



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Contract Health Services/ Management Information System (ACHS)

Patch Addendum to User Manual

Version 3.1 Patch 16
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Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0 Introduction

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

1.1 Summary of Changes

- Hide full Social Security Number
- Denial Letter and CHEF Form Regulations Citations Updated
- Allow use of CAN number (K) for FY 2010
- Fiscal Year 2010 Printing on PO
 - Fiscal Year 2010 PO export update to the FI
 - Fiscal Year 2010 PO passing to the RCIS package
- Purchase Order DUNS Parameter
- Enhancements to the CHEF Reimbursement form
- Parameter Prompt for CCR Number
- Third Party Billing Report Updated with new options
- Denial Report “Care not within Medical Priority”
- Payment Report by Object Classification
- Summary Payment Report by Object Classification

2.0 Patch 16

Patch 16 of the Contract Health System makes the following changes.

2.1 Patient Social Security Number

Social Security Numbers (SSN) will no longer display on the screen or print on the purchase order. The SSN will now appear as; XXX-XX-1234 to protect patient confidentiality.

2.2 Denial Letter Regulations Citations

The regulation citations listed on the CHEF Reimbursement Form and in all of the denial letters are outdated. There are approximately 17 denial reasons listed in CHS. The corrected format will include the addition of a “1” in front of each regulation number (i.e., 36.00 should be 136.00). Also, the year for all of the citations that is provided in parenthesis should all be changed to 2008. An example of the modification is as follows:

- Current: [Per 42 Code of Federal Regulations 36.23(e) (1986)]
- New Citation: [Per 42 Code of Federal Regulations 136.23(e) (2008)]

2.3 CAN number “K” used for FY 2010

K is assigned as the FY 2010 for the two year authority digit in the CAN number. The K caused an error and would not allow a document to be generated. This has been corrected to allow K to be used.

2.4 Fiscal Year printing on purchase order

“00” was printing for the “10” on purchase orders. Change the printed fiscal year from “00” to “10” to represent the new 2010 year.

2.5 Form Renewal Parameter

Changes due to the renewal of the purchase order form IHS-843 include the following: The UPIN No. field was replaced with the DUNS No. field; and a parameter was added to the Parameter Edit option for the form to print correctly. If you use the new form; type **YES** in the PRINT DUNS ON PO parameter and the D-U-N-S Number will print on the form instead of the UPIN Number. The D-U-N-S Number must be populated in the vendor file.

```
1 question mark ("?") will get you help.
2 question marks ("??") usually gets you more help.

For printed help, print out chapter 1 of the Tech Manual (D ^ACHSTM).

FACILITY IS 638 TYPE: YES//
P.O. BATCH PRINT RETAIN DAYS: 365//
AREA CONTRACTING NO.: 638//
AUTHORIZING FACILITY: DEMO INDIAN HOSPITAL//
UFMS EXPORT START DATE: OCT 1,2007//
LAST UFMS EXPORT:
CCR REQUIRED: Y//
NEG. UNOBLIGATED BAL. PRIOR FY: NO//
ISSUE BLANKETS FOR FI DOCS: YES//
PATIENT ADDRESS REQUIRED: YES//
MULT. FACILITY PATIENT LOOKUP: NO//
PRINT CANCEL DOCUMENTS: NO//
PRINT SUPPLEMENT DOCUMENTS: NO//
CHECK FOR CHS ELIGIBILITY: YES//
PROCESS FI DATA: NO//
PROCESS AREA OFFICE DATA: NO//
PRINT DUNS ON P.O.: █
```

Figure 2-1: Adding the DUNS number

2.6 CHEF Management-CHEF Reimbursement form changes

2.6.1 Additional line for Special Blanket and Local Obligations

An additional line was added to allow capturing special blanket obligations (SBO) and special local obligations (SLO). The option allows the purchase order number and obligated amount to be entered, and this amount calculates in column 16. When payment is made, type the payment amount and date paid in the AED-Add/Edit option of the CHEF Management menu, and it will calculate in Column 17. Enter multiple blanket or special local obligation purchase orders.

```
CONTRACT HEALTH MGMT SYSTEM, 3.1
DEMO INDIAN 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: Add / Edit / Delete CHEF Cases
Select CHEF NUMBER: 10-OK-001
CHEF NUMBER: 10-OK-001//
PATIENT: ABBEY,GERALDINE//
TOTAL FUNDS RECEIVED: 50000// (No Editing)
REIMBURSEMENT PERCENT: 50//
Select PURCHASE ORDERS: 0-061-00007//
Select BLANKET/SPECIAL LOCAL PO: 0-061-00009//
BLANKET/SPECIAL LOCAL PO: 0-061-00009//
OBLIGATED AMOUNT: 7000//
PAID AMOUNT: 5000//
PAID DATE: NOV 1,2009//
Select BLANKET/SPECIAL LOCAL PO: █
```

Figure 2–2: Entry of SBO or SLO purchase orders

2.7 Reimbursement Percent field

A Reimbursement Percent field was added; and line 22A will reflect 50% or 100% reimbursement based on the amount paid in sub-total line 19. If 95% or more is paid, type **100** at the “REIMBURSEMENT PERCENT” prompt. If less than 95% is paid in subtotal in line 19 type **50** at the same prompt. This prompt is a required field.

```
Device: |TNT|okcocaitt-49336.d1.na.ihs.gov:1616|3572 Job no.: 3572 Unix Device
(B

CONTRACT HEALTH MGMT SYSTEM, 3.1
DEMO INDIAN 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: Add / Edit / Delete CHEF Cases
Select CHEF NUMBER: 10-OK-001
CHEF NUMBER: 10-OK-001//
PATIENT: ABBEY,GERALDINE//
TOTAL FUNDS RECEIVED: 50000// (No Editing)
REIMBURSEMENT PERCENT: 50//
```

Figure 2–3: Reimbursement percent entry

2.8 Amendment field added

An additional line was added to the CHEF Reimbursement form to track funds that either have been reimbursed or are pending reimbursement by amendments that have been submitted for payment. Amendments can be entered as either PAID or PENDING. These fields were added to allow tracking of the amendment number, amount paid, date of amendment, and status of amendment. If the amendment is paid it is displayed in line 23 Advance to Date. If the status of the amendment is Pending the amount is displayed in line 24 Less Amendments Pending Payment. Several amendments may be entered and the status of the amendment indicated by entering the amount in line 23 (advance) or line 25 (pending). The Funds Received field is no longer used and is not editable. If there is currently an amount in that field it is added to line 23.

```
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  Add / Edit / Delete CHEF Cases
Select CHEF NUMBER:      01-OK-001
CHEF NUMBER: 01-OK-001//
PATIENT: ABBEY,GERALDINE//
TOTAL FUNDS RECEIVED:
REIMBURSEMENT PERCENT: 50//
Select PURCHASE ORDERS: 0-061-00007//
Select BLANKET/SPECIAL LOCAL PO: 0-061-00013//
BLANKET/SPECIAL LOCAL PO: 0-061-00013//
OBLIGATED AMOUNT: 20000//
PAID AMOUNT: 20000//
PAID DATE: NOV 2,2009//
Select BLANKET/SPECIAL LOCAL PO:
Select AMENDMENTS: HHS2010-002//
AMENDMENTS: HHS2010-002//
AMOUNT: 50740//
DATE OF AMENDMENT: NOV 16,2009//
STATUS: AMENDMENT PENDING//
Select AMENDMENTS:
```

Figure 2-4: Add Amendment Number, Amount, Date and Status

```

-----
No Known Medicare Coverage
MEDICAID                    5905264480K                    OK  110102 113003
-----
|13. PROVIDER      |14. DOS          |15. P.O. # |16. OBL  |17. PAID  |18. DATE PD |
-----
|UNIVERSITY HOSPIT|Oct 01, 2009    |0-061-00002|  1,000.00|  1,000.00|Oct 29, 2009|
|UNIVERSITY HOSPIT|Oct 11, 2009    |0-061-00003| 10,000.00| 90,000.00|Nov 13, 2009|
|GAGE CENTER DENTA|Oct 16, 2009    |0-061-00004|   150.00|   480.00|Nov 12, 2009|
|SOUTHSIDE RADIOLO|                |0-061-00005|    0.00|    0.00|                |
|MEMORIAL HOSPITAL|                |0-061-00006| 100,000.00|    0.00|                |
|AMBULANCE SERVICE|                |0-061-00007|   15,000.00|    0.00|                |
|AIR AMBULANCE NET|                |0-061-00013|   20,000.00|  20,000.00|Nov 02, 2009|
-----
|19. SUB-TOTALS...|                |                |146,150.00|111,480.00|                |
-----
|20. TOTAL IHS COSTS.....|                |                |                |226,480.00|                |
|21. LESS THRESHOLD.....|                |                |                |  25,000.00|                |
|22. NET ELIGIBLE FROM FUND.....|                |                |                |201,480.00|                |
|22.a PERCENT OF LINE 22 TO BE REIMBURSED..|                |                |                |100,740.00|                |
|23. LESS ADVANCES TO DATE.....|                |                |                |  50,000.00|                |
|24. LESS AMENDMENTS PENDING PAYMENT.....|                |                |                |  50,740.00|                |
|25. TOTAL REQUESTED AMOUNT.....|                |                |                |    0.00|                |
Press RETURN To Continue or Escape to Cancel....: █
  
```

Figure 2–5: Request Calculated at 50% reimbursement with \$50,000 received in amendment and \$50,740 pending reimbursement

2.9 CCR prompt is added to Site Parameter

A parameter has been added to determine if a site is requiring a Central Contractor Registration (CCR) for the vendor prior to issuing a document. If parameter is set to Y (Yes), then it checks the field DUNS CCR Certified in the Vendor File. The prompt will determine whether the DUNS entry originated from the CCR file before a PO is generated. The three available options will be:

- Y (Yes) – indicates that the DUNS entry was electronically updated; PO can be created
- N (No) or null – indicates that the DUNS cannot be verified; PO cannot be created
- M (Manual) – indicates that the DUNS was manually entered; PO can be created

When the parameter is active, a PO can only be created if Y (Yes) or M (Manual) has been selected in the vendor file.

If the “CCR REQUIRED” parameter is set to Y (Yes) in the CCR site parameter screen, a D-U-N-S Number is required in the vendor file for the vendor being used to generate a purchase order. You will be unable to proceed with entering a purchase order if the D-U-N-S Number is missing.

```
Device: |TNT|phxwr_xadmin740.d1.na.ihc.gov:4486|3064 Job no.: 3064 Unix Device
(B

          CONTRACT HEALTH MGMT SYSTEM, 3.1
          DEMO INDIAN HOSPITAL
          Edit CHS Site Parameters

Edit the CHS facility options for 'DEMO INDIAN HOSPITAL'.
1 question mark ("?") will get you help.
2 question marks ("??") usually gets you more help.
For printed help, print out chapter 1 of the Tech Manual (D ^ACHSTM).

FACILITY IS 638 TYPE: YES//
P.O. BATCH PRINT RETAIN DAYS: 365//
AREA CONTRACTING NO.: 638//
AUTHORIZING FACILITY: DEMO INDIAN HOSPITAL//
UFMS EXPORT START DATE: OCT 1,2007//
LAST UFMS EXPORT:
CCR REQUIRED: N// Y
```

Figure 2-6: CCR Site Parameter set to Yes

```
      Select one of the following:
      43      Hospital Service
      57      Dental Service
      64      Outpatient Service

Type Of Service: 64  Outpatient Service
Select PATIENT NAME:
  ABBEY,GERALDINE                F 07-02-1989 XXX-XX-7097      WW 139507

      Type of Coverage      Policy #      Cov. type      EligDt TermDt
      -----
1.  MEDICAID                590526448 OK      OK              110102 113003

Enter Estimated Date of Service: T (NOV 18, 2009)
Select PROVIDER/VENDOR:  KETCHIKAN GENERAL HOSPITAL  DUNS.....:  EIN.....: 192
0016490
                                MAIL TO.: PO BOX 1798, PO BOX 1798
                                REMIT TO-CITY.: BELLINGHAM
Vendor is not CCR certified, please update vendor information.
Select PROVIDER/VENDOR: KETCHIKAN GENERAL HOSPITAL//
```

Figure 2-7: Vendors missing a D-U-N-S Number prompt will appear

```
Zip Code: 98227    PHONE:    Zip Code:
  Attn:
14) Vendor Type: HOSPITAL - GM&S    15) Fed/Non-Fed:
16) Specialty:    17) Geographic Loc:
  Last Payment Date: Nov 17, 2009    Current FYTD Paid: $462.10
.....

Want to Edit? NO// y YES

Change Which Item: (1-17): 11

DUNN AND BRADSTREET NUMBER: 888888888//
DUNS CCR VERIFIED: ???
  Indicates whether the DUNS entry came from the CCR file. Yes means it
  has been electronically updated. M(annual) means the DUNS was manually
  entered. N(o) or null means not verified.

Choose from:
  Y      YES
  N      NO
  M      MANUAL ENTRY
DUNS CCR VERIFIED: █
```

Figure 2-8: The prompt below will appear when the user enters the D-U-N-S Number in the vendor file. Choose from: Yes, No or Manual Entry.

2.10 Third Party Billing Report

T-THIRD PARTY AND P-THIRD PARTY DETAILED has been added to the summary and detailed reports for the ALL PATIENTS' option. The report serves as management tools to assess the use of Alternate Resources.

```
Include ALL PATIENTS? YES//

  Select one of the following:

  S      SUMMARY
  D      DETAILED
  T      THIRD PARTY
  P      THIRD PARTY DETAILED

Report Type : Summary// ??

Enter 'S' or <RETURN> for a 'SUMMARY' report with Totals and Percentages Only.
Enter 'D' for a detailed report which contains a list of PO information.
Enter 'T' for a Report that contains Totals by Third Party payor.
Enter 'P' for a report that contains PO information by Third Party Payor.

  Select one of the following:

  S      SUMMARY
  D      DETAILED
  T      THIRD PARTY
  P      THIRD PARTY DETAILED

Report Type : Summary// █
```

Figure 2-9: Third Party Report adds T for Third Party and P for Third Party Detailed Prompt

3rd Party Payment Report - Page 558						
For FISCAL YEAR: 2002						
DOCUMENT #	SERV	ISSUE DT	\$ OBLIGD \$	\$ IHS PMT \$	\$ 3P PMT \$	
MEDICARE						
2-061-12947	OUTP	04/02/03	494.89	394.89	299.11	
2-061-12948	OUTP	04/10/03	100.00	168.36	673.43	
2-061-12958	OUTP	05/03/03	129.53	129.53	518.16	
2-061-12966	OUTP	05/05/03	343.18	343.18	310.89	
2-061-12984	OUTP	06/10/03	70.45	70.45	472.55	
2-061-12988	HOSP	06/20/03	840.00	812.00	34,877.05	
2-061-12989	OUTP	06/20/03	520.18	218.81	846.35	
2-061-12990	OUTP	06/20/03	100.00	52.47	203.62	
2-061-13005	OUTP	07/02/03	413.51	413.51	1,653.79	
2-061-13007	OUTP	07/02/03	6.31	6.31	25.26	
2-061-13010	OUTP	07/31/03	36.16	36.16	144.64	
TOTAL 1258			\$555,310.75	\$285,412.03	\$1,527,140.4	
4						
Enter RETURN to continue or '^' to exit:						

Figure 2-10: Third Party Detailed provides detailed information on purchase order sorted by third party payer

2.11 Denial Report for “Care not within Medical Priority”

The Care not within Medical Priority report has been added to the denial reports option. The report tracks all denials that have been entered into the denial system with “Care not within Medical Priority” as the primary denial reason. The report lists the denial number, denial issued date, diagnosis codes, and actual charges.

```

Denial Reason-Care not within Medical Priority
* Previous selection: DATE DENIAL ISSUED from Oct 1,2009 to Nov 19,2009@24:00
START WITH DATE DENIAL ISSUED: Oct 1,2009// (OCT 01, 2009)
GO TO DATE DENIAL ISSUED: Nov 19,2009// (NOV 19, 2009)
DEVICE: 0 VIRTUAL TERMINAL Right Margin: 80//
DENIAL REPORT FOR CARE NOT WITHIN MEDICAL PRIORITY
NOV 19,2009 14:37 PAGE 1

DENIAL NUMBER      DIAGNOSIS          ACTUAL
                   (ICD9)            CHARGES
                   (PRIM.
                   PROV.)
-----
DENIAL FACILITY: DEMO INDIAN HOSPITAL
DATE DENIAL ISSUED: NOV 18,2009
PRIMARY DENIAL REASON: Care Not Within Medical Priority
094-OWWH-2         V22.1             605.00
DATE DENIAL ISSUED: NOV 19,2009
PRIMARY DENIAL REASON: Care Not Within Medical Priority
101-OWWH-4         719.44
                   813.82
                   V04.81           3445.00

Press RETURN To Continue or Escape to Cancel...
    
```

Figure 2–11: Denial Report “Care not within Medical Priority”

2.12 CHS Payment Report

The CHS Payments by Object Class Codes report is found in Facilities Management menu under “Reports” under the SCCR- Service Class Reports option. It may be run using the PAY- CHS Payments by Object Class Code option or by using the SUM- CHS Payment Summary by Object Class Code option.

The PAY report prints the object class code (OBJECT CLASSIFICATION) and lists the date initiated under TRANSACTION DATE, the document/order number under ORDER NUMBER, and the amount paid under IHS PAYMENT AMOUNT. The SUM report generates a summary report of the documents paid by Object Class Codes.

To run a report, type the starting and ending facility names in the “START WITH NAME” and the “GO TO NAME” prompts. In Figure 2–12 and Figure 2–13, the starting and ending facilities are shown as **DEMO** and **DEMOZ**.

```

CONTRACT HEALTH MGMT SYSTEM, 3.1
      DEMO INDIAN HOSPITAL
      CHS Payments by Object Class Codes
* Previous selection: NAME from DEMO to DEMOZ
START WITH NAME: DEMO//
GO TO NAME: DEMOZ//
  * Previous selection: TRANSACTION DATE from Oct 1,2009 to Nov 17,2009@24:00
    START WITH TRANSACTION DATE: Oct 1,2009// (OCT 01, 2009)
    GO TO TRANSACTION DATE: Nov 17,2009// (NOV 17, 2009)
DEVICE: 0 VIRTUAL TERMINAL Right Margin: 80//
CHS DETAIL PAYMENT BY OBJECT CLASS CODE      NOV 19,2009  16:53  PAGE 1

```

TRANSACTION DATE	ORDER NUMBER	IHS PAYMENT AMOUNT
NAME: DEMO INDIAN HOSPITAL		
OBJECT CLASSIFICATION: 21.85		
TRANSACTION TYPE: PAYMENT		
NOV 12,2009	0-061-00009	1690.00
-----		-----
SUBTOTAL		1690.00
SUBCOUNT	1	

Figure 2-12: PAY – CHS payments by object class code

```

CONTRACT HEALTH MGMT SYSTEM, 3.1
      DEMO INDIAN HOSPITAL
      CHS Payments by Object Class Codes
* Previous selection: NAME from DEMO to DEMOZ
START WITH NAME: DEMO//
GO TO NAME: DEMOZ//
  * Previous selection: TRANSACTION DATE from Oct 1,2009 to Nov 17,2009@24:00
    START WITH TRANSACTION DATE: Oct 1,2009// (OCT 01, 2009)
    GO TO TRANSACTION DATE: Nov 17,2009// (NOV 17, 2009)
DEVICE: 0 VIRTUAL TERMINAL Right Margin: 80//
CHS DETAIL PAYMENT BY OBJECT CLASS CODE      NOV 19,2009  16:53  PAGE 1

```

TRANSACTION DATE	ORDER NUMBER	IHS PAYMENT AMOUNT
NAME: DEMO INDIAN HOSPITAL		
OBJECT CLASSIFICATION: 21.85		
TRANSACTION TYPE: PAYMENT		
NOV 12,2009	0-061-00009	1690.00
-----		-----
SUBTOTAL		1690.00
SUBCOUNT	1	

Figure 2-13: SUM- CHS payment summary by object class code

3.0 Previous Patches

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.

3.1 Summary of Changes

3.1.1 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.

3.1.2 Patch 13

- Addition of D-U-N-S 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.

3.1.3 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.

3.1.4 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.

3.1.5 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

3.1.6 Patch 6

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

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

3.1.7 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.

4.0 Patch 15 Changes

4.1 CHEF Reimbursement Form Enhancements

4.1.1 Change to Field #7

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

4.1.2 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.

4.1.3 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 Amount field 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 4-1: Changes to fields 13 to 25 example

4.1.4 REMARKS Field #30

42.CFR SEC.136 MET has been removed because this field will always be “Yes,” and it 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 4-2.

```

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 4-2: Example of using CHEF Management to change field 30. REMARKS

Figure 4-3 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=MOTORVEHICLE, F=FALL, S=SUICIDE A=ASSULT, B=BURN, D=DROWNING, O=OTHER, U=UNKNOWN * indicates provider is a contract source		

Figure 4-3: Example of form field #30. REMARKS, with updated text.

4.2 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 4-1).

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 4-1: 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

4.3 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 4-4: Facility Management Reports options, selecting the DCIS Error Report (DCIS)

The CHS DCIS Error Report (Figure 4-5) 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 SIGNED	EFFECTIVE DATE	CURRENT COMPLETION DATE	ULTIMATE COMPLETION DATE	DUNS NUMBER	CITY-ST LOCATION	ZIP +4	BUSINESS SIZE
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 4-5: Example of the CHS DCIS Error Report (DCIS)

5.0 Patch 13 Changes

5.1 Adding the D-U-N-S Number to Vendor File

The U.S. Government requires their supplies and contractors to have a D-U-N-S Number. You can get a D-U-N-S 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 D-U-N-S number will now display on the vendor screen.

5.1.1 Adding the DUNS Number

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

```
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 5-1: Example of entering D-U-N-S Number in the Vendor file

The VEN Provider/Vendor Data option enables you to enter the D-U-N-S Number for the specified vendor. The following example shows how to enter a new D-U-N-S Number or to edit a D-U-N-S 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 5-2: Sample of response when editing a D-U-N-S Number

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

5.1.2 Displaying the DUNS Number in the Vendor File

Entering the D-U-N-S Number at the “11) DUNS” prompt, displays the D-U-N-S 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 5-3: Example display of a D-U-N-S Number in a vendor file

By pressing enter after the D-U-N-S Number at the prompt, you may enter or edit your D-U-N-S Number as you choose.

5.2 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.

5.2.1 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 5-4: Sample of Denial/Appeal screen display

The following example provides denial information on the referral when the link is turned on. Type **DSP** to display a 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 5-5: 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 5-6: Sample screen display of denial information

5.3 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.

5.3.1 Removing Duplicate Documents Causing Duplicate Document Error

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

The second option in the list, Option 2. ^ACHSRMVD - REMOVE DOC CAUSING THE DUPLICATE DOC ERROR, under the XXXX CHS PROGRAMMER UTILITIES menu, enables removal of duplicate documents, as shown in the following 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 5-7: Sample of menu used to display the key to remove documents causing the duplicate document error

5.4 UFMS Export

5.4.1 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.

5.4.2 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.

6.0 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.

6.1 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 6-1) 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 6-1: Example of Initiating a new document

6.2 New HHS Number

6.2.1 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

6.2.2 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
Hosp Ord #: ---                         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: ---
  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 6-2: Sample document, displaying the new HHS number

7.0 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.

7.1 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.

7.2 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 Employer Identification Number (EIN) 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 HOSPITAL <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 HOSPITAL (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 7-1: 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 the Enter key 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, this information can be located on the IHS website by following the instructions provided in Appendix A: CMS Provider Listing. Once the Medicare Number has been identified, 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 **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 question 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 entry for 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 the Enter key 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 HOSPITAL           (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:                               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 7-2: Updated Provider/Vendor screen

7.3 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 7-3).

3. At the “Want to Add Medicare Information?” prompt, type **Y** or **N**.
 - If you type **Y**, go to Section 7.2, “Updating an Existing Provider/Vendor’s Medicare Provider Number,” and continue with steps 8 through 13

- 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 7-3: 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 7-4.
- If you type **N**, press the Enter key 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 7.2).

```

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  Jun 25, 2005  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 7-4: Editing Medicare number

7.4 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 7-5: 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 7-6: 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 7-7: Document with Medicare Provider information

7.5 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 to 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 7-8: 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 7-9: Consolidate Data From Facilities (steps 1-2)

3. The system displays a list of the CHS Facility files available for processing (Figure 7-10).

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 7-11). 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 7-10: 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 7-11: “Unknown” Version Error

5. The system redisplay the information file information, marking each file to be consolidated with a Y in the Process(ed) Column (Figure 7-12).

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 7-12: Confirmation of Selected Files to Export

For each facility processed, the system displays related information, as shown in Figure 7-13. 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 7-13: Facility Information for Exporting Files

6. Press the Enter key 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 7-14 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 7-14: Sample Exported File Report

7. Press the Enter key 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 7-15: Example of the SPLT Menu Option

9. At the “Enter Return to continue or ‘^’ to exit” prompt, press the Enter key.
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 the Enter key 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 7-16: 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 the Enter key.

The number of records copied to output media is displayed.

15. Press the Enter key 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 7-17: 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, and IHS Statistical Records). After this step is completed, the DHR data can be printed using the DHRL menu option.

8.0 Patch 7 Changes

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

8.1 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 8-1: 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 8-2: 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 8-3: 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 8-4: Adding or Editing Electronic Signature Parameters (ESIT)

4. At the “LOCATION” prompt, press the Enter key 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.

8.2 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 8-2).
2. At the “Select Facility Management Option” prompt, type **PED**, to display the Parameter Edit options (see Figure 8-3).
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 8-5: 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 the Enter key to return to the Parameter Edit Menu.

8.3 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.

8.3.1 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 8-1).
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 8-6: Electronic Signature Authorization Menu options, selecting Apply Electronic Signature Ordering Official (SIGO)

3. At the “Select Electronic Signature Authorization Menu Option” prompt, type **SIGO**.

The system displays the Apply Electronic Signature Authorizing Official option.

4. At the “Enter your Current 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      4-017-00013    OKLAHOMA CITY CLINIC                      575.00
      CAN-OCC-SCC: J50AB75-4182-252D      Hospital
      DEMO,PATIENT

2      4-017-00015    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 8-7: 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 8-8: 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 8-9: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

8.3.2 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 8-1).
2. At the “Select Contract Health System Option” prompt, type **EMNU**.

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

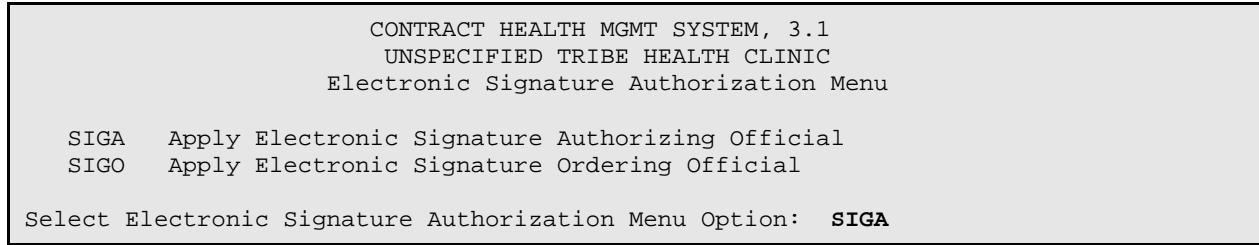


Figure 8-10: Electronic Signature Authorization Menu options, selecting Apply Electronic Signature Authorizing Official (SIGA)

- At the “Select Electronic Signature Authorization Menu Option” prompt, type **SIGO**.

The system displays the Apply Electronic Signature Authorizing Official option.

- At the “Enter your Current Signature Code” prompt, type your electronic signature.

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

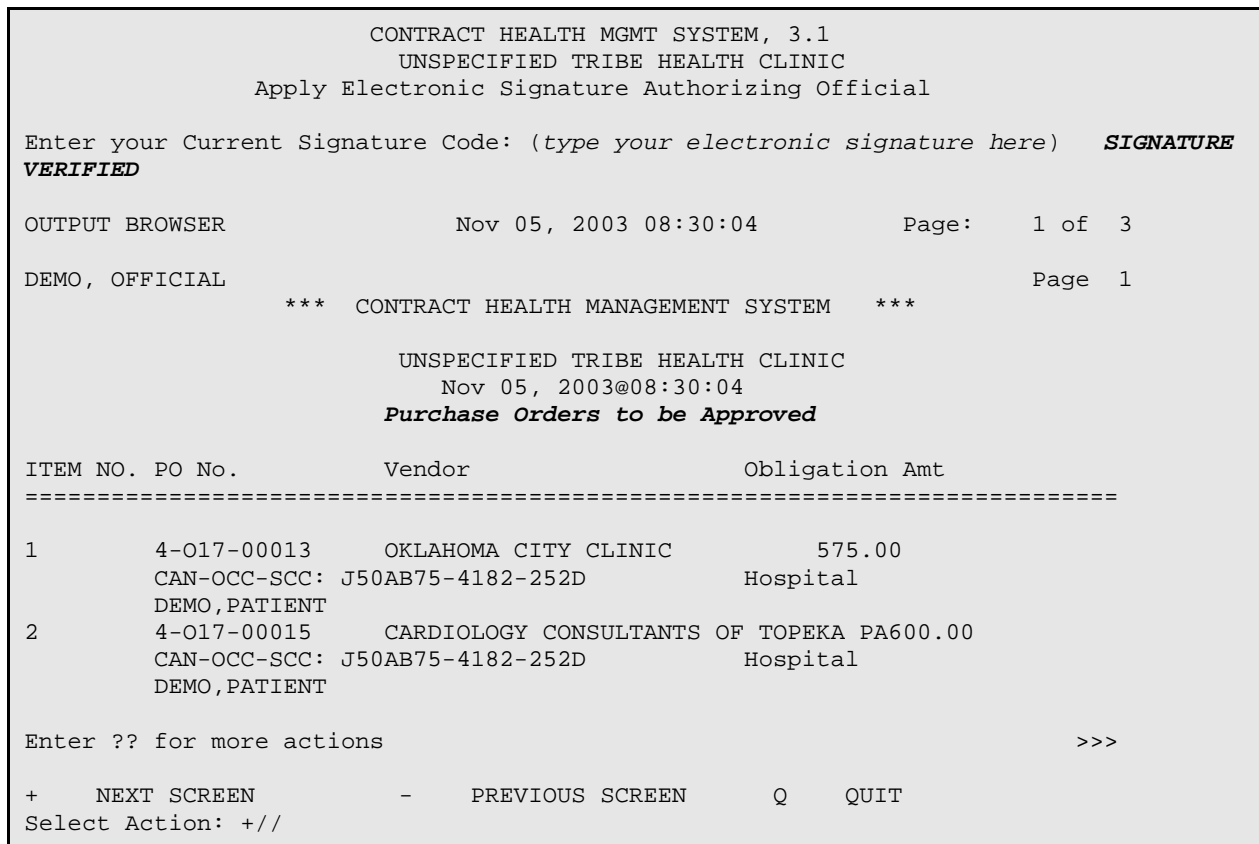


Figure 8-11: Entering your electronic signature and reviewing purchase orders (Step 4)

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 8-12: 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 6-8-13: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

8.4 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 8-1).
2. At the “Select Contract Health System Option” prompt, type **MGT** to select Facility Management.

The system displays the Facility Management options (see Figure 8-2).

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 8-14: 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 8-15: Electronic Signature Reports menu options (ERPT)

8.4.1 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 8-16: 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 8-17: Entering Electronic Signature Approved by Ordering Official report options (Steps 2-4)

8.4.2 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
=====
4-017-00007          SPORTS MEDICINE SPECIALIST  110403      JOHN J JOHNS
DEMO,PATIENT        1,400.00                110403      SUE S SUESE

4-017-00008          HILLCREST MEDICAL CENTER   110403      JOHN J JOHNS
DEMO,PATIENT        2,800.00                110403      SUE S SUESE

4-017-00009          ADAMS RADIOLOGY ASSOCIATES 110403      JOHN J JOHNS
DEMO,PATIENT TOO    60.00                   110403      SUE S SUESE

4-017-00010          DEAN MCGEE EYE INSTITUTE    110403      JOHN J JOHNS
DEMO,PATIENT        150.00                  110403      SUE S SUESE

4-017-00011          HILLCREST MEDICAL CENTER   110403      JOHN J JOHNS
DEMO,PATIENT TOO    250.00                  110403      SUE S SUESE

4-017-00004          HILLCREST MEDICAL CENTER   110503      SUE S SUESE
DEMO,PATIENT        25,000.00               110303      NEEDS AUTH. OFC.SIG

-----
Total Documents: 6
    
```

Figure 8-18: Viewing signed purchase orders

8.4.3 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 8-19: 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 8-20: Entering Pending Electronic Signature of Order Officials report options

8.4.4 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
=====
4-017-00019     HILLCREST MEDICAL CENTER      110503      175.00  Outpatient
4-017-00020     ADAMS ORTHODONTIC & PED. L    110503      175.00  Outpatient
-----
Total Documents: 2
```

Figure 8-21: Viewing Pending Electronic Signature Report

8.4.5 Example of a Printed Purchase Order

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

		DCR:3		1. ORDER NO. 04 - 016 - 00018
2. PATIENT IDENTIFICATION DEMO, PATIENT 111111113 Fac: 555221 IHS#: 123456 01-01-1949M 061 001 293-20-40 Desc: Ear Exam		3. HEALTH INSURANCE a. Name of Policy Holder: b. Plan Name: c. Address: d. Policy No.: e. Coverage f. Effective g. Termination h. Other Health Insurance Coverage		
4. IHS ORDERING FACILITY DELAWARE TRIBE HEALTH CLINIC (555220) 3625 N.W. 56TH STREET OKLAHOMA CITY OK 73112		5. HOSPITAL INPATIENT <input type="checkbox"/> 6. DENTAL <input type="checkbox"/> 7. OTHER THAN HOSPITAL INPATIENT OR DENTAL <input checked="" type="checkbox"/>		
8. ESTIMATED CHARGES \$75.00	9. FISCAL YEAR CAN J50AB75	10. OBJECT CLASS CODE 25.6r		
REFERRAL AND AUTHORIZING INFORMATION				
11. AUTHORIZATION VALID (From) Nov 06, 2003 (To) Nov 16, 2003		13. REASON FOR REFERRAL		
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. <input type="checkbox"/> Contract, b. <input type="checkbox"/> Agreement, or c. <input type="checkbox"/> Rate Quotation: Open Market				
18. DATE OF RATE QUOTATION (if applicable): ---				
19. RATE FOR AUTHORIZED SERVICES: a. <input type="checkbox"/> Medicare Rate, or b. <input type="checkbox"/> Other Rate (Specify):				
20. TITLE		21. SIGNATURE (IHS ordering official) JOHN JOHNS E-SIGNATURE		22. DATE SIGNED NOV 5, 2003
23. PAYMENT IS HEREBY AUTHORIZED BY (IHS authorizing official) SUE SUES E-SIGNATURE			24. DATE SIGNED NOV 5, 2003	25. AMOUNT APPROVED \$75.00
PROVIDER INSTRUCTIONS, IDENTIFICATION, AND CERTIFICATION				
26. PROVIDER TEST DOCTOR a. Name 1234 ANYPLACE b. Address OKLAHOMA CITY, OK 99999		c. Telephone Number () d. EIN No. 1010101010 e. UPIN No. ---		
27. PROVIDER CLASSIFICATION (Check appropriate boxes) a. <input type="checkbox"/> Small Business b. <input type="checkbox"/> Small Disadvantaged Business c. <input type="checkbox"/> Woman - Owned Small d. <input type="checkbox"/> 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 the authorized services:		SIGNATURE OF PROVIDER		DATE

Figure 8-22: Viewing a signed and printed purchase order

9.0 Patch 6 Changes

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

9.1 Appeal Status Edit (DAE)

The Appeal Status Edit (DAE) option allows the appeal status of patient appeals for payment reconsideration by IHS to be added and edited. 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.

9.1.1 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 9-1: 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 the Enter key 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 or <RETURN> To Accept” 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 9-2: 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 9-3: 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 displays 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 9-4: Editing an appeal (steps 9-11)

9.2 Denial Status Edit (DSE)

The Denial Status Edit (DSE) option allows you to edit the status of a denial document. The denial can be Reversed, Canceled, or Activated.

If the appeal menu is used 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.

9.2.1 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 the Enter key 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 7-9-5: 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 the Escape (Esc) key to exit.
8. At the “EDIT Option” prompt, press the Enter key to continue.
9. At the “DO YOU WANT TO EDIT THE APPEAL STATUS? prompt, press the Enter key.

See Section 9.1 to edit an appeal status.

10. At the “Enter the Denial Number or Patient” prompt,
 - Type another denial number or patient number, or
 - Press the Enter key 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 9-6: Editing a denial status (steps 4-10)

9.3 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.

9.3.1 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 9-7: 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 the Enter key 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   APPROVAL MESSAGE(S) TO FI:

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

Figure 9-8: 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  APPROVAL MESSAGE(S) TO FI:
                               1. Sterilization

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

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

10.0 Patch 5 Changes

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

10.1 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.

10.1.1 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

2780  Manually Send a 278 Trans

Select X12 Transaction 278 Processing Option:  2780 <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  <CANCELTION>

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

Figure 10-1: Example of sending an X12 Transaction 278 manually

11.0 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.

12.0 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 shown in italic.

Record 1

Field	Position	Length	Description of Data Item
RECORD NUMBER	1 - 2	2	'7A' NPIRS: not stored.
RECORD CODE	3 - 4	2	'20' 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 1=Male, 2 = Female
TRIBE CODE	36-38	3	Patient's Tribe Affiliation Code, Valid Per Standard Code Book.
<i>PAYMENT DESTINATION</i>	<i>39</i>	<i>1</i>	<i>Document Payment Destination (I=IHS)</i>
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 <i>NPIRS: used in the 2003 CHS Validation Project</i>
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
<i>RECORD NUMBER</i>	<i>1 - 2</i>	<i>2</i>	<i>'7X'</i>
<i>URRID</i>	<i>3 - 18</i>	<i>16</i>	<i>Unique Registration Record Id</i>
<i>CHS/MIS IEN</i>	<i>19 - 38</i>	<i>20</i>	<i>Right Justified CHS/MIS Internal Entry Number</i>
<i>FILLER</i>	<i>39 - 80</i>	<i>42</i>	<i>Blanks.</i>

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 shown in italic type.

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 1=Male, 2 = Female
TRIBE CODE	36 - 38	3	Patient's Tribe Affiliation Code, valid per Standard Code Book
<i>PAYMENT DESTINATION</i>	39	1	<i>Document Payment Destination (I=IHS)</i>
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 1=Fully paid by IHS; 2=Partially paid by IHS.
<i>SERVICE CLASS CODE</i>	<i>75 - 78</i>	<i>4</i>	<i>Service Class Code</i> <i>NPIRS: used in the 2003 CHS Validation Project</i>
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

Field	Position	Length	Description of Data Item
<i>DX CODE 8</i>	<i>40 - 44</i>	<i>5</i>	<i>Valid Diagnosis ICD-9 Code</i>
<i>DX CODE 9</i>	<i>45 - 49</i>	<i>5</i>	<i>Valid Diagnosis ICD-9 Code</i>
<i>FILLER</i>	<i>50</i>	<i>1</i>	<i>Blank</i>
<i>REV CODE 1</i>	<i>51 - 53</i>	<i>3</i>	<i>Revenue Code 1</i>
<i>REV CODE 2</i>	<i>54 - 56</i>	<i>3</i>	<i>Revenue Code 2</i>
<i>REV CODE 3</i>	<i>57 - 59</i>	<i>3</i>	<i>Revenue Code 3</i>
<i>REV CODE 4</i>	<i>60 - 62</i>	<i>3</i>	<i>Revenue Code 4</i>
<i>REV CODE 5</i>	<i>63 - 65</i>	<i>3</i>	<i>Revenue Code 5</i>
<i>REV CODE 6</i>	<i>66 - 68</i>	<i>3</i>	<i>Revenue Code 6</i>
<i>REV CODE 7</i>	<i>69 - 71</i>	<i>3</i>	<i>Revenue Code 7</i>
<i>REV CODE 8</i>	<i>72 - 74</i>	<i>3</i>	<i>Revenue Code 8</i>
<i>REV CODE 9</i>	<i>75 - 77</i>	<i>3</i>	<i>Revenue Code 9</i>
<i>REV CODE 10</i>	<i>78 - 80</i>	<i>3</i>	<i>Revenue Code 10</i>

Record 4

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

Field	Position	Length	Description of Data Item
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

Field	Position	Length	Description of Data Item
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
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

Field	Position	Length	Description of Data Item
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

Field	Position	Length	Description of Data Item
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
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
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 shown in *italic*.

Record 1

Field	Position	Length	Description of Data Item
RECORD NUMBER	1 - 2	2	'7A' NPIRS: not stored.
RECORD CODE	3 - 4	2	'25' 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 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 (DDDDCC)
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 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
<i>RECORD NUMBER</i>	<i>1 - 2</i>	<i>2</i>	<i>'DX'</i>
<i>URRID</i>	<i>3 - 18</i>	<i>16</i>	<i>Unique Registration Record Id</i>
<i>CHS/MIS IEN</i>	<i>19 - 38</i>	<i>20</i>	<i>Right Justified CHS/MIS Internal Entry Number</i>
<i>FILLER</i>	<i>39 - 80</i>	<i>42</i>	<i>Blanks.</i>

13.0 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