Referred Care Information System

Version 1.0

User's Guide

October 1996

Contents

An Overview of the IHS Referred Care Information System

The new IHS Referred Care Information System (RCIS) is a group of computer programs to assist with the clinical and administrative management of all referred care, including in-house referrals, referrals to other IHS facilities, and referrals to outside contract providers. The system is designed to automate the referral process within a facility. In doing so, essential information is gathered that 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 information on referred care, the goal of the RCIS is to help ensure that IHS provides appropriate, effective, and high-quality referred care services to American Indian/Alaska Native people at fair and reasonable prices.

The Referred Care Information System contains many features that facilitate the entry, management, and retrieval of referred care data. The RCIS:

- Tracks information on all types of referred care, including care provided by CHS, non-CHS, and IHS facilities, and Tribal sites.
- Allows for either direct data entry at a terminal by a provider or later data entry by a clerk from a handwritten referral form.
- Automates data entry for common referrals specific to your facility; e.g., screening mammography, audiology, or prenatal care.
- Categorizes care into clinically defined "episodes," rather than individual purchase orders.
- Minimizes redundant data entry by linking with the Contract Health Services system (CHS) and the Patient Care Component (PCC) to share information.
- Allows for data collection and recording before, during, and after referred care is provided.
- Records clinical as well as administrative information.
- Functions in a "bare bones" form as well as in its fullest implementation.
- Has the capability to export data to the Area office for Area-wide analyses.

Numerous outputs are available from the RCIS that facilitate data retrieval and administrative tasks. The system includes:

- Automated e-mail bulletins to managers on potentially high-cost cases, cosmetic and experimental procedures, and cases that may have third-party liability.
- Printed referral forms that referred patients take from the IHS facility to the referred provider. Each referral form contains all of the necessary administrative and clinical data for referred care services to the extent that this information has been entered into the system.
- Standard sets of administrative reports, including reports on high-cost management, utilization, quality of care, contract management, and third-party utilization.
- An ad-hoc retrieval system, both within the Referred Care Information System itself and by transferring data to the PCC where it is accessible by Q-Man, the more powerful ad-hoc search tool.

The Referred Care Information System was developed jointly by the ISD/OHPRD development team in Tucson, the IHS Managed Care Committee, and field clinical and administrative managers involved in providing and managing direct patient care.

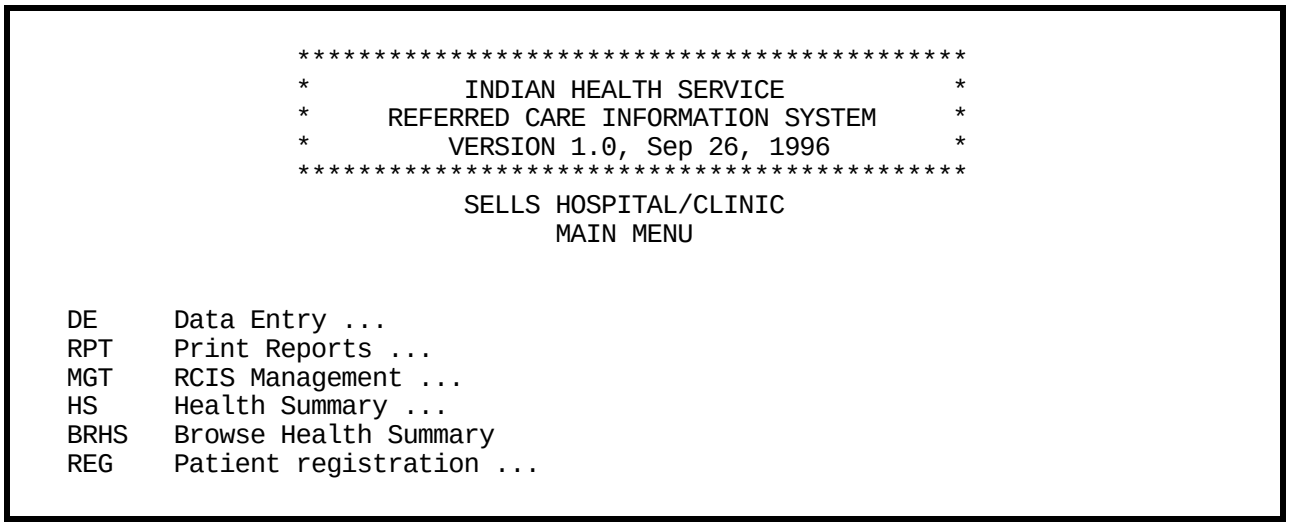
Introduction

The Referred Care Information System provides a standard tool for automating the referral process and maintaining records on referred care services. There are three main modules specific to the RCIS that are accessible from the system's main menu (see below):

- Data Entry
- Print Reports
- RCIS Management

All of the data entry, management, and retrieval for the RCIS are performed with these three menu options. This user's manual presents descriptions of these options and their submenus and provides detailed instructions for using all aspects of the system. It is recommended that you read the entire manual before using the RCIS.

In addition to the above modules, you will have easy access to some Health Summary and Patient Registration options. These options are provided on the main menu of the RCIS to allow you to review and print a patient's registration information or health summary with a minimum of effort. Detailed information on these options is provided in their respective user's manuals and will not be covered in this guide.



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, an RCIS-generated referral letter that contains only the clinical and administrative information needed by the patient and the referred care provider can be printed and 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 then 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.

The Print Reports Module

A set of predefined reports is available from the RCIS for administration and analysis of referred care data. The report categories available in the Print Reports option on the RCIS main menu are:

- Administrative Reports
- Case Management Reports
- Utilization Reports
- Quality of Care Reports

In addition to the predefined reports, the RCIS provides a general retrieval report option that allows for the creation of custom reports to meet the needs of your facility. This option is available from the Print Reports menu.

When the interface with the PCC is enabled, all referred care data in the RCIS is shared with the PCC in an automated fashion. The PCC then becomes a much more complete repository of all patient care information, direct and referred, allowing managers to utilize the powerful search engine, Q-Man, on this more complete information system for extensive and detailed report outputs.

The RCIS Management Module

The RCIS Management module allows the Site Manager to set the special parameters for this software, which customizes its features to meet your site's specific needs. Menu options will allow you to:

- Enable the interfaces between the RCIS and the PCC or CHS
- Create site-specific local table files
- Enter full ICD diagnostic and CPT procedure codes
- Utilize e-mail alert bulletins for potential high-cost cases, cosmetic procedures, experimental procedures, and cases with third-party liability
- Indicate a contact person and phone number that will be printed on all referral letters
- Create customized referral templates to minimize data entry for common referrals
- Identify special default entries to minimize data entry

Note: You must set the RCIS site parameters before using the system for the first time. You may modify these parameters at a later time, as needed.

The Data Entry Module

The Data Entry module, accessible from the RCIS main menu, provides functions for initiating referrals, modifying referral information, reviewing patient insurance coverage, closing referrals, viewing patient referral records, and printing referral forms. The menu options available are shown on the Data Entry menu below.

```
                ****************************************
                *          INDIAN HEALTH SERVICE       *
                *     REFERRED CARE INFORMATION SYSTEM     *
                *         VERSION 1.0, Sep 26, 1996        *
                ****************************************
                          SELLS HOSPITAL/CLINIC
                                Data Entry


  ADD     Add Referral
  BOC     Enter or Edit Business Office/CHS Comments
  MOD     Modify Referral
  CLO     Close Out Referral
  ALT     Check Alternate Resources
  DSP     Display Referral Record
  MCR     Modify Closed Referral
  MSD     Enter or Edit Scheduling Data
  PRF     Print Referral Form (All Types of Letters)
  URMD    Utilization Review by MD/Managed Care Comm Action
```

Many of the options in the Data Entry menu present screens in which data may be entered and modified. The following commands are useful for navigating these screens and entering data.

Command/Key	Function
TAB key	To move your cursor from one field to another.
RETURN key	To move your cursor from one field to another.
^	To move your cursor to a selected field. You must type the up-hat (SHIFT + 6) and the first few letters of the field; for example, ^PRIO will move your cursor to the Priority field.
?	For assistance with the type of data that needs to be entered in a particular field, type a question mark and press the RETURN key. Help text will appear at the bottom of the screen.
<F1>H	To view a list of commands for navigating the data entry screens.
<F1>C	To close a pop-up screen and return to the primary data entry screen.
<F1>E	To exit a data entry screen and save your changes.
<F1>Q	To exit a data entry screen without saving your changes.

For a more detailed list of data entry commands and other introductory information on using the system, please refer to the appendix.

Adding a New Referral

New referrals may be entered directly into the system upon initiation or recorded manually on a printed form and entered into the system at a later time.

To add data to the RCIS for a new referral, select the Add Referral option on the Data Entry menu. You will be prompted for a patient name. You can select a patient by entering the patient's name (last name then first name or initial, separated by a comma), social security number, health record number, or ward number if the patient is an inpatient. The patient must be registered at your facility prior to initiating a referral. If you enter the name of a patient who is not registered, the system will respond with two questions marks and a beep. To register a patient, follow the standard registration procedures at your site.

If the patient you enter has prior referrals that have been recorded in the system, the five most recent referrals for the patient will display on the screen. The information displayed includes the initiation date, referral number, patient name, actual or estimated date of service, referred provider, and purpose of referral. You will then have the option to continue adding a referral or return to the Data Entry menu. By displaying the most recent referrals that have been initiated, this feature prevents the duplicate entry of referrals for a patient. If no referrals for the patient have been recorded, the message "No Existing Referrals" will appear, as shown in the sample dialog on the following page.

Next, you will enter the date on which the referral was initiated. Note that the date you enter at this prompt is not necessarily the same as the current date. For instance, 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. The default value for the date prompt is the current date. If you are entering a referral directly into the system upon initiation, press RETURN to accept the default value.

After you have entered the referral date, you will be presented with a list of referral forms. The first three choices are standard referral forms that are distributed with the package. Each of the following standard forms are described in detail in this section.

1. Mini Referral
2. Complete Referral
3. Referral initiated by outside facility

Subsequent forms on the selection list are referral templates that have been created specifically by your facility. The locally defined forms 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 referral types. For instance, if you refer all routine mammograms to one outside provider, you would probably use a custom template for generating those referrals. (See pages 50 to 52 for instructions on creating these custom referral types.)

Next you will enter the name of the provider who requested the referral. You can identify the provider by full name (last name then first name, separated by a comma) or initials. The Requesting Provider prompt will not appear if you have selected a referral initiated by an outside facility.

Once you have entered all of the initial data requested, the system automatically assigns a referral number and the form you have chosen will appear on your screen for entering data.

An example of the first three steps in the process of adding a new referral are presented on the following page. These steps will be the same for each type of referral that you enter into the system. User responses and instructions are in bold type.

```
Select PATIENT NAME:  THATCHER,BECKY          F 01-01-33 000170001   SE256789

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

                          **--NO EXISTING REFERRALS--**

DATE INITIATED: TODAY//  JUNE 10, 1996  (JUN 10, 1996)

Please select the referral form you wish to use.

     1.  Mini Referral (abbreviated entry for clinicians)
     2.  Complete Referral (all referral data)
     3.  Referral initiated by outside facility

     Locally-defined Routine Referral Templates:

     4. Routine Mammogram
     5. Prenatal Care
     6. Outpatient Surgery


Enter REFERRAL FORM:  (1-6):  2

Enter REQUESTING PROVIDER:  GRIFFITH,STANLEY P

REFERRAL number : 0001019500455   [This number is automatically assigned.]
```

Using the Complete Referral Form

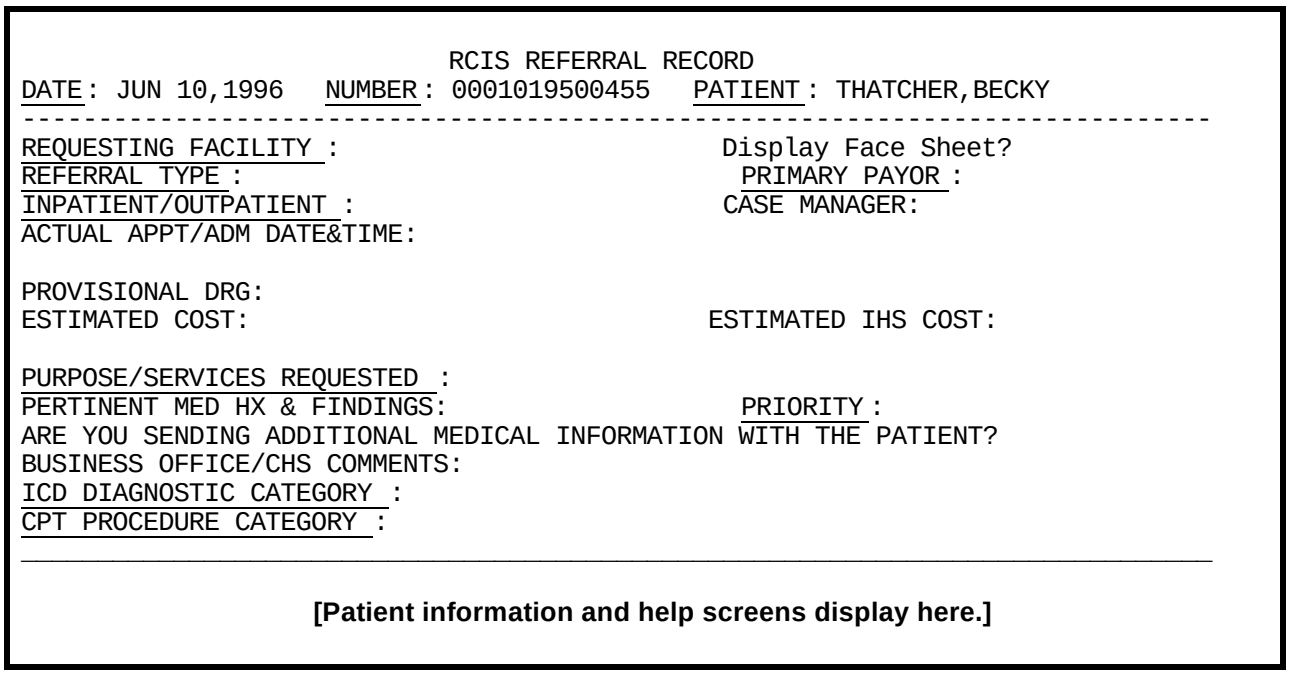
The Complete Referral Form is a comprehensive format for entering patient referral data. It is typically used when referral data is entered from a handwritten form. The Complete Referral screen (see the figure on the following page) prompts you for almost every piece of referral information that is entered into the RCIS.

Not all of the data items that appear on the form are required. The required data items are underlined. 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. Referral data will not be entered into the system without all of the required data items.

Some of the fields shown in the Complete Referral form have pop-up screens that request additional information, depending on the data that you have entered. None of the information prompted for with pop-up screens is required.

Patient information and help tips are displayed below the line at the bottom of the Complete Referral form. The information displayed varies according to the field in which you are entering data. For instance, if your cursor is at Referral Type, information on the patient's insurance displays below the line. If you need assistance with entering data into a field and are unsure what to enter, type a question mark and press ENTER to see help screens displayed below the line.

Each piece of information collected from the Complete Referral form is defined and described in detail in the order in which it appears on the form.



Date. The date at the top of the referral form refers to the date that the referral was initiated. This date is entered prior to selecting a referral form for data entry. The date you enter is automatically incorporated into the data entry screen.

Number. The referral number is automatically generated for each new referral that is entered into the system. Entering a patient name, date, provider name, and referral form for data entry initiates the referral number assignment. The number assigned is included at the top of the referral form for data entry and need not be entered by the user. This number generated consists of your 6-digit facility code, 2-digit calendar or fiscal year entered in the site parameters, and a 5-digit referral number. In the example above (#001019500455), 000101 is the Sells Hospital facility number, 95 is the fiscal year specified in the site parameters, and 00455 is the number for the referral.

Patient. The name of the patient for whom you are entering referral data is included at the top of the data entry screen and does not need to be re-entered.

Requesting Facility. Enter into this field the facility from which the referral is made. The default for this field will be your facility. Press RETURN or TAB to accept the default value.

Display Face Sheet. The Face Sheet is a summary of the patient's registration data. You may browse or print the patient's face sheet while entering referral data. To do so, enter "Y" (yes) at the prompt and then select to print or browse the face sheet. The default value for this field is "N" (no). Press RETURN to accept the default value.

Referral Type. This is the type of referral that you are generating. You must 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 your facility
- Other: Any other type of referral that will be paid for with funds other than CHS; for example, Medicaid or private insurance

If you are not sure of the referral type, always enter CHS. If the CHS office determines that the patient is not eligible for CHS services, the referral record can be changed accordingly. This field defaults to CHS. Press RETURN to accept the default value.

When a referral type is entered, an alert message may appear at the bottom of the screen to convey pertinent information about the patient. For instance, if you entered CHS, you may see the following 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.

After you have entered a referral type, a pop-up screen will appear that prompts you for the specific facility to which you are referring the patient. The following screens appear for each of the referral types. Sample user entries are in bold type.

IHS

```
TO IHS FACILITY : PHOENIX INDIAN MED CENTER
```

Enter the IHS facility to which the patient is referred. This is a required entry.

CHS and Other

```
TO PRIMARY VENDOR:  UNIVERSITY MEDICAL CENTER
TO OTHER PROVIDER:  MARTINEZ,MARTY
```

In the Primary Vendor field, enter the facility to which the patient is referred. The facility you enter 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.

In the Other Provider field, enter the name of the specific provider, if needed. If you enter the name of a provider who has not already been entered into your system, a message will appear on the screen asking if you want to add the provider to your RCIS-specific provider list. Entering "Yes" will add the new provider to your site's list; entering "No" will display a list of providers from which to choose. To bypass the Other Provider field, press RETURN.

```
Are you adding 'MARTINEZ,MARTY' as
    a new RCIS SPECIFIC PROVIDER (the 11TH)?
```

Note: Other Provider is a learn-as-you-go (LAYGO) field. All entries should be consistent to avoid the addition of duplicate entries into this local table file and must be entered using all capital letters. You will want to establish a standard format for entering these names; for example, always use last name then first name separated by a comma, as shown in the example.

If you do not know the Primary Vendor at the time of the referral entry, type "Unspecified" in the field (see below). This entry can be modified at a later date.

```
TO PRIMARY VENDOR:  UNSPECIFIED
TO OTHER PROVIDER:  [PRESS RETURN TO BYPASS]
```

In-House

```
Clinic Referred To (In-House):   PHYSICAL THERAPY
```

Type in the name or code of the in-house clinic to which the patient is referred.

Primary Payor. The Primary Payor is the party that is responsible for payment of the referred service. You must enter one of the following choices:

1. IHS
2. Medicare
3. Medicaid
4. Private
5. Patient
6. VA
7. Other
8. Workman's Compensation

You may enter your selection by typing the name of your choice or the selection number and pressing RETURN. If you are not certain of the responsible party, always enter IHS. The referral record may be modified later, if needed.

Inpatient/Outpatient. The Inpatient/Outpatient field is used to indicate whether the referral for care is an inpatient or outpatient visit. Type an I or O in this field to make your selection.

Case Manager. Enter the name of the case manager who is assigned to this referral. 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 (see page 46 for instructions on setting this parameter).

Actual Appointment/Admission Date. This field is used for entering the appointment date and time for an outpatient referral and the admission date for an inpatient referral.

☑ **If you know the actual admission date or the appointment date and time,** enter it in this field. You will then be prompted for additional information with a pop-up screen. The information requested will vary depending on whether the referral is for an inpatient or outpatient visit. Each screen is described and shown below. Sample user entries and instructions are in bold type.

Inpatient

For an inpatient referral, you will be asked for an estimated length of stay. It is important that you enter this information if you will be generating reports that identify patients who have exceeded their anticipated length of stay so that you can perform utilization reviews and more closely monitor these patients.

```
ESTIMATED LENGTH OF STAY:  3
```

Outpatient

For an outpatient referral, you will be prompted for the expected end date of service and the estimated number of visits. If the patient will have only one visit, press RETURN at the first prompt to bypass the expected end date of service and press RETURN at the estimated number of visits prompt to accept 1 as the default value.

Outpatient referrals sometimes require multiple visits over a period of time. For a patient who will have multiple visits, enter the estimated date that services will be completed. You can enter dates in this field with shortcuts such as T+14 (14 days from today) or T+3M (3 months from today). Then enter the estimated number of visits. Entering a value for number of visits will allow you 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 that you authorize.

By entering an expected end date of service, you will be able to print a report of patients whose visits with an outside provider are presumed completed (even if you do not have an actual ending date of service) but for whom you have not yet received a consultation or discharge letter.

```
EXPECTED END DATE OF SERVICE:   DEC 30, 1996
ESTIMATED # OF OUTPATIENT VISITS:   4
```

If you do not know the actual appointment or admission date, you will be prompted with pop-up screens to provide estimated information and enter notes to the person who will be scheduling the appointment or admission. As described above, the information requested will vary depending on whether the referral is for an inpatient or outpatient visit. The estimated appointment/admission date should be entered if you will be extracting data from the system for a group of referrals that includes appointments/admissions that are not yet scheduled but for which you know the appropriate date the service will be provided. If you do not enter an estimated date, referrals that are not yet scheduled may be unintentionally omitted from your reports. The pop-up screens are described and shown below with sample user entries.

Inpatient

For inpatient visits, you will be prompted to enter the expected admission date and the estimated length of stay. You will also be able to note how soon the admission should be scheduled (any number between 0 and 365) and add notes (2-80 characters) for the person who will be scheduling the admission.

```
EXPECTED ADMISSION DATE:  JUL 1, 1996
ESTIMATED LENGTH OF STAY:  3
Schedule within N # Days:  2
Notes to the Appointment Scheduler:   SCHEDULE A.M. ADMISSION
```

Outpatient

For outpatient visits, you will be asked to enter the expected begin date of service, expected end date of service, and expected number of outpatient visits. You may also indicate the time frame for scheduling the visit (any number 0-365) and add notes (2-80 characters) for the person who will be scheduling the appointment. The expected number of outpatient visits defaults to 1.

```
EXPECTED BEGIN DATE OF SERVICE:   JUL 15, 1996
EXPECTED END DATE OF SERVICE:   SEP 15, 1996
EXPECTED # OF OUTPATIENT VISITS:   5
Schedule within N # Days:  7
Notes to Scheduler/Appointment Clerk:   MAKE AFTERNOON APPT.
```

Provisional DRG. If the Provisional DRG is known, enter it in this field. Otherwise, press RETURN to bypass this optional field.

Estimated Cost. Enter in this field an estimate of the total cost of this referral for all payors. Prior to the

development of the RCIS, even estimates for CHS costs were not available until all purchase orders were paid and the information was sent back from the FI–often a year or more after the services were provided. Also, referred care costs that were not funded by IHS (Type = Other) or other IHS facilities (Type = IHS) were not available. These figures can be very important for measuring how effectively alternative resources are employed and for negotiating contracts. By entering this information, these figures will be available in a more timely fashion.

Estimated IHS Cost. Enter the estimated cost to IHS for the referred care. Be sure that you are entering only the portion of the total cost for which IHS is responsible.

Purpose/Services Requested. Enter a narrative (1-80 characters) that describes the purpose of this referral. Similar to the purpose of visit on the PCC, this entry should be a concise statement that can be used wherever a brief statement of purpose is needed; for example, on the PCC Health Summary. Some sample purposes of referral are:

- Evaluation and treatment of dysfunctional uterine bleeding.
- Perform colposcopy to evaluate abnormal pap.
- Provide active-assistive range-of-motion treatments to left shoulder.

Pertinent Medical History and Findings. This is a word-processing field in which you can enter a long narrative that describes any pertinent medical history and findings; for example, lab values, examination results, and other tests performed. The RCIS will print this information on the referral letter that can be sent to the outside provider. Press RETURN at the prompt to bring up the word-processing field for entering your comments. See the appendix for tips on using the word-processing field.

Priority. Enter the appropriate Medical Priority from the list provided. The system is distributed with the IHS standard priority list, described 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 that is aimed at the prevention of disease/disability such as non-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 illnesses/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, or (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 for editing the site parameters (see page 49 for instructions).

Note that the Priority Code may be a required field depending on the site parameter specifications for your facility.

Are you sending additional medical information with the patient? This field allows you to indicate to the referral facility and provider whether you are sending additional medical information relevant to the patient's care. For example, you may be sending the patient's most recent lab results, x-rays, or a more complete record of the patient's condition. This indication will be noted on the referral sheet printed by the system.

Business Office/CHS Comments. You can use this field to enter any pertinent notes for the Business Office or CHS staff. Press RETURN at the prompt to display the word-processing field for entering your comments.

ICD Diagnostic Category. Choose the most appropriate diagnostic category from the list below. You may also view the list on your screen by typing a question mark and pressing RETURN at this prompt. Data must be entered into this field. If you are not entering full ICD-9 codes for all referrals, the Diagnostic Category will be the only mechanism available for grouping referrals into these simple diagnostic categories for reports.

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

CPT Procedure Category. Choose the most appropriate service category from the list below. To view this list on the screen, type a question mark and press RETURN. If your site is not entering full CPT codes for all referrals, the Procedure Category will be the only mechanism available for grouping referrals into these simple procedure categories for reports.

- Diagnostic Imaging
- Evaluation and/or Management
- Nonsurgical Procedures
- Operations/Surgery
- Pathology and Laboratory

You may also create a list of local service categories at your site by using the Add/Edit Local Category option in the RCIS Management module (see page 40 for details). A pop-up screen appears upon pressing RETURN at the CPT Procedure

Category prompt that allows you to enter these local service categories. Note that these categories must be defined before you can enter them in a referral record. Some examples of local categories that you might include are air transport or ambulance.

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

Completing the Referral Form

After you have finished entering data on the Complete Referral form, press <PF1>E to exit and then type "Y" at the next prompt to save and file the data. If you have not entered data into all of the required fields, a warning message will appear that identifies which of the required fields are missing data, as shown below. Press RETURN at the next prompt to return to the data entry screen and enter the missing data.

```
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
```

When all of the required fields have been completed, the following screen appears.

```
Referral #: 0001019500455
Referral Date: JUN 10, 1996        Patient Name: THATCHER,BECKY
```

Optional ICD/CPT Coding

If the ICD/CPT Coding option in the RCIS site parameters has been set to Yes, you will be prompted to enter a provisional diagnosis and a provisional procedure. (See page 45 for instructions on setting this parameter.) These data fields, if used at your facility, are optional. You will also have the opportunity to enter case review comments.

Note: The procedures must be entered in all capital letters. If not, two question marks will display and you will hear a beep. There will be no other indication that your entry was not accepted.

If you are entering diagnoses and procedures for referrals, several screen alert messages have been built in to the system that will alert you during data entry to the following categories. The alert messages are based upon taxonomies that have been created for each category of alert. The criteria for generating these alerts and the warning messages that appear for each are described below. The screen alerts will appear for all referral types except in-house referrals. MailMan bulletins are also available for the following categories. See page47 for instructions on using them.

Cosmetic. This warning appears when a cosmetic procedure is entered.

```
You are entering a cosmetic procedure that may require CMO
approval.
```

Experimental. The Experimental Procedure warning displays when a procedure that is considered experimental is entered.

```
You are entering a procedure that indicates this may be an
Experimental Procedure. If so, CHS funds cannot be used to pay for
this procedure.
```

High Cost. When a procedure or diagnosis is entered that has the potential for high costs, an alert message appears.

```
You are entering a procedure/diagnosis that indicates this may be
a high cost case. You may want to carefully explore alternative
resources and alert your case manager.
```

Third-Party Liability. A diagnosis that indicates a third party may be liable for the cost of care will trigger the following alert message.

```
You are entering a diagnosis that indicates this may involve
third-party liability. You may want to investigate this
possibility in order to recover costs.
```

To enter a provisional diagnosis and/or procedure, enter the data requested at the prompts, as in the following sample. User entries and instructions are in bold type.

If you do not know the specific code for the Provisional Diagnosis, you have the option of entering Uncoded Diagnosis (.9999). You must enter a specific diagnosis narrative with the uncoded entry so that a coder can enter the appropriate code for the referral record at a later time. (See the instructions on page 53 for details on adding diagnosis codes to referral records.)

```
Do you want to enter a Provisional Diagnosis? N//     Y
Select RCIS DIAGNOSIS:  578.9  578.9        GASTROINTESTINAL BLEEDING
         ...OK? Yes//   [RETURN TO ACCEPT DEFAULT](Yes)
  DIAGNOSIS: 578.9//    [RETURN TO ACCEPT DEFAULT]
  PRI/SEC:  P  PRIMARY
  DIAGNOSIS NARRATIVE:  GASTROINTESTINAL BLEEDING
Select RCIS DIAGNOSIS:  [RETURN TO BYPASS AND CONTINUE OR ENTER ANOTHER
                         DIAGNOSIS]

Do you want to enter a Provisional Procedure? N//    Y
Select RCIS PROCEDURE:  43259          ENDOSCOPIC ULTRASOUND EXAM
         ...OK? Yes//   [RETURN TO ACCEPT DEFAULT](Yes)
  PROCEDURE: 43259//    [RETURN TO ACCEPT DEFAULT]
  PRI/SEC:  P  PRIMARY
  PROCEDURE NARRATIVE:  GASTROINTESTINAL ENDOSCOPY
Select RCIS PROCEDURE:  [RETURN TO BYPASS AND CONTINUE OR ENTER ANOTHER
                         PROCEDURE]

Entry of Referral 0001019500455 is complete.
```

When the referral is complete, an indicating message will appear, as shown in the above example.

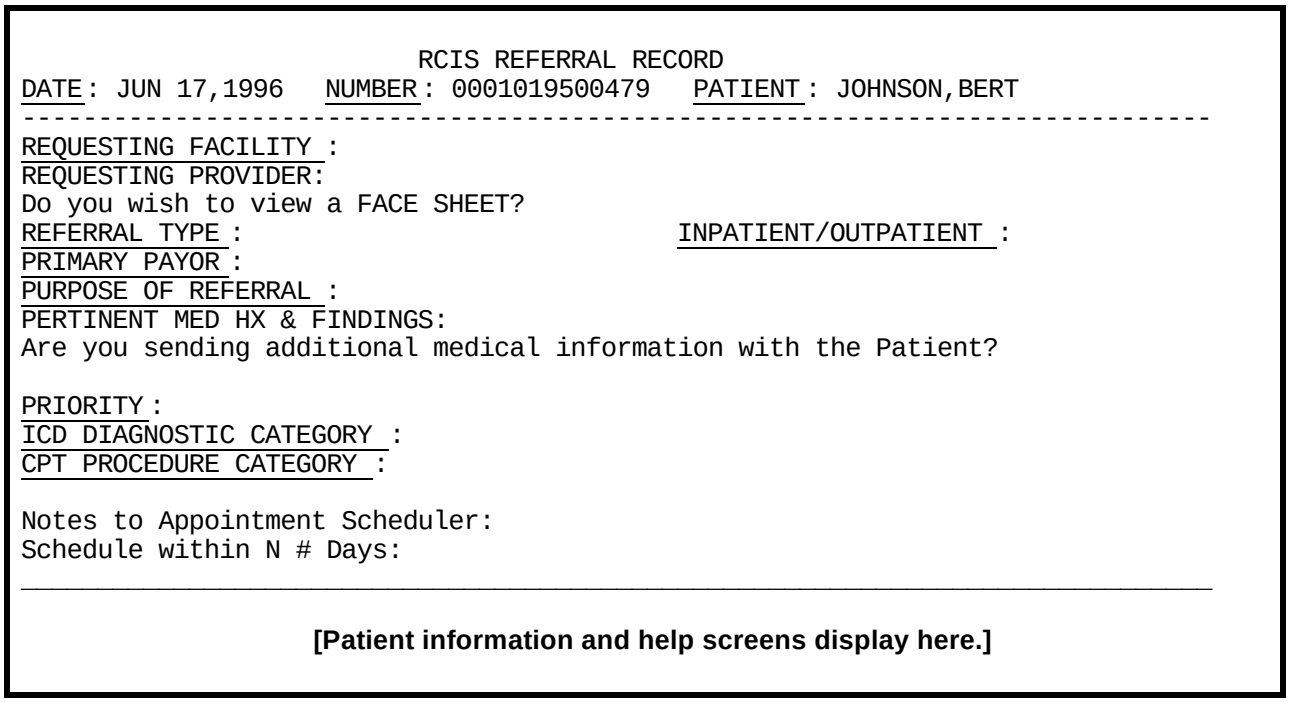
Using the Mini Referral Form

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 in order to generate a referral form for sending a patient to another provider. Additional referral data may be entered at a later date by data entry, business office, or CHS staff when it becomes available.

To use the Mini Referral form, you will follow the same process for selecting a patient and entering the date that was described in the previous section. You will then be presented with a list of referral types. Select number 1 to enter data into the Mini Referral form.

The fields that are contained in the Mini Referral form are the same as some that appear in the Complete Referral form. For descriptions of these fields and detailed instructions on entering data into each, refer to the previous section.

A sample Mini Referral form is shown below. As with the Complete Referral form, data fields that are underlined are required items and must be completed for the referral to be entered into the system.

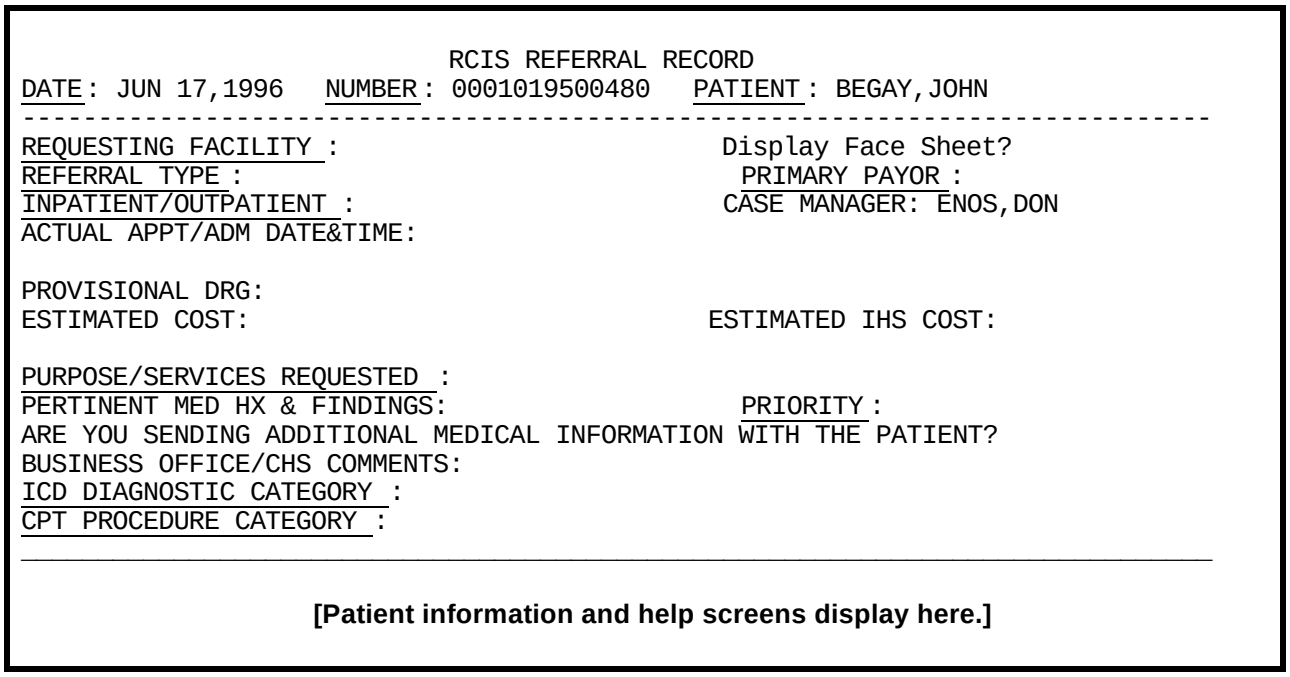


After you have entered data on the first screen of the Mini Referral form, you will be prompted to enter a provisional diagnosis and a provisional procedure if the ICD/CPT Coding option in the RCIS site parameters has been set to Yes. Descriptions of these optional fields and instructions for entering them are included in the previous section.

Entering a Referral Initiated by an 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; for instance, if a patient was involved in a weekend accident and required emergency medical care at the nearest hospital, which was 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, shown below, 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 there is no requesting provider.



For descriptions of the data fields in this form and detailed instructions on entering data, refer to the "Using the Complete Referral Form" section of this guide.

Using Locally Defined Referral Templates

Locally Defined Referral templates are those that have been created at your facility for the types of referrals that are most often initiated. These referral templates minimize the amount of data entry required since much of the data to be entered is already included as default values on the data entry screen. For instance, if you refer all routine mammograms to one outside facility, you would probably use a custom template for generating those referrals.

The following is a sample of a locally defined referral template that is used for routine mammograms. Note that most of the data has already been included and need not be re-typed by the user each time this referral type is generated. The patient's name and date were entered at the beginning of the data entry process and then the Routine Mammogram referral form was selected. All of the required fields are already completed. Only the appointment date and time need to be entered in order to complete the referral. If needed, additional information may be added or changes may be made to the data present on this referral screen.

```
                              RCIS REFERRAL RECORD
DATE: JUN 18,1996   NUMBER: 0001019500490   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
REQUESTING FACILITY : SELLS HOSPITAL/CLINI    Display Face Sheet?  N
REFERRAL TYPE : CHS FACILITY                   PRIMARY PAYOR : IHS
INPATIENT/OUTPATIENT : OUTPATIENT             CASE MANAGER: ENOS,DON
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED COST: 300                          ESTIMATED IHS COST: 300

PURPOSE/SERVICES REQUESTED : SCREENING MAMMOGRAM
PERTINENT MED HX & FINDINGS:                   PRIORITY : 2
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY : PREVENTIVE HEALTH CARE
CPT PROCEDURE CATEGORY : EVALUATION AND/OR MANAGEMENT
_______________________________________________________________________________

            [Patient information and help screens display here.]
```

Entering and Editing Business Office/CHS Comments

The Enter or Edit Business Office/CHS Comments option on the RCIS Data Entry menu allows the appropriate individual in the Business or CHS Office to add comments pertaining to the referral record. This option is also used to enter a Managed Care Committee action if your facility is entering them into the referral record. Remember that the Managed Care Committee Action field in the Site Parameters file must be set to "Yes" in order for the prompt to appear when entering and editing Business Office/CHS comments.

After selecting the option from the Data Entry main menu, you will be prompted to identify the referral for which you will be entering comments. You can select the referral by typing the patient's name, referral date, or referral number.

You will then be prompted to enter the Managed Care Committee action, if your facility has opted to enter this data. These actions are site-specific. If you will be entering Managed Care Committee actions, you must first define them using an option on the Management menu (see page 55).

Next you will have the option of entering comments or editing existing comments. The standard word-processing screen will appear that allows you to type or edit comments. If you are not entering or editing comments, press RETURN to bypass this field.

A sample that shows the use of this option is presented below. User responses and instructions are in bold type.

```
Select REFERRAL by Patient or Referral Date or #:    GIBSON,MELINDA
000101950003                SAN XAVIER HEALTH CENTER
                           ROUTINE MAMMOGRAM

REFERRED CARE COMMITTEE ACTION:   SERVICES APPROVED

DATE MCC ACTION RECORDED: JUN 6,1996//   [Enter a date or press RETURN to accept
default]

COMMENTS-Enter PF1 & E to Exit:
  1>  Enter Business Office comments here.
```

Modifying a Referral

While a referral remains active, the information in a referral record may require updating or additional data may need to be added. For instance, the Case Manager or Utilization Review Nurse may want to enter case review comments or discharge notes, the Business Office staff may need to update the patient's third-party eligibility information, or a data entry clerk may need to record the date on which a discharge letter was received from the referred provider.

Note that closed referrals may not be modified with this menu option. In order to modify information for a closed referral, you must use the Modify Closed Referral option on the Data Entry menu. For instructions on using this option see page 35. The appropriate security key is required to use this option. Please see your Site Manager for assistance.

The Modify Referral option on the RCIS Data Entry menu allows you to modify the active referral record or add information to it. To do so, select the Modify option and identify the referral at the first prompt. You can enter the referral number, the patient's name, or the date on which the referral was initiated.

You will then be presented with the following list of options for entering or modifying data.

0. Quit
1. All Data
2. Date/Counts
3. Costs
4. ICD9 Diagnoses
5. CPT Procedures
6. Case Review Comments
7. Purpose of Referral/Med Hx/Other Diagnostic Info.
8. Business Office Notes
9. Discharge Notes

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 record. For instance, if you will be entering only the referred care cost

figures, you would select option 3, or if you were only interested in modifying the Business Office notes, you would select option 8. Each of these data entry options is described in detail below.

Quit

To return to the Data Entry menu at any time, choose 0 to quit. Each time you enter data using one of these 10 selections under the Modify Referral option, you will be returned to the selection list. When you have finished entering or modifying data in the selected referral record and want to choose another referral record for modification or to return to the Data Entry menu, choose Quit. The Quit option will always be the default value for the selection prompt.

All Data

The option to modify all data will allow you to enter or modify data for each item of the RCIS. The following screen appears upon selection of the All Data option. Data that has been previously entered for the referral displays. This screen works the same way as the Data Entry screens. For more detailed instructions, see the "Using the Complete Referral Form" section of this manual.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996   NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
REQUESTING FACILITY : SELLS HOSPITAL/CLINI        CASE MANAGER: ENOS,DON
REQUESTING PROVIDER:                               INPT OR OUTPT : OUTPATIENT
Do you wish to view a FACE SHEET?  N
REFERRAL TYPE : CHS FACILITY                       PRIMARY PAYOR : IHS
Provider OR Facility Referred To: TUCSON MEDICAL CENTER
Do you want to change the above Referral Provider/Facility? N

          PURPOSE OF REFERRAL : TONSILLECTOMY
                     PRIORITY: 2
       ACTUAL APPT/BEGIN DOS: AUG 1,1996

       *** Hit return at any of the following to edit the data items***
        SERVICE DATES/COUNTS:                          COST DATA:
DIAGNOSTIC/PROCEDURAL/MED HX:                STATUS INFORMATION:
```

At the bottom of the screen are four categories of data items:

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

Data can be entered or changed for these items by pressing RETURN at each of the prompts. A pop-up screen will then display for entering and modifying data. Each of the pop-up screens are shown below.

More detailed information about each of these pop-up screens is provided in this section under the corresponding headings. Also, descriptions and data entry instructions for many of these items are provided in the "Using the Complete Referral Form" section.

Service Dates/Counts

```
            EXPECTED BEGIN DOS:  AUGUST 1, 1996
              ACTUAL BEGIN DOS:
             EXPECTED END DOS:  AUGUST 1, 1996
                ACTUAL END DOS:
  OUTPATIENT NUMBER OF VISITS:  1
             NEXT REVIEW DATE:
           NOTES TO SCHEDULER:
```

Cost Data

```
           ESTIMATED COST:  6000
             ACTUAL COST:
      ESTIMATED IHS COST:  6000
         ACTUAL IHS COST:
```

Diagnostic/Procedural/Med Hx

```
                        RCIS REFERRAL RECORD
DATE: JUN 4,1996    NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
 ----------------------------------------------------------------
              PROVISIONAL DRG:
                    FINAL DRG:
 DATE DSCH SUMM/CONS LTR RCVD:

          PURPOSE OF REFERRAL : TONSILLECTOMY
    PERTINENT MED HX,EXAM,LAB:
 WAS ADDITIONAL MEDICAL INFORMATION SENT WITH THE PATIENT? N
              DISCHARGE NOTES:
       BUSINESS OFFICE NOTES:
      ICD DIAGNOSTIC CATEGORY : GASTROINTESTINAL DISORDERS
       CPT PROCEDURE CATEGORY : OPERATIONS/SURGERY

     EDIT EXISTING DIAGNOSES:
    EDIT EXISTING PROCEDURES:
```

Status Information

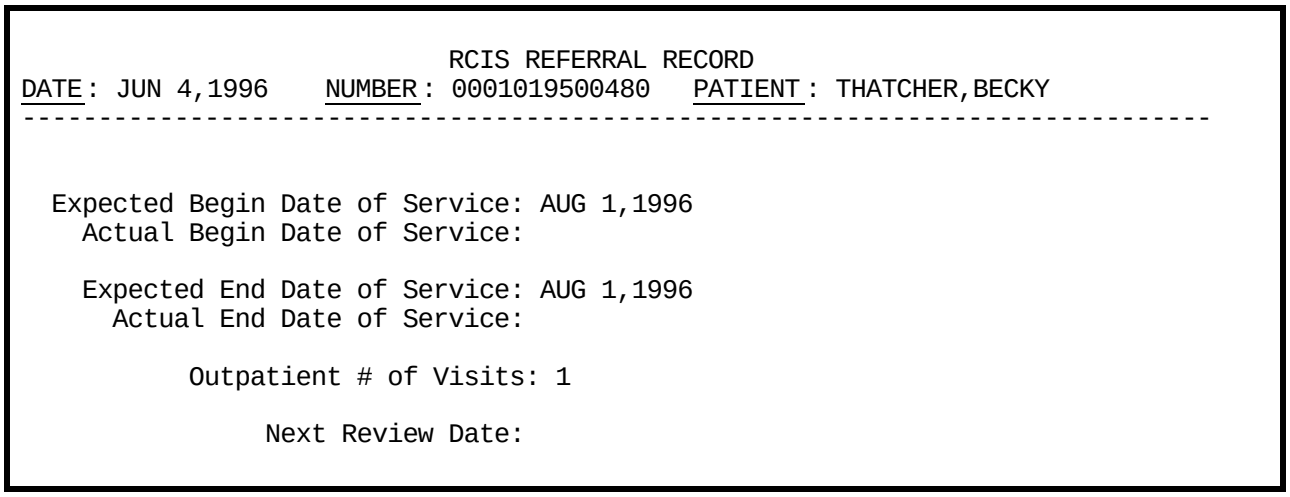
```
    STATUS OF REFERRAL: ACTIVE
  REASON NOT COMPLETED:
            DATE CLOSED:
```

Service Date/Counts

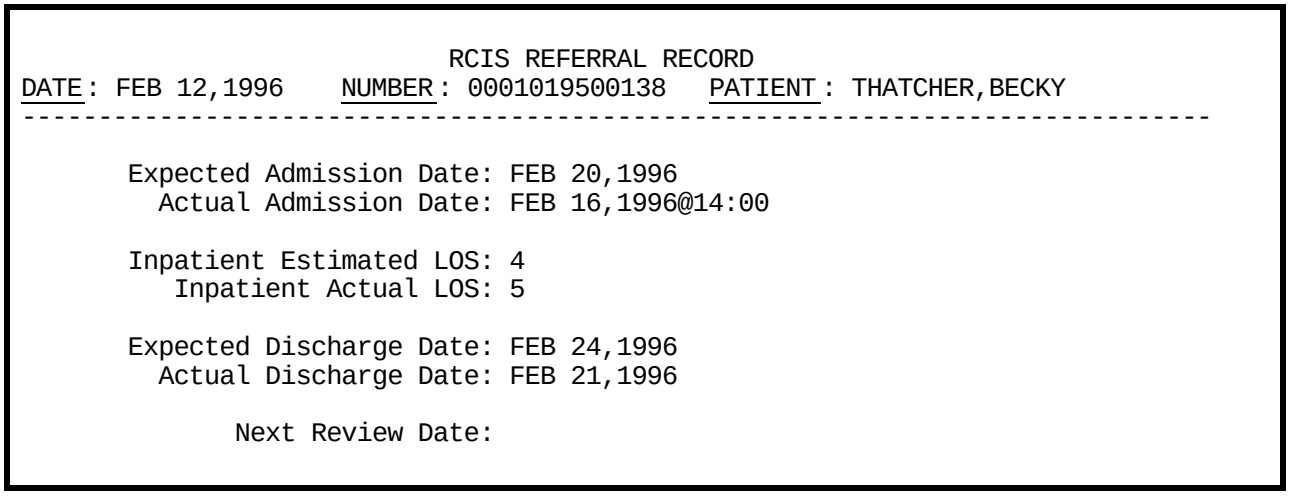
While the referral remains active, you may need to revise the expected dates of service. If the services have been provided, you will want to enter the actual visit dates, number of visits, and length of stay, as applicable. Note that if the referral is a CHS type and the CHS link is active, the beginning and ending service dates and length of stay will be automatically entered into the RCIS via the CHS link. You will need to enter the final dates and counts for all other referral types.

The Service Date/Counts option displays two different screens, depending on whether the patient referral is for an outpatient visit or an inpatient visit. Each screen allows you to enter estimated and actual dates for the visit type. The two screens are shown on the following page.

Outpatient



Inpatient



Costs

Actual costs may be entered and estimated costs may be added or modified using this option. If the referral is a CHS type and the CHS link is active, actual cost information will be automatically provided by the CHS. For all other referral types, you must enter actual cost data manually. Entering the actual cost data will provide more accurate and timely information.

In the Actual Cost field, enter the total cost of the referred care for all payors. In the Actual IHS cost field, enter the portion of the total cost for which IHS is responsible.

```
                          RCIS REFERRAL RECORD
DATE: JUN 6,1996    NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------

              ********  ACTUAL TOTAL COST INFORMATION  ********

                   Estimated Cost: 6,000
                      Actual Cost:

                   ********  IHS COST INFORMATION  ********

                 Estimated IHS Cost: 6,000
                    Actual IHS Cost:
```

ICD-9 Diagnoses

If you are entering ICD-9 Diagnoses at your facility, you may use this option to add, change, or delete the diagnoses that have been entered on a referral record.

The following example shows the addition of hypertension as a patient's primary diagnosis for this referral. As shown in the example, if no diagnoses have been entered for the patient, you have the choice of adding a new diagnosis or quitting. Once one or more diagnoses have been added, you are presented with four options:

- Edit an Existing Diagnosis
- Add a New Diagnosis
- Delete an Existing Diagnosis
- Quit

When adding a new diagnosis, you will be prompted for the diagnosis type (provisional or final), whether it is primary or secondary, and for a narrative. Note that you can enter only one primary diagnosis in a referral record.

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. (For instructions on using the option to update uncoded diagnoses in referral records, see page 53.)

```
You may edit one of the existing Diagnoses or add a new one

  No entries to edit

     Select one of the following:

          A         ADD a new Diagnoses
          Q         QUIT

Do you wish to: A//  ADD a new Diagnoses

Adding a NEW Diagnoses...

Select RCIS DIAGNOSIS:  HTN
401.9 (HYPERTENSION NOS)
UNSPECIFIED ESSENTIAL HYPERTENSION

 OK? Y//  [Press RETURN to accept default or enter N to return to previous prompt.]

  DIAGNOSIS: 401.9//
  TYPE:  PROVISIONAL
  PRI/SEC:  P  PRIMARY
  DIAGNOSIS NARRATIVE:   [Enter a narrative or press RETURN to bypass.]

You may edit one of the existing Diagnoses or add a new one

  1) 401.9  HYPERTENSION NOS      (Provisional)

     Select one of the following:

          E         EDIT one of the above Diagnoses
          A         ADD a new Diagnoses
          D         DELETE one of the above Diagnoses
          Q         QUIT

Do you wish to: Q//  Q
```

To edit a diagnosis, type E to select the Edit option. Then choose the diagnosis to edit by entering the diagnosis line number shown on the screen. You will then be prompted for each of the data items (diagnosis, type, primary/secondary, narrative). The default values for the prompts will be the data that have already been entered. Press RETURN at each field that should remain unchanged and enter the new data for each field that needs to be changed.

If you want to delete a diagnosis, type D to select the Delete option. Select the diagnosis to delete by entering the line number shown on the screen. You will then see the following prompt: “Are you sure you want to delete this Diagnoses?” Enter “Yes” to delete the diagnosis selected or “No” to return to the previous selection menu.

CPT Procedures

If you are entering CPT Procedures at your facility, you may use this option to add, change, or delete the procedures that have been entered on a referral record.

The process for adding the CPT procedures is the same as adding the ICD-9 diagnoses (see previous section). A sample of adding a new procedure is shown below.

```
You may edit one of the existing Procedures or add a new one

  No entries to edit

     Select one of the following:

          A         ADD a new Procedures
          Q         QUIT

Do you wish to: A//  ADD a new Procedures

Adding a NEW Procedures...

Select RCIS PROCEDURE:  33322          REPAIR MAJOR BLOOD VESSEL(S)
         ...OK? Yes//   [Press RETURN to accept default or enter N to return to
                          previous prompt.]
  PROCEDURE: 33322//  [Press RETURN to accept default.]
  TYPE:  P  PROVISIONAL
  PRI/SEC:  P  PRIMARY
  PROCEDURE NARRATIVE:  [Enter a narrative or press RETURN to bypass.]

You may edit one of the existing Procedures or add a new one

  1) 33322  REPAIR MAJOR BLOOD VESSEL(S)              (Provisional)

     Select one of the following:

          E         EDIT one of the above Procedures
          A         ADD a new Procedures
          D         DELETE one of the above Procedures
          Q         QUIT

Do you wish to: Q//  Q
```

The procedure for editing and deleting a procedure are the same as for editing a deleting a diagnosis (see previous section).

Case Review Comments

This option allows you to add, edit, or delete the case review comments on a patient's referral record. A date for each separate comment must be entered. When prompted, enter the date on which the comment was written. Note that the default value for the date field is the current date. If comments are entered into

the system on a date other than when they were recorded, be sure to enter the date on which they were recorded, not the current date. The following sample shows the addition of a new case review comment.

```
You may edit one of the existing Case Review Comments or add a new one

  1) JAN 30, 1996
         PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL. SHOULD
         RETURN FOR FOLLOW-UP IN 6 MONTHS.


     Select one of the following:

          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

Do you wish to: E//  ADD a new Case Review Comments

Adding a NEW Case Review Comments...

Select RCIS CASE REVIEW COMMENTS DATE:   JUN 12,1996
  DATE: JUN 12,1996//  [Press ENTER to accept default or type in new date.]
  COMMENTS:
  1> PATIENT FOLLOW-UP SATISFACTORY. NO FURTHER VISITS REQUIRED.
  2>
EDIT Option:  [Press RETURN to bypass if comments are complete.]

You may edit one of the existing Case Review Comments or add a new one

  1) JAN 30, 1996
         PATIENT HAD SURGERY YESTERDAY AND IS DOING WELL. SHOULD
         RETURN FOR FOLLOW-UP VISIT IN 6 MONTHS.

  2) JUN 12, 1996
        PATIENT FOLLOW-UP SATISFACTORY. NO FURTHER VISITS REQUIRED.

     Select one of the following:

          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

Do you wish to: Q//  Q
```

Purpose of Referral/Med Hx/Other Diagnostic Info.

Selecting this option allows you to modify diagnostic information on the referral record. The following screen displays for entering data. You can change, add, or delete data on this screen in the same way that you entered data using the other data entry screens.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996    NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
             PROVISIONAL DRG:
                   FINAL DRG:
DATE DSCH SUMM/CONS LTR RCVD:

          PURPOSE OF REFERRAL : SURGERY
   PERTINENT MED HX & FINDINGS:
WAS ADDITIONAL MEDICAL INFORMATION SENT WITH THE PATIENT? N
             DISCHARGE NOTES:
       BUSINESS OFFICE NOTES:
     ICD DIAGNOSTIC CATEGORY : GASTROINTESTINAL DISORDERS
      CPT PROCEDURE CATEGORY : OPERATIONS/SURGERY

     EDIT EXISTING DIAGNOSES:
    EDIT EXISTING PROCEDURES:
```

This data modification screen also allows you to edit existing diagnoses and procedures. By pressing RETURN at either of these prompts, an additional screen displays that contains all of the diagnoses or procedures that have been entered for the referral record. To modify the diagnoses and procedures, review the following screens and instructions.

Diagnoses

To modify a diagnosis, press RETURN at the diagnostic code that you want to modify. A pop-up screen that contains the information for the diagnosis displays. The data in this screen may be modified or deleted. Note that you cannot add a diagnosis with this option, you must use option 4, ICD-9 Diagnosis.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996    NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
DX: 543.9    NARR: ACUTE APPENDICITIS  TYPE: PROVISIONAL  PRI/SEC: PRIMARY
DX: 567.9    NARR: PERITONITIS         TYPE: FINAL        PRI/SEC: SECONDARY
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
DX:          NARR:                     TYPE:              PRI/SEC:
```

Diagnoses Pop-Up Screen

```
           DIAGNOSIS : 567.9
                TYPE : FINAL
  PRIMARY/SECONDARY : SECONDARY
DIAGNOSIS NARRATIVE: PERITONITIS
```

Procedures
To modify a procedure, press RETURN at the procedure code that you want to modify. A pop-up screen that contains the information for the procedure displays. The data in this screen may be modified or deleted. Note that you cannot add a procedure with this option, you must use option 5, CPT Procedures.

```
                              RCIS REFERRAL RECORD
DATE: JUN 6,1996    NUMBER: 0001019500480   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------
PRC: 56315     NARR: APPENDECTOMY   TYPE: PROVISIONAL  PRI/SEC: PRIMARY
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
PRC:           NARR:                TYPE:              PRI/SEC:
```

Procedures Pop-Up Screen

```
            PROCEDURE: 56315
                 TYPE: PROVISIONAL
  PRIMARY/SECONDARY: PRIMARY
PROCEDURE NARRATIVE: APPENDECTOMY
```

Business Office Notes

You can use this option to edit data in fields that pertain to the Business Office. As illustrated in the following sample, you will be prompted for the Managed Care Committee action, the date the action was determined, and comments pertaining to the referral record. You will be prompted to enter the Managed Care Committee action and date only if your facility has opted to enter this information.

```
REFERRED CARE COMMITTEE ACTION:   PENDING

DATE MCC ACTION RECORDED: JUN 18,1996//   [Press RETURN to accept default.]

COMMENTS-Enter PF1 & E to Exit:
  1> REFERRAL PENDING REVIEW BY MCC. COMMITTEE TO MEET 6/30/96.
```

Discharge Notes

This option allows you to enter, edit, or delete any discharge notes on the referral record. Selecting this option displays a word-processing field for entering notes. Use the standard word-processing options to add, enter, or delete comments. See the appendix for a list of commands.

```
DISCHARGE NOTES:
  1> PATIENT HAD SURGERY 6/18/96 AND WAS RELEASED IN GOOD HEALTH 6/20/96.
  2> PATIENT TO SCHEDULE FOLLOW-UP VISIT WITHIN 2 WEEKS.

EDIT Option:
```

Closing Out a Referral

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 with the CHS is enabled. When all purchase 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 the CHS, you must close CHS referrals manually using the Closing Out a Referral menu option.

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

The Close Out a Referral option is used to manually close referrals from the RCIS. To close a referral, you will add the final data to the referral record, including:

- Diagnoses
- Procedures
- Costs
- Appointment/Admission Dates
- Length of Stay/Number of Visits
- Comments
- Status

Once a referral is closed, modifications may be made to the referral record only with the Modify a Closed Referral option on the Data Entry menu (see page 35 for instructions). The use of this menu option requires the manager's security key.

To begin the process, select the Close Out Referral option from the Data Entry menu and indicate the file you will be closing by entering the patient's name, referral date, or referral number. At the next prompt, you will have the option of entering final values. If you know that the final data have already been entered into the file, type "N" to continue. If you have not yet entered the final data, press RETURN to accept Yes, the default value.

If you have opted to enter final values, you will be presented with the same selections that were available from the Modify Referral option (see below). You will enter the final values the same way that you entered or edited data using the Modify Referral option. (For more detailed information, see the previous

section on modifying referrals.) After you have entered the final referral data, press RETURN at the Edit Data Type prompt to continue.

```
Select RCIS REFERRAL by Patient or by Referral Date or #:    THATCHER,BECKY

Do you want to enter final values? Y//   [Press RETURN to accept default or
                                         type N to bypass.]

     Select one of the following:

          0         QUIT
          1         ALL DATA
          2         DATE/COUNTS
          3          COSTS
          4         ICD9 DIAGNOSES
          5         CPT PROCEDURES
          6         CASE REVIEW COMMENTS
          7         PURPOSE OF REFERRAL/MED HX/OTHER DIAGNOSTIC INFO
          8         BUSINESS OFFICE NOTES
          9         DISCHARGE NOTES

EDIT Which Data Type: 0//  [Enter your selection here.]
```

Whether or not you have chosen to enter final data, the next prompt will request the final status of the referral. Note that if you have entered final data, this prompt appears after you choose Quit from the Edit Data Type menu; otherwise, the prompt appears after choosing not to enter final data. At the status prompt, enter one of the following codes. Each category is described below.

C1 Closed–Completed
C2 Closed–Final Resolution Unknown
X Closed–Not Completed

Closed–Completed

If you know the referral was completed and you have all of the final data, select Closed–Completed. This is the default value for the prompt. In order to select this status, you must have entered data into all of the required fields. If data is missing in one or more of the required fields, you will be notified with a message and asked if you want to enter the missing data. If you respond “Yes,” you will then be prompted to enter data in those fields only. To complete the closure, you will enter the date on which the referral was closed and the date on which the discharge summary or consultation letter was received. If no discharge summary or consultation letter has been received, you can press RETURN to bypass the prompt, since this entry is optional. The following sample shows the process of entering data into the incomplete fields and closing the referral.

```
Enter Final Status: C1//  C1  CLOSED-COMPLETED

Required fields missing.  Do you want to enter them? Y//    YES

ACTUAL COST:  500
ACTUAL IHS COST:  350
ACTUAL END DOS:  JUN 01, 1996

DATE CLOSED: JUN 20,1996//  [Press RETURN to accept the current date as the default or
                            enter the closing date.]

DATE DSCH SUMM/CONS LTR RCVD:   JUN 15,1996  [or press RETURN to bypass]
```

Note: if you respond "No" at the Required Fields Missing message, the referral will **not** be closed and you will be returned to the Data Entry menu.

Closed–Final Resolution Unknown

Select Closed–Final Resolution Unknown if you do not know whether the referral was completed and believe that no further information is forthcoming. You will then enter the date on which the referral was closed. The default value for this prompt is the current date.

Closed–Not Completed

Select Closed–Not Completed if you know the referral was not completed. You will then be prompted to enter a reason why the referral was not completed. You must select an option from the following list:

1. Failed to Apply for Alternative Resources
2. Failed to Keep Appointment
3. Condition Resolved
4. Administrative Error
5. CHS Denial
6. Unknown

At the final prompt, enter the date on which the referral was closed to complete the closure.

If your facility is using the interface with the PCC, when a referral is designated as Closed–Completed the referral data pass to the PCC visit update module and are added to the PCC visit, diagnosis, procedure, and provider files. In turn, the PCC visit IEN is stored in the referral file.

Checking Alternate Resources

The Check Alternate Resources option provides a means for quickly checking a patient's eligibility for services and any insurance they may have. After selecting the Check Alternate Resources option, you will enter a patient's name at the prompt. Information on the patient's classification, eligibility, and insurance

will display on the screen. Any comments in the Additional Registration Information field of the patient registration record will also display. A sample output is shown below.

```
CLASSIFICATION/BENEFICIARY IS: INDIAN/ALASKA NATIVE
ELIGIBILITY STATUS IS: CHS & DIRECT
NO THIRD PARTY COVERAGE RECORDED

ADDITIONAL REGISTRATION INFORMATION:
Patient's chart in temporary storage.
Need to check on status of old material.
```

Displaying a Referral Record

This option is used to obtain a detailed display of a referral record. All of the information that has been entered into the referral record is displayed. The information shown for each referral will differ depending on the type of referral, whether it is for an inpatient or outpatient visit, and the status of the referral (i.e., more data is likely to have been entered for a closed referral than for one that has just been initiated).

You will select the referral record by entering the patient's name, referral date, or referral number. The referral record will then display on the screen. A sample is shown below.

```
Patient Name:              JONES,ELMER
Chart #:                   100970
Date of Birth:             OCT 15, 1969
Sex:                       M

=============== REFERRAL RECORD ===============
DATE INITIATED:            JUN 1, 1996
REFERRAL #:                0001019500501
PATIENT:                   JONES,ELMER
TYPE:                      CHS FACILITY
REQUESTING FACILITY:       SELLS HOSPITAL/CLINIC
REQUESTING PROVIDER:       GRIFFITH,STANLEY P
TO PRIMARY VENDOR:         TMC FAMILY MEDICAL CENTER
FACILITY REFERRED TO (COM: TMC FAMILY MEDICAL CENTER
PRIMARY PAYOR:             IHS
ICD DIAGNOSTIC CATEGORY:   GASTROINTESTINAL DISORDERS
CPT SERVICE CATEGORY:      OPERATIONS/SURGERY
INPATIENT OR OUTPATIENT:   INPATIENT
DAYS SINCE BEGIN DOS:      -5
STATUS OF REFERRAL:        ACTIVE
CASE MANAGER:              ENOS,DON
CREATED BY USER:           SAMPRAS,PETER
DATE CREATED:              JUN 5, 1996
DATE LAST MODIFIED:        JUN 5, 1996
```

```
PRIORITY:                   1
SEND ADDITIONAL MED INFO:   NO
PURPOSE OF REFERRAL:        ORGAN TRANSPLANT
NOTES TO SCHEDULER:         SCHEDULE ADMISSION IN AM
ESTIMATED COST:             10000
ESTIMATED IHS COST:         10000
EXPECTED BEGIN DOS:         JUN 10, 1996
EXPECTED END DOS:           JUL 15, 1996
INP ESTIMATED LOS:          35
CHS APPROVAL STATUS:        PENDING
CHS AUTHORIZATION DECISIO: TO BE DETERMINED
CHS AUTHORIZATION DEC STA: MARTIN,MICHELE
CHS AUTHORIZATION DEC REV: JUN 5, 1996

PERTINENT MED HX,LAB:

BUSINESS OFFICE:

DISCHARGE NOTES:

=============== RCIS DIAGNOSISs ===============

DIAGNOSIS:                  155.2
ICD NARRATIVE:              MALIGNANT NEO LIVER NOS
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
DIAGNOSIS NARRATIVE:        LIVER FAILURE

=============== RCIS PROCEDUREs ===============

PROCEDURE:                  47135
CPT NARRATIVE:              TRANSPLANTATION OF LIVER
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
PROCEDURE NARRATIVE:        LIVER SURGERY
```

Modify a Closed Referral

Once a referral has been closed, you will not be able to make changes to the referral record using the Modify Referral option. Instead, you must use the Modify a Closed Referral option on the Data Entry menu. This menu option requires the manager's security key for access. Please contact your Site Manager for assistance if you do not have access to it. This option for modifying a closed referral works exactly the same way as the Modify a Referral option. For detailed instructions, refer to the section of this guide on modifying a referral that begins on page 21.

Enter or Edit Scheduling Data

The Enter or Edit Scheduling Data option on the Data Entry menu allows quick access to the scheduling data in order to enter notes the appointment clerk and indicate a scheduling time frame. At the prompts, enter the requested information as shown in the example below. If data has already been entered, it will appear on the screen as the default value. Press RETURN to accept the previous entry or type the new text to replace the entry.

```
Select REFERRAL by Patient or Referral Date or #:    THATCHER,BECKY
10-1-1996  0001019500635  THATCHER,BECKY   CARONDELET HEALTH SERVICE
UNKNOWN SERVICE DATE  ROUTINE MAMMOGRAPHY

Schedule within N # Days:  30

Notes to Scheduler:  CONTACT PT FOR SCHEDULING PREFERENCE

Select REFERRAL by Patient or Referral Date or #:    [Press RETURN to bypass prompt
and exit this option or enter another referral]
```

Print Referral Letter

Once you have entered data for a referral, you will be able to generate a printed referral letter to send with the patient or forward to the referred provider. The referral letter that prints for the referral record you select differs according to the referral type. For instance, a CHS referral contains information that is unnecessary for an in-house referral (see the samples that follow). Also, the information printed on the letter varies depending on the party responsible for payment and whether payment for services has been approved.

To print a referral letter, select the Print Referral Letter option on the Data Entry menu and then identify the type of referral to be printed. The RCIS package is designed to print the referral letter in a standard format. You may also want a letter that meets the requirements of your state's health-care program or the specific needs of other providers. Please contact the RCIS program developers if you are interested in a site-specific referral letter.

To print the standard form, type STANDARD at the prompt, then identify the referral record. You can make your selection by typing the patient's name, the referral number, or the date the referral was initiated. At the next prompt, enter the device for printing the form.

Sample referral forms are included on the following pages.

CHS Referral – Funds Authorized

```
             Referral for Contract Professional Services     MAR 06, 1996
*****************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  MILLER,MELANIE                      ID Number:  100294
         SSN:  009-05-0090                               Sex:  FEMALE
     Address:  777 N. 33RD ST.                           DOB:  MAY 10, 1975
               MESA, ARIZONA   88776
_____________________________________________________________________________
Referred to:       ST JOSEPH'S HOSPITAL-TUCSON  (602-296-3211)
                   PO BOX 12069-350 N WILMOT
                   TUCSON,  ARIZONA   85732                      0001019500242
OUTPATIENT Services                    Appointment Date:  Mar 20, 1996
# of Outpatient Visits: 9              Expected Ending Date: DEC 01, 1996
_____________________________________________________________________________

Purpose/Services Requested: ROUTINE PRENATAL CARE

Additional Medical Information Attached:   Not Documented by Provider
_____________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  ENOS,DON

Primary Payor for these services: IHS
Our records, as of 3/26/96 indicate that this patient has the following
third party coverage:
          PATIENT HAS MEDICAID-PLAN NAME:  UNKNOWN
*****************************************************************************
TO THE CONTRACT PROVIDER:  CHS Funds are authorized as specified above, subject to
the conditions below.

* The provider shall submit a consultation report or discharge summary to the
Indian Health Service prior to reimbursement by IHS Contract Health Services or
the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resources for which he/she is
entitled.  Failure to do so by the patient will result in denial of payment by
IHS and the would then be responsible for the entire bill.

* This referral does not authorize transfer of this patient to any other
provider or the provision of services not requested without prior approval.
Provision of unauthorized services may result in denial of payment without
recourse to the patient.

* This referral is valid for 30 days from the date of issue for the above
specified services, unless otherwise specified.

* This referral is a request for health services, not a guarantee of payment.
```

CHS Referral – Funds Not Authorized

```
            Referral for Contract Professional Services     AUG 29, 1996
*****************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  ADAMS,ROSEANNE                      ID Number:  100827
         SSN:  025-09-0250                               Sex:  FEMALE
     Address:  98 FILLMORE LANE                          DOB:  JAN 17, 1948
               SAN XAVIER, ARIZONA   88776
_____________________________________________________________________________
Referred to:       ABBEY MEDICAL/ABBEY RENTS
                   4826 E SPEEDWAY
                   TUCSON,  ARIZONA   85712                    0001019500562
OUTPATIENT Services                  Appointment Date:  Oct 01, 1996
# of Outpatient Visits: 1            Expected Ending Date: OCT 01, 1996
_____________________________________________________________________________

Purpose/Services Requested: EVALUATION

Additional Medical Information Attached:   Not Documented by Provider
_____________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  ENOS,DON

Primary Payor for these services: IHS
Our records indicate that the patient has no third party coverage.

*****************************************************************************

TO THE CONTRACT PROVIDER:  CHS Funds are not authorized because we do not yet
have adequate information to make that determination.  The patient (and any
alternative resources to which he/she is entitled) is responsible for this bill
and has been so informed.  If CHS funding is subsequently authorized, the
conditions below will apply.

* The provider shall submit a consultation report or discharge summary to the
Indian Health Service prior to reimbursement by IHS Contract Health Services or
the IHS's Fiscal Intermediary.

* This patient must apply for any alternative resources for which he/she is
entitled.  Failure to do so by the patient will result in denial of payment by
IHS and the would then be responsible for the entire bill.

* This referral is valid for 30 days from the date of issue unless otherwise
specified.

* This referral is a request for health services, not a guarantee of payment.
```

IHS Referral

```
             Referral for Contract Professional Services     SEP 26, 1995
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  THATCHER,BECKY                      ID Number:  256
         SSN:  000-17-0001                               Sex:  FEMALE
     Address:  P.O. BOX 998                              DOB:  JAN 01, 1933
               SASABE, ARIZONA   88776
_____________________________________________________________________________
Referred to:       PHOENIX INDIAN MEDICAL CENTER             0001019500031
OUTPATIENT Services                     Appointment Date:  OCT 20, 1995
# of Outpatient Visits: 1               Expected Ending Date: OCT 20, 1995
_____________________________________________________________________________

Purpose/Services Requested: ROUTINE MAMMOGRAM

Additional Medical Information Attached:   NO
_____________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)

Referring Provider:  LUKACS,BOB

Primary Payor for these services: IHS
Our records indicate that the patient has no third party coverage.

********************************************************************************
```

In-House Referral

```
             Referral for Contract Professional Services     SEP 03, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  JONES,MARIAN                          ID Number:  2563456
         SSN:  020-57-0351                                Sex:  FEMALE
     Address:  123 FIRST AVE.                             DOB:  OCT 10, 1953
               TUCSON, ARIZONA   85743
_____________________________________________________________________________
IN HOUSE REFERRAL
Referred to:  DIABETES CLINIC                                 0001019500565
OUTPATIENT Services                      Appointment Date:  SEP 27, 1996
# of Outpatient Visits: 1                Expected Ending Date: SEP 27, 1996
_____________________________________________________________________________

Purpose/Services Requested: FOLLOW-UP VISIT

Additional Medical Information Attached:  YES
_____________________________________________________________________________
Referring Provider: JOHNSON,DON

Primary Payor for these services: IHS
Our records indicate that the patient has no third party coverage.

********************************************************************************
```

Other Referral

```
             Referral for Contract Professional Services     FEB 05, 1996
********************************************************************************
                     Patient Identification, Address, Phone
Patient Name:  WHITE,CHANDLER                       ID Number:  8946654
         SSN:  450-67-9897                                Sex:  MALE
     Address:  897 ELM                                    DOB:  APR 01, 1967
               TUCSON, ARIZONA   88776
_______________________________________________________________________________
Referred to:       TUCSON PLASTIC SURGEONS
                   4826 E SPEEDWAY
                   TUCSON,  ARIZONA   85982                        0001019500131
OUTPATIENT Services                    Appointment Date:  MAR 01, 1996
# of Outpatient Visits: 1              Expected Ending Date: MAR 01, 1996
_______________________________________________________________________________

Purpose/Services Requested: REMOVAL OF SCAR

Additional Medical Information Attached:   NO
_______________________________________________________________________________
If you have any questions concerning this referral, please contact:
     SELLS HOSPITAL/CLINIC  (contact: JOHN SMITH))
     P.O. BOX 548
     SELLS,  ARIZONA   85634     (phone:  (520) 295-2533)
Referring Provider:  LOPEZ,PABLO

Primary Payor for these services: OTHER
Our records indicate that the patient has no third party coverage.

********************************************************************************

To the contract provider:

CHS funds are NOT AUTHORIZED.  The patient (and any alternative resources to
which he/she is entitled) is responsible for this bill and has been so informed.

Please submit a consultation report or discharge summary to the referring Indian
Health Service provider as soon as possible.
```

Utilization Review by MD/ Managed Care Committee Action

This option on the Data Entry menu is used to enter the utilization review decision by a physician and the managed care committee action. The items that may be entered for each of these fields are developed by each site. (See the instructions for creating these categories in the RCIS Management Module section that follows.)

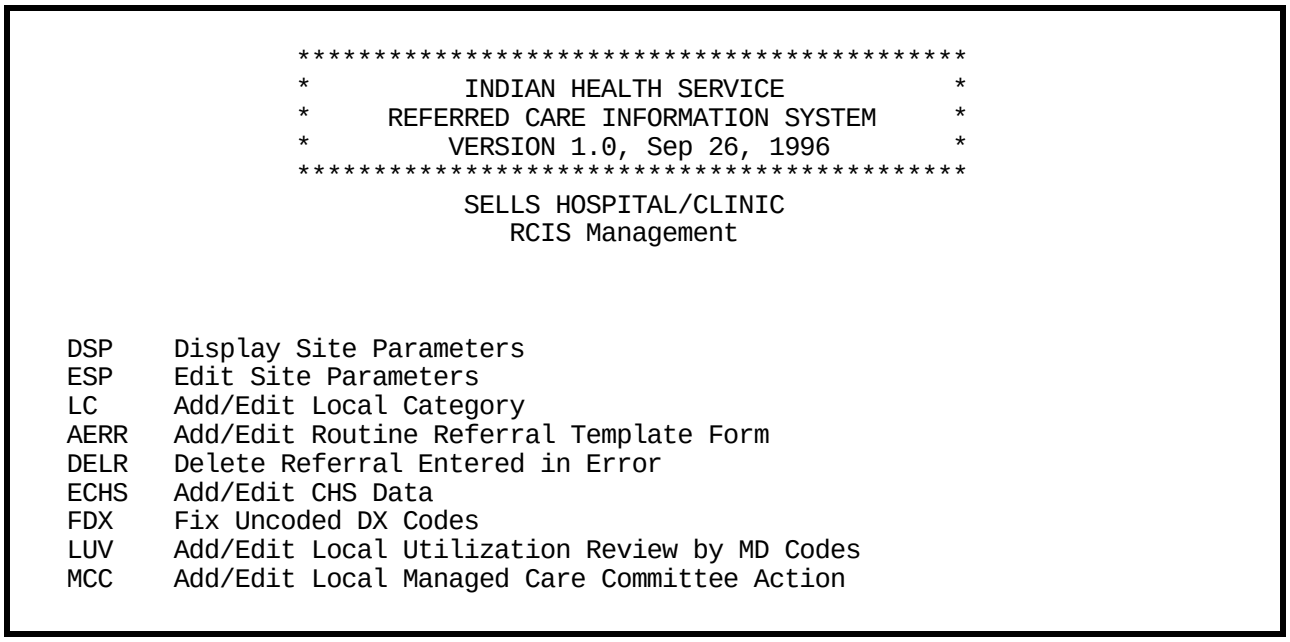
As shown in the sample dialog below, first you will be prompted to bring up the referrals according to the initiation date. The complete record for each referral initiated on that date will then display. After quitting the display screen, you will be prompted for the Referred Care Committee action and date then the utilization review decision. At each field, enter the appropriate response, as defined by your facility. To see a complete list of the choices available, type a question mark (?) and press RETURN at the prompt. To bypass any of the prompts without entering data, press RETURN. After you have entered the requested data, you will be prompted to review the next referral record, if more than one referral for that date exists. Otherwise you will return to the Data Entry menu.

Note that you will not be prompted for the Managed Care Committee action unless your site has chosen to utilize this field.

```
Enter beginning Referral Initiation Date:  10/1  (OCT 01, 1996)

[The first referral record initiated on Oct 1 displays. Review the record then type Q at the action
prompt to leave the record.]

REFERRED CARE COMMITTEE ACTION:   SCHEDULE AS REQUESTED

DATE MCC ACTION RECORDED: OCT 2,1996//   SEPTEMBER 15, 1996

UTILIZATION REVIEW BY MD:   APPROVED

Continue with next referral?? Y//   YES
```

The RCIS Management Module

The RCIS system provides functions that allow each facility to customize options to meet its needs. Each facility can set the system parameters, create local procedure categories, develop referral templates for frequently initiated referrals, and enter Managed Care Committee actions. These options are available on the RCIS Management menu shown below. 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 each one.



Note: Before using the system for the first time, the Site Manager will need to set the initial parameters. These parameters may be changed at a later time, if needed. See pages 44 to 49 for instructions on setting the site parameters.

Display Site Parameters

This option allows you to view the parameters that have been set for a facility. After selecting this option on the RCIS Management menu, you will specify the facility for which you want the parameters displayed. Then enter a device for printing or viewing the parameters. The following sample shows the site parameters that have been set for Sells Hospital/Clinic. Read the following section for descriptions of each parameter.

```
                              RCIS SITE PARAMETERS

                                   FACILITY:  SELLS HOSPITAL/CLINIC
                             REFERRAL YEAR:  95
                             PCC INTERFACE:  YES
                             CHS INTERFACE:  NO
                                REFERRAL #:  504
                            ICD/CPT CODING:  YES
                            LOCAL CATEGORY:  ASK BUT OPTIONAL
                                 OTHER LOC:  SELLS OTHER
                               DEFAULT MGR:  ENOS,DON
                            CHS SUPERVISOR:  BUTCHER,LORI ANN
                  BUSINESS OFFICE SUPERVISOR:  JARLAND,TONI M
                                 CHS ALERT:  YES
                REQUIRE PRIORITY RANK ON ALL:  YES
                       REFERRAL CONTACT NAME:  JOHN SMITH
                     REFERRAL CONTACT PHONE:  (520) 295-2533
                                    STATE:  ARIZONA
                                 IHS ALERT:  YES
                               OTHER ALERT:  YES
                            IN-HOUSE ALERT:  YES
                     RCIS ONLINE START DATE:  JUN 11, 1996
               UNIVERSAL OR SITE SPEC. LOOKUP:  UNIVERSAL
                MANAGED CARE COMMITTEE ACTION:  YES

HELP PROMPT FOR PRIORITY SYSTEM:
LEVEL I. EMERGENT/ACUTELY URGENT CARE SERVICES
LEVEL II. PREVENTIVE CARE SERVICES
LEVEL III. PRIMARY AND SECONDARY CARE SERVICES
LEVEL IV. CHRONIC TERTIARY AND EXTENDED CARE SERVICES
LEVEL V. EXCLUDED SERVICES

HIGH COST DIAGNOSES BULLETINS:
Person Receiving Bulletin: BUTCHER,LORI ANN  Types: C
Person Receiving Bulletin: JARLAND,TONI M  Types: CIO

HIGH COST PROCEDURES BULLETINS:
Person Receiving Bulletin: LOPEZ,DIANA  Types: C

COSMETIC PROCEDURE BULLETINS:
Person Receiving Bulletin: ENOS,DON  Types: CION

EXPERIMENTAL PROCEDURE BULLETINS:
Person Receiving Bulletin: BUTCHER,LORI ANN  Types: CIO
Person Receiving Bulletin: JARLAND,TONI M  Types: CIO
Person Receiving Bulletin: ENOS,DON  Types: CN
```

Edit Site Parameters

You can use the Edit Site Parameters option to customize the RCIS at your facility. This option allows you to elect whether to use various options and to specify the default values for others. This option is also used for designating the type of IHS MailMan messages that are generated for each referral, if any, and to whom they will be sent.

Upon selecting the Edit Site Parameters option, you will be prompted to enter the name of your facility. The entry screen for customizing the parameters will then display.

The following figure shows the entry screen used to customize the RCIS parameters. Each of the parameters that may be set at your facility are described below along with details on the responses to be entered.

```
          UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
*******************************************************************************

                REFERRAL YEAR: 95               STATE: ARIZONA
   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
     ENTER YOUR SITE'S 'OTHER' LOCATION: SELLS OTHER
                  DEFAULT CASE MANAGER: ENOS,DON
                        CHS SUPERVISOR: BUTCHER,LORI ANN
             BUSINESS OFFICE SUPERVISOR: JARLAND,TONI M
                  REFERRAL CONTACT NAME: JOHN SMITH
                 REFERRAL CONTACT PHONE: (520) 295-2533
  RCIS ACTIVATION DATE: JUN 11,1996      UNIVERSAL OR SITE SPEC. LOOKUP: U
UPDATE BULLETIN PARAMETERS (hit return):
REQUIRE PRIORITY ENTRY ON ALL REFERRALS? YES
HIT RETURN TO ENTER HELP TEXT THAT WILL APPEAR WHEN ENTERING PRIORITY:
_______________________________________________________________________________

                          [Help screens appear here.]
```

Referral Year. Enter into this field the last two digits of the referral processing year; for instance, enter 96 for 1996. 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.

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

CHS Interface. If you are using the CHS package at your facility, you can link it with the RCIS. This interface allows the CHS office to enter additional 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 that the link affects CHS referrals only. Enter “Yes” to use the interface or “No” if your site does not use the CHS or if you do not want to use the interface.

PCC Interface. If the PCC is used at your facility, you have the option of linking the RCIS with the PCC. To enable the interface, enter “Yes.” Enter “No” if your site does not use the PCC or if you do not want to enable the interface. Data passes to the PCC and creates a PCC Visit only after a referral is closed.

ICD/CPT Coding. This field controls whether the system will prompt for ICD and CPT codes during the referral data entry process. Enter “Yes” to enable the prompts or “No” if you do not want ICD and CPT codes entered into the system for referrals.

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. Enter one of the following:

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 systems prompts for local categories and the response is required

If you enter 1 or 2, you must define the local categories using the Add/Edit Local Category option on the RCIS Management menu (see page 49 for instructions).

Managed Care Committee Action. This field allows you to specify whether Managed Care Committee actions are entered into the database. These actions are developed locally to meet the needs of your site. Enter "Yes" to utilize this field or "No" if you do not want to record this information.

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 to minimize data entry. You may leave this field blank and no default name will display at the Case Manager prompt.

CHS Supervisor. Enter in this field the name of the CHS staff member responsible for reviewing CHS referrals. The CHS 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.

Business Office Supervisor. This field contains the name of the Business Office staff 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.

A pop-up screen containing the mailing address of your facility appears after you have entered the name of 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 will make the necessary corrections.

```
     **Contact Site Manager to Change Address-If incorrect**
MAILING ADDRESS-STREET: P.O. BOX 548
  MAILING ADDRESS-CITY: SELLS
 MAILING ADDRESS-STATE: ARIZONA
   MAILING ADDRESS-ZIP: 85634
```

Referral Contact Phone. Enter 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; for example, (520) 295-2533.

RCIS Activation Date. Enter into this field the date that the RCIS "went live," or started processing actual patient data. Do not use the date on which the RCIS was installed at your site. Once the RCIS System has been active for 6 months (i.e., 6 months after the activation date), referral numbers will be required on all CHS Purchase Orders. When entering the activation date, you may omit the exact day; for example, typing JULY 1996 is sufficient.

Universal/Site-Specific Lookup. This field specifies how the system looks up patients in the database. Enter "U" for universal lookup or "S" for site-specific lookup.

Update Bulletin Parameters. The RCIS system generates MailMan Bulletins for the four different types of referrals when a referral has been initiated and entered into the system. 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.

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–when a diagnosis classified as "high cost" is entered in a patient's referral record
- High-Cost Procedure–when a procedure classified as "high cost" is entered in a patient's referral record
- Cosmetic Procedure–when a cosmetic procedure is entered in a patient's referral record
- Experimental Procedure–when a procedure identified as experimental is entered in a patient's referral record
- Third-Party Liability–when a diagnosis that indicates a third party may be liable for payment 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 RETURN at the Update Bulletin Parameters prompt on the Edit Site Parameters screen, as indicated. The following pop-up screen will display for entering mail bulletin data.

```
*********  UPDATE BULLETIN RELATED RCIS SITE PARAMETERS  *********

          Referral Type                          Mail Group Name
SEND BULLETIN ON CHS REFERRALS?  YES             BMC CHS ALERT
SEND BULLETIN ON IHS REFERRALS?  YES             BMC IHS ALERT
SEND BULLETIN ON OTHER REFERRAL TYPE?  YES       BMC OTHER ALERT
SEND BULLETIN ON IN-HOUSE REFERRALS?  YES        BMC INHOUSE ALERT

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:
```

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). Enter "Yes" at the prompt for each mail bulletin desired; otherwise, enter "No." Remember that you will need to define the membership for each mail group. To do so, contact your Site Manager.

To use the mail bulletins for the special referrals listed at the bottom of the Update Bulletin pop-up screen, press RETURN at the designated prompt to see another pop-up screen for specifying 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 identical to this one.

```
**** UPDATE USERS WHO RECEIVE HIGH COST DIAGNOSIS BULLETIN ****

Person to Receive Bulletin            Receive for Referral Types
SMITH,SUSAN                           CI
MARTIN,DON                            I
EDWARDS,ANTHONY                       CION
SHORE,DIANA                           CIN
```

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
I	IHS	N	In-House

For instance, in the above example, 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. Type "Yes" or "No" in this field to indicate whether a priority ranking will be required for each referral record entered into the system. The priority ranking system is required for each CHS referral, regardless of your choice for this parameter. If you enter "No," the system will prompt for a priority ranking for CHS referrals only.

Help for Priority System. The RCIS package contains the standard CHS priority rating system. The Help for Priority System field may 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 question mark is entered at the priority ranking prompt during the data entry process.

To define a local priority-ranking system, press RETURN at the prompt, as indicated, to display the following pop-up word-processing screen. Then type in the new priority categories.

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

  1>[Enter text for the new priority rankings here.]
  2>
      EDIT Option:
```

Add/Edit Local Category

If you are entering local CPT procedure categories at your facility, you will need to define the categories to be used. The Add/Edit Local Category option on the RCIS Management menu allows for the creation and modification of these categories.

To add a new category, enter the name of the category at the first prompt. The name may be 3 to 30 characters in length and must not be numeric or begin with punctuation. At the next prompt, enter “Yes” to add this category name, or if you have accidentally mistyped the category name, type the correct name at this prompt and press RETURN.

Next, you have the option of selecting a mnemonic for the category. Selecting a mnemonic for each category facilitates the data entry process by reducing the number of keystrokes required for entry. The mnemonic you select may be 1 to 3 characters long. For ease of use, it should be a logical abbreviation of the category. The following sample shows the addition of a new category. User responses and instructions are in bold type.

```
Select RCIS LOCAL SERVICE CATEGORY NAME:   X-RAY

Are you adding 'X-RAY' as
    a new RCIS LOCAL SERVICE CATEGORY (the 6TH)?   Y  (Yes)

NAME: X-RAY// [Press RETURN to accept the default or type in a corrected name.]

MNEMONIC:  XR
```

You can also use this option to modify already existing local categories; for instance, you may want to re-name a category or select a new mnemonic. The process is very similar to creating a new category. First, select the category you want to edit. Then enter the new name at the Name prompt that appears next.

Finally, enter a new mnemonic or press return to keep the previous one. The former name and mnemonic for the category will be replaced with your new entries. A sample of this process is shown below.

```
Select RCIS LOCAL SERVICE CATEGORY NAME:   X-RAY

NAME: X-RAY//  RADIOLOGY

MNEMONIC: X1//  RD
```

Add/Edit Routine Referral Template

As mentioned in the data entry section of this manual, you can create routine referral templates for your site. Routine referral templates are typically 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. The default values are used whenever one of the routine referrals is generated. Referral templates allow for faster and easier data entry into the system and printed referral forms can be quickly prepared and sent with the patient to the referred provider.

To create a routine referral template, select the Add/Edit Routine Referral Template Form option on the RCIS Management menu. You will be prompted to enter a name for the routine referral. The name may be 3 to 30 characters in length. You will then be asked if you want to create a new template with the name you have entered. If you want to change the name, enter “No” to return to the first prompt. Enter “Yes” to add the template and continue.

```
Enter NAME of Routine Referral:   ROUTINE X-RAY

Are you adding 'ROUTINE X-RAY' as
    a new RCIS ROUTINE REFERRAL DEF (the 8TH)?   Y  (Yes)
```

Next, the following screen will display for entering the template default data. Remember that the data you enter will appear each time the referral form is selected for data entry. Enter data into each of the fields, as needed, in the same way that you entered data for a new referral. The only pop-up screen that appears is for the CPT Service Category that allows you to enter local categories if they are used at your facility. For more detailed instructions on entering data and descriptions of each field, see the “Using the Complete Referral Form” section.

```
                        UPDATE ROUTINE REFERRAL INFORMATION
******************************************************************************
NAME OF ROUTINE REFERRAL : ROUTINE X-RAY
     REQUESTING FACILITY : SELLS HOSPITAL/CLINIC
        TYPE of REFERRAL:                          PRIMARY PAYOR:

Refer To  -  CHS Referrals:  PRIMARY VENDOR:
             IHS Referrals:    IHS FACILITY:
              Any Referral:  OTHER PROVIDER:

INPT/OUTPT:                 INPT-EST LOS:          OUTPT # OF VISITS:
 EST. COST:                EST. IHS COST:                   PRIORITY:
       PURPOSE OF REFERRAL:
   ICD DIAGNOSTIC CATEGORY:
      CPT SERVICE CATEGORY:
           PROVISIONAL DRG:
_____________________________________________________________________________

                          [Help screens appear here.]
```

After you have entered data on the data entry screen and have saved the changes, you will be prompted for entering ICD-9 Diagnosis Codes and CPT Service Category codes that will be the default codes used when this custom referral is selected. Note that these prompts will appear only if the ICD/CPT site parameter has been set to "Yes." You may enter codes or bypass the prompts by pressing RETURN. For more detailed instructions on entering these codes, see pages 15 to 17.

Once you have finished adding the template, it will now appear on the list of referral types you can select from when using the Add Referral option on the Data Entry menu.

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

     1.  Mini Referral (abbreviated entry for clinicians)
     2.  Complete Referral (all referral data)
     3.  Referral initiated by outside facility

     Locally-defined Routine Referral Templates:

     4.  Routine mammogram
     5.  Routine prenatal care
     6.  Routine x-ray
     7.  Dental visit
```

Selecting the referral template that you created will then display the data entry screen with all of the default values that were specified during the template creation process. When using the sample template below, for instance, the person entering data will need to add information only into the fields without default information. In this case, the appointment date and time would be entered as well as any other information needed in the optional fields, such as pertinent medical history and lab data or Business Office comments. The person entering data may change any of the default data, if needed.

```
                              RCIS REFERRAL RECORD
DATE: JUN 25,1996   NUMBER: 0001019500509   PATIENT: WILLIAMS,ROBERT
------------------------------------------------------------------------------
REQUESTING FACILITY : SELLS HOSPITAL/CLINI   Display Face Sheet?  N
REFERRAL TYPE : CHS FACILITY                  PRIMARY PAYOR : IHS
INPATIENT/OUTPATIENT : OUTPATIENT            CASE MANAGER: ENOS,DON
ACTUAL APPT/ADM DATE&TIME:

PROVISIONAL DRG:
ESTIMATED COST: 50                           ESTIMATED IHS COST: 50

PURPOSE/SERVICES REQUESTED : X-RAY
PERTINENT MED HX & FINDINGS:                 PRIORITY: 3
ARE YOU SENDING ADDITIONAL MEDICAL INFORMATION WITH THE PATIENT?
BUSINESS OFFICE/CHS COMMENTS:
ICD DIAGNOSTIC CATEGORY :
CPT PROCEDURE CATEGORY :
```

Delete Referral Entered in Error

On the RCIS Management menu, an 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, select the Delete Referral Entered in Error option on the Management menu. At the first prompt, select the referral record you want to delete by entering the patient's name, the referral date, or the referral number. 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. After you have reviewed the record, enter "Q" at the prompt to quite the browsing mode. You are then presented with the option of deleting the referral, as shown below. Enter "Yes" to delete the referral record or press RETURN to accept "No" as the default value and not delete the record.

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

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.

Add/Edit CHS Data

This menu option is available for sites that are not using the link with the CHS system. The Add/Edit CHS Data option allows you to enter and modify CHS data that would otherwise be added to referral records automatically via the CHS system interface.

After selecting the menu option from the RCIS Management menu, you will be prompted to enter a referral initiation date. If more than one referral was initiated on that date, you will need to select the referral of interest from the list of referrals displayed. The screen below then appears for entering and modifying data. To enter or edit data, follow the same procedures as for all other data entry screens in the RCIS. Note that the two CHS Authorization fields at the bottom of this screen are required entries. If you have any questions regarding the information to be entered in each field, contact a staff member at your local CHS Office.

```
                              RCIS REFERRAL RECORD
DATE: OCT 1,1996    NUMBER: 0001019500632   PATIENT: THATCHER,BECKY
------------------------------------------------------------------------------

                  *****CONTRACT HEALTH SERVICES INFORMATION*****

                       CHS APPROVAL STATUS: PENDING
                  CHS APPROVAL/DENIAL DATE:
                         CHS DENIAL REASON:
                   CHS AUTHORIZATION COUNT:
                  CHS IHS AUTH AMT TO DATE:
                  CHS/IHS PAID AMT TO DATE:
                  CHS FI TOTAL AMT TO DATE:
                CHS AUTHORIZATION DEC STAFF  :
               CHS AUTHORIZATION DEC REV DT  :
```

Note: Do not use this menu option for entering or modifying CHS data if your site has enabled the link with the CHS system. This data must be entered from the CHS Office when the interface is enabled.

Fix Uncoded DX Codes

The Fix Uncoded DX Codes option was designed to expedite the entry of Diagnosis Codes for those sites that have elected to enable ICD-9 coding for referrals. As previously mentioned, the provider entering the initial referral data may not know the diagnosis code for the patient. In this case, the provider can enter .9999 or UNCODED for the diagnosis and include a diagnosis narrative in the referral record. At a later time, an experienced ICD-9 coder can use this option to quickly add the correct codes to the referral records.

Once this menu option is selected, the referral database will be searched for records with uncoded diagnoses. Each of these records will display on the screen, one at a time, with the diagnosis narrative, as shown in the following sample dialog. The ICD-9 coder will then enter the appropriate ICD diagnosis

code number or description. After each entry, the coder has the option of continuing to the next uncoded record or exiting. When all of the referrals with uncoded diagnoses have been displayed, a message will appear indicating that the coding process is complete.

```
Searching the RCIS DIAGNOSIS File

Continue? Y//  YES

NAME: ADAMS,BARNEY  DOB: AUG 8,1989  SEX: M  HRN: 101988
PROVIDER NARRATIVE:  DIABETES MELLITUS
REFERRAL #: 0001019500091

DIAGNOSIS: .9999//  DIABETES
250.00 (DM UNCOMPL/T-II/NIDDM,NS UNCON) DIABETES MELLITUS WITHOUT MENTION OF
COMPLICATION/TYPE II/NON-INSULIN *DEPENDENT/ADULT-ONSET,OR UNSPECIFIED TYPE,
NOT STATED AS UNCONTROLLED

OK? Y//  YES

Continue? Y//  YES

NAME: THATCHER,BECKY  DOB: JAN 1,1933  SEX: F  HRN: 256
PROVIDER NARRATIVE: PANIC ATTACK
REFERRAL #: 0001019500636

DIAGNOSIS: .9999//  300.01
 300.01        PANIC DISORDER

Continue? Y//  YES

All done with the RCIS DIAGNOSIS file
```

Add/Edit Local Utilization Review by MD Codes

If your facility will be entering codes for utilization reviews by physicians, these codes must be predefined prior to entry. The Add/Edit Local Utilization Review by MD Codes option allows your site to enter the codes that will be used locally. The codes that you define must be 3 to 30 characters in length and may not be numeric or begin with punctuation.

The following sample dialog shows how to add a new code. If you are editing a code, you will select the code first and then enter the new text that you want to replace the previous code. This process is the same as creating and editing other local categories in the RCIS (see the following section).

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

Are you adding 'APPROVED' as a new RCIS LOCAL UTIL REV BY MD CODES
(the 2ND)?  Y  (Yes)

ACTION: APPROVED//   RETURN  [Press RETURN to confirm your entry or re-enter your code to
replace it.]
```

Add/Edit Local Managed Care Committee Action

This option allows for the creation of site-specific Managed Care Committee actions. Before entering any Managed Care Committee decisions into patients' referral records, they must be defined for your facility. After these actions have been defined and entered into the RCIS, they may be added to referral records as needed to track Managed Care Committee decisions regarding referred care.

Action items developed by the Managed Care Committee may consist of text or numeric codes. There are no restrictions on the format of the actions and as many actions as needed may be entered into the RCIS. For instance, one facility developed the following actions based upon the decisions typically made by the Managed Care Committee:

- Deferred Service
- Hold, To Be Determined
- Schedule as Requested
- Schedule at San Xavier Clinic

To enter a Managed Care Committee action into the system, select the Add/Edit Managed Care Committee Action on the RCIS Management menu. You will be prompted to type an action item. Your response must be 3 to 30 characters in length. The next prompt allows you to add the action item or return to the previous prompt. Respond "Yes" to add the item or "No" to return to the previous prompt.

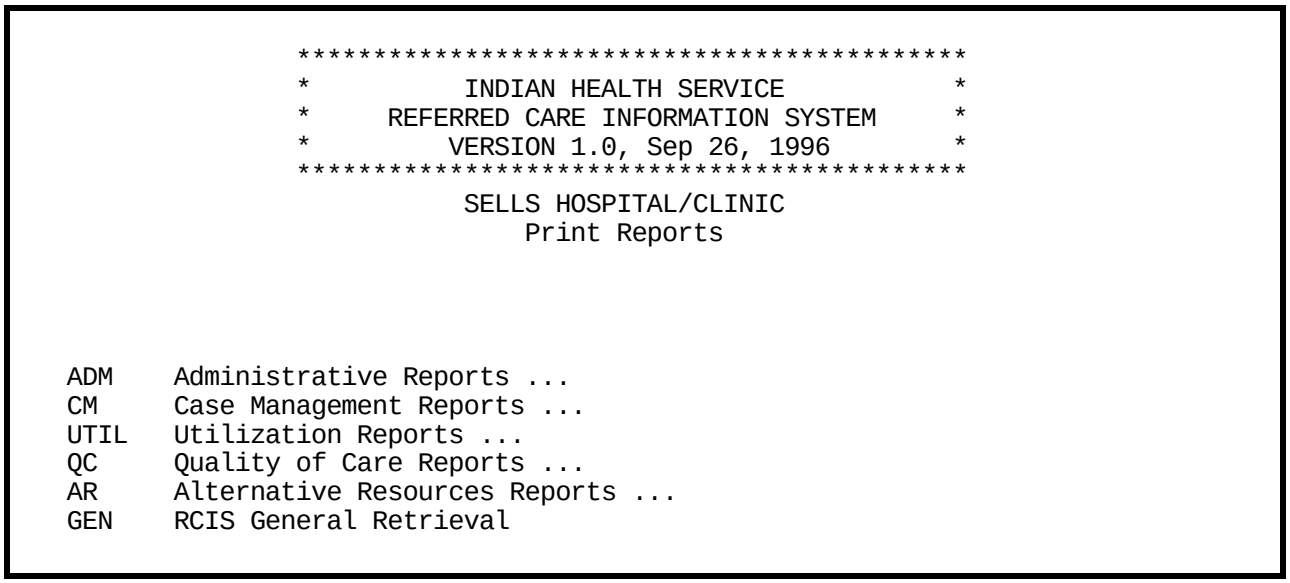
```
Select RCIS MANAGED CARE COMM ACTION ITEM:    HOLD, TO BE DETERMINED

Are you adding 'HOLD, TO BE DETERMINED' as
    a new RCIS MANAGED CARE COMM ACTION (the 3RD)?    Y  (Yes)
```

Continue adding Managed Care Committee action items in this manner until finished.

The Print Reports Module

Numerous predefined reports may 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 a minimum of effort.

The following menu displays the different report categories that are available to you. Each of the categories contains a submenu of reports with the exception of the RCIS General Retrieval option, which is used for creating customized reports.



This section of the manual contains detailed instructions for using all of the report options and presents a sample of each. It is helpful to review all of the report options available and their capabilities before generating any reports.

For many of the reports, you have the option of printing the output or browsing it on the screen. When browsing output on the screen, the following commands are available for reviewing the output:

+ Next Screen
– Previous Screen
Q Quit
?? More Actions

Note: All reports in this module exclude in-house referrals except for those specifically designed for the reporting of in-house referral data.

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. The menu below shows the reports that are available from this category.

```
                ****************************************
                *          INDIAN HEALTH SERVICE       *
                *     REFERRED CARE INFORMATION SYSTEM     *
                *         VERSION 1.0, Sep 26, 1996        *
                ****************************************
                           SELLS HOSPITAL/CLINIC
                           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
CHPE    CHS Pending
INHC    Tally of In-House Referrals by Clinic
INHP    Tally of In-House Referrals by Provider
RRR     Referral Review by Time Period
```

ARD Active Referrals by Date

The ARD report lists all active referrals ordered by date. Active referrals are those that have not yet been closed. You may choose to list the referrals by the date they were initiated or by the best available beginning date of service. The date initiated is the actual date on which the referral was generated. The best available beginning date of service is the actual beginning date of service, if available. If this date is unavailable, 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. You may print the report or browse the output on the screen.

The sample report below lists referrals by beginning date of service . Note the (A) and (E) printed after each date of service.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                        Page 1
                ACTIVE REFERRALS BY BEGIN DATE OF SERVICE

                                                    REF
BEGIN D.O.S. REFERRAL #     PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------
02/26/96 (E) 0001019500141  GRANT,DOREEN             EDE  CHS  ST FRANCIS HOSPITAL
03/01/96 (E) 0001019500116  GRANT,ABE               EDE  IHS  SELLS HOSPITAL/CLINI
03/04/96 (E) 0001019500229  GRANT,DOREEN            EDE  CHS  TMC FAMILY MEDICAL C
03/04/96 (E) 0001019500232  KETCHUP,GREGORY         EDE  IHS  SELLS HOSPITAL/CLINI
03/04/96 (E) 0001019500236  ADAMS,JENNIFER         EDE  CHS  TMC FAMILY MEDICAL C
03/07/96 (A) 0001019500269  JOHNSON,MEGAN          EDE  CHS  TMC FAMILY MEDICAL C
03/09/96 (E) 0001019500234  ENOS,DON              EDE  IHS  SELLS HOSPITAL/CLINI
03/14/96 (E) 0001019500218  THATCHER,BECKY         EDE  IHS  PHOENIX IND MED CTR
03/15/96 (E) 0001019500197  CARTER,ROBIN           ACC  IHS  ST FRANCIS HOSPITAL
03/19/96 (A) 0001019500271  KENNEDY,ANITA          SPG  CHS  TMC FAMILY MEDICAL C
03/20/96 (A) 0001019500242  MILLER,MELANIE         EDE  CHS  ST JOSEPH'S HOSPITAL
03/20/96 (E) 0001019500285  ADAMS,JENNIFER         EDE  CHS  TMC FAMILY MEDICAL C
03/20/96 (E) 0001019500287  ADAMS,JENNIFER         EDE  CHS  TMC FAMILY MEDICAL C
03/29/96 (E) 0001019500276  ENOS,DON              EDE  IHS  TMC FAMILY MEDICAL C
                                                             DR. SMITH
04/01/96 (A) 0001019500288  ADAMS,JENNIFER         GIS  CHS  TMC FAMILY MEDICAL C
04/01/96 (E) 0001019500290  KENNEDY,ANITA          EDE  CHS  TMC FAMILY MEDICAL C
04/01/96 (E) 0001019500294  CARPENTER,HANNAH       ACC  CHS  TMC FAMILY MEDICAL C
04/01/96 (A) 0001019500303  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/01/96 (A) 0001019500305  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/23/96 (A) 0001019500309  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
04/24/96 (E) 0001019500311  BURR,ANDY              ACC  CHS  TMC FAMILY MEDICAL C

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

ARR Active Referrals by Referred to

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. The report may be printed or browsed on the screen. You may elect to print each facility on a separate page.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                         SELLS HOSPITAL/CLINIC                        Page 1
                  ACTIVE REFERRALS BY FACILITY REFERRED TO

                                                    REF
BEGIN D.O.S  REFERRAL #     PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------

FACILITY REFERRED TO:  TUCSON REHAB CENTER
12/26/95 (E) 0001019500103  ROBERTS,DIANE MARIE     EDE  IHS  TUCSON REHAB CENTER
02/26/96 (E) 0001019500141  GRANT,DOREEN           EDE  CHS  TUCSON REHAB CENTER
             0001019500143  GRANT,DOREEN           --        TUCSON REHAB CENTER
             0001019500173  ADAMS,DANIELLE         --        TUCSON REHAB CENTER
             0001019500179  CARTER,MEGAN           --        TUCSON REHAB CENTER
             0001019500180  CARTER,MEGAN           --        TUCSON REHAB CENTER
             0001019500204  HANCOCK,JOSEPH         --        TUCSON REHAB CENTER
             0001019500281  ADAMS,JENNIFER         EDE       TUCSON REHAB CENTER
06/01/96 (A) 0001019500319  GRANT,ABE              EDE  OTH  TUCSON REHAB CENTER
             0001019500329  GRANT,ABE              --        TUCSON REHAB CENTER
             0001019500330  GRANT,ABE              --        TUCSON REHAB CENTER
05/13/96 (A) 0001019500343  KENNEDY,ANITA          EDE  CHS  TUCSON REHAB CENTER
05/20/96 (A) 0001019500356  SMITH,MAUDE            EDE  IHS  TUCSON REHAB CENTER

FACILITY REFERRED TO:  ABBEY MEDICAL/ABBEY RENTS
02/01/96 (E) 0001019500112  GRANT,ABE              BD   CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
05/01/96 (A) 0001019500296  GRANT,ABE              BD   CHS  ABBEY MEDICAL/ABBEY
04/01/96 (A) 0001019500303  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/01/96 (A) 0001019500305  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
                                                             DR. JONES
04/23/96 (A) 0001019500309  THATCHER,BECKY         EDE  CHS  ABBEY MEDICAL/ABBEY
05/05/96 (A) 0001019500317  GRANT,ABE              BD   CHS  ABBEY MEDICAL/ABBEY
             0001019500401  ENOS,DON               EDE  IHS  ABBEY MEDICAL/ABBEY

FACILITY REFERRED TO:  PHOENIX IND MED CTR FAC
06/01/96 (A) 0001019500055  ADAMS,ROSEANNE         SPG  IHS  PHOENIX IND MED CTR
11/14/95 (E) 0001019500075  BURR,JOANNE            ACC  IHS  PHOENIX IND MED CTR
             0001019500093  BURR,JOANNE            ACC  IHS  PHOENIX IND MED CTR

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

ARP Active Referrals by Requesting Provider

This report will list all active referrals by the requesting provider at your facility. Active referrals are those that have not yet been closed. You may list the referrals by a single provider that you specify or by all providers. An (A) or (E) following each date of service indicates whether the date is actual or estimated. You may print the output or browse it on the screen.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                        Page 1
                  ACTIVE REFERRALS BY REQUESTING PROVIDER

                                                 REF
BEGIN D.O.S  REFERRAL #     PATIENT NAME         PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------

REQUESTING PROVIDER:  JOHNSON,MARTY
01/06/96 (A) 0001019500143  GRANT,DOREEN         --        TUCSON REHAB CENTER
02/20/96 (E) 0001019500173  ADAMS,DANIELLE       --        TUCSON REHAB CENTER
02/21/96 (E) 0001019500179  CARTER,MEGAN         --        CARDIO ASSOCIATES
05/12/96 (E) 0001019500180  CARTER,MEGAN         --        ALLIED ALLERGY
05/28/96 (A) 0001019500201  KETCHUP,MITCHELL     --   CHS  TMC FAMILY MEDICAL C
                                                           DR. JONES
             0001019500204  HANCOCK,JOSEPH       --        <UNKNOWN>
03/19/96 (A) 0001019500275  KENNEDY,ANITA        --   CHS  TMC FAMILY MEDICAL C
                                                           DR. JONES
05/20/96 (E) 0001019500352  ENOS,DON             --   CHS  TMC FAMILY MEDICAL C
05/20/96 (A) 0001019500354  ADAMS,JENNIFER       --   IHS  PHOENIX IND MED CTR
05/20/96 (E) 0001019500361  MILLER,MELANIE       --   CHS  TMC FAMILY MEDICAL C
05/22/96 (A) 0001019500380  JOHNSON,IRENE        --   CHS  TMC FAMILY MEDICAL C
                                                           RADIOLOGY

REQUESTING PROVIDER:  CURTIS,ARTHUR NP
06/01/96 (A) 0001019500095  KENNEDY,KELSEY            IHS  PHOENIX IND MED CTR
                                                           NEW,OTHER PROVIDER
05/01/96 (A) 0001019500220  KETCHUP,LOIS              CHS  TMC FAMILY MEDICAL C

REQUESTING PROVIDER:  CURTIS,CLAYTON
11/14/95 (E) 0001019500075  BURR,JOANNE           ACC  IHS  PHOENIX IND MED CTR
02/01/96 (A) 0001019500093  BURR,JOANNE           ACC  IHS  PHOENIX IND MED CTR
02/06/96 (A) 0001019500135  ROBERTS,DIANE MARIE   ACC  CHS  TMC FAMILY MEDICAL C
                                                           DR. JOE
02/14/96 (E) 0001019500192  GRANT,DOREEN         ACC  CHS  ST MARY'S IMAGING CE
                                                           DR. JONES
03/15/96 (E) 0001019500197  CARTER,ROBIN         ACC  IHS  ST FRANCIS HOSPITAL

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

CHD CHS Denied Still Active

This menu option prints a list of all referrals that were denied by CHS but are still active. The referrals in this report may include those that have been or should be referred under some other mechanism; for example, using alternative resources or referred to another IHS facility.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                      Page 1
                        CHS REFERRALS DENIED STILL ACTIVE

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------
12/4/95    KENNEDY,KELSEY        SE100119  EDE   TMC FAMILY MEDICAL CENTER
           SURGERY
01/14/96   STEWART,MARTIN        SE179585  SPG   UNIVERSITY MEDICAL CENTER
           EVALUATION
02/10/96   NAVRATILOVA,MARTHA    SE100857  DEM   CARDIOLOGY ASSOCIATES
           ROUTINE EXAM
02/15/96   THATCHER,BECKY        SE109375  MCR   ALLIED PLASTIC SURGEONS
           SCAR REMOVAL
03/12/96   SAWYER,TOM            SE105924  LEU   ASSOCIATED ALLERGY
           INITIAL EVALUATION
03/15/96   RODRIGUEZ,KAREN       SE101456  ROC   FAMILY PLANNING CENTER
           ROUTINE VISIT
05/18/96   YASMIN,DIANE          SE1098456 EDE   COMMUNITY MENTAL HEALTH CENT
           CONTINUING THERAPY
06/30/96   WALTERS,NICK          SE1034545 SPG   RANDOLPH OCCUPATIONAL THERAP
           REHABILITATION SERVICES
```

CHPD CHS Paid

This report prints a list of all active CHS referrals for which one or more authorizations have already been paid.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                        Page 1
             ACTIVE CHS REFERRALS WHERE ALL AUTHORIZATIONS PAID

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------

12/14/95  CHEE,JIM              SE102156   CCC   CARDIOLOGY ASSOCIATES
          EVALUATION
01/28/96  LONG,JAMES            SE175145   COT   DERMATOLOGY SPECIALISTS
          OUTPATIENT SURGERY
02/12/96  RUTHERFORD,BERNARD    SE134957   MED   CARDIOLOGY ASSOCIATES
          EVALUATION
02/18/96  GREENJEANS,MARTHA     SE109375   MCR   ASSOCIATED ALLERGY
          ALLERGY TREATMENT
03/24/96  FINN,ALEXANDER        SE102547   LUT   UNIVERSITY MEDICAL CENTER
          SURGERY
03/25/96  ROCKFORD,MELINDA      SE115498   MLE   COUNSEL AND PSYCH SERVICES
          COUNSELING SESSION
05/4/96   GRIFFIN,MELANIE       SE109265   KTY   TUCSON REHAB CENTER
          REHAB AFTER ACCIDENT
06/21/96  HARRISON,WAYNE        SE1058326  SPG   COMMUNITY MEDICAL CENTER
          PRE-OP TESTING
```

CHPE CHS Pending

The CHPE menu option prints a list of all CHS referrals awaiting CHS authorization. This report is useful for the CHS Office to review all those referrals that still require their decision.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                    Page 1
                       CHS REFERRALS PENDING APPROVAL

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO
-------------------------------------------------------------------------------
10/30/95  KENNEDY,ANITA         SE104078   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
10/31/95  ADAMS,BARNEY          SE101988   EDE   TUCSON REHAB CENTER
          PHYSICAL THERAPY
11/15/95  KARMEL,ANDREW         SE120078   EDE   TMC FAMILY MEDICAL CENTER
          MRI
1/8/96    THATCHER,BECKY        SE256356   BD    TMC FAMILY MEDICAL CENTER
          CARDIO EVAL
1/30/96   GRANT,ABE             SE101770   BD    ABBEY MEDICAL/ABBEY RENTS
          FITTING FOR WHEELCHAIR
2/5/96    WHEELWRIGHT,MANDY     SE100006   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
2/12/96   MONA,LISA             SE256970   EDE   ALLIED ALLERGY
          TESTING
3/4/96    THOMPSON,GRETA        SE256153   EDE   TMC FAMILY MEDICAL CENTER
          SURGERY
3/18/96   GREEN,STEWART         SE256794   EDE   CARDIO ASSOCIATES
          EVALUATION
```

INHC Tally of In-House Referrals by Clinic

The INHC report provides a count of all in-house referrals by the clinic to which the patient was referred. You will enter a beginning and ending referral date for the report. Data may be generated for one specific clinic that you specify or for all clinics at your facility.

```
                                                    Jun 12, 1996     Page 1
                IN-HOUSE REFERRALS BY CLINIC
            REFERRAL DATE RANGE: Jun 01, 1995 to Jun 06, 1996

CLINIC REFERRED TO  PROVIDER REFERRED FROM        NUMBER
-------------------------------------------------------------------------------

GENERAL
                    ENOS,DON                        3
                    SAWYER,THOMAS                   4

Total for GENERAL                                   7


OBESITY
                    BUTCHER,LORI ANN                1

Total for OBESITY                                   1


DIABETES
                    BERNHARDT,SANDRA                6
                    SENDER,JERRY                    4

Total for DIABETES                                 10


DENTAL
                    MARTIN,DEAN                     1

Total for DENTAL                                    1


RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

INHP Tally of In-House Referrals by Provider

This report displays a count of all in-house referrals by provider of service. You will enter a beginning and ending referral date for the report. Then you will select to print referrals for all providers or a single provider that you specify.

```
                                                    Jun 07, 1996     Page 1
                  IN-HOUSE REFERRALS BY PROVIDER
              REFERRAL DATE RANGE: Jan 01, 1995 to Jun 07, 1996

PROVIDER                  CLINIC REFERRED TO            NUMBER
-------------------------------------------------------------------------------

BUTCHER,LORI ANN
                          OBESITY                           1

Total for BUTCHER,LORI ANN                                  1

ENOS,DON
                          GENERAL                           3

Total for ENOS,DON                                          3

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

RRR Referral Review Report by Time Period

The Referral Review report 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. This report is useful for the CHS or Managed Care Committee to review referrals initiated at your facility.

You will enter a date range indicating the dates on which the referrals were generated. You may print the output or browse it on the screen.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                      Page 1
                  **WEEKLY CHS REVIEW LISTING BY DATE**
--------------------------------------------------------------------------------
BUTCHER,LORI ANN                SE345      DOB: Jun 21, 1957  38 177882222
Tribe: TOHONO O'ODHAM NATIO     Req Provider: CURTIS,CLAYTON
3RD Party:
Refer To: TMC FAMILY MEDICAL C
Primary Payor: IHS
Inpatient Admission Date:  08/14/95 (A)      LOS: 4 (A)
Purpose:
     Evaluation and monitoring.
Dx:       250.00    - DM UNCOMPL/T-II/NIDDM,NS UNCON
Srv Cat:  EVALUATION AND/OR MANAGEMENT
Priority:   CHS Prelim Review: PENDING  MCC Action:
--------------------

COOPER,LISA                     SE256419   DOB: Jun 24, 1953  63 000170001
Tribe: TOHONO O'ODHAM NATIO     Req Provider: LUKACS,BOB
3RD Party:  MEDICARE  MEDICAID: AHCCCS-IHS  BLUE CROSS/BLUE SHIELD
Refer To: IHS CARDIOLOGY
Primary Payor: OTHER
Outpatient Services requested for: 09/18/95 (A) # of Visits: 1
Purpose:  THOROUGH EVALUATION
Priority:   CHS Prelim Review: PENDING  MCC Action:
--------------------

THATCHER,BECKY                  SE256      DOB: Jan 01, 1933  63 000170001
Tribe: TOHONO O'ODHAM NATIO     Req Provider: LUKACS,BOB
3RD Party:  MEDICARE  MEDICAID: AHCCCS-IHS  BLUE CROSS/BLUE SHIELD
Refer To: SAN XAVIER HEALTH CE
Primary Payor: IHS
Outpatient Services requested for: 09/20/95 (A) # of Visits: 1
Purpose:  MONITORING
Dx:       250.00    - DM UNCOMPL/T-II/NIDDM,NS UNCON
          401.9     - HYPERTENSION NOS
          250.43    - DM RENAL MANIF/T-I/IDDM,UNC
Priority: 5  CHS Prelim Review: PENDING  MCC Action:
--------------------
RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

Case Management Reports

The Case Management Reports group includes 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.

The following reports are available from the Case Management Reports menu.

```
                ****************************************
                *          INDIAN HEALTH SERVICE       *
                *     REFERRED CARE INFORMATION SYSTEM     *
                *       VERSION 1.0T1, May 30, 1996        *
                ****************************************
                          SELLS HOSPITAL/CLINIC
                        Case Management Reports



ILOG   Inpatient Log
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
OTL    Outlier Report
```

ILOG Inpatient Log

The Inpatient Log prints a list of 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 or earlier.
- The actual end date of service is blank, or today's date or later.
- The status of the referral is active.

You may select to sort the output by the facility to which the patient was referred, case manager, or patient name. The report may be printed or reviewed on the screen. The following sample report lists patients by the facility to which they were referred.

```
            ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                      Page 1
                            INPATIENT REFERRAL LOG
--------------------------------------------------------------------------------

FACILITY REFERRED TO:  ALLERGY ASSOCIATES

Name:       ROBERTS,DIANE MARIE   HRN: SE100018   DOB:  May 11, 1897   99
Tribe:      GILA RIVER PIMA MARI  3RD Party Elig:
Case Man:   ENOS,DON              NRD:

Facility:   ALLERGY ASSOCIATES    Provider:
Adm Date:   12/26/95 (E)          LOS: 3 (E)      LOS to date:  164
Purpose:    EVALUATION
Dx Cat:     PREVENTIVE HEALTH CARE
Srv Cat:    OPERATIONS/SURGERY
--------------------

FACILITY REFERRED TO:  ABBEY MEDICAL/ABBEY RENTS

Name:       GRANT,ABE             HRN: SE101770   DOB:  May 24, 1986   10
Tribe:      TOHONO O'ODHAM NATIO  3RD Party Elig:  MEDICAID  PRVT INS
Case Man:   ENOS,DON              NRD:

Facility:   ABBEY MEDICAL/ABBEY   Provider:
Adm Date:   05/01/96 (A)          LOS: 3 (E)      LOS to date:  37
Purpose:    EVALUATION
Dx:         398.91  - RHEUMATIC HEART FAILURE
Proc:       01502   - ANESTH, LOWERLEG EMBOLECTOMY
--------------------

RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

OLOG Outpatient Referral Log

This report prints a list of patients who are currently referred for outpatient services at an outside referral facility. Only those referrals for which services are not yet complete are included. For a referral to be considered*currently referred*, it must meet the following criteria:

- It is an outpatient referral.
- The actual or estimated beginning date is today or earlier.
- The actual end date of service is blank, or today's date or later.
- The status of the referral is active.

You may sort the report by the facility to which the patient was referred, case manager, or patient name. The sample report below lists patients by case manager.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
                          OUTPATIENT REFERRAL LOG

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO    D.O.S.
--------------------------------------------------------------------------------

2/14/96   CARTER,ROBIN          SE100286   ACC   ST FRANCIS HOSPI  3/15/96 (E)
     # Visits:  12  Type: IHS (ANOTHER FACILITY)  Case Manager: ENOS,DON
      ROUTINE PRENATAL CARE

2/14/96   KETCHUP,MITCHELL      SE100315   EDE   TMC FAMILY MEDIC  2/17/96 (E)
     # Visits:  4   Type: CHS FACILITY            Case Manager: ENOS,DON
     SURGERY

2/14/96   HANCOCK,JOSEPH        SE100401   EDE   ST JOSEPH'S HOSP  2/14/96 (E)
     # Visits:  1   Type: CHS FACILITY            Case Manager: ENOS,DON
     SURGERY

5/23/96   ADAMS,YOLANDA         SE100867   TMJ   TMC FAMILY MEDIC   6/1/96 (A)
     # Visits:  1   Type: CHS FACILITY            Case Manager: JARLAND,TONI M
      PRENATAL CARE

5/30/96   SMITH,MARY         SE100867   TMJ   SELLS HOSPITAL/C  6/1/96 (A)
     # Visits:  1   Type: IHS (ANOTHER FACILITY)  Case Manager: JARLAND,TONI M
     SURGERY


RUN TIME (H.M.S): 0.0.1
End of report.  HIT RETURN:
```

HCU List of High Cost Users

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 of service for those referrals during the time period. You will specify a beginning and ending referral date range. Then you will enter a minimum dollar amount for the cost of services. Any user whose total service costs equal or exceed the amount you have specified will be considered a high-cost user and will be included in the report.

You may choose to evaluate patients based on IHS cost or total cost of care. In cases where actual costs are available, those costs will be reported. If actual costs are unavailable, the estimated costs you entered will be used. You may print the output or browse it on the screen.

The following sample report lists patients whose IHS costs for referred services are equal to or greater than $1,000.

```
          ********** CONFIDENTIAL PATIENT INFORMATION **********
                        SELLS HOSPITAL/CLINIC                      Page 1
                  HIGH COST USERS - using IHS COST

PATIENT NAME                  HRN        DOB        SEX  # REFS  TOTAL COST
-------------------------------------------------------------------------------
ADAMS,ANDY                   SE101926    1/3/89      F       2     $4,000.00
ADAMS,DEE                    SE100572    2/27/63     F       1    $10,000.00
ADAMS,JENNIFER               SE100044    7/19/31     F       9     $2,200.00
BUTCHER,LORI ANN             SE345907    6/21/57     F       1     $2,000.00
CARPENTER,HANNAH             SE100150    1/3/23      F       2     $2,000.00
CARTER,MEGAN                 SE100117    3/18/52     F       6     $3,000.00
ENOS,DON                     SE100041    3/5/41      M      13    $20,400.00
GRANT,ABE                    SE101770    5/24/86     M      11     $8,499.00
GRANT,DOREEN                 SE100321    1/1/21      F       7     $8,900.00
HANCOCK,JOSEPH               SE100401    6/17/60     M       6    $10,000.00
KENNEDY,ANITA                SE100078    1/3/86      F       8    $10,700.00
KENNEDY,KELSEY               SE100119    1/19/43     F       2     $3,000.00
KETCHUP,LOIS                 SE100022    1/1/87      F       1     $8,000.00
LINCOLN,DON                  SE100081    10/27/45    M       2     $2,000.00
MILLER,MELANIE               SE100294    5/10/45     F       2     $3,000.00
ROBERTS,DIANE MARIE          SE100018    5/11/97     F       7     $2,700.00
SMITH,BOB                    SE101846    2/4/88      M       2     $1,000.00
THATCHER,BECKY               SE256897    1/1/33      F      15    $26,450.00
WASHINGTON,JOAN              SE100050    10/25/25    F       2    $10,000.00
WHEELWRIGHT,MANDY            SE100006    1/1/70      F       2    $10,000.00

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

HCTX Potential High Cost Cases

The HCTX report lists patients who potentially have a high cost of care. A taxonomy of potentially high-cost diagnoses and procedures in the RCIS determines which patients appear in this report. Since no taxonomy can accurately identify all cases that are going to incur high costs, many of the cases in the report will not result in high costs.

You will enter beginning and ending referral dates that indicate when the referrals were initiated. You may print the output or browse it on the screen

Note: This report is not available to facilities that do not enter full diagnosis coding for referrals.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
               POTENTIAL HIGH COST CASES - BASED ON DIAGNOSIS

                                                    REF
BEGIN D.O.S. ST  HRN        PATIENT NAME            PROV TYPE FACILITY REFERRED TO
-------------------------------------------------------------------------------
A   SE100572   ADAMS,DEE            ACC  CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:
Dx:         432.0   - NONTRAUM EXTRADURAL HEM
Proc:       90200   - HOSPITAL CARE, NEW, BRIEF
--------------------

02/01/96 (E) A   SE101770   GRANT,ABE            BD   CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:    Hospitalization
Dx:         800.00  - CLOSED SKULL VAULT FX
Proc:       10160   - PUNCTURE DRAINAGE OF LESION
--------------------

06/01/96 (A) A   SE101770   GRANT,ABE            EDE  OTH  St. Mary's Hospital
Purpose:
Dx:         284.0   - CONSTITUTIONAL APLASTIC ANEMIA
Srv Cat:    EVALUATION AND/OR MANAGEMENT
--------------------

03/19/96 (A) A   SE100078   KENNEDY,ANITA        --   CHS  TMC FAMILY MEDICAL C
                                                         DR. JONES
Purpose:
Dx:         432.0   - NONTRAUM EXTRADURAL HEM
Proc:       90200   - HOSPITAL CARE, NEW, BRIEF
--------------------

RUN TIME (H.M.S): 0.0.3
End of report.  HIT RETURN:
```

TDL Timeliness of Receiving Discharge/Consult Summary

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. Also tabulated are the number of discharge summaries/letters received within 1 month of discharge, within 2-3 months, within 4-6 months, and greater than 6 months.

You will enter a beginning and ending date range for the referral activity. You may print the report or browse the output on the screen.

```
                          SELLS HOSPITAL/CLINIC                          Page 1
                  TIMELINESS OF RECEIPT OF DISCHARGE LETTERS
                           BY REFERRAL FACILITY
          REFERRAL INITIATED DATE RANGE:  May 15, 1996 to May 30, 1996

                          TOTAL  NOT YET         RECEIVED WITH (#MONTHS)
REFERRAL FACILITY         REFS  RECD*       <1         1-3         4-6         >6
                            N      N      N    %      N    %      N    %      N    %
-------------------------------------------------------------------------------------
<UNKNOWN>                   2      2      0   0      0   0       0   0       0   0
NEW,OTHER PROVIDER          1      1      0   0      0   0       0   0       0   0
OTHER                       1      0      1 100      0   0       0   0       0   0
PHOENIX AO                  1      0      1 100      0   0       0   0       0   0
PHOENIX IND MED CTR FAC     2      0      2 100      0   0       0   0       0   0
SAN XAVIER HEALTH CENTE     3      0      3 100      0   0       0   0       0   0
ST MARY'S HOSPITAL-TUCS     1      1      0   0      0   0       0   0       0   0
TMC FAMILY MEDICAL CENT     5      2      2  40      1  20       0   0       0   0
UNIVERSITY MEDICAL CENT     1      1      0   0      0   0       0   0       0   0

* any referral with an ending service date of less than 31 days ago is excluded.

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

DCNR Patients for Whom Discharge/Consult Summary Not Received

This report prints a list of all referrals for which a discharge letter or consultation summary has not been received. Only referral records without an actual end date of service and no discharge letter/consultation summary received are included in the report.

You may sort the report by the facility to which the patient was referred or by the amount of time that the discharge letter/consult summary is overdue. The output may be printed or browsed on the screen.

The sample report below lists the referrals by the facility to which the patient was referred.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1
         REFERRALS FOR WHICH MEDICAL/COST DATA HAS NOT BEEN RECEIVED

REF DATE   PATIENT NAME          HRN       PROV  FACILITY REF TO   BEG DOS.
--------------------------------------------------------------------------------

FACILITY REFERRED TO:  CARDIOLOGY ASSOCIATES

10/30/95  BURR,JOANNE           SE100185   ACC   CARDIOLOGY ASSOC  11/27/95 (A)
     Ending Date of Service:  Dec 25, 1995        Time Lapsed: 5 MOS
     Case Manager: ENOS,DON
     ICD Diagnosis Category:  CARDIOVASCULAR DISORDERS
     CPT Service Category:  DIAGNOSTIC IMAGING

FACILITY REFERRED TO:  TUCSON REHAB CENTER

10/30/95  ADAMS,BARNEY          SE101988   EDE   TUCSON REHAB CEN  10/28/95 (A)
     Ending Date of Service:  Oct 30, 1995        Time Lapsed: 7 MOS
     Case Manager: JONES,GEORGE
     ICD Diagnosis Category:  CONGENITAL ANOMALIES
     CPT Service Category:  EVALUATION AND/OR MANAGEMENT

FACILITY REFERRED TO:  PHOENIX AO

4/12/96   GRANT,ABE             SE101770   BD    PHOENIX AO        3/1/96 (A)
     Ending Date of Service:  Apr 01, 1996        Time Lapsed: 2 MOS
     Case Manager: STEWART,MARTHA
     ICD Diagnosis Category:  CEREBROVASCULAR DISORDERS
     CPT Service Category:  EVALUATION AND/OR MANAGEMENT

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

TLOG Transfer Log

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.

The TLOG report prints a 1- to 2-page detailed summary record display for each referral. You may print the report or browse the output on the screen.

```
***** CONFIDENTIAL PATIENT INFORMATION ***** Referral Summary (TLOG)  Page 1
Report Run Date: Jun 07, 1996 8:43:09 am
--------------------------------------------------------------------------------

Name: ADAMS,ANDY      1/3/89   7 YRS   078190781       Ref #: 0001019500089
Tribe: TOHONO O'ODHAM NATIO  Tribal #: < ? >  SELLS
SE#: 101926
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  ENOS,DON
Beg DOS: Nov 13, 1995   Est LOS: 4   LOS to Date: 207
Purpose:
Primary Payor: PRIVATE

Name: ADAMS,JENNIFER      7/19/31   64 YRS   001370013 Ref #: 0001019500288
AKA'S: BURR,CHERYL
Tribe: TOHONO O'ODHAM NATIO  Tribal #: < ? >  RIPLEY
SE#: 100044  HID#: 100043  SX#: 100045
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  SHORR,GREG
Beg DOS: Apr 01, 1996   Est LOS: 2   LOS to Date: 67
Purpose: SURGERY
Primary Payor: IHS

Name: BURR,ANDY      1/15/79   17 YRS   048380483      Ref #: 0001019500311
AKA'S: BURR,BEN
Tribe: GROS VENTRE-3 AFF TR  Tribal #: < ? >  SELLS
SE#: 101527  PH#: 101525  HID#: 101526
Referred To:  TMC FAMILY MEDICAL CENTER     Attending:
Referred By:  CURTIS,CLAYTON
Beg DOS: Apr 24, 1996   Est LOS: 3   LOS to Date: 44
Purpose: Evaluation and treatment of pneumonia
Primary Payor: IHS
```

OTL Outlier Report

The Outlier Report generates a list of inpatients who have been hospitalized for longer than their estimated length of stay at facilities to which they were referred. The report includes any referral that meets the following criteria:

- It is an inpatient referral.
- The referral has a date of admission of today or earlier.
- The actual discharge date is blank.
- The status of the referral is active.
- The actual length of stay to date is greater than the estimated length of stay.

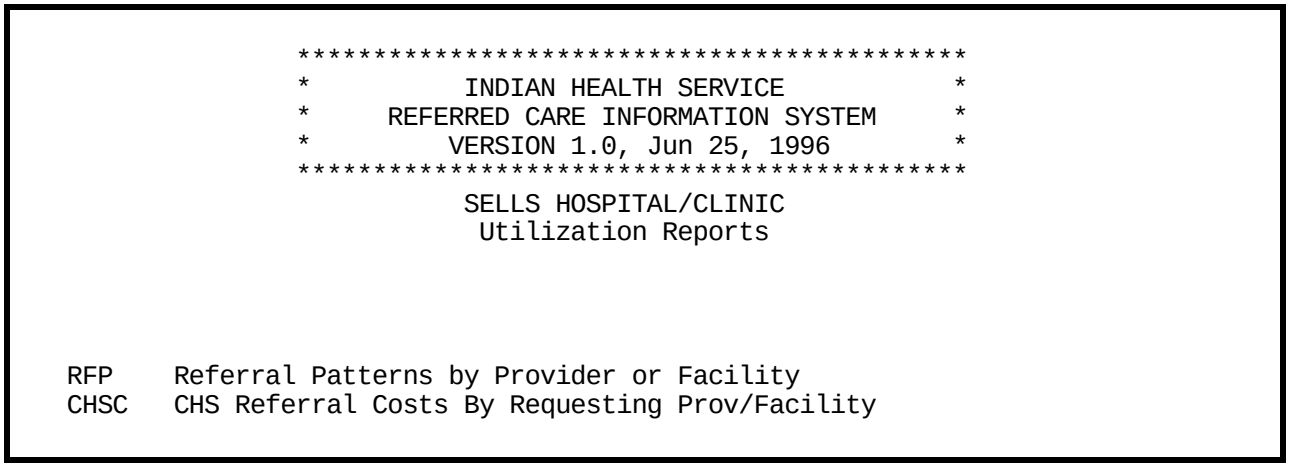
You may choose to sort the report by the facility to which the patient was referred, case manager, or patient name. The output may be printed or browsed on the screen.

Note: if the estimated length of stay for a referral has not been entered into the database, the referral will not display on this report.

```
            ********** CONFIDENTIAL PATIENT INFORMATION **********
                            SELLS HOSPITAL/CLINIC                      Page 1
                                OUTLIER REPORT
HRCN     DX CATEGORY/DX             ICD-9CM  ADM DATE    ACTUAL LOS    OUTLIER
-------------------------------------------------------------------------------

FACILITY REFERRED TO:  CARDIOLOGY ASSOCIATES

100018   PREVENTIVE HEALTH CARE               12/26/95 (E)   164        161
Purpose: EVALUATION AND/OR MANAGEMENT

         REVIEWED BY  TTL CASE REVIEW COMMENTS      3RD PARTY:  0     ELIG: C
         -------- --- --- -------------------
                          <No comments on file.>

100321   RESPIRATORY DISORDERS                02/26/96 (E)   102        100
Purpose: EVALUATION AND/OR MANAGEMENT

         REVIEWED BY  TTL CASE REVIEW COMMENTS      3RD PARTY:  0     ELIG: C
         -------- --- --- -------------------
         5/22/96          UNANTICIPATED COMPLICATIONS NECESSITATED A LENGTHIER
                          HOSPITAL STAY FOR THE PATIENT

FACILITY REFERRED TO:  ABBEY MEDICAL/ABBEY RENTS

RUN TIME (H.M.S): 0.0.3
End of report.  HIT RETURN:
```

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.



RFP Referral Patterns by Provider or Facility

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. Note that the rate of referral will be included only if you are utilizing the PCC. Canceled referrals are excluded from the report.

You will specify a date range during which the referrals were initiated. You may have the results reported by requesting provider or by requesting facility. The output may be printed or browsed on screen.

The following sample report shows referral patterns by the requesting provider.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      Page 1

                  REFERRAL PATTERNS BY REQUESTING PROVIDER

PROVIDER                # REFS    IHS  OTHER CHS   # PCC    TOTAL REF RATE
                        INITIATED REFS REFS  REFS  VISITS   PER 100 PCC VISITS
-------------------------------------------------------------------------------
ENOS,DON                   69     21    5    43       0
CURTIS,CLAYTON             24      7    2    15      46           52
LUKACS,BOB                  2      2                 0
CHR,TRIBAL                  1      1                23            4
SHORR,GREG                  3      2          1     18           17
CURTIS,ARTHUR NP            3      2          1      0
GRIFFITH,STANLEY P          3      1          2      0
DOUGLAS,BILL                5      1    1     3     97            5
JARLAND,TONI M              2      1          1      6           33
LOPEZ,DIANA                 2      2                 0

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

CHSC CHS Referral Costs by Requesting Provider/Facility

The CHSC report displays CHS referral costs by requesting provider or referring facility. The report will include total number of referrals, total number of CHS referrals, total cost of CHS referrals, number of PCC visits, and CHS referral cost per 100 PCC visits. Note that the number of PCC visits and the referral cost per 100 PCC visits will be included only if you are utilizing the PCC. Canceled referrals are excluded from this report.

You will enter a beginning and ending referral date range and indicate whether the data is to be reported by requesting provider or requesting facility. You will also select to include either actual CHS costs or best available CHS costs. 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. The output may be printed or browsed on the screen.

The sample report blow lists the best available CHS referral costs by requesting provider.

```
           ********** CONFIDENTIAL PATIENT INFORMATION **********
                          SELLS HOSPITAL/CLINIC                      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
-------------------------------------------------------------------------------
ENOS,DON                   69        43    $78,799        0
CURTIS,CLAYTON             24        15    $18,935       46         41163
LUKACS,BOB                  2                  $0        0
CHR,TRIBAL                  1                  $0       23             0
SHORR,GREG                  3         1     $2,000       18         11111
CURTIS,ARTHUR NP            3         1     $8,000        0
GRIFFITH,STANLEY P          3         2       $200        0
DOUGLAS,BILL                5         3     $5,650       97          5825
JARLAND,TONI M              2         1       $500        6          8333
LOPEZ,DIANA                 2                  $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:
```

GEN RCIS General Retrieval

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 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 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. You will select one of the following:

P A Previously Defined Report
N Create a New Report

If you are using a previously defined report, you will be prompted for the name of the report. Enter the name of the report and then select to print or browse the output.

If you are creating a new report, you will be presented with a referral selection menu to browse (see page 85 for the list). The action items available for browsing this menu are:

+ Next Screen	Q Quit Item Selection
– Previous Screen	R Remove Items
S Select Items	E Exit Report

Enter + and – at the Select Action prompt to review the selection items in the list. When you are ready to select items, press RETURN at the prompt to accept Select Items as the default value or enter "S." You can select patient referrals based on any combination of the data items in the list. 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.

After you have selected and defined the referral selection items, you will be returned to the referral selection item list. The items that you selected will be marked with an asterisk (*). You may add or remove items at this point, if needed, by entering "S" or "R." If you are finished making your selections, press Q to leave this screen and continue creating your report.

Next you will need to choose a report output. The following five output formats are available. Each of these formats is described in the following section.

- Total Count Only
- Sub-counts and Total Count
- Detailed Referral Listing
- Numeric Item Basic Statistics
- Referral Record Display

Total Count Only. This report output prints only a count of the total number of referrals that match your selection criteria. For the following sample, the selection criteria is patients 20 to 25 years old.

```
                    PCC MANAGEMENT REPORTS REFERRAL COUNT

Total COUNT of Referrals:  40

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

Sub-counts and Total Count. Selecting this format generates subtotals for each category of the sort criteria selected and a total count for the entire group of patients specified. For instance, in the sample report below, all patients between the ages of 20 and 25 were selected. Sex was chosen as the sorting variable. Subtotals of the number of referrals for males and females are printed, as well as the total number of referrals for the group and the total number of patients included in the group selected.

```
                              PCC REFERRAL LISTING                      Page 1
                           REFERRAL SUB-TOTALS BY:  Sex
------------------------------------------------------------------------------

Sex:
          FEMALE                                        17
          MALE                                          23

Total Referrals:  40
Total Patients:  12

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

Detailed Referral Listing. The Detailed Referral Listing allows you to select the data items to print for each patient that matches your selection criteria. You will also select a variable for sorting the output. The total number of referrals and the total number of patients in the report is printed.

After selecting the Detailed Referral Listing for your output format, you will be prompted in separate steps for the print and sort criteria. (See page 86 for lists of the available data items.) Enter your choices in the same way that you entered the selection criteria (see page 80 for instructions on reviewing and selecting items in the list). After you select the print data items, you will need to specify the column width for each one by following the prompts. Finally, select to print the report or browse it on the screen. Remember that reports that are 81-132 characters wide must be printed on a printer capable of producing 132-character lines. Reports that are fewer than 80 characters wide may be viewed on the screen.

Finally, you will have the option of saving the report logic for future use. When you have completed the selections required for the report output you have chosen, you will be prompted with the message: Do you wish to SAVE this SEARCH/PRINT/SORT logic for future use? If you want to save the logic for use at a later date, respond “Yes” enter a name for the report. Otherwise, type “No” or press RETURN. The following sample report is based on the criteria listed below.

Referral Selection Criteria
Age: 10-40
Case Manager: ENOS,DON; JARLAND,TONI M

Print Field Selection

Case Manager (21)	Sex (4)
Patient Name (1)	Date Ref Initiated (15)
Chart # (2)	Requesting Provider (18)
Age (6)	

Referrals will be sorted by: Case Manager

```
PCC REFERRAL LISTING                                                Page 1
CASE MANAGER  NAME            HRN       AGE   SEX REFERRAL DAT REQUESTING
-------------------------------------------------------------------------

ENOS,DON      BUTCHER,LORI    SE345165  38    F  OCT 30, 1995  CURTIS,CLA
ENOS,DON      KENNEDY,ANITA   SE100078  9     F  OCT 30, 1995  SMITH,DON
ENOS,DON      KETCHUP,MITCH   SE100315  37    M  JAN 29, 1996  SHORR,GREG
ENOS,DON      GRANT,ABE       SE101770  9     M  JAN 30, 1996  DOUGLAS,B.
ENOS,DON      JONES,RAY       SE100228  40    M  FEB 06, 1996  SMITH,DON
ENOS,DON      KETCHUP,MITCH   SE100315  37    M  FEB 14, 1996  WORTH,M.
ENOS,DON      HANCOCK,JOE     SE100401  35    M  FEB 14, 1996  WORTH,M.
ENOS,DON      HANCOCK,JOE     SE100401  35    M  FEB 14, 1996  WORTH,M.
ENOS,DON      JOHNSON,MEGAN   SE100371  39    F  MAR 07, 1996  SMITH,DON
JARLAND,TONI  ADAMS,DEE       SE100572  33    F  APR 29, 1996  CURTIS,CLA
JARLAND,TONI  GRANT,ABE       SE101770  9     M  MAY 01, 1996  DOUGLAS,B.
JARLAND,TONI  JOHNSON,IRENE   SE100223  38    F  MAY 22, 1996  --
JARLAND,TONI  JONES,ELMER     SE100970  26    M  JUN 20, 1996  --
JARLAND,TONI  ADAMS,YOLANDA   SE100867  28    F  MAY 23, 1996  SHORR,GREG

Total Referrals:  14
Total Patients:  11

RUN TIME (H.M.S): 0.0.7
End of report.  HIT RETURN
```

Numeric Item Basic Statistics. This print option provides basic statistics (sum, count, mean, maximum, and minimum) for any one of the following numeric items:

1) Age
2) Actual Total Cost
3) Best Available Total Cost
4) Actual IHS Cost
5) Best Available IHS Cost
6) CHS Amount Authorized to Date
7) CHS IHS Paid to Date
8) CHS FI Total to Date
9) Best Available Inpatient LOS
10) Actual Inpatient LOS

You also have the option of selecting a sort variable from the standard sort list (see page 86) for the purpose of generating sub-totals and totals for all records selected. If you do not choose a sort variable, only one total for each of the statistics provided will be printed.

In the following sample report, all patients between the ages of 20 and 25 were selected. The numeric item selected was Best Available Total Cost and the sort variable was Primary Vendor. Note that subtotals are provided for each category of the sort variable. Grand totals are printed at the end of the report.

```
                              PCC REFERRAL LISTING                        Page 1
            BASIC STATISTICS FOR:  Best Avail TOTAL Cost BY Primary Vendor
------------------------------------------------------------------------------

     AA ALLERGY ASSOCIATES
          Total referrals selected                        6
          Total referrals w/Best Avail TOTAL Cost         6
          Sum                                     $2,872.00
          Mean                                      $478.67
          Maximum Value                           $1,500.00
          Minimum Value                              $50.00

     ABBEY MEDICAL/ABBEY RENTS
          Total referrals selected                        3
          Total referrals w/Best Avail TOTAL Cost         3
          Sum                                     $5,650.00
          Mean                                    $1,883.33
          Maximum Value                           $5,000.00
          Minimum Value                             $100.00

     TMC FAMILY MEDICAL CENTER
          Total referrals selected                        6
          Total referrals w/Best Avail TOTAL Cost         6
          Sum                                    $19,450.00
          Mean                                    $3,241.67
          Maximum Value                          $10,000.00
          Minimum Value                              $200.00

TOTALS
          Total referrals selected                       28
          Total referrals w/Best Avail TOTAL Cost        15
          Sum                                    $27,972.00
          Mean                                    $1,779.50
          Maximum Value                          $10,000.00
          Minimum Value                              $50.00

Total Referrals:  28
Total Patients:   8
```

Referral Record Display. This report output displays a detailed referral record, including diagnoses and procedures, for each patient referral that matches your selection criteria.

The following sample shows a referral record for one patient as it would appear on this report.

```
                              PCC REFERRAL LISTING                        Page 1
------------------------------------------------------------------------------

Patient Name:              ADAMS,BARNEY
Chart #:                   101988
Date of Birth:             AUG 08, 1989
Sex:                       M

=============== REFERRAL RECORD ===============
DATE INITIATED:            OCT 30, 1995
REFERRAL #:                0001019500064
PATIENT:                   ADAMS,BARNEY
TYPE:                      OTHER
REQUESTING FACILITY:       SELLS HOSPITAL/CLINIC
REQUESTING PROVIDER:       ENOS,DON
TO OTHER PROVIDER:         DR. MARTIN
FACILITY REFERRED TO       TMC FAMILY MEDICAL CENTER
PRIMARY PAYOR:             PRIVATE
ICD DIAGNOSTIC CATEGORY:   CONGENITAL ANOMALIES
CPT SERVICE CATEGORY:      EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT:   OUTPATIENT
DAYS SINCE BEGIN DOS:      226
STATUS OF REFERRAL:        CLOSED-ACTION OCCURRED
DATE CLOSED:               OCT 30, 1995
CASE MANAGER:              ENOS,DON
PROVISIONAL DRG:           DRG1
CLOSED BY USER:            ENOS,DON
CREATED BY USER:           ENOS,DON
DATE CREATED:              OCT 30, 1995
DATE LAST MODIFIED:        OCT 30, 1995

PURPOSE OF REFERRAL:       THOROUGH EVALUATION BY PEDIATRIC SPECIALIST

NOTES TO SCHEDULER:        SCHEDULE ASAP

ESTIMATED COST:            125
ACTUAL COST:               123
ESTIMATED IHS COST:        5
ACTUAL IHS COST:           12
EXPECTED BEGIN DOS:        OCT 31, 1995
ACTUAL APPT/BEGIN DOS:     OCT 28, 1995
EXPECTED END DOS:          NOV 08, 1995
ACTUAL END DOS:            OCT 30, 1995

PERTINENT MED HX,LAB:

BUSINESS OFFICE:

DISCHARGE NOTES:
```

```
=============== RCIS DIAGNOSISs ===============
DIAGNOSIS:                  250.00
ICD NARRATIVE:              DM UNCOMPL/T-II/NIDDM,NS UNCON
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
DIAGNOSIS NARRATIVE:

=============== RCIS PROCEDUREs ===============
PROCEDURE:                  10040
CPT NARRATIVE:              SURGERY
TYPE:                       PROVISIONAL
PRI/SEC:                    PRIMARY
PROCEDURE NARRATIVE:
```

Data Item Menus

The following Selection, Print, and Sort menus are available, depending on the report output you select. Refer to each report output description for details on using these menus.

Referral SELECTIONMenu

1) Patient Name
2) Sex
3) Date of Birth
4) Age
5) Community
6) Tribe
7) Eligibility Status
8) Beneficiary Class
9) Medicare
10) Medicaid
11) Private Insurance
12) Any Third Party Coverage
13) Date Referral Initiated
14) Type of Referral
15) Requesting Facility
16) Requesting Provider
17) Status of Referral
18) Next Review Date
19) Case Manager
20) Inpatient/Outpatient
21) Primary Vendor
22) IHS Facility Referred To
23) To Other Provider
24) Primary Payor
25) Diagnostic Category
26) Service Category (CPT)
27) Local Category
28) Actual TOTAL Cost
29) Best Avail TOTAL Cost
30) Actual IHS Cost
31) Best Avail IHS Cost
32) CHS Amt Auth to Date
33) CHS IHS Paid to Date
34) CHS FI Total to Date
35) Reason not Completed
36) Cancellation Reason
37) CHS Approval Status
38) IHS Denial Reason
39) Best Avail Begin DOS
40) Actual Begin DOS
41) Best Avail END DOS
42) Actual END DOS
43) Best Avail Inpt LOS
44) Actual Inpt LOS
45) Best AvailDRG
46) Final DRG
47) Date Dsch Summary Recvd
48) Date Completed
49) Pertinent Med Hx
50) Best Avail DX Code
51) Final Dx Code
52) Best Avail Procedure
53) Final Procedure Code
54) Include IN-HOUSE Ref

PRINT Data Items Menu

1) Patient Name
2) Chart #
3) SSN
4) Sex
5) Date of Birth
6) Age
7) Community
8) Tribe
9) Eligibility Status
10) Beneficiary Class
11) Medicare
12) Medicaid
13) Private Insurance
14) Referral #
15) Date Ref Initiated
16) Type of Referral
17) Requesting Facility
18) Requesting Provider
19) Status of Referral
20) Next Review Date
21) Case Manager
22) Inpatient/Outpatient
23) Primary Vendor
24) Facility Referred To
25) IHS Facility Refer To
26) To Other Provider
27) Primary Payor
28) Diagnostic Category
29) Service Category (CPT)
30) Local Category
31) Actual TOTAL Cost
32) Best Avail TOTAL Cost
33) Actual IHS Cost
34) Best Avail IHS Cost
35) CHS Amt Auth to Date
36) CHS IHS Paid to Date
37) CHS FI Total to Date
38) Reason not completed
39) Cancellation Reason
40) CHS Approval Status
41) CHS Denial Reason
42) Best Avail Begin DOS
43) Actual Begin DOS
44) Best Avail END DOS
45) Actual END DOS
46) Best Avail Inpt LOS
47) Actual Inpt LOS
48) Best Avail DRG
49) Final DRG
50) Date Dsch Summary Recvd
51) Date Completed
52) Purpose of Referral
53) Pertinent Med Hx
54) Discharge Notes
55) Best Avail DX Code
56) Final Dx Code
57) Best Avail Procedure
58) Final Procedure Code
59) Comments

Referral SORTING Criteria

1) Patient Name
2) Chart #
3) Sex
4) Date of Birth
5) Age
6) Community
7) Tribe
8) Eligibility Status
9) Beneficiary Class
10) Any Third Party Cover
11) Referral #
12) Date Ref Initiated
13) Type of Referral
14) Requesting Facility
15) Requesting Provider
16) Status of Referral
17) Next Review Date
18) Case Manager
19) Inpatient/Outpatient
20) Primary Vendor
21) Facility Referred To
22) IHS Facility Referred To
23) To Other Provider
24) Primary Payor
25) Diagnostic Category
26) Service Category (CPT)
27) Actual TOTAL Cost
28) Best Avail TOTAL Cost
29) Actual IHS Cost
30) Best Avail IHS Cost
31) CHS Amt Auth to Date
32) CHS IHS Paid to Date
33) CHS FI Total to Date
34) Reason Not Completed
35) Cancellation Reason
36) CHS Approval Status
37) CHS Denial Reason
38) Best Avail Begin DOS
39) Actual Begin DOS
40) Best Avail END DOS
41) Actual END DOS
42) Best Avail Inpt LOS
43) Actual Inpt LOS
44) Best Avail DRG
45) Final DRG
46) Date Dsch Summary Recvd
47) Date Completed

Note: If you do not select a sort item, as applicable, the report will be sorted by Referral Date.

Appendix

Data Entry Screen Help

When entering and modifying data, the following commands allow you to navigate through the data entry screens.

Cursor Movement

Move right one character	<Right>
Move left one character	<Left>
Move right one word	<Ctrl-L> or <PF1><Space>
Move left one word	<Ctrl-J>
Move to right of window	<PF1><Right>
Move to left of window	<PF1><Left>
Move to end of field	<PF1><PF1><Right>
Move to beginning of field	<PF1><PF1><Left>

Modes

Insert/Replace toggle	<PF3>
Zoom (invoke multiline editor)	<PF1>Z

Deletions

Character under cursor	<PF2> or <Delete>
Character left of cursor	<Backspace>
From cursor to end of word	<Ctrl-W>
From cursor to end of field	<PF1><PF2>
Toggle null/last edit/default	<PF1>D or <Ctrl-U>

Macro Movement

Field below	<Down>
Field above	<Up>
Field to right	<Tab>
Field to left	<PF4>
Pre-defined order	<Return>
Next page	<PF1><Down> or <PageDown>
Previous page	<PF1><Up> or <PageUp>
Next block	<PF1><PF4>
Jump to a field	^caption
Go to command line	^
Go into multiple or word-processing field	<Return>

Command Line Options

Enter the up-hat (^) at any field to jump to the command line.

Command	Shortcut	Description
Exit	see below	Exit form (asks whether changes should be saved)
Close	<PF1>C	Close window and return to previous level
Save	<PF1>S	Save changes
Next page	<PF1><Down>	Go to next page
Refresh	<PF1>R	Repaint screen

Other Shortcut Keys

Exit form and save changes	<PF1>E
Quit form without saving changes	<PF1>Q
Invoke Record Selection Page	<PF1>L

Word-Processing Screen Help

The following options are helpful for using the word-processing screens in the RCIS.

Edit Options

The options below are available for editing text that has been entered into a word-processing field. To use one of the options, type the first letter of the command at the EDIT prompt.

Add Lines to End of Text
Break a Line into Two
Change Every String to Another in a Range of Lines
Delete Line(s)
Edit a Line (Replace __ with __)
Insert Line(s) after an Existing Line
Join Line to the One Following
List a Range of Lines
Move Lines to New Location within Text
Print Lines as Formatted Output
Repeat Lines at a New Location
Search for a String
Transfer Lines from Another Document
Utility Sub-Menu

Utility Sub-Menu

The options below are available from the utility sub-menu. To use one of these options, type the first letter of the command.

Editor Change
File Transfer from Foreign CPU
Text-Terminator-String Change