

**NWX-HQE ADMINISTRATION AND MANAG (US)**

**Moderator: Sharon Folgar**  
**October 23, 2018**  
**9:58 am CT**

Coordinator: Welcome everyone and thank you for standing by. Today's call is being recorded. If you have any objections you may disconnect at this time. All participants will have open and interactive lines for the duration of the call.

Please press Star 6 to mute or unmute your line to avoid background noise when you are not speaking. I would now like to turn the call over to (Terri Schmidt), Director of Division Contract Care, thank you.

Woman: (Unintelligible).

**Welcome, Introduction**

(Terri Schmidt): Good afternoon everyone and welcome to our webinar on the Catastrophic Health Emergency Fund (CHEF) online tool. I do want to remind everyone that it's probably best that you do mute your line until - unless you want to ask a question because the background noise can be very distracting to the other listeners.

As you all know the Catastrophic Health Emergency Fund is a fund that Congress set aside for reimbursement to Purchased/Referred Care (PRC) programs for high-cost catastrophic illnesses and events. I'm going to call it CHEF because that's what it is, Catastrophic Health Emergency Fund, CHEF. If you've ever worked a CHEF case and turned it in you know it can be very time-consuming, Number 1, just to identify the case; Number 2, it's very labor-intensive and very paper intensive, and this was meant to make - to streamline the process and make it a lot less labor-intensive.

Operator I'm going to ask you to mute all the lines and give instructions on how to ask questions.

Coordinator: Okay I'll go ahead and get those lines muted for you, one moment. Okay if you would like to ask a question, please press Star 1 from your phone and record your first and your last name. If you would like to ask a question right now all lines are muted in this call.

(Terri Schmidt): Thank you so much operator. But anyway (Taveah George), the PRC Officer from the Oklahoma City Area - if you're from Oklahoma you know this, they have quarterly sessions where they have meetings for their IHS and tribal PRC programs and they have CHEF working times where they work on CHEF to get cases in and get them reimbursed.

Mr. (Kevin Rogers) who's going to present and who programmed our CHEF online tool met with the Oklahoma City Area PRC staff, the staff were putting together cases to be sent to Headquarters, he stated "Boy this could be and look a lot better." And in conjunction with that, the Oklahoma Area City PRC and Mr. Rogers came to us at headquarters and said, you know, "This is what we're thinking about regarding for CHEF" and in conjunction with that the Director's Workgroup on Improving Purchased/Referred Care made a recommendation to streamline the CHEF process and make it more user friendly.

So we start - they started this about two years ago and it's been a work in progress since that time. Also this program will be mandatory for IHS programs and optional for tribal programs. This has been beta tested with programs that don't use the Resource and Patient Management System

(RPMS), with tribes that don't use the RPMS system. So we want to be sure that we - that the tribal programs that are on the call today understand that.

We'll have the overview and then the demonstration next. So please do - if you have questions we'll take the questions throughout. Just do as the operator stated -- I think it's Star something -- and give your name, your question can be asked and we'll move forward at that time.

I'm now going to turn this over to -- however, before we get started and turn it over we do have two more webinars that we're going to be doing. There'll be one tomorrow from 1:30 pm eastern time to 3:30 pm eastern time and one on November 7 from 1:30 to 3:30 pm. So if you missed or you have someone that has missed you could do attend one of the other trainings you can go online at [ihs.gov](https://www.ihs.gov) to the newsroom under "Dear Tribal Leader Letter" and the attachment is there that has the times and dates of the webinars schedule.

So at this time I'm going to turn it over to (Kevin Rogers) and let him get started, (Kevin)? Think you're on mute (Kevin). Operator could you unmute (Kevin)'s line?

(Kevin Rogers): Oh.

(Terri Schmidt): Okay there you are.

(Kevin Rogers): Sorry, good afternoon everyone. I guess that - there we go. I was just going to say (Sharon) I need to be able to share my screen.

Sharon Folgar: Yes.

(Terri Schmidt): Okay and while you're doing that (Kevin), this is (Terri), I forgot to let everybody know that on the top right-hand of your Adobe Connect it has files there for download, we have the CHEF Online User Manual. We also have the evaluation form for this webinar and the CHEF training save-the-date so you can download the dates for the future webinars. Okay thanks (Kevin).

(Kevin Rogers): Okay. Okay so on your screens I am showing the title page of the CHEF Online Version 1.0 User Guide dated October 23, 2018. Is that what we have on the screens?

(Terri Schmidt): Yes it is.

(Kevin Rogers): Okay good. All righty, my talk is going to follow this user guide pretty much verbatim. I believe it does a pretty good job at documenting all of the key points with regards to I think applications functions and how it goes about doing the job that it does.

### **Table of Contents/Introduction – Page 3 – 8:00 (audio timer)**

And looking at the table of contents here we're going to have a little bit of introduction and briefly go over the website that's hosting this application and how you get logged into it and very quickly go in to the CHEF menu and the options within that.

Right upfront here I stop for a second to point out that we're going to look at actions that a case manager can take and right away we see we have several options that talk about creating and then we have manual submitters only, electronic worksheets. I think it's important to, right up front here before we get into the heart of it...

Woman: Did you get in?

Woman: Yes.

(Kevin Rogers): ...they have an understanding of what those differentiations are. And that goes back to, in (Terri)'s introduction she talked about that we do support RPMS programs as well as non-RPMS programs that may or may not be using electronic sources of the data. But we will also be able to support a program who just wishes for one reason or another to manually enter data into the system and that's why we have a breakdown as to different ways to create and manage your case worksheets.

All righty so we're going to go through creating, we will look at editing and supplementing your requests, uploading supporting documentation as well as the ability to cancel a request if necessary and multiple or at least several different ways to view a request once it's in the system, find out the status of that request, et cetera.

Secondarily there are approver actions which we won't focus on too awful much today. And we have some help tools that we're going to be going into a little bit, so.

Well as (Terri) kind of indicated, the CHEF tool is intended to be a fully-automated paperless process for identifying, documenting, submitting your requests for reimbursement from the CHEF, with the intent that the tool will use current technologies to assist in the streamlining of the workflow and the documentation recorded for your CHEF cases.

### **WebApps Login – Page 5 – 11:36 (audio timer)**

So where's the website? So the online tool is accessed first by logging into what we call the Oklahoma City Area Web Applications Portal. And the

address for that website listed right here at [webapps.oklahoma.ihs.gov](http://webapps.oklahoma.ihs.gov). When you go to that website you will see the log-on screen where it shows three different ways or supporting three different ways to access the system.

So Methods 1 and 2 are intended for federal employees, method 1 being for federal employees that have a functioning (PIV) smart card. You will be able to use your smart cards to go ahead and authenticate yourself and gain access to the application portal.

As a federal employee you're well aware that there are times when one, you either forgot your (PIV) card, don't have it available to you or it stops functioning. In that case log-in Method Number 2, you can still use your username and your password as credentials to access the portal.

Log-in option Number 3, web apps credentials, is intended for other employees. Non-federal employees may log into the portal under that web apps credential section by using a username and a password that will be assigned to them once they request a set of web apps credentials using the link found in that section.

As a user you would come to the website, click on "Request Web Apps Credential" and it will go to a new registration screen. Very common, very typical methodology of gaining access to websites. You fill out the form with the intended information, your email, your first name, your last name. Identify the area the service and your facility, that'll be the beginnings of attaching you to the proper site profile when you go to use the application.

So expectation here would be that most of these would be for tribal users. So your areas are going to be something like Oklahoma Tribe, Phoenix Tribe, Albuquerque Tribe, et cetera. And then you will click on the PRC Toolbox as

the application you're requesting access to. And once this form is submitted the application administrator will activate your account and you'll be notified of your temporary password for gaining access to the system.

So once you have access to the web applications portal and you log in, you will be presented with the web applications menu and the application will be PRC Toolbox. In many cases that will probably be the only application on your menu.

### **PRC Toolbox/CHEF Online Menu – Page 6 – 15:00 (audio timer)**

If you click on the PRC Toolbox option, it will display the Purchased/Referred Care web users' toolbox menu; from there you click on the CHEF Online tab. I do make a note that the menu toolbar is somewhat dynamic based on your user profile so it may or may not be in the same place as displayed in this particular graphic. But it will say, "CHEF Online" and you just need to go ahead and click on that particular tab and you will be presented with the CHEF Online menu.

So the CHEF Online system menu contains three main tabs. We see the Actions, the Reports and the Help tabs and the Actions tab is where it all happens. This is where we'll be spending the majority of the rest of our discussion this afternoon. From this tab that is where you will create new requests, edit or supplement any existing requests, uploading digital copies of the documentation you used to support those requests as well as canceling or viewing requests.

There are - and - actually I think this note about exporting requests to Excel, I believe I took that off and put that under Reports at this point so I'll have to make that correction.

The Reports tab generate various listings designed to assist your daily work. A lot of reports to be developed really as we gain more or gather more data into the system. Right now I don't have a lot of data to get too concrete about what the reports are actually going to be at this point.

The Help tab contains various information, an overview of the application, this user guide that we're looking at right now, a couple of different - actually a couple of different frequently asked questions, one that applies to the application itself; one that was published by the Office of Resource Access and Partnerships (ORAP)/Division of Contract Care (DCC) Office about the general CHEF program itself as well as the ability to send out request for some remote assistance.

### **Action Tab/Case Manager Action/Create New Request – Page 7 – 20:00**

#### **(audio timer)**

So diving right in, CHEF menu, Actions. And as I said earlier case manager actions, kind of where it all happens. And first action under that tab, create a new request. At this point, I will say this probably should say create a new request electronic worksheet. If you're a program that would be using the manual data entry it's actually going to be the next action that's further down in the instruction sheets here.

So this, "Create New Request" here applies to anybody who would be on an RPMS database or possibly a non-RPMS program but you are providing some sort of a data source like a SQL Database or possibly a text file of the data that the application can work with. That's a little bit of the technical side of this and we are going to be having other sessions on the technical requirements with your IT support staff where we'll get into those details.



So just keep in mind that in this case what this section is going to show is how the application functions with an electronic data source like an RPMS database or a SQL Database-type thing.

So the first step in creating a new request is to generate what the application is calling an audit list of potential cases. So in generating your audit list you are going to select a beginning and an ending date of service for the application to go search. It's going to search for purchase orders that have a date of service inclusive of the beginning and ending dates.

And then the obligations, it'll group those purchase orders by patient and then calculate the sum of total obligations for that patient within the date range and evaluate that against the minimum total obligations threshold that you can also select on this screen. And any patient who has total obligations exceeding that minimum total threshold, will be placed on the audit list as a potential case. And the audit list, we'll look at that on the next page, will be displayed in descending order of those total obligations.

So up here under the beginning - or associated with the beginning date of service we have a note that says, "The beginning date will default to September 1 of the previous fiscal year." Ending date defaults to whatever the current date is. But why would the beginning date default to September 1 of the previous fiscal year? There was a reason before that and cases - the potential anyway for cases that cross over a fiscal year period involving an inpatient stay are eligible within the current fiscal year.

I mean you all are the CHEF people, I'm sure you understand this but that was the thinking behind at least defaulting the date to this so that may pick up any of those inpatient stays that cross over the beginning of the fiscal year period.

These dates are, you know, selectable. These are only suggested dates and can actually be set to whatever date, period you want to search for.

Sharon Folgar: Excuse me (Kevin)?

(Kevin Rogers): Yes.

Sharon Folgar: There are some questions in the chat box. Do you want to address those now or later?

(Kevin Rogers): Oh yes sure because I'm up on full screen here and I'm not seeing that chat box so that's a good point. I actually was going to ask you to kind of monitor that.

Sharon Folgar: So the first question is, "When doing a CHEF will we still be required to make copies of all claims, referrals and any other supporting documentation too or is it all automated now?"

(Kevin Rogers): Okay good question. The documentation required for your CHEF - there is no change in the documentation needed or the support of your CHEF case but there is a proviso to that and we're going to see this a little later. I have some documentation as to what documents will be required.

In our introductions, we did talk about streamlining the documentation process where we could and we did try to do that in cases where we knew that there were other sources of certain data and we'll talk about that in future's time. So the question is kind of a yes and no depending upon the type of program you are and the source of your data. But we do have a page coming up speaking directly to that.

Sharon Folgar: Okay and then the next question is, “What if you don’t use purchase orders or RPMS?”

(Kevin Rogers): Okay if you don’t use RPMS I mean we do have these alternate what I call operational modes. If you’re using a third-party (COTS)-type system there may be a way to use the data in those systems. It will take Information Technology (IT) support to identify the data, extract it and put it into a different format but once - which is defined in another document we have which is the technical document defines a specification for data that will be able to be used by the application. What was the other part of that question?

Sharon Folgar: That was it, “What if you don’t use purchase order or RPMS?”

(Kevin Rogers): I think the CHEF procedures document published by ORAP/DCC does state that if you don’t use purchase orders in your worksheet you will identify some obligating - not necessary an obligating document but some way of tracing the obligation or payment, either through a check number, voucher number, et cetera. I do remember that being in the CHEF procedure.

(Terri Schmidt): This is (Terri) and you’re correct. And for those that don’t use purchase orders you can use an electronic remittance form. If you do it electronically or a check number we also need the - so which patient it was for because a lot of our tribes give one check for many purchases for different patients so you need to invoice with that. You’ll have to blackout all that’s not appropriate and you can do that in an electronic advice, a check number -- any of those things will suffice. Thank you (Kevin).

(Kevin Rogers): Okay. (Sharon) was there anymore?

Sharon Folgar: That’s it for now, thank you.

(Kevin Rogers): For now okay.

Sharon Folgar: Yes.

**CHEF Audit List – Page 8 – 30:00 (audio timer)**

(Kevin Rogers): All righty generating our CHEF - that's still on the form? You're going to go ahead and click on the button that says, "Create CHEF Audit" and it will produce a list looking, you know, somewhat like this display. Documents found within the range are, like I said, grouped by patient.

On a live system you will have the actual patient name and chart number listed, the sum of all the obligations for each patient is displayed with the list being presented in descending order by those total obligations. In theory the largest potential financial outcomes are at the top of the list so logic dictates that you work your list from top to bottom.

Woman: I found this on the web so the largest...

(Kevin Rogers): That was interesting, my iPhone was listening to me. So like I said, logic dictates that you would work your list from top to bottom. You would click on an obligation total to create a summary worksheet for the patient in question. So clicking that obligation total will create a CHEF reimbursement summary worksheet.

In some instances once you've been using the system for a while during a particular fiscal year period after selecting the patient from that audit list you may actually get a warning that says, "Hey a case for this patient already exists within this date period." And it just reminds you not to create duplicate requests and it will show you the list of one or more cases that are already on file for that patient.

It does say, “Warning possible duplicates.” You can certainly have more than one case per patient during, you know, during the same fiscal year, different episode of care periods. So this is not a show-stopper it’s just a warning that you already have cases on file and just to make sure that you’re not going to create a case for the same episode of care period. You are allowed to click yes to continue and create an online electronic summary worksheet.

### **Summary Worksheet/Explanation of Boxes – Page 9 – 33:00 (audio timer)**

Now the worksheet form everybody should be familiar with if you’ve done CHEF cases in the past. I have all the boxes labeled, described here. The identification and the demographics of the case automatically filled in based on the dataset being queried. So we have area or facility, patient name, date of birth, sex, tribe all auto-populated.

It does say that Box Number 4, patient name, if the patient had third-party coverage at any time during the episode of care period their name will appear as an active link in which case you will be able to hover over that patient or click on them to display a short description of whatever third-party coverage was found at that time.

The CHEF number is built according to the published CHEF procedures guide. It will be a two-digit fiscal year followed by the area identifier and a three-digit sequential number assigned by area. So 999 initial requests per year, per area. Will be a load.

International Classification of Diseases (ICD) code, Box Number 8, will be a drop-down list of the primary ICD codes found on any paid documents. It will default to an ICD that was used on the most recently paid document by date of service. And the most recent paid document will be flagged with an asterisk in Column 17.

So on this particular display we see that the Rocky Mountain whatever that was, the fourth purchase order on this display is the one that's asterisked. So it's telling us that this ICD code, S12.5008, belonged to that purchase order. But if the necessary ID code from a case management standpoint and it doesn't seem to be available in the drop-down list you may type another code into the text box.

Sharon Folgar: (Kevin) I have another question. You want to address that?

(Kevin Rogers): Okay is it related to this display or it's not...

Sharon Folgar: It's related to the previous page, "Would the CHEF number be automatically assigned?" Number - Block Number 3.

(Kevin Rogers): Yes it is. I'm sorry I guess I didn't actually say that but yes that last segment, the three-digit sequential number will be automatically assigned once the worksheet is saved, so thank you. I didn't actually mention that.

Sharon Folgar: Thank you.

(Kevin Rogers): Okay and then the last, what was it, oh if the ICD code isn't listed from a case management standpoint that you wanted you can type another code into the text box next to it there. And any code entered into the text box will take precedence over anything that was in the drop-down.

The box label, you know, the words ICD code are actually an active link and will display a pop-up -- I'm missing a P there -- will display a pop-up box of all the available ICDs with a short description of the code. So you might have some worksheets that have multiple pages to them and you have, you know,

20 or more paid documents which means you're going to have a lengthy list of potential ICDs to pick from. And clicking on the box label will give you a real quick synopsis of what all those ICDs are, their descriptions so you can begin to choose which ICD code this case is actually going to be submitted under.

So when you click on that label you'll get a display looking something like this. So I don't want to use S12, I want to use S32 or whatever.

Sharon Folgar: Okay there's a question regarding the CHEF codes, number code.

(Kevin Rogers): Okay.

Sharon Folgar: "Is that specific to service unit?"

(Kevin Rogers): To service unit? No CHEF codes are specific to the ICD code that is selected.

Sharon Folgar: Okay.

(Kevin Rogers): And I think that's what I'm displaying right here now on the next page. Box 9, the catastrophic codes meaning a health service has defined the code that best describes the primary diagnosis of the codes. The note at the bottom says, "Catastrophic codes are dynamically selected - are automatically selected based on the currently selected ICD code."

So there is a crosswalk table that the application is using where up to 10,000 ICD codes have been matched with what their catastrophic code is. So you don't actually pick a catastrophic code, you pick an ICD code and then the application will pick the catastrophic code that goes with it.

Now just like in Box 8 though the Box 9 label of catastrophic code is an active link that you can click on to display a pop-up list of those codes with their descriptions which is what we have displayed on the next page. And as you can see most of the catastrophic codes cover a range of ICDs. When you type in your ICD code or select your ICD code this is essentially how it goes and identifies what catastrophic code is going to be linked to it.

Boxes 10 and 11, trauma codes and medical priorities are just drop-down selections of a finite list of what their values can be. Box 12, alternate resources needs to be set to either yes, no or pending as appropriate. You need to make some comments about the alternate resource determination you can enter those comments into the box underneath.

We're kind of limited on characters in that comment box so it is suggested possibly that if you need additional comments about alternate resource determinations, when we get to the section about uploading supporting documents there is a document type label of alternate resources where that additional information can be uploaded. We'll see that coming up.

Well on Box 14, your episode of care period, the date range representing the earliest date of service and the latest date of service found within the parameters of the audit list search. So remember in the beginning we gave a pretty wide range really to almost a fiscal year's worth to search. For this particular patient it determined the episode of care period to be to October 17, to March 3 of 2018.

The standard episode of care period is the second paragraph in our - no it says the earliest date of service found is used to establish a default of 90 days which, you know, by default all documents in the earliest date through that date plus 90 days will be highlighted to constitute the 90-day case. Well in



our example on this screen we noticed that it goes way beyond 90 days. They called it an extended episode of care of 149 days.

Looking at the first line under Box 15, dates of service under Box 16. We noticed that it found an inpatient stay of 59 days. So it calculated the episode of care period at 149 days because of that inpatient stay. It didn't find a lot of purchase orders going out to that period but they're eligible for that period.

And here's where we explain that. So the, the episode of care 90-day period can be extended by the number of inpatient days. I think you probably all know that. Here's where the application is calculating that for you automatically.

Now it does say for complex cases you may want to use a different beginning date to calculate your episode of care period. This particular example is not complex, we only have four purchase orders easily fitting within the episode of care period. In other cases you can have multiple screens' worth of purchase orders.

And what the note is saying is if you want to use the Recalculate button you could tell it to start its episode of care period at some other date and highlight a different group of purchase orders in an attempt to maximize your resulting financial outcome before finalizing and saving your case.

So specifics about the purchase order transaction lines, Box 15 provider does show the symbol 43 after the provider name indicating to you that this is an inpatient delivery order. Date of service under Box 16, for inpatient encounters this will reflect the admission and the discharge dates as well as the number of inpatient days. So that's where it's showing you where it came

up with 59 inpatient days and that's what it used; 90 plus 59 is how it came up with the care period of 149 days.

Purchase delivery order numbers, but as we'd already discussed may also be remittance numbers, check numbers, voucher numbers, just some identifying document number. Potentially this, like I said, ICD codes connected to the remittance or purchase order. But this is also whereas you're working with your worksheet and you need to remove purchase orders because there may be an unrelated service to the case that you're building. Happens all the time.

Obviously many patients have multiple issues going on and they may not all be related to the catastrophic case that you're building and so from a case management standpoint you need to be able to identify which purchase orders belong and don't belong. And by clicking the red X you can remove orders from the summary sheet that do not belong to the case. Now once an order is removed they can't be recreated without going back and rebuilding your audit list.

These purchase order numbers or remittance numbers, whatever, may be active links if it has diagnostic information associated with it in the data source. And if so, like I said, you can either hover over the purchase order number and/or click on it to display the individual diagnostic description associated with that purchase order. It's just a subset of what you already saw by clicking on the ICD code Box 8 label.

And Boxes 18, 19, 20, the financial information related with each individual purchase order transaction, so dollars obligated, dollars paid or dispersed against that order and if it has been paid, the date of that payment.

Signatures, administrative signatures will all be applied electronically as the request is routed through the approval process from one level to another.

Box 32, remarks. At this point in time, the application is filling in a facility-specific request number. An example we give is it's a four-segment number very similar to what we saw going on with Box 3 so the only addition is that Segment Number 3 here is where we use an identifier that tells us specifically what program this is within the area. And this identifier will allow us to develop listings and reports very specific to the program later on. Just another way of identifying the request.

Sharon Folgar: (Kevin)?

(Kevin Rogers): Okay yes.

Sharon Folgar: I need clarification on CHEF number coded - are - CHEF number - is CHEF number coded to specific service units.

(Kevin Rogers): Okay got it coming up here like in - wait it's actually kind of displaying on the screen now which we see both of them - we'll talk about both of them specifically here in one second.

Sharon Folgar: Okay great thanks.

(Kevin Rogers): All righty, so once your summary worksheet has been filled out you can choose to submit your request as these are either a 50% incomplete request or are they 100% complete requests before you save that request. Now in the event the total request for disbursements is equal to or less than zero the software will automatically default to a 50% request and likewise if both the obligations and the disbursements are equal to or less than zero, then the

software will automatically determine that the request is not eligible for reimbursement. Keep in mind we are talking about an initial request at this point.

So we can't quite say here but this is taking into effect the \$25,000 threshold that it discounts or deducts from your total obligations or total disbursements. So in those cases, you know, you can have a worksheet go into a zero or negative balance state. But the software's keeping track of all that and if you have built a case that is eligible for submission, it'll give you the save as options either as 50% or 100% appropriately.

And at this point in time you can go ahead and click on save the request. And it's at that point in time when you click this button save this initial request, is when it will actually go out and assign the request numbers automatically to your request. So in this particular example it assigned in box number 3 an area-wide request number of 18ok171. So in this case the 171st request for Oklahoma area during physical year 2018.

But then it also tells me that this particular request has a facility specific and request number that is the 30th request for Claremore Indian Hospital within the Oklahoma area during fiscal year 2018. So that 011 within Oklahoma is what identifies Claremore Indian Hospital. And likewise every facility within Indian health service has a similar code assigned to them.

Let me stop for a second and ask so what was the specific question about that or did that answer it?

Sharon Folgar: I think that answered it. The CHEF number coded to a specific service unit. I see (Roberta) in typing and that was her question – yes it was answered.

(Kevin Rogers): Okay good.

Sharon Folgar: So the next question (Redding Rancheria) we call our area IHS Office to let them know of a CHEF case and they give us the number. If we wait until entering the case to get the number, how will our area IHS office get the information in the event of this submission?

(Kevin Rogers): Okay that is exactly how it used to be done here in Oklahoma as well. But what will happen – we haven't seen it yet but as we go through the document here the next step now that we've created a request the next step would be to upload the documentation that goes with that request and submit it for approval. So what will happen is when we get to the point of being able to submit that request for approval it is going to automatically notify the appropriate Area Office staff that a request has been submitted and here's the request number. So we'll see that here in a little bit.

Sharon Folgar: Okay.

(Kevin Rogers): Okay so that was the process for any program that is able to provide any electronic data source of their CHEF data. Somebody utilizing an RPMS database or a program using a third-party COTS program via NEXGEN or whatever. But the IT folks have been able to extract data out of that COTS application and put it into a special format in either a database or a text file and the application is using that electronic data source. Either way it doesn't matter, it'll function as what we've just got going over.

But for those programs that aren't able to provide that sort of electronic data source we then get into what we call the manual data entry or manual submission type process. And if your program is one of those, your create options are going to be these two that I'm showing here now. Either creating a 50% request as a manual submitter or creating a 100% request as a manual

submitter. I chose to document the creation of the 100%. They both the work the same way but I chose to put the documentation under the 100% request section.

### **Creating 50%/100% Request – Page 16 – 1:03 (audio timer)**

So my note for creating a 50% request section just says, you know, a full description can be seen in the next section. So we're going to look at create a 100% request as a manual submitter. But for those programs when they click on that option the data entry is a two-part process. The first part is to go ahead and complete a form that identifies the case or what I call the case demographics.

### **Case Demographics Part One - (fields 1 – 10) – Page 17 – 1:04 (audio timer)**

And it's pretty straightforward, fill in the blank form type stuff. Down below here I've identified each of the boxes that need to be filled in starting with fiscal year at the top right here, you know, so you fill in your fiscal year, patient name, date of birth, select the tribe. The tribe is a dropdown box. It's a complete list of tribes pulled right out of an RPMS system actually. You will enter your ICD code. The ICD code will automatically auto populate the catastrophic code much in the same way we talked about during the electronic version – trauma codes, medical priorities, your alternate resources, and your episode of care. Everything that we have looked at on the previous form that was kind of, sort of automatically filled in when you have a data source.

So you eventually get to where you need to fill in line number 1, some IHS cost either in obligation total or disbursement total. And this example it's showing disbursement only but that's because we chose to fill in a 100% request. One-hundred percent requests are based on actual disbursements. So if the user chooses to bill out a 50% incomplete request, it'll be the other way around. It will have an obligation column here but no disbursement column.

I think we described that down here. So yes depending on the type of request 50% only have obligations while 100% requests will only have a disbursement code. So part one you fill in the blank boxes for the case demographics. And clicking the save button once that form is filled out we'll assign a request number to it. And then offer the opportunity to enter individual purchase order lines that go with their request.

So here again we see something very similar to what we saw earlier both in area wide and facility specific request number being assigned to the request. Would you like to enter purchase order lines? Yes/No. If you click no you can come back and do it later as in the edit function. Or you can click yes and go ahead. That way even if you immediately start entering your purchase order lines but you get interrupted, et cetera, you can always come back to it and complete the request later on.

### **Case Demographics Part Two - (fields 1 – 5) – Page 18 – 1:08 (audio timer)**

So part two of this process is adding your purchase order transactions. So we notice that you get, you know, now a very familiar form with most everyone and it shows one open blank purchase order line where we need to fill in the provider, the dates of service, the order number as well as again in this case since it's a 100% request, we have a disbursement column but no obligation's column. And we have prescriptions, providers, and the name of the hospital, physician or group. Type not necessarily something everyone is going to know.

So again these box labels are active labels. So, you know, that column, header or type you could actually click on to get the same description that I'm showing here. The type of service that was purchased either inpatient or outpatient, dates of services, can't quite display the description with the graphic. But you fill in your dates of service. Beginning date will always be automatically copied over to the ending date which does make sense in that if

this was an outpatient service your date of service should all be there, same date.

If you pick type, like, 43 in this case inpatient, it'll actually make sure that you have a different ending date from beginning date to minimum of a, one-day stay anyway as well as other checks to make sure that the ending dates not before the beginning date, etcetera. So the Tool has a fair amount of control going on with regards to filling out the form. Sorry, in this case that the descriptions I can't keep the graphic in the description on the same page under this format.

When you do get a line fill out that says you can click the plus button found over on the right-hand side here to add your line. So click in the plus button, completes the order and will return and allow you to add another purchase order until you have all the purchase orders on the form that you want and need. So line number 1 it shows with the new transaction line we just added. You can also remove that if you entered it in error by clicking the red X next to the delivery order number keeping in mind, like, we said doesn't necessarily have to be a purchase order. And line number 2 is another blank transaction line waiting for you to add another line.

Once all of our transaction lines have been added up on the menu bar you have an option that will say this request for approval. I'll send for approvals actually first. Take a look at supporting documentation needed and it'll actually take you to the upload supporting documentation section which is under Section 1F coming up.

So that's creating a new request either electronically or manually. Like I said if the documentation was showing a 100% manual request a 50% manual request works exactly the same way.



Now we're going to be moving off into the next function editing of a request once you have it in the system. Do you have any more questions?

**Edit Existing Request (Electronic & Manual Worksheet) – Page 19 – 1:14  
(audio timer)**

(Kevin Rogers): Okay. So editing an existing request. Again this is going to be broken into two different modes. The process for editing a request that was created as an electronic worksheet versus editing a request that was created as a manual worksheet. So we will start with the electronic worksheet version. Where editing an existing request will allow the case manager to modify any CHEF request not yet opened for review by the Headquarters PRC certifier.

Now I kind of say that slowly. I want to emphasize that because we're also going to see the same about supplementing existing requests. Will have a slightly different statement. So the software is making a distinction between whether a case can be edited or whether it needs to be supplemented based on its approval status. And it all hinges on whether or not the request has been submitted to Headquarters and whether or not it has been selected for review.

And what this statement is saying here about editing is that any request that hasn't actually been selected – started the review process at the Headquarters level can actually be pulled back and edited. So editing a request is actually a total rebuild of the original summary sheet meaning that when the request is selected for editing, all of the existing purchase order transactions that were on your worksheet are removed. And all existing approvals are removed. And the data source is re-queried for that patient for that episode of care period. And a new working copy of the summary worksheet is built and displayed.

This new copy of the worksheet may contain data that was not available when the original worksheet was created meaning that it can have new purchase orders on it or new payments that were not available when you first created the worksheet. But additional purchase orders that may have been removed from the original worksheet may be included on the worksheet again.

I mean this is that case management issue we were talking about a little earlier. I mean it'll pull in everything that is available within that episode of care period. So you want to pick up new purchase orders that belong to the case. You want to pick up new payments that belong to the case but in doing so it's also going to pick up potentially those purchase orders that didn't belong to the case and those will need to be removed again.

So we have a little warning symbol. It is important to remember to save your edited worksheet as well as upload or re-upload any documentation as needed to support the new case. All of your uploaded documentation remains in place. So unless there is a significant change in the purchase order information in this version of the worksheet, the likelihood of you needing additional documentation should be pretty minimal. So the general steps of editing are to select a request, modify the summary worksheet as needed, save the worksheet and then upload or re-upload any documentation then submit for approval.

So when the existing request option is selected, the CHEF number request selector will be displayed. You find the request that you're wanting to edit and once you select it the process, completing the worksheet and saving it are the same as creating a new request.

But what about editing requests that started out as a manual worksheet. Well manually data entered worksheets may also be selected for editing by the case

manager under the same conditions meaning that the case can be selected provided it has not been opened for review by Headquarters certification. But selecting a manually entered worksheet for editing will actually open the add manual purchase order transaction screen which was part 2 of that create manual worksheet process. So we can refer to that particular subsection under 1C for instructions on completing the worksheet at that point. So manual submitters will then have to add or delete purchase orders as needed and resubmit.

Sharon Folgar: There is one question about who is the actual case manager that signs. Is it the person that prepares the CHEF case or the service unit case manager?

(Kevin Rogers): That is a good question. It'll be whoever actually submits the case for approval. Gosh good question. I guess I believe that whoever was putting the case together was the case manager, but it sounds, like, what you're telling me is that may not necessarily be the case. So I mean I could see somebody putting the case together but not actually submitting it for approval and then a different person would have to get on the system and they could actually pick it up at that point and submit it. So the way the software is currently functioning it'll be whoever the user is that submits the case for approval. Good interesting question.

### **Supplementing requests (1:24 – audio timer)**

Okay this brings us to supplementing requests. Again broken into two different modes – supplementing requests that were initially created as an electronic worksheet submission versus supplementing requests that were initially created as a manual worksheet request.

So starting with our electronic worksheet request versions. So supplementing an existing request allows a case manager to modify any CHEF request after the initial request has been opened for review by the Headquarters PRC

certifier. So do we see the distinction between editing and supplementing. It all links to the Headquarters PRC certifier and whether or not they have picked up the request for review or not.

If the Headquarters PRC certifier has not picked up the request for review, you may edit the request. If they have picked it up for review then you're supplementing a request. The software will keep track of all that. So when you go into the system and you realize that you have a case that you know there were new payments and/or you know there were new purchase orders issued related to that case and you go into the system, if you go into the edit option and that request is not on the list, then you know you can go into the supplement option and that's where you should find it.

So, like I said the software is only presenting to you requests that are eligible based on the status of the request at any point in time. So when a request is selected for supplementing the appropriate source is re-queried again for the patient and the episode of care period and a working copy of a supplemental CHEF summary worksheet is displayed. This copy of the worksheet may contain data that was not available when the original worksheet was created which means it may contain things, like, new purchase orders and/or new payment information. Again, all new data will be highlighted in yellow while previously submitted will be gray.

So if we look at this example, it says it will create a supplemental CHEF worksheet. Well I know that because the proposed CHEF number is going to be an S suffix of some number that has – the actual sequential number has yet to be assigned. But this is telling me that I'm supplementing initial requests 18OK146. And if I was to look at that initial request, it would look pretty much just, like, this. But the only lines on it would be those first six lines that are in gray.

So as the description says everything that we're displaying here in yellow is new information that was not on the previous request. So let's continue down a little bit to where this says the above example actually shows two separate supplemental actions that may be executed. So number 1 the first supplemental action would be an incomplete 50% request for a total of \$12,925 based on five new purchase orders who's total obligation value is \$25,850.

We have those five purchase orders right there. They could be put together as a supplemental request number 1 for it's 50% value of \$12,925. I'm going to have to unfortunately scroll down to description number 2 where it tells me you could then have a second supplemental action based on a complete 100% request for a total of \$174,529 based on the five new payments who's disbursement value was \$185,741 discounted by the \$11,212 that was advanced from the initial request.

So in this example it would be supplemental request number 2. So we have one, two, three, four – four new payments that came in because when we first submitted these were all open documents. The total of those 5 payments as we said the \$185,000 but our initial request at 50% was \$11,212 which is why we would be asking for a supplemental reimbursement of \$174,529.

I actually see this as two separate supplemental actions. I would do one then come right back to the same case and do a second type thing. If I did a second this \$11,212 would actually change...

because I would be adding the \$12,925 but the software will take care of it. So after saving you may upload any necessary supporting documentation as

needed. And we're going to see uploading of your documentation in the next section actually. So supplementing requests from a manual worksheet.

### **Supplementing Existing Request (Manual Worksheet) - 1:34 (audio timer)**

Again you can only select requests under the same conditions depending on the status of the request. But selecting a manually entered worksheet for supplementing opens a new manual summary worksheet form using the case identifier demographics information from the initial request and then automatically displays the ad manual purchase order transaction in which case we can then again refer to that paragraph label as part 2 under adding manual purchase order transactions in Section 1C above.

So the manual process of filling out the form, the same steps from creation to edit to supplementing which will bring us to uploading supporting documentation unless we have any questions.

### **Uploading supporting documentation (Page 21) – 1:36 (audio timer)**

(Kevin Rogers): A concept of editing and supplementing are not necessarily straightforward. Uploading supporting documentation. Once a CHEF request is created either in an initial request or an edited request or a supplemental request any of the required supporting documentation may be electronically uploaded and attached to the request using the actions upload supporting documentation option.

So here we show actions, and upload supporting documentation. Once you create and save a request you may attach supporting documents. Use the dropdown selector to select the case for which you wish to upload documents. The list of case summaries that you can pick from are definitely restricted by program area and status. So you only see on your list of cases what is appropriate for you to see. They belong to your program or if you're an area level person they belong to your area, etcetera.

So you've selected a case to upload some documentation to. So the note on the left-hand side it says some of the required supporting documents may be automatically generated as a result of running the auto listening creating your summary worksheet. And you may click on any of the descriptions to view the document.

So this example is showing that document I.D. number 3 on the CHEF requests summary worksheet. The thing we'd been kind of looking at for going on an hour here now. The data for that worksheet is now saved in our database. You created your worksheet and saved the data. There is no need to upload a copy of that worksheet.

Document summaries. Again if it's in RPMS we'll look at the breakdown as to which documentation is needed for a request based on program profiles, etcetera. So the document summary may or may not be there automatically. You have two different dropdown menus – two different boxes here from the dropdown box you select the type of the document you wish to attach. So you click the dropdown selector to select the type of document you want to upload.

The example is showing document type 5 PRC referrals and call ins. You can click the browse button to select the file to be uploaded. So standard file navigation. You would navigate to wherever you have your file located. Click the upload, the file button and it will now be added to the list of supporting documents already on file.

So supporting documents on file. There's the document we just uploaded. Remember you can click on any of these document descriptions to view the document that was uploaded. So if you click on that you might find, did you

upload the correct document. It's good practice to verify that you actually uploaded the proper document for the case in question. If it happened to be the incorrect document or you find out later on that you needed to add something to the document, there was another page to the document that maybe you didn't scan the first time around. You could come in, use the red X here, remove that document type from the list and re-upload it.

Once all required documentation to support your request has been uploaded the case is considered ready to be submitted to the local administrator for review and approval. So once the last required set of documentation is uploaded the following message is displayed. All required documentation has been attached. Package is ready for submission. You may submit it for approval or continue attaching additional documentation, etcetera.

Click this button to submit the CHEF request to local administrator for review and approval. So if we go back to the previous question of who is considered the case manager at least from a signature standpoint. Well we just went through as far as actually uploading the documentation here one person could be doing that part and once the case gets to this level possibly instead of that person actually hitting this button here at this point in time they just now go onto, you know, either another case or whatever.

And a different person who is I guess functioning as the signatory case manager would now have to come into the system. They would actually go into the upload documentation section, select the case and they would come right back to this screen and this is where they would be the one to, you know, click this button, submit for approval and it would be their name electronically applied to the request as case manager.

Sharon Folgar: (Kevin) there is a question.



(Kevin Rogers): Okay.

Sharon Folgar: How often are the cases reviewed or is it an instant notification to the reviewer?

**CHEF Case Submission Notification - Page 22 – 1:47 (audio timer)**

(Kevin Rogers): Yes that just went onto the next page. It's actually done at the time – after clicking the button to submit the package for approval a message is displayed indicating the requestor has been assigned – well not assigned. I guess that's an inappropriate statement. So indicating the request number that was assigned to the request as well as confirming what approval. So it says CHEF requests such and such has been submitted for local administrator at which time an email notice is sent to all users performing local – in this case the local administrator role for that particular program.

So yes right then and there. The local administrator is going to receive an email saying a new CHEF request has been submitted and is pending, you know, your review. I hope that answered the question.

Now from a case manager's standpoint that actually takes us through the majority of significant actions within the system. We've got a case built. We have the potential to edit it. We have the ability to supplement it if and when we need to. And we've uploaded supporting documentation that goes with our request and we have submitted it for approval. But we have left from a program level case management standpoint is canceling a request. Being an automated system we can sometimes get things created that we didn't mean to create.

So there is the ability to cancel an existing request, as long as – here we are again back to the Headquarters PRC certifier as long as the Headquarters PRC certifier hasn't opened the request for review we can still cancel that request.

So it may have been approved by your local administrator. It may have been approved by area certification and may have been approved by your area PRCO. But if you want to you can still cancel your request.

Sharon Folgar: (Kevin) I have another question.

(Kevin Rogers): Okay.

Sharon Folgar: Will signatures, names, have to be built into the system in order for signature alert to be sent?

(Kevin Rogers): Yes. That is going to be covered in – actually kind of caught in between when I started that statement. I don't know if that's more of a program thing or a technical thing. But the direct answer to that is yes there is an option for managing the users in their role. Case managers though have to be identified specifically but all approvers have to be identified specifically. And there is an administrative function for doing that and managing that. And yes you can have one or more persons performing the same role which is recommended obviously because you need at least one backup for each role in all – pretty standard.

### **Cancelling Request – Page 23 – 1:51 (audio timer)**

Cancelling a request. Automated system. You sometimes get this all in a position where you go, “Oh that - didn't mean to do that.” So we do have a cancel request. Pretty straight forward.

You go and you select a request. As long as it's eligible to be canceled -- like I said -- meaning that it's not something that has gotten this far as being

reviewed by Headquarters. It'll verify, "Are you sure you want to cancel this request?"

You click the, "Yes. Cancel this request.", button. And you just hit confirmation and that request number such and such has been canceled.

### **Reviewing requests (View & List) – Page 23 – 1:53 (audio timer)**

Then we also have reviewing requests. Like I said in the introduction there's several different ways of viewing requests at the moment. They sort of all kind of start looking the same, but you get to them in different ways. This is essentially what happens.

So right now it's broken down into being able to view your own requests. So any time you go into that particular option of View My Requests any of the selections are restricted to request that you created. This - the thought was, "Is you're more familiar with your cases and easier to find?"

And then we break that down into selecting from all of your requests. In which case you get a drop-down selector, which would list all of your requests, you pick one.

After selecting your request reviews you get what I call the request - review request menu bar. This menu bar will contain a tab for every supporting document that has been attached to the request and then every supporting document that needs to be attached to the request will be attached. So you can click on any of the tabs to display the associated document.

Also notice that the request number on the menu bar is an active link. So 18-OK166 is an active link. And clicking on this link will display a pop-up window detailing the request routing and the request history status or statuses.

So what does that look like? We click on that. Request routing at the top. As a request works its way through the system going from different levels starting at 15 and going to 20 or 25 and then 30, 35, et cetera – it shows you the roles that are being performed at those levels. In a live system it'll have the actual person's name or names that perform those roles.

So at any point in time you can come into the system. If you have, you know, everyone eventually has that question of, "Where's my request at?"

This is where you start to find out. You can come into the system, look your request up, find out - I actually just realized that I'm - I clipped a little something off the top of this box where it tells me what the current status of it is. And if - you now know who your request is waiting on. And so who's - what, you know. What approval level and exactly who your request is waiting on.

Request history down in the bottom half of this particular screen shot is a list of actions performed on the request. And they're listed in reverse chronological order. Meaning that the most recent action is always on top.

So going in order -- if we wanted to -- we would read this from the bottom going up and know that it was first saved now in this example, everything happens on the same day within just a few minutes, but it was first saved by the requestor. It would show you who saved it and if there were comments or remarks made during an action we'll see what those were.

So it was first saved by the requestor on 8/22 at 1:37. It was returned, or it was sent up by, it was sent to area certification a little later, the same day, which was in the auto signature process.

But then it was returned to the requestor by Area certification a little bit after that. In remarks in this case the administration remarks, so this is where your comments would go. And we'll see that here briefly when an approver needs to have something clarified or corrected and they return a request they must provide comments.

And the person who is receiving that request back, in this case, it says it was returned to the requestor, so the requestor or the case manager would get an email saying, "Hey this request is being returned to you. Please use the view request options to see comments." And what that is saying is to go right here to this screen to see the remarks that was entered when that action was taken.

And then the view options break down just into other variations of the same thing. And also - we were looking at View All My Requests. Well you could also say, "Just give me a list of my open requests.", which would be cases that haven't made it all the way through the system yet.

Or you can actually list all my requests a little differently than viewing all my requests. It does exactly what this option says. It'll first produce a list of them of which then you can click on that request number and go back to that request routing and request history status. Like I said this is different variations of seeing the same information.

And the last one is View Request Status, which is what we already looked at. But instead of going through the view menu bar we can go select the request and go straight to the summary about routing and history. And -- like I said different ways to see the same thing.

And then we break that down into other requests, which are - it's this - it's the same options we just got done looking at, only the lists that you can select

from are cases that may have been created by somebody else in your program. So you can still see requests that belong to your program, but the list you're selecting from wouldn't be anything that you yourself did not create.

Sharon Folgar: (Kevin), before you move on there is a question about how long does it take for a PRC certifier to open or review a CHEF request?

(Kevin Rogers): So - gosh I think that is going to depend its probably going to differ from area to area I would think. And also going to depend a lot on the personal work habits and requirements of any particular area (PRC) office.

The person is going to be notified within minutes. I mean when using the application, the person is going to notified via email within minutes that there is a case ready for review.

Very hard to say how long or what the timeframe is for getting that review. I did emphasize that, but if we think about what we're doing right here with this particular display I should have made sure that everyone understands that every action that occurs against a request in the software is being date and time stamped and logged as to the date and time the action occurred, what the action was, who the user was that took the action.

And so we will be able to develop reports eventually we will be able to develop reports that can actually answer that question that on average for such and such area, et cetera. It takes X amount of time for requests that were submitted to be reviewed.

So we don't have that answer now. But the data will be collected to look at that kind of thing. I guess just parenthetically I would say, "I hope it doesn't take too long at all."

So actually that brings us to the end of case manager actions. And for this session, approver actions. We would have localized administrator actions, area certifier actions, (PRCO) approvers.

### **Approver Actions – Page 26 – 2:06 (audio timer)**

So first - under approver actions the first thing we have is list pended as an area office user anyway. There is an option called list pended request, which again you always have those questions about via call-ins where such and such request, et cetera.

And I know everybody is tracking their requests now as best they can. Most likely have some sort of an Excel log. And that's exactly what this option does as well. It'll find all requests meeting your selected criteria. Like if you wanted to know everything that's pending Headquarters certification, you've sent some things in and this can produce a list as far as what those requests are and how long they've been pending, et cetera.

So any one of those depending on the request would produce something looking like this graphic here as an Excel spreadsheet in this example I chose, the pending certification list.

### **View Request – Page 26- 2:08 (audio timer)**

Every office and Headquarters staff can view any requests that is appropriate anyway. Every office users can view any request in the area. And Headquarters users can view any request that has been submitted to them by any area.

And their view options are the same as what we just looked at for the individual program user view options. They get the same menu bar for

viewing. They have the same ability to see the routing and the history of the request.

Now the main thing. The main thing that an approver has is the ability to process requests pending their review. So you have a local administrator, and an area certifier, et cetera. They get their notification that a request has been submitted pending their review.

So as case managers you put your case together and you submit it to your local administrator.

They will come into the system and when they get to the case online. When an approver accesses the application they may be notified of request pending their review as indicated by a red alert bar located above the application menu bar. A red alert bar.

You have in this case a pending request. This example says area certification, but it could be local administrator or any other approver level.

So when this occurs clicking on the role will display the select case summary for review drop-down selector or alternate, alternatively the approver may use the menu pass of actions process request pending my review. Either one of those will bring them to this drop-down selector where they choose request to review.

Requests are sorted in a first come, first serve order. And only the first request on the list may be selected ensuring that request were reviewed in the order received.



So looking at the example screen shot given we see the completed list of what's pending the review. There's all three documents. But only case number 169 can be selected at the moment.

Now in this case they go numerically. But in actuality this list is sorted by date and time of when it was submitted.

So we could actually have, like case number 169 could have been built and submitted first before 175. Or other way around. Case number 175 could have been built and submitted prior to case number 169. In which case 175 would actually be on the top of the list

In any event a case is selected. The review menu bar looks pretty familiar. We've already seen this as view in our View Request options. In this case I call it a review menu bar.

Functions exactly the same. An approver would click on any one of these options to view the documents that are attached. They could click on the Request Number to see the routing and history if they wanted to of which we see another example of what that means.

But the difference being that the bottom of their screen they actually have a "Yes. Approve this request" or, "No. Return the request." This determined everything in the request is complete and accurate. The review approver can electronically approve it by clicking the, "Yes. Approve" button.

And if they do so they receive a message that, "Oh, yes. This has been submitted.", and moves onto the next level for approval. Our example is actually area certifications. So in this case it moves onto Area (PRC) approval.

As we have discussed earlier any persons performing the role will -- in this case, Area Purchased/Referred Care Officer (PRCO) will receive an email letting them know that something has been submitted and is ready for their approval.

Alternatively, an approver may return a request. And in doing so they are returning it to the previous role in the approval sequence.

So if they do so when they click this, "No. Return this request" button before the request can be returned a reason must be returned. This is the comments I was talking comments or remarks I was talking about earlier.

So it opens up this text box for their comments. They complete their comments, click on the Return button. They need to verify that okay, here's the message you're going to send, are you sure they clicked the send, "Yes, Send" it button. And so get a verification message that this request has been returned to number in this case said on the request was pending the Area (PRCO). So it went back to the area certifier.

And like all other actions anybody performing area certification gets a message saying sent request, such and such has been returned by area approval. Remarks may be seen when using the Actions View Request Status, which I had already mentioned that sometime earlier as well.

So that was kind of a quick review of approver actions. But that same process carries forward throughout the entire approver process. So the local administrator, the area certifier, area approver, Headquarters certifier, Headquarters approver, they all see the exact same screen and the process

functions exactly the same way for every one of those approvers. Kind of a you've seen it once, you've seen all process there with that one.

Okay. And actually that takes us out of the actions tab. And what we have left are reports and help.

Sharon Folgar: I hear background noise. Please mute your phone if you're not speaking.  
Thank you.

Do you hear background noise or just my phone?

(Kevin Rogers): Yes. I was going to say I'm not hearing it myself, so...

Sharon Folgar: Oh. So maybe it is just my phone.

Coordinator: The operator, I don't hear a background noise.

(Kevin Rogers): Okay. I guess it's just you, Sharon.

### **Reports and Help – Page 31 - 2:20 (audio timer)**

(Kevin Rogers): All right. Under the reports that- as I've mentioned earlier the reports section is actually kind of in a skeletal phase at this point I would say. Only because, like, because we don't have significant data to get real concrete with reports that can be developed. So not a whole lot to display in that area at the moment.

CHEF log - this CHEF log is actually - I will go ahead and show that, because I think this is going to be a popular report quite honestly. Create CHEF log

option can be used to create the Excel formatted list a request as appropriate. This is a complete log of everything in the system appropriate to the user.

So if you're a program person it'll be a complete log of every request that belongs to your program or your service unit, et cetera. If you're an area person it'll be a list of everything belonging to the area, et cetera. It does put it into Excel format, so that it can be further manipulated and evaluated as necessary.

So that's what I was saying about I actually moved it out of actions and into reports earlier. And this one, I didn't have an example of that, so I will go ahead and try to do this live online for you.

Of course the second I want to do that - of course. Wouldn't be a good administration at all if something didn't quite act the way it's supposed to, right?

Okay. So online reports in this case is CHEF log. So CHEF everybody sees the Excel spreadsheet? Right?

I'm guessing that a lot of people either at the program level or definitely the area level I think keep some sort of list of what their CHEF requests are. Right now today if I tried to come up with something that I thought was pretty similar and generic, this is just another way of tracking your request.

Like I said once you have it into this format you're free to analyze it any way you want to. You could filter this or you could do the status code once you understand what the codes mean or by the actual status description if you wanted to. Like, if I wanted to know everything I keep using say- Headquarters certification. We talked about that earlier as being something

that was available as a point and click type report as well. But I could also do it out of this general CHEF's log. Or do I have anything pending certification at the moment? Etcetera.

So but that type of thing kind of, I think that's more useful to go ahead and provide it in that type of a format rather than trying to think up change reports that everyone might find useful. In this case we give you the data and you can use the data in that spreadsheet form in whatever way meets your needs. But like I said there will be a lot more coming in the reports section eventually.

Well and the last thing we have in under the help tab where we have a slideshow, which I mean I think a lot of these help, I mean I have them in the document.

The beginning ones I think were easier to show on the system itself and so well the slideshow really is kind of just kind of a condensed version of this user manual. The user manual is actually much more detailed now at this point. So, you know, the option be your user guide. This menu we've been looking at for an hour and a half.

Frequently asked questions - at this level under the CHEF online tool. And I can go back to the application for that.

Then we have help. And notice help is broken down into help about the online tool itself versus general help, information provided by the ORAP/DCC Office themselves.

So under the online tool itself we do have a set of a frequently asked questions where when you go in there I've started a list of just things I've thought of as

my own users here in Oklahoma have asked me a few things. So it's like when a CHEF request eligible would be supplemented?

The way this option works is when you click on it it'll open up the response to that question. And as I've talked about earlier it's well in this case it says, "(Unintelligible) been approved area by PRCO." I do need to update this as I look at it now. Because we're actually, like, we're looking at whether or not the Headquarters PRC certifier has reviewed the request or not. And then close the question by clicking back on it.

This will be a list of questions and responses specifically about the functioning of the online tool itself. And I point that out, because that'll be different than the frequently asked questions under the ORAP/DCC section, which we'll look at in a few seconds.

### **Flow Chart – Page 32 – 2:30 (audio timer)**

We have a general request flow chart. Again, this is about the online application itself, so it gives you just that. A general feel for how a request makes its way through the application. This is actually documented in the user manual.

Let me refresh this window and so you get a chance to see what that does. It just cleaned up that frequently asked question part.

### **Supporting Documentations – Page 42 – 2:31 (audio timer)**

Okay. Supporting documents required. I did say we would talk about that.

So early on, we had the question about what documents are required as far as the application is current concerned, et cetera. So we have this particular table trying to break it down and let you know exactly which document types are going to be required depending upon your particular sight profile.

So when your programs come online there will be an administrative action taken to update a table with the characteristics of your program. Meaning looking at this table for any particular program we're going to identify do you use (RPMS) or do you or not use (RPMS)? Or are you going to submit your request manually? Do you use the Fiscal Intermediary (FI) or not? And something that like I said is it I implied that if you're not a manual program then that means you're telling me you're an automated program. And if you're automated are you using (RPMS) or not using (RPMS)?

Once we have all that information we can look at this chart and say, "Here's the documents you're going to have to resubmit for your cases."

Less documentation required for 50% cases, which I think you're all should all be aware of anyway. If your 100% cases require much more documentation, but sight profiles will determine exactly which documents are required.

The example we have used in other discussions all along have been let's look at document number one, the proof of (PRC) eligibility, proof of Indian descent, the so-called the CDBI card.

Well if we look at this list and look under the automated (RPMS) columns, you don't see any document number one listed anywhere. And the reasoning behind that stems from a determination that on an (RPMS) system patients are registered and they are also embedded or whatever you want to call it. I'm not coming up with the right term at the moment.

But their determination of eligibility is made during registration time, documented in the registration system, their (CHS) eligibility is determined and documented in the CHSMIS system. So it was determined that from any

point in time if there was a need to go back and pull the information to document that it could be pulled from the (RPMS) system and didn't necessarily have to be in the CHEF package itself. That type of thing.

So every one of these documents was looked at from that standpoint and said, "What's the source of the data? And if it's something we can go back to if necessary then maybe we don't need to put it in the CHEF package itself." That is where we did our best to streamline that part of the process.

What else do we have under help? Supporting docs file-naming. Well you regardless you still have a lot of documents that need to be produced, uploaded, attached to your request. And keeping track of those, everybody is free to determine whatever process works best for them. I came up with this suggested file-naming process and it is exactly that. Just a suggestion. As I'm working putting, you know, the system together I looked at - okay, my request is going to be called this if we just look at the first case say under federal program initial requests, example request, I have a request number. In this case (18OK023).

And if I go back to my previous table it tells me, "Oh, I'm going to need these three documents." I'm going to need referrals, call-ins. I'm going to need medical summary information. And I might need alternate resource determination information.

So in the system those are documents type five, six and seven. So if we look at this document here you see where I just suggest, "Oh, why don't we - when you scan that document how about you name it by the request number, dash, document type, possibly five, six, seven? Because then when you're in the system and it says - and you're in the upload document section and you drop that list down of documentation that you are required to upload it'll say, "You



need document type five.” So wherever you saved your file you could very easily go to that source, find it by your request number and document type. Just a suggestion. Whatever works for you in keeping your documents straight.

I just know that there are a lot of documents, a lot of files to be created and you will come up with your own organization on how you keep track of all that.

### **Glossary – Page 35 - 2:40 (audio timer)**

Oh a glossary and implementation. I’m actually going to go back to the user guide for this glossary information. That flow chart was documented in the user guides here. The supporting documents are also documented there as well as the file-naming glossary. It’s like any other glossary. I broke it into a few sections in general terms, which we don’t have a whole lot at the moment.

Second section a description of the worksheet forms elements. And user rules so far.

We kind of talked a lot about these anyway during approval process.

This kind of gives you an idea of the intent behind what each of those roles were.

### **Technical Implementation – Page 37 – 2:41 (audio timer)**

And technical implementation guide. We’re not going to go over that today. We do have other sessions planned with area IT support phase. So well that’s where we will be when going over the technical implementation guide.

But just know that there is some work to be done as far as- like I said - getting sight profiles put together. If you’re an (RPMS) program there’s a little bit of install to be done. If you’re not an (RPMS) program we’ve got to talk about

the alternatives of getting a data source set up, et cetera. But like I said we'll be discussing that with all of your IT staffs.

### **ORAP/DCC- Page 37 – 2:43 (audio timer)**

Getting very close to the end. Under that help tab we have a couple of things related to information that have come out from Headquarters ORAP/DCC in years past. And this annual CHEF procedures will maintain a copy of the most recent annual CHEF procedures online in the system here that you can refer to anytime you want to.

You should know that I did use the guidelines in that document to direct a large part of what the application is doing. So if you want to know some of the where's and when's and why's, is it doing what it does that's where it comes from.

And at one point in time there was a CHEF FAQ document put out. So if you recognize these questions, you know, that it came from that document. Works exactly the same way. Click on one of the questions to see the response.

But each of these FAQ sections I mean there is a maintenance option, an administrator maintenance option to it, so we can add and delete and what not. We can keep these lists as frequent as, you know, we need to or as up-to-date as we need to.

### **Request Remote Assistance – Page 37 – 2:45 (audio timer)**

And lastly, you're using the application and you're reading the user manual and your just not really sure and you need some help to figure something out. Or maybe we haven't actually got it working quite the way it needs to work yet. Whatever. You can always come to help, request remote assistance. Click on the - click on that option and it says, "Your request for assistance has been sent to the support team. Next available member will contact you as soon as possible.

So at that point in time they sent out an email message, something similar to this and will follow up. And if we need to like I said we can do an Adobe Connect session, see what's going on or talk it over on the phone, whatever. But one click away from asking for some help.

And with that, Sharon, I have gone through everything that I know I have to go through at the moment. And I guess we're ready to kind of open it up to general discussion.

Sharon Folgar: Yes. I don't have any questions in the chat box.

(Kevin Rogers): We answered everybody's questions?

Sharon Folgar: Yes.

Coordinator: No questions over the phone as well.

(Terri Schmidt): Good job, (Kevin).

(Kevin Rogers): It always comes down to hopefully it works when you go to use it.

(Terri Schmidt): Okay. Well we want to thank you and we want to thank everyone. And we'll have another session tomorrow.

Sharon Folgar: And, everyone, please don't forget to fill out your evaluation. We appreciate the feedback. Thank you.

(Kevin Rogers): Yes. Definitely. Feedback please.

(Terri Schmidt): Okay. I think, operator, could we go to post?

Coordinator: Absolutely. At this time all participants may disconnect at this time. Leaders please stand by.

END