

RESOURCE AND PATIENT MANAGEMENT SYSTEM

Referred Care Information System (RCIS)

(BMC)

Addendum to User Manual

Version 4.0 Patch 16 June 2024

Office of Information Technology Division of Information Resource Management

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1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Referred Care Information System (RCIS) v4.0. These changes will be integrated into future versions of the software and user manuals. These changes will no longer be considered an addendum at the time of the next version release.

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

1.1 PRC Medical Priorities

The Indian Health Service Purchased Referred Care Medical Priorities are designed to better integrate patient care to meet the combined goals of improved patient outcomes and satisfaction.

Referral care is organized into four equal categories, in each of which are three priorities of care; Core (1), Intermediate (2), & Elective (3). Priority 4 includes Excluded Services.

Referral Care Categories

- a. Preventive and Rehabilitative Services: Services designed to maintain health, prevent disease or the complications of disease, as well as those services intended to return or maintain a higher level of physical functioning.
- b. Medical, Dental, Vision & Surgical Services: Services provided by medical, dental, vision, or surgical specialists, as well as diagnostic tests, equipment, and supplies, whose purpose is the diagnostic and treatment of disease.
- c. Reproductive & Maternal/Child Health Services: Reproductive and gynecological services as well as services provided to newborns, children, and adolescents.
- d. Behavioral Health Services: Services intended to address the mental health needs of the patient, including treatment of substance abuse disorders.

Referral Care Priorities

Core services (Priority 1): Essential

Must meet both criteria:

1. The service must be; indicated to protect life, limb, or vision in the next 30 days, or indicated for a substantial proportion of patients in the Indian Health Service.

2. The service must be an essential component of the current standard of care for the condition (i.e., you cannot provide appropriate care without the service).

Intermediate (Priority 2): Necessary

Standard of care services that are necessary for the diagnosis and management of chronic and non-emergent acute conditions.

Elective (Priority 3): Justifiable

Clinically justifiable services intended to enhance health and well-being.

Excluded (Priority 4): Includes cosmetic & experimental services

1.2 Summary of Changes

Patch 16 includes the following changes for both the Resource and Patient Management System (RPMS) RCIS application and the Referred-RCIS tabs located in the Electronic Health Record (EHR) Application.

RPMS RCIS application include:

- Close out amount for Tribal Supplement changed to allow dollars and cents instead of whole dollar amounts
- New Appointment Letter
- New age parameter for Referral letters to address Parents of Child
- Multiple Reports include option to save Excel file
- Systematized Nomenclature of Medicine (SNOMED) option added to General Retrieval Report
- Modification made to accept future appointment dates

RPMS RCIS application and RCIS tabs in EHR include:

- Add "C1" suffix to Referral Number for Call-Ins
- Prevent creation of "duplicate" referrals
- Referral Letter includes additional information for requested services
- Replace Contract Health with Purchased Referred Care (PRC) on Referral Letter
- Standardize Medical Priority options
- Use Actual begin/end date of service and Actual admission/discharge date on Referral form

RCIS tabs in EHR include:

- Changes included in both Referral/Template Referral forms and Non-patient centric RCIS tab:
 - Fix Integrated Problem List (IPL) List incorrectly displays
 - Fix error when saving provider narrative
 - Fix display of Referral Notes for secondary referrals
 - Prevent user from being able to close referral in EHR
 - Allow edit on a closed referral
 - Display Direct email dialog regardless if Direct email is entered
 - Display Direct email dialog for IHS facilities
 - Display Unique Entity Identifier (UEI) code in the Vendor Search option in Add/Edit Referral
 - Special characters not allowed in priority field
- Additional Changes to Non-patient centric RCIS tab:
 - New Columns for Primary Care Provider (PCP) and Transition of Care (TOC) acknowledgement date

2.0 Patch 16 Changes–RPMS RCIS

2.1 Close out amount for Tribal Supplement changed to allow dollars and cents instead of whole dollar amounts

When adding or editing inpatient or outpatient referrals the final close out values were modified to accept dollar values with two decimal places.

Menu Paths include:

- RCIS \Rightarrow DE \Rightarrow ADD
- $RCIS \Rightarrow DE \Rightarrow RFY$
- $RCIS \Rightarrow DE \Rightarrow EDIT \Rightarrow MOD$
- $RCIS \Rightarrow DE \Rightarrow EDIT \Rightarrow MR$

Referral: 2321012400042 PATIENT: DEMO,PATIENT - PREFERRED NAME*	Date Entered: JAN 16,2024 PCC VISIT: JAN 16,2024@15
REQUESTING FACILITY: 2021 DEMO HOSPITAL (REQUESTING PROVIDER: DEMO,DOCTOR Do you wish to view a FACE SHEET? N	CASE MANAGER: CLERK, REGISTRAT INPT OR OUTPT: INPATIENT
REFERRAL TYPE: CHS	PRIMARY PAYOR: IHS
Provider OR Facility Referred To: UNSPECIFIE	CD
Do you want to change the above Referral Pro	ovider/Facility? N
PURPOSE OF REFERRAL: S	TED COST: 100.25
Referral SNOMED: ACT	UAL COST: 80.54
PRIORITY: 6 ESTIMATED	IHS COST: 92.87
Appt/Begin DOS: ACTUAL	IHS COST: 75.96
A APIess fecurin at any off	COST DATA.
DIAGNOSTIC/PROCEDURAL/MED HX:	Referral Status: ACTIVE
COMMAND:	Press <pf1>H for help Insert</pf1>

Figure 2-1: Display of close out amount for Tribal Supplement dollars and cents

2.2 New Appointment Letter [PAPT]

A new Appointment letter was created to supplement the referral letter. It includes detailed information and instructions for the patient. The letter includes the referred provider details, referral number, appointment date, and approved visits. There is site-specific text for both inpatient and outpatient in the site parameters. If the site has specific instructions for their facility, this information will print on the last line before the PRC signature line. This letter has a top margin for use on an IHS letterhead.

PRC Appointment Letter is available for CHS, IHS, and OTHER referral types. The letter is not available for In-house referral type, the user will receive a message to select a CHS, IHS Facilities, or OTHER referral type.

Menu Path = RCIS => MGT => ESP



Figure 2-2: Site Specific parameters for Inpatient and Outpatient Letter Text

Menu Path = RCIS => MGT => DISP => DSP

```
      OUTPUT BROWSER
      Mar 26, 2024 12:59:52
      Page: 6 of 6

      RCIS Site Parameter Display
      +

      Purchased Referred Care
      -

      INPATIENT Appointment Letter Text:
      -

      Demo of Inpatient appointment text.
      -

      OUTPATIENT Appointment Letter Text:
      -

      Demo of Outpatient appointment text.
      -

      Enter ?? for more actions
      >>>

      +
      NEXT SCREEN
      -
      PREVIOUS SCREEN
      Q

      Select Action: +//
      -
      -
      >>>
```

Figure 2-3: Sample display of Inpatient and Outpatient site specific text

Menu Path = RCIS => DE => LTRS => PAPT

IMPORTANT REFERRAL INFORMATION						
MAR 26, 2024						
**To the Parents of PATIENT DEMO:						
PATIENT DEMO 1234 Main Street YOURTOWN, OKLAHOMA 76777						
Provider: UNSPECIFIED Referral #: 2321012400002						
Address: 1000 FISHER LANE Approved Visits: 3 ROCKVILLE, MARYLAND 20857 Phone #:						
If you are unable to keep your appointment, please contact the facility you were referred to or contact the PRC office to cancel and/or reschedule. If the appointment has changed, please inform the PRC office with the new appointment date. An appointment letter will not be provided if you no-show or reschedule an appointment.						
****We are not responsible for No Show Charges****						
• Appointment Check-in: When you check in for your appointment, please provide the facility with your insurance information if you have Medicare, Medicaid or Private Insurance.						
 Follow-up/Additional Appointments: If the provider, at your appointment, schedules a follow up visit, additional testing (i.e. CT scan, MRI, etc.), or refers you to another provider, please contact PRC. 						
 Prescriptions: Outside prescriptions can be filled at IHS if there is an approved PRC referral and no restrictions are noted in the Patient's chart. 						
• Medical Bills: When you receive a bill for your visit, bring it to the PRC department for payment. If your bill continues to go unpaid please contact the PRC Supervisor, CLERK,ADMISSION.						
The patient, parent or guardian is responsible for notifying PRC about any additional referrals during this appointment. You may be requested to see your Primary Care Provider to follow-up or issue new referrals.						
All referrals expire once the number of authorized visits are used or up to 90 days from the date of approval.						
If you need transportation, please call (888)123-4444 to reserve a seat. The reservation should be made 2 days prior to your appointment.						
Thank you, PRC STAFF						

Figure 2-4: Display of Appointment Letter

2.3 New age parameter for Referral letters to address Parents of Child

A new parameter, "Age for Minor", was created to allow sites to indicate at what age the patient is still considered a minor. It is this age and under that the letters will be addressed to the child's parents. The default parameter will be 18 and the site will be able to select a value between 15-25.

The Print Alternate Resource Application Letter (PARL) will include an address line "**TO THE PARENTS OF DEMO, PATIENT:". Provider phone number will display below the provider address.

Menu Path = RCIS => MGT => ESP

UPDATE REFERRED CARE INFORMATI	ON SYSTEM (RCIS) PARAMETERS
Referral Year 24	STATE: NEW MEXICO
ACTIVATE CHS LINK? YES	ACTIVATE PCC LINK? YES
PROMPT FOR MGED CARE COM ACTION? YES	PROMPT FOR LOCAL CATEGORIES? DO
PROMPT FOR ICD/CPT CODES? NO	AGE FOR MINOR: 17
ENTER YOUR SITE'S 'OTHER' LOCATION:	OTHER
CASE MGR: CLERK, REGISTRATION CH	S SUPERVISOR: CLERK, ADMISSION
BUSINESS OFFICE SUPERVISOR: CLERK, SCHEDU	LING
Referral Facility Addres	s (return):
REFERRAL CONTACT NAME: REFERRAL CONTACT	
REFERRAL CONTACT PHONE: (555)555-5555	THIRD PARTY SIGNATURE: 3P SIG
RCIS ACTIVATION DATE: APR 29,2003	BENEFITS COORDINATOR:
Mailman/Alert Parameter (return):	UNIVERSAL OR SITE SPEC. LOOKUP: U
PRIORITY ON ALL REFERRALS? YES	MCC ACTION HS DISPLAY:
PRIORITY HELP TEXT (return):	SITE-SPECIFIC LETTER TEXT (return):
SEC REF AUTO POPULATE POV: NO	Prompt to print Consult Letter:
COMMAND	Press <pf1>H for help Insert</pf1>

Figure 2-5: Edit Parameters screen for AGE FOR MINOR

OUTPUT BROWSER Mar 07, 2024 10:57:55 Page: 3 of 6 RCIS Site Parameter Display +AHCCCS NAME: AHCCCS ADDRESS: AHCCCS TELEPHONE NUMBER: AHCCCS PROVIDER NO: HLTH SUM DISPLAY MCC ACTION: CHS INPAT DEN CLOSE REF: YES CHS OUTPAT DEN CLOSE REF: YES CHS REQUIRE REFERRAL: YES CHS APPEAL UPDATE REF: YES SECONDARY REF POV: NO MAILMAN SUBJECT-PAT NAME: YES PROMPT FOR CONSULT LETTER: Send Alert: Ref Phy: NO Send Alert: Primary Provider: NO AGE FOR MINOR: 17

Menu Path = RCIS => MGT => DISP => DSP

Figure 2-6: Display Site Parameters screen for AGE FOR MINOR

Menu Path = RCIS => DE => LTRS => PARL

PUBLIC HEALTH SERVICE PHS INDIAN HEALTH SERVICE MAR 21, 2024 **To the Parents of PATIENT DEMO: PATIENT DEMO 1234 Main Street YOURTOWN, OKLAHOMA 76777 Provider: DESERT MRI MED DIAGNOSTICS 2135 W SOUTHERN MESA, ARIZONA 85202 (602 835-3745) Service Date: Referral: 2321012400020 Services: MRI Est. Amount: \$0.00 Dear Patient: The information that has been provided to the CHS Office indicates that you may be qualified for an alternate resource. Pursuant to IHS Regulations, 42 CFR Part C (attached), you are required to make a good faith effort to complete an application for alternate resources. You must provide this facility with a copy of the alternate resource program's eligibility determination. THE APPLICATION PROCESS REQUIRES YOU TO DO THE FOLLOWING: A. You must contact KIDSCARE to schedule an appointment to complete an application. It is very important that you keep your scheduled appointment.

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B. You will need to bring the following documentation with you to your appointment: You might also have to provide the alternate resource program with additional documentation specially requested prior to or during your appointment. IF YOU ARE UNABLE TO APPLY FOR AN ALTERNATE RESOURCE OR ARE HAVING DIFFICULTY APPLYING, THE CHS OFFICE IS AVAILABLE TO ASSIST YOU. IF AN ALTERNATE RESOURCE APPLICATION IS NOT COMPLETED, OR IF YOU DO NOT CONTACT THE CHS OFFICE FOR ASSISTANCE IN COMPLETING AN APPLICATION, WITHIN 30 DAYS OF THE DATE OF THIS NOTICE, A CHS DENIAL LETTER WILL BE ISSUED. PLEASE CALL TELEPHONE NUMBER - (555)555-5555. Sincerely, cc: file PATIENT SIGNATURE DATE

Figure 2-7: Display of Print Alternate Resource Application Letter

2.4 Multiple Reports include option to save Excel file

An enhancement was made to offer the user the option to save the print output as a CSV file and open in Microsoft Excel for the following reports:

- CORE => RCIS => RPT => ADM => ARD [Active Referrals by Date]
- CORE => RCIS => RPT => ADM => CHSR [CHS Status Report for Referrals]
- CORE => RCIS => RPT => ADM => RRR [Referral Review Report By Time Period]
- CORE => RCIS => RPT => GEN [RCIS General Retrieval]

The user will be provided a list of output options of Print, Browse or CSV. The user will select C for CSV Output. At the device prompt, the user will enter HFS to save to the Host File Server. At the Host File Name prompt, the user will enter the path to a secure directory (this can be established by the Site IT Manager) with the file name making sure the file extension is .CSV. There is an option to queue the report, either option can be used at the user's discretion.

Below is a screenshot of the output selection screen and a sample report after export.

Select one of the following: P PRINT Output B BROWSE Output on Screen C CSV Output Do you wish to: P// CSV Output DEVICE: HOME// HFS HOST FILE SERVER HOST FILE NAME: E:\TEMP\TMP.HFS//E:\TEMP\ARD.CSV ADDRESS/PARAMETERS: "WNS"// Won't you queue this ? Y// N



******	**** CONFIDENTIAL PA	ATIENT INFORMATION *********			
1	2021 DEMO HOSPITAL	(INST) Page 1			
	REFERRAL INITIATED				
BEG D	DATE: MAR 1 2024 END	DATE: MAR 30 2024			
ACTIV	E REFERRALS SORTED	BY BEGIN DATE OF SERVICE			
BEGIN DOS	REFERRAL #	PATIENT NAME	REF PROV	TYPE	FACILITY REFERRED TO
03/04/24 A	2321012400078C1	DEMO, PATIENT			<unknown></unknown>
	2321012400079	DEMO,PATIENT1			<unknown></unknown>
	2321012400080	DEMO,PATIENT2			<unknown></unknown>
RUN TIME (H.I	M.S): 0.0.0				

Figure 2-9: Sample Display Output Selection screen

2.5 SNOMED option added to General Retrieval Report

In the General Retrieval Report, a SNOMED option was added to the Referral Search and Print Item Selection menus detailed for all referrals (primary and secondary). The SNOMED code and the first 40 characters of the description will display. Menu Path = RCIS => RPT => GEN

RCIS	GENERAL RETRIEVAL	M	Mar 07, 2024 12:46:39		Page: 3 of 3					
REFERRAL Search Menu										
Referrals can be selected based upon any of the following items. Select										
as m	as many as you wish, in any order or combination. An (*) asterisk indicates									
item	s already selected. T	o byp	bass screens and sele	ct	all referrals hit Q.					
+										
29)	Primary Payor	65)	Date Completed		101) Util Review Committe					
30)	Diagnostic Category	66)	Pertinent Med Hx		102) SNOMED Term					
31)	Service Cat HCPCS/CP	67)	Discharge Notes		103) Mgd Care Committee					
32)	Local Category	68)	Best Avail DX Code		104) DT Mgd Care Action					
33)	Actual TOTAL Cost	69)	Final Dx Code		105) Util Review Committe					
34)	Best Avail TOTAL Cos	70)	Best Avail Procedur	е						
35)	Actual IHS Cost	71)	Final Procedure Cod	е						
36)	Best Avail IHS Cost	72)	Call-in's Only							
	Enter ?? for mor	e act	zions							
S	Select Item(s)	+	Next Screen	Q	Quit Item Selection					
R	Remove Item(s)	-	Previous Screen	Ε	Exit Report					
Sele	ct Action: S//									



RCIS	GENERAL RETRIEVAL	М	Mar 07, 2024 12:57:25		Page:	3 of	3		
	PR	INT I	TEM SELECTION MENU						
The f	The following data items can be printed. Choose the items in the order you								
want	them to appear on the	prin	ntout. Keep in mind th	nat you	have an 8	0			
colum	nn screen available, o	r a p	printer with either 80	or 132	column wi	dth.			
+									
29)	Inpatient/Outpatient	68)	Best Avail END DOS	107)	Sec. Prov	User Cr	eat		
30)	Visit # Auth	69)	Actual END DOS	108)	Sec. Prov	Init Dt			
31)	Primary Vendor	70)	Expected End DOS	109)	Veteran				
32)	Facility Referred To	71)	Best Avail Inpt LOS	110)	Mgd Care	Committe	e		
33)	IHS Facility Refer T	72)	Actual Inpt LOS	111)	DT Mgd Ca	re Actio	n		
34)	Clinic Referred To	73)	Best Avail DRG	112)	Util Revi	ew Commi	tte		
35)	To Specific Provider	74)	Final DRG	113)	SNOMED Te	rm			
36)	Primary Payor	75)	Date Dsch Summary Re	114)	Mgd Care	Committe	е		
37)	Diagnostic Category	76)	Date Completed	115)	DT Mgd Ca	re Actio	n		
38)	Service Cat HCPCS/CP	77)	Purpose of Referral	116)	Util Revi	ew Commi	tte		
39)	Local Category	78)	Pertinent Med Hx						
_	Enter ?? for mor	e act	zions						
S	Select Item(s)	+	Next Screen (Q Qu	it Item Se	lection			
R	Remove Item(s)	-	Previous Screen I	s Ex	it Report				
Selec	ct Action: S//								

Figure 2-11: Print Item Selection menu on General Retrieval Report

REFERRED CARE INFORM	NATION SYSTE	M REFERRAL LISTING
REPORT REQUESTED BY: Demo	User	
The following report contains a R	CIS Referral re	port based on the
following criteria:		
REFERRAL Selection Criteria		
Snomed Term: 3457005		
PRINT Field Selection		
Patient Name (20)		
Chart # (8)		
Snomed Term (40)		
TOTAL column width: 74		
Referrals will be SORTED by: Pati	ent Name	
-		
PCC REFERRAL LISTI		
NAME	HKIN	SNOMED Term
RCIS DATIENT ONE	100000727	3457005 "Patient referral (procedure)"
RCIS PATIENT TWO	1000001	3457005 "Patient referral (procedure)"
RCIS DATIENT THREE	TST999111	3457005 "Patient referral (procedure)"
NCIS,FATIENT THREE	131333111	5457005 Patient referral (procedure)
Total Referrals: 3		
Total Patients: 3		
RUN TIME (H.M.S): 0.0.1		

Figure 2-12: Sample of General Retrieval Report with Snomed Term

2.6 Modification made to accept future Appointment Dates/Begin Date of Service

Modification was made to accept future Appointment Dates/Begin Date of Service on all referral types when adding a new referral or editing an existing referral.

Figure 2-13: Outpatient Referral sample of the future appointment date

3.0 Patch 16 Changes–RPMS RCIS application and RCIS tabs in EHR

3.1 Add "C1" suffix to Referral Number for Call-Ins

Modifications were made to call-in referrals to include a C1 suffix at the end of the referral number. The C1 suffix displays on primary call-in referrals only. The user will easily be able to identify call-in referrals from all displays and reports.

Menu Path = RCIS => DE => ADD

* * * * * * * * * * * * * * * * * * * *
* INDIAN HEALTH SERVICE *
* REFERRED CARE INFORMATION SYSTEM *
* VERSION 4.0, Patch 16 *

2021 DEMO HOSPITAL (INST)
Modify Referral - Current Fiscal Year
Select RCIS REFERRAL by Patient or by Referral Date or #. 500001
DEMO. PATTENT - PREFERED NAME* F ** SENSITIVE ** TST 500001
1 DEMO PATTENT - PREFERRED NAME* 10/03/23 2321012400002
$\frac{1}{10000000000000000000000000000000000$
2 DEMO DATTENT - DREFERDED NAME* 10/31/23 2321012400006 61
INTELIAVA DEDIATED INTELIAVED INTELIA DO STATE - I DEAD INTELIAV
DARE HAVA INDIATATES CONTROL DATE I HEAD INCORT
Pross (PETTIPN) to soo more 1/1 to ovit this list OP
CHOORE 1 2.
CHOUSE I-2.

Figure 3-1: Call In referral number display on referral search screen

RCIS REFERRAL RECORD Date: OCT 31,2023 Referral: 2321012400006C1 Call-in By: PATIENT PATIENT: DEMO, PATIENT - PREFERRED NAME* Call-in Notification: OCT 31,2023 -----_____ REQUESTING FACILITY: 2021 DEMO HOSPITAL (Display Face Sheet? N REFERRAL TYPE: CHS PRIMARY PAYOR: IHS INPATIENT/OUTPATIENT: INPATIENT CASE MANAGER: CLERK, REGISTRATION Appt/Begin DOS: PROVISIONAL DRG: ESTIMATED TOTAL REFERRAL COST: ESTIMATED IHS REFERRAL COST: Do you want to enter CHS Eligibility Factors?: N PURPOSE/SERVICES REQUESTED: HEAD INJURY PRIORITY: 2C ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT? ICD DIAGNOSTIC CATEGORY: CIRCULATORY SYSTEM HCPCS/CPT CATEGORY: DIAGNOSTIC IMAGING Press <PF1>H for help Insert COMMAND:

Figure 3-2: Call In referral number display on edit referral screen

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1)emo,Patie 100001	nt 01-Jan-2020 (4)	F					B	ILUE CL IEMO,DO	INIC CTOR			
	Motifiations Consults	Cover Sheet Referrals	Triage	POC Lab Entry Wellness	Pharm Ed Problem Mr	Refill "Q" 1apRe Igt Prer	atal Well	Child	 Probl Need Medic 	em List is Rvw ations	Advs React Needs Rvw Labs Orde	Medication Needs Rvi ers Notes	w Consults/R
	Add Template Referral Add Referral Edit Referral Add Secondary Referral Clinical Consultation Print Referral Referral Date From Thursday, March 7, 2024												
	Referral Date	e Purpose		Referring	Provider	PCP	Referra	il Numi	ber	Referral	Status	Facility R	leferred To
	MAR 07, 202	24 Chronic Aller	gy				23210	2400	147-C1	ACTIVE		DEMO,C	RAWLEY
	MAR 07, 20	24 Chronic Aller	gy	DEMO,D	OCTOR		23210	2400	148	CLOSE	D-COMPLETE	DEMO,C	RAWLEY
	MAR 07, 20	24 SINUS XRA	Y	DEMO,P	ROVIDER	MN	23210	2400	152	ACTIVE		ABC VEN	NDOR 2
	MAR 14, 20	24 Internal Test	of TC's				23210	2400	171 - C1	ACTIVE		DEMO,C	RAWLEY

Figure 3-3: Call In referral number display on EHR Consults/Referrals

3.2 Prevent creation of "duplicate" referrals

The code that generates referral numbers was modified to search for potential duplicates. When potential duplicates are found, a message will appear indicating this and will ask the user to confirm if it is a duplicate and if you would like to move forward. The following fields are used to identify a potential duplicate:

- Patient
- Vendor
- Referral Type
- Referring Provider
- Priority
- Visit Type

The user will be prompted with "Do you wish to continue with adding this referral?". The prompt is defaulted to NO, if the referral is a duplicate the user may proceed to not add the referral. The message of "INCOMPLETE REFERRAL BEING DELETED!" will display. If the user decides the referral is not a duplicate, the user can enter YES, and a new referral will be created.

Figure 3-4: Potential duplicate referral message in RPMS

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For the RCIS EHR Add Referral option, the message finds the duplicate and ask "do you want to create another referral (Y/N)?" User will select the appropriate option.



Figure 3-5: Potential duplicate referral message in EHR

3.3 Referral Letter includes additional information for requested services

Primary and Secondary Referral Letter have been updated to include the following changes:

- In the Purpose/Services Requested section, the ICD-10 Diagnosis and description will display. This information comes from the ICD DX/IPL selected diagnosis.
- The referral letter print option includes a new prompt asking the user if they want to print the Case Notes. If the user chooses to include the case notes, the letter will include a new page with Case Notes.

```
This report will produce a hard copy computer generated referral letter.
Select Type of Letter to be printed: STANDARD IHS REFERRAL LETTER
Select Referral by Patient Name, date of referral or referral #: 3-22-
2024
03/22/24 2321012400204 DEMO,PATIENT
ABC VENDOR UNKNOWN SERVICE DATE - 1 test duplicate
Do you want to Print the Case Notes? N//
```

Figure 3-6: Display of Case Notes Print selection in RPMS

Confirm			\times
?	Include C	ase Notes?	
Y	es	No	

Figure 3-7: Display of Case Notes Print selection in EHR

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```
Referral for Contract Professional Services
                                                                                    JAN 26, 2024
                          Patient Identification, Address, Phone
                                                          ID Number: TST 999343
Patient Name: DEMO, PATIENT

        10009 SOUR TRAIL
        DOB:
        08/11/1977

        SANTA FE, NEW MEXICO
        88812
        Hm Phone:
        321-921-9211

        Cell Phone:
        322-745-777

                                                                       Sex: MALE
      Address: 10009 SOUR TRAIL
                                                                       DOB: 08/11/1977
                                                              Cell Phone: 322-745-7777
Referred to: SONORA QUEST LABORATORIES (800-853-4288)
           PO BOX 67150

PHOENIX, AZ 85082-7150

NT Services

Phoenix Visites 1

Phoenix Phoenix Physical: 1255 W.WASHINGTON ST

TEMPE, AZ 85281-1210

Referral: 2321012400068

Appointment Date: 1/29/24
Mailing: PO BOX 67150
OUTPATIENT Services
# of Outpatient Visits: 1
                                                  Ending Date: 2/22/24
Priority Rating: 1A
Purpose/Services Requested: Chest X-ray
ICD Diagnosis: I48.0 - Paroxysmal atrial fibrillation
                 R50.9-Fever, unspecified
      Provider medical history and findings attaching more information new
      information added
Additional Medical Information Attached: NO
```

Figure 3-8: Purpose/Services Requested section on Referral Letter

Figure 3-9: Case notes display

3.4 Replace Contract Health with Purchased Referred Care on Referral Letter

Standard IHS Referral Letter was modified to display Purchased Referred Care instead of Contract Health Services for Referral Type–CHS.

Referral for Contract Professional Services MAR 07, 2024 ***** Patient Identification, Address, Phone Patient Name: DEMO, PATIENT ID Number: TST 500001 Sex: FEMALE Address: 1234 Main Street DOB: 01/01/2020 YOURTOWN, OKLAHOMA 76777 Hm Phone: 515-411-8744 Cell Phone: 515-658-9090 Referred to: DEMO, CRAWLEY (9053146547) Mailing: 1234 WEST ELM DRIVE ALBUQUERQUE, NM 87190 Physical: Referral: 2321012400148 OUTPATIENT Services Appointment Date: # of Outpatient Visits: 5 Priority Rating: 1A Purpose/Services Requested: Chronic Allergy ICD Diagnosis: ZZZ.999 - Uncoded diagnosis Additional Medical Information Attached: NO If you have any questions concerning this referral, please contact: 2021 DEMO HOSPITAL (INST) (contact: REFERRAL CONTACT)) 5300 HOMESTEAD RD ALBUQUERQUE, NEW MEXICO 87777 (phone: (555)555-5555) Referring Provider (ELECTRONIC SIGNATURE): DEMO, DOCTOR Case Manager: CLERK, REGISTRATION Veteran: Our records, as of 3/7/2024 indicate that this patient has the following third party coverage: PATIENT HAS MEDICARE: - 4DU8RR9HK99 ELIG DATES: 5/12/2023 TO OPEN COVERAGE: A PATIENT HAS MEDICAID-PLAN NAME: UNKNOWN - 99991111 ELIG DATES: 1/1/2020 TO OPEN COVERAGE: 02 PRIVATE INSURER(S): BC/BS OF KC - BI5039444 PENDING...THIS-TESTING SECONDARY LETTER IS A MEDICAL REFERRAL ONLY AND NOT A GUARANTEE OF PAYMENT. CHS FUNDS ARE NOT AUTHORIZED BECAUSE THERE IS NOT ADEQUATE INFORMATION TO MAKE AN ELIGIBILITY DETERMINATION AT THIS TIME. FOR A DETERMINATION, PLEASE CONTACT THE PARKER SERVICE UNIT/CHS DEPARTMENT DURING REGULAR BUSINESS HOURS: MONDAY THROUGH FRIDAY FROM 8:00 AM TO 5:00 PM. Purchase Referred Care

Figure 3-10: Referral Letter display with Purchase Referred Care signature for CHS type

3.5 Standardize Medical Priority options

Medical priority options were modified to a standardized list for both Primary and Secondary Referrals. Existing referrals that have old priority data will still display. If the user decides to change to the new priority values and saves the change, the previous non-standardized data will no longer available for use.

Standardize Priority list includes the following entries for selection:

- 1A Core-Preventive and Rehabilitative Services
- 1B Core-Medical/Dental/Vision/Surgical Services
- 1C Core-Reproductive and Maternal/Child Health Services
- 1D Core-Behavioral Health Services
- 2A Intermediate-Preventive and Rehabilitative Services
- 2B Intermediate-Medical/Dental/Vision/Surgical Services
- 2C Intermediate-Reproductive and Maternal/Child Health Services
- 2D Intermediate-Behavioral Health Services
- 3A Elective-Preventive and Rehabilitative Services
- 3B Elective-Medical/Dental/Vision/Surgical Services
- 3C Elective-Reproductive and Maternal/Child Health Services
- 3D Elective-Behavioral Health Services
- 4A Excluded-Preventive and Rehabilitative Services
- 4B Excluded-Medical/Dental/Vision/Surgical Services
- 4C Excluded-Reproductive and Maternal/Child Health Services
- 4D Excluded-Behavioral Health Services

Referral: 2321012400217 Date Entered: APR 1,2024 PATIENT: DEMO, PATIENT - PREFERRED NAME* PCC VISIT: MAR 7,2024@14: _____ REQUESTING FACILITY: 2021 DEMO HOSPITAL (INST) REQUESTING PROVIDER: DEMO, DOCTOR Do you wish to view a FACE SHEET? N View Health Summary? N REFERRAL TYPE: CHS INPATIENT/OUTPATIENT: PRIMARY PAYOR: IHS Insurance Auth No: PURPOSE OF REFERRAL: Referral SNOMED<RET>: Patient referral (procedure) Are you sending additional medical information with the Patient? Do you want to enter CHS Eligibility Factors?: N PRIORITY: ICD DIAGNOSTIC CATEGORY: HCPCS/CPT CATEGORY: Notes to Scheduler: Schedule Appointment within Days Next Review Date: 1B-CORE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES 1C-CORE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES 1D-CORE-BEHAVIORAL HEALTH SERVICES 2A-INTERMEDIATE-PREVENTIVE AND REHABILITATIVE SERVICES Enter RETURN to continue or '^' to exit:

Figure 3-11: Sample Standardized Medical Priority List in RPMS

Add Referral for Dem	o,Patient - PREFERRED NAME*	— 🗆 X
Patient Eligibility Stat	us: CHS DIRECT VA Eligiblity: NO	
Priority	Purpose/Services Requested	
ICD Dx/IPL	1A CORE-PREVENTIVE AND REHABILITATIVE SERVICES 1B CORE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES Referral SNOMED	~
Referring Provider	1C CORE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH	
Referral Type	2A INTERMEDIATE-PREVENTIVE AND REHABILITATIVE SER 2B INTERMEDIATE-MEDICAL/DENTAL/VISION/SURGICAL SE 2C INTERMEDIATE-REPRODUCTIVE AND MATERNAL/CHILD 2D INTERMEDIATE-BEHAVIORAL HEALTH SERVICES 3A ELECTIVE-PREVENTIVE AND REHABILITATIVE SERVICES 3B ELECTIVE-REPLOAL/DENTAL/VISION/SURGICAL SERVICES	
Authorized Visits	3C ELECTIVE-REPRODUCTIVE AND MATERNAL/CHILD HEAL	
Visit Type	4A EXCLUDED-PREVENTIVE AND REHABILITATIVE SERVICE ointment within Days Appoi	intment Date
ICD Diagnosis Categ	4C EXCLUDED-REPRODUCTIVE AND MATERNAL/CHILD HEA 4D EXCLUDED-BEHAVIORAL HEALTH SERVICES	
CPT Procedure Categ	gory v	
Notes to Appointmen	t Scheduler	
Medical Hx/Findings	Referral Notes Case Notes ICD Dx	Include Items with Referral
		Consultation Report Face Sheet Health Summary Mistory and Physical Most Recent Lab Report PCC Visit Form Pre-Natal Record Signed Tubal Consent Speciality Clinic Notes X-Ray / Report X-Ray Film
		Save Cancel

Figure 3-12: Sample Standardized Medical Priority List in EHR

3.6 Use Actual begin/end date of service and Actual admission/discharge date on Referral form

The referral form contained expected begin/end dates of service and expected admission/discharge dates. Referral form has been modified to use only the Actual begin/end date of service on outpatient referrals. The Actual Admission/Discharge date will be used for Inpatient. The user will no longer see the label for expected or actual. The field is displayed as Begin/End Date of Service and Admission/Discharge Date.

Menu Path = RCIS => DE => ADD

Referral: 2321012400152 PATIENT: DEMO,PATIENT - PREFERRED NAME*	Date Entered: MAR 7,2024 PCC VISIT: MAR 7,2024@14:
REQUESTING FACILITY: 2021 DEMO HOSPITAL (REQUESTING PROVIDER: DEMO,DOCTOR REFERRAL TYPE: CHS INPATIENT/OUTPATIENT: OUTPATIENT APPT/BECIN DOS	Display Face Sheet? N PRIMARY PAYOR: IHS CASE MANAGER: CLERK,REGISTRATION
PROVISIONAL DRG: Begin Date of Service ESTIMATED TOTAL REF End Date of Service Do you want to ente Outpatient # of Visits PURPOSE/SERVICES RE Next Review Date: Referral SNOMED <re appointment="" schedule="" w<br="">DEDORITY:</re >	:
ARE YOU SENDING ADD ICD DIAGNOSTIC CATE+ HCPCS/CPT CATEGORY:	 +
COMMAND:	Press <pf1>H for help Insert</pf1>

Figure 3-13: Outpatient Referral display with use of begin/end date of service

Referral: 2321012400152 PATIENT: DEMO,PATIENT - PREFERRED NAME*	Date Entered: MAR 7,2024 PCC VISIT: MAR 7,2024@14:
REQUESTING FACILITY: 2021 DEMO HOSPITAL (REQUESTING PROVIDER: DEMO, DOCTOR REFERRAL TYPE: CHS INPATIENT/OUTPATIENT: INPATIENT	Display Face Sheet? N PRIMARY PAYOR: IHS CASE MANAGER: CLERK,REGISTRATION
PROVISIONAL DRG: Admission Date: ESTIMATED TOTAL REFERR Inpatient LOS: Do you want to enter C Discharge Date: PURPOSE/SERVICES REQUE Next Review Date: Referral SNOMED <ret>: Schedule Appointme PRIORITY: Notes to Scheduler ARE YOU SENDING ADDITI ICD DIAGNOSTIC CATEGOR+</ret>	ent within: Days
COMMAND:	Press <pf1>H for help Insert</pf1>

Figure 3-14: Inpatient Referral display with use of Admission/Discharge Date

4.0 Patch 16 Changes–Referred-RCIS tabs (EHR)

The EHR Referred Care component is for the clinical management of referred care to outside providers, other IHS facilities, and in-house service. This information is stored in the RPMS Referred Care Information System (RCIS) application. To access this component, log into the EHR application.

Within EHR, there are two views of patient referral data:

- Patient centric view (to view referrals for a single patient):
 - Select a patient in the Patient Chart
 - Click the Consults/Referrals tab
- Non-Patient centric view (to view referrals for all patients):
 - Click the RCIS tab

4.1 Changes included in both Referral/Template Referral forms and Non-patient centric RCIS tab

4.1.1 Fix IPL List incorrectly displays

The IPL list included display from a previous patient. EHR was updated to refresh when switching between the patient context tab and the non-patient centric tab.

4.1.2 Prevent user from being able to close referral in EHR

Modifications were made to prevent the user from closing a referral through EHR. Referral closures are maintained by the PRC office and should be done through RPMS RCIS application. The options to close a referral were removed from the context menu when a user right clicks on a referral.

4.1.3 Allow edit on a closed referral

A user can append the notes section for Medical Hx/Findings, Case Notes and Referral Notes for a closed referral. The user can select to edit the referral from the patient or non-patient centric tabs.

Priority	1A CORE-PREVENTIVE AND REHABILI	TATIVE SERVICES V Purpose/S	Services Requested	referred for Xray	
ICD Dx/IPL	Acute low back pain	~	Referral SNOMED	Referral for physical	therapy
Referring Provider	DEMO, PROVIDER MN	Show A	All Referral Date	05/10/2023	
Referral Type	CHS	~	Primary Vendor	ABC VENDOR 3	i
			Specific Provider	<unknown></unknown>	
Authorized Visits	2				
Visit Type	O Inpatient O Utpatient	Schedule Appointment w	thin 2 Days	Appoin	tment Date 05/10/2023@00:00 ~
ICD Diagnosis Categ	gory MUSCULOSKELETAL SYSTEM & CO	DNNECTIVE TISSUE \lor			
CPT Procedure Cate	egory EVALUATION AND/OR MANAGEME	ENT 🗸			
Notes to Appointment	nt Scheduler				
Medical Hx/Findings	Referral Notes Case Notes ICD Dx				Include Items with Referral
				Append	Consultation Report Consultation Report Face Sheet Health Summary History and Physical Most Recent EKG Most Recent Lab Report PCC Visit Form Pre-Natal Record Signed Tubal Consent Speciality Clinic Notes X-Ray / Report

Figure 4-1: Display of Referral Notes append for a closed referral

4.1.4 Display Direct email dialog regardless if a Direct email is entered

Modifications were made to display the Direct email dialog regardless if an email address is stored in the Location file or Vendor file when the Consolidated Clinical Document Architecture (CCDA) Submit or Submit and Print button is clicked.

Note:	This requires software changes in the Consolidated Clinical
	Document Architecture (CCDA) and Electronic Health
	Record (EHR).

🥥 Generate CCDA - Current Encount	ter		-	_		×
Patient: Demo,Patient HR#: 500001	Clinical Summary	CCDA Transition of Ca	re			
	O Patient Declines	Patient Declines	, Active PHR			
Visits Referrals						
 Visit Detail: (Time: 2:00 PM; Loc Reference Detail: (Ref#: 	cation: BLUE CLINIC; Status 2321012400148; RefType:	s: AMBULATORY) Chronic Allergy; Stat	tus: ACTIVE; Vendor: ;	Email:	; Fax:)	
Save	Submit	ubmit and Print	Review/Customize	:	Cance	I

Figure 4-2: Display of Submit and Submit and Print buttons on CCDA

4.1.5 Display UEI code in the Vendor Search option in Add/Edit Referral

When adding or editing a primary or secondary referral, vendor search will now display the UEI code and will no longer display the Data Universal Numbering System (DUNS).

S	earch Vendo	r					×
	sonora qu						
	IEN	NAME	UEI	EIN	EIN Suffix	Mailing Address	Remit Address
	5831	<unknown> SONORA QUEST LABORATORI</unknown>	N4EWM4KT4PH7	1860872873		PO BOX 6715	P.O. BOX 530
						ОК	Cancel

Figure 4-3: Display of UEI column in the vendor search

Patch 16 Changes-Referred-RCIS tabs (EHR)

4.2 Additional Changes to Non-Patient centric RCIS tab

4.2.1 New Columns in EHR RCIS lists

New columns were added to the Patient and Non-Patient Centric RCIS tab in EHR.

- Primary Care Provider (**PCP**) column was added to display the patient's PCP.
- Acknowledge Date/Time (Ack Date/Time) was also added as a column to edit acknowledge date of when the Transition of Care (TOC) has been printed or submitted. To edit, right click to display the context menu to add/edit the acknowledge date/time.

Notifiations C Consults F	Cover Sheet Tr	iage Wellness Probler	n Mngt Prenatal We	I Child Medicatio	ons Labs	Orders Notes C	ionsults/Referrals	perbil D/C Sumr	nary Suicide Form	Reports Edge	e Browser PATIENT	/IEWER
Add Templat	Add Template Referral Add Referral Edit Referral Add Secondary Referral Clinical Consultation Print Referral											
Referral Date	From Thursday	, August 3, 2023 🗐	r To Monday ,	March 25, 2024		I Status All	~					
Referral Date	Purpose	Referring Provider	PCP	Referral Number	Referral Stat	Facility Referred To	Appointment Date/Ti	Ack Date/Time	Clinical Consultation	Printed By	Print Date	Туре
MAR 22, 2024	test duplicate	DEMO, PROVIDER MN	DEMO, PROVIDER MN	2321012400204	ACTIVE	UNSPECIFIED	MAR 22, 2024	MAR 25, 202		CLERK, REGIS	MAR 25, 2024@15	CCDA TRANSMI
MAR 22, 2024	TEST DUP	DEMO, PROVIDER MN	DEMO, PROVIDER MN	2321012400206	ACTIVE	UNSPECIFIED						

Figure 4-4: Patient centric display of PCP and Ack Date/Time

PRIVACY	PATIENT	CHART	RESOURCES	RCIS	DIRECT Y	WebMail	EPCS	ED Da	shboard					
Edit Referal Clinical Consultation Print Referral														
Referral Date From	Referral Date From Friday , March 22, 2024 🗊 v To Monday , March 25, 2024 🗊 v Referral Status All 🗸 Referring Provider DEMO.PROVIDER MN 🗸 🗋 Show All Users													
Patient Name	Data Of Data													
T duonic realitio	Date Of Birth	Referral Date	Purpose	Referring Provider	PCP	Referral Number	Referral Status	Facility Referred	Appointment	Ack Date/Time	Clinical Consulta	Printed By	Print Date	Туре
TREE, SHADY (#999380)	09/19/1938	Referral Date MAR 22, 2024	Purpose test duplicate	Referring Provider DEMO, PROVIDER MN	PCP DEMO,PROVIDER	Referral Number 2321012400204	Referral Status ACTIVE	Facility Referred UNSPECIFIED	Appointment MAR 22, 2024	Ack Date/Time MAR 25, 2024@	Clinical Consulta	Printed By CLERK,R	Print Date MAR 25, 2024@15:00	Type CCDA TRANSM
TREE, SHADY (#999380) TREE, SHADY (#999380)	09/19/1938 09/19/1938	Referral Date MAR 22, 2024 MAR 22, 2024	Purpose test duplicate TEST DUPLI	Referring Provider DEMO,PROVIDER MN DEMO,PROVIDER MN	PCP DEMO,PROVIDER DEMO,PROVIDER	Referral Number 2321012400204 2321012400206	Referral Status ACTIVE ACTIVE	Facility Referred UNSPECIFIED UNSPECIFIED	Appointment MAR 22, 2024	Ack Date/Time MAR 25, 2024@	Clinical Consulta	Printed By CLERK,R	Print Date MAR 25, 2024@15:00	Type CCDA TRANSM

Figure 4-5: Non-Patient centric display of PCP and Ack Date/Time columns

PRIVACY PATIENT (CHART R	RESOURCES	RCIS D	IRECT WebMail	EDashboard	EPCS	Q0 Wizaro	1		
Edit Referral Clinical Consultation Print Referral										
Referral Date From Finday , March 22, 2024 🐨 To Tueeday , March 26, 2024 🐨 Referral Status All 🗸 Referring Provider DEMO.PROVIDER MN 🗸 Show All Users										
Patient Name	Date Of Birth Ref	ferral Date	Purpose	Referring Provider	PCP	Referral Number	Referral Status	Facility Referred To	Appointment Date/Time	Ack Date/Time
TREE, SHADY (#999380)	09/19/1938 MA	AR 22, 2024	test duplicate	DEMO, PROVIDER MN	DEMO, PROVIDER MN	2321012400204	ACTIVE	UNIONCOLOUGO	2024	MAR 25, 2024@15:05
TREE,SHADY (#999380)	09/19/1938 MA	AR 22, 2024	TEST DUPLICATE X1	DEMO, PROVIDER MN	DEMO, PROVIDER MN	2321012400206	ACTIVE	Add/Edit Acknowledge Dat	e	

Figure 4-6: Sample display of Context Menu for Add/Edit Acknowledge Date

Acronym List

Acronym	Term Definition
CCDA	Consolidated Clinical Document Architecture
CHS	Contract Health Services
EHR	Electronic Health Record
GUI	Graphical User Interface
IHS	Indian Health Service
IPL	Integrated Problem List
PAPT	Print Appointment Letter
PARL	Print Alternate Resource Application Letter
PCP	Primary Care Physician
PRC	Purchased Referred Care
RCIS	Referred Care Information System
RPMS	Resource and Patient Management System
SNOMED	Systematized Nomenclature of Medicine
ТОС	Transition of Care
UEI	Unique Entity Id

Contact Information

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