



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing System (ABM)

Patch 13 Addendum to User Manual

Version 2.5 Patch 13
February 2008

Office of Information Technology (OIT)
Division of Information Resource Management
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1.0 Summary of Changes for ABM 2.5, Patch 13

- Present On Admission (POA) changes.
- Modification to Form Locator Override option to allow CMS-1500 (Export #27).
- Added a routine to create a file that will resend bills approved from October 1, 2007 to present. The file creation and submission will not be done until the site installs BAR Version 1.8 Patch 4.
- Removal of option to resend a UFMS file or individual bill to the UFMS server.
- Modification to the UFMS file creation option to not allow the option of re-naming the export file.
- Modification of the UFMS file creation option to add the seconds to the time in the filename, to prevent duplicate files from being created in RPMS.
- Modification to Set Up option in the UFMS Supervisor Menu to allow up to 999 days of sessions to view.
- Modification of the UFMS file creation option to print session status when printing the status screen.
- Modification of the UFMS file creation option to send an additional field labeled Master-TIN.
- New option added to allow the user to view a UFMS file that was transmitted. This file must reside on the host file server to be viewed.

Resolutions to Service Center Calls

- IM24125/IM26006 - Fix for <UNDEF>DIE+4^DIE error in the claim editor when claims have been merged and there is data on Page 9D.
- IM25002 - Made change to keep original bill amount if Medicare is primary and Medi-Cal is secondary.
- IM25574 - Fix to print CPT Modifier for Medical charges instead of IEN of entry.
- IM25742 - Made change to ADA-2006 format to remove duplicate line that was printing on PI claims.
- IM25777 - Made change to page 8B to make all charges display. There were items not displaying because they had the same priority as another line item.
- IM25840 - Fix for <UNDEF>DX+39^ABMDEMLC error in claim editor that occurs when primary DX has E-code associated and there is another DX marked as secondary (it makes E-code secondary as well).
- IM25888 - Made change to 837D to include TOO segment with tooth number.

- IM25889 - Correction to stop blank page in between each complete page for UB-04s.
- IM25892 - Correction to page number on 1500 (08/05) format.
- IM25899 - Made changes for 1500 (08/05) forms not lining up. CPT and modifiers weren't in boxes completely.
- IM25920 - Changed Resubmission number to accept 29 characters.
- IM25924/IM25965/IM25966 - Fix for <SUBSCR>EP+32^ABMUCAPI error when USE ASUFAC OF was used.
- IM25947 - Change do dental charges won't show up when not itemized.
- 25. IM25962 - Made change to missing TIN message so it wouldn't display for non-beneficiary insurer.
- IM25986 - Added more cancellation reasons for bill.
- IM26018 - Fix for <UNDEF>BADDR+52^ABMDF29A when printing ADA-2006 format.
- IM26085 - Added more cancellation reasons for bill.
- IM26096 - Made change so cashiering session would not create for POS claims at tribal sites.
- IM26203 - Changes to 1500(08/05) to print location NPI in FL33A.
- IM26259 - Fix for <UNDEF>DEL+16^ABMDEMGRG when merging claims and deleting the existing ones.
- IM26299 - Fix for <UNDEF> error when printing forms and insurer type is undefined.

2.0 Patch 13 Details

2.1 Present on Admission (POA)

CMS requires a **Present on Admission (POA)** indicator for every diagnosis on an inpatient acute care hospital admission beginning January 01, 2008 (this date is mandatory) (CMS Manual System, Pub 100-04, Transmittal 1240).

POA will be required for secondary diagnoses for dates of service beginning October 1, 2007. Exempt from this are claims submitted via DDE. DDE is expected to have the required POA fields for dates of service by January 1, 2008.

2.1.1 Summary of changes

- Add a new field in Site Parameters labeled POA Indicator.
- POA Indicator will default to YES.
- Add POA display to Page 5A (Diagnosis Page) in Claim Editor.
- Add POA display the Page 5A (Diagnosis View from PCC) in Claim Editor.
- Add a new error code in the Claim Editor if POA indicator is missing for inpatient claims.
- Allow POA to print on UB-04.
- Allow POA to print on 837 Institutional by populating the K3 segment.

2.1.2 Claim Editor

The Present on Admission (POA) indicator will not apply to all claim types. Only visits that contain a bill type of 11X (inpatient) or 12X (Ancillary Part B) require the POA for each diagnosis code. The POA will also be included for every “E” code.

Modifications were made to the claim editor to display the POA on Page 5A. If needed, the Provider’s Narrative can be shortened to accommodate this change.

```

~~~~~ PAGE 5A ~~~~~
Patient: DEMO,JOHN  [HRN:99090]          Claim Number: 30304
..... (DIAGNOSIS) .....

BIL   ICD9
SEQ   CODE   POA   Dx DESCRIPTION          PROVIDER'S NARRATIVE
===   =====
1     487.1   Y     FLU W RESP MANIFEST NEC      INFLUENZA
2     E901.1  U     EXCESSIVE COLD, MAN          EXCESSIVE COLD, MAN-MADE
                                     MADE
3     490.    N     BRONCHITIS NOS              BRONCHITIS NOS

Desired ACTION (Add/Del/Edit/Seq/View/Next/Jump/Back/Quit): N// E
<Enter>

```

Editing the diagnosis code will display the POA indicator.

```

Desired ACTION (Add/Del/Edit/Seq/View/Next/Jump/Back/Quit): N// E
<Enter>
Sequence Number to EDIT:  (1-3): 1 <Enter>

[1] 487.1

Select PROVIDER NARRATIVE: INFLUENZA// <Enter>

Present on Admission Indicator:

```

If the diagnosis or an “E” code was populated with the POA indicator in the Patient Care Component (PCC), the POA is displayed on Page 5A (Diagnosis) and will auto-populate when the user selects a diagnosis code to edit:

```
Present on Admission Indicator: YES//
```

If the diagnosis or an “E” code was not populated with the POA indicator in PCC, then the user is allowed to add the indicator.

```
Present on Admission Indicator:
```

If any diagnosis or an “E” code listed on Page 5A (Diagnosis) is missing, a POA indicator and the export mode is UB-04 (#28) or 837 I (#21), and the bill type on Page 1 of the Claim Editor is equal to “11x” or “12x,” the following error message is displayed on Page 5A:

```
-----
ERROR:231 - PRESENT ON ADMISSION (POA) INDICATOR MISSING
-----
Desired ACTION (Add/Del/Edit/Seq/View/Next/Jump/Back/Quit): N//
```

The POA will be displayed on the Diagnosis View Option, also located on Page 5A (type “V” to view). For example:

```
~~~~~ PAGE 5A ~~~~~
Patient: OLDAGE,MAN [HRN:99090] Claim Number: 30304
..... (DIAGNOSIS VIEW OPTION) .....

***** DIAGNOSIS INFORMATION ENTERED THROUGH PCC *****
PRI ICD CD POA PROVIDER'S NARRATIVE CAUSE OF INJURY
== =====
P 487.1 Y INFLUENZA

-----
Enter ERROR/WARNING NUMBER for CORRECTIVE ACTION (if Desired):
```

Figure 2-1: Example of POA display on Diagnosis View Option of page 5A

2.1.3 Set Up

The Present on Admission (POA) indicator is located in the Site Parameters file and defaults to YES on installation of the patch. Because this Change Request does not apply to all I/T/U facilities, the system will allow the user to turn off the ability to use the POA indicator.

The prompt is only valid for the DUZ(2) in which the parameter has been set. This means that any hospitals set up as satellite locations will need to set this prompt. If the A/R Parent/Satellite option is set to YES, and the hospital satellite locations are generating under the parent location, the parent location must check the satellite parameter file to confirm that the POA is required.

The site needs to determine if the POA requirement applies to their site. If not, the site needs to change the default to NO.

[illegible]

If the user types “??” at the “Use POA Indicator” prompt, the following help text is displayed:

CMS requires all inpatient acute care facilities to submit a Present on Admission indicator, which is used evaluate and determine reimbursement for inpatient services. Critical Access hospitals are exempt from using the POA.

2.1.4 UB-04 Modifications for the POA Indicator

The following example displays the paper UB-04, which contains three diagnosis codes as well as one “E” code.

48717	Y490	A	N25000	Y	C	D	F	F	G	H	
9	I	J	K	L	M	N	O	P	Q		
ADAMT	ADPATENT	A	B	C	11PPS	12	E9011	II	b	c	

Figure 2-2: 837 Example of UB-04 modifications

- Form Locator 67, 67A and 67B have been populated with both the ICD9 code, as well as the POA indicator.
- Form Locator 72 has also been populated with the “E” code entry, as well as the indicator. The indicator must be present in the shaded area of the form.

2.1.5 837 Institution File Modifications for the POA Indicator

Modifications will be made to the HIPAA X12 837 v4010 Institution export mode to print the POA. The 837 will use the K3 segment, and the data will print in the K301 element:

```
CLM*30304A-IH-99090*36246.00***11:A:1*Y*A*Y*Y*****Y~
DTP*096*TM*1100~
DTP*434*RD8*20071024-20071114~
DTP*435*DT*200710241100~
CL1*2*2*01~
AMT*C5*36246.00~
REF*G1*0000294892~
REF*EA*99090~
K3*POAYUNZ~
HI*BK:4871*BJ:4871*BN:E9011~
HI*BF:E9011*BF:490~
HI*BG:C1~
QTY*CA*21*DA~
NM1*71*1*KILDARE*RICHARD***XX*1099999990~
PRV*AT*ZZ*208D00000X~
REF*1G*D20429~
LX*1~
```

According to CMS guidelines,

“If segment K3 read as follows: “POAYNUW1YZ,” it would represent the POA indicators for a claim with 1 principal and 5 secondary diagnoses. The principal diagnosis was POA (Y), the first secondary diagnosis was not POA (N), it was unknown if the second secondary diagnosis was POA (U), it is clinically undetermined if the third secondary diagnosis was POA (W), the fourth secondary diagnosis was exempt from reporting for POA (1), and the fifth secondary diagnosis was POA (Y).”

In the 837 example above, the following diagnosis codes were used as an example:

1	487.1	Y	FLU W RESP MANIFEST NEC	INFLUENZA
2	E901.1	U	EXCESSIVE COLD, MAN MADE	EXCESSIVE COLD, MAN-MADE
3	490.	N	BRONCHITIS NOS	BRONCHITIS NOS

The “K3” segment is broken down as follows:

K3*POAYUNZ~

Segment Key:

K3	Segment Identifier
*	Delimiter
POA	Present on Admission Indicator
Y	POA Indicator for primary diagnosis (sequenced as #1 on Page 5A)
U	POA Indicator for secondary diagnosis (sequenced as #2 on Page 5A)
N	POA Indicator for tertiary diagnosis (sequenced as #3 on Page 5A)
Z	Indicates end of indicator (terminator)
~	Segment Terminator

Note: Currently, in the K301 segment there is no limit to how many indicators can be entered.

2.2 Medicare Part B ASC Billing Requirement

Even though no changes were made in this patch for Part B ASC billing, the following information is provided as a guideline to assist the user in setting up the Billing system. Billing questions or questions regarding Part B enrollment for ASC Billing should be directed to your Fiscal Intermediary.

2.2.1 Background for Medicare Part B ASC Billing

Effective January 1, 2008 IHS/Tribal hospitals that have been certified to perform as ASC surgery centers will no longer submit those services to Part A. To receive reimbursement you have two options.

- Complete the 855B enrollment form, obtain a Part B number and file on the CMS-1500 claim form, or
- Continue to submit to Part A and be reimbursed at the all-inclusive rate. It is not mandatory that you enroll with Part B.

2.2.2 Set Up for Medicare Part B

ASC surgery centers that choose to enroll in Part B must set up the Insurer file to allow billing on a CMS-1500 or the ASC X12N 837 Professional export mode. Sites that bill electronically need to check with their Fiscal Intermediary's electronic data interchange department to find out if enrollment in EDI is required.

2.2.2.1 Insurer File

ASC surgery centers need to update the Insurer file to allow billing on a CMS-1500 or the ASC X12N 837 Professional export mode.

```
Select VISIT TYPE...: 831  AMBULATORY SURGERY
...OK? Yes// <Enter>  (Yes)

Billable (Y/N/E)....: YES// <Enter>
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)...: JAN
1,2006// <Enter>
Procedure Coding....: CPT// <Enter>
Fee Schedule.....: 22// <Enter>
Multiple Forms?.....: NO// <Enter>
Payer Assigned Provider Number.....: 320099// <Enter>
EMC Submitter ID #...: <Enter>
EMC Reference ID....: <Enter>
Auto Approve?.....: <Enter>
Mode of Export.....: 837 INST (UB)// 837 PROF (HCFA) <Enter>
837 4010      PROFESSIONAL
RX# IN FL44?.....: <Enter>
SUBPART NPI: <Enter>
DME Contractor?.....: <Enter>
CPT Code.....: <Enter>
Select START DATE:
```

Figure 2-3: Example of updating the Insurer file to allow ASC Billing on 837 Professional export mode

Since the Billing system uses the Visit Type 831 (Ambulatory Surgery) to create day surgery claims, use 831 as the visit type to edit.

2.3 Form Locator Override

Use Form Locator Override to override fields on the CMS-1500 needed for ASC billing. This first edit is to ensure that the system does not print the provider's NPI, since the NPI for the provider is not required when billing the ASC claim.

```
Select 3P INSURER: MEDICARE <Enter>
Select 3P EXPORT MODE FORMAT: CMS-1500 <Enter>

  Select one of the following:
    10      RESERVED FOR LOCAL USE
    11      BOX 11C - INSURANCE PLAN/PROGRAM NAME
    19      RESERVED FOR LOCAL USE
    24      LINE ITEMS
    32      WHERE SERVICES RENDERED
    33      BILLING INFO

Select Form Locator: 24 <Enter>
Enter visit type, or leave blank for all. 831 <Enter>

  Select one of the following:
    1      A1 - DOS FROM
    2      A2 - DOS TO
    3      B - POS
    4      C - EMG
    5      D - HCPCS
    6      E - DIAGNOSIS
    7      F - CHARGE
    8      G - UNITS
    9      H - EPSDT
    10     I - QUALIFIER
    11     J - PROVIDER#

Which Section?: 11 <Enter> J - PROVIDER#

Visit Type: 831 <Enter>

  Select one of the following:
    1      ADD/EDIT
    2      DELETE

Add or Delete Entry?: 1 <Enter>
DATA VALUE: <Space> <Space> <Enter>
```

Figure 2-4: Example of using the Form Locator Override to override fields on the CMS-1500 for ASC Billing

The next Form Locator Override edit is to prevent the facility NPI to print in Block 32a.

```
Select 3P INSURER: MEDICARE <Enter>

Select 3P EXPORT MODE FORMAT: CMS-1500 (08/05) <Enter>

  Select one of the following:
    10      RESERVED FOR LOCAL USE
    11      BOX 11C - INSURANCE PLAN/PROGRAM NAME
    19      RESERVED FOR LOCAL USE
    24      LINE ITEMS
    32      WHERE SERVICES RENDERED
    33      BILLING INFO

Select Form Locator: 32 <Enter>
Enter visit type, or leave blank for all. 831 <Enter>

  Select one of the following:
    1      LINE 1
    2      LINE 2
    3      LINE 3
    4      LINE 4 32A
    5      LINE 4 32B

Enter Line Number: 4 <Enter> LINE 4 32A
  Are you adding 'FM27 BOX 32 LINE 4 32A 831' as
  a new FORM LOCATOR OVERRIDE (the 19TH for this 3P
  INSURER)? No// YES <Enter>
DATA VALUE: <Space> <Space> <Enter>
```

Figure 2-5: Example of using Form Locator Override to prevent the facility NPI from printing in Block 32a

Once the data for 32a has been entered, proceed to remove data from 32b.

```
EDIT ANOTHER LINE?? N// YES <Enter>

  Select one of the following:

    1      LINE 1
    2      LINE 2
    3      LINE 3
    4      LINE 4 32A
    5      LINE 4 32B

Enter Line Number: 5 <Enter> LINE 4 32B
  Are you adding 'FM27 BOX 32 LINE 4 32B 831' as
  a new FORM LOCATOR OVERRIDE (the 20TH for this 3P
  INSURER)? No// YES <Enter>
DATA VALUE: <Space> <Space> <Enter>
EDIT ANOTHER LINE?? N// <Enter>
```

The paper claim appears similar to the following example:

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident or PREGNANCY (LMP)) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY			16. DATES PATIENT (UNABLE TO WORK IN CURRENT OCCUPATION) FROM MM DD YY TO MM DD YY																	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																	
19. RESERVED FOR LOCAL USE						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 1707.01 3. _____ 2. _____ 4. _____						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER																	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. FOSTER RPT		I. ID. QUAL.		J. RENDERING PROVIDER ID. #					
11 02 07 11 02 07 24						11300		1		135.00		1				NPI							
																NPI							
																NPI							
																NPI							
																NPI							
																NPI							
																NPI							
																NPI							
																NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN 85-9999999 <input type="checkbox"/> <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. 30344A-IH5464				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 135.00				29. AMOUNT PAID \$				30. BALANCE DUE \$ 135.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) GEORGE R. BRENNEMAN SIGNED 12 04 2007				32. SERVICE FACILITY LOCATION INFORMATION INDIAN HEALTH HOSPITAL 5300 HOMESTEAD ROAD NE ALBUQUERQUE NM 87110-4557				33. BILLING PROVIDER INFO & PH# INDIAN HEALTH HOSP PO BOX 34982 PASADENA CA 91110-0655															
				8. NPI				9. 745613100				10. 1CAC9999											

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

Figure 2-6: Example of CMS-1500 paper form for ASC Billing

2.4 Modifications due to UFMS

Patch 13 includes additional changes to the Third party Billing System that are required to transmit financial data to the **Unified Financial Management System (UFMS)**. UFMS is the Federal financial system adopted by the Department of Health and Human Services (HHS).

To send IHS financial data from RPMS to the UFMS Accounts Receivable module, an interface was developed, in which files sent from each IHS Federal facility's RPMS server are processed through the Hub (OIT Integration Engine) and then sent to UFMS on a nightly basis.

On initial transmission of data to UFMS, RPMS file volumes became an issue and IHS made a decision to redesign the UFMS RPMS interface. The modifications in this patch include these new changes.

Patch 12 of Third Party Billing included the initial guidelines for setting up RPMS 3PB to send the Invoice data. The same setup applies and the same process occurs with Patch 13.

The existing functional design processes that have been previously released in RPMS 3PB are still the same. However, the user may see changes in the prompts and the content of displays, given the requirements of the new functionality.

2.4.1 Added Routine to Resend Bills Approved After 10/01/2007

To repopulate the UFMS system with valid RPMS financial data, the RPMS system was tasked to create a file for all Invoices created from October 1, 2007 to the date Accounts Receivable (BAR), Version 1.8 Patch 4 was installed.

The routine will not be tasked to run when the patch is installed. The install notes for Accounts Receivable (BAR), Version 1.8 Patch 4 will contain instructions for when to run this routine to create the data file.

The name of the file to be sent to the Hub will use the following format:

**IHS_TPB_RPMS_INV_POST_INIT_ASUFAC_YYYYMMDD_hhmmss_2.05.13
k.DAT**

2.4.2 Option to Resend UFMS Invoice Files Removed

To avoid the potential for sending duplicate transactions to UFMS, this patch removed the options in the Cashiers/Supervisors menu that were released in Patch 12, allowing the user to resend or retransmit individual transactions and/or files.

2.4.3 UFMS File Creation Option Modified to Disallow Renaming of the File

This patch removed the option to rename the UFMS file created in the directory, when transmitting a file. The option, called REMOVE, will no longer appear as a selection, to avoid confusion as to the standard naming of the file to be submitted to the OIT Integration Engine.

```
=====
Export Summary Print                                DEC 4,2007    Page 1
=====
Please ensure the following information is correct:
Session/User      Approved      Excluded      Cancelled      Cxl'd      Ben
                   Bills          Bills          Bills          Claims     Bills
3071203.10455/Lastname  4      818.00 | 0      0.00  0      0.00    0      0
-----
TOTALS:              4      818.00 | 0      0.00  0      0.00    0      0

Do you want to SEND export now? <yes/no>? YES <Enter>
File will be created using the following name:
      IHS_TPB_RPMS_INV_202401_20071204_075857_2.05.13k.DAT

DOS File Being Created'
Please Standby - Copying Data to DOS File
c:\inetpub\ftproot\pub\IHS_TPB_RPMS_INV_202401_20071204_075857_2.05.13k.DAT

File was sent successfully
Print summary screen?
```

2.4.4 Seconds Added to UFMS Filename Format

Seconds were added to the UFMS filename format to stop files from getting created with the same filename. This resolves the situation where users were selecting only one or two sessions to export and then going back in and selecting another one to export, the export files would be created less than a minute apart and have the same filename. In such a case the second file would not make it to the Hub.

2.4.5 UFMS Supervisor Menu Set Up Option Modified to Allow Review Sessions of Up to 999 Days

This option enables users to determine how many sessions to display for review at any one time.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|               THIRD PARTY BILLING SYSTEM - VER 2.5               |
+               Supervisory Functions                             +
|               INDIAN HEALTH HOSPITAL                             |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: Lastname,Firstname                                     3-DEC-2007 4:11 PM

OPN    Re-Open a Closed Session
REC    Reconcile All Sessions
-----
VEF    View UFMS Export File
VHF    View UFMS Host File
-----
SET    UFMS Setup

Select Supervisory Functions Option: SET <Enter>
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|               THIRD PARTY BILLING SYSTEM - VER 2.5               |
+               UFMS Setup                                         +
|               INDIAN HEALTH HOSPITAL                             |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: Lastname,Firstname                                     3-DEC-2007 4:12 PM

UFMS DIRECTORY: c:\inetpub\ftproot\pub  Replace
UFMS DISPLAY DEFAULT NUMBER: 999//
UFMS USE ASUFAC OF:

```

Figure 2-7: Example of setting number of sessions displayed for review

2.4.6 Printing Session Status When Printing the Status Screen

A new feature added to this patch is the ability to print the status of a session when the user is printing the status of a transaction. This will assist the user in identifying the status of a transaction.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.5          |
+          View UFMS Export File          +
|          INDIAN HEALTH HOSPITAL          |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: Lastname,Firstname                               4-DEC-2007 9:35 AM

Select beginning export: T-1 <Enter> DEC 03, 2007
partial match to: DEC 03, 2007@07:02:27      Lastname,Firstname
...OK? Yes// <Enter> (Yes)

Select ending export: T-1 <Enter> DEC 03, 2007
partial match to: DEC 03, 2007@07:02:27      Lastname,Firstname
...OK? Yes// <Enter> (Yes)

Select one of the following:

S          SUMMARY
D          DETAIL
P          SUMMARY WITH EXPORT PAGE
X          DETAIL WITH EXPORT PAGE

SUMMARY OR DETAIL: SUMMARY// P <Enter> SUMMARY WITH EXPORT PAGE
Enter DEVICE: HOME// <Enter> Virtual

***** UFMS EXPORT RECONCILIATION PAGE *****                      Page: 1
LOCATION: INDIAN HOSP
EXPORT DATE: DEC 03, 2007@07:02:27
FILE NAME: IHS_TPB_RPMS_INV_202401_20071203_070227._2.05.13DAT
=====
Session/User      Approved      Excluded      Cancelled      Cxl'd      Ben
                   Bills          Bills          Bills          Claims     Bills
3071130.155817/Name  1      206.00 | 0      0.00  0      0.00    0      0
-----
TOTALS:            1      206.00 | 0      0.00  0      0.00    0      0

```

UFMS EXPORT SUMMARY			Page: 1
LOCATION: INDIAN HOSP			
EXPORT DATE: DEC 03, 2007@07:02:27			
FILE NAME: IHS_TPB_RPMS_INV_202401_20071203_070227_2.05.13k.DAT			
EXPORT(S) RESENT: <<NONE>>			
=====			
BUDGET ACTIVITY	BILL COUNT	AMOUNT	

SESSION ID: 3071130.155817		BILLER: Name	
MEDICARE FI	1 bill	206.00	
TOTAL BILLS FOR THIS EXPORT:	1 bill	206.00	
E N D O F R E P O R T			

2.4.7 Master TIN Based on Allowance Category Added to Invoice Files

A Master TIN is used to replace the Tax Identification Number stored in the insurer file. The Master TIN is in the format of ASUFAC + Allowance Category. For example, 201501MCR is the Master TIN for Medicare at Pine Ridge Hospital.

To allow for the grouping of the RPMS transactions in UFMS, a Master TIN format has been included in the release of this patch. A unique Master TIN has been established for each location, based on its ASUFAC number and a suffix corresponding to the budget allowance category. For example:

100901 (ASUFAC) MCR

where the suffix MCR is Medicare

In addition, depending on the budget allowance category of the invoice, the Customer name related to the Master TIN includes the Acronym for the Federal facility, Area, and the name of the corresponding Budget Allowance Category.

In the following example, ABD = Aberdeen, RPD = Rapid City

100901MCR	ABDRPDMEDICARE
100901MCD	ABDRPDMEDICAID
100901PRV	ABDRPDPRIVINS
100901OTH	ABDRPDOTHER

The Master TINs have been set up for all of the Areas and submitted to UFMS for downloading into the Customer file. The 3PB system will populate this field based on the ASUFAC of the location and the budget allowance category in which the bill was created. For 3PB, the invoice will include these Master TINS in each Invoice but will not be visible to the end user.

2.5 Viewing a Submitted UFMS File

A new option has been added to the UFMS Supervisor menu that allows viewing a UFMS file that has been created. Use this option to view data that has been submitted to UFMS.

The system uses the directory stored in the UFMS Set Up option as the default directory to display data. Changing directories that contain UFMS files will prevent the user from viewing old files.

To access this option, select the Supervisor menu and the View UFMS Host File option (VHF).

If you know the file name, enter it at the 'Enter Filename' prompt. If not, type "*" (Shift + 8) to display a list of files, and select the file you want to view from the list displayed.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|                                     THIRD PARTY BILLING SYSTEM - VER 2.5                                     |
+                                     View UFMS Host File                                     +
|                                     INDIAN HEALTH HOSPITAL                                     |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: Lastname,Firstname                                     2-DEC-2007 3:38 PM

CURRENT UFMS DIRECTORY IS C:\rpms
Enter filename : * <Enter>

FILES FOUND:
1.  IHS_TPB_RPMS_INV_999999_20071127_163318_2.05.13k.DAT
2.  IHS_TPB_RPMS_INV_999999_20071128_124630_2.05.13k.DAT
3.  IHS_TPB_RPMS_INV_999999_20071129_160939_2.05.13k.DAT
4.  IHS_TPB_RPMS_INV_POST_INIT_202401_20071130_220003_2.05.13k.DAT
5.  IHS_TPB_RPMS_INV_POST_INIT_202401_20071130_220004_2.05.13k.DAT
6.  IHS_TPB_RPMS_INV_POST_INIT_202410_20071130_141459_2.05.13k.DAT
7.  IHS_TPB_RPMS_INV_POST_INIT_999999_20071130_100239_2.05.13kk.DAT
8.  IHS_TPB_RPMS_INV_POST_INIT_999999_20071130_134258_2.05.13k.DAT
9.  IHS_TPB_RPMS_INV_TEST_999999_20071127_110820_2.05.13k.DAT
10. IHS_TPB_RPMS_INV_TEST_999999_20071130_093807_2.05.13k.DAT
Enter item number: : (1-10): 1 <Enter>

```

Figure 2-8: Example of selecting a UFMS Host file to view (VHF)

The system prompts you to select the type of view to display:

- **File Layout** view displays the file as created. This file has no formatting and is the raw data that is submitted to UFMS.
- **Captioned** view breaks down the file and puts a caption before each piece of data. Captioned view provides a break down of what is in the file and what each piece of data means. Users assisting in month-end may have to access this option for troubleshooting purposes.

The following example displays a UFMS file in Layout view:

UFMS HOST FILE VIEW						PAGE 1
FILE:						
IHS_TPB_RPMS_INV_999999_20071127_163318_2.05.13k.DAT						
INVOICE#	DT/TM	APP.TAX	ID	DESCRIPTION		BILL AMT
CAN	HHS T-CD	OBJCL	BUDG. ACT	CC	MASTER TIN	
1	D9999999999997631	10/24/2007	752784278	99999999999930289A		0000000000000
0009800		13261704		046999999MCR		
2	D9999999999997634	10/25/2007	752784278	99999999999930294A		0000000000000
0020100		13261704		063999999MCR		
3	D9999999999997635	10/25/2007	752784278	99999999999930295A		0000000000000
0007900		13261704		063999999MCR		
4	D99999999999952	10/24/2007	850132652	99999999999930290A		0000000000000
0009000		13261704		046999999MCD		
5	D9999999999997633	10/25/2007	850132652	99999999999930292A		0000000000000

Figure 2-9: Example of UFMS file layout view

The following example displays a UFMS file in Captioned view:

```

                                UFMS HOST FILE VIEW                                PAGE 1
                                FILE:
IHS_TPB_RPMS_INV_999999_20071127_163318_2.05.13k.DAT
                                CAPTIONED LAYOUT
-----

RECORD #: 1
RECORD TYPE: D
INV#: 9999999999997631
DT/TM APPROVED: 10/24/2007
TAX ID: 752784278
DESC: 99999999999930289A
BILL AMT: 98.00
CAN:
HHS T-CODE: 132
OBJECT CLASS: 61704
BUDGET ACTIVITY:
COST CENTER: 046
MASTER TIN: 999999MCR

```

Figure 2-10: Example of UFMS file captioned view

The following screen output highlights where this number can be found:

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|                                     THIRD PARTY BILLING SYSTEM - VER 2.5                                     |
+                                     View UFMS Host File                                     +
|                                     INDIAN HEALTH HOSPITAL                                     |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: Lastname,Firstname                                     4-DEC-2007 8:07 AM

CURRENT UFMS DIRECTORY IS c:\inetpub\ftproot\pub
Enter filename : * <Enter>

FILES FOUND:
1.  IHS_TPB_RPMS_INV_202401_20071202_140949_2.05.13k.DAT
2.  IHS_TPB_RPMS_INV_202401_20071202_150336_2.05.13k.DAT
3.  IHS_TPB_RPMS_INV_202401_20071203_102743_2.05.13k.DAT
4.  IHS_TPB_RPMS_INV_202401_20071203_104952_2.05.13k.DAT
5.  IHS_TPB_RPMS_INV_202401_20071204_075857_2.05.13k.DAT
Enter item number: : (1-5): 5 <Enter>

Select one of the following:

      F      FILE LAYOUT
      C      CAPTIONED

```

Enter response: C <Enter> CAPTIONED

UFMS HOST FILE VIEW

PAGE 1

FILE:

IHS_TPB_RPMS_INV_202401_20071204_075857_2.05.13k.DAT

CAPTIONED LAYOUT

RECORD #: 1

RECORD TYPE: D

INV#: 202401202431519

DT/TM APPROVED: 12/03/2007

TAX ID: 752784278

DESC: 20240120243130898A

BILL AMT: 175.00

CAN:

HHS T-CODE: 132

OBJECT CLASS: 61704

BUDGET ACTIVITY: 7120530121

COST CENTER: 046

MASTER TIN: 202431MCR

3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

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

Fax: (505) 248-4297

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

Email: support@ihs.gov