RESOURCE AND PATIENT MANAGEMENT SYSTEM

Contract Health Services/ Management Information System (ACHS)

Patch Addendum to User Manual

Version 3.1 Patch 18
November 2010

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 Contract Health Services (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

1.1.1 Modifications

- Pawnee denial package
- Changed default to delete Fiscal Intermediary (FI) Explanation of Benefits Report (EOBR) files to set No
- Changed to fix record count during export
- Fixed issue for helpdesk ticket regarding Medicaid Eligibility
- Changed to display 2-digit FY on Vendor usage report
- Changed to the e-sig report for Blankets
- Changes to CHS Area routines for Tribal sites running the new security requirements
- Patch number is now displayed in the Menu Heading
- CHEF updated to display “Total Funds Received” line
- Code Set Version changed to the EOBR posting from the FI
- New Government Performance and Results Act (GPRA) report
- New CHS Population Report
- Option to Enter/Edit Tribal CHS Delivery Areas (CHSDA)

1.1.2 Denial-Unmet Need Changes

- New parameter options
  - Added left margin parameter

  - Added top margin parameter
  - Add name and phone number of benefits coordinator
- Add comments when entering an additional denial reason
- Denial reasons updated
- References to deferred services changed to unmet need in menu options, reports, denial type and prompts
- Denial-Unmet Need menu options are now separate
- New Government Accounting Office (GAO) option to create a Denial-Unmet Need file

2.0 Previous Patches

2.1 Patch 17

- This patch was created for data being exported to Unified Financial Management System (UFMS), the current budget fiscal year (FY) will be sent for any new prior fiscal year documents.
- A parameter has been added, the patch can be installed, but the parameter should only be updated after the site has completed an export. The export should be completed at the end of the day, then the parameter set up with the next day's date.
  - File: CHS FACILITY
  - New Parameter: UFMS EXPORT BUDGET FY
  - Example: Export completed on close of business (COB) of Jan 29
  - UFMS EXPORT BUDGET FY: Jan 30, 2010
- Modification for displaying check printed date on display screen
- Modified ACHS routine for Import and Export calls to use the Import and Export fields in the Resource and Patient Management System (RPMS) site file for UNIX servers. Used when processing EOBRs and creating transfer files.

2.2 Patch 16

- Hide full Social Security Number (SSN)
- Denial Letter and CHEF Form Regulations Citations Updated
- Allow use of CAN number (K) for FY 2010
- Fiscal Year2010 Printing on Purchase Order (PO)
  - Fiscal Year 2010 PO export update to the FI
  - Fiscal Year 2010 PO passing to the Referred Care Information System (RCIS) package
- PO Data Universal Numbering System (DUNS) Parameter
- Enhancements to the CHEF Reimbursement form
- Parameter prompt for Central Contractor Registration (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

2.3 Patch 15

- Enhancements to the CHEF Reimbursement form including
  - New calculations of funds obligated and paid. Subtotals 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.
- CHS/Management Information System (MIS) restricts the user from entering any Service Class Code (SCC) that is not included in the authorized table of SCCs for federal site only.
- CHS/MIS will generate a Department Contracts Information System (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.

2.4 Patch 13

- Addition of DUNS number to Vendor file
- Interface RCIS referral with Denial and Appeal options
- Duplicate document error option added to CHS Programmer Utilities to remove documents causing this error
- UFMS export option now combined with the CDPE CHS data–prepare for export option

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

2.5 Patch 12

Adjustments made to the Office of Budget and Management (OBM) mandate that all federal agencies establish unique identifiers for procurement instruments:

- New prompt added that asks for the procurement instrument type
- Department of Health and Human Services (HHS) number prints on Purchase Orders.

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

2.6 Patch 11

In response to Section 506 of the Medicare Modernization Act (MMA), which allows Indian Health Service (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.

2.7 Patch 7

- New option for applying electronic signatures to a Contract Health PO
- New option for viewing POs with electronic signatures, as well as pending electronic signature, by the ordering official

2.8 Patch 6

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

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

2.9 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.

3.0 Patch 18 Changes

Patch 18 of the CHS makes the following changes;

3.1 Pawnee Denial Package

Pawnee denial package was updated to print deferred/unmet letters for the correct patients.

3.2 Code Set Versioning Update for CHS

Update related to issues with EOBR processing following Code Set Versioning implementation. International Classification of Diseases, Ninth Revision (ICD-9), Current Procedural Terminology (CPT), and Procedure codes were not updating correctly on POs and were showing as errors on the summary report.

3.3 FI EOBR File

When processing the FI EOBR file the prompt has been set to default to NO. This will limit the errors made when processing.

3.4 Record Count on export

Record count at the facility did not match the Area Office during export because the insured patient record was not being counted. This has been corrected.

3.5 Medicaid Eligibility

Fixed issue for helpdesk ticket regarding Medicaid Eligibility

3.6 FY display on Vendor Usage Report

The Vendor report was displaying the last (1) digit of the FY. It will now display the last two digits of the FY.

```
                  ***  CONTRACT HEALTH MANAGEMENT SYSTEM  ***
CASE,SHANNON L                                                        Page 16
                           DEMO INDIAN HOSPITAL
                 VENDOR USAGE REPORT - OPEN AND PAID DOCUMENTS
                             Jul 13, 2010@08:10:01
                For the period Oct 01, 2009 through Jul 13, 2010

VENDOR                                                                 DOLLARS
   DOCUMENT #   PATIENT NAME                    TYPE    DOS     INS  (* = PAID)
================================================================================
UNIVERSITY HOSPITAL (continued)
   10-061-00002 ABBEY,GERALDINE                  64   10/01/09        1,000.00*
   10-061-00003 ABBEY,GERALDINE                  43   10/11/09       90,000.00*
   10-061-00048 DEMO,DARRELL LEE                 64   05/12/10   Y    1,000.00*
         ------------------------------------------------------
         TOTALS     DOCUMENTS:    4      DOLLARS:     $97,000.00
--------------------------------------------------------------------------------
UNIVERSITY MEDICAL CENTER            LUBBOCK, TX
   10-061-00017 YACKESCHI,NANCY JANE             64   12/22/09   Y    1,000.00
         ------------------------------------------------------
         TOTALS     DOCUMENTS:    1      DOLLARS:      $1,000.00
--------------------------------------------------------------------------------
```

Figure 3-1: Vendor FY Displaying

3.7 The Patch and Version will Now Display in the Menu Heading

```
                ******************************************
                *          Indian Health Service         *
                *       CONTRACT HEALTH MGMT SYSTEM      *
                *    Version 3.1 Patch 18, Jun 11, 2001  *
                ******************************************

                           DEMO INDIAN HOSPITAL


   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/Unmet Needs ...
   EMNU   Electronic Signature Authorization Menu ...
   XXXX   CHS Programmer Utilities
```

Figure 3-2: Display patch and version in menu heading

3.8 CHEF update; “Total Funds Received”

The TOTAL FUNDS RECEIVED field is confusing when entering and editing CHEF cases. It is no longer needed, since the Amendment option was added. If there was an amount previously entered, it will display.

Before

```
Select CHEF NUMBER:    07-10218
CHEF NUMBER: 07-10218//
PATIENT: WATTY,BUG BUNNY//
TOTAL FUNDS RECEIVED: 5000//   (No Editing)
REIMBURSEMENT PERCENT: 50//
Select PURCHASE ORDERS: 7-U03-01711//
Select BLANKET/SPECIAL LOCAL PO: 0-U03-00004//
BLANKET/SPECIAL LOCAL PO: 0-U03-00004//
OBLIGATED AMOUNT: 200//
PAID AMOUNT:
PAID DATE:
Select BLANKET/SPECIAL LOCAL PO:
Select AMENDMENTS: AMENDMENT 2//
AMENDMENTS: AMENDMENT 2//
AMOUNT: 1000//
DATE OF AMENDMENT: NOV 6,2009//
STATUS: AMENDMENT PENDING//
Select AMENDMENTS:
REMARKS:
No existing text
Edit? NO//
```

After

```
Select CHEF NUMBER:    07-10218
CHEF NUMBER: 07-10218//
PATIENT: WATTY,BUG BUNNY//
REIMBURSEMENT PERCENT: 50//
Select PURCHASE ORDERS: 7-U03-01711//
Select BLANKET/SPECIAL LOCAL PO: 0-U03-00004//
BLANKET/SPECIAL LOCAL PO: 0-U03-00004//
OBLIGATED AMOUNT: 200//
PAID AMOUNT:
PAID DATE:
Select BLANKET/SPECIAL LOCAL PO:
Select AMENDMENTS: AMENDMENT 2//
AMENDMENTS: AMENDMENT 2//
AMOUNT: 1000//
DATE OF AMENDMENT: NOV 6,2009//
STATUS: AMENDMENT PENDING//
Select AMENDMENTS:
REMARKS:
No existing text
Edit? NO//
```

```
Total Funds Received: 5000
Note: This is an amount that was entered prior to the Amendment
options and will be subtracted from the total requested.
```

3.9 GAO Report–Denial-Unmet Need

This option will create a file that was requested by the Government Accountability Office (GAO). You will need to enter a facility name and date range. The file layout is listed in Appendix C: GAO Layout.

```
                        CONTRACT HEALTH MGMT SYSTEM
                           VERSION: 3.1 PATCH 18
                            DEMO INDIAN HOSPITAL
                           CHS Denial/Unmet Needs


   PAR     Parameters ...
   DEN     Denial ...
   UMN     Unmet Need ...
   GAO     Create Denial and Unmet Need file for GAO

Select CHS Denial/Unmet Needs Option:
```

Figure 3-3: GAO Menu Option

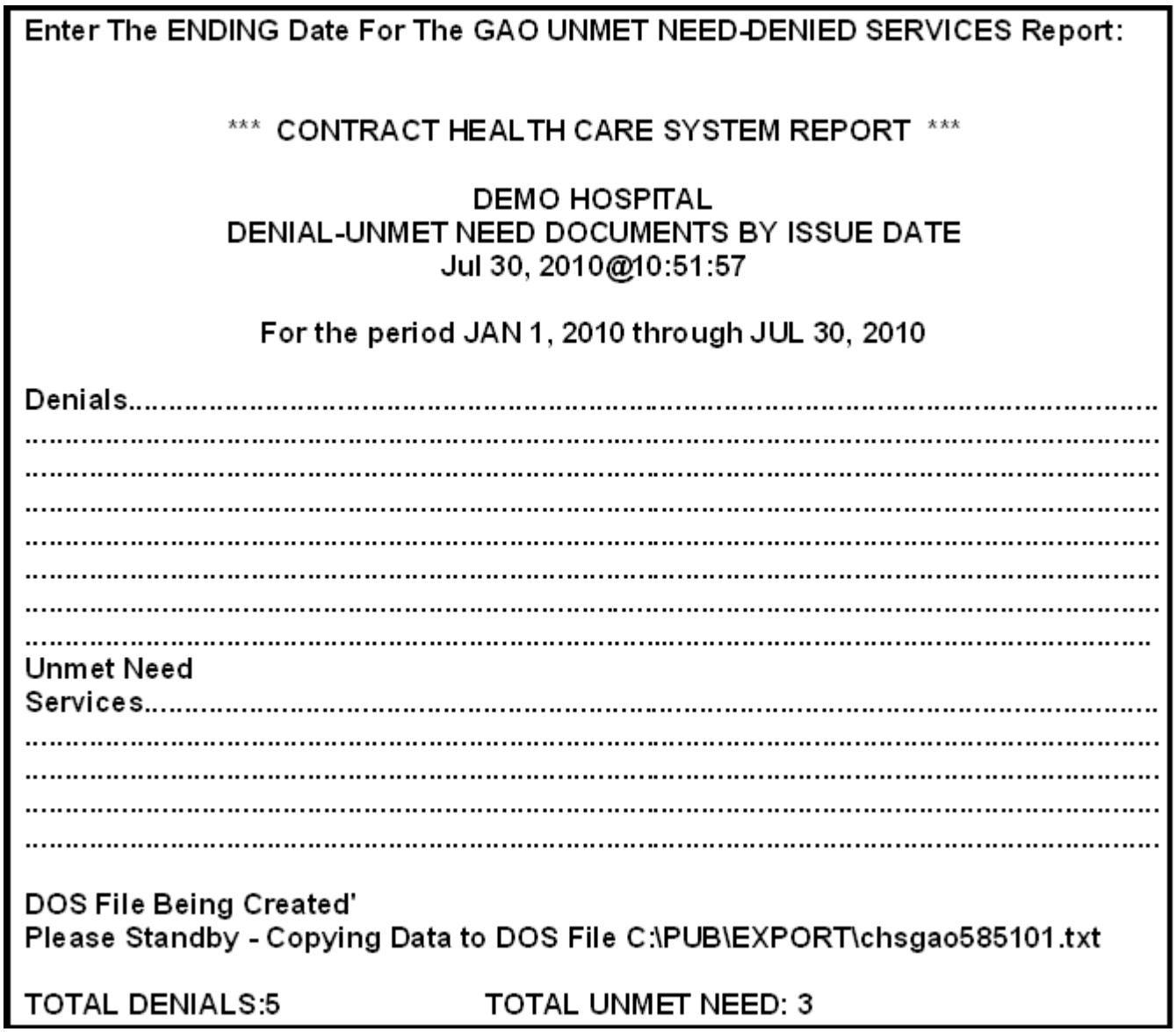


Figure 3-4: GAO Report Example

3.10 GPRA Report

The GPRA Report was added to assist sites with the tracking of the GPRA performance measure for Average Days between Service End and Purchase Order (PO) Issued. Select the fiscal year and a date range for Date of Service. The PO will either be selected by FY or the Date of Service to fall within the FY beginning and ending date.

The report will calculate the days between the Date of Service and when the PO was issued. The Date of Service is the estimated End Date of Service, even if the document has been paid.

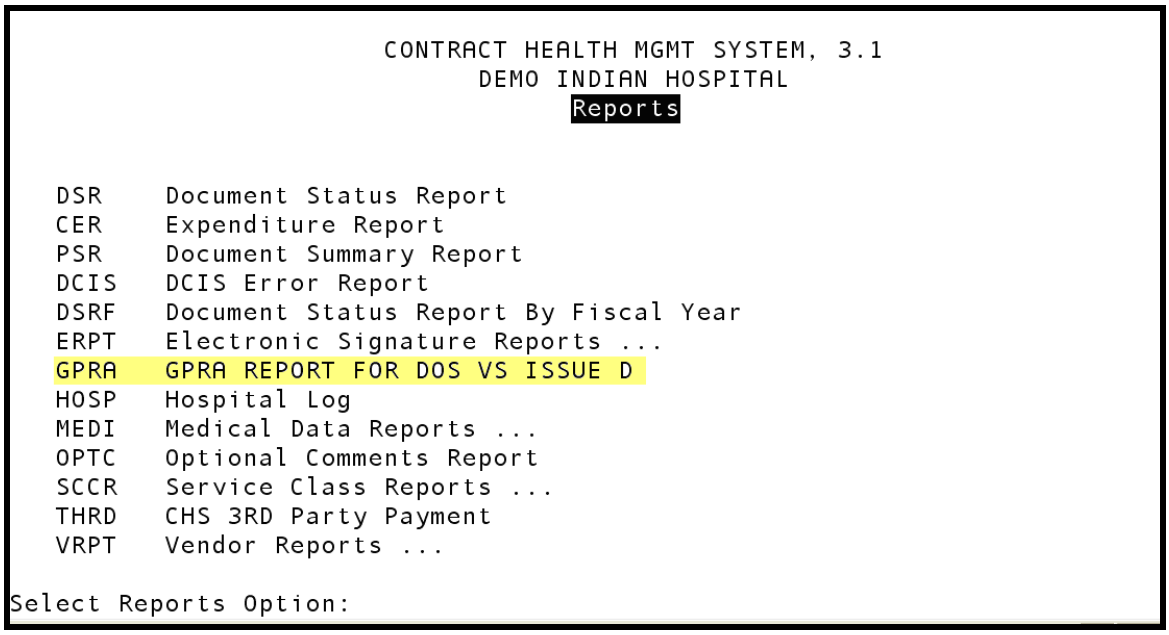


Figure 3-5: GPRA menu option

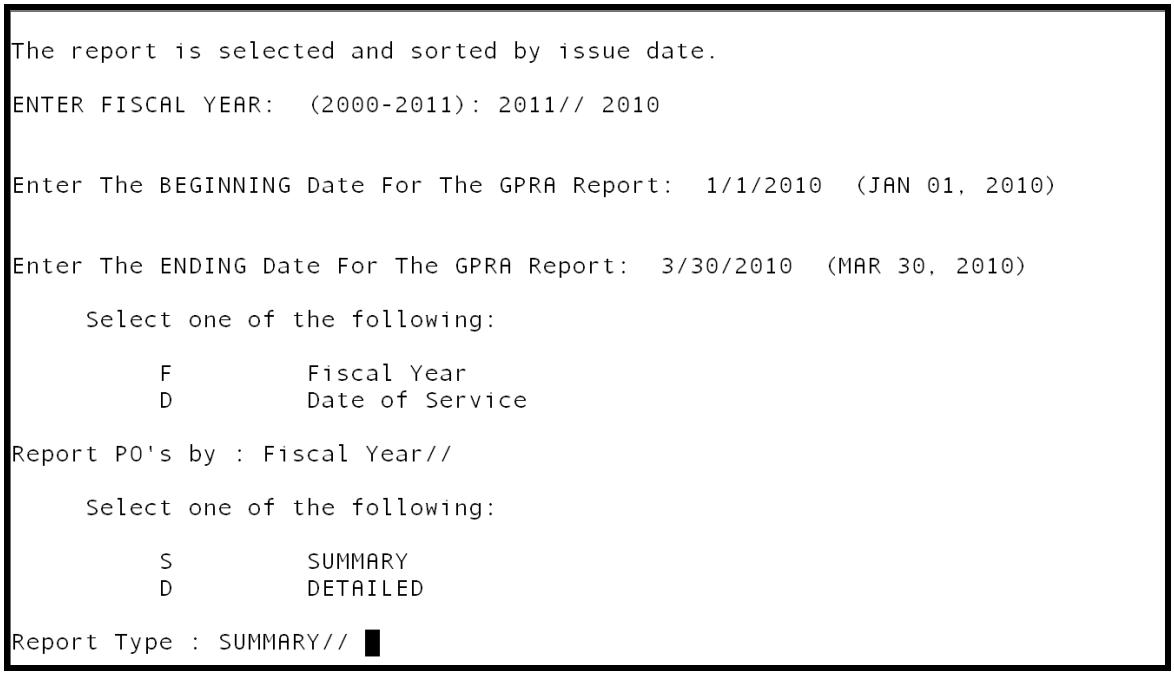


Figure 3-6: GPRA Report criteria

```
                    ***  CONTRACT HEALTH MANAGEMENT SYSTEM  ***
CASE,SHANNON L                                                          Page  4
                              DEMO INDIAN HOSPITAL
                 GPRA REPORT-AVERAGE DAYS BETWEEN PO ISSUE AND DOS
                              Jul 08, 2010@15:01:03
                  For the period Jan 01, 2010 through Jul 08, 2010

                                                    Days Prior    Days After
PO Number       Date of Service  Date of Issue   or = to DOS       DOS
================================================================================

10-061-00046       06/01/10        05/17/10           15
10-061-00047       05/14/10        05/19/10                          5
10-061-00048       05/12/10        05/26/10                         14
10-061-00049       06/17/10        06/07/10           10
10-061-00050       06/30/10        06/09/10           21
10-061-00051       06/20/10        06/10/10           10
10-061-00052       06/16/10        06/22/10                          6
10-061-00053       06/16/10        06/22/10                          6
10-061-00054       06/16/10        06/22/10                          6
Press RETURN To Continue or Escape to Cancel...:
```

Figure 3-7: GPRA detailed report

```
                    ***  CONTRACT HEALTH MANAGEMENT SYSTEM  ***
CASE,SHANNON L                                                          Page  6
                              DEMO INDIAN HOSPITAL
                 GPRA REPORT-AVERAGE DAYS BETWEEN PO ISSUE AND DOS
                              Jul 08, 2010@15:01:03
                  For the period Jan 01, 2010 through Jul 08, 2010
================================================================================


TOTAL Documents:          37
TOTAL Days:              401
Average Days:          10.84


TOTAL Documents Prior or = to DOS:           22
TOTAL Days for Prior or = to DOS:           252
Average Days Prior or = to DOS:           11.45


TOTAL Documents After DOS:          15
TOTAL Days After DOS:              653
Average Days After DOS:          43.53
```

Figure 3-8: GPRA average and totals

3.11 CHS Population Report

This report was created to assist with reporting possible CHS eligible users within a specific CHSDA. The CHS Population report is based on Tribal CHSDA, Community of Residence, and FY. The information for the CHSDA is entered by county and then checked against the patient's community of residence. The report can be found through the MGT-Facility Management under the Reports menu option. The user will select a FY and Tribal CHSDA.

If all counties are not listed for selected Tribal CHSDA, the user can update the associated counties using the SDA–Enter/Edit Tribal CHSDA option, which is shown in Section 3.12–Option to Enter/Edit Tribal CHSDA.

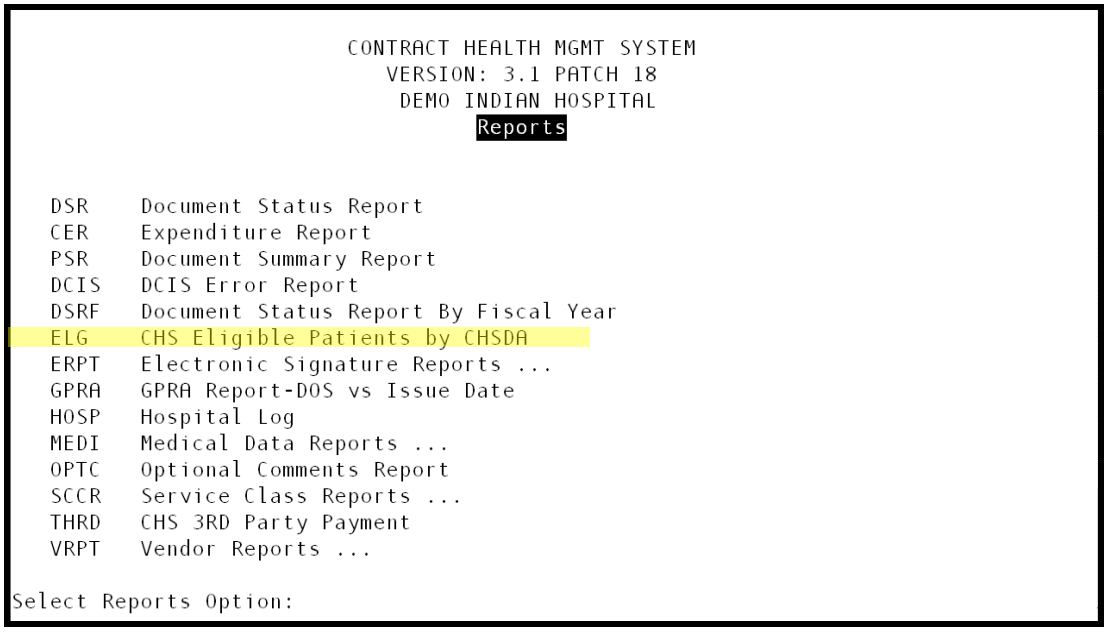


Figure 3-9: New option (ELIG–CHS Eligible Patients by CHSDA)

```
                        CONTRACT HEALTH MGMT SYSTEM
                           VERSION: 3.1 PATCH 18
                            DEMO INDIAN HOSPITAL
                        CHS Eligible Patients by CHSDA

This is a CHS Eligibility report based on Tribal CHSDA,
community of residence and Fiscal Year.
The CHS Service Delivery Area is entered by county,
then checked against the patient's community of residence.

NOTE: If all counties are not listed for selected Tribal CHSDA
use the option SDA Enter/Edit Tribal CHSDA to update counties

ENTER FISCAL YEAR:  (2000-2011): 2011// 2009

Enter the Tribal CHSDA: NAVAJO   TRIBE OF AZ, NM AND UT       084

     Select one of the following:

          S         SUMMARY
          D         DETAILED

Report Type : SUMMARY// S
```

Figure 3-10: Menu options for CHS Elig Report

The summary report provides the total number of patients registered who have a community of residence located within the selected CHSDA. The first part of the report shows totals by county and the second part shows totals by the patient's Tribe of Enrollment.

```
***  CONTRACT HEALTH MANAGEMENT SYSTEM  ***
DEMO,USER                                                    Page  1
                             DEMO INDIAN HOSPITAL
                            CHS population Report
            Tribal CHS Delivery Area: NAVAJO TRIBE OF AZ, NM AND UT
                            Oct 26, 2010@09:57:29
                             For Fiscal Year 2009

CHSDA-County                                        Population Total
================================================================
BERNALILLO                                                     4
MCKINLEY                                                       3
RIO ARRIBA                                                     0
SANDOVAL                                                       1
SAN JUAN                                                       3
SOCORRO                                                        0
VALENCIA                                                       0
CIBOLA                                                         2
KANE                                                           0
SAN JUAN                                                       0
APACHE                                                         3
COCONINO                                                       3
NAVAJO                                                         1
MONTEZUMA                                                      0
```

```
CHEROKEE NATION OF OKLAHOMA                    TOTAL =          2
CHOCTAW NATION OF OKLAHOMA                     TOTAL =          4
CREEK NATION OF OKLAHOMA                       TOTAL =          1
NAVAJO TRIBE OF AZ, NM AND UT                  TOTAL =         10
ACOMA PUEBLO, NM                               TOTAL =          1
ISLETA PUEBLO, NM                              TOTAL =          1
BARROW NATIVE VILLAGE                          TOTAL =          1

Total CHS Delivery Area =          20
```

Figure 3-11: Example of Summary Report for CHS Elig Report

The detailed report will show the patient name and community of residence and is grouped by Tribe of Enrollment. It also includes a summary report.

```
                  ***  CONTRACT HEALTH MANAGEMENT SYSTEM  ***
DEMO, USER                                                 Page  1
                            DEMO INDIAN HOSPITAL
                           CHS population Report
                  Tribal CHS Delivery Area: ISLETA PUEBLO, NM
                           Oct 01, 2010@10:31:23
                            For Fiscal Year 2009
================================================================
CHSDA-County: BERNALILLO

Tribe of Enrollment: CHEROKEE NATION OF OKLAHOMA
Patient Name                                    Community
  DAVIS,DEMO                                      ALBUQUERQUE

Tribe of Enrollment: CHOCTAW NATION OF OKLAHOMA
Patient Name                                    Community
  HARRIS,DEMO                                     ALBUQUERQUE
  MAYHUGH,DEMO                                    ALBUQUERQUE

Tribe of Enrollment: ISLETA PUEBLO, NM
Patient Name                                    Community
  HOWE,DEMO                                       ISLETA PUEBL

Total County =          4
================================================================

Total CHS Delivery Area =          4

BERNALILLO                                              4
TORRANCE                                                0
VALENCIA                                                0

CHEROKEE NATION OF OKLAHOMA                    TOTAL =          1
CHOCTAW NATION OF OKLAHOMA                     TOTAL =          2
ISLETA PUEBLO, NM                              TOTAL =          1
```

```
Total CHS Delivery Area =           4
```

Figure 3-12: Example of detailed report for CHS Elig Report

3.12 Option to Enter/Edit Tribal CHSDA

```
                          VERSION: 3.1 PATCH 18
                           DEMO INDIAN HOSPITAL
                           Facility Management


   PVD    Provider/Vendor Data
   PR     Reports ...
   PAD    Payment Adjustment
   PED    Parameter Edit ...
   ALU    Allowance Update
   XPOR   Data Export ...
   EOBR   Facility EOBR menu ...
   AIV    ACTIVE/INACTIVE A VENDOR
   AFW    CHS to American Fundware Export Menu
   C638   Check Utilities ...
   CHEF   C H E F  Management ...
   HHS    Edit HHS Contract Action Type
   HVP    High Volume Provider Menu ...
   RES    Reset the error global ACHSERR
   SDA    Enter/Edit Tribal CHSDA
   TUPD   Add/Edit CAN, CC, SCC ...
   TVR    Test Version Switch

Select Facility Management Option:
```

Figure 3-13: Option to Enter/Edit Tribal CHSDA

```
                          CONTRACT HEALTH MGMT SYSTEM
                             VERSION: 3.1 PATCH 18
                              DEMO INDIAN HOSPITAL
                            Enter/Edit Tribal CHSDA

Select CHS SERVICE DELIVERY AREA TRIBE: NAVAJO TRIBE OF AZ, NM AND UT       084
         ...OK? Yes//   (Yes)

TRIBE: NAVAJO TRIBE OF AZ, NM AND UT//
Select COUNTY: VALENCIA//
```

Figure 3-14: Select CHSDA Tribe to enter new county

3.13 Denial-Unmet Need Changes

3.13.1 Deferred Services Will Now be Referred to as “Unmet Needs”.

Unmet Needs will be on the main menu with the CHS Denial. Reports, prompts, and letters will be referred to as “Unmet Needs”.

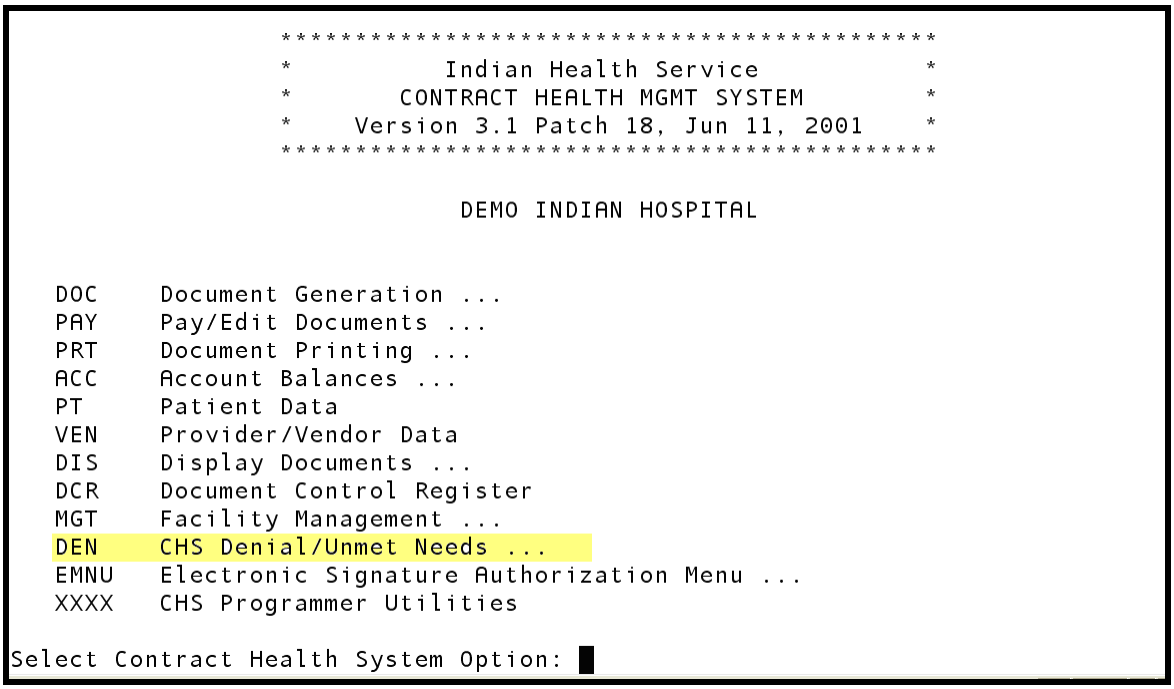


Figure 3-15: Changed reference from Deferred Services to Unmet Needs

3.13.2 Denial/Unmet Need Menu Changes

CHS Denial/Unmet Needs menu has been updated to separate the Denial and Unmet Need menu options.

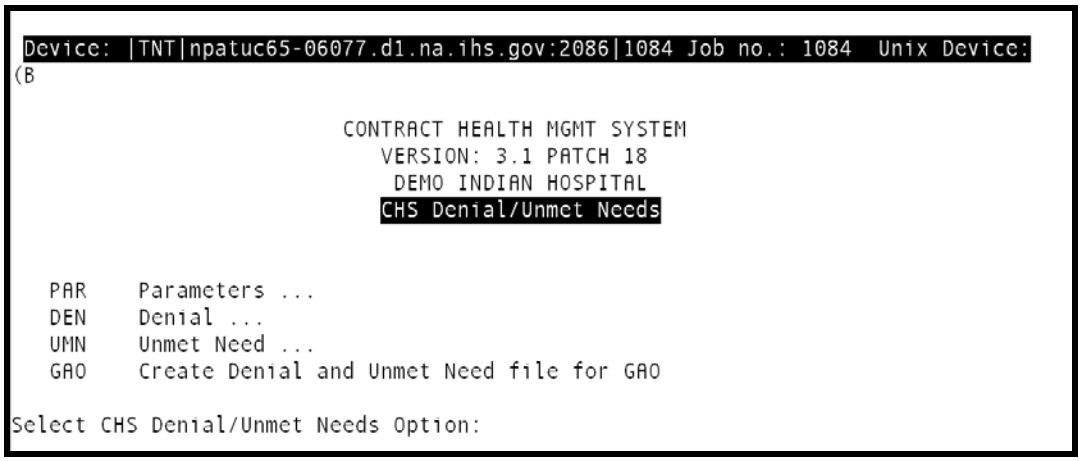


Figure 3-16: New Denial/Unmet Need Menu Layout

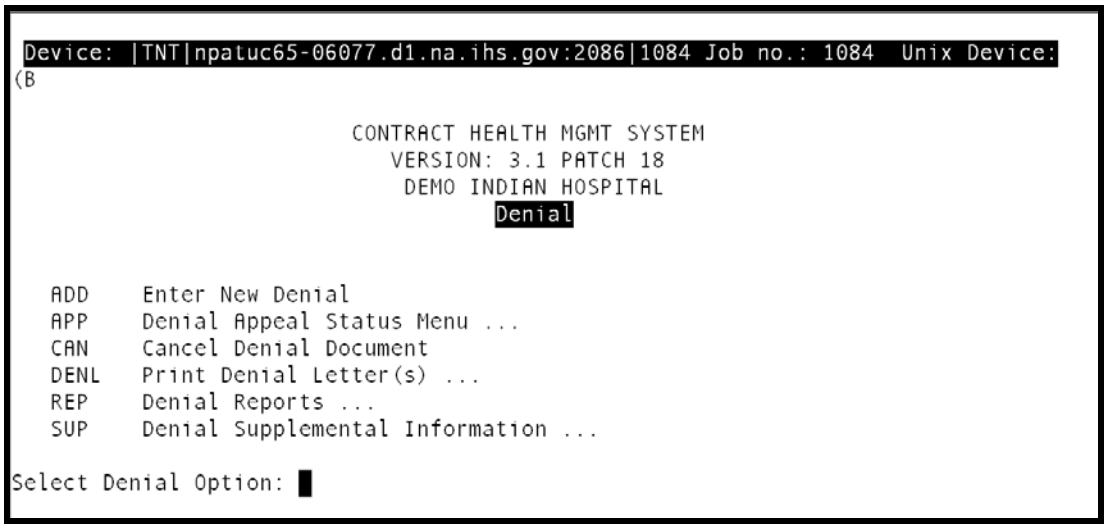


Figure 3-17: New Denial Menu

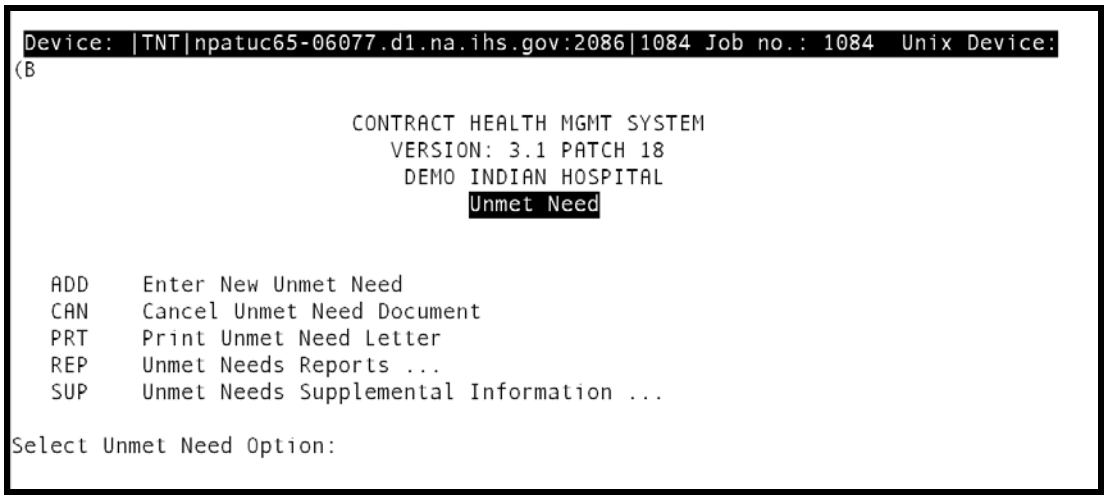


Figure 3-18: New Unmet Need menu (previously Deferred Service)

3.13.3 Denial Reason Update

The denial reasons have been updated. Language and wording has been changed for better patient comprehension.

Accessing the Denial Reasons has been changed. Choose from the Denial Reasons below and then choose an option under each denial reason. Type two question marks (**??**) to see available options.

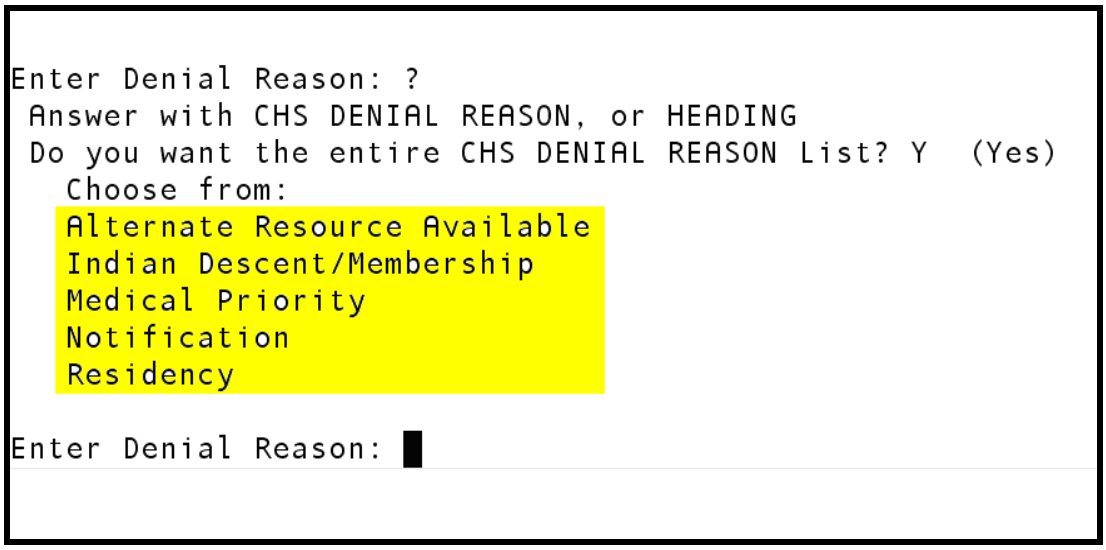


Figure 3-19: Denial Reasons Options

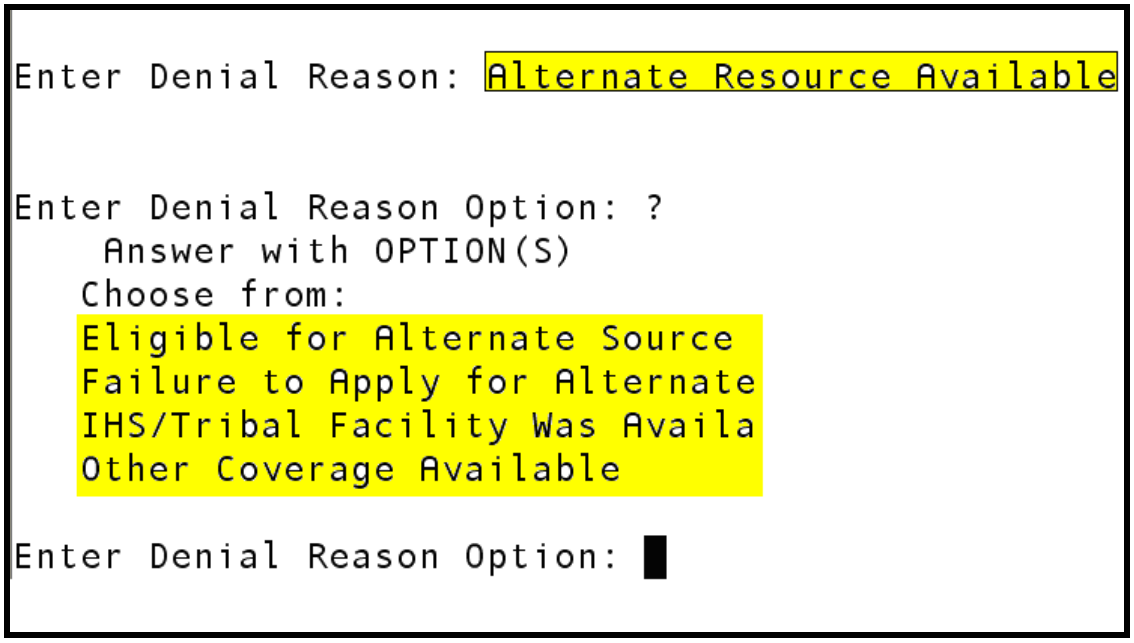


Figure 3-20: Denial Reason options under Alternate Resource Available

```
Enter Alternate Resource Type: ?
    Answer with ALTERNATE RESOURCE TYPE
   Choose from:
   COHO INSURANCE
   Medicare (Part A, Part B, Part
   Qualified Medicare Beneficiary
   Social Security Benefits
   State Medicaid
   Veteran's Benefits
   Workmen's Compenstation

Enter Alternate Resource Type: COHO INSURANCE


Enter Alternate Resource Type:

     Type of Coverage              Policy #           Cov. type  EligDt TermDt
     ----------------              --------           ---------  ------ ------
1.   ANTHEM BC/BS (M3)             633140972                     060193
2.   PAID PRESCRIPTIONS, LLC (R    398055805                     060192

Enter the number(s) of the resources relevant to this denial.
If more than one, separate with commas  (m,n,o):
```

Figure 3-21: Alternate Resource options for Patient's Resource Type.

3.13.4 Alternate Resource Available

The denial options for Other Coverage Available, Failure to Apply for Alternate Resource, and Eligible for Alternate Source allow for the selection of alternate resource names to be included in the denial letter text. The user can edit the list of alternate resources through the Parameters menu. Refer to Section 3.13.11- New Parameter–Alternate Resource Type for more information.

For the IHS/Tribal Facility Was Available denial option, a facility name will need to be selected before the denial letter can be printed.

For the Eligible for Alternate Source denial option, the Benefits Coordinator name can be printed in the denial letter text. This information is added through the Parameters menu. Refer to Section 3.13.10 - New Parameter–Add Benefit Coordinator Name and Phone Number for more information.

Old Denial Reasons (Removed)

Our records show that you have health care coverage/resources (such as private insurance, Medicare, Medicaid) available to pay for this medical care. [See 42 Code of Federal Regulations 136.61(c)(2008)]

- OPTION: Other Coverage Available

Any unpaid balances should be promptly submitted to the IHS CHS office for consideration.

- OPTION: Would Have Been Eligible for Other Coverage

  You would have been eligible if you had applied and completed the application requirements.

- OPTION: May be Eligible for Other Coverage

  You may be eligible if apply and complete the application requirements.

- OPTION: Maybe Eligible for Other Coverage

  You may be eligible if apply and complete the application requirements.

New Denial Reasons (Replaced)

- OPTION: Other Coverage Available

  Alternate Resource Available [Per 42 Code of Federal Regulations (CFR) 136.61]

  You are currently enrolled in a program that will pay for your healthcare services. You are currently enrolled with: [ACHDALT], which the provider(s) must bill on your behalf. This letter is for information only; your provider(s) have been notified of your insurance.

- OPTION: Eligible for Alternate Source

  Alternate Resource Available [Per 42 CFR 136.61 (b)(1)]

  Based on our screening process, there is a possibility that you may be eligible for: [ACHDTY].

  You are eligible for the alternate source(s) identified above and are required to apply and complete the application process before CHS payment can be authorized. Therefore, CHS payment cannot be permitted.

  The Benefits Coordinator, [ACHSDBCN], is available to help you apply, and may be reached at [ACHSDBCP].

- OPTION: Failure to Apply for Alternate Resource

  Alternate Resource Available [Per 42 CFR 136.61 (b)(2)]

  You did not complete the application process as requested or failed to apply for [ACHDTY]; consequently the IHS/tribal facility cannot authorize CHS payment.

- OPTION: IHS/Tribal Facility Was Available

  IHS/Tribal Facility Was Available and Accessible [Per 42 CFR 136.23(a)]

The following IHS/Tribal facility, [ACHDFC], was able to provide the services you received.

3.13.5 Medical Priority

Old Denial Reasons (Removed)

- Insufficient Medical Information

  You did not provide adequate written medical information to allow us to make a decision on your request for payment. [See 42 CFR 136.24 (2008)].

- Care Not Within Medical Priority

  The medical care you received is not within the CHS medical priorities. Medical priorities must be established when funding is limited. [Per 42 CFR 136.23(e) (2008)].

New Denial Reasons (Replaced)

- OPTION: Lack of Medical Information

  Medical Priority [Per 42 CFR 136.23(e)]

  You (or your medical provider) did not provide complete information to determine whether the service you received was eligible for CHS payment and for this reason we could not make a decision on your request. Please provide all medical information within 30 days of this letter so a decision can be made.

- OPTION: Not Within Medical Priorities

  Medical Priority [Per 42 CFR 136.23(e)]

  CHS is limited to services that are medically indicated and within the established IHS Medical Priorities. The medical service(s) you were provided did not fall within these priorities based on the medical information received and reviewed by the IHS medical provider. Therefore, your request for payment of these services is not approved.

3.13.6 Notification

Old Denial Reasons (Removed)

- No Notification of Emergency Service Within 72 Hours

  You or someone acting on your behalf failed to notify an IHS official within 72 hours after the beginning of your emergency treatment [see 42 CFR 136.24(c) (2008)]

- No Prior Approval for Nonemergency Service

You did not obtain prior approval for payment of CHS from the IHS authorizing official approval for this nonemergency care [Per 42 CFR 136.24(b) (2008)].

- No Notification of Emergency Service Within 30 Days for Elderly or Disabled Patient

  You or someone acting on your behalf failed to notify an IHS official within 30 days after the beginning of your emergency treatment [see Section 406 of the Indian Health Care Improvement Act as amended by Pub. L. 102-573].

New Denial Reasons (Replaced)

- OPTION: Emergency Services–Notification within 72 hours

  You or someone acting on your behalf (such as a family member or name of medical provider) did not notify the IHS/Tribal facility of your emergency within 72 hours from the date you received these services or admission; therefore the IHS/Tribal facility cannot authorize CHS payment. [42 CFR 136.24(c)]

- OPTION: Prior Authorization Requirements

  You or someone acting on your behalf (such as a family member or name of medical provider) did not obtain prior authorization for your nonemergency services from the IHS/tribal facility. For this reason the IHS/Tribal facility cannot approve CHS payment. [42 CFR 136.24(b)]

- OPTION: For Elderly and Disabled Persons Emergency Services–Notification within 30 days

  You or someone acting on your behalf (such as a family member or name of medical provider) did not notify the IHS/tribal facility of your emergency within 30 days from the date you received these services or admission. For this reason the IHS/Tribal facility cannot approve CHS payment.

3.13.7 Residency

For the Student or Transients or other persons outside of CHSDA delivery area denial option, a facility name will need to be selected before the denial letter can be printed.

Old Denial Reasons (Removed)

- Lives Outside Local CHS Service Area

  You are not eligible for CHS because you do not live on the reservation and do not maintain close economic and social ties with the local Tribe(s) for which the reservation was established. Close ties include marriage, employment, or Tribal certification. [Per 42 CFR 136.23 (2008)].

New Denial Reasons (Replaced)

- OPTION: Social/Economic Ties

You do not live within your Tribe's CHSDA and/or maintain close economic and social ties with the tribe(s) where you currently reside. In states where the whole state is a CHSDA, you do not live within the service unit (SU) healthcare delivery area. [42 CFR 136.23]

- OPTION: Student or Transients or other persons outside of CHSDA

  You are neither a full-time student nor a transient who is temporarily away from the "home of record" CHSDA. You must submit a notarized statement from the school registrar indicating that you are enrolled and considered a full-time student to [ACHSNFAC] or submit proof of information that you have not been away from your home of record CHSDA for more than 180 days.

3.13.8 Indian Descent/Membership

Old Denial Reasons (Removed)

Eligibility Not Established

- OPTION: Indian Descendancy Not Established

  You have not provided evidence to prove that you are eligible for CHS. [See 42 CFR 136.12 and 136.23 (2008)]

- OPTION: Care for Non-Indian Pregnant Woman

  You did not provide a paternity form signed by the father and/or a marriage license.

New Denial Reasons (Replaced)

- OPTION: CHS Eligibility not Established

  You did not provide proof of tribal enrollment or Tribal descendancy of a federally-recognized Tribe. Please provide documentation of Indian descent so a decision of eligibility can be made on your request for CHS payment.

- OPTION: Non-Indian Woman

  As a non-Indian woman pregnant with an eligible Indian child, please provide documentation of proof of marriage or signed acknowledgment of paternity so a decision of eligibility may be made on your request for CHS payment. [42 CFR 136.12 and 136.23]

3.13.9 New Parameter–Adjust Left and Top Margin

New options were added to adjust the amount of spacing for the left and top margins of the denial letters. This can be found under the Parameters option on the CHS Denial/Unmet Needs menu.

```
                        CONTRACT HEALTH MGMT SYSTEM
                            DEMO INDIAN HOSPITAL
                                 Parameters



   AD      Area Director
   AMT     Amount on Denial Letters
   BC      Benefit Coordinator Parameters ...
   CAT     Deferred Services Categories/Sub-Categories
   FAC     Facility Abbreviation
   HEAD    Letter-Head
   LFP     Letter Format Parameters ...
   MPRI    Medical Priorities
   NUM     Number of Letters/Fact Sheets
   P638    Enter/Edit Denial Parameters ...
   SU      Service Unit Director

Select Parameters Option:
```

Figure 3-22: Denial Parameter option menu

```
                          CONTRACT HEALTH MGMT SYSTEM
                              DEMO INDIAN HOSPITAL
                            Letter Format Parameters



   LM      Number of spaces to offset left margin by
   TM      Top Margin, begin printing on line

Select Letter Format Parameters Option:
```

Figure 3-23: Denial Parameter Set Left Margin and Top Margin options

3.13.10 New Parameter–Add Benefit Coordinator Name and Phone Number

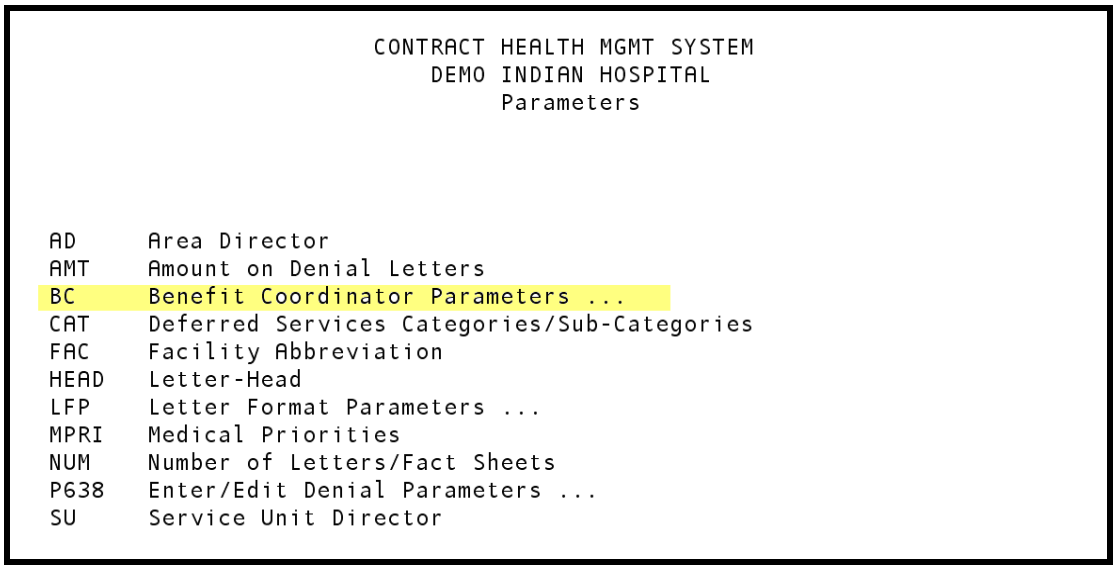


Figure 3-24: Benefits Coordinator parameter option

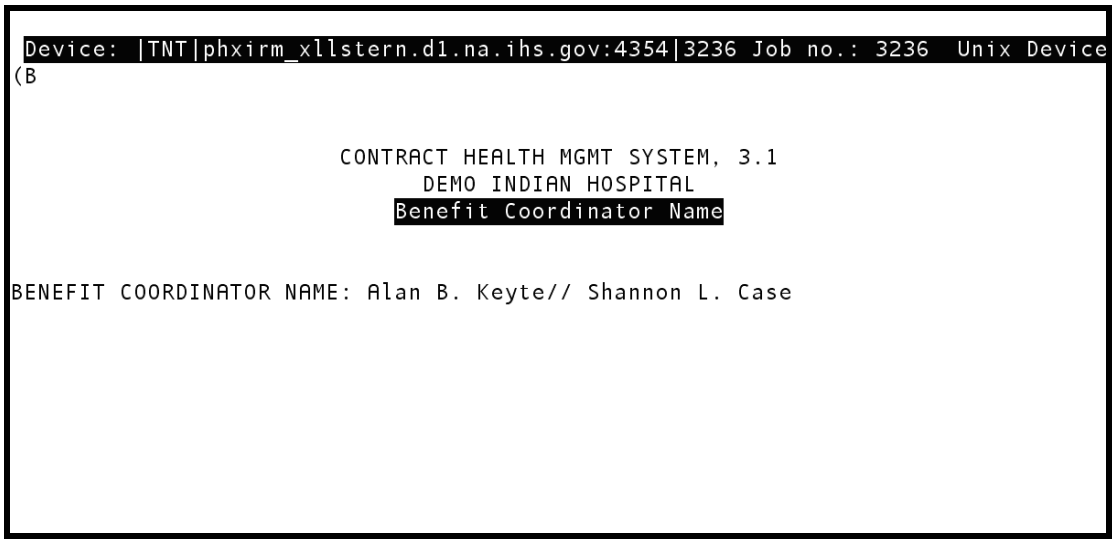


Figure 3-25: Add Benefits Coordinator name

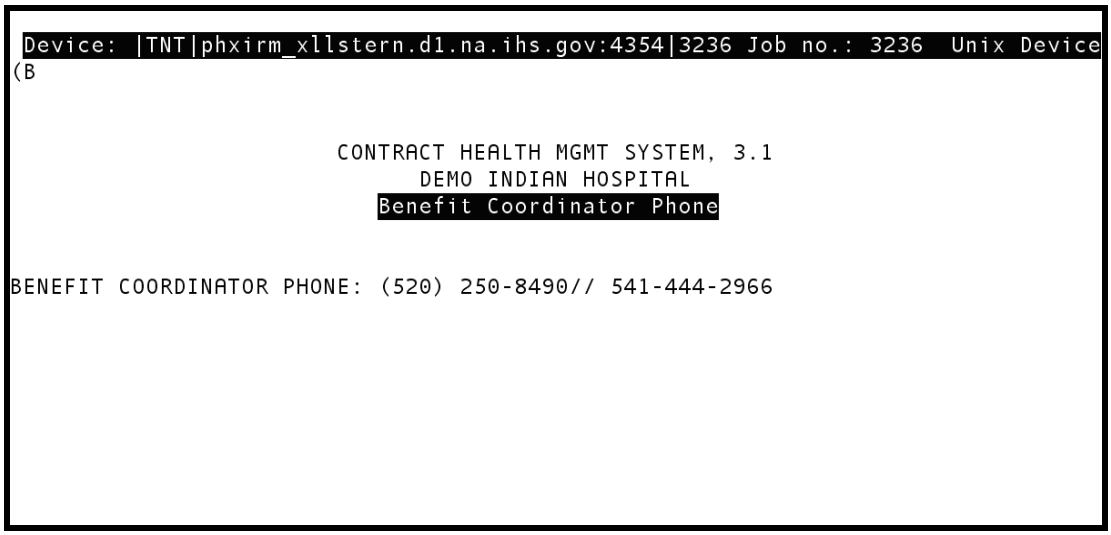


Figure 3-26: Add Benefit Coordinator phone number

The Benefits Coordinator name and phone number is found in the denial letter when the denial reason "Alternate Resource Available" is selected and the Eligible for Alternate Resource option is used for the denial reason.

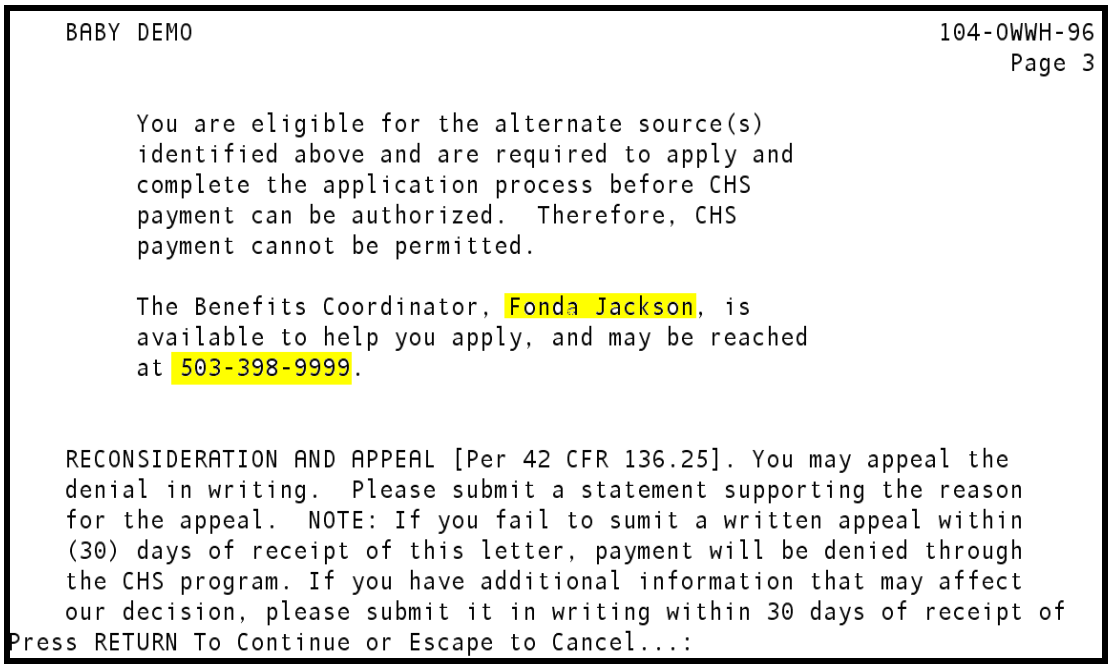


Figure 3-27: Alternate Resource Letter–Benefits Coordinator name and phone number

3.13.11 New Parameter–Alternate Resource Type

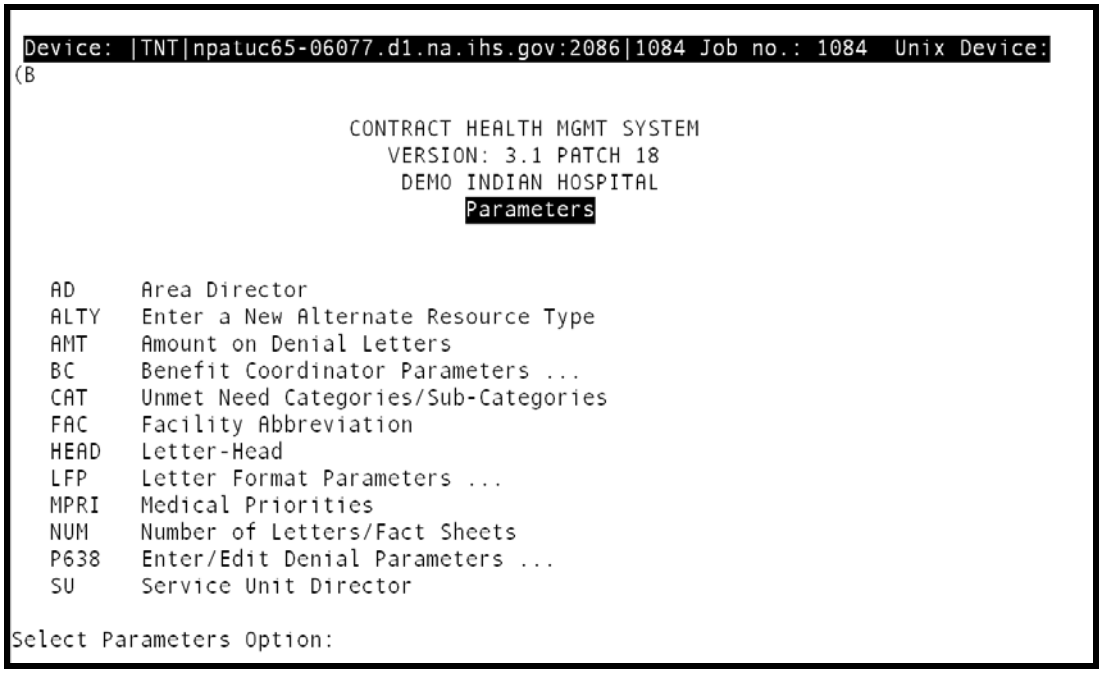


Figure 3-28: Enter new Alternate Resource Type option

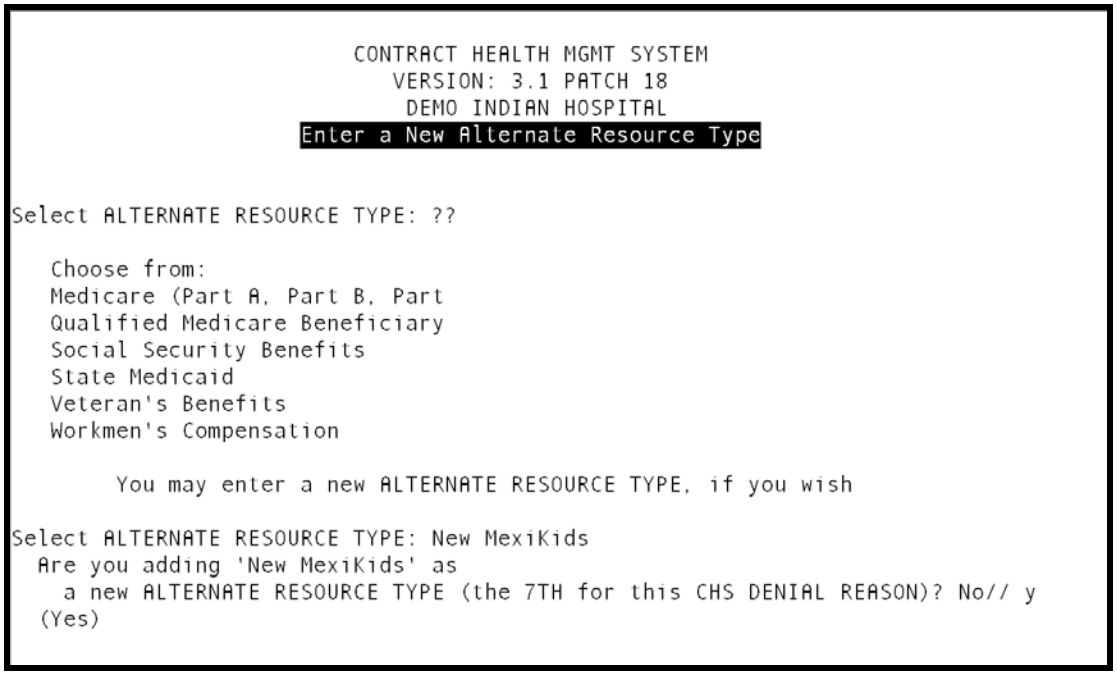


Figure 3-29: Add new resource name

3.13.12 Option to Add Comments for Additional Denial Reasons

```
CHS DENIAL DISPLAY       PATIENT: DEMO,WESLEY THOMAS          CHART#: 114319
================================================================================
DATE ISSUED: Jul 08, 2010                    ISSUED BY: CASE,SHANNON L

1. DATE MED SVC: Jul 04, 2010              2. DATE OF REQUEST: Jul 08, 2010

3. MEDICAL PRIORITY: I EMERGENT/ACUTELY URGENT CARE4. VISIT TYPE: OUTPATIENT

5.*PRIMARY PROVIDER: UNIVERSITY HOSPITAL

6.*DIAGNOSIS: NONE

7.*PRIMARY DENIAL REASON: No Notification of Emergency Service Within 72 Hours

8.*OTHER RESOURCES: NONE

9. OTHER IHS RESOURCES: NONE

               * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

Enter Number Of Field To Edit or <RETURN> To Accept:  (1-9):
```

Figure 3-30: Denial–Adding Additional Denial Reason with Comments

```
================================================================================
                              DENIAL REASONS EDIT
================================================================================

PRIMARY DENIAL REASON:

               1. No Prior Approval for Non-Emergency Service


Enter Number Of Reason To Edit, 'A' To ADD Reason: A

Select OTHER DENIAL REASONS: Care Not Within Medical Priority

OTHER DENIAL REASONS COMMENT:
  No existing text
  Edit? NO// Y
```

Figure 3-31: Denial–Open Text Additional Comments

4.0 Patch 16 Changes

Patch 16 of the CHS makes the following changes.

4.1 Patient Social Security Number

SSN will no longer display on the screen or print on the PO. The SSN will now appear as XXX-XX-1234 to protect patient confidentiality.

4.2 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). In addition, the year for all citations, which is provided in parenthesis, should all be changed to 2008. An example of the modification is as follows:

- Current: [Per 42 CFR 36.23(e) (1986)]
- New Citation: [Per 42 CFR 136.23(e) (2008)]

4.3 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.

4.4 Fiscal Year Printing on PO

On POs, "00" was printing for the "10." Changed the printed FY from "00" to "10" to represent the new 2010 year.

4.5 Form Renewal Parameter

Changes due to the renewal of the PO 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 DUNS Number will print on the form instead of the UPIN Number. The DUNS Number must be populated in the vendor file.

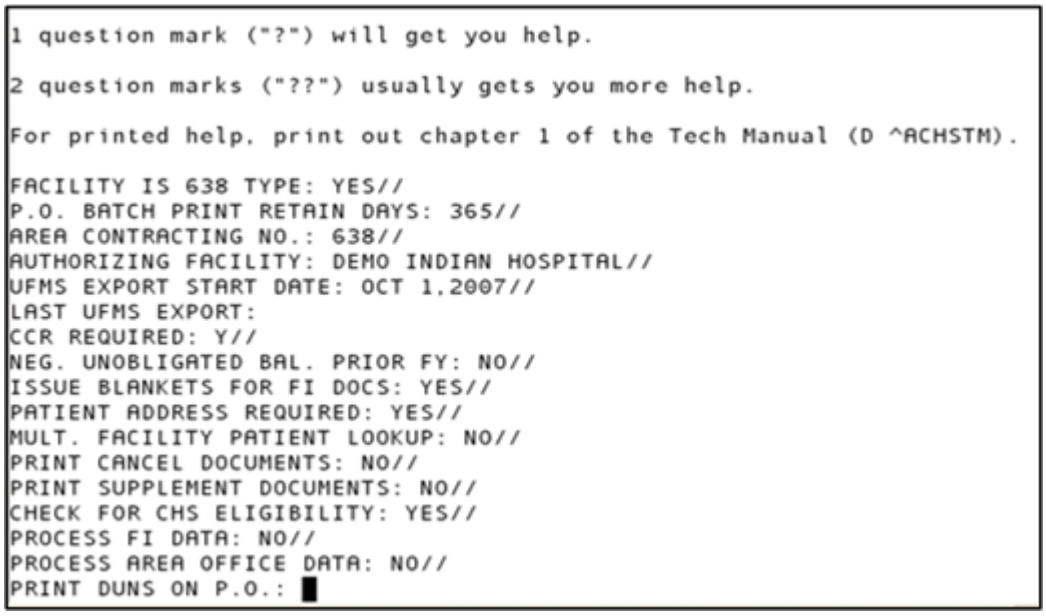


Figure 4-1: Adding the DUNS number

4.6 CHEF Management–CHEF Reimbursement Form Changes

4.6.1 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 PO 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 SLO POs.

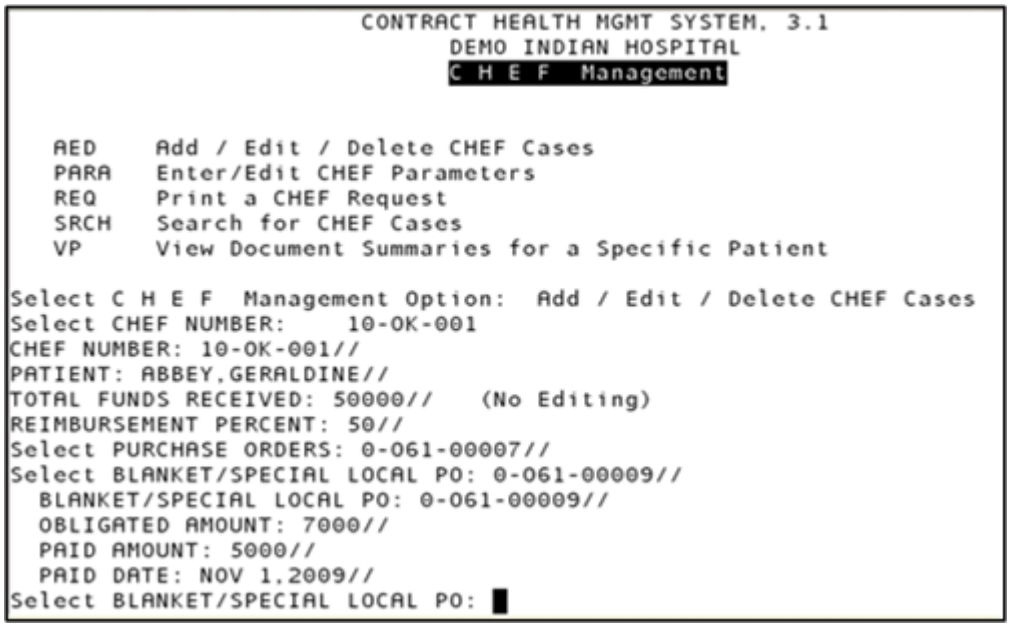


Figure 4-2: Entry of SBO or SLO POs

4.7 Reimbursement Percent Field

A Reimbursement Percent field was added; and Line 22A will reflect 50% or 100% reimbursement based on the amount paid in subtotal 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.

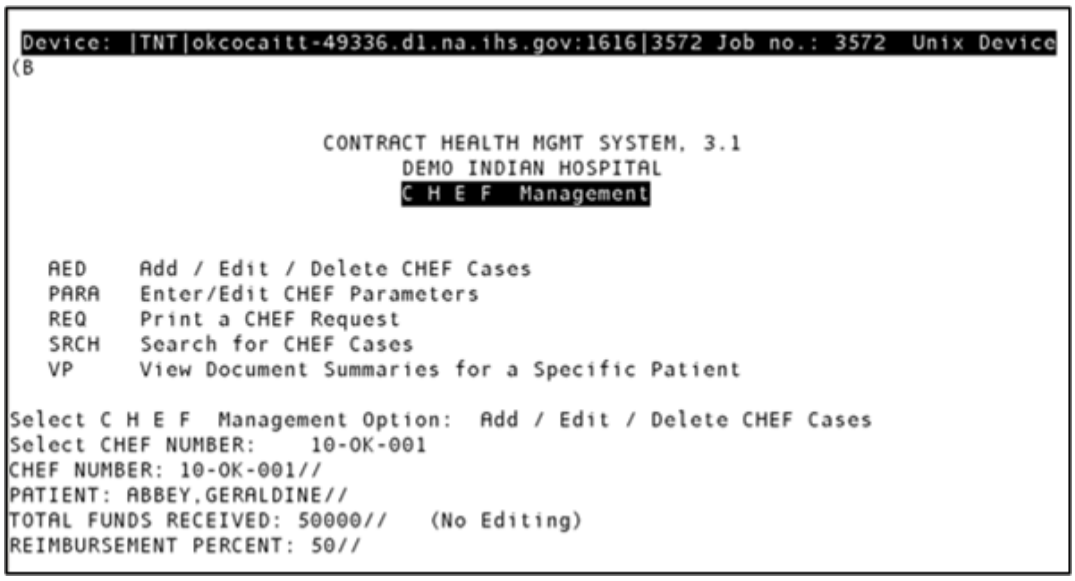


Figure 4-3: Reimbursement percent entry

4.8 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 4-4: 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 4-5: Request Calculated at 50% reimbursement with $50,000 received in amendment and $50,740 pending reimbursement

4.9 CCR Prompt is Added to Site Parameter

A parameter has been added to determine if a site is requiring a 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 DUNS Number is required in the vendor file for the vendor being used to generate a PO. You will be unable to proceed with entering a purchase order if the DUNS Number is missing.

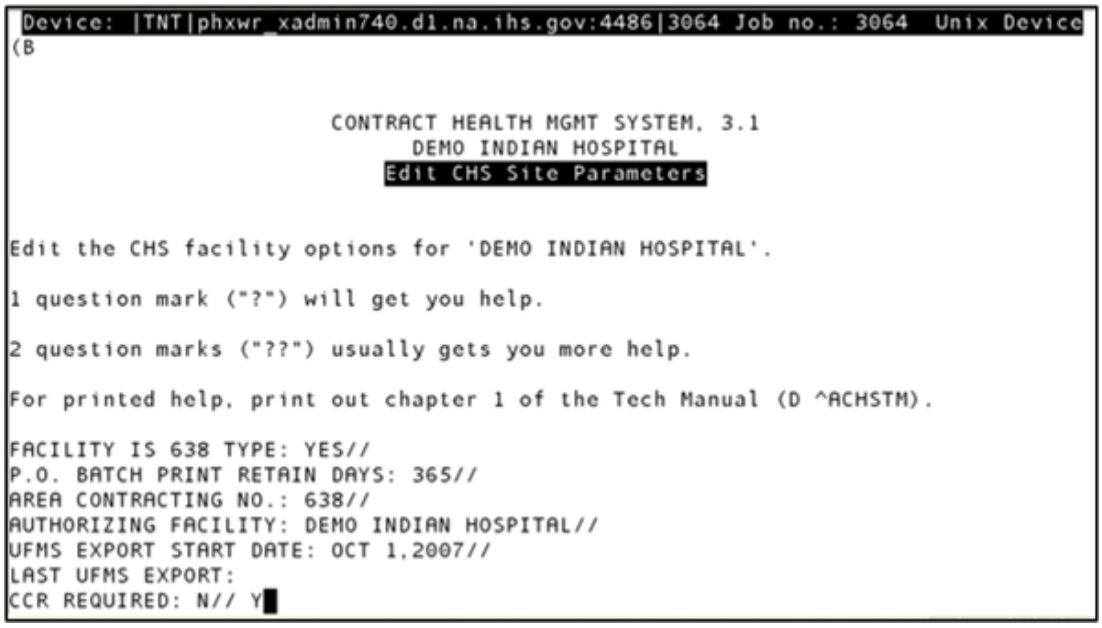


Figure 4-6: CCR Site Parameter set to Yes

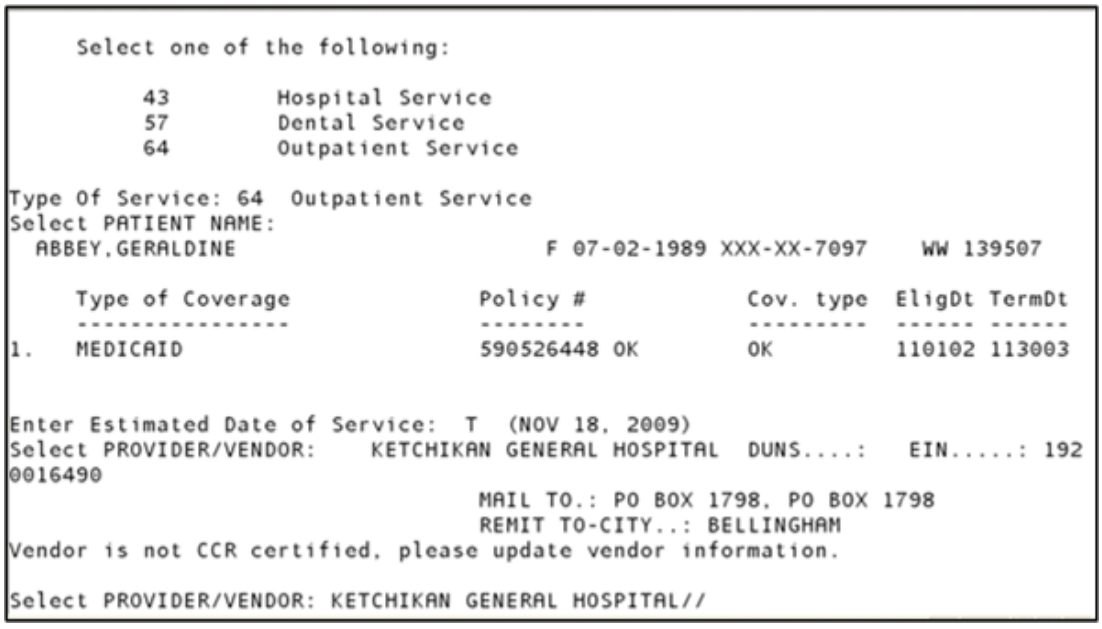


Figure 4-7: Vendors missing a DUNS Number prompt will appear

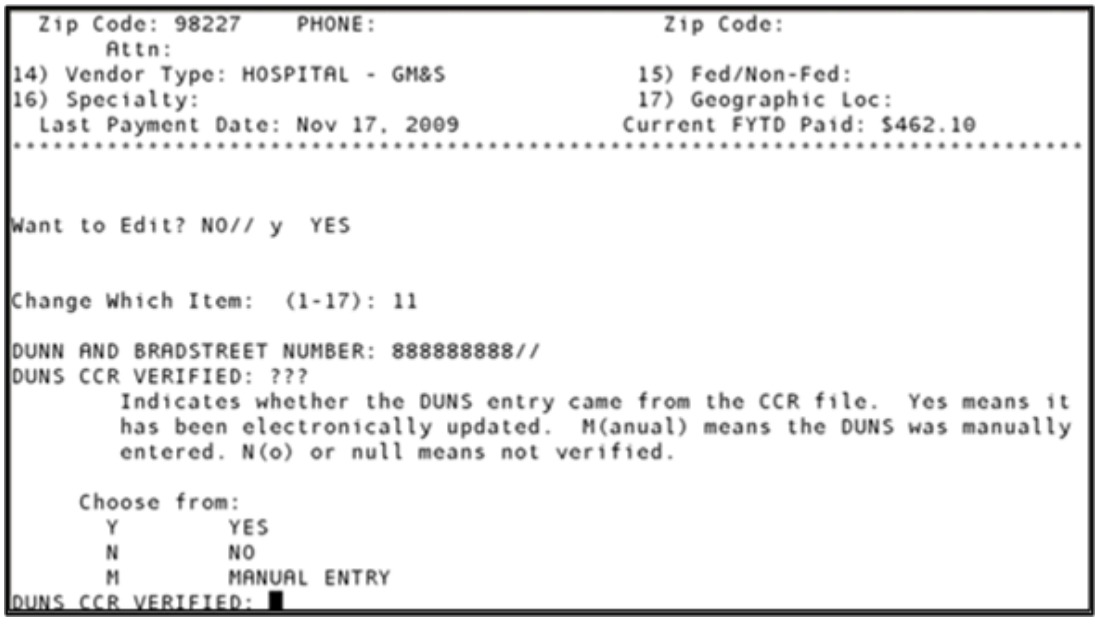


Figure 4-8: The prompt below will appear when the user enters the DUNS Number in the vendor file. Choose from Yes, No, or Manual Entry.

4.10 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.

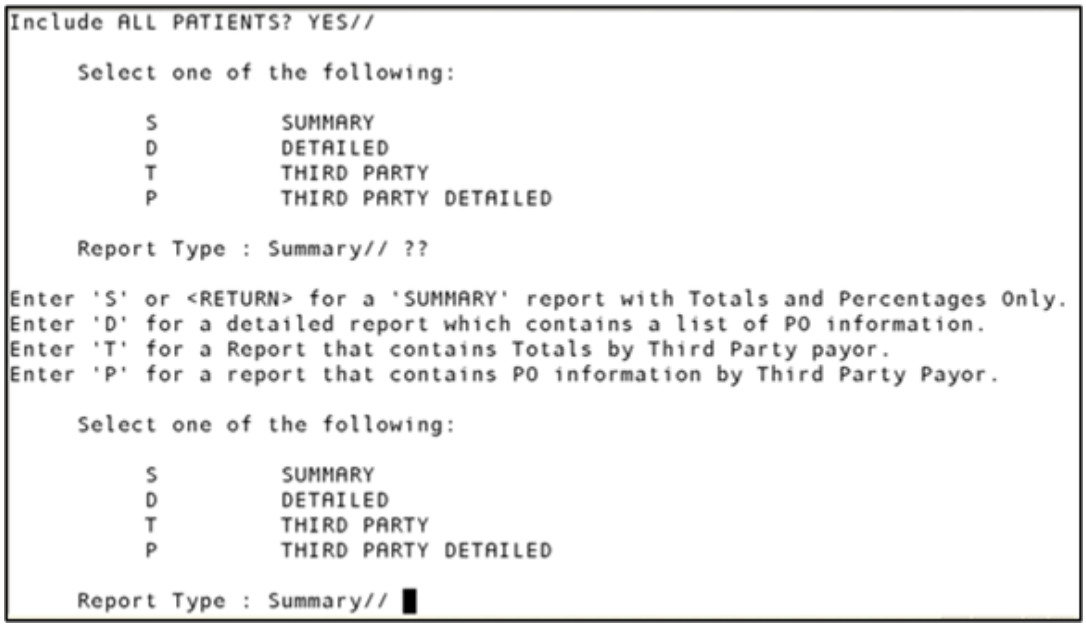


Figure 4-9: Third-Party Report adds T for Third Party and P for Third Party Detailed options

```
                        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 4-10: Third Party Detailed option provides detailed information on PO sorted by third-party payer

4.11 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.

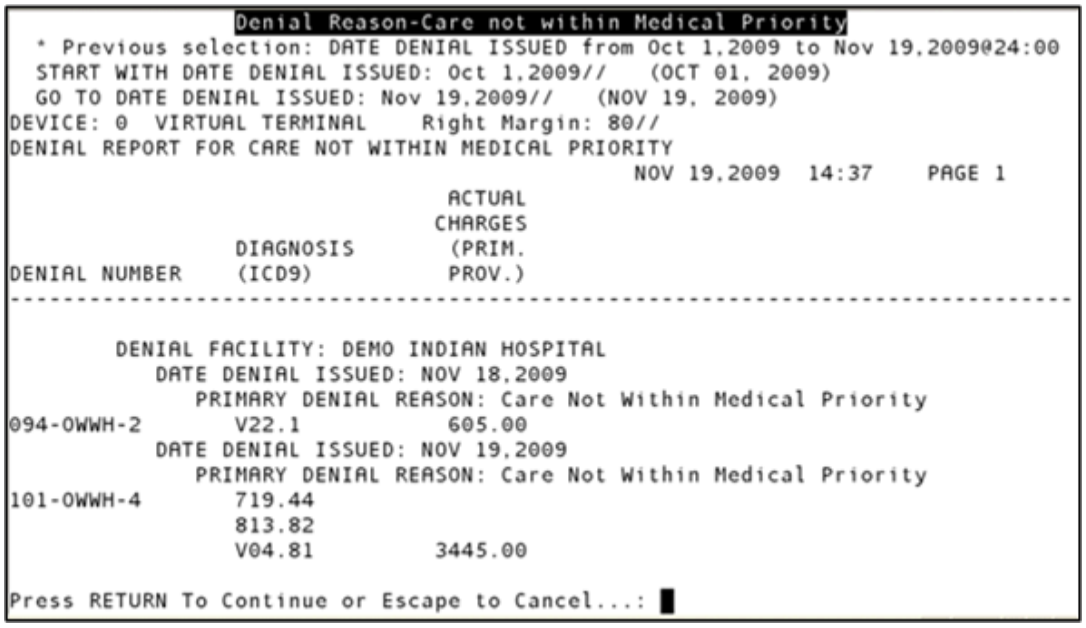


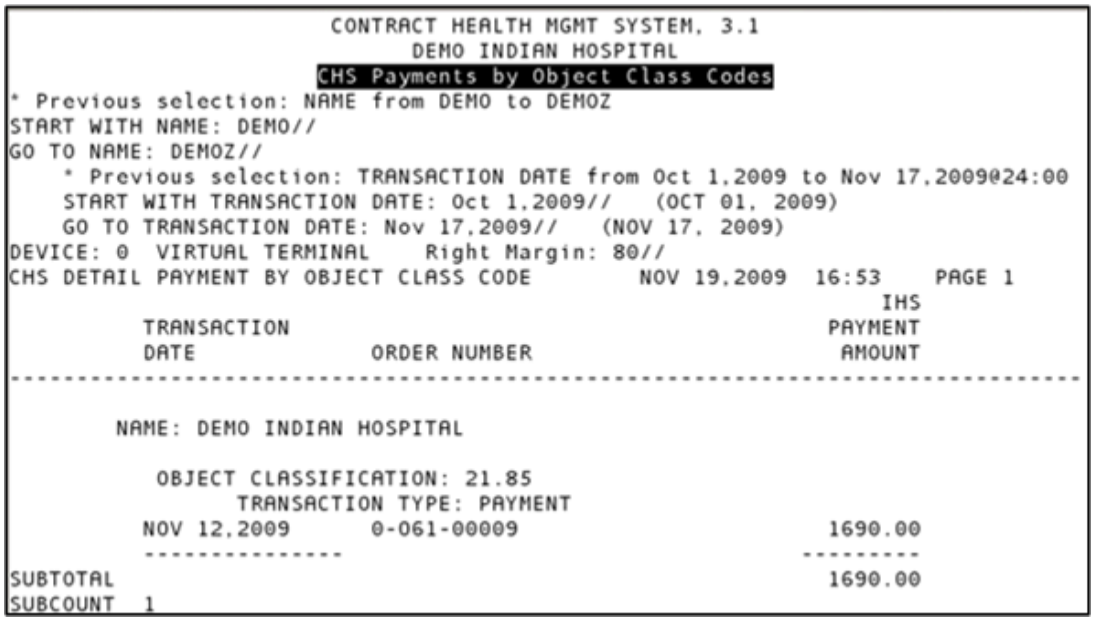
Figure 4-11: Denial Report "Care Not within Medical Priority"

4.12 CHS Payment Report

The CHS Payments by Object Class Codes report is found in the Facilities Management menu in 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 4-12 and Figure 4-13, the starting and ending facilities are shown as DEMO and DEMOZ.

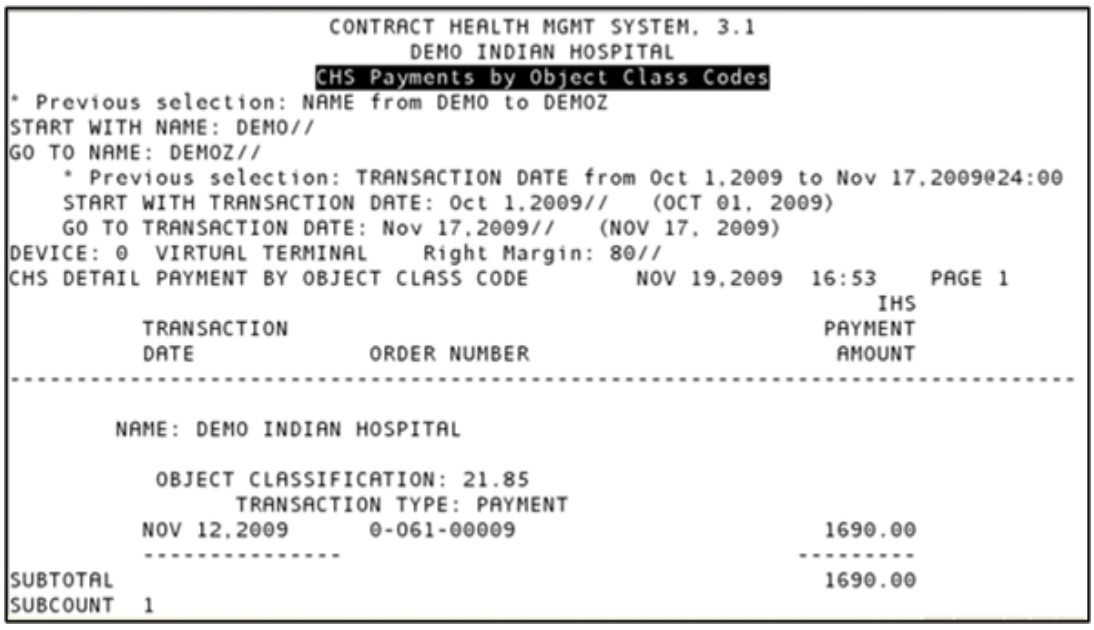


```
                        CONTRACT HEALTH MGMT SYSTEM, 3.1
                              DEMO INDIAN HOSPITAL
                        CHS Payments by Object Class Codes
* Previous selection: NAME from DEMO to DEMOZ
START WITH NAME: DEMO//
GO TO NAME: DEMOZ//
    * Previous selection: TRANSACTION DATE 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
                                                                 IHS
          TRANSACTION                                          PAYMENT
          DATE             ORDER NUMBER                         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 4-12: 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
                                                                 IHS
          TRANSACTION                                          PAYMENT
          DATE             ORDER NUMBER                         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 4-13: SUM–CHS payment summary by object class code

5.0 Patch 15 Changes

5.1 CHEF Reimbursement Form Enhancements

5.1.1 Change to Field #7

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

5.1.2 Change to Field #11 Medical Priority

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

5.1.3 New Calculations in Fields #19–25

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

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 the 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 5-1: Changes to Fields 13 to 25 example

5.1.4 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 free-text field, with a 61-character maximum. You may edit and delete the text in this field, as shown in Figure 5-2.

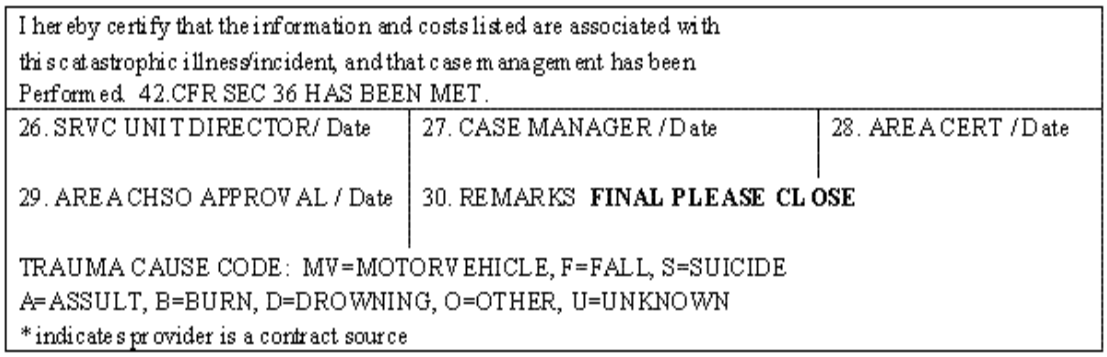
```
                  CONTRACT HEALTH MGMT SYSTEM, 3.1
                           DEMO HOSPITAL
                         CHEF Management

   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 5-2: Example of using CHEF Management to change Field 30: REMARKS

Figure 5-3 displays an example of the updated text for Field 30. REMARKS, as it appears on the printed form.


I hereby certify that the information and costs listed are associated with
this catastrophic illness/incident, and that case management has been
Performed. 42.CFR SEC 36 HAS BEEN MET.

26. SRVC UNIT DIRECTOR/ Date	27. CASE MANAGER / Date	28. AREA CERT / Date
29. AREA CHSO APPROVAL / Date	30. REMARKS **FINAL PLEASE CLOSE**	

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

Figure 5-3: Example of form Field 30: REMARKS, with updated text.

5.2 Service Class Codes

CHSMIS restricts federal sites from entering any SCC that is not included in the authorized table of SCC (see Table 5-1).

If an invalid SCC is used while generating a PO, 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 PO for the federal site.

Table 5-1: SCC 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

5.3 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 5-4: Facility Management Reports options, selecting the DCIS Error Report (DCIS) option

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

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

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

TOTAL RECORDS IN ERROR =4
```

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

6.0 Patch 13 Changes

6.1 Adding the DUNS Number to Vendor File

The U.S. Government requires their supplies and contractors to have a DUNS Number. You can get a DUNS number at: http://www.dnb.com.

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

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

6.1.1 Adding the DUNS Number

The following example shows where to enter the DUNS Number in the individual vendor's file. Note that **bold** text indicates user input at 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 6-1: Example of entering DUNS Number in the Vendor file

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

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

Figure 6-2: Sample of response when editing a DUNS Number

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

6.1.2 Displaying the DUNS Number in the Vendor File

Entering the DUNS Number at the "11) DUNS" prompt displays the DUNS Number on the vendor screen. For example:

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

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

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

Figure 6-3: Example display of a DUNS Number in a vendor file

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

6.2 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.

6.2.1 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 Figure 6-4.

```
                      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 6-4: Sample of Denial/Appeal screen display

Figure 6-5 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 6-5: 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 Figure 6-6.

```
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 6-6: Sample screen display of denial information

6.3 Duplicate Document Error

Documents are stored up to 10 years. When documents are created after the documents have been removed for that FY, these documents will cause the duplicate document error when documents are added for the current FY.

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.

6.3.1 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 Figure 6-7.

```
                 ***    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 6-7: Sample of menu displaying the key to remove documents causing the duplicate document error

6.4 UFMS Export

6.4.1 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 a OCT 1, 2007 start date for IHS-type facilities.

After October 1, 2007:

- 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.

6.4.2 Area Level

At the Area Office, 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 e-mail message is sent to the Area Office staff designated on the notification list.

7.0 Patch 12 Changes

The Office of Management and Budget (OMB) 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 the site is an IHS site and the site parameters are set accordingly.

7.1 New Prompt

When an IHS facility is initiating a new document, the new mandatory prompt, "Enter Contract Action Type," is displayed. 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 and 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	Micropurchase (open market, under $2,500)	Micropurchases (<$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 identifications (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 7-1) 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 7-1: Example of initiating a new document

7.2 New HHS Number

7.2.1 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	Three-digit identification code of the Department
4	I	One-digit identification code of the servicing agency: Indian Health Service
5-7	249	Three-digit identification code assigned to the contracting office by the Office of Acquisition Management Policy (OAMP).
8-11	2004	Four-digit fiscal year designation
12-16	00001	Five-digit serial number
17	P	One-digit code describing the type of contract action

Three-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

One-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 Department of Defense (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 Micropurchase

T Task Order

7.2.2 Document Displaying the New HHS Number

The new HHS number will display on the upper, right side of the document, as shown in Figure 7-2.

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

Select Document: 5-42


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

```
                              --------
CURRENT OBLIGATION BALANCE      500.00          (IHS) (3rd PARTY)

Select Document:
```

Figure 7-2: Sample document, displaying the new HHS number

8.0 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.

8.1 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.

8.2 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, 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. Note that there is no entry in the Medicare Provider field for any new or nonupdated file.
3. At the "Want to Edit?" prompt, do one of the following:

   - Type **Y** and go to Step 4.
   - Type **N**. At the "Want to see Prior FY Payments for this vendor?" prompt, type **Y** or **N** to view/not view prior payments for this vendor.
4. At the "Change Which Item: (1–15)?" prompt, type **9**.

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

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

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

                           CONTRACT HEALTH MGMT SYSTEM
                                DEMO HEALTH CENTER
                              PROVIDER/VENDOR UPDATE

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

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

Want to Edit? NO// YES <Enter>

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

Figure 8-1: 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 Web site 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 PO 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 PO.

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 PO 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 PO.

11. At the "Begin Term Date" prompt, type the date the Medicare Number became effective. This date can also be found on the IHS Web site 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 the Information Technology Service Center (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 Web site (as described in Appendix A: CMS Provider Listing). This list is run every quarter, semiannually, or at the discretion of CMS.

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

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

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

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

*****************************************************************************
(1). Name: VENCORE HOSPTIAL                (2). EIN No.: 1321456987-A1
(3). Status: ACTIVE                        (4). Contracts: NONE
```

```
(5). UPIN:                                  (6). Rate Quotation: NONE ACTIVE
(7). Type of Business:                      (8). Agreement: NONE
(9). Medicare Provider: Y                   (10). BPA: NONE

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

Want to Edit? NO//
```

Figure 8-2: Updated Provider/Vendor screen

8.3 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**.

   a. If you type **Y**, go to Step 2.

   b. 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 8-3).

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

   a. If you type **Y**, go to Section 8.2, "Updating an Existing Provider/Vendor's Medicare Provider Number," and continue with Steps 8 through13

   b. 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 8-3: Adding Medicare number

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

   a. 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 8-4.

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

   c. If this information was incorrectly entered, you can change it at this time (refer to Steps 5 and 6 in Section 8.2).

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

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

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

Which item: 2 <Enter>

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

Figure 8-4: Editing Medicare number

8.4 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, 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 8-5: 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 either:

   - **Y**, and go to Step 3
   - **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 8-6: Selecting a description of service

Once the document is completed, 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, no Medicare Provider information will be visible.

```
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 8-7: Document with Medicare Provider information

8.5 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 ITSC, 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: Files cannot be exported until ACHS*3.1*11 is installed and is running.

Patch 11 also contains new record layouts for Type 7. For the complete set of new Outpatient, Inpatient, and Dental Record Layout lists, refer toAppendix 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 8-8: 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 8-9: Consolidate Data From Facilities (Steps 1–2)

3. The system displays a list of the CHS Facility files available for processing (Figure 8-10).

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

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

   b. 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 8-11). To resolve this error, the site must install patch 11 and reexport 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 8-10: 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 8-11: "Unknown" version error

5. The system redisplays the information file information, marking each file to be consolidated with a Y in the Process(ed) Column (Figure 8-12).

   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 8-12: Confirmation of selected files to export

For each facility processed, the system displays related information, as shown in Figure 8-13. This is the information that will be exported to 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 8-13: 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 8-14 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 8-14: Sample Exported File Report

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

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

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

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

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

Figure 8-15: 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 Enter at the prompts that follow each new processing screen to continue.

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

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

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

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

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

          GENERATING DHR RECORDS FOR HAS

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

TOTAL DHR RECORDS GENERATED = 0

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

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

```
*-----------------------------------------------------------------*
*   NAME OF FACILITY                  NUMB TRNS       DOLLAR AMT   *
*******************************************************************

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

          TOTAL CHS TRANSACTIONS             0              $0.00

     NUMBER OF OUTPUT DHR RECORDS =          4

     NUMBER OF JCL RECORDS =                 8

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

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

Figure 8-16: Example of the File Transmission Process (Steps 9-12)

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

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

    The number of records copied to output media is displayed.

15. Press Enter at the prompt to continue.

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

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

NUMBER OF PREVIOUSLY EXPORTED FILES = 1

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

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

  1       34     Sep 23, 2004    chsstat110000a    Y

Enter RETURN to Continue: <Enter>

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

          100 Total Records Copied to Output Media

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

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

Figure 8-17: 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.

9.0 Patch 7 Changes

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

9.1 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 PO.

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 9-1: 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 9-2: 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 9-3: 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 menu. 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 9-4: Adding or editing electronic signature parameters (ESIT)

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

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

5. At the "MULTIPLE SIGNATURES REQUIRED" prompt, type **YES** to indicate that more than one signature is required for CHS POs. The system will then require both ordering and authorizing signatures for Blocks 21 and 23 of the PO 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 PO 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.

9.2 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, you must set up your electronic signature, including 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 (Figure 9-2).

2. At the "Select Facility Management Option" prompt, type **PED** to display the Parameter Edit options (Figure 9-3).

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 POs).

   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 PO.
> 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 9-5: Adding and editing the Electronic Signature Officials options (Steps 5–10)

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

9.3 Apply Electronic Signatures

This option allows authorized users to apply electronic signatures to a PO. 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 PO. The Authorizing Official's signature cannot be applied to a PO 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.

9.3.1 Apply the Ordering Official Electronic Signature

```
CHS/MIS Main Menu > EMNU > SIGO
```

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

Applying the Ordering Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 9-1).

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 9-6: 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-O17-00013     OKLAHOMA CITY CLINIC          575.00
         CAN-OCC-SCC: J50AB75-4182-252D           Hospital
         DEMO,PATIENT

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

Enter ?? for more actions                                              >>>

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

Figure 9-7: 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 POs, 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 POs within your authorization level
   - **NO** to indicate that certain POs within your authorization level should not be signed

   If you elect to withhold signature from some POs, the system prompts you to enter the numbers corresponding to the POs 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 POS you *do not* want to sign.

> **Note**: The numbers displayed in this prompt vary based on the PO item numbers within your authorization level.

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

   - **YES** to indicate that you are done signing POs
   - **NO** to continue reviewing and signing POs

```
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 9-8: Specifying POs for approval (Steps 6–8)

When you are finished signing POs, 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 9-9: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

9.3.2 Apply the Authorizing Official Electronic Signature

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

Applying the Authorizing Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 9-1).

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

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

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

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

Select Electronic Signature Authorization Menu Option:  SIGA
```

Figure 9-10: Electronic Signature Authorization Menu options, selecting Apply Electronic Signature Authorizing Official (SIGA)

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 POs within your level of authority. For example:

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

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

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

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

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

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

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

Enter ?? for more actions                                             >>>

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

Figure 9-11: Entering your electronic signature and reviewing POs (Step 4)

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

5. After you have reviewed the POs, 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 POs within your authorization level

- **NO** to indicate that certain POs within your authorization level should not be signed

If you elect to withhold signature from some POs, the system prompts you to enter the numbers corresponding to the POs 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 POs you *do not* want to sign.

> **Note**: The numbers displayed in this prompt vary based on the PO item numbers within your authorization level.

8. At the "ARE YOU DONE?" prompt, type

- **YES** to indicate that you are done signing POs
- **NO** to continue reviewing and signing POs

```
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 9-12: Specifying POs for approval (Steps 6–8)

When you are finished signing POs, 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 9-13: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

9.4 Electronic Signature Reports

This option allows you to create reports that include either signed POs or those POs 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 9-1).

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

   The system displays the Facility Management options (see Figure 9-2).

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 9-14: 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 9-15: Electronic Signature Reports menu options (ERPT)

9.4.1 Viewing POs Approved by Ordering Official Report (ESAP)

The Electronic Signature Approved by Ordering Official report (ESAP) option allows you to create reports that include POs 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 9-16: 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 POs.

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 POs.

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 9-17: Entering Electronic Signature Approved by Ordering Official report options (Steps 2–4)

9.4.2 Electronic Signature Approved by Ordering Official Report Example

This report includes the

- PO 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 PO 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 PO, the report displays the name of the individual. POs with no Ordering Official signature do not appear in this report.

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

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

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

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

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

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

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

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

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

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

Total Documents: 6
```

Figure 9-18: Viewing signed POs

9.4.3 Viewing a POs rs Pending Approval Report (ESPD)

The Pending Electronic Signature of Ordering Official (ESPD) option allows you to create reports that include POs 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 9-19: 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 9-20: Entering Pending Electronic Signature of Order Officials report options

9.4.4 Pending Electronic Signature of Order Officials Report Example

This report includes the:

- PO Number
- Provider of Service
- Issue Date
- Obligation Amount and Type

For example:

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

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

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

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

Figure 9-21: Viewing Pending Electronic Signature Report

9.4.5 Example of a Printed PO

The follow example shows a printed PO 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 ☐ 6. DENTAL ☐ 7. OTHER THAN HOSPITAL INPATIENT OR DENTAL ☒

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

12. SERVICES ORDERED SCC: 25.4J

13. REASON FOR REFERRAL

14. REFERRING IHS PHYSICIAN ---
15. REFERRING IHS DENTIST
16. MEDICAL/DENTAL PRIORITY

PRICING INFORMATION

17. IHS NO. OF a. ☐ Contract, b. ☐ Agreement, or c. ☐ Rate Quotation: Open Market
18. DATE OF RATE QUOTATION (if applicable): ---

19. RATE FOR AUTHORIZED SERVICES: a. ☐ Medicare Rate, or b. ☐ Other Rate (Specify):

20. TITLE

21. SIGNATURE (IHS ordering official) 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. ☐ Small Business b. ☐ Small Disadvantaged Business C. ☐ Woman - Owned Small d. ☐ Other

28. INSTRUCTIONS
If IHS has not completed Block 19 above, the provider should indicate its rate for the authorized services in that Block. It is IHS policy to pay Medicare rates or equivalent or lower rates for health care services.

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

The provider shall submit HCFA 1450-1500 or ADA Dental Form for payment to:

_____

_____ Additional instructions for submitting claims are included on the reverse side of this form, and the conditions and clauses pertaining to the order are included on the reverse side of Copy #3 of the purchase-delivery order.

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

Figure 9-22: Viewing a signed and printed PO

10.0 Patch 6 Changes

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

10.1 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.

10.1.1 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 10-1: Editing an appeal (Steps 1–3)

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

   The system displays the patient's information.

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

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

6. At the "Enter Number Of Field To Edit 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 10-2: 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 two questions marks (**??**) 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 10-3: Editing an appeal (Steps 7–8)

9. At the "APPEAL LEVEL" prompt, type the appeal level. Type two question marks (**??**) 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 10-4: Editing an appeal (Steps 9–11)

10.2 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.

10.2.1 Editing a Denial Status

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

2. At the "Enter the DENIAL NUMBER or PATIENT" prompt, type the denial number or patient number.

   The system displays the patient's information.

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

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

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

   DAE    Appeal Status Edit
   DSE    Denial Status Edit

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

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

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

You have chosen denial document 000-OANY-2

JONES,DEMO
BOX 1234
UNSPECIFIED OK 74027

Date of service Feb 24, 1997

Is this correct? YES// <Enter>

THE STATUS OF THIS DENIAL IS ACTIVE
```

Figure 10-5: 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 Enter to continue.

9. At the "DO YOU WANT TO EDIT THE APPEAL STATUS? prompt, press Enter.

   See Section 10.1 to edit an appeal status.

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

    - Type another denial number or patient number
    - Press Enter to exit this option

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

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

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

The status change will be recorded

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

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


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

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

Figure 10-6: Editing a denial status (Steps 4–10)

10.3 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 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 PO transmission to the FI. This option should be used immediately after issuing the PO.

10.3.1 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 10-7: Sending an approval message (Steps 1–2)

3. At the “Select Document” prompt, type the document number.

   The system displays the document information.

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

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

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

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

Figure 10-8: Sending an approval message (Steps 3–4)

5. At the "CHS-FI Messages" prompt, type your message. Type two question marks (**??**) 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, either:

   - Type another message
   - Type **NO** to exit this option

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

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

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

Figure 10-9: Sending an approval message (Steps 5–6)

11.0 Patch 5 Changes

Patch 5, released in November of 2002, contained the following Health Insurance Portability and Accountability Act- (HIPAA-) related changes.

11.1 X12 Transaction 278 Processing Option

Patch 5 of the CHS 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.

11.1.1 Sending a 278 Transaction Manually

To send a 278 transaction manually, follow these steps:

1. At the main CHS menu, type **DOC**.
2. At the "Select Document Generation Option" prompt, type **278O** (uppercase letter "O").
3. At the "Select X12 Transaction 278 Processing Option" prompt, type **278O** (uppercase letter "O").
4. Respond to the prompts as they appear on your screen.

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

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

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

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

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

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

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

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

Figure 11-1: Example of sending an X12 Transaction 278 manually

Appendix A: CMS Provider Listings

The CMS Provider Listing is updated quarterly, semiannually, 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 IHS Web site:

   http://www.ihs.gov

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

3. Under Health IT Applications, click the 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.

Appendix B: New Record Type 7 Layouts

CHS 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.
PAYMENT DESTINATION	*39*	*1*	*Document Payment Destination (I=IHS)*
OPTIONAL CODE	40 - 41	2	Blanks.
COMMUNITY CODE	42 - 44	3	Patient's Community Of Residence Code, Valid Per Standard Code Book.
COUNTY CODE	45 - 46	2	Patient's County Of Residence Code, Valid Per Standard Code Book.
STATE CODE	47 - 48	2	Patient's State Of Residence Code, Valid Per Standard Code Book.
AUTHORIZING FACILITY	49 - 54	6	Authorizing Facility Code, Valid Per Standard Code Book.
PROVIDER TYPE	55 - 56	2	CHS Provider Type Code, Valid Per Standard Code Book.
PROVIDER IDENTIFICATION CODE	57 - 66	10	Provider Identification Number (Employer Identification Numeric, Provider's SSN Number, or Corporate Tax Identification Number).

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

Record 2

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

Record 3

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

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

Record 4

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

Record 5

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

Record 6

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

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

Record 7

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

Record 8

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

Record 9

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

Contract Health Services Outpatient Transaction

New Record Layout as of 10/01/2004

CHSSTAT Inpatient

One CHSSTAT record is composed of 14 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
PAYMENT DESTINATION	*39*	*1*	*Document Payment Destination (I=IHS)*
OPTIONAL CODE	40 - 41	2	Blank.
COMMUNITY CODE	42 - 44	3	Patient's Community Of Residence Code, valid per Standard Code Book.
COUNTY CODE	45 - 46	2	Patient's County Of Residence Code, valid per Standard Code Book.
STATE CODE	47 - 48	2	Patient's State Of Residence Code, valid per Standard Code Book.
AUTHORIZING FACILITY	49 - 54	6	Authorizing Facility Code, valid per Standard Code Book.
PROVIDER TYPE	55 - 56	2	CHS Provider Type Code, valid per Standard Code Book.

Field	Position	Length	Description of Data Item
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.
SERVICE CLASS CODE	*75 -78*	*4*	*Service Class Code* *NPIRS: used in the 2003 CHS Validation Project*
FILLER	79 - 80	2	Blank.

Record 3

Field	Position	Length	Description of Data Item
RECORD NUMBER	1 - 2	2	'7C'

Field	Position	Length	Description of Data Item
ISSUE DATE	*3 - 10*	*8*	*Purchase Order Issue Date - CCYYMMDD*
PAYMENT DATE	*11 - 18*	*8*	*Purchase Order Payment Date - CCYYMMDD*
FILLER	*19 - 21*	*3*	*Blank*
COB AMOUNT	*22 - 29*	*8*	*Total Coordination Of Benefits Amount.*
DX CODE 6	*30 - 34*	*5*	*Valid Diagnosis ICD-9 Code*
DX CODE 7	*35 - 39*	*5*	*Valid Diagnosis ICD-9 Code*
DX CODE 8	*40 - 44*	*5*	*Valid Diagnosis ICD-9 Code*
DX CODE 9	*45 - 49*	*5*	*Valid Diagnosis ICD-9 Code*
FILLER	*50*	*1*	*Blank*
REV CODE 1	*51 - 53*	*3*	*Revenue Code 1*
REV CODE 2	*54 - 56*	*3*	*Revenue Code 2*
REV CODE 3	*57 - 59*	*3*	*Revenue Code 3*
REV CODE 4	*60 - 62*	*3*	*Revenue Code 4*
REV CODE 5	*63 - 65*	*3*	*Revenue Code 5*
REV CODE 6	*66 - 68*	*3*	*Revenue Code 6*
REV CODE 7	*69 - 71*	*3*	*Revenue Code 7*
REV CODE 8	*72 - 74*	*3*	*Revenue Code 8*
REV CODE 9	*75 - 77*	*3*	*Revenue Code 9*
REV CODE 10	*78 - 80*	*3*	*Revenue Code 10*

Record 4

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

Field	Position	Length	Description of Data Item
REV UNITS 5	*64 - 67*	*4*	*Corresponding number of Units for REV Code 5*
REV UNITS 6	*68 - 71*	*4*	*Corresponding number of Units for REV Code 6*
REV UNITS 7	*72 - 75*	*4*	*Corresponding number of Units for REV Code 7*
REV UNITS 8	*76 - 79*	*4*	*Corresponding number of Units for REV Code 8*
REV UNITS 9	*80*	*1*	*Corresponding number of Units for REV Code 9 (The first digit of a four-digit field, continued on a next record)*

Record 5

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

Record 6

Field	Position	Length	Description of Data Item
RECORD NUMBER	*1 - 2*	*2*	*'7F'*
REV COST 2 - cont	*3 - 5*	*3*	*Continued from a previous record - The last three digits of REV COST 2)*
REV COST 3	*6 - 12*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 4	*13 - 19*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 5	*20 - 26*	*7*	*Allowable Amount multiplied by number of Units*

Field	Position	Length	Description of Data Item
REV COST 6	*27 - 33*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 7	*34 - 40*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 8	*41 - 47*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 9	*48 - 54*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 10	*55 - 61*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 11	*62 - 68*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 12	*69 - 75*	*7*	*Allowable Amount multiplied by number of Units*
REV COST 13	*76 - 80*	*5*	*Allowable Amount multiplied by number of Units (The first five digits of a seven-digit field, continued on a next record)*

Record 7

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

Record 8

Field	Position	Length	Description of Data Item
RECORD NUMBER	*1 - 2*	*2*	*'7H'*
REV COST 24 – cont.	*3*	*1*	*Continued from a previous record - The last digit of REV COST 24)*
REV COST 25	*4 - 10*	*7*	*Allowable Amount multiplied by number of Units*
FILLER	*11 - 42*	*32*	*Blank*
CPT CODE 1	*43 - 47*	*5*	*CPT (Current Procedure Terminology) Code 1*
CPT CODE 2	*48 - 52*	*5*	*CPT (Current Procedure Terminology) Code 2*
CPT CODE 3	*53 - 57*	*5*	*CPT (Current Procedure Terminology) Code 3*
CPT CODE 4	*58 - 62*	*5*	*CPT (Current Procedure Terminology) Code 4*
CPT CODE 5	*63 - 67*	*5*	*CPT (Current Procedure Terminology) Code 5*

Field	Position	Length	Description of Data Item
CPT CODE 6	*68 - 72*	*5*	*CPT (Current Procedure Terminology) Code 6*
CPT CODE 7	*73 - 77*	*5*	*CPT (Current Procedure Terminology) Code 7*
CPT CODE 8	*78 - 80*	*3*	*CPT (Current Procedure Terminology) Code 8 (The first three characters of a five-character field, continued on a next record)*

Record 9

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

Record 10

Field	Position	Length	Description of Data Item
RECORD NUMBER	*1 - 2*	*2*	*'7J'*
CPT CODE 24 – cont.	*3 - 6*	*4*	*Continued from a previous record - The last four characters of CPT CODE 24)*
CPT CODE 25	*7 - 11*	*5*	*CPT (Current Procedure Terminology) Code 25*
CPT UNITS 1	*12 - 15*	*4*	*Corresponding number of Units for CPT Code 1*
CPT UNITS 2	*16 - 19*	*4*	*Corresponding number of Units for CPT Code 2*
CPT UNITS 3	*20 - 23*	*4*	*Corresponding number of Units for CPT Code 3*
CPT UNITS 4	*24 - 27*	*4*	*Corresponding number of Units for CPT Code 4*
CPT UNITS 5	*28 - 31*	*4*	*Corresponding number of Units for CPT Code 5*
CPT UNITS 6	*32 - 35*	*4*	*Corresponding number of Units for CPT Code 6*

Field	Position	Length	Description of Data Item
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)*

Field	Position	Length	Description of Data Item
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 4 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
FEE	20 - 26	7	Total Amount Charged. Numeric $99999 AND 99 CENTS (DDDDDCC)
DATE OF SERVICE	27 - 34	8	Date of Service - CCYYMMDD
FILLER	35 - 52	18	Blanks.

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

Appendix C: GAO Layout

Information on File

1. If denial or deferred service document has been cancelled, they will not be sent in this file.

2. Reasons for Deferral will be "Unmet Need"

3. Decision for all Deferred cases will be Deferred

4. Decision for all Denied cases will be Denied or Reversed based on the status field.

5. The file will be named chsgaoASUFAC.txt

6. The file will be created in the export directory defined in the RPMS Site file

7. The file will be sent to the Area if defined in the RPMS Site file

8. The issue date was added because if item was sent to the site to perform a look up for additional information, they would not be able to determine which denial it was.

Record Layout

Fields are delimited by a caret (^) some lines may not be defined, if there is not any data to be sent.

1A= Issue Date –When it was entered in the system

Patient Identification- If not in system will be ASUFAC_Xnnnnn

Referral Initiation Date

Managed Care Decision Date

Final Pay Date

CHS Priority

Vendor Type – Primary Provider only

Estimated Amount-total for all providers

Primary Denial Reason

Decision: Reversed-Denied or Deferred

1B= Service Type

TYPE OF SERVICE

SUB CATEGORY

DRG….. (could be multiple, separated by ^)

1C= CPT…… (could be multiple, separated by ^)

1Dx= APPEALS (could be multiple lines, each line will have the appeal status and comment)

COMMENTS

1Ex= Other Comments (could be multiple lines)

Request from GAO

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(2)  Records of all deferred and denied CHS services in your Area for FY
2007 through FY 2009, by service unit.  Specifically, we would like a report
from the Resource Patient Management System (RPMS) that would capture for
each individual CHS service that was deferred or denied the following data
elements:
a.   Patient ID number
b.   Date of referral
c.   Date that request was deferred or denied by the CHS committee
d.   Processing date for claims for payment that were denied
e.   CHS Priority level
f.   Description of service (including any DRG or procedure codes used)
g.   Provider type (for the service requested)
h.   Estimated cost
i.   Decision (i.e. whether deferred or denied, and any appeals)
j.   Reason for deferral or denial
k.   Any additional notes or free text fields used to indicate reasons for
deferral or denial or updates on the decision.
If possible, we would like to receive the data requested in electronic
format, for example as an MS Excel, MS Access, text, or CSV file. We would
also like an accompanying explanation of the file layout that identifies the
variables included. If you have any
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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