RESOURCE AND PATIENT MANAGEMENT SYSTEM

# Contract Health Services / Management Information System

# (ACHS)

## Patch Addendum to User Manual

Version 3.1 Patch 15
May 2009

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

# Table of Contents

# 1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for ACHS 3.1. 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.

This user manual addendum is cumulative as are patch files and contains all previous patch addendums for ease of use. This addendum specifically addresses changes made by patches that change the way a user interacts with CHS. If a particular patch did not make any significant user changes, it will not be referred to in this manual.

## 1.1 Summary of Changes

### 1.1.1 Patch 15

- Enhancements to the **CHEF Reimbursement** form including

  - New calculations of funds **Obligated** and **Paid**, sub totals are added to these two fields.
  - An open text has been added in the REMARKS field to enter, edit, and delete messages up to 61 characters (including spaces); this field will print on the form.
  - Form fields have been moved and three fields have been removed.

- CHSMIS restricts the user from entering any Service Class Code (SCC) that is not included in the authorized table of Service Class Codes for Federal site only.

- CHS/MIS will generate a DCIS Extract Error Report, if an error is found in the required DCIS extract information. This report provides the opportunity to correct the data at the local/site level instead of at the DCIS level.

### 1.1.2 Patch 13

- Addition of DUNS Number to Vendor file

- Interface RCIS referral with Denial and Appeal options

- Duplicate document error option added to CHS Programmer Utilities to remove documents causing this error

- UFMS export option now combined with the CDPE CHS data - prepare for export option

> **Note:** For a detailed list of changes for patch 13, see the Notes file, ACHS0310.13n.

### 1.1.3    Patch 12

Adjustments made to need the OBM mandate that all Federal agencies establish Unique Identifiers for procurement instruments:

- New prompt added that asks for the procurement instrument type

- HHS number prints on Purchase Orders.

> **Note:**  For a full list of changes in patch 12, see the patch 12 notes file.

### 1.1.4    Patch 11

In response to Section 506 of the Medicare Modernization Act (MMA), which allows IHS and the Urban and Tribal programs to pay Medicare participating hospitals at rates based on Medicare-Like Rates, the following adjustments have been made:

- New field for Medicare Provider added to the Provider Vendor update screen.

- New information and data entry fields for Medicare Provider information when initiating purchase orders on type of document (43 Hospital Service)

- New field and requirements added to Area CHS Consolidate Data From Facilities process

- Record Type 7 layouts modified with new items

> **Note:**  For a complete list of changes in patch 11, please refer to the patch 11 notes file.

### 1.1.5    Patch 7

- New option for applying electronic signatures to a Contract Health Purchase Order

- New option for viewing Purchase Orders with electronic signatures, as well as pending electronic signature, by the Ordering Official

### 1.1.6    Patch 6

- Option to add/edit the Appeal status of patient appease for payment reconsideration by IHS.

> **Note**:  For a complete list of changes in Patch 6, see the Patch 6 notes file.

## 1.1.7    Patch 5

- New 278 menu with a new X12 Transaction 278 Processing option

> **Note:** Patch 5 also contains a number of non-HIPAA related fixes and modifications. For a complete list of changes, see the Patch 5 notes file.

# 2.0     Patch 15 Changes

## 2.1     CHEF Reimbursement Form Enhancements

### 2.1.1     Change to Field #7

Field #7 now displays the Tribe Code instead of Tribe Name, due to space constrictions on the form.

### 2.1.2     Change to Field #11 Medical Priority

Field #11 is now Form Field #12 and displays the entry of the first purchase order entered and does not repeat.

### 2.1.3     New Calculations in Fields #19-25

Field #**19 Sub-Total** is the Obligation Amount column. This amount is the total amount obligated for the purchase orders shown on the form. The Sub-Total for the Paid Amount column is the total amount paid for the purchase orders.

Field **#20 Total IHS Costs** displays the amount paid, or amount obligated if the document has not been paid.

Field **# 21 Less Threshold** displays a minus amount of threshold in Paid column.

Field **# 22 Net Eligible From Fund** is calculated, using the new Total IHS Cost calculation minus the Threshold Amount (25,000), showing the amount eligible for CHEF funding.

Fields **#23, 24 Less Advances to Date** displays the amount advance from the paid amount.

Field **#25 Total Requested Field Amount** subtracts the advanced amount from the net eligible, to calculate the Total Requested Amount.

| 13. PROVIDER | 14. DOS | 15. P.O. # | 16. OBL | 17. PAID | 18. DATE PD |
|---|---|---|---|---|---|
| *UNIVERSITY PHYSI | Dec 03, 2007 | 8-N15-00507 | 00.00 | 8.34 | Feb 05, 2008 |
| *UNIVERSITY MEDIC | Dec 14, 2007 | 8-N15-00858 | 8,500.00 | 34,071.82 | Jan 15, 2008 |
| *UNIVERSITY PHYSI | | 8-N15-00859 | 3,500.00 | | |
| 19. SUB-TOTALS | | | 12,200.00 | 34,080.16 | |
| 20. TOTAL IHS COSTS | | | | 37,580.16 | |
| 21. LESS THRESHOLD | | | | -25,000.00 | |
| 22. NET ELIGIBLE FROM FUND | | | | 12,580.16 | |
| 24./23. LESS ADVANCES TO DATE | | | | -5,000.00 | |
| **25. TOTAL REQUESTED AMOUNT** | | | | **7,580.16** | |

Figure 2-1: Changes to fields 13 to 25 example

## 2.1.4    REMARKS Field #30

**42.CFR SEC.136 MET** has been removed because this will always be "Yes," and has been added to the Certification text box.

New **Remarks** field #32 has been changed to field #30. This field is an open text field, with a 61-character maximum. You may edit and delete the text in this field, as shown in Figure 2-2.

```
                CONTRACT HEALTH MGMT SYSTEM, 3.1
                         DEMO HOSPITAL
                        CHEF Management


   AED     Add / Edit / Delete CHEF Cases
   PARA    Enter/Edit CHEF Parameters
   REQ     Print a CHEF Request
   SRCH    Search for CHEF Cases
   VP      View Document Summaries for a Specific Patient


Select C H E F Management Option: AED <Enter>  Add / Edit / Delete
CHEF Cases


Add / Edit / Delete CHEF Cases
Select CHEF NUMBER: 7-9727 <Enter>
CHEF NUMBER: 7-9727// <Enter>
PATIENT: DOVEL,JULIUS// <Enter>
TOTAL FUNDS RECEIVED:
Select PURCHASE ORDERS: 7-U03-00961// <Enter>
REMARKS:
  1>REOPEN CASE SECOND ADMITT
EDIT Option: 1 <Enter>
  1>REOPEN CASE SECOND ADMITT <Enter>
  Replace ... With FINAL PLEASE CLOSE <Enter>  Replace
   FINAL PLEASE CLOSE
```

Figure 2-2: Example of using CHEF Management to change field 30. REMARKS

Figure 2-3 displays an example of the updated text for 30. REMARKS, as it appears on the printed form.

```
I hereby certify that the information and costs listed are associated with
this catastrophic illness/incident, and that case management has been
Performed. 42.CFR SEC 36 HAS BEEN MET.
26. SRVC UNIT DIRECTOR/ Date   | 27. CASE MANAGER / Date      | 28. AREA CERT / Date

29. AREA CHSO APPROVAL / Date  | 30. REMARKS  FINAL PLEASE CLOSE

TRAUMA CAUSE CODE:  MV=MOTOR VEHICLE, F=FALL, S=SUICIDE
A=ASSULT, B=BURN, D=DROWNING, O=OTHER, U=UNKNOWN
* indicates provider is a contract source
```

Figure 2-3: Example of form field #30. REMARKS, with updated text.

## 2.2     Service Class Codes (SCC)

CHSMIS restricts Federal sites from entering any Service Class Code (SCC) that is not included in the authorized table of Service Class Codes (see Table 2-1).

If an invalid SCC is used while generating a purchase order, the following message is displayed:

```
This is an invalid Service class code - NO EQUIVALENT OBJECT CLASS
CODE.
```

The user is not allowed to continue issuing the purchase order for the federal site.

**Table 2-1: Service Class Code to Object Class Code Crosswalk Table**
**- Effective October 1, 1997**

| SCC Code | Service Class Code Narrative | OCC Code | Object Class Code Narrative |
|----------|------------------------------|----------|------------------------------|
| 2185 | Patient and Escort Travel | 2185 | Ancillary |
| 4319 | Interest | 4319 | Interest |
| 252A | Medical Lab Services: Outpatient, Non-IHS Facility | 256Q | Lab and Test Services |
| 252B | Medical Lab Services: Inpatient/Outpatient, IHS Facility | 256Q | Lab and Test Services |
| 252D | Dental Lab | 256R | Medical Health Services |
| 252G | Non-Federal Hospitalization | 256R | Medical Health Services |
| 252H | X-Ray Services: Outpatient, Non-IHS Facility | 256Q | Lab and Test Services |
| 252J | X-Ray Services: Inpatient/Outpatient, IHS Facility | 256Q | Lab and Test Services |
| 252L | Hospital Outpatient Visits | 256R | Medical Health Services |
| 252M | Extended Care and Rehabilitation Facilities | 256R | Medical Health Services |
| 252Q | Emergency Room | 256R | Medical Health Services |

| SCC Code | Service Class Code Narrative | OCC Code | Object Class Code Narrative |
|---|---|---|---|
| 252S | Physical Therapy Services | 256R | Medical Health Services |
| 254A | Physician, Inpatient: IHS Facility | 256T | Physician Visit/Services IHS |
| 254B | Physician Inpatient: Non-IHS Facility | 256R | Medical Health Services |
| 254C | Physician, Outpatient: IHS Facility | 256T | Physician Visit/Services IHS |
| 254D | Physician Outpatient: Non-IHS Facility | 256R | Medical Health Services |
| 254E | Dentists and Dental Hygienists | 256R | Medical Health Services |
| 254G | Fee Basis Specialist: IHS Facility | 256R | Medical Health Services |
| 254J | Fee Basis Specialist: Non-IHS Facility | 256R | Medical Health Services |
| 254L | Refractions: Non-IHS Facility | 256R | Medical Health Services |
| 263A | Consumable Medical/Surgical Supplies | 263A | Ancillary |
| 263G | Nonconsumable Medical/Surgical Supplies | 263G | Ancillary |
| 263K | Eyeglasses | 263K | Ancillary |
| 263L | Hearing Aids | 263A | Ancillary |

## 2.3    DCIS Extract Error Report

CHS/MIS Main Menu > MGT > PR > DCIS

If an error is found in the DCIS extract for required information, the system generates the **DCIS Extract Error Report**. The error report provides the user the opportunity to correct the data at the local/site level, instead of at the DCIS level. The report includes the Unique Identifier for the record, the error, the name of the field in error, and a description of the error to allow the user to identify the problem and correct it.

Lists of required entries to prevent errors from generating are

- Date Signed
- Effective Date
- Current Completion Date
- Ultimate Completion Date
- DUNS Number
- City-St Location
- ZIP +4
- Business Size
- Contract Information

The DCIS Extract Error Report is located under the Reports Menu option of the CHS Facility Management menu.

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                            DEMO HOSPITAL
                              Reports

    DSR     Document Status Report
    CER     Expenditure Report
    PSR     Document Summary Report
    DCIS    DCIS Error Report
    DSRF    Document Status Report By Fiscal Year
    ERPT    Electronic Signature Reports ...
    HOSP    Hospital Log
    MEDI    Medical Data Reports ...
    OPTC    Optional Comments Report
    SCCR    Service Class Reports ...
    THRD    CHS 3RD Party Payment
    VRPT    Vendor Reports ...

Select Reports Option: DCIS <Enter>


DCIS ERROR REPORT


NOTE: Documents will not be sent to DCIS until errors are fixed


DEVICE: HOME// <Enter>  VT    Right Margin: 80// <Enter>
```

Figure 2-4: Facility Management Reports options, selecting the DCIS Error Report (DCIS)

The CHS DCIS Error Report (Figure 2-5) allows you to update and/or change data in the Vendor file, if errors are found.

```
                          CHS DCIS ERROR REPORT
                              DEMO HOSPITAL
                          Feb 20, 2009@17:40:09

DOCUMENT     DATE     EFFECTIVE   CURRENT     ULTIMATE    DUNS     CITY-ST       ZIP     BUSINESS
             SIGNED     DATE      COMPLETION  COMPLETION  NUMBER   LOCATION       +4      SIZE
                                    DATE        DATE
-------------------------------------------------------------------------------------------------
09U0300001                                                ERR                           ERR     ERR
09U0300002   ERR       ERR                                ERR                           ERR     ERR
09U0300008   ERR       ERR                                ERR                           ERR     ERR
09U0300009   ERR       ERR                                ERR                           ERR     ERR

TOTAL RECORDS IN ERROR =4
```

Figure 2-5: Example of the CHS DCIS Error Report (DCIS)

# 3.0    Patch 13 Changes

## 3.1    Adding the DUNS Number to Vendor File

The U.S. Government requires their supplies and contractors to have a D-U-N-S Number. DUNN & BRADSTREET (D&B). You can get a DUNS number at: http://www.dnb.com.

The D-U-N-S Number is a 9-digit identification number, which associates you to a specific business, its location, and quality information. It is the world's leading source of insight. This information is the foundation of our worldwide solutions, which customers rely on to make critical business decisions.

A new prompt has been added to the vendor option, the DUNS number will now display on the vendor screen.

### 3.1.1    Adding the DUNS Number

The following example shows where to enter the DUNS Number in the individual vendor's file. Note that **bold** text indicates user input at menu option 11: DUNS.

```
                        CONTRACT HEALTH MGMT SYSTEM
                            ABC HEALTH CENTER
                          PROVIDER/VENDOR UPDATE
***************************************************************************
 1) RADIOLOGY ASSOCIATES OF NM                2) EIN No: 1860514100-A1
 3) Status: ACTIVE                            4) Contracts: NONE ACTIVE
 5) UPIN:                                     6) Rate Quotation: NONE ACTIVE
 7) Type of Business:                         8) Agreement: NONE ACTIVE
 9) Medicare Provider: Y                     10) BPA: NONE
11) DUNS:

**** MAILING/BILLING ADDRESS ****        **** PROVIDER LOCATION ADDRESS ****
12) Street: 4411 The 25 Way, STE 201     13) Street: 4411 The 25 Way
     City: ALBUQUERQUE                            City: Albuquerque
    State: NEW MEXICO                            State: NEW MEXICO
  Zip Code: 87109    PHONE:                   Zip Code: 87109
      Attn:
14) Vendor Type: X-RAY                       15) Fed/Non-Fed
16) Specialty:                               17) Geographic Loc:
  Last Payment Date:                         Current FYTD Paid:
***************************************************************************
```

Figure 3-1: Example of entering DUNS number in the Vendor file

The VEN Provider/Vendor Data option enables you to enter the DUNS Number for the specified vendor. The following example shows how to enter a new DUNS number or edit a DUNS number.

```
Want to Edit? NO// YES <Enter>
Change Which Item:  (1-17): 11 <Enter>
DUNN AND BRADSTREET NUMBER: 000000001 <Enter>
DUNS CCR VERIFIED: NO// <Enter>
```

Figure 3-2: Sample of response when editing a DUNS number

> **Note:**   the response to the DUNS CCR VERIFIED prompt should be NO (the default), unless the DUNS number was downloaded from a file.

## 3.1.2    Displaying the DUNS Number in the Vendor File

Entering the DUNS Number for item **11) DUNS**, displays the DUNS number on the vendor screen; for example,

```
                        CONTRACT HEALTH MGMT SYSTEM
                            ABC HEALTH CENTER
                          PROVIDER/VENDOR UPDATE

****************************************************************************
 1) RADIOLOGY ASSOCIATES OF NM              2) EIN No: 1860514100-A1
 3) Status: ACTIVE                          4) Contracts: NONE ACTIVE
 5) UPIN:                                    6) Rate Quotation: NONE ACTIVE
 7) Type of Business:                        8) Agreement: NONE ACTIVE
 9) Medicare Provider: Y                    10) BPA: NONE
11) DUNS: 000000001

**** MAILING/BILLING ADDRESS ****        **** PROVIDER LOCATION ADDRESS ****
12) Street: 4411 The 25 Way, STE 201      13) Street: 4411 The 25 Way,
      City: ALBUQUERQUE                         City: Albuquerque
     State: NEW MEXICO                         State: NEW MEXICO
  Zip Code: 87109    PHONE:                  Zip Code: 87109
       Attn:
14) Vendor Type: X-RAY                     15) Fed/Non-Fed:
16) Specialty:                             17) Geographic Loc:
  Last Payment Date:                       Current FYTD Paid
****************************************************************************
```

Figure 3-3: Example display of a DUNS number in a vendor file

By entering after the DUNS number at the prompt, you may enter or edit your DUNS number as you choose.

## 3.2      Interface RCIS Referral with Denial and Appeal Options

A referral can be selected when adding a denial or appeal. Information is passed from the referral to the denial, and from the denial and appeal to the referral.

If the CHS link is on in the referral package, two parameters control the update process of the referral:

- CHS Denial will close outpatient referrals

- Update Referral status on Appeal reversal

If those parameters are set to YES, status is transferred to referral, which will Close, *Pend*, or Approve the referral. If only the link is turned on, the other pertinent information regarding the denial and/or appeal passes to the referral.

### 3.2.1     Add a Denial and Appeal to Referral

If the link is on for the RCIS referral package, you can enter denial information, and attach the denial and appeal information to the referral. This allows the referral to retain related information.

When adding a denial, the following fields will default in the Denial from the referral:

- Date of Service
- Vendor
- Type of Service
- Estimated charges
- Medical priority
- ICD9
- CPT

Examples of denial and appeal, and display of referral information are shown in the following screenshot.

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                          ABC HEALTH CENTER
                          Enter New Denial

Is the patient REGISTERED IN THIS COMPUTER? YES// YES <Enter>

Select RCIS REFERRAL by Patient or by Referral Date or #: 073-DWHC-2  5-29-2007
<Enter>    1135100600033 BROWN,GARY                    CHEROKEE NATION OF
OKLAHOMA                                05/29/07 A - 1          XRAY

DEFERRED SERVICES TYPE: NOT A DEFERRED SERVICE//
DATE OF MEDICAL SERVICE: MAY 29,2007//   (MAY 29, 2007)
DATE REQUEST RECEIVED: JUL 13,2007//
SEND LETTER TO PATIENT?: YES//
PRIMARY PROVIDER (ON-FILE): HAYWOOD REGIONAL MED CTR.
EST. CHARGE (PRIM. PROV.):
ACTUAL CHARGES (PRIM. PROV.):
Are there any other providers (vendors)?? NO//
Select PROVIDER ACCOUNT NUMBER:
TYPE OF SERVICE: OUTPATIENT//
Enter Denial Reason: Care Not Within Medical Priority
PRIMARY DENIAL REASON COMMENT:
  1>
Enter Other Denial Reason:
MEDICAL PRIORITY CATEGORY: I EMERGENT/ACUTELY URGENT CARE
Select DIAGNOSIS (ICD9):
Select PROCEDURE (CPT):
Select OTHER RESOURCES:
Select OTHER IHS RESOURCES:
Enter Document Control Information Now? NO//
CHS OFFICE COMMENTS:

                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                          ABC HEALTH CENTER
                          Appeal Status Edit

Enter the DENIAL NUMBER or PATIENT:   073-DWHC-2 <Enter>  ISS: 05/29/2007   SRV:
05/29/2007

You have chosen denial document 073-DWHC-2
BROWN,Gary
744 Grant Ave.
ISLETA NM 87416

Date of service May 29, 2007

CHS DENIAL DISPLAY      PATIENT: BROWN,Gary               CHART#: 90801
```

```
==============================================================================
DENIAL NO: 073-DWHC-2                         DENIAL STATUS: Active
DATE ISSUED: May 29, 2007                     ISSUED BY: CASE,SHANNON

1. DATE MED SVC: May 29, 2007               2. DATE OF REQUEST: May 29, 2007
3. MEDICAL PRIORITY: II
4. VISIT TYPE: OUTPATIENT
5. PRIMARY PROVIDER:     CHEROKEE NATION OF OKLAHOMA
6. SECONDARY PROVIDERS:
7. PRIMARY DENIAL REASON: Care Not Within Medical Priority
8. *OTHER RESOURCES: NONE                   9. *OTHER IHS RESOURCES: NONE
10. APPEAL STATUS: NONE                    11. *APPEAL TRANSACTION RECORDS: NONE
12. *CHS OFFICE COMMENTS: YES
                * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

Enter Number Of Field To Edit or <RETURN> To Accept:  (8-12):11 <Enter>
Select APPEAL TRANSACTION DATE: JUN 23 <Enter>  JUN 23, 2007
  Are you adding 'JUN 23, 2007' as
    a new APPEAL TRANSACTION DATE (the 1ST for this DENIAL NUMBER)? No// Y <Enter>
(Yes)
  APPEAL TRANSACTION STATUS: APPEAL PENDING
  APPEAL LEVEL: AR  AREA OFFICE
  APPEAL RESOLVE DATE: MAY 23  (MAY 23, 2007)
  APPEAL COMMENTS:
```

Figure 3-4: Sample of Denial/Appeal screen display

The following example provides denial information on the referral when the link is turned on. Enter **DSP** to display referral record.

```
              *******************************************
              *           INDIAN HEALTH SERVICE         *
              *      REFERRED CARE INFORMATION SYSTEM    *
              *          VERSION 4.0, Jan 09, 2006       *
              *******************************************
                        ABC HEALTH CENTER
                         Display Referral Record

Select RCIS REFERRAL by Patient or by Referral Date or #: Brown,G <Enter>
```

Figure 3-5: Example of selecting a referral

Notice that display, denial, and appeal information on referral are displayed in the following example. Observe the bold text near the end of the sample screen.

```
RCIS Referral Display        Jul 10, 2007 17:23:35        Page:   1 of   5
User:  CASE,SHANNON


Patient Name:              BROWN,Gary
Chart #:                   90801
Date of Birth:             MAY 4, 1980
Sex:                       M
=============== REFERRAL RECORD ===============
DATE INITIATED:            MAY 29, 2007
REFERRAL #:                1135100600033
PATIENT:                   BROWN,Gary
TYPE:                      CHS
REQUESTING FACILITY:       ABC HEALTH CENTER
REQUESTING PROVIDER:       BUGGS,BUNNY
TO PRIMARY VENDOR:         CHEROKEE NATION OF OKLAHOMA
FACILITY REFERRED TO (COM: CHEROKEE NATION OF OKLAHOMA
PRIMARY PAYOR:             IHS
ICD DIAGNOSTIC CATEGORY:   MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
CPT SERVICE CATEGORY:      EVALUATION AND/OR MANAGEMENT
INPATIENT OR OUTPATIENT:   OUTPATIENT
DAYS SINCE BEGIN DOS:      42
STATUS OF REFERRAL:        CLOSED-COMPLETED
DATE CLOSED:               MAY 29, 2007
CASE MANAGER:              BUGGS,BUNNY
CLOSED BY USER:            CASE,SHANNON
CREATED BY USER:           CASE,SHANNON
DATE CREATED:              MAY 29, 2007
DATE LAST MODIFIED:        MAY 29, 2007
PRIORITY:                  II
SEND ADDITIONAL MED INFO:  NO
PURPOSE OF REFERRAL:       XRAY
NOTES TO SCHEDULER:        NEED AFTERNOON APPT.
ESTIMATED TOTAL REFERRAL : 200
ESTIMATED IHS REFERRAL CO: 200
EXPECTED BEGIN DOS:        MAY 30, 2007
ACTUAL APPT/BEGIN DOS:     MAY 29, 2007
EXPECTED END DOS:          MAY 29, 2007
OUTP NUMBER OF VISITS:     1
CHS APPROVAL STATUS:       DENIED
CHS APPROVAL/DENIAL DATE:  MAY 29, 2007
CHS DENIAL REASON:         Care Not Within Medical Priority
OUTPT VISIT NUMBER USER:   CASE,SHANNON
CHS DENIAL NUMBER:         073-DWHC-2
CHS APPEAL DATE:           JUN 23, 2007
CHS APPEAL RESOLVE DATE:   JUN 23, 2007
CHS APPEAL STATUS:         APPEAL PENDING
CHS APPEAL LEVEL:          AREA OFFICE
```

Figure 3-6: Sample screen display of denial information

## 3.3      Duplicate Document Error

Documents are stored up to ten years. When documents are created after the documents have been removed for that fiscal year; these documents will cause the duplicate document error when documents are added for the current fiscal year.

An option has been added to the CHS Programmer Utilities menu, to remove documents causing the document duplicate error. The option provides a report of the documents that will be deleted, so confirmation can be done by CHS staff.

### 3.3.1      Removing Duplicate Documents Causing Duplicate Document Error

Your site manager has access to the CHS programmer Utilities key and can fix this error by deleting the duplicate documents.

Option 2. **^ACHSRMVD** - REMOVE DOC CAUSING THE DUPLICATE DOC ERROR, under the XXXX CHS Programmer Utilities menu, enables you to remove duplicate documents, as shown in the following example.

### Displaying the option to remove documents causing the Duplicate Document error

The second option on the list (ACHSRMVD) removes the duplicate documents causing the error; for example,

```
                    ***    CHS PROGRAMMER UTILITIES MENU DRIVER    ***

  1. ^ACHSBRF - FIX CHS REGISTER BALANCES
  2. ^ACHSRMVD - REMOVE DOC CAUSING THE DUPLICATE DOC ERROR
  3. ^ACHSSTL - CHS FACILITY PARAMETER SET UP
  4. ^ACHSY200 - FILE 200 CONVERSION
  5. ^ACHSYAMT - RECALC OBLIGATION AMOUNTS
  6. ^ACHSYCN - RETRANSMIT BY TRANS CODE AND DATE
  7. ^ACHSYCOR - COMPARE RECORDS TO RECORDS FROM CORE
  8. ^ACHSYCS - RETRANSMIT BY TRANSACTION CODE AND DATE RANGE
  9. ^ACHSYCX - CROSS REFERENCE CLEANUP FOR CHS FACILITY FILE
 10. ^ACHSYDRV - SEARCH FOR DUP EIN NUMBERS IN VENDOR FILE
 11. ^ACHSYES - REGENERATE "ES" CROSSREF OF CHS FACILITY FROM GIVEN IEN
 12. ^ACHSYEX - EXTRACT SELECTED DOCS TO FILE
 13. ^ACHSYFYD - DELETE DOCUMENTS FOR SELECTED FY
 14. ^ACHSYPCN - ENTER DOCUMENTS (2/8)
 15. ^ACHSYPQ - SET DOCUMENTS INTO PRINT QUE FROM GIVEN IEN
 16. ^ACHSYPQM - MOVE OLD PRINT QUEUE
 17. ^ACHSYPVR - RESET CHS TX DATE IN IHS PATIENT & VENDOR FILE
 18. ^ACHSYROR - KILLS OFF DATA SO REGISTERS CAN BE REOPENED
 19. ^ACHSYSR - display database record for given PO


Select # to run or "?#" for help: 2 <Enter>

     This routine removes documents that have been added
     after the site manager has removed the entire fiscal
     year documents.  You will need to enter the 4 digit
     fiscal year.  The duplicate documents will then be
     displayed.  You will need to confirm deletion of the
     documents.

Enter the 4 digit FY the duplicate error is occurring in:  (1996-2007):  2003
<Enter>
Documents to be Removed:
1. Document: 3-U03-02779(2773)OUTPATIENT    PAID
             FY: 2003  Date Entered: MAR 18,2003
2. Document: 3-U03-02780(2774)HOSPITAL      CANCELED
             FY: 2003  Date Entered: MAR 18,2003
3. Document: 3-U03-02781(2775)OUTPATIENT    PAID
             FY: 2003  Date Entered: MAR 18,2003

Would you like to continue with deletion of these documents? YES <Enter>
Deleting Documents
Removed 3 Documents
```

Figure 3-7: Sample of menu used to display the key to remove documents causing the duplicate document error

## 3.4      UFMS Export

### 3.4.1      Facility Level

At the facility, this option has been combined with the CDPE CHS Data - Prepare for Export option. The option now creates a new UFMS type record. The data is sent to the Area office with the other record types.

A parameter has been added to the CHS Facility file, UFMS Export Start date. The field has been populated with OCT 1, 2007 start date for IHS type facilities.

After October 1, 2007, the

- IHS facilities can to export without closing the DCR.

- Tribal sites will continue with the same export process of closing the DCR and exporting.

The only change the user will see is the additional UFMS record count displayed on the screen.

### 3.4.2      Area Level

At the Area, the UFMS record count has been added. The display of patch 11 has been removed. The UFMS record count is displayed during the consolidation of facility files.

During the split out option, the UFMS file is sent automatically to the Integration Engine (IE) server. The record count, date received, and date sent from the IE is displayed on a web page for access from sites. If an error occurs with the file, an email message is sent to the Area staff designated on the notification list.

# 4.0    Patch 12 Changes

The Office of Management and Budget has mandated that all Federal agencies establish unique identifiers for procurement instruments. These identifiers are termed "Procurement Instrument Identifier" (PIID) and are to be used on all contracts, orders and agreements.

> **Note:**  The changes made in Patch 12 do not affect Tribal sites. The new prompt is displayed only if your site is an IHS site and your site parameters are set accordingly.

## 4.1    New Prompt

When an IHS facility is initiating a new document, the new mandatory prompt, "Enter Contract Action Type," is displayed. Your options for this prompt are shown in the following table.

| Official ID | Mnemonic | Contract Action (Full-Text) | Contract Action (Abbreviated Text) |
|---|---|---|---|
| P | P or S* | Purchase Using Simplified Acquisition (open market & orders against a Rate Quote Agreement) | Simplified Acquisition |
| U | U or G* | Contracts placed with or through other Government Agencies (i.e., Veterans Administration Inter-Agency Agreement) | Government Contracts |
| M | M | Micro Purchase (open market, under $2,500) | Micro Purchases (<$2500) |
| T | T | Task Order (order for services issued against an established contract) | Task Order |

* Although the S and G mnemonics will work to reference their respective Contract Actions, it is important to note that they are *not* official IDs.

> **Note:**
>
> When you type one question mark (?) or three question marks (???) at the "Enter Contract Action Type:" prompt, the abbreviated text will display.
>
> When you type two question marks (??) at the "Enter Contract Action Type:" prompt, the full-text along with their mnemonics will display.

The following example (Figure 4-1) shows the location of the new "Enter Contract Action Type" prompt in the document initiation

```
                  ******************************************
                  *           Indian Health Service        *
                  *       CONTRACT HEALTH MGMT SYSTEM       *
                  *          Version 3.1, Jun 11, 2001      *
                  ******************************************

                              DEMO HEALTH CENTER

    DOC     Document Generation ...
    PAY     Pay/Edit Documents ...
    PRT     Document Printing ...
    ACC     Account Balances ...
    PT      Patient Data
    VEN     Provider/Vendor Data
    DIS     Display Documents ...
    DCR     Document Control Register
    MGT     Facility Management ...
    DEN     CHS Denial/Deferred Services ...
    EMNU    Electronic Signature Authorization Menu ...
    XXXX    CHS Programmer Utilities

Select Contract Health System Option: DOC <Enter>

                        CONTRACT HEALTH MGMT SYSTEM, 3.1
                              DEMO HEALTH CENTER
                              Document Generation

    ID      Initial Document
    SUP     Supplemental
    SBO     Special Blanket Obligation
    CAN     Cancel Obligation
    SLO     Special Local Obligations
    REFM    Enter/Edit Referral Medical Data
    278     X12 Transaction 278 Processing ...
    FIM     Send Approval Message to FI

Select Document Generation Option: ID <Enter>

Select RCIS REFERRAL by Patient or by Referral Date or #:

Are you sure you want to enter a P.O. w/o a Referral? N// YES <Enter>

ENTER FISCAL YEAR:  (1989-2005): 2005// <Enter>

     Select one of the following:

          43         Hospital Service
          57         Dental Service
          64         Outpatient Service

Type Of Service: Outpatient Service// <Enter>

Patient Info: BLUEGRASS,COUNTRY       M 10-10-1937474559644  007947
Select PATIENT NAME: BLUEGRASS,COUNTRY//
                                    M 10-10-1937 474559644    WE 7947

     Type of Coverage          Policy #           Cov. type  EligDt TermDt
     ----------------          --------           ---------  ------ ------
```

```
Enter Estimated Date of Service:  Apr 27, 2005// <Enter>  (APR 27, 2005)
Select PROVIDER/VENDOR: MINERS MEDICAL CENTER// <Enter>    EIN.....: 1523678946
   SUFFIX: A1
                                  MAIL TO.: 200 HOSPITAL DRIVE, MINERS
                                  REMIT TO: 200 HOSPITAL DRIVE,
                                            1523678946     A1
PATIENT ACCOUNT NUMBER:
                          |-----------------------------|
DESCRIPTION OF SERVICE: **TEST**// <Enter>  **TEST**
Period Of Authorization
From Date:  Apr 27, 2005// <Enter>  (APR 27, 2005)
To Date:  (4/27/2005 - 8/25/2005): May 07, 2005// <Enter>  (MAY 07, 2005)


Hospital Order Number:

Enter last 4 digits of the CAN Number: J463I74// <Enter>


Service Class Code: 252Q// <Enter>  (OUTPATIENT CARE)

DCR ACCOUNT = OUTPATIENT CARE
OBJECT CLASS CODE = 25.6R : MEDICAL HEALTH SERVICES

DOCUMENT DESTINATION: F// FISCAL AGENT
                      |----------|
Optional Comments: **TEST**// <Enter>

Estimated Charges: $500.00// <Enter>

IHS REFERRAL MEDICAL PRIORITY: I// <Enter>  I - EMERGENT/ACUTELY URGENT CARE

Enter ADDITIONAL REFERRAL DATA NOW? N// <Enter>

Enter Contract Action Type: Simplified Acquisition Open Market/Rate Quote

Enter the respective code that addresses the CHS Contract action type:

        P          Purchase Using Simplified Acquisition (open market &
                   orders against a Rate Quote Agreement)
        U          Contracts placed with or through other Government
                   Agencies (i.e., Veterans Administration Inter-Agency
                   Agreement)
        M          Micro Purchase (open market,under $2,500)
        T          Task Order (order for services issued against an
                   established contract)

Form # 64
Apr 27, 2005                    Outpatient Service
                                        HHS Order No:       HHSI2392005
--------------------------------------------------------------------------
          Patient                      Ordering Facility & Provider
Fac: 113510  IHS#: 007947   474559644  | DEMO HEALTH CENTER
BLUEGRASS, COUNTRY                     | PHS Indian Health Center
FOLEY, MN  56591                       | ANYWHERE MN 56591
10-10-1937  M  504  002054-03-27       | 113510
--------------------------------------------------------------------------
Est. date-of-svc.: Apr 27, 2005        | MINERS MEDICAL CENTER
**TEST**                               | 200 HOSPITAL DRIVE
                                       | MINERS, NM  87741
                                       | 1523678946-A1 Open Market
                                       |
--------------------------------------------------------------------------
```

```
Auth. From Apr 27, 2005 to May 07, 2005          SCC: 25.2Q
DCR Acct. = OUTPATIENT CARE               CAN/OBJ: J463I74 / 25.6R  **TEST**
 Estimated Charge: $500.00                          Hosp Order No:

Is This Correct ? NO// YES <Enter>

  Document #  5-D03-00042   Recorded
```

Figure 4-1: Example of Initiating a new document

## 4.2      New HHS Number

### 4.2.1      Understanding the New HHS Number

The HHS number is a 17-digit number with specific values set for each position. For example,

```
HHSI249200400001P
```

The following table explains the information represented in the position(s).

| Number Position | Example | Explanation |
|---|---|---|
| 1-3 | HHS | 3-digit identification code of the Department |
| 4 | I | 1-digit identification code of the servicing agency: Indian Health Service |
| 5-7 | 249 | 3 -digit identification code assigned to the contracting office by the Office of Acquisition Management Policy (OAMP). |
| 8-11 | 2004 | 4-digit fiscal year designation |
| 12-16 | 00001 | 5-digit serial number |
| 17 | P | 1-digit code describing the type of contract action |

### 3-digit identification code assigned to the contracting office by OAMP:

241     Aberdeen
243     Alaska
242     Albuquerque
239     Bemidji
244     Billings
235     California
285     Nashville
245     Navajo
246     Oklahoma
247     Phoenix
248     Portland
249     Tucson
161     OES/Dallas
102     OES/Seattle

### 1-digit code describing the type of contract action that applies to CHS:

**P**     Purchase Using Simplified Acquisition

**U**     Contracts place with or through other Government departments, GSA contracts, or agencies or against contracts placed by such departments or agencies outside the DOD (including actions with the National Industries for the Blind (NIB), the National Industries for the Severely Handicapped (NISH), and the Federal Prison Industries (UNICOR))

**M**     Micro Purchase

**T**     Task Order

## 4.2.2    Document Displaying the New HHS Number

The new HHS number will display on the upper, right side of the document, as shown in following example.

```
                      CONTRACT HEALTH MGMT SYSTEM, 3.1
                             DEMO HEALTH CENTER
                      Display Individual CHS Documents


Select Document: 5-42



Form # 64                                       REF TYPE     Order No.
Apr 27, 2005           Outpatient Service            4       5-D03-00042
                                           HHS Order No:  HHSI2392005D0300042P
------------------------------------------------------------------------------
               Patient                 |       Ordering Facility & Provider
Fac: 113510  IHS#: 007947   474559644  | DEMO HEALTH CENTER
BLUEGRASS, COUNTRY                     | PHS Indian Health Center
FOLEY, MN  56591                       | Anywhere MN 56591
10-10-1937  M  504  002054-03-27       | 113510
------------------------------------------------------------------------------
Est. date-of-svc.: Apr 27, 2005        | MINERS MEDICAL CENTER
**TEST**                               | 200 HOSPITAL DRIVE
                                       | MINERS, NM  87741
Hosp Ord #:  ---                       |  1523678946-A1 Open Market
                                       |
------------------------------------------------------------------------------
Auth. From Apr 27, 2005 to May 07, 2005      ---  SCC: 25.2Q
DCR Acct. = OUTPATIENT CARE                   CAN/OBJ: J463I74 / 25.6R  **TEST**
 Estimated Charge: $500.00                    Hosp Order No:  ---
   Initial Obligation        500.00
   Amount Canceled:            0.00         ( Items)
   Amount Of Supplements       0.00          ( )
                             --------
CURRENT OBLIGATION BALANCE    500.00           (IHS) (3rd PARTY)

Select Document:
```

Figure 4-2: Sample document, displaying the new HHS number

# 5.0    Patch 11 Changes

In response to Section 506 of the Medicare Modernization Act (MMA), IHS and the Urban and Tribal programs will be able to pay Medicare participating hospitals at rates based on Medicare-Like Rates.

The new Medicare Provider field, item 9, is located on the Provider/Vendor Update screen (CHSMAIN > MGT > PVD). The Medicare Provider field is used to identify providers/vendors that are subject to the Medicare-Like Rates.

## 5.1    Adding a New Vendor with a Medicare Provider Number

The process of entering the Medicare Provider number when adding a new provider/vendor is almost identical to the process for updating an existing provider/vendor file with the Medicare Provider number.

## 5.2    Updating an Existing Provider/Vendor's Medicare Provider Number

After completing the initial data entry steps outlined in the *Contract Health Management System User Manual* Version 3.1, Section 9.1, "Adding a New Vendor," go to step 3 of the following instructions to edit the provider/vendor file.

**To update the Medicare Provider field for an existing Provider/Vendor file, follow these steps:**

1.  At the "Select Facility Management" prompt, type **PVD**.

2.  At the "Enter Provider/Vendor" prompt, type the EIN (Employer Identification Number) or name of the provider.

    If there is more than one possible match, a list displays from which you can select the correct provider/vendor.

    The Provider/Vendor update screen is displayed. Notice there is no entry in the Medicare Provider field for any new or non-updated file.

3.  At the "Want to Edit?" prompt, do one of the following:

    - Type Y and go to step 4.

    - Type N. At the "Want to see Prior FY Payments for this vendor?" prompt, type Y or N to view/not view prior payments for this vendor.

4.  At the "Change Which Item: (1-15)?" prompt, type **9**.

```
Select Facility Management Option: PVD <Enter>  Provider/Vendor Data

                        CONTRACT HEALTH MGMT SYSTEM, 3.1
                              DEMO HEALTH CENTER
                            Provider/Vendor Data


****************************************************************************
Enter Provider/Vendor: VENCORE HOSPTIAL <Enter>  EIN....: 1321456987    SUFFIX: A1
                                MAIL TO.: 700 HIGH STREET NE , ALBUQUERQUE
                                REMIT TO: 700 HIGH STREET NE,
                                1321456987     A1

                          CONTRACT HEALTH MGMT SYSTEM
                                DEMO HEALTH CENTER
                             PROVIDER/VENDOR UPDATE


****************************************************************************
(1). Name: VENCORE HOSPTIAL                (2). EIN No.: 1321456987-A1
(3). Status: ACTIVE                        (4). Contracts: NONE
(5). UPIN:                                 (6). Rate Quotation: NONE ACTIVE
(7). Type of Business:                     (8). Agreement: NONE
(9). Medicare Provider: No entry          (10). BPA: NONE

**** MAILING/BILLING ADDRESS ****        **** PROVIDER LOCATION ADDRESS ****
(11). Street: 700 HIGH STREET NE          (12). Street:
       City: ALBUQUERQUE                         City:
      State: NEW MEXICO                          State:
   Zip Code: 87102       PHONE:                  Zip Code:
        Atn:
(13).  Vendor Type: NURSE OR HOME HEALTH SERVICE(14).  Fed/Non-Fed:
(15).  Specialty:                      (16).  Geographical Location:
  Last Payment Date:                           Current FYTD Paid:
****************************************************************************

Want to Edit? NO// YES <Enter>

Change Which Item:  (1-15): 9 <Enter>
```

Figure 5-1: Updating Medicare Provider field (steps 1- 4)

5. When the "Medicare Provider" prompt appears, do one of the following:

- If this field displayed "No entry" when you accessed the Provider/Vendor update screen, select one of the following options:

| Y | Yes |
|---|-----|
| N | No |
| P | Pending: Medicare Provider without a number assigned from CMS |
| W | Waived: IHS has waived the requirement for Medicare-Like Rates for this Provider. |
| E | Excluded: CMS exclusion from prospective payment systems PPS pricing. |
| U | Unknown: Further research is required. |

- If the field displayed one of the listed options, it is the current default. Press Enter to accept the default, or enter a different option.

6. At the "Medicare Date of Update" prompt, type the date that the Medicare Provider file is updated.

7. At the "Want to add Medicare Information?" prompt, any Medicare information on file is also displayed. Do one of the following:

   - Type Y and go to step 8.

   - Type N. You are prompted to edit Medicare Information, if any is listed, or you are returned to the "Want to Edit?" prompt (step 3).

8. At the "Enter the Medicare Number" prompt, type the Medicare Number for this provider/vendor.

   If you do not know the Medicare number, you can locate this information on the IHS website by following the instructions provided in Appendix A: CMS Provider Listing. Once you have identified the Medicare Number, type the number at the prompt.

   | **Note:** | The Medicare Number prints on the CHS Purchase Order only if the provider/vendor is participating with Medicare, which is indicated by a **Y** in the Medicare Provider field. Any other entry (N, P, W, E, or U) will not populate this field for the provider on the purchase order. |
   |---|---|

9. At the "Are you adding (*Medicare number*) as a new Medicare Number (the # for this vendor)?" prompt, type

   - Type Y, and go to step 10.

   - Type N only if you need to make any corrections to the number you entered.

10. At the "Medicare Service Type" prompt, type the description of service provided by the provider/vendor. Type a questions mark (?) to display the following list of options:

| A | Acute Care |
|---|---|
| R | Rehabilitation |
| M | Mental Health |
| W | Swing Bed |
| S | Skilled Nursing Facility |
| H | Home Health |
| P | Hospice |
| C | Critical Access |
| L | Long Term Care |

**Note:** The Medicare Service Type prints on the CHS Purchase Order only if the provider/vendor is participating with Medicare, which is indicated by a **Y** in the Medicare Provider field. Any other entry (N, P, W, E, or U) will not populate this field for the provider on the purchase order.

11. At the "Begin Term Date" prompt, type the date the Medicare Number became effective. This date can also be found on the IHS website as described in Appendix A: CMS Provider Listing, under the Cert/Date column.

12. The next field prompts you to enter the term date for the Medicare Number. The term date for any provider is the date posted in the header of the CMS Provider List.

    Terminated providers are identified when ITSC compares the current Provider List to the new file sent by the Fiscal Intermediary (FI). Those providers identified by ITSC as terminated will be listed separately at the top of the new CMS Provider Listing located on the RPMS website (as described in Appendix A: CMS Provider Listing). This list is run every quarter, semi-annually, or at the discretion of CMS.

    a. If the Provider/Vendor does not appear at the top of the CMS Provider Listing, press Enter to leave field blank, and go to step 13.

    b. If the Provider/Vendor does appear at the top of the CMS Provider Listing, type the date posted on the CMS Provider Listing as the Medicare Number expiration date at the "End Term Date" prompt.

The system returns you to the main Provider/Vendor Update screen, and the Medicare Provider field will reflect your changes; for example,

```
                         CONTRACT HEALTH MGMT SYSTEM
                             DEMO HEALTH CENTER
                           PROVIDER/VENDOR UPDATE

***************************************************************************
(1). Name: VENCORE HOSPTIAL                (2). EIN No.: 1321456987-A1
(3). Status: ACTIVE                        (4). Contracts: NONE
(5). UPIN:                                 (6). Rate Quotation: NONE ACTIVE
(7). Type of Business:                     (8). Agreement: NONE
(9). Medicare Provider: Y                  (10). BPA: NONE

**** MAILING/BILLING ADDRESS ****       **** PROVIDER LOCATION ADDRESS ****
(11). Street: 700 HIGH STREET NE          (12). Street:
       City: ALBUQUERQUE                         City:
      State: NEW MEXICO                          State:
   Zip Code: 87102        PHONE:                 Zip Code:
        Atn:
(13).  Vendor Type: NURSE OR HOME HEALTH SERVICE(14).  Fed/Non-Fed:
(15).  Specialty:                      (16).  Geographical Location:
  Last Payment Date:                          Current FYTD Paid:
***************************************************************************


Want to Edit? NO//
```

Figure 5-2: Updated Provider/Vendor screen

# 5.3 Add/Edit Medicare Number for New Type of Service

Provider/Vendors can have multiple Medicare Numbers, depending on how many types of service they provide that are subject to Medicare-Like Rates. If a Provider/Vendor already has a Medicare Number on file for one type of service, you can add a Medicare Number for a new type of service or edit an existing type of service.

**To add/edit a Medicare Number for a new/existing type of service, follow these steps:**

1. At the "Want to Edit?" prompt on the Provider/Vendor Update screen, type Y or N.

   - If you type Y, go to step 2.

   - If you type N, you are prompted to view prior payments to this vendor. Type Y or N.

2. At the "Change Which Item: (1-15)?" prompt, type 9.

   A list of any existing Medicare Numbers and service types are displayed (Figure 5-3).

3.  At the "Want to Add Medicare Information?" prompt, type Y or N.

    - If you type Y, got to Section 5.2, "Updating an Existing Provider/Vendor's Medicare Provider Number," and continue with steps 8 through13

    - If you type N, go to step 4.

```
Item   Medicare Number  Begin Date    End Date      Description
----   ----------  -----------  -----------  -------------------------
  1    322002       Jun 26, 2004  Jun 25, 2005  ACUTE CARE
  2    32S002       Jun 26, 2004  Jun 25, 2005  SKILLED NURSING FACILITY


Want to add Medicare Information? NO// Y <Enter>  (Yes)

Enter the Medicare NUMBER: 32T002 <Enter>
  Are you adding '32T002' as a new MEDICARE NUMBER (the 3RD for this
VENDOR)? No// Y <Enter>  (Yes)

MEDICARE SERVICE TYPE: REHAB <Enter>  REHABILITATION
BEGIN TERM DATE: 06/26/04 <Enter>  (JUN 26, 2004)
END TERM DATE: <Enter>
MEDICARE PROVIDER: YES// <Enter>
MEDICARE DATE OF UPDATE: SEP 28,2004// <Enter>
```

Figure 5-3: Adding Medicare number

4.  At the "Want to Edit Medicare Information?" prompt, type Y or N.

    - If you type Y, type the corresponding number to the item you want to change at the "Which Item?" prompt. You are prompted to edit the fields, as shown in Figure 5-4.

    - If you type N, press Enter at the "Medicare Provider" and "Medicare Date of Update" prompts.

      If this information was incorrectly entered, you can change it at this time (see steps 5 and 6 in Section 5.2).

```
Item   Medicare Number  Begin Date    End Date      Description
----   ---------------  ------------  ------------  --------------------------
  1    322002           Jun 26, 2004  Jun 25, 2005  ACUTE CARE
  2    32S002           Jun 26, 2004  Jun 25, 2005  SKILLED NURSING FACILITY
  3    32T002           Jun 26, 2004                REHABILITATION

Want to add Medicare Information? NO// <Enter>

Want to edit Medicare Information? NO// YES <Enter>

Which item: 2 <Enter>

MEDICARE NUMBER: 32S002// <Enter>
MEDICARE SERVICE TYPE: SKILLED NURSING FACILITY// <Enter>
BEGIN TERM DATE: JUN 26,2004// <Enter>
END TERM DATE: JUN 25,2005// <Enter>
MEDICARE PROVIDER: YES// <Enter>
MEDICARE DATE OF UPDATE: SEP 28,2004//
```

Figure 5-4: Editing Medicare number

## 5.4    New Initial Document Fields for Type of Document 43 Hospital Services

The procedures you follow when initiating a type of document 43 Hospital Services are the same as outlined in the *Contract Health Management System User Manual* Version 3.1, Section 4.1, "Initial Document," but now include Medicare Provider information that has been updated in the Provider/Vendor file.

After you select the provider/vendor, a message is displayed that summarizes any information previously entered in the Medicare Provider field on the Provider/Vendor Update screen. This information includes:

- **Medicare Provider Status Set To:** [Yes, No, Pending, Waived, Excluded, Unknown]

  This message identifies the information previously entered in field 9, Medicare Provider field, of the Provider/Vendor Update screen.

- **Last Updated:**

  The date the Medicare Provider file was updated.

- **Services at Medicare-Like Rates**

  This message displays the Medicare Provider Number, effective date, term date (if applicable), and description of service.

For example,

```
Medicare Provider Status Set to: YES
Last Updated: Oct 01, 2004


                    Services at Medicare Like Rates
#     Provider No       Effect Date    End Date      Description
      -----------       ----------     --------      -----------
 1    320011            Jul 01, 1966                 ACUTE CARE

 2    327164            Jul 01, 1966                 HOME HEALTH
```

Figure 5-5: New initial document fields for type of document 43 Hospital Services

You cannot make any changes to this information; it is for viewing only. The next prompt asks if you want to use the Medicare-Like Rates from one or more of the listed entries for this document.

### To select the appropriate description of service related to your document, follow these steps:

1. After you have initiated your document and selected the provider/vendor as outlined in Section 4.1 of the *Contract Health Management System User Manual*, v3.1, the Medicare Provider information described above is displayed.

2. At the "Want to use Medicare-Like Rates?" prompt, type

   - Y, and go to step 3, or

   - N, and proceed to create your document as outlined in Section 4.1 of the *Contract Health Management System User Manual*, v3.1.

3. At the "Enter the Number (1-#)" prompt, type the number corresponding to the type of service listed for that provider/vendor.

4. Continue creating your document as outlined, starting at Section 4.1.6, "Description of service," of the *Contract Health Management System User Manual*, v3.1.

```
Medicare Provider Status Set to: YES
Last Updated: Oct 01, 2004


                    Services at Medicare Like Rates
  #     Provider No        Effect Date   End Date        Description
        -----------        ----------    --------        -----------
  1     320011             Jul 01, 1966                   ACUTE CARE

  2     327164             Jul 01, 1966                   HOME HEALTH

Want to use the Medicare like Rate? NO// YES <Enter>


Enter the number:  (1-2): 1 <Enter>
                                  |----------------------------|
DESCRIPTION OF SERVICE: MVA //
```

Figure 5-6: Selecting a description of service

When you have completed creating your document, you can view the document
indicating the Medicare Number and Type of Service. However, if the "Medicare
Provider Status Set To" field displayed anything other than Yes, you will not see any
Medicare Provider information.

```
Form # 43
Oct 05, 2004                    Hospital Service
--------------------------------------------------------------------------
             Patient                 |     Ordering Facility & Provider
Fac: 113510  IHS#: 091001   456963357 | DEMO HEALTH CENTER
BIRD, TWEETY                          | PHS Indian Health Center
ALBUQUERQUE, NM  87114                | ANYWHERE MN 56591
07-25-1969  F  114  001254-23-35      | 113510
--------------------------------------------------------------------------
Est. date-of-svc.: Sep 27, 2004       | ESPANOLA HOSPITAL
MVA                                   | 1010 SPRUCE STREET
                                      | ESPANOLA , NM  87532
Est. Days: 1                          | 1389567421-A1 Medicare #:320011
                                      | ACUTE CARE
--------------------------------------------------------------------------
Auth. From Sep 27, 2004                SCC: 25.2G
DCR Acct. = HOSPITAL CARE              CAN/OBJ: J460397 / 25.6R  BM
 Estimated Charge: $500.00            Days: 1

Is This Correct ? NO// YES <Enter>

  Document #  4-D03-00015   Recorded
```

Figure 5-7: Document with Medicare Provider information

## 5.5     Area CHS Consolidate Data from Facilities Process Update

The **Area CHS Consolidate Data from Facilities (ACON)** option enables the Area Office to combine data from several facilities to aggregate the individual facility export files and send them to the Information Technology Support Center (ITSC), Fiscal Intermediary (FI), and/or the Health Accounting System (HAS). The process expects the utility files to be in a specified directory. The UNIX directory location is /usr/spool/uucppublic.

All IHS sites export their files automatically, using the File Transfer Protocol (FTP) process. All Tribal sites (638 sites) do not use the FTP process and must contact their Site Manager, who will manage the FTP process and send their files to the National Patient Information Reporting System (NPIRS).

When sending the files to NPIRS, the Site Manager must use this IP Address:

161.223.90.33.

Patch 11 has changed the **Area CHS Consolidate Data from Facilities** option to include a new Software Version field in the export report. Until Patch 11 is installed at your site, the software version field displays "unknown" for each file to export.

> **Note:** You cannot export the files until ACHS*3.1*11 is installed and is running on your system,

Patch 11 also contains new record layouts for Type 7. For the complete set of new Outpatient, Inpatient, and Dental Record Layout lists, see Appendix B: New Record Type 7 Layouts.

```
                    CONTRACT HEALTH MGMT SYSTEM
                       DEMO HEALTH CENTER
                   Area Office CHS Data Processing

   ACON   Area CHS Consolidate Data From Facilities
   SPLT   Area CHS Splitout / Export To HAS/FI/CORE
   DHRL   Print AO CHS DHR Data
   EOBP   Area CHS Process EOBR DATA ...
   AOPO   AO PO Transactions ...
   PAR    Edit Area Office CHS Parameters
   SVRP   AO Special Vendor Report

Select Area Office CHS Data Processing Option:
```
Figure 5-8: Area Office CHS Data Processing Menu

### To run the updated export process, follow these steps:

1. Access the Area CHS Consolidate Data from Facilities menu and type **ACON** at the prompt.

2. At the "Enter Printer Device for Consolidation Report" prompt, type the name of the device to which you want to print the report.

```
                         CONTRACT HEALTH MGMT SYSTEM, 3.1
                              DEMO HEALTH CENTER
                    Area CHS Consolidate Data From Facilities


              PROCESS FI DATA parameter = 'Y'
    PROCESS AREA OFFICE DATA parameter = 'Y'
            HAS/CORE CONTROL parameter = 'CORE'


    KILL'ing work global ^ACHSPCC
    KILL'ing work global ^ACHSBCBS
    KILL'ing work global ^ACHSAOPD
    KILL'ing work global ^ACHSAOVU
    KILL'ing work global ^ACHSZOCT
    KILL'ing work global ^ACHSPIG
    KILL'ing work global ^ACHSSVR
    KILL'ing work global ^ACHSCORE
                Previously Consolidated CHS Facility Data has been Deleted


    Enter Printer Device for Consolidation Report: HOME// <Enter>
```

Figure 5-9: Consolidate Data From Facilities (steps 1-2)

3. The system displays a list of the CHS Facility files available for processing (Figure 5-10).

4. At the "Enter Seq # of File to Process" prompt, type the number(s) corresponding to the files you want to export.

   - If you select a file with 3.1*11 in the Version field, go to step 5.

   - If you select a file with "Unknown" in the Version field, an error is displayed, and the area is not allowed to process the file (see Figure 5-11). To resolve this error, the site must install Patch 11 and re-export the file.

```
Files available for CHS Consolidation are listed Below:
Seq #   File Name        Facility Name      Version   # Rcds  Date Exported  Proc

    1   ACHS708210.7    CHEMAWA H CT        Unknown    4096     Jan 07, 2004
    2   ACHS505610.267  DEMO DATABASE       3.1*11       93     Sep 23, 2004

Enter Seq # of File to Process  (1-2 for All):  (1-2):
```

Figure 5-10: List of Available Files for Export

```
File(s) with a version of unknown are not compatible with current
CHS version


                                    Job Terminated
Press <RETURN> to END:
```

Figure 5-11: "Unknown" Version Error

5.  The system redisplays the information file information, marking each file to be
    consolidated with a Y in the Process(ed) Column (Figure 5-12).

    Then, the system displays a message and a prompts for confirmation. If the
    information displayed is correct, type Y.

```
Files available for CHS Consolidation are listed Below:
Seq #  File Name        Facility Name      Version   # Rcds  Date Exported  Proc

    1  ACHS708210.7   CHEMAWA H CT       Unknown    4096      Jan 07, 2004
    2  ACHS505610.267 DEMO DATABASE      3.1*11       93      Sep 23, 2004  Y

Files Selected Above will Now be Processed - Is This Correct? (Y/N)? N// Y <Enter>
```

Figure 5-12: Confirmation of Selected Files to Export

For each facility processed, the system displays related information, as shown in
Figure 5-13. This is the information that will be exported to the National Patient
Information Reporting System (NPIRS).

```
FACILITY NAME       :    DEMO DATABASE
DATE EXPORT RUN     :    Sep 23, 2004
DATE OF FIRST RECORD:    Sep 21, 2004
DATE OF LAST RECORD :    Sep 30, 2004
NUMBER OF RECORDS   :    93

Transferring 93 CHS Data Records...
From

10   20   30   40   50   60   70   80   90

        T Y P E   O F   D A T A            # TRANSFERRED

     2. DHR RECORDS FOR HAS/CORE                  0
     3. PATIENT RECORDS FOR AO/FI                 0
     4. VENDOR RECORDS FOR AO/FI                  0
     5. DOCUMENT RECORDS FOR AO/FI                0
     6. PAYMENT RECORDS FOR AO                    0
     7. STATISTICAL RECORDS                      93

              TOTAL ALL TYPES                    93

        Press RETURN to Process NEXT FILE:
```

Figure 5-13: Facility Information for Exporting Files

6.  Press Enter to process the next file.

After processing all the facility data, the system displays a report on the local terminal and sends it to the selected printer device. See Figure 5-14 for a sample report.

```
                    AREA OFFICE CHS CONSOLIDATION REPORT
                        FOR DEMO HEALTH CENTER
                             Oct 15, 2004
-------------------------------------------------------------------------------
FACILITY FAC-CD |--R E C O R D   T Y P E S--|   TRCD EXP-DATE F-R DATE L-R DATE
-------------------------------------------------------------------------------
                 2     3     4     5     6     7
-------------------------------------------------------------------------------
PAWHUSKA 505610                                 93  93 09-23-04 09-21-04 09-30-04

     TOTALS                                     93  93

  moving your facility files to '/usr/spool/chsdata'...
ACHS505610.267rm: Remove /usr/spool/uucppublic/ACHS505610.267?

Press <RETURN> to END: rm: /usr/spool/chsdata/achs.cons.list: A file or directory.
```

Figure 5-14: Sample Exported File Report

7. Press Enter to exit the ACON option. Then finish exporting the file.

8. At the "Select Area Office CHS Data Processing Option" prompt, type **SPLT**.

```
                    CONTRACT HEALTH MGMT SYSTEM
                        DEMO HEALTH CENTER
                    Area Office CHS Data Processing

    ACON    Area CHS Consolidate Data From Facilities
    SPLT    Area CHS Splitout / Export To HAS/FI/CORE
    DHRL    Print AO CHS DHR Data
    EOBP    Area CHS Process EOBR DATA ...
    AOPO    AO PO Transactions ...
    PAR     Edit Area Office CHS Parameters
    SVRP    AO Special Vendor Report

Select Area Office CHS Data Processing Option: SPLT <Enter>  Area
CHS Splitout / Export To HAS/FI/CORE
```

Figure 5-15: Example of the SPLT Menu Option

9. At the "Enter Return to continue or '^' to exit" prompt, press Enter.

10. At the "Effective Transaction Date" prompt, type the processing date. The default is today's date.

   This date is important, because it is the effective transaction date inserted in every DHR record. This is especially important at the end of each month and at the end of the fiscal year. Check with the Area Office Financial Management Branch, if you have any questions regarding end-of-month and/or end-of-fiscal year cut-off processing dates.

11. At the "Enter Device # For Summary Report" prompt, type the name of the device to which you want to print.

12. The computer generates a series of messages indicating the various stages in the processing of the Area Office CHS Data Files. Press Enter at the prompts that follow each new processing screen to continue.

```
                     CONTRACT HEALTH MGMT SYSTEM, 3.1
                          DEMO HEALTH CENTER
               Area CHS Splitout / Export To HAS/FI/CORE
                            AREA PREFIX=46

Your CHS FACILITY DHR Transactions Should be TRANSMITTED to:
          (1) HAS and/or CORE
          (2) Fiscal Intermediary

Enter RETURN to continue or '^' to exit: <Enter>

Enter Effective Transaction Date :  Oct 15, 2004// <Enter>

ENTER DEVICE # FOR SUMMARY REPORT HOME// <Enter>

          GENERATING DHR RECORDS FOR HAS

...SORRY, LET ME THINK ABOUT THAT A MOMENT...

TOTAL DHR RECORDS GENERATED = 0

Press RETURN To Continue or Escape to Cancel...: <Enter>

********************************************************************
*    C H S  DATA  SPLIT-OUT (EXPORT)  FOR: DEMO HEALTH CENTER *
*10-15-04          TRANSACTION  TOTALS  BY  FACILITY              *
*----------------------------------------------------------------*
*THE DESTINATION OF THESE DATA RECORDS IS: BLUE CROSS/SHIELD OF NM *
*----------------------------------------------------------------*
*   NAME OF FACILITY                  NUMB TRNS      DOLLAR AMT   *
********************************************************************

     -----------------------------------------------------------

         TOTAL CHS TRANSACTIONS              0            $0.00

    NUMBER OF OUTPUT DHR RECORDS =          4

    NUMBER OF JCL RECORDS =                 8

    ------------------------------------------
         TOTAL RECORDS TO TRANSMIT =     12

Press RETURN To Continue or Escape to Cancel...: <Enter>
```

Figure 5-16: Example of the File Transmission Process (steps 9-12)

13. After the DHR records are generated, type Y or N at the "Do you want to List Previously Exported Files?" prompt.

14. At the "Enter Return to continue" prompt, press Enter.

   The number of records copied to output media is displayed.

15. Press Enter at the prompt to continue.

16. At the "Do you want to backup CHS files for this export to tape?" prompt, type Y or N.

```
Processing the ^ACHSPIG (638 STATISTICAL DATA) transaction file. The file access.
sh: afs.files: 0403-005 Cannot create the specified file.
ls: There is no process to read data written to a pipe.

NUMBER OF PREVIOUSLY EXPORTED FILES = 1

Do you want to LIST Previously EXPORTED FILES?? Y// <Enter>

SEQ #  # RCDS    EXPORT - DATE  FILE NAME - SFX  OK-TX?  COLOR

  1       34     Sep 23, 2004    chsstat110000a    Y

Enter RETURN to Continue: <Enter>

Please Standby - Copying Data to File:
        /usr/spool/chsdata/chsstat110000a.04289
...HMMM, JUST A MOMENT PLEASE...
     100

        100 Total Records Copied to Output Media

Press RETURN To Continue or Escape to Cancel...: <Enter>

Do you want to backup CHS files for THIS Export to TAPE? N//
```

Figure 5-17: File Transmission Process (steps 13-16)

The above dialogue is repeated for each type of data to be exported (e.g., BCBS, Vendor Records, AO Payment Records, IHS Statistical Records). After this step is completed, the DHR data can be printed using the DHRL menu option.

# 6.0     Patch 7 Changes

Patch 7, released in December of 2003, contained the following changes.

## 6.1     Add/Edit Electronic Signature Parameters (ESIT)

CHS/MIS Main Menu > MGT > PED > ESIT

This option allows users to set up a facility to be able to apply an electronic signature to a CHS purchase order.

### To add/edit Electronic Signature parameters, follow these steps:

1. Access the Contract Health Management System menu, and at the prompt, type MGT; for example,

```
               ********************************************
               *           Indian Health Service         *
               *        CONTRACT HEALTH MGMT SYSTEM       *
               *           Version 3.1, Jun 11, 2001      *
               ********************************************


                     UNSPECIFIED TRIBE HEALTH CLINIC

   DOC    Document Generation ...
   PAY    Pay/Edit Documents ...
   PRT    Document Printing ...
   ACC    Account Balances ...
   PT     Patient Data
   VEN    Provider/Vendor Data
   DIS    Display Documents ...
   DCR    Document Control Register
   MGT    Facility Management ...
   DEN    CHS Denial/Deferred Services ...
   EMNU   Electronic Signature Authorization Menu ...
   XXXX   CHS Programmer Utilities
 Select Contract Health System Option:  MGT
```

Figure 6-1: Contract Health Management System menu, selecting Facility Management (MGT)

The Facility Management options are displayed; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                      UNSPECIFIED TRIBE HEALTH CLINIC
                            Facility Management


    PVD     Provider/Vendor Data
    PR      Reports ...
    PAD     Payment Adjustment
    PED     Parameter Edit ...
    ALU     Allowance Update
    XPOR    Data Export ...
    EOBR    Facility EOBR menu ...
    CHEF    C H E F  Management ...
    HVP     High Volume Provider Menu ...
    RES     Reset the error global ACHSERR
    TUPD    Add/Edit CAN, CC, SCC ...
    TVR     Test Version Switch

Select Facility Management Option:
```

Figure 6-2: Facility Management options (MGT)

2.  At the "Select Facility Management Option" prompt, type **PED**.

    The system displays the Parameter Edit options; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                      UNSPECIFIED TRIBE HEALTH CLINIC
                              Parameter Edit


    EOFF    Add or Edit Electronic Signature Officials
    ESIT    Add or Edit Electronic Signature Parameters
    LAB     Edit CHS Label spacing
    MAIL    Edit CHS Mailing Address
    NAME    Edit CHS Register Names
    OBLI    Edit CHS Document Obligation Limits
    OVER    Edit CHS Document Overpayment Allowances
    PAR     Edit CHS Site Parameters
    SIG     Edit CHS Document Signatures

Select Parameter Edit Option:
```

Figure 6-3: Parameter Edit menu (PED)

3.  At the "Select Parameter Edit Option" prompt, type **ESIT**, to Add or Edit
    Electronic signature Parameters.

The system displays the Add or Edit Electronic Signature Parameters; for example,

```
                         CONTRACT HEALTH MGMT SYSTEM, 3.1
                            UNSPECIFIED TRIBE HEALTH CLINIC
                  Add or Edit Electronic Signature Parameters


     Add a site to the CHS E-Sig Authority File.
LOCATION: UNSPECIFIED UNS// <Enter>
MULTIPLE SIGNATURES REQUIRED: YES// <Enter>
E-SIG FEATURE ACTIVATION DATE: NOV 3,2003// <Enter>
```

Figure 6-4: Adding or Editing Electronic Signature Parameters (ESIT)

4. At the "Location" prompt, press Enter to accept the default, which should be your facility.

> **Note:** You cannot modify the default location from CHS. If the default location is incorrect, you must change the information through FileMan.

5. At the "Multiple Signatures Required" prompt, type YES, to indicate that more than one signature is required for CHS purchase orders. The system will then require both ordering and authorizing signatures for blocks 21 and 23 of the Purchase Order form.

   When only one signature is appropriate for the location, type NO. The system will then require only an ordering signature for block 21 of the purchase order form.

6. At the "E-Sig Feature Activation Date" prompt, type the date on which you want to activate the electronic signature capability for your facility.

## 6.2     Add/Edit Electronic Signature Officials (EOFF)

CHS/MIS Main Menu > MGT > PED > EOFF

This option allows designated individuals within the CHS program to add users to the CHS E-Sig Authority file as authorized electronic signature officials. Personnel who are signature officials are not limited to the CHS program.

> **Note:** There is no limit to the number of users that serve as Ordering or Authorizing Officials.
>
> *Important*: For the electronic signature functionality to work properly, users must set up their electronic signature, including their titles, using the RPMS Tool Box option.

### To add Electronic Signature Officials, follow these steps:

1. At the "Select Contract Health System Option" prompt, type MGT, to display the Facility Management options (see Figure 6-2).

2. At the "Select Facility Management Option" prompt, type PED, to display the Parameter Edit options (see Figure 6-3).

3. At the "Select Parameter Edit Option" prompt, type **EOFF**, to add/edit Electronic Signature officials.

   The system displays the Add or Edit Electronic Signature Officials parameters.

4. At the "Location" prompt, press Enter to accept the default Location.

   The name of your facility should appear as the default response. The CHS application allows you to modify only your facility's electronic signature capabilities.

   > **Note:** If the default location is incorrect, you must change the information through FileMan.

5. At the "Select Users Name" prompt, type the name of the appropriate user.

   > **Note:** Users authorized to enter electronic signatures on Purchase Orders must have system access to the CHS package at that particular facility.

6. At the "Level of Authority" prompt, type the amount of financial authority associated with the specified user.

   This is the maximum dollar amount for which this person can obligate funds, and this person cannot sign purchase orders above the indicated level of financial authority.

7. At the "Activation Date" prompt, type the date on which you want to activate this electronic signature capability.

8. At the "Inactivation Date" prompt, type the date on which this authorization should be removed (the date the specified user is no longer authorized to sign CHS Purchase Orders).

   It is not recommended that a future date be entered in this field.

9. At the "Ordering Official" prompt, type YES, if the individual is authorized to sign as the Ordering Official.

10. At the "Authorizing Official:" prompt, type YES if the individual is authorized to sign as the Authorizing Official.

    The Authorizing Official is normally a person who supervises the Ordering Official or might be a second tier in the procurement process.

> *Important*: The ordering official and the authorizing official
> cannot be the same person on a Purchase Order.
> When the Authorizing Official is not physically located at
> the facility, you must ensure that this individual has access
> to the CHS application at the facility.

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                       UNSPECIFIED TRIBE HEALTH CLINIC
                    Add or Edit Electronic Signature Officials


     Add or Edit entries in the CHS E-Sig Authority File for UNSPECIFIED TRIBE
HEALTH CLINIC.
     Users must have a written Delegation of Authority to sign
     Contract Health Services Purchase Orders.

LOCATION: UNSPECIFIED UNS// <Enter>
Select USERS NAME: DEMO, USER// TEST, USER <Enter>
Are you adding 'TEST,USER' as a new AUTHORIZED USER (the 4TH for this CHS E-SIG
AUTHORITY)? No// Y <Enter>  (Yes)
  USERS NAME: TEST, USER// <Enter>
  LEVEL OF AUTHORITY: 100000// <Enter>
  ACTIVATION DATE: OCT 30,2003// <Enter>
  INACTIVATED DATE: <Enter>
  ORDERING OFFICIAL: YES// <Enter>
  AUTHORIZING OFFICIAL: YES// <Enter>
Select USERS NAME:
```

Figure 6-5: Adding and editing the Electronic Signature Officials options (Steps 5-10)

11. Repeat steps 1-10 as necessary. When you are finished entering users, press Enter
    to return to the Parameter Edit Menu.

## 6.3    Apply Electronic Signatures

This option allows authorized users to apply electronic signatures to a purchase order.
Depending on the user's authority, individuals can sign as Ordering Official or
Authorizing Official.

> *Important*: One person cannot sign as both Ordering Official and
> Authorizing Official on the same document.

The Ordering Official's signature must be placed first on the purchase order. The
Authorizing Official's signature cannot be applied to a purchase order until the
Ordering Official's signature is applied. If your facility requires only one signature, it
must be that of the Ordering Official.

> *Important*: All electronic signatures must be applied before
> printing the purchase orders or the signature blocks on the
> purchase order will be blank. Unsigned purchase orders can
> be signed and re-printed as necessary.

> **Note:** An unsigned purchase order will not allow export of data to CORE or the fiscal intermediary, and will remain in the signature queue until it is signed or canceled.

## 6.3.1    Apply the Ordering Official Electronic Signature

CHS/MIS Main Menu > EMNU > SIGO

This option allows Ordering Officials to apply electronic signatures to purchase orders within their authorization level.

### Applying the Ordering Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 6-1).

2. At the "Select Contract Health System Option" prompt, type **EMNU**.

   The system displays the Electronic Signature Authorization menu; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                     UNSPECIFIED TRIBE HEALTH CLINIC
                 Electronic Signature Authorization Menu

   SIGA   Apply Electronic Signature Authorizing Official
   SIGO   Apply Electronic Signature Ordering Official

 Select Electronic Signature Authorization Menu Option:  SIGO
```

Figure 6-6: Electronic Signature Authorization Menu options, selecting Apply Electronic Signature Ordering Official (SIGO)

3. At the "Electronic Signature Authorization Menu Option" prompt, type **SIGO**.

   The system displays the Apply Electronic Signature Authorizing Official option.

4. At the "Enter Your Signature Code" prompt, type your electronic signature.

The system verifies your signature and displays purchase orders within your level of authority; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                     UNSPECIFIED TRIBE HEALTH CLINIC
               Apply Electronic Signature Authorizing Official

Enter your Current Signature Code: (type your electronic signature here)   SIGNATURE
VERIFIED

OUTPUT BROWSER                    Nov 05, 2003 08:30:04         Page:  1 of   3

DEMO, OFFICIAL                                                       Page  1
            ***   CONTRACT HEALTH MANAGEMENT SYSTEM    ***

                     UNSPECIFIED TRIBE HEALTH CLINIC
                         Nov 05, 2003@08:30:04
                      Purchase Orders to be Approved

ITEM NO. PO No.          Vendor                  Obligation Amt
==========================================================================

1       4-O17-00013    OKLAHOMA CITY CLINIC          575.00
        CAN-OCC-SCC: J50AB75-4182-252D          Hospital
        DEMO,PATIENT

2       4-O17-00015    CARDIOLOGY CONSULTANTS OF TOPEKA PA600.00
        CAN-OCC-SCC: J50AB75-4182-252D          Hospital
        DEMO,PATIENT

Enter ?? for more actions                                           >>>

+    NEXT SCREEN          -    PREVIOUS SCREEN      Q    QUIT
Select Action: +//
```

Figure 6-7: Entering your electronic signature and reviewing purchase orders (Step 4)

> **Note**: If you do not have an electronic signature on file, please contact your site manager.

5. After you have reviewed the purchase orders, type **Q** at the "Select Action" prompt to exit the Output Browser.

6. At the "Do You Want ALL Documents Stamped With Your Electronic Signature" prompt, type

- YES to approve all current purchase orders within your authorization level.

- NO to indicate that certain purchase orders within your authorization level should not be signed.

If you elect to withhold signature from some purchase orders, the system prompts you to enter the numbers corresponding to the purchase orders you do not want to apply your electronic signature to.

7. At the "Select the Item No. that you DO NOT want your Electronic Signature Applied to" prompt, type the item number(s) associated with purchase orders you **do not** want to sign.

> **Note**:  The numbers displayed in this prompt vary based on the Purchase Order Item Numbers within your authorization level.

8. At the "Are You Done?" prompt, type

- YES to indicate that you are done signing purchase orders.

- NO to continue reviewing and signing purchase orders.

```
Do you want ALL documents stamped with your Electronic signature ? N// <Enter>

Select the ITEM NO. that you DO NOT want your Electronic signature applied to :
(0-1000): 1,2,3 <Enter>
ARE YOU DONE? N// YES <Enter>
```

Figure 6-8: Specifying purchase orders for approval (Steps 6-8)

When you are finished signing purchase orders, the system displays the number of documents that received your electronic signature during this session.

9. Review this number for accuracy, and type Q at the "Select Action" prompt to exit; for example,

```
OUTPUT BROWSER               Nov 05, 2003 08:39:26          Page:  1 of   1

     4 DOCUMENTS APPROVED

Enter ?? for more actions                                                  >>>

+    NEXT SCREEN        -     PREVIOUS SCREEN      Q     QUIT
Select Action: +//   Q <Enter>
```

Figure 6-9: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

## 6.3.2    Apply the Authorizing Official Electronic Signature

This option allows Authorizing Officials to apply electronic signatures to purchase orders within their authorization level. An Ordering Official must have already signed the purchase order in order for an Authorizing Official to be able to sign the purchase order.

### Applying the Authorizing Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 6-1).

2. At the "Select Contract Health System Option" prompt, type **EMNU**.

The system displays the Electronic Signature Authorization menu; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                      UNSPECIFIED TRIBE HEALTH CLINIC
                  Electronic Signature Authorization Menu

   SIGA   Apply Electronic Signature Authorizing Official
   SIGO   Apply Electronic Signature Ordering Official

Select Electronic Signature Authorization Menu Option:   SIGA
```

Figure 6-10: Electronic Signature Authorization Menu options, selecting Apply Electronic Signature Authorizing Official (SIGA)

3.  At the "Electronic Signature Authorization Menu Option" prompt, type **SIGO**.

    The system displays the Apply Electronic Signature Authorizing Official option.

4.  At the "Enter Your Signature Code" prompt, type your electronic signature.

    The system verifies your signature and displays purchase orders within your level of authority; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                      UNSPECIFIED TRIBE HEALTH CLINIC
                Apply Electronic Signature Authorizing Official

Enter your Current Signature Code: (type your electronic signature here)   SIGNATURE
VERIFIED

OUTPUT BROWSER                    Nov 05, 2003 08:30:04          Page:   1 of  3

DEMO, OFFICIAL                                                        Page  1
                ***   CONTRACT HEALTH MANAGEMENT SYSTEM   ***

                      UNSPECIFIED TRIBE HEALTH CLINIC
                         Nov 05, 2003@08:30:04
                       Purchase Orders to be Approved

ITEM NO. PO No.          Vendor                   Obligation Amt
============================================================================

1        4-O17-00013    OKLAHOMA CITY CLINIC          575.00
         CAN-OCC-SCC: J50AB75-4182-252D       Hospital
         DEMO,PATIENT
2        4-O17-00015    CARDIOLOGY CONSULTANTS OF TOPEKA PA600.00
         CAN-OCC-SCC: J50AB75-4182-252D       Hospital
         DEMO,PATIENT

Enter ?? for more actions                                              >>>

+   NEXT SCREEN        -    PREVIOUS SCREEN     Q    QUIT
Select Action: +//
```

Figure 6-11: Entering your electronic signature and reviewing purchase orders (Step 4)

> **Note**: If you do not have an electronic signature on file, please contact your site manager.

5. After you have reviewed the purchase orders, type **Q** at the "Select Action" prompt, to exit the Output Browser.

6. At the "Do You Want ALL Documents Stamped With Your Electronic Signature" prompt, type

   - YES to approve all current purchase orders within your authorization level.

   - NO to indicate that certain purchase orders within your authorization level should not be signed.

   If you elect to withhold signature from some purchase orders, the system prompts you to enter the numbers corresponding to the purchase orders you do not want to apply your electronic signature to.

7. At the "Select the Item No. that you DO NOT want your Electronic Signature Applied to" prompt, type the item number(s) associated with purchase orders you **do not** want to sign.

   > **Note**: The numbers displayed in this prompt vary based on the Purchase Order Item Numbers within your authorization level.

8. At the "Are You Done?" prompt, type

   - YES to indicate that you are done signing purchase orders.

   - NO to continue reviewing and signing purchase orders.

```
Do you want ALL documents stamped with your Electronic signature ? N// <Enter>

Select the ITEM NO. that you DO NOT want your Electronic signature applied to :
 (0-1000): 1,2,3 <Enter>
ARE YOU DONE? N// YES <Enter>
```

Figure 6-12: Specifying purchase orders for approval (Steps 6-8)

When you are finished signing purchase orders, the system displays the number of documents that received your electronic signature during this session.

9. Review this number for accuracy, and type Q at the "Select Action" prompt to exit; for example,

```
OUTPUT BROWSER                  Nov 05, 2003 08:39:26          Page:  1 of   1

      4 DOCUMENTS APPROVED

Enter ?? for more actions                                              >>>

+    NEXT SCREE       -    PREVIOUS SCREEN     Q    QUIT
Select Action: +//  Q <Enter>
```

Figure 6-6-13: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

## 6.4      Electronic Signature Reports

This option allows you to create reports that include either signed purchase orders or those purchase orders that are still pending an electronic signature.  Both of these reports pertain to the Ordering Official's signature only.

### Creating and Viewing Electronic Signature Reports

1. Access the Contract Health Management System menu (see Figure 6-1).

2. At the "Select Contract Health System Option" prompt, type **MGT** to select Facility Management.

    The system displays the Facility Management options (see Figure 6-2).

3. At the "Select Facility Management Option" prompt, type **PR** to select Reports.

    The system displays the Reports menu; for example,

```
                      CONTRACT HEALTH MGMT SYSTEM, 3.1
                        UNSPECIFIED TRIBE HEALTH CLINIC
                                 Reports

    DSR    Document Status Report
    CER    Expenditure Report
    PSR    Document Summary Report
    DSRF   Document Status Report By Fiscal Year
    ERPT   Electronic Signature Reports ...
    HOSP   Hospital Log
    MEDI   Medical Data Reports ...
    OPTC   Optional Comments Report
    SCCR   Service Class Reports ...
    THRD   CHS 3RD Party Payment
    VRPT   Vendor Reports ...

Select Reports Option:
```

Figure 6-14: The CHS/MIS Facility Management Reports menu (PR)

4. At the "Select Reports option" prompt, type **ERPT** to select Electronic Signature Reports.

    The system displays the Electronic Signature Reports menu; for example,

```
                      CONTRACT HEALTH MGMT SYSTEM, 3.1
                        UNSPECIFIED TRIBE HEALTH CLINIC
                          Electronic Signature Reports

    ESAP   Electronic Signature approved by Ordering Official
    ESPD   Pending Electronic Signature of Ordering Official

Select Electronic Signature Reports Option:
```

Figure 6-15: Electronic Signature Reports menu options (ERPT)

## 6.4.1     Viewing a Purchase Orders Approved by Ordering Official Report (ESAP)

The Electronic Signature Approved by Ordering Official report (ESAP) option allows you to create reports that include purchase orders that have been approved by an Ordering Official in a specified date range.

1. At the Select Electronic Signature Reports Option, type ESAP; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                       UNSPECIFIED TRIBE HEALTH CLINIC
                        Electronic Signature Reports


   ESAP    Electronic Signature approved by Ordering Official
   ESPD    Pending Electronic Signature of Ordering Official

 Select Electronic Signature Reports Option: ESAP <Enter>
```

Figure 6-16: Using the Electronic Signature Reports menu, selecting the Electronic Signature Approved by Ordering Official (ESAP)

The system displays the Electronic Signature Approved by Ordering Official report options.

2. At the "Enter the Beginning E_SIG Date for the E-Signature Approved Report" prompt, type the earliest date for which you want view purchase orders.

3. At the "Enter the Ending E_SIG Date for the E-Signature Approved Report" prompt, type the latest date for which you want to view purchase orders.

4. At the "Do You Want To" prompt, type

   • P to print the report output to a printer.

   • B to display the report output on your computer screen.

   If you choose to print the report output, enter the appropriate device at the "Device" prompt.

```
This report captures documents signed over a specific dates range.

Enter The BEGINNING E-SIG Date For The E-Signature Approved Report:  1001 <Enter>
(OCT 01, 2003)
Enter The ENDING E-SIG Date For The E-Signature Approved Report:  T <Enter>  (NOV
05, 2003)

Select one of the following:
         P         PRINT Output
         B         BROWSE Output on Screen

Do you want to : PRINT//  P <Enter>
DEVICE: HOME//  <Enter>
```

Figure 6-17: Entering Electronic Signature Approved by Ordering Official report options (Steps 2-4)

## 6.4.2 Electronic Signature Approved by Ordering Official Report Example

This report includes the

- Purchase Order Number
- Provider of Service
- Signature Date
- Signature Date
- Ordering Official
- Patient Name
- Obligation Amount
- Order Date
- Authorizing Official

When an Authorizing Official has approved a purchase order with a signature, the report displays the name of the individual; otherwise, the report displays "Needs Auth. Ofc. Sig."

When an Ordering Official has approved a purchase order, the report displays the name of the individual. Purchase orders with no Ordering Official signature do not appear on this report.

> **Note**: If your site only requires one signature to approve purchase orders, you will only see the Ordering Official's name on this report. If your site requires multiple signatures to approve purchase orders, you will see the Ordering and Authorizing Official's names, as well as "Needs Auth. Ofc. Sig" for purchase orders pending Authorizing Official signature.

```
DEMO, ORDERING OFFICIAL                                          Page 1
                *** CONTRACT HEALTH MANNAGEMENT SYSTEM ***
                        UNSPECIFIED TRIBE HEALTH CLINIC
                         ELECTRONIC SIGNATURE REPORT
                           Nov 17, 2003@10:57:30
                    Purchase Orders with Electronic Signature
             During the Period of Jan 01, 2003 through Nov 17, 2003

Document Number     Provider of Service        Sig Date    Ordering Official
Patient             Obligation Amt.            Order Dt. Authorizing Official
===========================================================================

4-O17-00007         SPORTS MEDICINE SPECIALIST 110403     JOHN J JOHNS
DEMO,PATIENT        1,400.00                   110403     SUE S SUESE

4-O17-00008         HILLCREST MEDICAL CENTER   110403     JOHN J JOHNS
DEMO,PATIENT        2,800.00                   110403     SUE S SUESE

4-O17-00009         ADAMS RADIOLOGY ASSOCIATES 110403     JOHN J JOHNS
DEMO,PATIENT TOO    60.00                      110403     SUE S SUESE

4-O17-00010         DEAN MCGEE EYE INSTITUTE   110403     JOHN J JOHNS
DEMO,PATIENT        150.00                     110403     SUE S SUESE

4-O17-00011         HILLCREST MEDICAL CENTER   110403     JOHN J JOHNS
DEMO,PATIENT TOO    250.00                     110403     SUE S SUESE

4-O17-00004         HILLCREST MEDICAL CENTER   110503     SUE S SUESE
DEMO,PATIENT        25,000.00                  110303     NEEDS AUTH. OFC.SIG


---------------------------------------------------------------------------

Total Documents: 6
```

Figure 6-18: Viewing signed purchase orders

## 6.4.3    Viewing a Purchase Orders Pending Approval Report (ESPD)

The Pending Electronic Signature of Ordering Official (ESPD) option allows you to create reports that include purchase orders that are awaiting an electronic signature approval from an Ordering Official

1. At the Select Electronic Signature Reports Option, type ESAP; for example,

```
                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                       UNSPECIFIED TRIBE HEALTH CLINIC
                        Electronic Signature Reports


    ESAP    Electronic Signature approved by Ordering Official
    ESPD    Pending Electronic Signature of Ordering Official

Select Electronic Signature Reports Option: ESPD <Enter>
```

Figure 6-19: Using the Electronic Signature Reports menu, selecting the Pending Electronic
                Signature of Ordering Official

The system displays the type of output options.

2. At the "Do You Want To" prompt, type

- P to print the report output to a printer.

- B to display the report output on your computer screen.

If you choose to print the report output, enter the appropriate device at the "Device" prompt.

```
Select one of the following:
          P           PRINT Output
          B           BROWSE Output on Screen

Do you want to : PRINT// P  <Enter>
DEVICE: HOME// <Enter>
```

Figure 6-20: Entering Pending Electronic Signature of Order Officials report options

## 6.4.4     Pending Electronic Signature of Order Officials Report Example

This report includes the

- Purchase Order Number
- Provider of Service
- Issue Date
- Obligation Amount and Type

For example,

```
DEMO ORDERING OFFICIAL                                            Page  1
              ***  CONTRACT HEALTH MANNAGEMENT SYSTEM  ***

                      UNSPECIFIED TRIBE HEALTH CLINIC
                    PENDING ELECTRONIC SIGNATURE REPORT
                         Nov 05, 2003@09:25:15
               Purchase Orders Pending for Electronic Signature
                         Run date of Nov 05, 2003

Document Number  Provider of Service      Issue Date   Obligation Amt. Type
========================================================================
4-O17-00019      HILLCREST MEDICAL CENTER   110503         175.00  Outpatient
4-O17-00020      ADAMS ORTHODONTIC & PED. L  110503         175.00  Outpatient


------------------------------------------------------------------------
Total Documents: 2
```

Figure 6-21: Viewing Pending Electronic Signature Report

## 6.4.5    Example of a Printed Purchase Order

The follow example shows a printed purchase order with both Ordering Official and Authorizing Official E-Signatures.

```
                                                      1. ORDER NO.
                                         DCR:3         04 – 016 - 00018

2. PATIENT IDENTIFICATION              3. HEALTH INSURANCE
DEMO, PATIENT                             a. Name of Policy Holder:
                                         b. Plan Name:
111111113                                c. Address:

Fac: 555221  IHS#: 123456                d. Policy No.:
01-01-1949M  061  001  293-20-40         e. Coverage

Desc:  Ear Exam                          f. Effective
                                         g. Termination
4. IHS ORDERING FACILITY                 h. Other Health Insurance Coverage

DELAWARE TRIBE HEALTH CLINIC (555220)
3625 N.W. 56TH STREET
OKLAHOMA CITY OK 73112
5. HOSPITAL INPATIENT    6. DENTAL    7. OTHER THAN HOSPITAL
                                      INPATIENT OR DENTAL  [X]

8. ESTIMATED CHARGES     9. FISCAL YEAR CAN           10. OBJECT CLASS CODE
          $75.00                      J50AB75                         25.6r
                   REFERRAL AND AUTHORIZING INFORMATION
11. AUTHORIZATION VALID (From)   Nov 06, 2003    13. REASON FOR REFERRAL
                        (To)     Nov 16, 2003
12. SERVICES ORDERED             SCC:  25.4J      14. REFERRING IHS PHYSICIAN   ---
                                                 15. REFERRING IHS DENTIST
                                                 16. MEDICAL/DENTAL PRIORITY
                         PRICING  INFORMATION
17. IHS NO. OF    a. [ ] Contract,   b. [ ] Agreement, or   c. [ ] Rate Quotation: Open Market
18. DATE OF RATE QUOTATION (if applicable):   ---

19. RATE FOR AUTHORIZED SERVICES: a. [ ]  Medicare Rate, or b. [ ] Other Rate (Specify):
20. TITLE              21. SIGNATURE (IHS ordering official)        22. DATE SIGNED
                           JOHN JOHNS E-SIGNATURE                    NOV 5, 2003
23. PAYMENT IS HEREBY AUTHORIZED BY (IHS authorizing official)   24. DATE SIGNED   25. AMOUNT APPROVED
     SUE SUES E-SIGNATURE                                        NOV 5, 2003   $75.00
                PROVIDER INSTRUCTIONS, IDENTIFICATION, AND CERTIFICATION
26. PROVIDER     TEST DOCTOR
    a.  Name     1234 ANYPLACE            c. Telephone Number (  )
    b.  Address       OKLAHOMA CITY, OK 99999   d. EIN No.    1010101010
27. PROVIDER CLASSIFICATION (Check appropriate boxes)   e. UPIN No.   ---

a. [ ] Small Business    b. [ ] Small Disadvantaged Business   C. [ ] Woman - Owned Small   d. [ ] Other
28. INSTRUCTIONS
If IHS has not completed Block 19 above, the provider should indicate its rate for the authorized services in that Block. It is IHS policy to
pay Medicare rates or equivalent or lower rates for health care services.

IHS has approved payment to you for services necessary to treat the patients immediate condition. Any additional services must be approved
by the IHS authorizing official and may require an additional purchase-delivery order.

The provider shall submit HCFA 1450-1500 or ADA Dental Form for payment to:
_____
_____ Additional instructions for submitting claims are included on the reverse
side of this form, and the conditions and clauses pertaining to the order are included on the reverse side of Copy #3 of the purchase-delivery order.

29. I certify that I have provided        SIGNATURE OF PROVIDER                    DATE
    the authorized services:
```

Figure 6-22: Viewing a signed and printed purchase order

# 7.0     Patch 6 Changes

Patch 6, released in June of 2003, contained the following changes.

## 7.1     Appeal Status Edit (DAE)

The Appeal Status Edit (DAE) option allows the addition and edit of the appeal status of patient appeals for payment reconsideration by IHS. You can track when the appeal entry was entered followed by its status (upheld, reversed etc.) and the respective appeal level (Local facility, Area, Headquarters). For Tribal programs, Second Level and Final Level were added for the various entities that consider the appeal in the typical Contract Health Service tri-level process.

### 7.1.1     Editing an Appeal Status

1.  At the "Select Contract Health System Option" prompt, type **DEN**.

2.  At the "Select CHS Denial/Deferred Services Option" prompt, type **APP**.

3.  At the "Select Denial Appeal Status Menu Option:" prompt, type **DAE**.

```
              *********************************************
              *           Indian Health Service          *
              *        CONTRACT HEALTH MGMT SYSTEM        *
              *           Version 3.1, Jun 11, 2001       *
              *********************************************


                        DEMO TRIBE HEALTH CLINIC

   DOC      Document Generation ...
   PAY      Pay/Edit Documents ...
   PRT      Document Printing ...
   ACC      Account Balances ...
   PT       Patient Data
   VEN      Provider/Vendor Data
   DIS      Display Documents ...
   DCR      Document Control Register
   MGT      Facility Management ...
   DEN      CHS Denial/Deferred Services ...
   XXXX     CHS Programmer Utilities

Select Contract Health System Option: DEN <Enter>  CHS Denial/Deferred Services
```

```
                    *******************************************
                    *         Indian Health Service           *
                    *      CONTRACT HEALTH MGMT SYSTEM         *
                    *         Version 3.1, Jun 11, 2001        *
                    *******************************************

                          DEMO TRIBE HEALTH CLINIC

   ADD    Enter New Document(s) ...
   CAN    Cancel Document ...
   PAR    Parameters ...
   PRT    Print Patient and/or Vendor Letters ...
   REP    Reports ...
   SUPP   Enter Supplemental Information ...
   APP    Denial Appeal Status Menu ...

Select CHS Denial/Deferred Services Option:  APP <Enter>  Denial Appeal Status Menu

                        CONTRACT HEALTH MGMT SYSTEM, 3.1
                          DEMO TRIBE HEALTH CLINIC
                           Denial Appeal Status Menu

   DAE    Appeal Status Edit
   DSE    Denial Status Edit

Select Denial Appeal Status Menu Option:  DAE <Enter>   Appeal Status Edit
```

Figure 7-1: Editing an appeal (steps 1-3)

4. At the "Enter the Denial Number or Patient" prompt, type the denial number or patient number.

   The system displays the patient's information.

5. At the "Is This Correct" prompt, press Enter if the patient information is correct.

   The system displays the patient's CHS denial document information.

6. At the "Enter Number Of Field To Edit . . ." prompt, type 10 (Appeal Status).

```
                        CONTRACT HEALTH MGMT SYSTEM, 3.1
                          DEMO TRIBE HEALTH CLINIC
                             Appeal Status Edit

Enter the DENIAL NUMBER or PATIENT: 000-OANY-3 <Enter>  ISS: 03/10/1997  SRV:
02/24/1997

You have chosen denial document 000-OANY-3

DEMO,PATIENT
123 S. Main
TULSA OK 74123

Date of service Feb 24, 1997

Is this correct? YES// <Enter>
```

```
CHS DENIAL DISPLAY        PATIENT: DEMO,PATIENT                CHART#: NONE

========================================================================
DENIAL NO: 000-OANY-3                        DENIAL STATUS: Active
DATE ISSUED: Mar 10, 1997                    ISSUED BY: ROGERS,DEMO

1. DATE MED SVC: Feb 20, 1996          2. DATE OF REQUEST: Mar 15, 1996
3. MEDICAL PRIORITY: I
4. VISIT TYPE: OUTPATIENT
5. PRIMARY PROVIDER:     DEMO MEDICAL CENTER HOSPITAL
6. SECONDARY PROVIDERS:  DEMO EMERGENCY PHYSICIANS
                         DEMO ARTS LABORATORY INC
                         DMSA
7. PRIMARY DENIAL REASON: EMER. SVC:NO APRVL W/IN 72 HRS
8. *OTHER RESOURCES: YES                   9. *OTHER IHS RESOURCES: NONE
10. APPEAL STATUS: APPEAL PENDING          11. *APPEAL TRANSACTION RECORDS: NONE
12. *CHS OFFICE COMMENTS: NONE
                * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

Enter Number Of Field To Edit or <RETURN> To Accept:  (8-12): 10 <Enter>
```

Figure 7-2: Editing an appeal (steps 4-6)

7. At the "Select Appeal Transaction Date" prompt, type the date of the appeal transaction.

   If you are adding a new appeal transaction date, the system prompts you to confirm your choice.

8. At the "Appeal Transaction Status" prompt, type the appeal transaction status. Type ?? for a list of available options.

```
                APPEAL TRANSACTION MENU

Select APPEAL TRANSACTION DATE: APRIL 3 1997 <Enter>  APR 03, 1997
  Are you adding 'APR 03, 1997' as
    a new APPEAL TRANSACTION DATE (the 1ST for this DENIAL NUMBER)? No// Y <Enter>
(Yes)
  APPEAL TRANSACTION STATUS: ?? <Enter>

   Choose from:
   APPEAL PENDING
   PAYED WITH ADDITIONAL MONEY
   REVERSED AFTER APPEAL
   UPHELD AFTER APPEAL

  APPEAL TRANSACTION STATUS: REVERSED AFTER APPEAL <Enter>
```

Figure 7-3: Editing an appeal (steps 7-8)

9. At the "Appeal Level" prompt, type the appeal level. Type ?? for a list of available options.

10. At the "Appeal Resolve Date" prompt, type the date the appeal was resolved.

11. At the "Appeal Comments" prompt, type any comments relating to the appeal (50-character maximum).

The system display the updated patient's CHS denial document information.

```
  APPEAL LEVEL: ??

    Choose from:
      L          LOCAL SITE - SERVICE UNIT OR HEALTH DIRECTOR
      A          AREA OFFICE
      H          IHS HEADQUARTERS
      S          TRIBAL PROGRAMS (SECOND LEVEL)
      F          TRIBAL PROGRAMS (FINAL)
  APPEAL LEVEL: A <Enter>  AREA OFFICE
  APPEAL RESOLVE DATE: APRIL 3 1997 <Enter>  (APR 03, 1997)
  APPEAL COMMENTS: WE HAVE REVERSED OUR DECISION <Enter>
CHS DENIAL DISPLAY       PATIENT: DEMO,PATIENT               CHART#: NONE


========================================================================
DENIAL NO: 000-OANY-3                    DENIAL STATUS: Reversed
DATE ISSUED: Mar 10, 1997                ISSUED BY: ROGERS,DEMO L

1. DATE MED SVC: Feb 24, 1997            2. DATE OF REQUEST: Mar 05, 1997
3. MEDICAL PRIORITY: I
4. VISIT TYPE: OUTPATIENT
5. PRIMARY PROVIDER:    DEMO MEDICAL CENTER HOSPITAL
6. SECONDARY PROVIDERS:  DEMO EMERGENCY PHYSICIANS
                         DEMO ARTS LABORATORY INC
                         DMSA

7. PRIMARY DENIAL REASON: EMER. SVC:NO APRVL W/IN 72 HRS
8. *OTHER RESOURCES: YES                    9. *OTHER IHS RESOURCES: NONE
10. APPEAL STATUS: REVERSED AFTER APPEAL  11. *APPEAL TRANSACTION RECORDS: 1
12. *CHS OFFICE COMMENTS: NONE
               * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION
```

Figure 7-4: Editing an appeal (steps 9-11)

## 7.2      Denial Status Edit (DSE)

The Denial Status Edit (DSE) option allows you to edit the status of a denial
document. You can Reverse, Cancel, or Activate the denial.

If you use the appeal menu to **reverse** a denial, the Denial status will be updated
accordingly. This option corrects unintentional cancels and reactivates the appeal.

> **Note**:   When the denial is active, it means it is still upheld as a
> denial.

## 7.2.1    Editing a denial status

1. At the "Select Denial Appeal Status Menu Option" prompt, type **DSE**.

2. At the "Enter the Denial Number or Patient" prompt, type the denial number or patient number.

    The system displays the patient's information.

3. At the "Is This Correct" prompt, press Enter if the patient information is correct.

    The system displays the patient's CHS denial document information and the status of the appeal.

```
                      CONTRACT HEALTH MGMT SYSTEM
                         DEMO TRIBE HEALTH CLINIC
                         Denial Appeal Status Menu


   DAE     Appeal Status Edit
   DSE     Denial Status Edit

Select Denial Appeal Status Menu Option: DSE <Enter>  Denial Status Edit

                      CONTRACT HEALTH MGMT SYSTEM, 3.1
                         DEMO TRIBE HEALTH CLINIC
                             Denial Status Edit

Enter the DENIAL NUMBER or PATIENT: 000-OANY-2 ISS <Enter>    : 03/10/1997  SRV:
02/24/1997

You have chosen denial document 000-OANY-2

JONES,DEMO
BOX 1234
UNSPECIFIED OK 74027

Date of service Feb 24, 1997

Is this correct? YES// <Enter>

THE STATUS OF THIS DENIAL IS ACTIVE
```

Figure 7-7-5: Editing a denial status (steps 1-3)

4. At the "Do You Want To Edit The Denial Status?" prompt, type **YES**.

5. At the "Cancel, Reverse or Activate this denial?" prompt, type one of the following:

    • C to Cancel

    • R to Reverse

    • A to Activate

6. At the "Are You Sure You Want To (*your selection*) This Denial? prompt, type YES to confirm your selection.

   The system confirms that your selection.

7. At the "CHS Office Comments" prompt, type any comments. When you are done, press Escape (Esc) to exit.

8. At the "EDIT Option" prompt, press Enter to continue.

9. At the "Do You Want To Edit The Appeal Status? prompt, press Enter.

   See Section 7.1 to edit an appeal status.

10. At the "Enter the Denial Number or Patient" prompt,

    - Type another denial number or patient number, or

    - Press Enter to exit this option.

```
DO YOU WANT TO EDIT THE DENIAL STATUS? NO// YES <Enter>

Cancel, Reverse or Activate this denial? (C/R/A):  R <Enter>

Are You Sure You Want To Reverse This Denial? <Enter>

The status change will be recorded

Are You Sure You Want To Reverse This Denial? (Y/N)? NO// Y <Enter>

Now Reversing Denial Number 000-OANY-2
Completed
Enter Notes


CHS OFFICE COMMENTS:
  1>REVERSED BY UNIT CHSO <Enter>
  2> <ESC>
EDIT Option: <Enter>

DO YOU WANT TO EDIT THE APPEAL STATUS? NO// <Enter>
```

Figure 7-6: Editing a denial status (steps 4-10)

## 7.3    Send Approval Message to FI (FIM)

Use the Send Approval Message to FI (FIM)option to eliminate the need for paper sending authorizations to the Fiscal Intermediary (FI) for particular services, such as sterilizations and other procedures in support of direct care.

On issuing a purchase order authorization, you should use this option to send the approval via the Electronic Purchase Order transmission to the FI. This option should be used immediately after issuing the purchase order.

## 7.3.1    Sending an approval message

1. At the "Select Contract Health System Option" prompt, type **DOC**.

2. At the "Select Document Generation Option" prompt, type **FIM**.

```
               *******************************************
               *            Indian Health Service        *
               *        CONTRACT HEALTH MGMT SYSTEM       *
               *           Version 3.1, Jun 11, 2001      *
               *******************************************

                         DEMO TRIBE HEALTH CLINIC

   DOC    Document Generation ...
   PAY    Pay/Edit Documents ...
   PRT    Document Printing ...
   ACC    Account Balances ...
   PT     Patient Data
   VEN    Provider/Vendor Data
   DIS    Display Documents ...
   DCR    Document Control Register
   MGT    Facility Management ...
   DEN    CHS Denial/Deferred Services ...
   XXXX   CHS Programmer Utilities

Select Contract Health System Option: DOC <Enter>  Document Generation

                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                       DEMO TRIBE HEALTH CLINIC
                          Document Generation

   ID     Initial Document
   SUP    Supplemental
   SBO    Special Blanket Obligation
   CAN    Cancel Obligation
   SLO    Special Local Obligations
   REFM   Enter/Edit Referral Medical Data
   278    X12 Transaction 278 Processing ...
   FIM    Send Approval Message to FI

Select Document Generation Option: FIM <Enter>  Send Approval Message to FI
```

Figure 7-7: Sending an approval message (steps 1-2)

3. At the "Select Document" prompt, type the document number.

   The system displays the document information.

4. At the "Do you want to send a EPO approval message to the FI?" prompt, press Enter to send the message to the FI.

```
Select Document:  0-00003 <Enter>          10-25-99     OPEN     0

    DOCUMENT: 0-00003                  PATIENT NAME: DEMO,PATIENT
    DATE OF SERVICE: NOV 08, 1999      APRROVAL MESSAGE(S) TO FI:

Do you want to send a EPO approval message to the FI? YES// <Enter>
```

Figure 7-8: Sending an approval message (steps 3-4)

5. At the "CHS-FI Messages" prompt, type your message. Type ?? for a list of available options.

   The system then re-displays the document with the added approval message.

6. At the "Do you want to send a EPO approval message to the FI?" prompt,

   • You may type another message, or

   • Type NO to exit this option.

```
Select CHS-FI MESSAGES: STERILIZATION// <Enter>

    DOCUMENT: 0-00003                  PATIENT NAME: DEMO,PATIENT
    DATE OF SERVICE: NOV 08, 1999      APRROVAL MESSAGE(S) TO FI:
                                            1. Sterilization

Do you want to send a EPO approval message to the FI? YES// NO <Enter>
```

Figure 7-9: Sending an approval message (steps 5-6)

# 8.0    Patch 5 Changes

Patch 5, released in November of 2002, contained the following HIPAA-related changes.

## 8.1    X12 Transaction 278 Processing Option

Patch 5 of the Contract Health System addresses issues related to recent HIPAA Title II requirements. To meet these requirements, this patch implements the X12 transaction set 278 for HIPAA transaction set compliance.

### 8.1.1    Sending a 278 Transaction Manually

**To send a 278 transaction manually, follow these steps:**

1.  At the main CHS menu, Type **DOC**.

2.  At the "Select Document Generation Option" prompt, type **278O** (uppercase letter "O").

3.  At the "Select X12 Transaction 278 Processing Option" prompt, type 278O (uppercase letter "O").

4.  Respond to the prompts as they appear on your screen.

```
                    CONTRACT HEALTH MGMT SYSTEM
                            DEMO HOSP
                    X12 Transaction 278 Processing

   278O   Manually Send a 278 Trans

Select X12 Transaction 278 Processing Option:  278O <Enter>  Manually Send a 278
Trans

Device: 76 Job no.: 21  Unix Device: /dev/pts/12  [UCI,VOL]: PRD,DSD

                    CONTRACT HEALTH MGMT SYSTEM, 3.1
                            DEMO HOSP
                      Manually Send a 278 Trans

Select Document:  1-00001        08-27-01     CANCELED     1


         --------------------------------------------------
         TRANS                TRANS
         NUM     D A T E      TYPE      AMOUNT
         --------------------------------------------------

          1    Aug 27, 2001   I         3,000.95   <INITIAL>
          2    Aug 27, 2001   CF        3,000.95   <CANCELATION>

Select a transaction:  (1-2): 1 <Enter>
Proceed with the send of the Outbound 278? Y// Y <Enter>  YES
```

Figure 8-1: Example of sending an X12 Transaction 278 manually

# 9.0    Appendix A: CMS Provider Listings

The CMS Provider Listing is updated quarterly, semi-annually, or at the discretion of CMS. The information available in this listing includes facility name, address, Medicare number, available services, and certification date.

The current CMS Provider Listing is available at the IHS web site in PDF format.

**To download either listing, follow these steps:**

1.  In your web browser, go to the Indian Health Service web site:

    http://www.ihs.gov

2.  Locate **Information Technology**, and click the **Go to Information Technology** link.

3.  Under **Health IT Applications**, click the **Resource and Patient Management System (RPMS)** link.

4.  In the left panel, click **Other RPMS Related Documents** link.

5.  Click on **CMS Medicare Provider Listing**.

    The list opens through your Acrobat Reader in the browser window.

# 10.0    Appendix B: New Record Type 7 Layouts
## Contract Health Services Outpatient Transaction

**New Record Layout as of 10/01/2004**

## CHSSTAT Outpatient

One CHSSTAT record is composed of nine fixed-length (80-character) records. New fields are highlighted in light green shading.

**Record 1**

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7A'<br>NPIRS: not stored. |
| RECORD CODE | 3 - 4 | 2 | '20'<br>NPIRS: not used. |
| AUTHORIZATION NUMBER | 5 - 11 | 7 | CHS Document Authorization Number. First two and last five digits taken out of the CHS Purchase Order Number. |
| PATIENT HEALTH RECORD NUMBER | 12 - 17 | 6 | Patient's Chart Number. |
| SOCIAL SECURITY NUMBER | 18 - 26 | 9 | Patient's Social Security Number. |
| DATE OF BIRTH | 27 - 34 | 8 | Patient's Date Of Birth  - CCYYMMDD |
| SEX | 35 | 1 | Patient's Gender Code<br>1=Male, 2 = Female |
| TRIBE CODE | 36-38 | 3 | Patient's Tribe Affiliation Code, Valid Per Standard Code Book. |
| PAYMENT DESTINATION | 39 | 1 | Document Payment Destination (I=IHS) |
| OPTIONAL CODE | 40 - 41 | 2 | Blanks. |
| COMMUNITY CODE | 42 - 44 | 3 | Patient's Community Of Residence Code, Valid Per Standard Code Book. |
| COUNTY CODE | 45 - 46 | 2 | Patient's County Of Residence Code, Valid Per Standard Code Book. |
| STATE CODE | 47 - 48 | 2 | Patient's State Of Residence Code, Valid Per Standard Code Book. |
| AUTHORIZING FACILITY | 49 - 54 | 6 | Authorizing Facility Code, Valid Per Standard Code Book. |
| PROVIDER TYPE | 55 - 56 | 2 | CHS Provider Type Code, Valid Per Standard Code Book. |
| PROVIDER IDENTIFICATION CODE | 57 - 66 | 10 | Provider Identification Number (Employer Identification Numeric, Provider's SSN Number, or Corporate Tax Identification Number). |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| HOSPITAL AUTHORIZATION NUMBER | 67 - 73 | 7 | Health Accounting System (HAS) Hospital Authorization Number. |
| DATE OF SERVICE | 74 - 80 | 7 | Date of Service - CCYYMMDD (First seven digits. The last digit continues on the next record) |

## Record 2

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7B' |
| DATE OF SERVICE | 3 | 1 | Continued from previous record - The last digit of Date of Service. |
| FILLER | 4 | 1 | "2". NPIRS: not used |
| DIAGNOSIS CODE 1 | 5 - 7 | 3 | Diagnosis APC Code. |
| FILLER | 8 | 1 | "1". NPIRS: not used. |
| DIAGNOSIS CODE 2 | 9 - 11 | 3 | Diagnosis APC Code. |
| FILLER | 12 | 1 | "1". NPIRS: not used. |
| NUMBER OF VISITS | 13 - 14 | 2 | Number of Visits |
| PAID AMOUNT | 15 - 20 | 6 | Total Amount Paid. Numeric  $9999 and 99 Cents |
| FILLER | 21 - 33 | 13 | Blanks. |
| PAYMENT STATUS | 34 | 1 | Payment Status Code 1=Fully paid by IHS; 2=Partially paid by IHS. |
| PROCEDURE CODE | 35 - 38 | 4 | Valid ICD-9 Operation/Procedure Code |
| SERVICE CLASS CODE | 39 - 42 | 4 | Service Class Code NPIRS: used in the 2003 CHS Validation Project |
| ISSUE DATE | 43 - 50 | 8 | Purchase Order Issue Date - CCYYMMDD |
| PAYMENT DATE | 51 - 58 | 8 | Purchase Order Payment Date - CCYYMMDD |
| FILLER | 59 - 62 | 4 | Blanks. |
| COB AMOUNT | 63 - 70 | 8 | Total Coordination Of Benefits Amount. |
| DX CODE 1 | 71 - 75 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 2 | 76 - 80 | 5 | Valid Diagnosis ICD-9 Code. |

## Record 3

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7C' |
| DX CODE 3 | 3 - 7 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 4 | 8 - 12 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 5 | 13 - 17 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 6 | 18 - 22 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 7 | 23 - 27 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 8 | 28 - 32 | 5 | Valid Diagnosis ICD-9 Code. |
| DX CODE 9 | 33 - 37 | 5 | Valid Diagnosis ICD-9 Code. |
| FILLER | 38 -39 | 2 | Blank. |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| CPT CODE 1 | 40 - 44 | 5 | CPT (Current Procedure Terminology) Code 1 |
| CPT CODE 2 | 45 - 49 | 5 | CPT (Current Procedure Terminology) Code 2 |
| CPT CODE 3 | 50 - 54 | 5 | CPT (Current Procedure Terminology) Code 3 |
| CPT CODE 4 | 55 - 59 | 5 | CPT (Current Procedure Terminology) Code 4 |
| CPT CODE 5 | 60 - 64 | 5 | CPT (Current Procedure Terminology) Code 5 |
| CPT CODE 6 | 65 - 69 | 5 | CPT (Current Procedure Terminology) Code 6 |
| CPT CODE 7 | 70 - 74 | 5 | CPT (Current Procedure Terminology) Code 7 |
| CPT CODE 8 | 75 - 79 | 5 | CPT (Current Procedure Terminology) Code 8 |
| CPT CODE 9 | 80 | 1 | CPT (Current Procedure Terminology) Code 9 (The first character of a five-character field, continued on a next record) |

**Record 4**

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7E' |
| CPT CODE 9 - cont | 3 - 6 | 4 | Continued from a previous record - The last four characters of CPT CODE 9) |
| CPT CODE 10 | 7 - 11 | 5 | CPT (Current Procedure Terminology) Code 10 |
| CPT CODE 11 | 12 - 16 | 5 | CPT (Current Procedure Terminology) Code 11 |
| CPT CODE 12 | 17 - 21 | 5 | CPT (Current Procedure Terminology) Code 12 |
| CPT CODE 13 | 22 - 26 | 5 | CPT (Current Procedure Terminology) Code 13 |
| CPT CODE 14 | 27 - 31 | 5 | CPT (Current Procedure Terminology) Code 14 |
| CPT CODE 15 | 32 - 36 | 5 | CPT (Current Procedure Terminology) Code 15 |
| CPT CODE 16 | 37 - 41 | 5 | CPT (Current Procedure Terminology) Code 16 |
| CPT CODE 17 | 42 - 46 | 5 | CPT (Current Procedure Terminology) Code 17 |
| CPT CODE 18 | 47 - 51 | 5 | CPT (Current Procedure Terminology) Code 18 |
| CPT CODE 19 | 52 - 56 | 5 | CPT (Current Procedure Terminology) Code 19 |
| CPT CODE 20 | 57 - 61 | 5 | CPT (Current Procedure Terminology) Code 20 |
| CPT CODE 21 | 62 - 66 | 5 | CPT (Current Procedure Terminology) Code 21 |
| CPT CODE 22 | 67 - 71 | 5 | CPT (Current Procedure Terminology) Code 22 |
| CPT CODE 23 | 71 - 76 | 5 | CPT (Current Procedure Terminology) Code 23 |
| CPT CODE 24 | 77 - 80 | 4 | CPT (Current Procedure Terminology) Code 24 (The first four characters of a five-character field, continued on a next record) |

## Record 5

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7D' |
| CPT CODE 24 – cont. | 3 | 1 | Continued from a previous record - The character of CPT CODE 24) |
| CPT CODE 25 | 4 - 8 | 5 | CPT (Current Procedure Terminology)  Code 25 |
| CPT UNITS 1 | 9 - 12 | 4 | Corresponding number of Units for CPT Code 1 |
| CPT UNITS 2 | 13 - 16 | 4 | Corresponding number of Units for CPT Code 2 |
| CPT UNITS 3 | 17 - 20 | 4 | Corresponding number of Units for CPT Code 3 |
| CPT UNITS 4 | 21 - 24 | 4 | Corresponding number of Units for CPT Code 4 |
| CPT UNITS 5 | 25 - 28 | 4 | Corresponding number of Units for CPT Code 5 |
| CPT UNITS 6 | 29 - 32 | 4 | Corresponding number of Units for CPT Code 6 |
| CPT UNITS 7 | 33 - 36 | 4 | Corresponding number of Units for CPT Code 7 |
| CPT UNITS 8 | 37 - 40 | 4 | Corresponding number of Units for CPT Code 8 |
| CPT UNITS 9 | 41 - 44 | 4 | Corresponding number of Units for CPT Code 9 |
| CPT UNITS 10 | 45 - 48 | 4 | Corresponding number of Units for CPT Code 10 |
| CPT UNITS 11 | 49 - 52 | 4 | Corresponding number of Units for CPT Code 11 |
| CPT UNITS 12 | 53 - 56 | 4 | Corresponding number of Units for CPT Code 12 |
| CPT UNITS 13 | 57 - 60 | 4 | Corresponding number of Units for CPT Code 13 |
| CPT UNITS 14 | 61 - 64 | 4 | Corresponding number of Units for CPT Code 14 |
| CPT UNITS 15 | 65 - 68 | 4 | Corresponding number of Units for CPT Code 15 |
| CPT UNITS 16 | 69 - 72 | 4 | Corresponding number of Units for CPT Code 16 |
| CPT UNITS 17 | 73 - 76 | 4 | Corresponding number of Units for CPT Code 17 |
| CPT UNITS 18 | 77 - 80 | 4 | Corresponding number of Units for CPT Code 18 |

## Record 6

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7E' |
| CPT UNITS 19 | 3 - 6 | 4 | Corresponding number of Units for CPT Code 19 |
| CPT UNITS 20 | 7 - 10 | 4 | Corresponding number of Units for CPT Code 20 |
| CPT UNITS 21 | 11 - 14 | 4 | Corresponding number of Units for CPT Code 21 |
| CPT UNITS 22 | 15 - 18 | 4 | Corresponding number of Units for CPT Code 22 |
| CPT UNITS 23 | 19 - 22 | 4 | Corresponding number of Units for CPT Code 23 |
| CPT UNITS 24 | 23 - 26 | 4 | Corresponding number of Units for CPT Code 24 |
| CPT UNITS 25 | 27 - 30 | 4 | Corresponding number of Units for CPT Code 25 |
| CPT COST 1 | 31 - 37 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 2 | 38 - 44 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 3 | 45 - 51 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 4 | 52 - 58 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 5 | 59 - 65 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 6 | 66 - 72 | 7 | Allowable Amount  multiplied by number of Units |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| CPT COST 7 | 73 - 79 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 8 | 80 | 1 | Allowable Amount  multiplied by number of Units (The first digit of  a 7-digit field, continued on a next record) |

## Record 7

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7F' |
| CPT COST 8 – cont. | 3 - 8 | 6 | Continued from a previous record - The last six digits of CPT COST 8) |
| CPT COST 9 | 9 - 15 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 10 | 16 - 22 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 11 | 23 - 29 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 12 | 30 - 36 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 13 | 37 - 43 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 14 | 44 - 50 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 15 | 51 - 57 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 16 | 58 - 64 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 17 | 65 - 71 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 18 | 72 - 78 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 19 | 79 - 80 | 2 | Allowable Amount  multiplied by number of Units (The first two digits of  a 7-digit field, continued on a next record) |

## Record 8

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7G' |
| CPT COST 19 – cont. | 3 - 7 | 5 | Continued from a previous record - The last five digits of CPT COST 19) |
| CPT COST 20 | 8 - 14 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 21 | 15 - 21 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 22 | 22 - 28 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 23 | 29 - 35 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 24 | 36 - 42 | 7 | Allowable Amount  multiplied by number of Units |
| CPT COST 25 | 43 - 49 | 7 | Allowable Amount  multiplied by number of Units |
| FILLER | 50 - 80 | 31 | Blanks |

## Record 9

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7X' |
| URRID | 3 - 18 | 16 | Unique Registration Record Id |
| CHS/MIS IEN | 19 -38 | 20 | Right Justified CHS/MIS Internal Entry Number |
| FILLER | 39 - 80 | 42 | Blanks. |

# Contract Health Services Outpatient Transaction

### New Record Layout as of 10/01/2004

## CHSSTAT Inpatient

One CHSSTAT record is composed of fourteen fixed-length (80-character) records. New fields are marked in light green shading.

**Record 1**

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | 7A. |
| RECORD CODE | 3 - 4 | 2 | '19' |
| AUTHORIZATION NUMBER | 5 - 11 | 7 | CHS Document Authorization Number. First two and last five digits taken out of the CHS Purchase Order Number. |
| PATIENT HEALTH RECORD NUMBER | 12 - 17 | 6 | Patient's Chart Number. |
| SOCIAL SECURITY NUMBER | 18 - 26 | 9 | Patient's Social Security Number |
| DATE OF BIRTH | 27 - 34 | 8 | Patient's Date Of Birth  - CCYYMMDD |
| SEX | 35 | 1 | Patient's Gender Code<br>1=Male, 2 = Female |
| TRIBE CODE | 36 - 38 | 3 | Patient's Tribe Affiliation Code, valid per Standard Code Book |
| PAYMENT DESTINATION | 39 | 1 | Document Payment Destination (I=IHS) |
| OPTIONAL CODE | 40 - 41 | 2 | Blank. |
| COMMUNITY CODE | 42 - 44 | 3 | Patient's Community Of Residence Code, valid per Standard Code Book. |
| COUNTY CODE | 45 - 46 | 2 | Patient's County Of Residence Code, valid per Standard Code Book. |
| STATE CODE | 47 - 48 | 2 | Patient's State Of Residence Code, valid per Standard Code Book. |
| AUTHORIZING FACILITY | 49 - 54 | 6 | Authorizing Facility Code, valid per Standard Code Book. |
| PROVIDER TYPE | 55 - 56 | 2 | CHS Provider Type Code, valid per Standard Code Book. |
| PROVIDER IDENTIFICATION CODE | 57 - 66 | 10 | Provider Identification Number (Employer Identification Numeric, Provider's SSN Number, or Corporate Tax Identification Number) |
| ADMISSION DATE | 67 - 74 | 8 | Hospital Admission Date  - CCYYMMDD |
| DISCHARGE DATE | 75 - 80 | 6 | Hospital Discharge Date - CCYYMMDD (First six digits of Discharge Date. The last two digits continue on the next record) |

## Record 2

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7B' |
| DISCHARGE DATE | 3 - 4 | 2 | Continued from previous record - The last two digits of Discharge Date. |
| TOTAL HOSPITAL DAYS | 5 - 7 | 3 | Total Number Of Days In the Hospital. |
| DISPOSITION CODE | 8 | 1 | Disposition (Hospital Discharge) Code. |
| DIAGNOSIS CODE 1 | 9 - 13 | 5 | Valid Primary Diagnosis ICD-9 Code. |
| DIAGNOSIS CODE 2 | 14 - 18 | 5 | Valid Diagnosis ICD-9 Code. |
| DIAGNOSIS CODE 3 | 19 - 23 | 5 | Valid Diagnosis ICD-9 Code. |
| DIAGNOSIS CODE 4 | 24 - 28 | 5 | Valid Diagnosis ICD-9 Code. |
| DIAGNOSIS CODE 5 | 29 - 33 | 5 | Valid Diagnosis ICD-9 Code. |
| OPERATION PROCEDURE CODE 1 | 34 - 37 | 4 | Valid ICD-9 Operation/Procedure Code |
| FILLER | 38 - 41 | 4 | Blanks. |
| OPERATION PROCEDURE CODE 2 | 42 - 45 | 4 | Valid ICD-9 Operation/Procedure Code |
| OPERATION PROCEDURE CODE 3 | 46 - 49 | 4 | Valid ICD-9 Operation/Procedure Code |
| FILLER | 50 - 59 | 10 | Blank. |
| EXTERNAL CAUSE OF INJURY | 60 - 63 | 4 | External Cause Of Injury (ICD-9), valid per Standard Code Book |
| PLACE OF INJURY | 64 - 65 | 2 | Place Of Injury Code, Valid Per Standard Code Book |
| PAID AMOUNT | 66 - 73 | 8 | Total Amount Paid. Numeric - $999999 and 99cents |
| PAYMENT STATUS | 74 | 1 | Payment Status Code<br>1=Fully paid by IHS;<br>2=Partially paid by IHS. |
| SERVICE CLASS CODE | 75 -78 | 4 | Service Class Code<br>NPIRS: used in the 2003 CHS Validation Project |
| FILLER | 79 - 80 | 2 | Blank. |

## Record 3

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7C' |
| ISSUE DATE | 3 - 10 | 8 | Purchase Order Issue Date - CCYYMMDD |
| PAYMENT DATE | 11 - 18 | 8 | Purchase Order Payment Date - CCYYMMDD |
| FILLER | 19 - 21 | 3 | Blank |
| COB AMOUNT | 22 - 29 | 8 | Total Coordination Of Benefits Amount. |
| DX CODE 6 | 30 - 34 | 5 | Valid Diagnosis ICD-9 Code |
| DX CODE 7 | 35 - 39 | 5 | Valid Diagnosis ICD-9 Code |
| DX CODE 8 | 40 - 44 | 5 | Valid Diagnosis ICD-9 Code |
| DX CODE 9 | 45 - 49 | 5 | Valid Diagnosis ICD-9 Code |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| FILLER | 50 | 1 | Blank |
| REV CODE 1 | 51 - 53 | 3 | Revenue Code 1 |
| REV CODE 2 | 54 - 56 | 3 | Revenue Code 2 |
| REV CODE 3 | 57 - 59 | 3 | Revenue Code 3 |
| REV CODE 4 | 60 - 62 | 3 | Revenue Code 4 |
| REV CODE 5 | 63 - 65 | 3 | Revenue Code 5 |
| REV CODE 6 | 66 - 68 | 3 | Revenue Code 6 |
| REV CODE 7 | 69 - 71 | 3 | Revenue Code 7 |
| REV CODE 8 | 72 - 74 | 3 | Revenue Code 8 |
| REV CODE 9 | 75 - 77 | 3 | Revenue Code 9 |
| REV CODE 10 | 78 - 80 | 3 | Revenue Code 10 |

## Record 4

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7D' |
| REV CODE 11 | 3 - 5 | 3 | Revenue Code 11 |
| REV CODE 12 | 6 - 8 | 3 | Revenue Code 12 |
| REV CODE 13 | 9 - 11 | 3 | Revenue Code 13 |
| REV CODE 14 | 12 - 14 | 3 | Revenue Code 14 |
| REV CODE 15 | 15 - 17 | 3 | Revenue Code 15 |
| REV CODE 16 | 18 - 20 | 3 | Revenue Code 16 |
| REV CODE 17 | 21 - 23 | 3 | Revenue Code 17 |
| REV CODE 18 | 24 - 26 | 3 | Revenue Code 18 |
| REV CODE 19 | 27 - 29 | 3 | Revenue Code 19 |
| REV CODE 20 | 30 - 32 | 3 | Revenue Code 20 |
| REV CODE 21 | 33 - 35 | 3 | Revenue Code 21 |
| REV CODE 22 | 36 - 38 | 3 | Revenue Code 22 |
| REV CODE 23 | 39 - 41 | 3 | Revenue Code 23 |
| REV CODE 24 | 42 - 44 | 3 | Revenue Code 24 |
| REV CODE 25 | 45 - 47 | 3 | Revenue Code 25 |
| REV UNITS 1 | 48 - 51 | 4 | Corresponding number of Units for REV Code 1 |
| REV UNITS 2 | 52 - 55 | 4 | Corresponding number of Units for REV Code 2 |
| REV UNITS 3 | 56 - 59 | 4 | Corresponding number of Units for REV Code 3 |
| REV UNITS 4 | 60 - 63 | 4 | Corresponding number of Units for REV Code 4 |
| REV UNITS 5 | 64 - 67 | 4 | Corresponding number of Units for REV Code 5 |
| REV UNITS 6 | 68 - 71 | 4 | Corresponding number of Units for REV Code 6 |
| REV UNITS 7 | 72 - 75 | 4 | Corresponding number of Units for REV Code 7 |
| REV UNITS 8 | 76 - 79 | 4 | Corresponding number of Units for REV Code 8 |
| REV UNITS 9 | 80 | 1 | Corresponding number of Units for REV Code 9 (The first digit of a four-digit field, continued on a next record) |

## Record 5

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7E' |
| REV UNITS 9 | 3 - 5 | 3 | Continued from a previous record - The last three digits of REV UNITS 9) |
| REV UNITS 10 | 6 - 9 | 4 | Corresponding number of Units for REV Code 10 |
| REV UNITS 11 | 10 - 13 | 4 | Corresponding number of Units for REV Code 11 |
| REV UNITS 12 | 14 - 17 | 4 | Corresponding number of Units for REV Code 12 |
| REV UNITS 13 | 18 - 21 | 4 | Corresponding number of Units for REV Code 13 |
| REV UNITS 14 | 22 - 25 | 4 | Corresponding number of Units for REV Code 14 |
| REV UNITS 15 | 26 - 29 | 4 | Corresponding number of Units for REV Code 15 |
| REV UNITS 16 | 30 - 33 | 4 | Corresponding number of Units for REV Code 16 |
| REV UNITS 17 | 34 - 37 | 4 | Corresponding number of Units for REV Code 17 |
| REV UNITS 18 | 38 - 41 | 4 | Corresponding number of Units for REV Code 18 |
| REV UNITS 19 | 42 - 45 | 4 | Corresponding number of Units for REV Code 19 |
| REV UNITS 20 | 46 - 49 | 4 | Corresponding number of Units for REV Code 20 |
| REV UNITS 21 | 50 - 53 | 4 | Corresponding number of Units for REV Code 21 |
| REV UNITS 22 | 54 - 57 | 4 | Corresponding number of Units for REV Code 22 |
| REV UNITS 23 | 58 - 61 | 4 | Corresponding number of Units for REV Code 23 |
| REV UNITS 24 | 62 - 65 | 4 | Corresponding number of Units for REV Code 24 |
| REV UNITS 25 | 66 - 69 | 4 | Corresponding number of Units for REV Code 25 |
| REV COST 1 | 70 - 76 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 2 | 77 - 80 | 4 | Allowable Amount  multiplied by number of Units (The first four digits of a seven-digit field, continued on a next record) |

## Record 6

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7F' |
| REV COST 2 - cont | 3 - 5 | 3 | Continued from a previous record - The last three digits of REV COST 2) |
| REV COST 3 | 6 - 12 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 4 | 13 - 19 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 5 | 20 - 26 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 6 | 27 - 33 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 7 | 34 - 40 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 8 | 41 - 47 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 9 | 48 - 54 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 10 | 55 - 61 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 11 | 62 - 68 | 7 | Allowable Amount  multiplied by number of Units |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| REV COST 12 | 69 - 75 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 13 | 76 - 80 | 5 | Allowable Amount  multiplied by number of Units (The first five digits of a seven-digit field, continued on a next record) |

## Record 7

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7G' |
| REV COST 13 – cont. | 3 - 4 | 2 | Continued from a previous record - The last two digits of REV COST 13) |
| REV COST 14 | 5 - 11 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 15 | 12 - 18 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 16 | 19 - 25 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 17 | 26 - 32 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 18 | 33 - 39 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 19 | 40 - 46 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 20 | 47 - 53 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 21 | 54 - 60 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 22 | 61 - 67 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 23 | 68 - 74 | 7 | Allowable Amount  multiplied by number of Units |
| REV COST 24 | 75 - 80 | 6 | Allowable Amount  multiplied by number of Units (The first six digits of a seven-digit field, continued on a next record) |

## Record 8

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7H' |
| REV COST 24 – cont. | 3 | 1 | Continued from a previous record - The last digit of REV COST 24) |
| REV COST 25 | 4 - 10 | 7 | Allowable Amount  multiplied by number of Units |
| FILLER | 11 - 42 | 32 | Blank |
| CPT CODE 1 | 43 - 47 | 5 | CPT (Current Procedure Terminology)  Code 1 |
| CPT CODE 2 | 48 - 52 | 5 | CPT (Current Procedure Terminology)  Code 2 |
| CPT CODE 3 | 53 - 57 | 5 | CPT (Current Procedure Terminology)  Code 3 |
| CPT CODE 4 | 58 - 62 | 5 | CPT (Current Procedure Terminology)  Code 4 |
| CPT CODE 5 | 63 - 67 | 5 | CPT (Current Procedure Terminology)  Code 5 |
| CPT CODE 6 | 68 - 72 | 5 | CPT (Current Procedure Terminology)  Code 6 |
| CPT CODE 7 | 73 - 77 | 5 | CPT (Current Procedure Terminology)  Code 7 |
| CPT CODE 8 | 78 - 80 | 3 | CPT (Current Procedure Terminology)  Code 8 (The first three characters of a five-character field, continued on a next record) |

## Record 9

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7I' |
| CPT CODE 8 – cont. | 3 - 4 | 2 | Continued from a previous record - The last two characters of CPT CODE 8) |
| CPT CODE 9 | 5 - 9 | 5 | CPT (Current Procedure Terminology)  Code 9 |
| CPT CODE 10 | 10 - 14 | 5 | CPT (Current Procedure Terminology)  Code 10 |
| CPT CODE 11 | 15 - 19 | 5 | CPT (Current Procedure Terminology)  Code 11 |
| CPT CODE 12 | 20 - 24 | 5 | CPT (Current Procedure Terminology)  Code 12 |
| CPT CODE 13 | 25 - 29 | 5 | CPT (Current Procedure Terminology)  Code 13 |
| CPT CODE 14 | 30 - 34 | 5 | CPT (Current Procedure Terminology)  Code 14 |
| CPT CODE 15 | 35 - 39 | 5 | CPT (Current Procedure Terminology)  Code 15 |
| CPT CODE 16 | 40 - 44 | 5 | CPT (Current Procedure Terminology)  Code 16 |
| CPT CODE 17 | 45 - 49 | 5 | CPT (Current Procedure Terminology)  Code 17 |
| CPT CODE 18 | 50 - 54 | 5 | CPT (Current Procedure Terminology)  Code 18 |
| CPT CODE 19 | 55 - 59 | 5 | CPT (Current Procedure Terminology)  Code 19 |
| CPT CODE 20 | 60 - 64 | 5 | CPT (Current Procedure Terminology)  Code 20 |
| CPT CODE 21 | 65 - 69 | 5 | CPT (Current Procedure Terminology)  Code 21 |
| CPT CODE 22 | 70 - 74 | 5 | CPT (Current Procedure Terminology)  Code 22 |
| CPT CODE 23 | 75 - 79 | 5 | CPT (Current Procedure Terminology)  Code 23 |
| CPT CODE 24 | 80 | 1 | CPT (Current Procedure Terminology)  Code 24 (The first character of a five-character field, continued on a next record) |

## Record 10

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7J' |
| CPT CODE 24 – cont. | 3 - 6 | 4 | Continued from a previous record - The last four characters of CPT CODE 24) |
| CPT CODE 25 | 7 - 11 | 5 | CPT (Current Procedure Terminology)  Code 25 |
| CPT UNITS 1 | 12 - 15 | 4 | Corresponding number of Units for CPT Code 1 |
| CPT UNITS 2 | 16 - 19 | 4 | Corresponding number of Units for CPT Code 2 |
| CPT UNITS 3 | 20 - 23 | 4 | Corresponding number of Units for CPT Code 3 |
| CPT UNITS 4 | 24 - 27 | 4 | Corresponding number of Units for CPT Code 4 |
| CPT UNITS 5 | 28 - 31 | 4 | Corresponding number of Units for CPT Code 5 |
| CPT UNITS 6 | 32 - 35 | 4 | Corresponding number of Units for CPT Code 6 |
| CPT UNITS 7 | 36 - 39 | 4 | Corresponding number of Units for CPT Code 7 |
| CPT UNITS 8 | 40 - 43 | 4 | Corresponding number of Units for CPT Code 8 |
| CPT UNITS 9 | 44 - 47 | 4 | Corresponding number of Units for CPT Code 9 |
| CPT UNITS 10 | 48 - 51 | 4 | Corresponding number of Units for CPT Code 10 |
| CPT UNITS 11 | 52 - 55 | 4 | Corresponding number of Units for CPT Code 11 |
| CPT UNITS 12 | 56 - 59 | 4 | Corresponding number of Units for CPT Code 12 |
| CPT UNITS 13 | 60 - 63 | 4 | Corresponding number of Units for CPT Code 13 |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| CPT UNITS 14 | 64 - 67 | 4 | Corresponding number of Units for CPT Code 14 |
| CPT UNITS 15 | 68 - 71 | 4 | Corresponding number of Units for CPT Code 15 |
| CPT UNITS 16 | 72 - 75 | 4 | Corresponding number of Units for CPT Code 16 |
| CPT UNITS 17 | 76 - 79 | 4 | Corresponding number of Units for CPT Code 17 |
| CPT UNITS 18 | 80 | 1 | Corresponding number of Units for CPT Code 18 (The first digit of a four-digit field, continued on a next record) |

## Record 11

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7K' |
| CPT UNITS 18 – cont. | 3 - 5 | 3 | Continued from a previous record - The last three digits of CPT UNITS 18) |
| CPT UNITS 19 | 6 - 9 | 4 | Corresponding number of Units for CPT Code 19 |
| CPT UNITS 20 | 10 - 13 | 4 | Corresponding number of Units for CPT Code 20 |
| CPT UNITS 21 | 14 - 17 | 4 | Corresponding number of Units for CPT Code 21 |
| CPT UNITS 22 | 18 - 21 | 4 | Corresponding number of Units for CPT Code 22 |
| CPT UNITS 23 | 22 - 25 | 4 | Corresponding number of Units for CPT Code 23 |
| CPT UNITS 24 | 26 - 29 | 4 | Corresponding number of Units for CPT Code 24 |
| CPT UNITS 25 | 30 - 33 | 4 | Corresponding number of Units for CPT Code 25 |
| CPT COST 1 | 34 - 40 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 2 | 41 - 47 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 3 | 48 - 54 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 4 | 55 - 61 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 5 | 62 - 68 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 6 | 69 - 75 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 7 | 76 - 80 | 5 | Allowable Amount multiplied by number of Units (The first five digits of a seven-digit field, continued on a next record) |

## Record 12

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7L' |
| CPT COST 7 – cont. | 3 - 4 | 2 | Continued from a previous record - The last two digits of CPT COST 7) |
| CPT COST 8 | 5 - 11 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 9 | 12 - 18 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 10 | 19 - 25 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 11 | 26 - 32 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 12 | 33 - 39 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 13 | 40 - 46 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 14 | 47 - 53 | 7 | Allowable Amount multiplied by number of Units |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| CPT COST 15 | 54 - 60 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 16 | 61 - 67 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 17 | 68 - 74 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 18 | 75 - 80 | 6 | Allowable Amount multiplied by number of Units (The first six digits of a seven-digit field, continued on a next record) |

## Record 13

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7M' |
| CPT COST 18 – cont. | 3 | 1 | Continued from a previous record - The last digit of CPT COST 18) |
| CPT COST 19 | 4 - 10 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 20 | 11 - 17 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 21 | 18 - 24 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 22 | 25 - 31 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 23 | 32 - 38 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 24 | 39 - 45 | 7 | Allowable Amount multiplied by number of Units |
| CPT COST 25 | 46 - 52 | 7 | Allowable Amount multiplied by number of Units |
| FILLER | 53 – 80 | 28 | Blank |

## Record 14

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7X' |
| URRID | 3 - 18 | 16 | Unique Registration Record Id |
| CHS/MIS IEN | 19 -38 | 20 | Right Justified CHS/MIS Internal Entry Number |
| FILLER | 39 - 80 | 42 | Blanks. |

# Contract Health Services Outpatient Transaction

### New Record Layout as of 10/01/2004

## CHSSTAT Dental

One CHSSTAT Dental visit record is composed of four fixed-length (80-character) records. New fields are marked in light green shading.

### Record 1

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7A'<br>NPIRS: not stored. |
| RECORD CODE | 3 - 4 | 2 | '25'<br>NPIRS: not used. |
| AUTHORIZING FACILITY | 5 - 10 | 6 | Authorizing Facility Code, Valid Per Standard Code Book. |
| VENDOR'S EIN | 11 - 19 | 9 | Provider's Identification Number (Dentist SSN) |
| SEX | 20 | 1 | Patient's Gender Code<br>M=Male, F = Female |
| DATE OF BIRTH | 21 - 28 | 8 | Patient's Date Of Birth  - CCYYMMDD |
| SOCIAL SECURITY NUMBER | 29 - 37 | 9 | Patient's Social Security Number |
| ADA CODE 1 | 38 - 41 | 4 | ADA Procedure Code |
| ADA CODE2 | 42 - 45 | 4 | ADA Procedure Code |
| ADA CODE 3 | 46 - 49 | 4 | ADA Procedure Code |
| ADA CODE 4 | 50 -53 | 4 | ADA Procedure Code |
| ADA CODE 5 | 54 - 57 | 4 | ADA Procedure Code |
| ADA CODE 6 | 58 -61 | 4 | ADA Procedure Code |
| ADA CODE 7 | 62 -65 | 4 | ADA Procedure Code |
| ADA CODE 8 | 66 - 69 | 4 | ADA Procedure Code |
| ADA CODE 9 | 70 -73 | 4 | ADA Procedure Code |
| ADA CODE 10 | 74 -77 | 4 | ADA Procedure Code |
| ADA CODE 11 | 78 - 80 | 3 | ADA Procedure Code (First three characters) |

### Record 2

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7B' |
| ADA CODE 11 | 3 | 1 | ADA Procedure Code (Last character) |
| ADA CODE 12 | 4 - 7 | 4 | ADA Procedure Code |
| ADA CODE 13 | 8 - 11 | 4 | ADA Procedure Code |
| ADA CODE 14 | 12 - 15 | 4 | ADA Procedure Code |
| ADA CODE 15 | 16 - 19 | 4 | ADA Procedure Code |

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| FEE | 20 - 26 | 7 | Total Amount Charged. Numeric  $99999 AND 99 CENTS (DDDDDCC) |
| DATE OF SERVICE | 27 - 34 | 8 | Date of Service - CCYYMMDD |
| FILLER | 35 - 52 | 18 | Blanks. |
| AUTHORIZATION NUMBER | 53- 59 | 7 | CHS Document Authorization Number. First two and last five digits taken out of the CHS Purchase Order Number. |
| PATIENT HEALTH RECORD NUMBER | 60 - 65 | 6 | Patient's Chart Number |
| PAYMENT DESTINATION | 66 | 1 | Document Payment Destination (I=IHS) |
| AGE | 67 - 68 | 2 | Patient's age at the time of visit. |
| ADA UNITS 1 | 69 - 72 | 4 | Corresponding Number of Units for ADA CODE 1 |
| ADA UNITS 2 | 73 - 76 | 4 | Corresponding Number of Units for ADA CODE 2 |
| ADA UNITS 3 | 77 - 80 | 4 | Corresponding Number of Units for ADA CODE 3 |

## Record 3

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | '7C' |
| ADA UNITS 4 | 3 - 6 | 4 | Corresponding Number of Units for ADA CODE 4 |
| ADA UNITS 5 | 7 - 10 | 4 | Corresponding Number of Units for ADA CODE 5 |
| ADA UNITS 6 | 11 - 14 | 4 | Corresponding Number of Units for ADA CODE 6 |
| ADA UNITS 7 | 15 - 18 | 4 | Corresponding Number of Units for ADA CODE 7 |
| ADA UNITS 8 | 19 - 22 | 4 | Corresponding Number of Units for ADA CODE 8 |
| ADA UNITS 9 | 23 - 26 | 4 | Corresponding Number of Units for ADA CODE 9 |
| ADA UNITS 10 | 27 - 30 | 4 | Corresponding Number of Units for ADA CODE 10 |
| ADA UNITS 11 | 31 - 34 | 4 | Corresponding Number of Units for ADA CODE 11 |
| ADA UNITS 12 | 35 - 38 | 4 | Corresponding Number of Units for ADA CODE 12 |
| ADA UNITS 13 | 39 - 42 | 4 | Corresponding Number of Units for ADA CODE 13 |
| ADA UNITS 14 | 43 - 46 | 4 | Corresponding Number of Units for ADA CODE 14 |
| ADA UNITS 15 | 47 - 50 | 4 | Corresponding Number of Units for ADA CODE 15 |
| SERVICE CLASS CODE | 51 - 54 | 4 | Service Class Code<br>NPIRS: used in the 2003 CHS Validation Project |
| ISSUE DATE | 55 - 62 | 8 | Purchase Order Issue Date – CCYYMMDD |
| PAYMENT DATE | 63 - 70 | 8 | Purchase Order Payment Date - CCYYMMDD |
| COB AMOUNT | 71 - 78 | 8 | Total Coordination Of Benefits Amount |
| FILLER | 79 - 80 | 2 | Blanks. |

## Record 4

| Field | Position | Length | Description of Data Item |
|---|---|---|---|
| RECORD NUMBER | 1 - 2 | 2 | 'DX' |
| URRID | 3 - 18 | 16 | Unique Registration Record Id |
| CHS/MIS IEN | 19 -38 | 20 | Right Justified CHS/MIS Internal Entry Number |
| FILLER | 39 - 80 | 42 | Blanks. |

# 11.0   Contact Information

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

**Phone:**   (505) 248-4371 or (888) 830-7280 (toll free)

**Fax:**     (505) 248-4363

**Web:**     http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm

**Email:**   support@ihs.gov