Patient-Based Clinical Applications

Patient Care Component (PCC) – incorporates all patient-related information gathered during patient contacts into one comprehensive, centralized data file to support healthcare planning, delivery, management, and research.

PCC Data Entry – encodes all commonly used English language terms into the International Classification of Disease (ICD9) CM codes.

PCC Health Summary – a comprehensive patient health history derived from the comprehensive, centralized data file.

PCC Management Reports – a series of reports for patient care and program management.

PCC Query (Q-Man) – performs natural language ad hoc searches of the PCC database.

PCC Data Extracts – collects and transmits inpatient and ambulatory visit data for national statistical reporting.

Case Management – establishes and maintains patient registers for managing select patient groups.

Diabetes Management – a group of computer programs that facilitate individual diabetes patient care and diabetes program management.

Taxonomy – tracks and reports on patients who fall within a group of related diagnoses.

Chemical Dependency Management – collects and reports data about clients with drug- and alcohol-related problems.

Dental Data – meets the data processing needs of facility-based dental programs as well as those of management.

Laboratory – provides laboratory/pathology data to healthcare providers and other healthcare personnel.

Blood Bank (Laboratory) – links data to a donor, patient, or a unit of blood or blood component.

Anatomic Pathology (Laboratory) – automates record keeping and reporting for all areas of Anatomic Pathology (surgical pathology, cytopathology, electron microscopy, and autopsy).

Immunization Tracking – compiles and reports on historical and current immunization data (including adverse reactions).

Women's Health – identifies, tracks, and produces an array of reports on breast and cervical treatment, and pregnancy due dates.

Mental Health/Social Service – stores and reports on behavioral aspects of clinical problems and on provider activities.

Nursing Patient Acuity Assessment – computes patient nursing care needs by ward or unit and hospital.

Nutrition and Dietetics – assesses patients' energy and protein needs and produces nutrient analyses of menus, food intake, and recipes.

Outpatient Pharmacy – manages outpatient medication regimens, pharmacy workload, and costs.

Intravenous (IV) Medications – used by pharmacists and pharmaceutical staff to manage, dispense, and administer IV medications.

Pharmacokinetics – calculates individual dosing information for drugs exhibiting first-order kinetics.

National Drug File – manages and classifies all medications.

Radiology – manages the administrative activities required for radiological patient exams.

Community Health Representative Information and Reporting – collects and reports (to other healthcare providers) on a patient's home and community activities.

Referred Care – tracks, stores, and reports clinical and cost data on patient referrals to in-house clinics, other IHS facilities, and outside health providers.

Patient-Based Administrative Applications

Patient Registration – maintains patient demographic and insurance eligibility information.

Medical Administration Service – automates all aspects of the outpatient scheduling process; records inpatient admissions, ward and service transfers, and discharges.

Third-Party Billing – creates claims for submission to Medicare, Medicaid, and private insurance.

Contract Health Management – a facility-based document and fiscal management system for the IHS Contract Health Service Program.

Medical Staff Credentials – maintains and tracks medical staff credentials for granting privileges.

Quality Assessment and Improvement Management – tracks quality improvement activities at hospitals and clinics.

Quality Improvement Linkages to the JCAHO – collects and transmits RPMS clinical applications data to the JCAHO Indicator Measurement System.

Financial and Administrative Applications

Accounts Receivable – processes, manages, reports, and follows up on all third-party billing activity.

Administrative Resource Management System (ARMS) – an automated requisition and purchase order system, featuring electronic routing of documents for approval and signature, and an automated commitment register.

Supply Accounting Management Data Entry – manages, maintains, and reports monthly on supply records and warehouse inventory.

Equipment Data Entry (for Area Offices) – records and reports equipment changes to IHS Non-Expendable Control Operating System.

A Healthy Fiscal Year in an Indian Healthcare Facility

ARMS • THIRD-PARTY BILLING • ACCOUNTS RECEIVABLE

RPMS DATABASE
HARDWARE • SOFTWARE • NETWORK COMMUNICATION

Financial & Administrative Applications in Action

Resource and Patient Management System (RPMS) is an integrated solution for management of both clinical and administrative information in healthcare facilities. Flexible hardware configurations, over 35 software applications, and network communication components combine to create a comprehensive clinical, financial, and administrative solution.

Professionals in the American Indian, Alaska Native, and Urban Health communities use the Administrative Resource Management System (ARMS), Third-Party Billing (3PB), and Accounts Receivable (AR) software applications of RPMS every day to efficiently manage administrative and financial activities, maximize revenue generation, and – most important in today's challenging healthcare environment – support the delivery of high-quality, cost-effective care for patients.

Resource and Patient Management System
RPMS

FLEXIBLE • SCALABLE • COST-EFFECTIVE

The Indian Health Service
Public Health Service
Department of Health and Human Services
Washington, D.C.

www.ihs.gov

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Good Fiscal Balance

American Indian and Alaska Native healthcare facilities today manage a precarious balancing act: provide high-quality care within the limits of shrinking annual operating budgets. Hospitals and clinics must supplement the annual appropriations that are managed by the Department of Health and Human Services (DHHS), with income collected from insurers – particularly Medicare and Medicaid. In order to make payments, the Health Care Financing Administration (HCFA) and private insurers require a level of documentation that RPMS Financial and Administrative software applications can help provide.
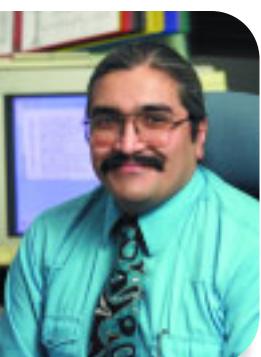
Administrative Resource Management System (ARMS)
ARMS automates the acquisition, requisition, and purchase order process and allows users to know what funds are committed or obligated. Once the data is entered, you can easily generate weekly, monthly, or quarterly reports that will be helpful in facility planning and management. Data entered into ARMS flow automatically into CORE – the central accounting system used by DHHS. Here, the data not only satisfy mandatory reporting requirements, they are merged with data from all American Indian and Alaska Native healthcare facilities and flow back to individual facilities in the form of monthly summary account reports.
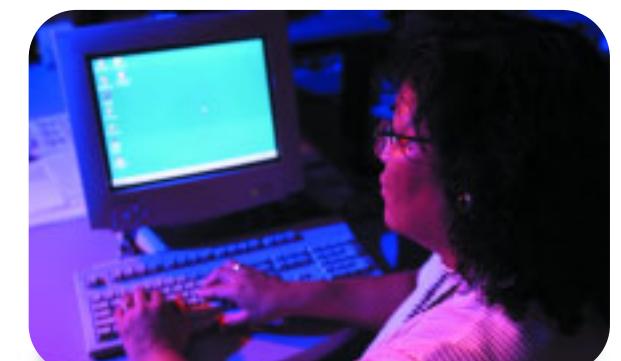
Third-Party Billing (3PB)
3PB automates the Medicare, Medicaid, and private insurance billing process and improves the accuracy of claims that are filed. In addition to creating claims and bills to primary insurance carriers, 3PB also generates claims to secondary insurers.

Accounts Receivable (AR)
AR tracks bills sent to primary and secondary payors to be certain the bills are paid. Once bills are prepared, data flow automatically from 3rd party to AR so payment status can be monitored.

1st Quarter

When a new fiscal year brings new health care challenges and new demands for resources, management is faced with many questions: has the patient population changed compared to previous years? Are patients sicker this year than expected, and do they require more – or more expensive – care? Management needs to know whether the total of appropriated funds and revenues from private and government insurers will be enough to meet facility, equipment, and training needs. They also need to know whether bills are being sent promptly and whether collections are coming in as expected and as needed.

ARMS, 3PB, and AR can provide answers. 3PB's automated features speed up the billing process and allow managers at a central point to track bills generated from outlying satellite clinics. The data then flow into AR so that staff can track claims that have been paid, as well as claims outstanding for 30, 60, 90, or 120 days. When a secondary insurer is available, AR kicks information back to 3PB so that a second bill can be generated.

2nd Quarter

By the beginning of the second quarter, a rhythm for the year's activities has been established. First quarter predictions and expected trends can be compared to reports generated from ARMS, 3PB, and AR. Because all local ARMS information flows to DHHS CORE, management can also compare local data to national data using the monthly reports sent by DHHS. By the end of the second quarter, management is striving to ensure an overall improvement in quality of care within budgeted resources.

3rd Quarter

The third quarter operating focus is on the best use of available funds. Are surplus funds available to meet requests for additional staff, equipment, supplies, or space? Are any budget shortfalls anticipated? Accurate information about activities and costs is vitally important. Since all data reported by clinics are reported to DHHS, CORE, and HCFA, management will find the answers using ARMS, 3PB, and AR.

It's also time to begin planning next year's appropriations request and, most important, how to justify that request with documented facts. Local reports generated from ARMS, 3PB, and AR are compared to the DHHS CORE monthly reports which are compiled from data sent by all reporting facilities. This enables administrators to begin preparation of a budget for the coming year and a well-documented case for requested funds.

4th Quarter

The last quarter of the fiscal year is by far the most hectic. But RPMS applications help staff maintain control in spite of the chaos. Reports generated from ARMS, 3PB, and AR help ensure that all available funds are used to meet critical expenses without overspending appropriations or income. They also help management prepare a realistic budget, supported by facts, and the appropriations request for the coming year. A final review of local reports is compared to DHHS CORE data prior to submission of the budget request because management must present substantive and compelling arguments.
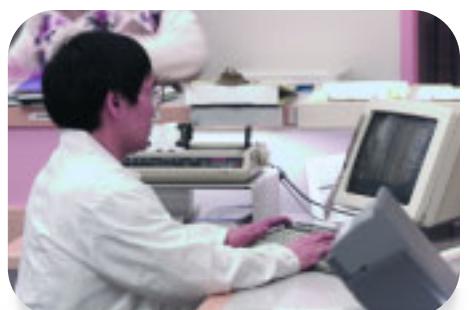
Need More Information? Call 888-830-7280.

Enhancements to RPMS are driven by the same people who created it and use it today – including you! To offer feedback, request changes or enhancements, or for more information, contact your Area Information Systems Coordinator or the Information Technology Support Center at 888-830-7280. Or check out our website at www.ihs.gov.

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