



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Contract Health Services Management Information System

(ACHS)

Addendum to User Manual

Version 3.1 Patch 27
March 2018

Office of Information Technology
Division of Information Technology

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1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Contract Health Services Management Information System (ACHS) v3.1. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

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

1.1 Background

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 requires removal of the Social Security Number (SSN)-based HIC number (HICN) from Medicare cards.

Provided are some facts regarding the new Medicare Beneficiary Identifier (MBI) card:

- Fraud preventative initiative to combat identity theft
- Removal of the gender and signature line
- A new MBI will replace the SSN-based HCIN
- The MBI will replace HICN for Medicare transactions such as billing, processing claims and determining eligibility for services across multiple entities (Example include: Social Security Administration (SSA), Railroad Retirement Board (RRB), States, Medicare providers, and health plans).
- Centers for Medicare and Medicaid Services (CMS) to begin mailing out new Medicare cards in April 2018. Medicare beneficiaries may start using their new Medicare cards as soon as they receive them
- MBI will not change Medicare benefits.

1.2 MBI Characteristics

The new MBI will have the following characteristics:

- The same number of characters as the current HICN (11), but will be visibly distinguishable from the HICN
- Contain uppercase alphabetic and numeric characters throughout the 11-digit identifier
- Occupy the same field as the HICN on transactions

- Be unique to each beneficiary (e.g., husband and wife will have their own MBI)
- Be easy to read and limit the possibility of letters being interpreted as numbers (e.g., alphabetic characters are upper case only and will exclude S, L, O, I, B, Z)
- Not contain any embedded intelligence or special characters
- Not contain inappropriate combinations of numbers or strings that may be offensive

Note: Remind people with Medicare that the CMS will never contact them and request personal information. They should protect their new MBI like a credit card and only share it with those they trust. CMS anticipates that the MBI will not be changed for an individual unless the MBI is compromised or other limited circumstances still undergoing review.

1.3 Summary of Changes

Patch 27 includes modifications for the new MBI to be displayed on the following options and reports:

- Initial Document (ID)
- Supplemental (SUP)
- Enter/Edit Referral Medical Data (REFM)
- Pay Documents (PAY)
- Enter/Edit EOBR Medical Data (MED)
- Edit Missing Authorization Dates (MISS)
- Print Documents (PD)
- Re-Print Documents (REP)
- Display Individual CHS Documents (DID)
- View Document summaries for a specific patient (VP)
- CHS data - prepare for export (CDPE)
- Re-Export CHS Transmission Data (RETD)
- Master Delivery Order Report (MDOL)
- Print a CHEF request (REQ)
- Denial Letters/Fact Sheets (DEN)
- Enter New Denial (ADD)

2.0 Patch 27 Changes

2.1 Initial Document Option (ID)

The Initial Document option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Document Generation Option: ID Initial Document

TREE,OLIVE                F 10-19-1940  507101940P  TST 999346  12-12-2017
2321011800005                ABC VENDOR 2
                               12/11/17 E - 1                Pain in upper limb
ENTER FISCAL YEAR: (2007-2018): 2018//
  Select one of the following:
    43      Hospital Service
    57      Dental Service
    64      Outpatient Service
Type Of Service: Outpatient Service//
Patient Info: TREE,OLIVE                F 10-19-1940507101940P 999346
Type of Coverage      Policy #      Cov. type  EligDt TermDt
-----
1.  MEDICARE          1CX3YY6RR99      A          010116
2.  MEDICARE          1CX3YY6RR99      B          010116
    
```

Figure 2-1: Initial Document option for Medicare

```

Select Document Generation Option: ID Initial Document

Select RCIS REFERRAL by Patient or by Referral Date or #: 1-30-2018
2321011800019 RAILROAD,PATIEN                ABC VENDOR 2
                               UNKNOWN SERVICE DATE - 1 Acute low back pain
ENTER FISCAL YEAR: (2007-2018): 2018//
  Select one of the following:
    43      Hospital Service
    57      Dental Service
    64      Outpatient Service
Type Of Service: Outpatient Service//

Patient Info: RAILROAD,PATIENTB          M 04-28-1942606042842P 999331

Type of Coverage      Policy #      Cov. type  EligDt TermDt
-----
1.  RAILROAD RETIREMENT  3XX4CC5DD33      A          010117
2.  RAILROAD RETIREMENT  3XX4CC5DD33      B          010117
    
```

Figure 2-2: Initial Document option for Railroad Retirement

2.2 Supplement Option (SUP)

The Supplemental option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Document Gen Option: REF Enter/Edit Referral Medical Data

Select Document: 8-00002      12-14-17      PAID      8
Form # 64
Dec 14, 2017      Outpatient Service      2      Order No.
                                     HHS Order No:      HHSI2472018H0100002
                                     8-H01-00002

-----
Patient | Ordering Facility & Provider
Fac: 232101 IHS#: 999348 XXXXX1735 | 2013 DEMO HOSPITAL
TREE, PEAR | 4700 LINCOLN RD NE
ALBUQUERQUE, NM 98888 | ALBUQUERQUE NM 87110
02-17-1935 F 114 001 082-01-35 | 232101
-----
Est. date-of-svc.: Dec 13, 2017 | PC GASTROENTEROLOGY ASSOC.
Gastroenteritis | 1441 WILKINS CIRCLE
MCR=2DD5QQ2XX33 | CASPER, WY 82601
Hosp Ord #: --- | 1830237511 Open Market
    
```

Figure 2-3: Supplemental option for Medicare

```

Select Document Generation Option: SUP Supplemental

Select Document: 8-00007      02-06-18      OPEN      8
Form # 64
Feb 06, 2018      Outpatient Service      2      Order No.
                                     HHS Order No:      HHSI2472018H0100007
                                     8-H01-00007

-----
Patient | Ordering Facility & Provider
Fac: 232101 IHS#: 999331 XXXXX2842 | 2013 DEMO HOSPITAL
RAILROAD, PATIENTB | 4700 LINCOLN RD NE
SANTA FE, NM 74124 | ALBUQUERQUE NM 87110
04-28-1942 M 113 001 310-26-35 | 232101
-----
Est. date-of-svc.: Jan 30, 2018 | ABC VENDOR 2
Acute low back pain | 100 STREET ST
RRR=3XX4CC5DD33 | ALBUQUERQUE, NM 87111
Hosp Ord #: --- | 1669875456-A2 Open Market
    
```

Figure 2-4: Supplemental option for Railroad Retirement

2.3 Enter/Edit Referral Medical Data (REFM)

The Enter/Edit Referral Medical Data will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Document Gen Option: REF Enter/Edit Referral Medical Data

Select Document: 8-00002      12-14-17      PAID      8
Form # 64                                REF TYPE      Order No.
Dec 14, 2017      Outpatient Service      2      8-H01-00002
                                HHS Order No:  HHSI2472018H0100002
-----
Patient | Ordering Facility & Provider
Fac: 232101 IHS#: 999348 XXXXX1735 | 2013 DEMO HOSPITAL
TREE, PEAR | 4700 LINCOLN RD NE
ALBUQUERQUE, NM 98888 | ALBUQUERQUE NM 87110
02-17-1935 F 114 001 082-01-35 | 232101
-----
Est. date-of-svc.: Dec 13, 2017 | PC GASTROENTEROLOGY ASSOC.
Gastroenteritis | 1441 WILKINS CIRCLE
MCR=2DD5QQ2XX33 | CASPER, WY 82601
Hosp Ord #: --- | 1830237511 Open Market
    
```

Figure 2-5: Enter/Edit Referral Medical Data for Medicare

```

Select Document Generation Option: REFM Enter/Edit Referral Medical Data

Select Document: 8-00007      02-06-18      OPEN      8
Form # 64                                REF TYPE      Order No.
Feb 06, 2018      Outpatient Service      2      8-H01-00007
                                HHS Order No:  HHSI2472018H0100007
-----
Patient | Ordering Facility & Provider
Fac: 232101 IHS#: 999331 XXXXX2842 | 2013 DEMO HOSPITAL
RAILROAD, PATIENTB | 4700 LINCOLN RD NE
SANTA FE, NM 74124 | ALBUQUERQUE NM 87110
04-28-1942 M 113 001 310-26-35 | 232101
-----
Est. date-of-svc.: Jan 30, 2018 | ABC VENDOR 2
Acute low back pain | 100 STREET ST
RRR=3XX4CC5DD33 | ALBUQUERQUE, NM 87111
Hosp Ord #: --- | 1669875456-A2 Open Market
    
```

Figure 2-6: Enter/Edit Referral Medical Data for Railroad Retirement

2.4 Pay Documents (PAY)

The Pay Documents option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Pay/Edit Documents Option: PAY Pay Documents

Select Document: 8-00005      12-20-17      OPEN      8
Form # 64                                REF TYPE      Order No.
Dec 20, 2017      Outpatient Service      2      8-H01-00005
                                      HHS Order No:  HHSI2472018H0100005
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101  IHS#: 999352  XXXXX1145  |  2013 DEMO HOSPITAL
TREE, REDWOOD                                |  4700 LINCOLN RD NE
SANTA FE, NM  88711                            |  ALBUQUERQUE NM 87110
08-11-1945  M  117  001  310-26-35            |  232101
-----
Est. date-of-svc.: Dec 11, 2017      |  NEPHROLOGY & ENDOCRINE ASSOC
Chronic kidney disease due to          |  PO BOX 98813
MCR=2KK2KK2KK11                        |  LAS VEGAS, NV  89193-8813
Hosp Ord #: ---                        |  1880136773-01 Open Market
    
```

Figure 2-7: Pay Document option for Medicare

```

Select Pay/Edit Documents Option: PAY Pay Documents

Select Document: 8-00007      02-06-18      OPEN      8
Form # 64                                REF TYPE      Order No.
Feb 06, 2018      Outpatient Service      2      8-H01-00007
                                      HHS Order No:  HHSI2472018H0100007
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101  IHS#: 999331  XXXXX2842  |  2013 DEMO HOSPITAL
RAILROAD, PATIENTB                            |  4700 LINCOLN RD NE
SANTA FE, NM  74124                            |  ALBUQUERQUE NM 87110
04-28-1942  M  113  001  310-26-35            |  232101
-----
Est. date-of-svc.: Jan 30, 2018      |  ABC VENDOR 2
Acute low back pain                        |  100 STREET ST
RRR=3XX4CC5DD33                        |  ALBUQUERQUE, NM  87111
Hosp Ord #: ---                        |  1669875456-A2 Open Market
    
```

Figure 2-8: Pay Document option for Railroad Retirement

2.5 Enter/Edit EOBR Medical Data (MED)

The Enter/Edit EOBR Medical Data option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.


```

Select Pay/Edit Documents Option: MED Enter/Edit EOBR Medical Data

Select Document: 8-00005      12-20-17      OPEN      8
Form # 64                                REF TYPE      Order No.
Dec 20, 2017      Outpatient Service      2      8-H01-00005
                                      HHS Order No:  HHSI2472018H0100005
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101 IHS#: 999352 XXXXX1145 | 2013 DEMO HOSPITAL
TREE, REDWOOD                        | 4700 LINCOLN RD NE
SANTA FE, NM 88711                    | ALBUQUERQUE NM 87110
08-11-1945 M 117 001 310-26-35      | 232101
-----
Est. date-of-svc.: Dec 11, 2017      | NEPHROLOGY & ENDOCRINE ASSOC
Chronic kidney disease due to        | PO BOX 98813
MCR=2KK2KK2KK11                      | LAS VEGAS, NV 89193-8813
Hosp Ord #: ---                       | 1880136773-01 Open Market
    
```

Figure 2-9: Enter/Edit EOBR Medical Data option for Medicare

```

Select Pay/Edit Documents Option: MED Enter/Edit EOBR Medical Data

Select Document: 8-00007      02-06-18      OPEN      8
Form # 64                                REF TYPE      Order No.
Feb 06, 2018      Outpatient Service      2      8-H01-00007
                                      HHS Order No:  HHSI2472018H0100007
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101 IHS#: 999331 XXXXX2842 | 2013 DEMO HOSPITAL
RAILROAD, PATIENTB                    | 4700 LINCOLN RD NE
SANTA FE, NM 74124                    | ALBUQUERQUE NM 87110
04-28-1942 M 113 001 310-26-35      | 232101
-----
Est. date-of-svc.: Jan 30, 2018      | ABC VENDOR 2
Acute low back pain                   | 100 STREET ST
RRR=3XX4CC5DD33                      | ALBUQUERQUE, NM 87111
Hosp Ord #: ---                       | 1669875456-A2 Open Market
    
```

Figure 2-10: Enter/Edit EOBR Medical Data option for Railroad Retirement

2.6 Edit Missing Authorization Dates (MISS)

The Edit Missing Authorization Dates option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Pay/Edit Documents Option: MISS  Edit Missing Authorization Dates
Select one of the following:

      S      Search
      D      Select an Individual Document

Enter response: D  Select an Individual Document
Form # 64
Dec 20, 2017      Outpatient Service      REF TYPE      Order No.
                                      2      8-H01-00005
                                      HHS Order No:  HHSI2472018H0100005
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101  IHS#: 999352  XXXXX1145  |  2013 DEMO HOSPITAL
TREE, REDWOOD      |  4700 LINCOLN RD NE
SANTA FE, NM  88711  |  ALBUQUERQUE NM 87110
08-11-1945  M  117  001  310-26-35  |  232101
-----
Est. date-of-svc.: Dec 11, 2017  |  NEPHROLOGY & ENDOCRINE ASSOC
Chronic kidney disease due to    |  PO BOX 98813
MCR=2KK2KK2KK11                |  LAS VEGAS, NV  89193-8813
Hosp Ord #: ---                  |  1880136773-01 Open Market
    
```

Figure 2-11: Edit Missing Authorization Dates option for Medicare

```

Select Pay/Edit Documents Option: MISS  Edit Missing Authorization Dates
Select one of the following:

      S      Search
      D      Select an Individual Document

Enter response: D  Select an Individual Document

Form # 64
Feb 06, 2018      Outpatient Service      REF TYPE      Order No.
                                      2      8-H01-00007
                                      HHS Order No:  HHSI2472018H0100007
-----
                Patient      |      Ordering Facility & Provider
Fac: 232101  IHS#: 999331  XXXXX2842  |  2013 DEMO HOSPITAL
RAILROAD, PATIENTB  |  4700 LINCOLN RD NE
SANTA FE, NM  74124  |  ALBUQUERQUE NM 87110
04-28-1942  M  113  001  310-26-35  |  232101
-----
Est. date-of-svc.: Jan 30, 2018  |  ABC VENDOR 2
Acute low back pain    |  100 STREET ST
RRR=3XX4CC5DD33                |  ALBUQUERQUE, NM  87111
Hosp Ord #: ---                  |  1669875456-A2 Open Market
    
```

Figure 2-12: Edit Missing Authorization Dates option for Railroad Retirement

2.7 Print Documents (PD)

The Print Documents option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

2.8 Re-Print Documents (REP)

The Re-Print Documents option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

2.9 Display Individual CHS Documents (DID)

The Display Individual CHS Documents option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Display Documents Option: DID  Display Individual CHS Documents

Select Document:  8-00005          12-20-17      OPEN      8
Form # 64
Dec 20, 2017      Outpatient Service      2          8-H01-00005
                                HHS Order No:  HHSI2472018H0100005
-----
                Patient          | Ordering Facility & Provider
Fac: 232101  IHS#: 999352  XXXXX1145 | 2013 DEMO HOSPITAL
TREE, REDWOOD | 4700 LINCOLN RD NE
SANTA FE, NM 88711 | ALBUQUERQUE NM 87110
08-11-1945  M 117 001 310-26-35 | 232101
-----
Est. date-of-svc.: Dec 11, 2017 | NEPHROLOGY & ENDOCRINE ASSOC
Chronic kidney disease due to | PO BOX 98813
MCR=2KK2KK2KK11 | LAS VEGAS, NV 89193-8813
Hosp Ord #: --- | 1880136773-01 Open Market
    
```

Figure 2-13: Display Individual CHS Documents option for Medicare

```

Select Display Documents Option: DID  Display Individual CHS Documents

Form # 64
Feb 06, 2018      Outpatient Service      2          8-H01-00007
                                HHS Order No:  HHSI2472018H0100007
-----
                Patient          | Ordering Facility & Provider
Fac: 232101  IHS#: 999331  XXXXX2842 | 2013 DEMO HOSPITAL
RAILROAD, PATIENTB | 4700 LINCOLN RD NE
SANTA FE, NM 74124 | ALBUQUERQUE NM 87110
04-28-1942  M 113 001 310-26-35 | 232101
-----
Est. date-of-svc.: Jan 30, 2018 | ABC VENDOR 2
Acute low back pain | 100 STREET ST
RRR=3XX4CC5DD33 | ALBUQUERQUE, NM 87111
Hosp Ord #: --- | 1669875456-A2 Open Market
    
```

Figure 2-14: Display Individual CHS Documents option for Railroad Retirement

2.10 View Document Summaries for a Specific Patient (VP)

The View Document summaries for a specific patient option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select Display Documents Option: VP View Document Summaries for a Specific Patient
Select PATIENT NAME:
TREE,REDWOOD M 08-11-1945 607081145P TST 999352
Enter The BEGINNING Date For The DOCUMENTS FOR A PATIENT Report: T-120 (OCT 08,
2017)
Enter The ENDING Date For The DOCUMENTS FOR A PATIENT Report: T (FEB 05, 2018)
TYPE of service: 1 43 (HOSPITAL SERVICE)
                 2 57 (DENTAL SERVICE)
                 3 64 (OUTPATIENT SERVICE)
*****
CHS DOCUMENTS FOR A SPECIFIC PATIENT
TOWNSEND, GAIL Page 1
PATIENT: TREE,REDWOOD CHART #: 999352
For the period Oct 08, 2017 through Feb 05, 2018
All Documents
*****
FAC DOCUMENT DATED VENDOR TYPE STATUS AMOUNT
-----
232101 8H0100005 12/11/17 NEPHROLOGY & ENDOCRINE 64 OPEN 300.00

Total documents seen: 1 $300.00

LESS CANCELS 0.00
$300.00

Do you want to view one of the documents listed? NO// YES

Select Document: 005 12-20-17 OPEN 8
Form # 64 REF TYPE Order No.
Dec 20, 2017 Outpatient Service 2 8-H01-00005
HHS Order No: HHSI2472018H0100005
-----
Patient | Ordering Facility & Provider
Fac: 232101 IHS#: 999352 XXXXX1145 | 2013 DEMO HOSPITAL
TREE, REDWOOD | 4700 LINCOLN RD NE
SANTA FE, NM 88711 | ALBUQUERQUE NM 87110
08-11-1945 M 117 001 310-26-35 | 232101
-----
Est. date-of-svc.: Dec 11, 2017 | NEPHROLOGY & ENDOCRINE ASSOC
Chronic kidney disease due to | PO BOX 98813
MCR=2KK2KK2KK11 | LAS VEGAS, NV 89193-8813
Hosp Ord #: --- | 1880136773-01 Open Market
    
```

Figure 2-15: View Document summaries

2.11 CHS Data – Prepare for Export (CDPE)

The CHS data prepare for export option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Mar 09, 2018@14:12:46
 2013 DEMO HOSPITAL
^ACHSDATA(0)
232101^2013 DEMO HOSPITAL^3180309^3171220^3180103^^30^^3180309^100000^22250^CRV003
^ACHSDATA(1)
3A2321019993479390611M114TREE,MAPLE                Y3523254                180209
^ACHSDATA(2)
3B381 SANDIA PARK                ALBUQUERQUE                NM99999                F
^ACHSDATA(3)
3CMEDICARE                555124789                A 160101000000A                2017
^ACHSDATA(4)
3CMEDICARE                555124789                A 160101000000B                2017
^ACHSDATA(5)
3A2321019993509380222F116TREE,WILLOW                Y3521206                171220
^ACHSDATA(6)
3B321 SILLY WAY                ESPANOLA                NM88888                F
^ACHSDATA(7)
3CMEDICARE                3CC4DD5DD00                170101000000A                2017
^ACHSDATA(8)
3CMEDICARE                3CC4DD5DD00                170101000000B                2017
^ACHSDATA(9)
3A2321019993529450811M117TREE,REDWOOD                Y3526310                180125
^ACHSDATA(10)
3B111 PALM SPRINGS                SANTA FE                NM88711                F
^ACHSDATA(11)
3CMEDICARE                2KK2KK2KK11                170101000000A                2017
^ACHSDATA(12)
3CMEDICARE                2KK2KK2KK11                170101000000B                2017
    
```

Figure 2-16: CHS data prepare for export option

2.12 Re-Export CHS Transmission Data (RETD)

The Re-Export CHS Transmission Data option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

2.13 Master Delivery Order Report (MDOL)

The Master Delivery Order Report option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

MASTER DELIVERY ORDER LISTING FOR: 2013 DEMO HOSPITAL
BY DATE OF ISSUE   Feb 05, 2018@13:49:05
FOR PATIENTS TREATED BY: GASTROINTESTINAL ASSOC OF NE                Page 1
FOR FI PAYMENT FOR SERVICES PROVIDED : Feb 06, 2017 - Feb 05, 2018

IHS #                PATIENT NAME                DOB  S  TRB
-----
999350 TREE,WILLOW                02221938  F  116
MEDICARE                3CC4DD5DD00                A    010117
MEDICARE                3CC4DD5DD00                B    010117
    
```

Figure 2-17: Master Delivery Order Report option

2.14 Print a CHEF Request (REQ)

The Print a CHEF Request option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select C H E F Management Option: REQ Print a CHEF Request

Select CHEF NUMBER: 17-HQ-001

-----
| CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST
|-----
| 1. AREA          | 2. ORDERING FACILITY          | 3. CHEF NUMBER
| HEADQUARTERS WEST | 2013 DEMO HOSPITAL          | 17-HQ-001
|-----
| 4. PATIENT NAME   | 5. DATE OF BIRTH            | 6. SEX M/F
| TREE, REDWOOD     | Aug 11, 1945                | M
|-----
| 7. TRIBE: 117    | 8. EPISODE OF CARE         Dec 11, 2017 TO Dec 21, 2017
|-----
| 9. DX, ICD CM, OR, DRG# | 10. CAT CODE | 11. TRAUMA CD | 12. MEDICAL PRIORITY
|                       |              |              | I
|-----

Type of Coverage      Policy #          Cov. type  EligDt  TermDt
-----
MEDICARE           2KK2KK2KK11      A      010117
MEDICARE           2KK2KK2KK11      B      010117
    
```

Figure 2-18: Print a CHEF Request option for Medicare

```

Select C H E F Management Option: REQ Print a CHEF Request

Select CHEF NUMBER: 18-HQ-001

-----
| CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST
|-----
| 1. AREA          | 2. ORDERING FACILITY          | 3. CHEF NUMBER
| HEADQUARTERS WEST | 2013 DEMO HOSPITAL          | 18-HQ-001
|-----
| 4. PATIENT NAME   | 5. DATE OF BIRTH            | 6. SEX M/F
| RAILROAD, PATIENTB | Apr 28, 1942                | M
|-----
| 7. TRIBE: 113    | 8. EPISODE OF CARE         Jan 30, 2018 TO Feb 09, 2018
|-----
| 9. DX, ICD CM, OR, DRG# | 10. CAT CODE | 11. TRAUMA CD | 12. MEDICAL PRIORITY
|                       |              |              | I
|-----

Type of Coverage      Policy #          Cov. type  EligDt  TermDt
-----
RAILROAD RETIREMENT   3XX4CC5DD33      A      010117
RAILROAD RETIREMENT   3XX4CC5DD33      B      010117
    
```

Figure 2-19: Print a CHEF Request option for Railroad Retirement

2.15 Enter New Denial (ADD)

The Enter New Denial option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

```

Select RCIS REFERRAL by Patient or by Referral Date or #:12-12-2017
      2321011800005 TREE,OLIVE                                ABC VENDOR 2
                                12/11/17 E - 1                Pain in upper limb OLIVE TREE
888 MERRY ST
SANTA FE NM 88888
UNMET NEED TYPE: NOT AN UNMET NEED// NOT AN UNMET NEED
DATE OF MEDICAL SERVICE: DEC 11,2017// (DEC 11, 2017)
DATE REQUEST RECEIVED: 121117 (DEC 11, 2017)
SEND LETTER TO PATIENT?: YES// YES

PRIMARY PROVIDER (ON-FILE): ABC VENDOR 2// DUNS....:
                                EIN.....: 1669875456 SUFFIX: A2
                                MAIL TO.: 100 STREET ST, ALBUQUERQUE
                                REMIT TO: 100 STREET ST, ALBUQUERQUE
                                REMIT TO-CITY..: ALBUQUERQUE

EST. CHARGE (PRIM. PROV.): 200
ACTUAL CHARGES (PRIM. PROV.):
Are there any other providers (vendors)?? NO//
Select PROVIDER ACCOUNT NUMBER:
TYPE OF SERVICE: OUTPATIENT// OUTPATIENT
Denial Reason List:
  1. Alternate Resource Available
  2. Medical Priority
  3. Notification
  4. Residency
  5. Indian Descent/Membership
Enter Primary Denial Reason : (1-5): 1
Denial Reason Option list:
  1. Other Coverage Available
  2. Eligible for Alternate Source
  3. Failure to Apply for Alternate Resource
  4. IHS/Tribal Facility Was Available
Enter Primary Denial Reason Option : (1-4): 1
Type of Coverage          Policy #          Cov. type  EligDt TermDt
-----
1. MEDICARE              1CX3YY6RR99          A          010116
2. MEDICARE              1CX3YY6RR99          B          010116
    
```

Figure 2-20: Enter New Denial option for Medicare

```

Select Denial Option: ADD  Enter New Denial

Select RCIS REFERRAL by Patient or by Referral Date or #: 1-30-2018
      2321011800019 RAILROAD,PATIENT                ABC VENDOR 2
                        UNKNOWN SERVICE DATE - 1 Acute low back pain

PATIENTB RAILROAD
55 MISSION ST
SANTA FE NM 74124
UNMET NEED TYPE: NOT AN UNMET NEED//  NOT AN UNMET NEED
DATE OF MEDICAL SERVICE: 013018  (JAN 30, 2018)
DATE REQUEST RECEIVED: 013018  (JAN 30, 2018)
SEND LETTER TO PATIENT?: YES//  YES
PRIMARY PROVIDER (ON-FILE): ABC VENDOR 2//  DUNS....:
                        EIN.....: 1669875456  SUFFIX: A2
                        MAIL TO.: 100 STREET ST, ALBUQUERQUE
                        REMIT TO: 100 STREET ST, ALBUQUERQUE
                        REMIT TO-CITY..: ALBUQUERQUE

EST. CHARGE (PRIM. PROV.): 500
ACTUAL CHARGES (PRIM. PROV.):

Are there any other providers (vendors)?? NO//

Select PROVIDER ACCOUNT NUMBER:
TYPE OF SERVICE: OUTPATIENT//  OUTPATIENT
Denial Reason List:
  1. Alternate Resource Available
  2. Medical Priority
  3. Notification
  4. Residency
  5. Indian Descent/Membership
Enter Primary Denial Reason : (1-5): 1
Denial Reason Option list:
  1. Other Coverage Available
  2. Eligible for Alternate Source
  3. Failure to Apply for Alternate Resource
  4. IHS/Tribal Facility Was Available
Enter Primary Denial Reason Option : (1-4): 1
Type of Coverage      Policy #      Cov. type  EligDt TermDt
-----
1.RAILROAD RETIREMENT  3XX4CC5DD33  A          010117
2.RAILROAD RETIREMENT  3XX4CC5DD33  B          010117
    
```

Figure 2-21: Enter New Denial option for Railroad Retirement

2.16 Denial Letters/Fact Sheets (DEN)

The Denial Letters/Fact Sheets option will display the MBI if it has been entered in Patient Registration Insurance Page 4 for either Medicare or Railroad Retirement recipients.

Select Print Denial Letter(s) Option: DEN Print Denial Letters and Fact Sheets

INSURANCE	ID NO.	EFF. DATE	TRM. DATE

Medicare	8XX8XX2DD22	01/01/2016	
2020 TECHNOLOGY PKWY STE 2020 MECHANICSBURG, PA 17050			
Medicare	8XX8XX2DD22	01/01/2016	
2020 TECHNOLOGY PKWY STE 2020 MECHANICSBURG, PA 17050			

Figure 2-22: Denial Letters/Fact Sheets option for Medicare

Select Print Denial Letter(s) Option: DEN Print Denial Letters and Fact Sheets

INSURANCE	ID NO.	EFF. DATE	TRM. DATE

Railroad Retirement	3XX4CC5DD33	01/01/2017	
P. O. Box 655924 DALLAS, TX 75265			
Railroad Retirement	3XX4CC5DD33	01/01/2017	
P. O. Box 655924 DALLAS, TX 75265			

Figure 2-23: Denial Letters/Fact Sheets option for Railroad Retirement

Acronym List

Acronym	Meaning
ACHS	Contract Health Services Management Information System
CMS	Centers for Medicare and Medicaid Services
HICN	HIC Number
IHS	Indian Health Service
MACRA	Medicare Access and CHIP Reauthorization Act
MBI	Medicare Beneficiary Identifier
RPMS	Resource and Patient Management System
RRB	Railroad Retirement Board
SSA	Social Security Administration
SSN	Social Security Number

Contact Information

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

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

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov