROUTING SLIP INFORMATION IS ATTACHED TO THIS REFERRAL\*\***. If this is not the case, then skip to step 7.

6. Type **Y** or **N** at the “Do you wish to also Print the Routing Slip NOW?” prompt and then press Enter.
- a. If you type **N**, a Routing Slip will not print.
  - b. If you type **Y**, a Routing Slip will print
7. For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your referral letter. To review each page of the referral letter press Enter.

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

Exercises

A. Print a Standard IHS Referral Letter for your patient.

### 10.3 Print Routing Slips (PRS)

This option allows you to print Routing Slips. A Routing Slip contains basic referral information, patient identification data, and the facility to which the patient was referred. See Figure 10-2.

1. From the RCIS Main Menu, type **DE** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **LTRS** at the “Select Data Entry Option:” prompt and then press Enter.
3. Type **PRS** at the “Select Print RCIS Letter Types Option:” prompt and then press Enter.
4. Select a patient at the “Select Referral by Patient Name, date of referral or referral #:” prompt and then press Enter.
  - a. You can select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no space), referral date or number or health record number.
  - b. If the patient has more than one active referral, a list of referrals will display on your screen. Choose the appropriate referral by entering the line item at “Choose 1-?” prompt and then press Enter.
5. For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your referral letter. To review each page of the referral letter press Enter.

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

```

                                Routing Slip for Contract Health
*****
Patient Name:  BIRD,TWEETY                ID Number:  WE 92202
Referral Number:  1135100500001          Date Initiated:  OCT 06, 2004
                                           Appointment Date:  10/7/04

Referred to:  FEEL GOOD HOSPITAL
              LOVINGTON HWY 18
              HOBBS, NEW MEXICO  88241

-----
_____ PCC Visit Form                    _____
_____ Specialty Clinic Notes             _____
_____ Prenatal Record(s)                _____
    
```

_____	Signed Tubal Consent	_____
_____	Face Sheet	_____
_____	Health Summary	_____
_____	Most Recent EKG	_____
_____	History and Physical	_____
<u>  X  </u>	X-Ray / Report	_____
<u>  X  </u>	X-Ray Film	_____
_____	Consultation Report	_____
_____	Most Recent Lab Report	_____
Additional Documentation:		
Disposition: _____		
_____		
_____		

Figure 10-2: Sample Routing Slip

Exercises

A. Print a Routing Slip for your patient's referral.

## 11.0 Referral Management Menu

### Objective

Delete a referral record entered in error and close-out a referral record.

### Goal

- Upon completion of this objective, you should be able to delete a referral record that was entered in error
- Upon completion of this objective, you should be able to close out a referral record for the current fiscal year.

## 11.1 Deleting a Referral Entered in Error

This option is provided for deleting referrals that have been entered in error. Once a referral has been deleted, the entire referral record and related entries are not recoverable. If a referral is a CHS type and has been modified by the CHS office through the CHS system link, you will not be able to delete the referral record.

To delete a referral, follow these steps

1. At the RCIS main menu, type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **RRM** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **DELR** at the “Select Referral Management Menu Option:” prompt and then press Enter .
4. Enter a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
  - b. If the patient you select has more than one active referral a list of referrals will display on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
5. The referral record you select will then be displayed on the screen for browsing so that you can verify that it is the record that you want to delete.
6. After you have reviewed the record, type **Q** at the command line to quit.

- You are then presented with the option of deleting the referral, as shown below. Type **Yes** to delete the referral record or press the return key to accept the default value, **No**, and not delete the record.

```
THE ABOVE REFERRAL AND RELATED ENTRIES WILL BE REMOVED FOREVER !!!
Sure you want to delete? No//
```

Figure 11-1: Delete referral confirmation

**Note:** If the referral has been deleted from the system, a confirming message will appear on the screen. If the referral record you selected to delete is a CHS referral and has been modified by the CHS office, a message will appear indicating that the referral may not be deleted.

```
THE ABOVE REFERRAL AND RELATED ENTRIES WILL BE REMOVED FOREVER !!!
Sure you want to delete? No// y (Yes)

      The Selected Referral was NOT deleted.....
      This Referral either contains required Contract Health Service
Data!!
      OR the Referral has been CLOSED & the PCC Visit Link Created!
Figure 9 2: Delete CHS referral that has been modified
Select Referral Management Menu Option: DELR Delete Referral Entered in
Error

Select RCIS REFERRAL by Patient or by Referral Date or #: PATIENT,MAGDALENA
4-16-1996 0001019600046 PATIENT,MAGDALENA <UNKNOWN>
04/20/96 A - 1 F/U HOSPITALIZATION

RCIS Referral Display Jun 14, 2004 14:04:16 Page: 4 of
4
User: LINCOLN,ABE
Patient Name: PATIENT,MAGDALENA
+hart #: None

RCIS Referral Display Jun 17, 2004 08:49:15 Page: 1 of
4
User: USER,ABE

Patient Name: PATIENT,MAGDALENA
Chart #: None
Date of Birth: AUG 07, 1986
Sex: F

===== REFERRAL RECORD =====
DATE INITIATED: APR 16, 1996
REFERRAL #: 555555500046
PATIENT: PATIENT,MAGDALENA
TYPE: CHS
REQUESTING FACILITY: SHORT VISIT HEALTH STATION
REQUESTING PROVIDER: GUEST,JIM
FACILITY REFERRED TO (COM: <UNKNOWN>
PRIMARY PAYOR: IHS
ICD DIAGNOSTIC CATEGORY: RESPIRATORY DISORDERS
CPT SERVICE CATEGORY: EVALUATION AND/OR MANAGEMENT
```

```
INPATIENT OR OUTPATIENT:      OUTPATIENT

DAYS SINCE BEGIN DOS:        2980
STATUS OF REFERRAL:          ACTIVE
CREATED BY USER:            USER,PAUL
DATE CREATED:                APR 16, 1996
DATE LAST MODIFIED:         APR 16, 1996
PRIORITY:                    5

PURPOSE OF REFERRAL:         F/U HOSPITALIZATION

NOTES TO SCHEDULER:

ESTIMATED TOTAL REFERRAL : 500
ESTIMATED IHS REFERRAL CO: 250
ACTUAL APPT/BEGIN DOS:      APR 20, 1996
EXPECTED END DOS:           APR 20, 1996
OUTP NUMBER OF VISITS:      1
CHS APPROVAL STATUS:        APPROVED
CHS APPROVAL/DENIAL DATE:    MAY 08, 1996
CHS AUTHORIZATION COUNT:    -1
UPDATED ESTIMATED IHS COS:  -78
CHS AMOUNT AUTHORIZED TO :  -77
CHS AUTHORIZATION DEC STA:   STAFF,CAL
CHS AUTHORIZATION DEC REV:   MAY 31, 1996

ALTERNATE RESOURCE LETTER:

LOCAL CATEGORIES:

CHS AUTHORIZATIONS:

CHS APPROVAL STATUS AUDIT LOG:

===== Business/CHS Comments =====

DATE:                        JUN 14, 2004
REVIEWER:                    USER,ABE

THE ABOVE REFERRAL AND RELATED ENTRIES WILL BE REMOVED FOREVER !!!
Sure you want to delete? No// Y (Yes)..

Referral Record Deleted - 73
```

Figure 11-2: Deleting a referral record

Exercise:

A. Suppose one of your referrals was entered an error. Delete that referral record.

## 11.2 Close Out Referral – Current Fiscal Year

This option will allow you to Close Out Referrals for current fiscal year.

Notes: Ultimately, all referrals will be closed, either automatically or manually. The only referrals that will be closed automatically are CHS referrals, provided that the link was set up in the RCIS Site Parameters. When all purchases orders in the CHS system referencing a CHS referral have been paid, the referral will be automatically closed. If your site is not using the link with CHS, you must manually close using the Close Out Referral menu option.

Referral types other than CHS must be closed manually after the referred care services have been provided. You also must manually close referrals of all types if they are deemed canceled or if it is determined that all information that will be obtained has already been entered into the system.

To close out a referral, follow these steps:

1. Type **MGT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. Type **RMM** at the “Select RCIS Management Option:” prompt and then press Enter.
3. Type **CLO** at the “Select Referral Management Menu Option:” prompt and then press Enter
4. Enter a patient at the “Select RCIS Referral by Patient or by Referral Date or #:” prompt and then press Enter.
  - a. Select a patient by entering the patient’s name (last name then first name or initial, separated by a comma, no spaces), referral date or number or health record number.
  - b. If the patient you select has more than one active referral a list of referrals will display on your screen. Choose the appropriate initial referral by entering the line item at the “Choose 1-?” prompt and then press Enter.
5. Type **Y** or **N** at the “Do you want to enter final values?” prompt and then press Enter.
  - a. If you type **Y**, then type the appropriate number in which you need to modify the final values for your referral record at the “Edit Which Data Type:” prompt. See Section 7.1.1 for details on each of these options. Go to step 6.

0	QUIT
1	MINI MOD
2	ALL DATA
3	DATE/COUNTS

4	COSTS
5	ICD9 DX
6	CPT PROCEDURES
7	CASE REVIEW
8	PURPOSE/MED HX/OTHER DX INFO
9	BUSINESS OFFICE
10	DISCHARGE NOTES
11	ADD DOCUMENTATION
12	CHS ELIG FACTORS
13	OTHER REFERRALS
14	SEND MESSAGE

- b. If you type **N**, go to step 6.
6. Type the final status at the “Enter Final Status:” prompt and then press Enter (e.g., A-Active, C1-Closed-Completed, C2-Closed-Final Resolution Unknown, or X-Closed-Not Completed).

**Note:** If you select X-CLOSED-NOT COMPLETED in the “Enter Final Status: X//” go to Step 7. For one of the other Final Status are selected go to Step 8.

7. Type the reason why the reason was not completed at the “Reason Not Completed:” prompt. You can type the first few characters of the reason why referral was not completed or enter the number that is on your left side of the description and then press Enter. If you are not sure what choices are available type one question mark (?) and press Enter. A list of choices will display.

1	FAILED TO APPLY FOR ALTERNATIVE RESOURCES
2	FAILED TO KEEP APPOINTMENT
3	CONDITION RESOLVED
4	ADMINISTRATIVE ERROR
5	CHS DENIAL
6	UNKNOWN

8. Press Enter at the “Date Closed:” prompt.

**Note:** You will only get the next prompt if the Final Status entered is “C1-Closed” or “C2-Closed-Final Resolution Unknown.”

9. Type the date, if known, at the “Date Dsch Summ/Cons Ltr Rcvd:” prompt and then press Enter.

**Notes:** If all required referral record information was entered correctly, you are done.

If NOT all required referral record information was entered you will continue with step 10.

10. Type **Y** or **N** at the prompt “Required fields missing. Do you want to enter them?” prompt.
  - a. If you type **Y**, all required fields that are missing information from the referral record will display one at a time on the screen.
  - b. If you do not enter all the information for which you were prompted, you will be prompted to enter the information.
  - c. If you type **N**, you will return to Select Referral Management Menu Option.

**Note:** In order to close out your referral record all information requested must be entered.

11. Press Enter at the “Date Closed:” prompt.

**Note:** You will only get the next prompt if your final status is “C1-Closed” or “C2-Closed Final Resolution Unknown.”

12. Type the date, if known, at the “Date Dsch Summ/Cons Ltr Rcvd:” prompt and then press Enter.

Exercises

- A. Close Out one of your referrals for a Current Fiscal Year with a final status **CLOSED-NOT COMPLETED**. Enter the referral reason for record not completed as failed to apply for alternate resources.

## 12.0 Printing Reports

### Objective

Print reports to obtain tracking and management information regarding referred care.

### Goals

Upon completion of this objective, you should be able to print the following reports:

- Administrative Reports (ADM)
- Case Management Reports (CM)
- Utilization Reports (UTIL)
- RCIS General Retrieval (GEN) option

## 12.1 Administrative Reports

The Administrative Reports option provides a means for tracking active referrals, checking the status of CHS referrals, looking at the patterns of in-house referrals, and reviewing referrals for a particular time period. Figure 10 1 shows the reports that are available from this category.

To access the Administrative Reports menu, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main Menu, type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The Print Reports menu displays.
4. Type **ADM** at the “Select Print Reports Option:” prompt and then press Enter.
5. The Administrative Reports menu displays (Figure 12-1).
6. Select the report that you would like to print by typing the appropriate mnemonic at the “Select Administrative Reports Option:” prompt and then press Enter. Sections 12.1.1 through 12.1.5 detail how to run each of these reports.

```
*****
*                INDIAN HEALTH SERVICE                *
*      REFERRED CARE INFORMATION SYSTEM                *
*                VERSION 3.0, Jun 28, 2004            *
*****
                UNSPECIFIED SERVICE UNIT
                Administrative Reports
```

```
ARD    Active Referrals by Date
ARR    Active Referrals by Referred To
ARP    Active Referrals by Requesting Provider
CHD    CHS Denied Still Active
CHPD   CHS Paid
CHSR   CHS Status Report for Referrals
INHC   Tally of In-House Referrals by Clinic
INHP   Tally of In-House Referrals by Requesting Provider
INHR   In-House Report for Active Referrals
OUT    Referrals at an Outside Facility (Call In's)
RRR    Referral Review Report - By Time Period
RRRF   Referral Review Report - By Facility/Time Period
SRR    Secondary Referral Report
```

Select Administrative Reports Option:

Figure 12-1: Reports available through the ADM option

### 12.1.1 Active Referrals by Date (ARD)

The ARD report lists all active referrals ordered by date. Active referrals are those that have not yet been closed.

To run this report, follow these steps:

1. From the Administrative Reports menu, type **ARD** at the “Select Administrative Reports Option:” prompt and then press Enter.
2. Type **B** (Begin date of Service) or **I** (Date Referral Initiated) at the “Sort output by which of the above:” prompt and then press Enter.

**Note:** You may choose to list the referrals by the best available beginning date of service or the date they were initiated. The best available beginning date of service is the actual beginning date of service, if available. The date initiated is the actual date on which the referral was generated. If the actual date is not available, the expected beginning date of service is displayed. If you are generating a report by best available beginning date of service, an A or E displays after each date of service to indicate whether the date is actual or estimated.

3. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.

- a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
- b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), Q (Quit), or ?? (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

4. The report will then be printed or displayed onscreen (Figure 12-2).

**Note:** The A(Actual) and E (Estimated) printed after each date of service.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT
                ACTIVE REFERRALS BY BEGIN DATE OF SERVICE
                Page 1
BEGIN D.O.S. REFERRAL #      PATIENT NAME          REF
                PROV TYPE FACILITY REFERRED TO
-----
11/23/96 E    1135109600004    AEGAN,S              SG   CHS   DEMO MEDICAL CENTE
11/27/96 E    1135109600006    AEGAN,J              SG   CHS   DEMO ASSOCIATES IN
10/03/98 A    1135109700004    BOCKHURN,S          GUS  CHS   AMERICAN HOSPITAL AS
                STIEN,DEMO
06/14/04 A    1135100200002    ACKSTAYN,E          A,A  IHS   UNSPECIFIED SERVICE
09/09/04 A    1135100400005    BROWN,GRAY          ATW  CHS   SMITH D.D.S.,DEMO
09/20/04 A    1135100400008    BIRD,TWEETY         --   CHS   HEART BREAK HOSPITAL
09/23/04 E    1135100400015    DAY,SUNSHINE        A,A  CHS   LOVE MEDICAL CEN
09/27/04 E    1135100400019    BIRD,TWEETY         A,A  CHS   DEMO HOSPITAL
09/29/04 E    1135100400016    DAY,SUNSHINE        A,A  CHS   SUN MEDICAL CEN
09/30/04 E    1135100400017    DAY,SUNSHINE        A,A  CHS   HEART HOSPITAL OF NE
09/30/04 A    1135100400018    BIRD,TWEETY         A,A  CHS   ST.WEST HOSPITAL
10/07/04 A    1135100500001    DAY,SUNSHINE        A,A  CHS   REGIONAL HOSPITAL

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
    
```

Figure 12-2: Active Referrals by Date (sample report)

**Exercises**

- A. Display the Active Referral by Date report using data provided by the instructor.

### 12.1.2 Referrals by Referred To (ARR)

This report lists all active referrals by the provider to which the patient was referred. Active referrals are those that have not yet been closed.

To run this report, follow these steps:

1. From the Administrative Reports menu, type **ARR** at the “Select Administrative Reports Option:” prompt and then press Enter.
2. Type **Y** or **N** at the “Do you want each Facility Referred To on a separate page?” prompt and then press Enter.
3. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

4. The report will then be printed or displayed onscreen (Figure 12-3).

**Note:** The A (Actual) and E (Estimated) printed after each date of service.

BEGIN D.O.S	REFERRAL #	PATIENT NAME	REF PROV TYPE	FACILITY REFERRED TO
-----				
FACILITY REFERRED TO: MOON AMBULANCE EMS				
11/29/04 A	1135100500019	DAY,SUNSHNE	A,A CHS	MOON AMBULANCE EMS
FACILITY REFERRED TO: AMERICAN HOSPITAL ASSOCIATION				
10/03/98 A	1135109700004	BOCKHURN,S	GUS CHS	AMERICAN HOSPITAL AS STIEN,G.F
FACILITY REFERRED TO: DEMO HOSPITAL				

```
09/27/04 E 1135100400019 BIRD,TWEETY A,A CHS DEMO HOSPITAL
FACILITY REFERRED TO: HEART BREAK OF NEW MEXICO
09/30/04 E 1135100400017 DAY,SUNSHINE A,A CHS HEART BREAK OF NE
FACILITY REFERRED TO: REGIONAL HOSPITAL

RUN TIME (H.M.S): 0.0.0
End of report. HIT RETURN:
```

Figure 12-3: Active Referrals by Referred To (sample report)

<p>Exercises</p> <p>A. Display the Active Referrals by Facility Referred To report using data provided by the instructor.</p>
---

### 12.1.3 Active Referrals by Requesting Provider (ARP)

This report will list all active referrals at your facility sorted by the requesting provider. Active referrals are those that have not yet been closed.

To run this report, follow these steps:

1. From the Administrative Reports menu, type **ARP** at the “Select Administrative Reports Option:” prompt and then press Enter.
2. Type **A** (All Providers) or **O** (One Providers) at the “Display referrals for:” prompt and then press Enter.
  - a. If you type **A**, then type **Y** or **N** at the “Do you want each Provider on a separate page?” prompt and then press Enter.
  - b. If you type **O**, then type the name of the provider at the “Enter Referring Provider:” prompt and then press Enter.
3. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.

- b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

- 4. The report will then be printed or displayed onscreen (Figure 12-4).

**Note:** The A (Actual) and E (Estimated) printed after each date of service.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT
                ACTIVE REFERRALS BY REQUESTING PROVIDER
                Page 1

BEGIN D.O.S  REFERRAL #      PATIENT NAME          REF
                PROV TYPE FACILITY REFERRED TO
-----
REQUESTING PROVIDER:  --
09/20/04 A    1135100400008    BIRD,TWEETY          --   CHS  DEMO HOSPITAL
11/21/04 A    1135100500010    DAY,SUNSHINE         --   CHS  ST. MEDICAL CENTER
11/27/04 A    1135100500021    FERN,PLANT           --   CHS  LOVE MEDICAL CENTER

REQUESTING PROVIDER:  ADAM,ADAM
06/14/04 A    1135100200002    ACKSTAYN,DEMO       A,A  IHS  WHITE EARTH HEALTH C
                1135100400013    FERN,PLANT           A,A  CHS  LOVE MEDICAL CENTER
09/23/04 E    1135100400015    DAY,SUNSHINE         A,A  CHS  LOVE MEDICAL CENTER
09/29/04 E    1135100400016    DAY,SUNSHINE         A,A  CHS  LOVE MEDICAL CENTER
09/30/04 E    1135100400017    DAY,SUNSHINE         A,A  CHS  HEART BREAK OF NEW
09/30/04 A    1135100400018    BIRD,TWEETY          A,A  CHS  ST.WEST CENTER

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
    
```

Figure 12-4: Active Referrals by Requesting Provider (sample report)

**Exercises**

- A. Display the Active Referrals by Requesting Provider report using data provided by the instructor.

### 12.1.4 CHS Status Report for Active Referrals (CHSR)

This report prints out a list of all Active CHS referrals. You can select a date range by Date initiated, Status of Referral, and CHS status of Referral.

To run this report, follow these steps:

1. From the Administrative Reports menu, type **CHSR** at the “Select Administrative Reports Option:” prompt and then press Enter.
2. Type a beginning date at the “Enter beginning Referral Date:” prompt and then press Enter.
3. Type an ending date at the “Enter ending Referral Date:” prompt and then press Enter.
4. Type **P** (Pending), or **A** (Approved), or **D** (Denied), or **AL** (All) at the “Enter the CHS status of the Referral for the Report:” prompt and then press Enter.
5. Type **A** (Active), or **C** (Closed), or **B** (Both) at the “Enter the Status of the Referral for the Report:” prompt and then press Enter.
6. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or ?? (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

7. The report will then be printed or displayed onscreen (Figure 12-5).

***** CONFIDENTIAL PATIENT INFORMATION *****						
UNSPECIFIED SERVICE UNIT						Page 1
CHS REFERRALS: PENDING APPROVAL						
REFERRALS STATUS: ACTIVE						
REF DATE	PATIENT NAME	HRN	STATUS	PROV	FACILITY	REF TO
9/21/2004	FERN, PLANT CHEST PAIN	WE90804	P/A	A,A	LOVE MEDICAL CENTER	
9/22/2004	DAY, SUNSHINE CHEST PAIN	WE92202	P/A	A,A	HEART BREAK OF NEW MEXICO	
11/23/2004	FERN, PLANT ULTRA-SOUND ABD	WE90804	P/A	JOHNS	DEMO HOSPITAL	
11/29/2004	BIRD, TWEETY Specific examination	WE91001	P/A	DJ	PINE HEALTH STATION	

Press any key to continue:

Figure 12-5: CHS status report for active referrals (set-up and sample report)

Exercises

- A. Display the CHS Status Report For Active Referrals using data provided by the instructor.

### 12.1.5 Referral Review Report - By Time Period (RRR)

The Referral Review report (RRR) displays a list of referrals that were initiated within a specified time frame. Detailed information about each of the referrals is included in the report. In-house referrals are NOT included. This report is useful for the CHS or Managed Care Committee to review referrals initiated at your facility.

To run this report, follow these steps:

1. From the Administrative Reports menu, type **RRR** at the “Select Administrative Reports Option:” prompt and then press Enter.
2. Type a beginning date at the “Enter beginning Referral Initiated Date Range:” prompt and then press Enter. You will enter a date range indicating the dates on which the referrals were generated
3. Type a date range at the “Enter ending Referral Initiation Date:” prompt and then press Enter.
4. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

- The report will then be printed or displayed onscreen.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT
                JAN 07, 2005
                **WEEKLY CHS REVIEW LISTING BY DATE**
                BEG DATE: JAN 08, 2004
                END DATE: JAN 07, 2005
-----
Alternate Resource Letter Date:
-----

BIRD,TWEETY                WE91001    DOB: Jul 25, 1969  35 YRS 456963357
Tribe: SANDIA PUEBLO, NM    Req Provider: ADAM,ADAM
Referral #: 1135100400018    Date Referral Initiated: 09/23/04
3RD Party:
Refer To: ST.WEST MESA CENTER
Primary Payor: IHS                Referral Type:    CHS
Inpatient Admission Date: 09/30/04 A    LOS: 1 A
Purpose: KNEE SURGERY
Dx Cat:  OTHER PERINATAL CONDITIONS
Dx:      836.1    - MENISCUS TEAR KNEE
Proc:    29880    - KNEE ARTHROSCOPY/SURGERY
Priority: I    CHS Auth Dec: APPROVED    MCC Action:
Utilization Review by MD:
    
```

Figure 12-6: Referral Review by Tim Period (Sample Report)

Exercises

- Display the Referral Review By Time Period Report using data provided by the instructor.

## 12.2 Case Management Reports

The Case Management Reports group included report options for reviewing records of patients who are currently receiving referred services, identifying patients with high and potentially high costs of care, and tracking the receipt of discharge and consultation summaries.

To access the Case Management menu, follow these steps:

- Log on to the RCIS application.
- From the RCIS Main Menu, type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
- The Print Reports menu displays.
- Type **CM** at the “Select Print Reports Option:” prompt and then press Enter.
- The Case Management menu displays (Figure 12-7).

6. Select the report that you would like to print by typing the appropriate mnemonic at the “Select Case Management Reports Option:” prompt and then press Enter. Sections 12.2.1 through 12.2.5 detail how to run each of these reports.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*    VERSION 3.0, Jun 28, 2004          *
*****
          UNSPECIFIED SERVICE UNIT
          Case Management Reports

ILOG  Inpatient Log
AHDC  Area Hospital Discharges
OLOG  Outpatient Referral Log
HCU   List of High Cost Users
HCTX  Potential High Cost Cases
TDL   Timeliness of Receiving Disch/Consult Summary
DCNR  Patients for Whom Disch/Consult Summary Not Rec'd
TLOG  Transfer Log
CRD   Print Case Review Comments (By Date/Facility)
OTL   Outlier Report
RNK   Reasons Not Completed Report

Select Case Management Reports Option:

```

Figure 12-7: Case Management report menu

### 12.2.1 Inpatient Log (ILOG)

The Inpatient Log lists patients who are currently receiving inpatient treatment at outside facilities to which they were referred. To be included on this list, the patient’s referral must meet the following criteria:

- It is an inpatient referral
- The beginning date of service is today’s date or earlier
- The actual end date of service is blank, today’s date, or later than today’s date
- The status of the referral is active
- In-house referrals are not included

To run this report, follow these steps:

1. From the Case Management report menu, type **ILOG** at the “Select Case Management Reports Option:” prompt and then press Enter.
2. Type **F** (Facility Referred to), **C** (Case Manager), or **P** (Patient Name) at the “Sort output by which of the above:” prompt and then press Enter.

3. Type **D** (Detailed Report Listing) or **S** (Summary Report Listing) at the “Select Report Printing:” prompt and then press Enter. The summary report prints only the patient’s name, health record number, date of birth, facility referred to, provider, and admit date.
4. Type **Y** or **N** at the “Do you want each ‘output’ on a separate page?” prompt and then press Enter. The report output is determined by what you typed in step 2.
5. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

6. The report will then be printed or displayed onscreen.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT
                INPATIENT REFERRAL LOG
                Page 1
-----
FACILITY REFERRED TO: DEMO HOSPITAL

Name:          BIRD,TWEETY           HRN: WE91001   DOB: Jul 25, 1969   35 YRS
Tribe:         SANDIA PUEBLO, NM     3RD Party Elig:
Case Man:      Nxt Rev Dt:
Referral #:    1135100400019        Ref Phy: ADAM,ADAM
Facility:      DEMO HOSPITAL         Provider:
Adm Date:     09/27/04 E             LOS:          LOS to date: 105
Purpose:      MVA
Dx Cat:       RESPIRATORY DISORDERS
Srv Cat:      EVALUATION AND/OR MANAGEMENT
-----

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT
                INPATIENT REFERRAL LOG
                Page 2
-----
FACILITY REFERRED TO: HEART BREAK OF NEW MEXICO
    
```

Name:	DAY, SUNSHINE	HRN:	WE92202	DOB:	Jun 01, 1965	39 YRS
Tribe:	JEMEZ PUEBLO, NM	3RD Party Elig:				
Case Man:		Nxt Rev Dt:				
Referral #:	1135100400017	Ref Phy:	ADAM, ADAM			
Facility:	HEART BREAK OF NE	Provider:				
Adm Date:	09/30/04 E	LOS:	2 E	LOS to date:	102	
Purpose:	CHEST PAIN					
Dx Cat:	CARDIOVASCULAR DISORDERS					
Srv Cat:	NONSURGICAL PROCEDURES					
-----						

Figure 12-8: Inpatient Log (sample detailed report)

<p>Exercises</p> <p>A. Display the Inpatient Log Report using data provided by the instructor.</p>
--

### 12.2.2 Area Hospital Discharges (AHDC)

This discharge report prints a list of discharged patients by the ending date of service for all inpatient referrals. You will enter a beginning and ending date of discharge for the report and then select the detailed or summary report. The detailed report, shown below, prints a separate page for each referral and includes any discharge comments that have been entered. The summary report prints a continuous list with the same information as the detailed report except for purpose for referral, admit date, discharge date, and the discharge comments. In-house referrals are NOT included.

To run this report, follow these steps:

1. From the Case Management report menu, type **AHDC** at the “Select Case Management Reports Option:” prompt and then press Enter.
2. Type a beginning date at the “Enter beginning Ending DT of Service Date:” prompt and then press Enter.
3. Type an ending date at the “Enter Ending of Service Date:” prompt and then press Enter.
4. Type **D** (Detailed Patient Listing) or **S** (Summary Report Listing) at the “Select Report Printing:” prompt and then press Enter. The summary report prints only the patient’s name, health record number, date of birth, facility referred to, provider, admit date, and purpose of referral for each patient.
5. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter

- a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
- b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), Q (Quit), or ?? (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

6. The report will then be printed or displayed onscreen.

**Notes:** If you select the summary report, it should be printed on a printer capable of producing condensed print.

When running a summary report depending on whether you print or browse different information will display onscreen.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT                               Page 1
                **AREA HOSPITAL DISCHARGES BY DATE**

Pt Name/Purpose      Rec #    Age    Referral #    Community    Fac. Ref To
-----
BIRD,TWEETY        WE91001  35 YRS  1135100400018  SANDIA        ST.WEST CENTER
KNEE SURGERY      Admit Dt:  09/30/04  A-Disch Dt: 10/01/04  A LOS: 1 A

Discharge Comments: 11/30/2004  By: MOUSE,MICKEY
                PATIENT DISCHARGED ON 10/01/04 @ 10:30 AM..MM

RUN TIME (H.M.S): 0.0.0
End of report.  HIT RETURN:
    
```

Figure 12-9: Area Hospital Discharge (sample detailed report)

```

OUTPUT BROWSER          Jan 10, 2005 14:47:46          Page: 1 of 1

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT                               Page 1
                **AREA HOSPITAL DISCHARGES BY DATE**

Pt Name/Purpose      Rec #    Age    Referral #    Community    Fac. Ref To
-----
BIRD,TWEETY        WE91001  35 YRS  1135100400018  SANDIA        ST.WEST CENTER
DAY,SUNSHINE      WE92202  39 YRS  1135100500001  JEMEZ PUEB    REGIONAL CENTER

RUN TIME (H.M.S): 0.0.0
    
```

```

Enter ?? for more actions
+  NEXT SCREEN      -  PREVIOUS SCREEN      Q  QUIT
Select Action: +//
    >>>
    
```

Figure 12-10: Area Hospital Discharges (sample summary report)

Exercises

A. Display the Area Hospital Discharge Report using data provided by the instructor.

### 12.2.3 List of High Cost Users (HCU)

The HCU report option lists all patients who have incurred costs from referrals that exceed the amount you specify during a selected time period. This report includes the number of referrals that each of these patients has received and the total cost or IHS cost of service for those referrals during the time period. If Actual Cost is not available, Estimated Cost is used. In-house referrals are not included.

To run this report, follow these steps:

1. From the Case Management report menu, type **HCU** at the “Select Case Management Reports Option:” prompt and then press Enter.
2. Type a beginning referral date range at the “Enter beginning Referral Date:” prompt and then press Enter.
3. Type an ending referral date range at the “Enter ending Referral Date:” prompt and then press Enter.
4. Type a minimum dollar amount for the cost of services at the “Enter a dollar amount that will be used to determine high cost:” prompt and then press Enter. Any patient whose total service costs equal or exceed the amount you have specified will be considered a high-cost patient and will be included in the report.
5. Type **I** (Best Available IHS Cost) or **T** (Best Available Total Cost) at the “Use which COST in determining high cost users:” prompt and then press Enter. In cases where actual costs are available, those costs will be reported. If actual costs are unavailable, the estimated costs entered will be used.
6. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.

- a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
- b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), Q (Quit), or ?? (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

7. The report will then be printed or displayed onscreen.

```

OUTPUT BROWSER                Jan 10, 2005 14:58:39                Page:    1 of    1

***** CONFIDENTIAL PATIENT INFORMATION *****
                UNSPECIFIED SERVICE UNIT                Page 1
                HIGH COST USERS - using IHS COST

PATIENT NAME                HRN                DOB                SEX  # REFS  TOTAL COST
-----
ACKSTAYN, DEMO                WE17706                6/4/1989                F    1    $100.00
BIRD, TWEETY                WE91001                7/25/1969                F    7    $21,550.00
BLUEJEAN, LEVI                WE41026                12/18/1949                M    3    $1,050.00
BROWN, GRAY                WE90801                5/14/1950                M    2    $200.00
DAY, SUNSHINE                WE92202                6/1/1965                M    7    $19,900.00
FERN, PLANT                WE90804                6/25/1963                F    5    $1,955.00
FLOWERS, SUN                WE42702                4/16/1972                F    3    $15,250.00

RUN TIME (H.M.S): 0.0.0

                Enter ?? for more actions
+  NEXT SCREEN                -  PREVIOUS SCREEN                Q  QUIT                >>>
Select Action: +//
    
```

Figure 12-11: List of High Cost Users (sample IHS report)

**Exercises**

- A. Display the List Of High Cost Users Report using data provided by the instructor.

### 12.2.4 Timeliness of Receiving Disch/Consult Summary (TDL)

The TDL report tabulates the timeliness with which discharge letters are received from facilities to which patients have been referred. The report includes the total number of referrals to each outside provider and the number of discharge summaries received within the date range you specify. This report also tabulates the number of discharge summaries/letters received within 1 month of discharge, within 2-3 months, within 4-6 months, and more than 6 months. In-house referrals are not included.

To run this report, follow these steps:

1. From the Case Management Report menu, type **TDL** at the “Select Case Management Reports Option:” prompt and then press Enter.
2. Type a beginning referral date range at the “Enter beginning Referral Date:” prompt and then press Enter.
3. Type an ending referral date range at the “Enter ending Referral Date:” prompt and then press Enter.
4. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

5. The report will then be printed or displayed onscreen.

REFERRAL FACILITY	TOTAL REFS	NOT YET RECD*	<1 %	1-3 %	4-6 %	>6 %
-----						

A O ORTHOPEDIC SPECIALI	3	3	0	0	0	0	0	0	0	0	0
BROWN,DEMO MD	2	2	0	0	0	0	0	0	0	0	0
UNSPECIFIED PODIATRIST P	1	0	1	100	0	0	0	0	0	0	0
GOOD SAM MED CTR/RADIOL	1	1	0	0	0	0	0	0	0	0	0
GOOD SAMARITAN TRAUMA S	1	1	0	0	0	0	0	0	0	0	0
UNSPECIFIED MEDICAL	1	1	0	0	0	0	0	0	0	0	0
RUN TIME (H.M.S): 0.0.0											
End of report. HIT RETURN:											

Figure 12-12: Timeliness of Receipt of Discharge Letters (sample report)

Exercises	
A.	Display the Timeliness Of Receipt Of Discharge Letters Report using data provided by the instructor.

### 12.2.5 Transfer Log (TLOG)

This report lists detailed information for patients who are currently receiving treatment at outside referral facilities. To be included in this report, the referral must meet the following criteria:

- It is an inpatient referral
- The beginning date of service is today or earlier
- The expected end date of service is blank, or on or after today's date
- The status of the referral is active
- In-house referrals are not included.

To run this report, follow these steps:

1. From the Case Management report menu, type TLOG at the "Select Case Management Reports Option:" prompt and then press Enter.
2. Type **F** (Facility Referred to), **C** (Case Manager), **P** (Patient Name), or **R** (Referring Physician) at the "Sort output by which of the above:" prompt and then press Enter.
3. Type **Y** or **N** at the "Would you like entries listed alphabetically by patient name?" prompt and then press Enter.
4. Type **Y** or **N** at the "Do you want each 'output' on a separate page?" prompt and then press Enter. The output is determined by what you typed in step 2.
5. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the "Do you wish to:" prompt and then press Enter.

- a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter .
- b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

6. The report will then be printed or displayed onscreen.

```

***** CONFIDENTIAL PATIENT INFORMATION ***** Referral Summary (TLOG) Page 1
RCIS RUN SITE: POINT HEALTH STATION
Report Run Date: Jan 10, 2005 3:10:53 pm
-----
FACILITY REFERRED TO: UNSPECIFIED SERVICE UNIT

Name: ACKSTAYN,DEMO           6/4/1989 15 YRS           Ref #:1135100200002
Tribe: INDIAN NON-TRIBAL ME  Tribal #: < ? >   CROOKSTON
WE#: 17706
Referred To: UNSPECIFIED SERVICE UNIT           Attending:
Referred By: ADAM,ADAM
Beg DOS: 6/14/04   Est LOS: 1   LOS to Date: 210
Purpose: TEST
Primary Payor: IHS
Business Office Notes: 9/22/2004 By: MARTIN,B
          PATIENT WORKING ON FILLING OUT MEDICAID INFORMATION.

Rcis diagnosis
.9999 - THIS IS A TEST
250.00 -
.0540 -
012.85 -
346.10 -

Enter RETURN to continue or '^' to exit:
    
```

Figure 12-13: Transfer Log (sample report)

**Exercises**

- A. Display the Transfer Log Report using data provided by the instructor.

## 12.3 Utilization Reports

Utilization reports provide a means for tracking the number of referrals initiated and the costs associated with those referrals. This information is presented by provider or facility for identifying the source of high referral rates and costs.

To access the Utilization Reports menu, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main Menu, type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The Print Reports menu displays.
4. Type **UTIL** at the “Select Print Reports Option:” prompt and then press Enter.
5. The Utilization Reports menu displays (Figure 12-14).
6. Select the report that you would like to print by typing the appropriate mnemonic at the “Select Utilization Reports Option:” prompt and then press Enter. Sections 12.3.1 through 12.3.2 detail how to run each of these reports.

```

*****
*          INDIAN HEALTH SERVICE          *
*    REFERRED CARE INFORMATION SYSTEM    *
*    VERSION 3.0, Jun 28, 2004          *
*****
          UNSPECIFIED SERVICE UNIT
          Utilization Reports

RFP    Referral Patterns by Provider or Facility
CHSC   CHS Referral Costs By Requesting Prov/Facility
TTDX   Top Ten Diagnosis Report
TTPX   Top Ten Procedure Report

Select Utilization Reports Option:
    
```

Figure 12-14: Utilization Reports menu

### 12.3.1 Referral Patterns by Provider or Facility (RFP)

This report displays referral patterns for each provider at your facility or for your entire facility. The report tabulates the total number of referrals initiated, the total number of each type of referral, and the rate of referrals per 100 PCC visits. Cancelled referrals and in-house referrals are not included from the report.

**Note:** The rate of referral will be included only if you are utilizing the PCC.

To print the Reasons Not Completed report, follow these steps:

1. From the Utilization report menu, type **RFP** at the ““Select Utilization Reports Option:” prompt and then press Enter.
2. Type the date you wish to start the date range with at the “Enter beginning Referral Initiation Date:” prompt and then press Enter.
3. Type the date you wish to end the date range with at the “Enter ending Referral Initiation Date:” prompt and then press Enter.
4. Type **P** (Requesting Provider) or **F** (Requesting Facility) at the “Run the report for requesting:” prompt and then press Enter.
5. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

6. The report will then be printed or displayed onscreen. The sample report in Figure 12-15 shows referral patterns by the requesting provider.

***** CONFIDENTIAL PATIENT INFORMATION *****							Page 1
UNSPECIFIED HOSP							
REFERRAL PATTERNS BY REQUESTING PROVIDER							
PROVIDER	REFS INITIATED	IHS REFS	OTHER REFS	CHS REFS	# PCC VISITS	TOTAL REF PER 100	RATE PCC VISITS
PROVIDER, ADAM	10	1	1	8	27		37
PROVIDER, LYDIA	1			1	0		
PROVIDER, USER	1			1	0		
PROVIDER, GARY	1			1	0		
PROVIDER, TEST	5			5	0		
PROVIDER, BRIAN R	11	1		10	569		2
PROVIDER, CONTRACT	4			4	0		
PROVIDER, MARY	61		2	59	0		
PROVIDER, JACK	1			1	0		

```
RUN TIME (H.M.S.): 0.0.9
End of report. HIT RETURN:
```

Figure 12-15: Referral Patterns by Provider or Facility (sample report)

Exercises

- A. Display the Referral Patterns By Requested Provider and Facility Report using data provided by the instructor.

### 12.3.2 CHS Referral Costs by Requesting Prov/Facility (CHSC)

The CHSC report displays CHS referral costs by requesting provider or referring facility. The report will include the total number of referrals, total number or CHS referrals, total cost of CHS referrals, number of PCC visits, and CHS referral cost per 100 PCC visits. Cancelled referrals are not included in this report.

Note: the number of PCC visits and the referral cost per 100 PCC visits will be included only if you are utilizing the PCC interface.

To print the Reasons Not Completed report, follow these steps:

1. From the Utilization Reports menu, type **CHSC** at the “Select Utilization Reports Option:” prompt and then press Enter.
2. Type the date you wish to start the date range with at the “Enter beginning Referral Initiation Date:” prompt and then press Enter.
3. Type the date you wish to end the date range with at the “Enter ending Referral Initiation Date:” prompt and then press Enter.
4. Type **P** (Requesting Provider) or **F** (Requesting Facility) at the “Run the report for requesting:” prompt and then press Enter.
5. Type **A** (Actual CHS Cost) or **B** (Best Available CHS Cost) at the “Which Cost Data Should be Used:” prompt and then press Enter. You will also elect to include either actual CHS costs or best available CHS costs.

**Note:** If you select actual costs, be aware that the costs are only those known to date. As subsequent bills are received and paid, the cost figures will increase. The best available CHS costs are based upon actual costs incurred plus estimated figures.

6. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.

- a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the "Device:" and "Right Margin:" prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
- b. If you type **B**, the report displays. You will be prompted for the following actions at the "Select Actions:" prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

7. The report will then be printed or displayed onscreen. The sample report in Figure 12-16 lists the best available CHS referral costs by requesting provider.

```

***** CONFIDENTIAL PATIENT INFORMATION *****
                                UNSPECIFIED HOSP
                                Page 1

CHS REFERRAL COSTS** BY REQUESTING PROVIDER

PROVIDER          # REFS    # CHS    TOTAL CHS    # PCC    CHS REF COST
                   INITIATED  REFS    REF COST    VISITS   PER 100 PCC VISITS
-----
PROVIDER,ADAM      10         8      $2,150        27         7963
PROVIDER,LYDIA     1         1      $2,500         0
PROVIDER,USER      1         1         $0           0
PROVIDER,GARY      1         1         $0           0
PROVIDER,TEST      5         5     $755,000      0
PROVIDER,BRIAN R   11        10     $23,100       569        4060
PROVIDER,CONTRACT  4         4         $500         0
PROVIDER,MARY     61        59     $23,819         0
PROVIDER,JACK      1         1         $0           0

** These costs are based on best available data (actual or estimates).
Actual completed costs may vary from this.

RUN TIME (H.M.S): 0.0.2
End of report. HIT RETURN:
    
```

Figure 12-16: CHS Costs by Requesting Provider (sample report)

**Exercises**

- A. Display the CHS Referral Costs By Requesting Provider Report using data provided by the instructor.

## 12.4 The RCIS General Retrieval option

The RCIS General Retrieval is a very flexible report option that lists and/or counts patient referrals. This report option enables you to select which patients to include in the report, which data items to print, and how the data is sorted. Depending on the choices you make, you can generate a very specific report or a very general report. You may also save the logic used to produce the report for future use.

If you design a report that is 80 characters or fewer in width, it can be displayed on your screen or printed. If your report is 81-132 characters wide, it must be printed and can only be printed on a printer capable of producing 132 character lines. Each report includes a cover page that details the user-defined criteria.

To access the RCIS General Retrieval (GEN) option, follow these steps:

1. Log on to the RCIS application.
2. From the RCIS Main Menu, type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
3. The Print Reports menu displays.
4. Type **GEN** at the “Select Print Reports Option:” prompt and then press Enter.
5. To begin generating a report using the General Retrieval option, you will need to indicate whether you are creating a new report or using logic that you saved from a previous report. Type **P** (A previously Defined Report) or **N** (Create a New Report) at the “Which Type of Report Do You Wish To Generate:” prompt and then press Enter.
6. Sections 12.4.1 through 12.4.2 explain how to create each of these reports.

### 12.4.1 Creating a New Report

To create a new report, follow these steps:

1. From the Print Reports menu, type **GEN** at the “Select Print Reports Option:” prompt and then press Enter.
2. Type **N** (Create A New Report) at the “Which type of report do you wish to generate:” prompt and then press Enter.
3. You will be presented with a referral selection menu.
4. The select action items available for browsing this menu:

<b>S</b> (Select Items)	<b>+</b> (Next Screen)	<b>Q</b> (Quit Item Selection)
<b>R</b> (Remove Items)	<b>-</b> (Previous Screen)	<b>E</b> (Exit Report)

**S** (Select Items)

**+** (Next Screen)

**Q** (Quit Item Selection)

**??** (for more actions)

5. When you are ready to select items, type **S** at the “Select Action:” prompt and then press Enter .
6. You can select patient referrals based on any combination of the data items in the list at the “Which Referrals Item(s):” prompt. Enter a list or a range of numbers at the next prompt; for example, 1-4,5,20 or 10,12,20,30. Then you will be prompted to define values for the items you chose, as applicable. For instance, if you selected age, you would be prompted to enter an age range.
7. After you have selected and defined referral selection items, you will be returned to the referral selection item list. The items that you selected will be marked with an asterisk (\*).
8. You can add or remove items at this point, if needed, by typing **S** (Select Items) or **R** (Remove Items) at the “Select Action:” prompt.
9. When you are finished marking your selections, type **Q** at the “Select Action:” prompt to leave this screen.
10. Next you will need to select a report output and enter your choice at the “Choose Type of Report:” prompt and then press Enter key. The following five output formats are available.
  - **T** (Total Count Only)
  - **S** (Sub-counts and Total Count)
  - **D** (Detailed Referral Listing)
  - **N** (Numeric Item Basic Statistics)
  - **R** (Referral Record Display)
11. The Print Item Selection Menu displays. Enter your selection of items that you want to print at the “Select Action:” prompt.
  - a. For each item selected, you will be taken to a screen to set column width. For training purposes, press Enter.

**Note:** See your Site Manger to set up column width.

  - b. Once you have made your selection, type **Q** at the “Select Action:” prompt and then press Enter twice.
12. Type **Y** or **N** at the “Do you want to print a separate page for each referral Date?” prompt and then press Enter.

13. Type **Y** or **N** at the “Would you like a custom title for this report?” prompt and then press Enter.
  - a. If you type **Y**, then enter the name of the custom title at the “Enter custom title:” prompt and then press Enter.
  - b. If you type **N**, then go to step 14.
14. Type **Y** or **N** at the “Do You Wish to Save this Search/Print/Sort Logic for future use?” prompt.
  - a. If you type **Y**, then enter a name for the report definition at the “Enter Name for this Report Definition:” prompt and then press Enter.

**Note:** Begin each report name with “BMC”. This will help you find your reports more easily in the future.

- b. If you type **N**, then go to step 15.
15. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

### **Total Count Only**

This format displays only the counts for the information you select from the referral. For example, if you only select the date a referral was initiated for a particular time frame, this format will only give you the number of referrals initiated in that time frame.

### **Sub-counts and Total Count**

This format displays subtotals for all the search criteria you select in a report and the total referral counts found.

### Detailed Referral Listing

This format displays more detailed information for the referrals you select. Once you have selected the search criteria for the referrals you want, you will be prompted to select the information from those referrals that you want to print. The system will also prompt you to select the field widths for the printed report. Then you will be prompted to select one of the selection criteria on which to sort the report. A summary of the all the selections you have made will display before the report prints.

### Numeric Item Basic Statistics

This format will provide basic statistics (sum, count, mean, max, min) on any one of the 'Numeric Items' listed below allowing you to create a custom report by the selections you make. Upon selection of a 'Numeric Item' a list of 'Sort' Choices will also be displayed. This 'Sort' Choice is provided for the purpose of Totaling and/or Sub-totaling all records selected.

### Numeric Item Selection Menu

- |                         |                        |
|-------------------------|------------------------|
| 1 Age                   | 6 CHS Amt Auth to Date |
| 2 Actual Total Cost     | 7 CHS IHS Paid to Date |
| 3 Best Avail Total Cost | 8 CHS FI Total to Date |
| 4 Actual IHS Cost       | 9 Best Avail Inpt LOS  |
| 5 Best Avail IHS Cost   | 10 Actual Inpt LOS     |

For example, choosing 'Actual Cost' as the Numeric Item and, then, choosing Primary Vendor as the 'Sort' Choice would produce a report of Actual Cost statistics (Sub-totaled by Vendor). If you choose NOT to select a 'Sort' Item, the report would produce only one Grand Total (sum, count, mean, max, and min, etc.) for all 'Actual Cost' statistics.

### Referral Record Display

This format will display the entire referral for all of the referrals that meet the search criteria you select. You can print the referral listing to a specific device or view it onscreen.

#### Exercises

- A. Create a custom General Retrieval Report using data provided by the instructor.

## 12.4.2 Previously Defined Report

To use logic that you saved from a previous report, follow these steps:

1. From the Print Reports menu, type **GEN** at the “Select Print Reports Option:” prompt and then press Enter.
2. Type **P** at the “Which type of report do you wish to generate:” prompt and then press Enter.
3. Type the name of the report (starting with “BMC” you want to use at the “Report Name:” prompt and then press Enter. Including BMC in your report name will help you find them more easily.

**Note:** You may type two question marks (??) to review previously saved report names.

4. Type **Y** or **N** at the “Would you like to change custom title for this report?” prompt and then press Enter.
  - a. If you type **Y**, then enter the new custom title at the “Enter Custom Title:” prompt.
  - b. If you type **N**, go to step 5.
5. You may print the report or browse the output onscreen. Type **P** (Print Output) or **B** (Browse Output on Screen) at the “Do you wish to:” prompt and then press Enter.
  - a. If you type **P**, you will be prompted for Type of Device (e.g., HOME) and Right Margin length (e.g., 80). For training purposes, press Enter at both the “Device:” and “Right Margin:” prompts. The system will display your report. To review each page of the report, press Enter. To exit, type a caret (^) and then press Enter.
  - b. If you type **B**, the report displays. You will be prompted for the following actions at the “Select Actions:” prompt: + (Next Screen), - (Previous Screen), **Q** (Quit), or **??** (for more actions).

**Note:** Please see your site manager on what Type of Device to use to print your letters and what Right Margin length needs to be set.

6. The Report displays or prints.

Exercises

- A. Display a Previous Defined Report using data provided by the instructor.

## 12.5 The Delete General Retrieval Report Definition (DGR) option

This option on the Reports menu allows you to delete any report types that have been saved using the General Retrieval Report Generation tool. It is recommended that you delete saved report types that are no longer used.

You will be prompted to enter the name of the saved report type and then confirm the deletion. Remember that once a report type has been deleted, it can no longer be retrieved. A confirmation message appears after the report has been deleted.

To delete a General Retrieval Report, follow these steps:

1. Type **RPT** at the “Select Referred Care Information System Option:” prompt and then press Enter.
2. The Print Reports menu displays.
3. Type **DGR** at the “Select Print Reports Option:” prompt and then press Enter.
4. The Delete General Retrieval Report Definition screen displays.
5. Type the name of the report that you want to delete at the “Report Name:” prompt and then press Enter.

**Note:** You may type two question marks (??) to review the name of the reports.

6. Type **Y** or **N** at the “Are you sure you want to delete the ‘REPORT NAME’ report definition?” prompt and then press Enter.
  - a. If you type **Y**, go to step 7.
  - b. If you type **N**, go to step 3.
7. A message displays, confirming the deletion and then you are taken back to the Print Reports menu.

### Exercises

- A. Delete one of the report types that you have saved using the General Retrieval Report Generation functions.

## Contact Information

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

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

**Web:** <https://www.ihs.gov/helpdesk/>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)