



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Contract Health System (ACHS)**

Patch 11 Addendum

**Version 3.1 Patch 11**  
October 2004

**Information Technology Support Center  
Division of Information Resources  
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.

### Patch 11

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. Changes to the Contract Health System based on this update are as follows:

- A new field for Medicare Provider has been added to the Provider Vendor update screen. (see section 2.1)
- New information and data entry fields for Medicare Provider information when initiating purchase orders on type of document (43 Hospital Service). (see section 2.4)
- A new field and requirements have been added to the Area CHS Consolidate Data From Facilities process. (see section 2.5)
- Record Type 7 layouts have been modified with new items. (see Appendix B: New Record Type 7 Layouts)

### Patch 7

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

- A new option for applying electronic signatures to a contract health purchase order.
- A new option for viewing purchase orders with electronic signatures by the Ordering Official as well as purchase orders pending electronic signature by the Ordering Official.

This document also contains Patch 5 and 6 addendum information for ease of use.

### Patch 6

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

- Added new options for Denial Appeals: Appeal Status Edit and Denial Status Edit. (Section 4.1 and 4.2)
- Added new option, Send Approval message to FI. (Section 4.3)

**Note:** For a full list of changes in patch 6, please refer to the patch 6 notes file.

### **Patch 5**

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

- A new 278 menu with a new X12 Transaction 278 Processing option (section 5.0)

**Note:** Patch 5 also contains a number of non-HIPAA related fixes and modifications. Please refer to the patch 5 notes file for a complete list of changes.

## 2.0 Patch 11

The new Medicare Provider field, item 9, is located on the Provider/Vendor Update screen which is found by the following path CHSMAIN → MGT → PVD. The Medicare Provider field is used to identify providers/vendors that are subject to the Medicare-Like Rates.

### 2.1 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 (see section 2.2).

After completing the initial data entry steps outlined in the CHS User Manual v3.1 Section 9.1, you will edit the provider/vendor file beginning with step 3 of section 2.2 Updating an Existing Provider/Vendor's Medicare Provider Number.

### 2.2 Updating An Existing Provider/Vendor's Medicare Provider Number

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

1. Type PVD at the "Select Facility Management:" prompt.
2. Type the EIN (Employer Identification Number) or name of the provider at the "Enter Provider/Vendor:" prompt. 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 displays. You will see `No entry` in the Medicare Provider field for any new or non-updated file.
3. Type Y or N at the "Want to Edit?" prompt.
  - a. If you type Y, go to step 4.
  - b. If you type N, you will be prompted to view prior payments to this vendor. Type Y or N at the "Want to see Prior FY Payments for this vendor?".
4. Type 9 at the "Change Which Item: (1-15)?" prompt.

```

Select Facility Management Option: PVD Provider/Vendor Data

                                CONTRACT HEALTH MGMT SYSTEM, 3.1
                                WHITE EARTH HEALTH CENTER
                                Provider/Vendor Data

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

                                CONTRACT HEALTH MGMT SYSTEM
                                WHITE EARTH HEALTH CENTER
                                PROVIDER/VENDOR UPDATE

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

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

Want to Edit? NO// YES

Change Which Item:  (1-15): 9

```

Figure 2-1: Updating Medicare provider field (steps 1- 4)

5. The “Medicare Provider:” prompt displays. This field is used to identify provider/vendors that are subject to the Medicare-Like Rates.
  - a. If the field displayed `No entry` when you accessed the Provider/Vendor update screen, then this field will be blank at this time and you must make a selection from the following list:

- 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.

- b. If the field displayed one of the listed options, then this will show as the default response followed by two slashes (/). You can press the Return to key to accept the default if you do not want to change it.
6. Type the date the Medicare Provider file is updated at the “Medicare Date of Update:” prompt.
7. Type Y or N at the “Want to add Medicare Information?” prompt. If there is any Medicare information on file, it displays along with the prompt.
  - a. If you type Y, go to step 8.
  - b. If you type N, a prompt displays for you to edit Medicare Information, if there is any listed. If there is not any information to edit, you will be returned to step 3.
8. Type the Medicare Number for this provider/vendor at the “Enter the Medicare Number:” prompt. If you do not know the Medicare number, you can locate this information on the IHS website by following the instructions provided in Appendix A: CMS Provider Listing. Once you have identified the Medicare Number, type the number at the prompt.

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

9. Type Y or N at the “Are you adding ‘(Medicare number)’ as a new Medicare Number (the # for this vendor)?” prompt. Type N only if you need to make any corrections to the number you entered. If Y, go to step 10.

10. Type the description of service provided by the provider/vendor at the “Medicare Service Type:” prompt. You can type a questions mark (?) to display the following list of options:

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

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

11. Type the date the Medicare Number became effective at the “Begin Term Date:” prompt. This date can also be found on the IHS website as described in Appendix A: CMS Provider Listing under the Cert/Date column.
12. The next field prompts you to enter the term date for the Medicare Number. Terminated providers are identified when ITSC compares the current Provider List to the new file sent by the Fiscal Intermediary (FI) to determine the providers that are no longer listed. Once a provider has been identified as terminated by ITSC, they will be listed separately at the top of the new CMS Provider Listing found on the RPMS website as described in Appendix A: CMS Provider Listing. The term date for any provider is the date posted in the header of the CMS Provider List. This list is run every quarter, semi-annually, or at the discretion of CMS.
- a. If the Provider/Vendor does not appear at the top of the CMS Provider Listing, press the Return key to leave field blank and go to step 13.
  - b. If the Provider/Vendor does appear at the top of the CMS Provider Listing, type the date posted on the CMS Provider Listing as the Medicare Number expiration date at the “End Term Date:” prompt.
13. You will then return to the main Provider/Vendor Update screen and the Medicare Provider field will reflect your changes. (Figure 2-2)



```

CONTRACT HEALTH MGMT SYSTEM
WHITE EARTH HEALTH CENTER
PROVIDER/VENDOR UPDATE

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

**** MAILING/BILLING ADDRESS ****      **** PROVIDER LOCATION ADDRESS ****
(11). Street: 700 HIGH STREET NE      (12). Street:
      City: ALBUQUERQUE                City:
      State: NEW MEXICO                 State:
      Zip Code: 87102                  Zip Code:
      Atn:                             PHONE:

(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 2-2: Updated provider/vendor screen

If you need to add another Medicare number or make any corrections to the information you entered, you can return to the Provider/Vendor Update screen at any time and complete these steps to add a new Medicare number or update what you want.

## 2.3 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. From the provider/vendor update screen, type Y or N at the “Want to Edit?” prompt.
  - a. If you type Y, go to step 2.
  - b. If you type N, you will be prompted to view prior payments to this vendor. Type Y or N at the “Want to see Prior FY Payments for this vendor?”.

2. Type 9 at the “Change Which Item: (1-15)?” prompt. A list of any existing Medicare Numbers and service types display. (Figure 2-3)
3. Type Y or N at the “Want to Add Medicare Information?” prompt.
  - a. If you type Y, follow steps 8-13 from section 2.2.
  - 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// **YES**

Enter the Medicare NUMBER: **32T002**

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

MEDICARE SERVICE TYPE: **REHAB** REHABILITATION  
 BEGIN TERM DATE: **06/26/04** (JUN 26, 2004)  
 END TERM DATE: **[RET]**  
 MEDICARE PROVIDER: YES// **[RET]**  
 MEDICARE DATE OF UPDATE: SEP 28,2004// **[RET]**

*Figure 2-3: Adding Medicare number*

4. Type Y or N at the “Want to Edit Medicare Information?” prompt.
  - a. If you type Y, type the corresponding number to the item you want to change at the “Which Item?” prompt. You will be prompted to edit the fields as shown in Figure 2-4.
  - b. If you type N, press the Return key at both the “Medicare Provider:” and “Medicare Date of Update:” prompts. If this information was incorrectly entered, then you can change it at this time as described in steps 5 and 6 in section 2.2.

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// **NO**

Want to edit Medicare Information? NO// **YES**

Which item: **2**

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

Press the Return key at any of the fields if you do not want to change the previously entered information. Otherwise, enter the changes you want and press the Return key to go to the next prompt.

Figure 2-4: Editing Medicare number

## 2.4 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 CHS User Manual v3.1, section 4.1, but now include Medicare Provider information that has been updated in the Provider/Vendor file.

A message displays after you select the provider/vendor that summarizes any information previously entered in the Medicare Provider field on the Provider/Vendor update screen. This information includes:

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

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

**Last Updated:**

The date the Medicare Provider file was updated.

**Services at Medicare-Like Rates:**

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

**Medicare Provider Status Set to:** YES

**Last Updated:** Oct 01, 2004

<b>Services at Medicare Like Rates</b>				
#	Provider No	Effect Date	End Date	Description
	-----	-----	-----	-----
1	320011	Jul 01, 1966		ACUTE CARE
2	327164	Jul 01, 1966		HOME HEALTH

*Figure 2-5: 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 field will prompt 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. Once you have initiated your document and selected the provider/vendor as outlined in section 4.1 of the CHS User Manual, v3.1, the Medicare Provider information described above displays.
2. Type Y or N at the “Want to use Medicare-Like Rates?” prompt.
  - a. If you type Y, go step 3.
  - b. If you type N, you will proceed with creating your document as outlined in section 4.1 of the CHS User Manual, v3.1.
3. Type the corresponding number to the type of service listed for that provider/vendor at the “Enter the Number (1-#):” prompt.
4. Continue creating your document as outlined starting at section 4.1.6 of the CHS 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 the number: (1-2): **1**

DESCRIPTION OF SERVICE: MVA //

Figure 2-6: Selecting a description of service

When you have completed creating your document, you will be able to view the document indicating the Medicare Number and Type of Service. If the “Medicare Provider Status Set To:” field displayed anything other than *Yes*, you will not see any Medicare Provider information.

**Form # 43**

Oct 05, 2004

**Hospital Service**

Patient		Ordering Facility & Provider	
Fac: 113510	IHS#: 091001 456963357	WHITE EARTH HEALTH CENTER	
BIRD, TWEETY		PHS Indian Health Center	
ALBUQUERQUE, NM	87114	White Earth 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		<b>1389567421-A1 Medicare #:320011</b>	
		<b>ACUTE CARE</b>	
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// <b>YES</b>			
<b>Document # 4-D03-00015 Recorded</b>			

Figure 2-7: Document with Medicare Provider information

## 2.5 Area CHS Consolidate Data From Facilities Process Update

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

All IHS sites automatically export their files 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 then manage the FTP process and send their files to NPIRS. The Site Manager will need to use the following IP Address when sending the files to NPIRS: 161.223.90.33.

Patch 11 for CHS v3.1 has changed this 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. You cannot export the files until ACHS\*3.1\*11 is installed and run on your system, which will populate the software version field with 3.1\*11. Patch 11 also contains new record layouts for Type 7. Refer to Appendix B: New Record Type 7 Layouts for the complete set of new Outpatient, Inpatient, and Dental Record Layout lists.

```

                                CONTRACT HEALTH MGMT SYSTEM
                                WHITE EARTH 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 2-8: Area Office CHS Data Processing Menu

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

1. After accessing the ACON menu option on your system, type the name of the device to which you want to print the report at the “Enter Printer Device for Consolidation Report” prompt.

```

                CONTRACT HEALTH MGMT SYSTEM, 3.1
                WHITE EARTH 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// [RET]

```

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

2. Following the entry of an appropriate printer, the screen displays a list of the CHS Facility files available for processing. (Figure 2-10)
3. Type the corresponding number(s) to select the files you want to export at the “Enter Seq # of File to Process (1-# for all):” prompt..
  - a. If you select a file with 3.1\*11 in the version field, skip to step 4.
  - b. If you select a file with “unknown” in the version field, the error message in Figure 2-11 displays and the area will not be allowed to process the file. To resolve this error, you must have the site install Patch 11 and re-export the file.

```

Files available for CHS Consolidation are listed Below:
Seq #   File Name           Facility Name       Version   # Rcds   Date Exported
Proc
      1   ACHS708210.7        CHEMAWA H CT       Unknown   4096     Jan 07, 2004
      2   ACHS505610.267    DEMO DATABASE      3.1*11    93       Sep 23, 2004

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

```

Figure 2-10: 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 2-11: “Unknown” Version Error

- The computer redisplay the screen above and inserts a Y in the Process(ed) Column for each file to be consolidated. Then, you can see the message “Files Selected Above will Now be Processed - Is This Correct? (Y/N)? N//.” 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
```

Figure 2-12: Confirmation of Selected Files to Export

- For each facility processed, the information in Figure 2-13 displays. This is the information that will be exported to the National Patient Information Reporting System (NPIRS).

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

Transferring 93 CHS Data Records...
From

10   20   30   40   50   60   70   80   90

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

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

              TOTAL ALL TYPES                 93

      Press RETURN to Process NEXT FILE:
```

Figure 2-13: Facility Information for Exporting Files

- Press the Return 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. A sample report is displayed in Figure 2-14.
- Press the Return key to exit the ACON option and finish exporting the file.



AREA OFFICE CHS CONSOLIDATION REPORT									
FOR WHITE EARTH 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									
directo.									

Figure 2-14: Sample Exported File Report

8. Type SPLT at the “Select Area Office CHS Data Processing Option:” prompt.

CONTRACT HEALTH MGMT SYSTEM WHITE EARTH 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: <b>SPLT</b> Area CHS Splitout / Export To HAS/FI/CORE	

Figure 2-15: SPLT Menu Option

9. Press the Return key at the “Enter Return to continue or ‘^’ to exit:” prompt.
10. Type the processing date at the “Effective Transaction Date:” prompt. 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 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. Type the name of the device to which you want to print at the “Enter Device # For Summary Report:” prompt. The computer now generates a series of messages indicating the various stages in the processing of the Area Office CHS Data Files. Press the Return key at the “Press Return to Continue or Escape to Cancel:” prompts that follow each new processing screen.

```
CONTRACT HEALTH MGMT SYSTEM, 3.1
WHITE EARTH 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: [RET]

Enter Effective Transaction Date : Oct 15, 2004//[RET]

ENTER DEVICE # FOR SUMMARY REPORT HOME//[RET]

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...: [RET]
```

*Figure 2-16: File Transmission Process (steps 9-11)*

```

*****
*   C H S   DATA   SPLIT-OUT (EXPORT)   FOR: WHITE EARTH 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...: [RET]

```

Figure 2-17: File Transmission Process (steps 9-11) (continued)

12. After the DHR records are generated, type Y or N at the “Number Of Previously Exported Files = (Some Number). Do you want to List Previously Exported Files? Y//.”
13. Press the Return key at the “Enter Return to continue:” prompt.
14. The number of records copied to output media displays, then press the Return key at the “Press Return to continue or Escape to Cancel:” prompt.
15. Type Y or N at the “Do you want to backup CHS files for this export to tape?” prompt.

```
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// YES

SEQ #   # RCDS      EXPORT - DATE  FILE NAME - SFX  OK-TX?  COLOR
   1       34      Sep 23, 2004   chsstat110000a    Y

Enter RETURN to Continue: [RET]

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...: [RET]

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

*Figure 2-18: File Transmission Process (steps 12-15) (continued)*

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

## 3.0 Patch 7

### 3.1 Add/Edit Electronic Signature Parameters

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

#### Adding and Editing Electronic Signature Parameters

1. Access the Contract Health Management System menu, as shown in Figure 3-1.

```

*****
*           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 3-1: Using the Contract Health Management System menu (Step 2)

2. Type MGT at the “Select Contract Health System Option:” prompt. The system displays the Facility Management menu, as shown in Figure 3-2.

```
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: PED
```

Figure 3-2: Using the Facility Management menu (Step 3)

3. Type **PED** at the “Select Facility Management Option:” prompt. The system displays the Parameter Edit menu, as shown in Figure 3-3.

```
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: ESIT
```

Figure 3-3: Using the Parameter Edit menu (Step 4)

4. Type **ESIT** at the “Select Parameter Edit Option:” prompt. The system displays the Add or Edit Electronic Signature Parameter options, as shown in Figure 3-4.

<p>CONTRACT HEALTH MGMT SYSTEM, 3.1 UNSPECIFIED TRIBE HEALTH CLINIC <b>Add or Edit Electronic Signature Parameters</b></p> <p>Add a site to the CHS E-Sig Authority File.</p> <p>LOCATION: UNSPECIFIED UNS// &lt;ENT&gt;</p> <p>MULTIPLE SIGNATURES REQUIRED: YES// &lt;ENT&gt;</p> <p>E-SIG FEATURE ACTIVATION DATE: NOV 3,2003// &lt;ENT&gt;</p>
--

*Figure 3-4: Adding and Editing Electronic Signature Parameter options (Steps 5-7)*

5. The name of your facility should appear as the default response at the “Location:” prompt. Press the Enter key to accept the default response.

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

6. Type **Yes** at the “Multiple Signatures Required:” prompt to indicate that more than one signature is required for CHS purchase orders. The system will then require both ordering and authorizing signatures for blocks 21 and 23 of the purchase order form. When only one signature is appropriate for the location, type **No**, the system will then require only an ordering signature for block 21 of the purchase order form.
7. Type the date on which you want to activate the electronic signature capability for your facility at the “E-Sig Feature Activation Date:” prompt.

## 3.2 Add/Edit Electronic Signature Officials

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.

### **Adding Electronic Signature Officials**

1. Access the Contract Health Management System menu, as shown in Figure 3-5.

```

*****
*           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 3-5: Using the Contract Health Management System menu (Step 2)

2. Type **MGT** at the “Select Contract Health System Option:” prompt. The system displays the Facility Management menu, as shown in Figure 3-6.

```

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:  PED

```

Figure 3-6: Using the Facility Management menu (Step 3)

3. Type **PED** at the “Select Facility Management Option:” prompt. The system displays the Parameter Edit menu, as shown in Figure 3-7.



```

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: EOFF

```

Figure 3-7: Using the Parameter Edit menu (Step 4)

4. Type **EOFF** at the “Select Parameter Edit Option:” prompt. The system displays the Add or Edit Electronic Signature Officials options, as shown in Figure 3-8.

```

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

```

Figure 3-8: Adding and editing the Electronic Signature Officials options (Steps 5-12)

5. The name of your facility should appear as the default response at the “Location:” prompt. Press the Enter key to accept the default response. The CHS application will only let you modify your facility’s electronic signature capabilities.
6. Press the Enter key at the “Location:” prompt to accept the default location.

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

7. Type the name of the appropriate user at the “Select Users Name:” prompt.

**Note:** Users who are authorized to enter electronic signatures on purchase orders must have system access to the CHS package at that particular facility.

8. Type the amount of financial authority associated with the indicated user at the “Level of Authority:” prompt. This is the maximum dollar amount for which this individual can obligate funds. The individual will not be able to sign purchase orders above the indicated level of financial authority.
9. Type the date on which you want to activate this electronic signature capability at the “Activation Date:” prompt.
10. When a user is no longer authorized to sign CHS purchase orders, enter the date on which this authorization should be removed at the “Inactivation Date:” prompt. It is not recommended that a future date be entered in this field.
11. If the individual is authorized to sign as the Ordering Official, type **Yes** at the “Ordering Official:” prompt.
12. If the individual is authorized to sign as the Authorizing Official, type **Yes** at the “Authorizing Official:” prompt. The Authorizing Official is normally a person who supervises the Ordering Official or might be a second tier in the procurement process.

**Important:** The ordering official and the authorizing official cannot be the same person on a purchase order.

When the Authorizing Official is not physically located at the facility, you must ensure that this individual has access to the CHS application at the facility.

13. Repeat steps 1-12 as necessary. When you are finished entering users, press the Enter key to return to the Parameter Edit Menu.

**Note:** There is no limit to the number of users that serve as Ordering or Authorizing Officials.

**Important:** In order for the electronic signature functionality to work properly, users must setup their electronic signature within the Tool Box option of RPMS and also include their titles.

### 3.3 Apply Electronic Signatures

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

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

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

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

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

### 3.3.1 Apply the Ordering Official Electronic Signature

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

#### Applying the Ordering Official Electronic Signature

1. Access the Contract Health Management System menu, as shown in Figure 3-9.

```

*****
*               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:  EMNU

```

Figure 3-9: Using the Contract Health Management System menu (Step 2)

2. Type **EMNU** at the “Select Contract Health System Option:” prompt. The system displays the Electronic Signature Authorization menu, as shown in Figure 3-10.

```
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 3-10: Using the Electronic Signature Authorization menu (Step 3)*

3. Type **SIGO** at the “Electronic Signature Authorization Menu Option:” prompt. The system displays the Apply Electronic Signature Authorizing Official option, as shown in Figure 3-11.

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

Enter your Current Signature Code:  SIGNATURE VERIFIED
```

*Figure 3-11: Entering your electronic signature (Step 4)*

4. Type your electronic signature at the “Enter Your Signature Code:” prompt. The system verifies your signature and displays purchase orders within your level of authority.

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

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		
<b>Purchase Orders to be Approved</b>		
ITEM NO.	PO No.	Vendor
=====		
1	4-017-00013	OKLAHOMA CITY CLINIC
	CAN-OCC-SCC: J50AB75-4182-252D	Hospital
	DEMO, PATIENT	
2	4-017-00015	CARDIOLOGY CONSULTANTS OF TOPEKA PA600.00
	CAN-OCC-SCC: J50AB75-4182-252D	Hospital
	DEMO, PATIENT	
Enter ?? for more actions >>>		
+ NEXT SCREEN	- PREVIOUS SCREEN	Q QUIT
Select Action: +// Q		

Figure 3-12: Reviewing purchase orders and exiting the browser (Step 5)

- When you have reviewed the purchase orders, type **Q** at the “Select Action:” prompt to exit the browser. The system displays the electronic signature options, as shown in Figure 3-13.

Do you want ALL documents stamped with your Electronic signature ? N// <ENT>
Select the ITEM NO. that you DO NOT want your Electronic signature applied to :
(0-1000): <b>1,2,3</b>
ARE YOU DONE? N// <b>YES</b>

Figure 3-13: Specifying purchase orders for approval (Steps 6-9)

- At the “Do You Want ALL Documents Stamped With Your Electronic Signature:” prompt, type **Yes** to approve all current purchase orders within your authorization level. Type **No** to indicate that certain purchase orders within your authorization level should not be signed.
- When you elect to withhold signature from some purchase orders, the system displays the “Select The ITEM NO. That You DO NOT Want Your Electronic Signature Applied To:” Prompt.
- Type the item number(s) associated with purchase orders you DO NOT want to sign at the “0-1000:” prompt.

**Note:** The numbers displayed in this prompt are set within the viewer for those items that are within your authorization level. When you elect to leave an item unsigned, it is removed from the view only. Unsigned purchase orders remain in the signature queue. To completely remove an unsigned purchase order from the signature queue, you must cancel the purchase order.

9. Type **Yes** at the “Are You Done?” prompt to indicate that you are done signing purchase orders. Type **No** to continue reviewing and signing purchase orders.
10. When you are finished signing purchase orders, the system displays the number of documents that received your electronic signature during this session, as shown in Figure 3-14.

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		

Figure 3-14: Reviewing the total number of documents approved (Step 11)

11. Review this number for accuracy and type **Q** at the “Select Action:” prompt to exit the browser

### 3.3.2 Apply the Authorizing Official Electronic Signature

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

#### Applying the Authorizing Official Electronic Signature

1. Access the Contract Health Management System menu, as shown in Figure 3-15.

```

*****
*               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:  EMNU

```

Figure 3-15: Using the Contract Health Management System menu (Step 2)

2. Type **EMNU** at the “Select Contract Health System Option:” prompt. The system displays the Electronic Signature Authorization menu, as shown in Figure 3-16.

```

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 3-16: Using the Electronic Signature Authorization menu (Step 3)

3. Type **SIGO** at the “Electronic Signature Authorization Menu Option:” prompt. The system displays the Apply Electronic Signature Authorizing Official option, as shown in Figure 3-17.

```

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

Enter your Current Signature Code:  SIGNATURE VERIFIED

```

Figure 3-17: Entering your electronic signature (Step 4)

4. Type your electronic signature at the “Enter Your Signature Code:” prompt. The system verifies your signature and displays purchase orders within your level of authority.

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

```

OUTPUT BROWSER                      Nov 05, 2003 08:30:04                      Page: 1 of 3
DEMO, OFFICIAL                      Page 1
*** CONTRACT HEALTH MANAGEMENT SYSTEM ***
                                UNSPECIFIED TRIBE HEALTH CLINIC
                                Nov 05, 2003@08:30:04
                                Purchase Orders to be Approved

ITEM NO. PO No.          Vendor          Obligation Amt
=====
1          4-017-00013      OKLAHOMA CITY CLINIC          575.00
          CAN-OCC-SCC: J50AB75-4182-252D      Hospital
          DEMO,PATIENT
2          4-017-00015      CARDIOLOGY CONSULTANTS OF TOPEKA PA600.00
          CAN-OCC-SCC: J50AB75-4182-252D      Hospital
          DEMO,PATIENT

Enter ?? for more actions                      >>>
+ NEXT SCREEN          - PREVIOUS SCREEN      Q QUIT
Select Action: +// Q
  
```

Figure 3-18: Reviewing purchase orders and exiting the browser (Step 5)

5. When you have reviewed the purchase orders, type Q at the “Select Action:” prompt to exit the browser. The system displays the electronic signature options, as shown in Figure 3-19.

```

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

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

Figure 3-19: Specifying purchase orders for approval (Steps 6-9)

6. At the “Do You Want ALL Documents Stamped With Your Electronic Signature:” prompt, type Yes to approve all current purchase orders within your authorization level. Type No to indicate that certain purchase orders within your authorization level should not be signed.
7. When you elect to withhold signature from some purchase orders, the system displays the “Select The ITEM NO. That You DO NOT Want Your Electronic Signature Applied To:” Prompt.
8. Type the item number(s) associated with purchase orders you DO NOT want to sign at the “0-1000:” prompt.



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

9. Type **Yes** at the “Are You Done?” prompt to indicate that you are done signing purchase orders. Type **No** to continue reviewing and signing purchase orders.
10. When you are finished signing purchase orders, the system displays the number of documents that received your electronic signature during this session, as shown in Figure 3-20.

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		

Figure 3-20: Reviewing the total number of documents approved and exiting the browser (Step 11)

11. Review this number for accuracy and type **Q** at the “Select Action:” prompt to exit the browser.

## 3.4 Electronic Signature Reports

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

### Creating and Viewing Electronic Signature Reports

1. Access the Contract Health Management System menu, as shown in Figure 3-21.

```

*****
*           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 3-21: Using the Contract Health Management System menu (Step 2)

2. Type **MGT** at the “Select Contract Health System Option:” prompt. The system displays the Facilities Management menu, as shown in Figure 3-22.

```

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:  PR

```

Figure 3-22: Using the Facilities Management menu (Step 3)

3. Type **PR** at the “Select Facility Management Option:” prompt. The system displays the Reports menu, as shown in Figure 3-23.

```
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: ERPT
```

Figure 3-23: Using the Reports menu (Step 4)

4. Type ERPT at the “Select Reports Option:” prompt. The system displays the Electronic Signature Reports menu, as shown in Figure 3-24.

```
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
```

Figure 3-24: Using the Electronic Signature Reports menu

### 3.4.1 Electronic Signature Approved by Ordering Official

This option allows you to create reports that include purchase orders that have been approved by an Ordering Official in a specified date range.

```
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
```

Figure 3-25: Using the Electronic Signature Reports menu (Step 1)

### Creating and Viewing Purchase Orders Approved by Ordering Official

1. From the Electronic Signature Reports menu, type **ESAP** at the “Select Electronic Signature Reports Option:” prompt. The system displays the Electronic Signature Approved by Ordering Official report options, as shown in Figure 3-26.

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

Enter The BEGINNING E-SIG Date For The E-Signature Approved Report:  1001
(OCT 01, 2003)

Enter The ENDING E-SIG Date For The E-Signature Approved Report:  T  (NOV 05,
2003)
```

Figure 3-26: Entering Electronic Signature Approved by Ordering Official report options (Step 2)

2. Type the earliest date for which you want purchase orders to display at the “Enter the BEGINNING E\_SIG Date for the E-Signature Approved Report:” prompt.
3. Type the latest date for which you want purchase orders to display at the “Enter the ENDING E\_SIG Date for the E-Signature Approved Report:” prompt. The system displays the print/browse options available for this report, as shown in Figure 3-27.

```
Select one of the following:

      P          PRINT Output
      B          BROWSE Output on Screen

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

Figure 3-27: Entering Print/Browse report options (Steps 4 and 5)

4. At the “Do You Want To:” prompt, type **P** to print the report output to a printer, or **B** to display the report output on your computer screen.
5. When you choose to print the report output, enter the appropriate device at the “Device:” prompt.

#### 3.4.1.1 Sample Report

Figure 3-1 includes purchase orders signed between January 1, 2003 and November 17, 2003. The report output was sent to the computer screen.

This report includes the Purchase Order Number, Provider of Service, Signature Date, Signature Date, Ordering Official, Patient Name, Obligation Amount, Order Date, and Authorizing Official. When an Ordering Official has approved a purchase order, the report displays the name of the individual. Purchase orders with no Ordering Official signature do not display on this report. When an Authorizing Official has

approved a purchase order with a signature, the report displays the name of the individual; otherwise, the report displays Needs Auth. Ofc. Sig .

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

DEMO, ORDERING OFFICIAL			Page 1
*** CONTRACT HEALTH MANNAGEMENT SYSTEM ***			
UNSPECIFIED TRIBE HEALTH CLINIC			
ELECTRONIC SIGNATURE REPORT			
Nov 17, 2003@10:57:30			
Purchase Orders with Electronic Signature			
During the Period of Jan 01, 2003 through Nov 17, 2003			
Document Number	Provider of Service	Sig Date	Ordering Official
Patient	Obligation Amt.	Order Dt.	Authorizing Official
=====			
4-017-00007	SPORTS MEDICINE SPECIALIST	110403	JOHN J JOHNS
DEMO,PATIENT	1,400.00	110403	SUE S SUESE
4-017-00008	HILLCREST MEDICAL CENTER	110403	JOHN J JOHNS
DEMO,PATIENT	2,800.00	110403	SUE S SUESE
4-017-00009	ADAMS RADIOLOGY ASSOCIATES	110403	JOHN J JOHNS
DEMO,PATIENT TOO	60.00	110403	SUE S SUESE
4-017-00010	DEAN MCGEE EYE INSTITUTE	110403	JOHN J JOHNS
DEMO,PATIENT	150.00	110403	SUE S SUESE
4-017-00011	HILLCREST MEDICAL CENTER	110403	JOHN J JOHNS
DEMO,PATIENT TOO	250.00	110403	SUE S SUESE
4-017-00004	HILLCRESTMEDICAL CENTER	110503	SUE S SUESE
DEMO,PATIENT	25,000.00	110303	NEEDS AUTH. OFC.SIG
-----			
Total Documents: 6			

Figure 3-28: Viewing signed purchase orders

### 3.4.2 Pending Electronic Signature of Ordering Official

This option allows you to create reports that include purchase orders that are awaiting an electronic signature approval from an Ordering Official

```
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
```

Figure 3-29: Using the Electronic Signature Reports menu (Step 1)

### Creating and Viewing Purchase Orders Pending Approval

1. From the Electronic Signature Reports menu, type **ESPD** at the “Select Electronic Signature Reports Option:” prompt. The system displays the Pending Electronic Signature of Ordering Official report options, as shown in Figure 3-30.

```
Select one of the following:

      P          PRINT Output
      B          BROWSE Output on Screen

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

Figure 3-30: Entering Pending Electronic Signature of Order Officials report options (Steps 2 and 3)

2. At the “Do You Want To:” prompt, type **P** to print the report output to a printer, or **B** to display the report output on your computer screen.
3. When you choose to print the report output, enter the appropriate device at the “Device:” prompt.

#### 3.4.2.1 Report Example

The report shown in Figure 3-31 includes purchase orders awaiting electronic signature by an Ordering Official. This report includes the Purchase Order Number, Provider of Service, Issue Date, Obligation Amount, and Type. The report output was sent to the computer screen.

DEMO ORDERING OFFICIAL			Page 1	
*** CONTRACT HEALTH MANNAGEMENT SYSTEM ***				
UNSPECIFIED TRIBE HEALTH CLINIC				
PENDING ELECTRONIC SIGNATURE REPORT				
Nov 05, 2003@09:25:15				
Purchase Orders Pending for Electronic Signature				
Run date of Nov 05, 2003				
Document Number	Provider of Service	Issue Date	Obligation Amt.	Type
=====				
4-017-00019	HILLCREST MEDICAL CENTER	110503	175.00	Outpatient
4-017-00020	ADAMS ORTHODONTIC & PED. L	110503	175.00	Outpatient
-----				
Total Documents: 2				

*Figure 3-31: Viewing pending purchase orders*

### 3.4.2.2 Printed Purchase Order Example

The example shown in Figure 3-32 illustrates a printed purchase order with both Ordering Official and Authorizing Official E-Signatures.

		DCR:3	1. ORDER NO. 04 - 016 - 00018
2. PATIENT IDENTIFICATION DEMO, PATIENT 111111113  Fac: 555221 IHS#: 123456 01-01-1949M 061 001 293-20-40 Desc: Ear Exam		3. HEALTH INSURANCE a. Name of Policy Holder: b. Plan Name: c. Address:  d. Policy No.: e. Coverage:  f. Effective: g. Termination: h. Other Health Insurance Coverage:	
4. IHS ORDERING FACILITY DELAWARE TRIBE HEALTH CLINIC (555220) 3625 N.W. 56TH STREET OKLAHOMA CITY OK 73112			
5. HOSPITAL INPATIENT <input type="checkbox"/>		6. DENTAL <input type="checkbox"/>	
		7. OTHER THAN HOSPITAL INPATIENT OR DENTAL <input checked="" type="checkbox"/>	
8. ESTIMATED CHARGES \$75.00		9. FISCAL YEAR CAN J50AB75	
		10. OBJECT CLASS CODE 25.6r	
REFERRAL AND AUTHORIZING INFORMATION			
11. AUTHORIZATION VALID (From) Nov 06, 2003 (To) Nov 16, 2003		13. REASON FOR REFERRAL	
12. SERVICES ORDERED SCC: 25.4J		14. REFERRING IHS PHYSICIAN --- 15. REFERRING IHS DENTIST 16. MEDICAL/DENTAL PRIORITY	
PRICING INFORMATION			
17. IHS NO. OF a. <input type="checkbox"/> Contract, b. <input type="checkbox"/> Agreement, or c. <input type="checkbox"/> Rate Quotation: Open Market			
18. DATE OF RATE QUOTATION (if applicable): ---			
19. RATE FOR AUTHORIZED SERVICES: a. <input type="checkbox"/> Medicare Rate, or b. <input type="checkbox"/> Other Rate (Specify):			
20. TITLE		21. SIGNATURE (IHS ordering official) JOHN JOHNS E-SIGNATURE	
		22. DATE SIGNED NOV 5, 2003	
23. PAYMENT IS HEREBY AUTHORIZED BY (IHS authorizing official) SUE SUES E-SIGNATURE		24. DATE SIGNED NOV 5, 2003	
		25. AMOUNT APPROVED \$75.00	
PROVIDER INSTRUCTIONS, IDENTIFICATION, AND CERTIFICATION			
26. PROVIDER TEST DOCTOR a. Name 1234 ANYPLACE b. Address OKLAHOMA CITY, OK 99999 c. Telephone Number ( ) d. EIN No. 1010101010 e. UPIN No. ---			
27. PROVIDER CLASSIFICATION (Check appropriate boxes) a. <input type="checkbox"/> Small Business b. <input type="checkbox"/> Small Disadvantaged Business c. <input type="checkbox"/> Woman - Owned Small d. <input type="checkbox"/> Other			
28. INSTRUCTIONS If IHS has not completed Block 19 above, the provider should indicate its rate for the authorized services in that Block. It is IHS policy to pay Medicare rates or equivalent or lower rates for health care services. IHS has approved payment to you for services necessary to treat the patients immediate condition. Any additional services must be approved by the IHS authorizing official and may require an additional purchase-delivery order. The provider shall submit HCFA 1450-1500 or ADA Dental Form for payment to: _____ Additional instructions for submitting claims are included on the reverse side of this form, and the conditions and clauses pertaining to the order are included on the reverse side of Copy #3 of the purchase-delivery order.			
29. I certify that I have provided the authorized services:		SIGNATURE OF PROVIDER DATE	

Figure 3-32: Viewing a signed and printed purchase order



## **4.0 Patch 6**

### **4.1 Appeal Status Edit (DAE)**

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

#### **Editing an Appeal Status**

1. Type **DEN** at the “Select Contract Health System Option:” prompt.
2. Type **APP** at the “Select CHS Denial/Deferred Services Option:” prompt.
3. Type **DAE** at the “Select Denial Appeal Status Menu Option:” prompt.

```

*****
*           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  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  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  Appeal Status Edit

```

Figure 4-1: Editing an appeal (steps 1-3)

4. Type the denial number or patient number at the “Enter the Denial Number or Patient:” prompt. The system will display the patient’s information.
5. Press the Return key at the “Is This Correct:” prompt if the patient information is correct. The system will then display the patient’s CHS denial document information.
6. Type 10 (APPEAL STATUS) at the “Enter Number Of Field To Edit or <RETURN> To Accept: (#-#):” prompt.

```

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

Enter the DENIAL NUMBER or PATIENT: 000-OANY-3   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// [RET]

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:  DEMOEMERGENCY 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

```

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

7. Type the date of the appeal transaction at the “Select Appeal Transaction Date:” prompt. If you are adding a new appeal transaction date, the system will prompt you to confirm your choice.
8. Type the appeal transaction status at the “Appeal Transaction Status:” prompt. Type ?? for a list of available options.

APPEAL TRANSACTION MENU

Select APPEAL TRANSACTION DATE: **APRIL 3 1997**    APR 03, 1997

Are you adding 'APR 03, 1997' as  
a new APPEAL TRANSACTION DATE (the 1ST for this DENIAL NUMBER)? No// **Y**  
(Yes)

APPEAL TRANSACTION STATUS: **??**

Choose from:

- APPEAL PENDING
- PAYED WITH ADDITIONAL MONEY
- REVERSED AFTER APPEAL
- UPHELD AFTER APPEAL

APPEAL TRANSACTION STATUS: **REVERSED AFTER APPEAL**

*Figure 4-3: Editing an appeal (steps 7-8)*

9. Type the appeal level at the “Appeal Level:” prompt. Type ?? for a list of available options.
10. Type the date the appeal was resolved at the “Appeal Resolve Date:” prompt.
11. Type any comments relating to the appeal (50 characters max) at the “Appeal Comments:” prompt.
12. The system will then display the updated patient’s CHS denial document information.

```

APPEAL LEVEL: ??

Choose from:
  L      LOCAL SITE - SERVICE UNIT OR HEALTH DIRECTOR
  A      AREA OFFICE
  H      IHS HEADQUARTERS
  S      TRIBAL PROGRAMS (SECOND LEVEL)
  F      TRIBAL PROGRAMS (FINAL)
APPEAL LEVEL: A AREA OFFICE
APPEAL RESOLVE DATE: APRIL 3 1997 (APR 03, 1997)
APPEAL COMMENTS: WE HAVE REVERSED OUR DECISION
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 4-4: Editing an appeal (steps 7-11)

## 4.2 Denial Status Edit (DSE)

This option allows you to edit the status of a denial document. You have the option of Reversing, Canceling, or Activating the denial.

If you use the appeal menu to Reverse a denial then 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.

### Editing a denial status

1. Type DSE at the “Select Denial Appeal Status Menu Option:” prompt.
2. Type the denial number or patient number at the “Enter the Denial Number or Patient:” prompt. The system will display the patient’s information.

3. Press the Return key at the “Is This Correct:” prompt if the patient information is correct. The system will then display the patient’s CHS denial document information.
4. The system will display 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 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: 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// [RET]

THE STATUS OF THIS DENIAL IS ACTIVE
```

*Figure 4-5: Editing a denial status (steps 1-4)*

5. Type **YES** at the “Do You Want To Edit The Denial Status?” prompt.
6. Type **C** (Cancel), **R** (Reverse), or **A** (Activate) at the “Cancel, Reverse or Activate this denial? (C/R/A):” prompt.
7. The system will then prompt you to confirm your selection by typing **YES** at the “Are You Sure You Want To (your selection) This Denial? (Y/N)?” prompt.
8. The system will confirm that you have Canceled, Reversed, or Activated the denial.
9. Type any comments at the “CHS Office Comments:” prompt. When you are done typing comments, press the Escape key to exit and then press the Return key at the “EDIT Option:” prompt.

10. Press the Return key at the “Do You Want To Edit The Appeal Status? NO//” prompt. See section 4.1 to edit an appeal status.

11. Type another denial number or patient number at the “Enter the Denial Number or Patient:” prompt or press the Return key to exit this option.

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

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

Are You Sure You Want To Reverse This Denial?

The status change will be recorded

Are You Sure You Want To Reverse This Denial? (Y/N)? NO// YES

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

CHS OFFICE COMMENTS:
  1>REVERSED BY UNIT CHSO
  2> [ESC]
EDIT Option: [RET]

DO YOU WANT TO EDIT THE APPEAL STATUS? NO// [RET]
```

*Figure 4-6: Editing a denial status (steps 5-11)*

## 4.3 Send Approval Message to FI (FIM)

Use this option to eliminate the need for paper authorizations being sent to the Fiscal Intermediary (FI) for particular services such as sterilizations and other procedures in support of direct care. Upon issuing a purchase order authorization, you should use this option to send the approval via the Electronic Purchase order transmission to the FI. This option should be used immediately after issuing the purchase order.

### **Sending an approval message**

1. Type DOC at the “Select Contract Health System Option:” prompt.
2. Type FIM at the “Select Document Generation Option:” prompt.

```

*****
*           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 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 Send Approval Message to FI

```

Figure 4-7: Sending an approval message (steps 1-2)

3. Type the document number at the “Select Document:” prompt. The system will display the document information.
4. Press the Return key to accept the default entry of *YES* at the “Do you want to send a EPO approval message to the FI?” prompt.



```
Select Document:  0-00003      10-25-99      OPEN      0

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

Do you want to send a EPO approval message to the FI? YES// [RET]
```

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

5. Type your message at the “CHS-FI Messages:” prompt. You can type ?? for a list of available options.
6. The system will then redisplay the document with the added approval message.
7. You may type another message at the “Do you want to send a EPO approval message to the FI?” prompt or type **NO** to exit this option.

```
Select CHS-FI MESSAGES: STERILIZATION// [RET]

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

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

*Figure 4-9: Sending an approval message (steps 5-7)*

## 5.0 Patch 5

### X12 Transaction 278 Processing Option

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

To manually send a 278 transaction:

1. Type **DOC** at the main CHS menu.
2. Type **278O** (capital “o”) at the “Select Document Generation Option:” prompt.
3. Type **278O** (capital “o”) at the “Select X12 Transaction 278 Processing Option:” prompt.
4. Follow 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 Manually Send a 278 Trans

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

CONTRACT HEALTH MGMT SYSTEM, 3.1
      DEMO HOSP
Manually Send a 278 Trans
Select Document:  1-00001           08-27-01           CANCELED           1

-----
TRANS          TRANS
NUM      D A T E      TYPE      AMOUNT
-----
      1   Aug 27, 2001   I          3,000.95   <INITIAL>
      2   Aug 27, 2001  CF          3,000.95   <CANCELTION>

Select a transaction:  (1-2): 1
Proceed with the send of the Outbound 278? Y// Y           ES

```

Figure 5-1: Patch 5 changes

## 6.0 Appendix A: CMS Provider Listings

The CMS Provider Listing is updated quarterly, semi-annually, or at the discretion of CMS and can be opened and reviewed from the IHS website in PDF format. The information available in this listing includes facility name, address, Medicare number, available services, and certification date.

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

1. Open your web browser and type <http://www.ihs.gov> in the address line and click Go.
2. Click the Information Technology Resources link.
3. Click the Resource and Patient Management System (RPMS) link.
4. Click Other RPMS Related Documents link.
5. Click on CMS Medicare Provider Listing.
6. The list opens through your Acrobat Reader in the browser window.
7. To locate a specific provider, press **Ctrl+F** to do a search.

## 7.0 Appendix B: New Record Type 7 Layouts

### CONTRACT HEALTH SERVICES OUTPATIENT TRANSACTION New Record Layout as of 10/01/2004

#### CHSSTAT Outpatient

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

#### Record 1

Item	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).
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**

Item	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**

Item	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.
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

Item	Position	Length	Description of Data Item
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**

Item	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**

Item	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

Item	Position	Length	Description of Data Item
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**

Item	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
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 seven-digit field, continued on a next record)

**Record 7**

Item	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)

Item	Position	Length	Description of Data Item
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 seven-digit field, continued on a next record)

**Record 8**

Item	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**

Item	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 INPATIENT TRANSACTION

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

#### CHSSTAT Inpatient

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

##### Record 1

Item	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.
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

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

Item	Position	Length	Description of Data Item
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**

Item	Position	Length	Description of Data Item
RECORD NUMBER	1 - 2	2	'7C'
ISSUE DATE	3 - 10	8	Purchase Order Issue Date - CCYYMMDD
PAYMENT DATE	11 - 18	8	Purchase Order Payment Date - CCYYMMDD
FILLER	19 - 21	3	Blank
COB AMOUNT	22 - 29	8	Total Coordination Of Benefits Amount.
DX CODE 6	30 - 34	5	Valid Diagnosis ICD-9 Code
DX CODE 7	35 - 39	5	Valid Diagnosis ICD-9 Code
DX CODE 8	40 - 44	5	Valid Diagnosis ICD-9 Code
DX CODE 9	45 - 49	5	Valid Diagnosis ICD-9 Code
FILLER	50	1	Blank

Item	Position	Length	Description of Data Item
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**

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

**Record 5**

Item	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**

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

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

**Record 7**

Item	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**

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

**Record 9**

Item	Position	Length	Description of Data Item
RECORD NUMBER	1 - 2	2	'71'
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**

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

Item	Position	Length	Description of Data Item
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**

Item	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**

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

Item	Position	Length	Description of Data Item
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**

Item	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**

Item	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 DENTAL TRANSACTION

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

#### CHSSTAT Dental

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

#### Record 1

Item	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

Item	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

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

**Record 3**

Item	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**

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

## 8.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

**Phone:** (505) 248-4371 or

(888) 830-7280

**Fax:** (505) 248-4199

**Web:** <http://www.rpms.ihs.gov/TechSupp.asp>

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