



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Contract Health Services/ Management Information System (ACHS)**

## **Patch Addendum to User Manual**

Version 3.1 Patch 19  
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Office of Information Technology (OIT)  
Division of Information Resource Management  
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## 1.0 Introduction

Review these changes and add a copy of them to any printed documentation your site may be using for ACHS 3.1. These changes will be integrated into future versions of the software and user manuals, and will no longer be considered an addendum at the time of the next release.

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

## 1.1 Summary of Changes

### 1.1.1 Patch 19—Modifications

- General Accounting Office (GAO) Report Problems with variables resetting after running report
- Eligibility report modified to test for undefined patient's in DPT
- Government Performance and Results Act (GPRA) report modified for slave printing
- Purchase Order (PO) laser print changes for Penobscot
- Tucson changes for Unified Financial Management System (UFMS) and Fiscal Intermediary (FI) database identification
- Southern Ute modifications for FI processing
- Modification to the Pay option: if the site is Tribal and sending data to the FI, they will be prompted for the Explanation of Benefits Report (EOBR) information
- Option #15 under the Programmer's option, to set POs in the print queue has been modified to request fiscal year (FY) and beginning and ending document numbers, instead of requesting the internal entry number (IEN) of the document

### 1.1.2 Denial Changes

- Displaying reasons and options
- Selecting multiple denial reasons
- Displaying the selected reasons and options

### 1.1.3 Naming Convention Change

- Changed the naming convention for the facility export file

## 2.0 Previous Patches

### 2.1 Patch 18

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

### 2.2 Denial-Unmet Need Changes

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

## 2.3 Patch 17

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

## 2.4 Patch 16

- Hide full Social Security Number (SSN)
- Denial Letter and CHEF Form Regulations Citations Updated
- Allow use of CAN number (K) for FY 2010
- Fiscal Year 2010 Printing on PO
  - Fiscal Year 2010 PO export update to the FI
  - Fiscal Year 2010 PO passing to the Referred Care Information System (RCIS) package
- PO Data Universal Numbering System (DUNS) Parameter
- Enhancements to the CHEF Reimbursement form
- Parameter prompt for Central Contractor Registration (CCR) number
- Third-Party Billing Report updated with new options
- Denial Report “Care not within Medical Priority”
- Payment Report by object classification
- Summary Payment Report by object classification

## 2.5 Patch 15

- Enhancements to the CHEF Reimbursement form including:

- New calculations of funds obligated and paid. Subtotals are added to these two fields.
- An open text has been added in the REMARKS field to enter, edit, and delete messages up to 61 characters (including spaces); this field will print on the form.
- Form fields have been moved and three fields have been removed.
- CHS/Management Information System (MIS) restricts the user from entering any Service Class Code (SCC) that is not included in the authorized table of SCCs for federal site only.
- CHS/MIS will generate a Department Contracts Information System (DCIS) Extract Error Report if an error is found in the required DCIS extract information. This report provides the opportunity to correct the data at the local/site level instead of at the DCIS level.

## 2.6 Patch 13

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

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

## 2.7 Patch 12

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

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

**Note:** For a full list of changes in Patch 12, refer to the Patch 12 Notes file.

## 2.8 Patch 11

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

- New field for Medicare Provider added to the Provider Vendor update screen.
- New information and data entry fields for Medicare Provider information when initiating purchase orders on type of document (43 Hospital Service)
- New field and requirements added to Area CHS Consolidate Data From Facilities process
- Record Type 7 layouts modified with new items

**Note:** For a complete list of changes in Patch 11, refer to the Patch 11 Notes file.

## 2.9 Patch 7

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

## 2.10 Patch 6

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

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

## 2.11 Patch 5

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

**Note:** Patch 5 also contains a number of non-Health Insurance Portability and Accessibility Act (HIPAA)-related fixes and modifications. For a complete list of changes, refer to the Patch 5 Notes file.

## 3.0 **Patch 19**

Patch 19 of the CHS/MIS makes the following changes:

- GAO Report problem with variables resetting after running report
- Eligibility report modified to test for undefined patient's in DPT
- GPRA report modified for slave printing
- PO laser print changes for Penobscot
- Tucson changes for UFMS and FI database identification
- Southern Ute modifications for FI processing

## 3.1 **Modification to Pay Option**

If the site is Tribal and is sending data to the FI, they will be prompted for the EOBR information.

## 3.2 **Denial Changes**

- Displaying reasons and options
- Selecting multiple denial reasons
- Displaying reasons and options the selected

### 3.2.1 **Displaying Denial Reasons and Options**

The Denial Reasons will display immediately after selecting the Type of Service (Inpatient or Outpatient)

MAIL TO.: 1706 JOYCE BLVD., SU, FAYETTEVILLE

EST. CHARGE (PRIM. PROV.):  
ACTUAL CHARGES (PRIM. PROV.):

Are there any other providers (vendors)?? NO//

Select PROVIDER ACCOUNT NUMBER:

TYPE OF SERVICE: 0 OUTPATIENT

Denial Reason List:

1. Alternate Resource Available
2. Medical Priority
3. Notification
4. Residency
5. Indian Descent/Membership

Enter Primary Denial Reason : (1-5):

Numerical Denial Reason List (1-5)

Figure 3-1: Numerical Denial Reason list

Once the reason is selected from the Numerical Denial Reason List (1-5), the list of Options (1-4) under each reason will display, although the number of options under each reason will vary depending on the option selected.

Are there any other providers (vendors)?? NO//

Select PROVIDER ACCOUNT NUMBER:

TYPE OF SERVICE: 0 OUTPATIENT

Denial Reason List:

1. Alternate Resource Available
2. Medical Priority
3. Notification
4. Residency
5. Indian Descent/Membership

Enter Primary Denial Reason : (1-5): 1

Denial Reason Option list:

1. Other Coverage Available
2. Eligible for Alternate Source
3. Failure to Apply for Alternate Resource
4. IHS/Tribal Facility Has Available

Enter Primary Denial Reason Option : (1-4):

Denial Reason Option List (1-4, 1-2, 1-3)

Figure 3-2: Denial Reason Option list

There is no longer a need to type two question marks (??) to view either the reason or the options under each reason.

Once the options are displayed you may select a number from the Option List (1–4). You will then be taken through any corresponding questions relative to each option. Answer the questions based on the option you chose, and once complete, you will be returned to the preexisting free-text field that you have the option of completing. Continue denial entry as usual.

The screenshot shows a text-based application window titled "CHS TEST CASE 114 - TM21111111". The window contains the following text:

```
3. Notification
4. Residency
5. Indian Descent/Membership

Enter Primary Denial Reason : (1-5): 1

Denial Reason Option list:
1. Other Coverage Available
2. Eligible for Alternate Source
3. Failure to Apply for Alternate Resource
4. IHS/Tribal Facility Was Available

Enter Primary Denial Reason Option : (1-4): 2

Enter Alternate Resource Type: State Medicaid

Enter Alternate Resource Type:

PRIMARY DENIAL REASON COMMENT:
No existing text
Edit? NO//
```

Figure 3-3: Selecting option and answering corresponding questions

### 3.2.2 Selecting Multiple Denial Reason Options

Facilities will now have the option to select multiple Denial Options under each reason.

You will select again from the numerical list of Denial Reasons (1–5) and then you will be able to select again from the Denial Reason Option List (1–4). You will then continue with entry as normal answering any additional questions required based on your selection of the reason and option.

The screenshot shows a terminal window titled "CHS TEST-SCADE-114 - TNVTPlus". The menu bar includes "Session", "Edit", "View", "Command", "Script", and "Help". The main text area contains the following content:

3. Notification  
4. Residency  
5. Indian Descent/Membership

Enter Other Denial Reason : (1-5): 1

Denial Reason Option list:

- 1. Other Coverage Available
- 2. Eligible for Alternate Source
- 3. Failure to Apply for Alternate Resource
- 4. IHS/Tribal Facility Was Available

Enter Other Denial Reason Option : (1-4): 4

Enter the IHS/Tribal Facility that was available: santa fe

1	SANTA FE HOSPITAL	ALBUQUERQUE	SANTA FE	01
2	SANTA FE IND. SCH.	ALBUQUERQUE	SANTA FE	51

CHOOSE 1-2: 1 SANTA FE HOSPITAL ALBUQUERQUE SANTA FE 01

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

Figure 3-4: Selecting multiple denial reason options; displaying the selected reasons and options

Once you have made multiple selections from the Denial Reason (1–5) and Denial Reason Option List (1–4), and once entry for those selections has been completed, it will provide you a display of the selected reasons and options.

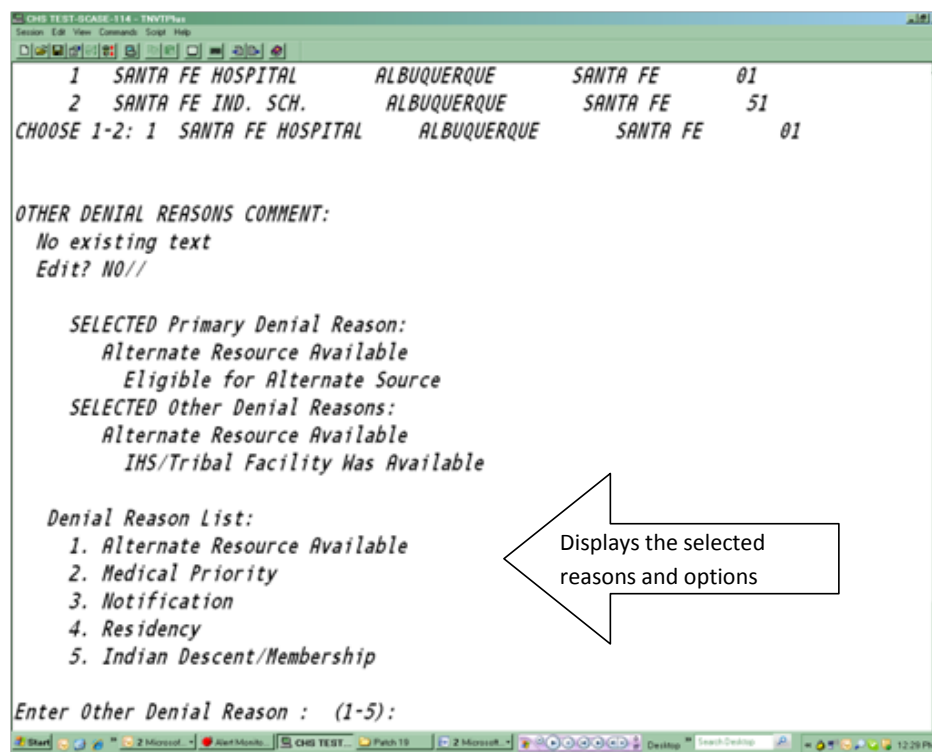


Figure 3-5: Displaying the selected reasons and options

### 3.3 Changed the Naming Convention for the Facility Export File

Facilities will be able to export a regular export and multiple reexports daily.

- Example: ACHS50520120100101\_0912450

The addition of a unique identifier to the Area CHS export file name to distinguish multiple files received from the same location on the same date to avoid being overwritten. File exports sent to the Area Office will Stamp as [hhmmss] and be identified by the following type of file name:

- Example: ACHS[ASUFAC].[Actual Date]\_[Export Time]

### 3.4 Addition of the Vendor Fax Number and E-Mail Address

Facilities will be able to Add a Vendor Fax Number and E-Mail Address to the edit a vendor option and printing the Fax number on the PO.

### 3.4.1 Addition of the Vendor Fax Number

Facilities will be able to Add a Vendor Fax Number in the Edit a Vendor Option and it will print on the PO.

CHS TEST-SCASE-114 - INVTPPlus  
Session: Edit View Commands Script Help

DEMO INDIAN HOSPITAL  
PROVIDER/VENDOR UPDATE

\*\*\*\*\*

1) NEUROLOGICAL ASSOCIATES	2) EIN No: 1710623045-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
11) E-Mail:	12) DUNS:

\*\*\*\* MAILING/BILLING ADDRESS \*\*\*\*

13) Street: 1706 JOYCE BLVD., SUITE 1  
City: FAYETTEVILLE  
State: ARKANSAS Zip: 72703  
Phone: 501-442-4070 Fax:  
Attn:

\*\*\*\* PROVIDER LOCATION ADDRESS \*\*\*\*

14) Street: 1706 JOYCE BLVD.,  
City: FAYETTEVILLE  
State: ARKANSAS  
Zip Code: 72703

15) Vendor Type: ALL OTHER  
16) Fed/Non-Fed:  
17) Specialty:  
18) Geographic Loc:  
Last Payment Date:  
Current FYTD Paid:

\*\*\*\*\*

Want to Edit? NO//

Figure 3-6: Addition of the Vendor Fax Number

After displaying the Vendor you wish to edit, answer **Y** to the prompt “Want to Edit? NO//.” You will then be prompted to select a numbered field to edit from 1–18. To edit the Fax Number, select **13** and press Enter through the address change fields (unless you need to make changes to the address) until you reach the Fax number field. Type in the fax number for the vendor, using only numbers and dashes/hyphens (-) to separate the fax number.

**Note:** Do not use parentheses to enclose the area code, as you are only allowed a maximum of 12 characters to enter the fax number.

CHS TEST-SCARE-114 - INVITEPlus

13) Street: 1706 JOYCE BLVD., SUITE 1  
City: FAYETTEVILLE  
State: ARKANSAS Zip: 72703  
Phone: 501-442-4070 Fax:  
Attn:

14) Street: 1706 JOYCE BLVD.,  
City: FAYETTEVILLE  
State: ARKANSAS  
Zip Code: 72703

15) Vendor Type: ALL OTHER  
16) Fed/Non-Fed:  
17) Specialty:  
18) Geographic Loc:  
Last Payment Date:  
Current FYTD Paid:

\*\*\*\*\*

Want to Edit? NO// y YES

Change Which Item: (1-18): 13

MAILING ADDRESS-STREET: 1706 JOYCE BLVD., SUITE 1  
Replace  
MAILING ADDRESS-CITY: FAYETTEVILLE//  
MAILING ADDRESS-STATE: ARKANSAS//  
MAILING ADDRESS-ZIP: 72703//  
MAILING ADDRESS-ATTENTION:  
MAILING ADDRESS-PHONE: 501-442-4070//  
MAILING ADDRESS-FAX: █

Figure 3-7: Adding Vendor Fax Number

Immediately after Fax Number entry (i.e. 555-555-1212) the computer will return you to the main editing screen and display the vendor fax number that was entered/edited. This fax number will also print on any subsequent POs issued for this vendor.

CHS TEST-SCARE-114 - INVITEPlus

DEMO INDIAN HOSPITAL  
PROVIDER/VENDOR UPDATE

\*\*\*\*\*

1) NEUROLOGICAL ASSOCIATES  
2) EIN No: 1710623045-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  
11) E-Mail:  
12) DUNS:

\*\*\*\* MAILING/BILLING ADDRESS \*\*\*\*  
13) Street: 1706 JOYCE BLVD., SUITE 1  
City: FAYETTEVILLE  
State: ARKANSAS Zip: 72703  
Phone: 501-442-4070 Fax: 501-442-4777  
Attn:

\*\*\*\* PROVIDER LOCATION ADDRESS \*\*\*\*  
14) Street: 1706 JOYCE BLVD.,  
City: FAYETTEVILLE  
State: ARKANSAS  
Zip Code: 72703

15) Vendor Type: ALL OTHER  
16) Fed/Non-Fed:  
17) Specialty:  
18) Geographic Loc:  
Last Payment Date:  
Current FYTD Paid:

\*\*\*\*\*

Want to Edit? NO// █

Figure 3-8: Fax Number entry

### 3.4.2 Addition of Vendor E-Mail Address

Facilities now have the ability to add and enter the vendor's e-mail address in the Edit a Vendor option.

DEMO INDIAN HOSPITAL  
PROVIDER/VENDOR UPDATE

\*\*\*\*\*

1) NEUROLOGICAL ASSOCIATES	2) EIN No: 1710623045-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
11) E-Mail:	

\*\*\*\*\*

**** MAILING/BILLING ADDRESS ****	**** PROVIDER LOCATION ADDRESS ****
13) Street: 1706 JOYCE BLVD., SUITE 1	14) Street: 1706 JOYCE BLVD.,
City: FAYETTEVILLE	City: FAYETTEVILLE
State: ARKANSAS Zip: 72703	State: ARKANSAS
Phone: 501-442-4070 Fax: 501-442-4777	Zip Code: 72703
Attn:	
15) Vendor Type: ALL OTHER	16) Fed/Non-Fed:
17) Specialty:	18) Geographic Loc:
Last Payment Date:	Current FYTD Paid:

\*\*\*\*\*

Want to Edit? NO//

Figure 3-9: Addition of vendor e-mail address

After displaying the Vendor you wish to edit, answer **Y** to the prompt “Want to Edit? NO//.” You will then be prompted to select a numbered field to edit from 1–18. To edit the vendor's e-mail address, select **11** and you will be returned to the field to Enter/Edit the Vendor's E-mail Address.

CHS TEST/SCAM 114 - INV1Pha

3) Status: ACTIVE  
5) UPIN:  
7) Type of Business:  
9) Medicare Provider: No entry  
11) E-Mail:  
13) Street: 1706 JOYCE BLVD., SUITE 1  
City: FAYETTEVILLE  
State: ARKANSAS Zip: 72703  
Phone: 501-442-4070 Fax: 501-442-4777  
Attn:  
15) Vendor Type: ALL OTHER  
17) Specialty:  
Last Payment Date:

4) Contracts: NONE  
6) Rate Quotation: NONE ACTIVE  
8) Agreement: NONE  
10) BPA: NONE  
12) DUNS:  
14) Street: 1706 JOYCE BLVD.,  
City: FAYETTEVILLE  
State: ARKANSAS  
Zip Code: 72703  
16) Fed/Non-Fed:  
18) Geographic Loc:  
Current FYTD Paid:

\*\*\*\*\* MAILING/BILLING ADDRESS \*\*\*\*\*  
\*\*\*\*\* PROVIDER LOCATION ADDRESS \*\*\*\*\*

Want to Edit? NO// YES

Change Which Item: (1-18): 11

E-MAIL ADDRESS: neuro\_assoc@yahoo.com

E-Mail Address Entry

Figure 3-10: Option 11–E-mail Address entry

Immediately after entering the e-mail address (i.e., neuro\_assoc@yahoo.com), you will be returned to the main editing screen. The computer will display the e-mail address that was entered/edited.

**Note:** This e-mail address will not print on the PO and can only be found in the Vendor File.

CHS TEST-SCAM-114 - TW19Phe

DEMO INDIAN HOSPITAL  
PROVIDER/VENDOR UPDATE

\*\*\*\*\*

1) NEUROLOGICAL ASSOCIATES	2) EIN No: 1710623045-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) RPA: NONE
11) E-Mail: Neuro_assoc@yahoo.com	

Updated E-Mail Address

\*\*\*\* MAILING/BILLING ADDRESS \*\*\*\*

13) Street: 1706 JOYCE BLVD., SUITE 1  
City: FAYETTEVILLE  
State: ARKANSAS Zip: 72703  
Phone: 501-442-4070 Fax: 501-442-4777  
Attn:

15) Vendor Type: ALL OTHER  
17) Specialty:  
Last Payment Date:

\*\*\*\* PROVIDER LOCATION ADDRESS \*\*\*\*

14) Street: 1706 JOYCE BLVD.,  
City: FAYETTEVILLE  
State: ARKANSAS  
Zip Code: 72703

16) Fed/Non-Fed:  
18) Geographic Loc:  
Current FYTD Paid:

\*\*\*\*\*

Want to Edit? NO//

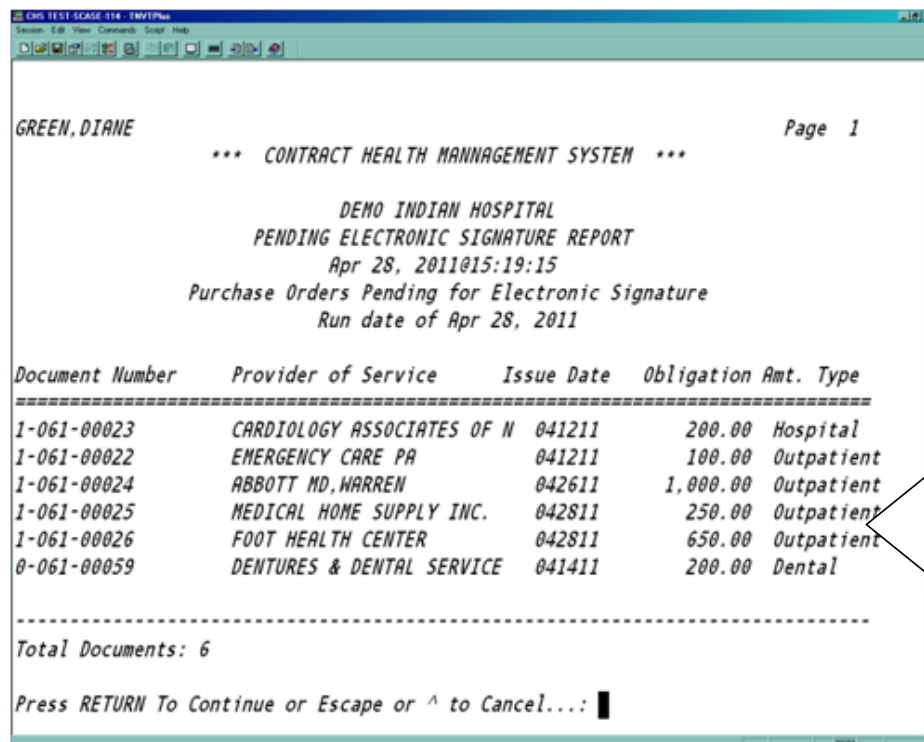
Figure 3-11: Entered/updated e-mail address

## 3.5 E-Signature and Signed E-Signature Report to Include Blanket POs

Ability to add an E-Signature and obtain Signed E-Signature Report is now included for Blanket POs.

### 3.5.1 E-Signature Report to Include Blanket Purchase Orders

The ability to create an E-Signature Report is now included for Blanket POs using the option to create reports in the CHS/MIS menu under Facilities Management (MGT), in the Reports menu (PR) and under the Electronic Signature Reports (ERPT) option and Pending Electronic Signature of Ordering Official (ESPD). When running this report it will now include any Blanket POs that are still pending signature.



GREEN, DIANE Page 1

\*\*\* CONTRACT HEALTH MANAGEMENT SYSTEM \*\*\*

DEMO INDIAN HOSPITAL  
PENDING ELECTRONIC SIGNATURE REPORT  
Apr 28, 2011 015:19:15  
Purchase Orders Pending for Electronic Signature  
Run date of Apr 28, 2011

Document Number	Provider of Service	Issue Date	Obligation Amt.	Type
I-061-00023	CARDIOLOGY ASSOCIATES OF N	041211	200.00	Hospital
I-061-00022	EMERGENCY CARE PA	041211	100.00	Outpatient
I-061-00024	ABBOTT MD, WARREN	042611	1,000.00	Outpatient
I-061-00025	MEDICAL HOME SUPPLY INC.	042811	250.00	Outpatient
I-061-00026	FOOT HEALTH CENTER	042811	650.00	Outpatient
0-061-00059	DENTURES & DENTAL SERVICE	041411	200.00	Dental

-----  
Total Documents: 6  
Press RETURN To Continue or Escape or ^ to Cancel...: █

These two POs are Blanket POs

Figure 3-12: E-Signature Report to include Blanket POs

### 3.5.2 E-Signature Option to E-sign Blanket POs

The facility now has the ability to apply E-Signature on Blanket POs using the Electronic Signature Authorization Menu (EMNU) found in the main CHS/MIS menu under the option Apply Electronic Signature Ordering Official (SIGO) or, if used, Apply Electronic Signature Authorizing Official (SIGA).

Once your electronic signature is entered, the list of POs available for signature will scroll up. You will be prompted to apply/stamp your electronic signature to all the documents. Once you answer **Yes**, your electronic signature will be applied to all POs, including Blanket/Special Local POs.

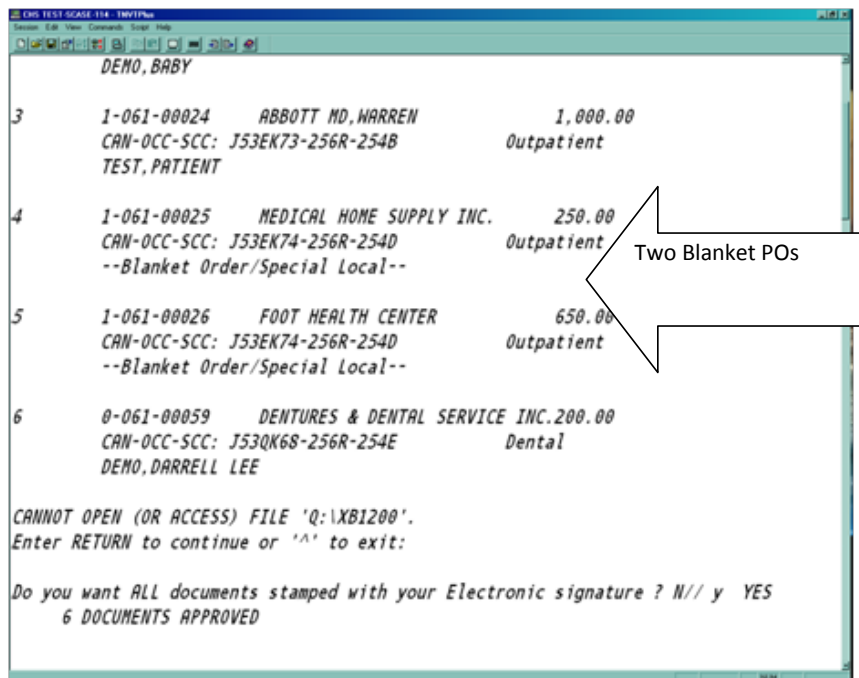


Figure 3-13: E-Signature option to e-sign Blanket POs

### 3.6 Changed Option #15 under the Programmer's Option (XXXX)

Option 15 under the Programmer's option to set POs in the print queue has been modified to request FY and beginning and ending document numbers, instead of requesting the IEN of the document.

Only those individuals with access to the CHS Programmer Utilities option will be able to utilize this option.

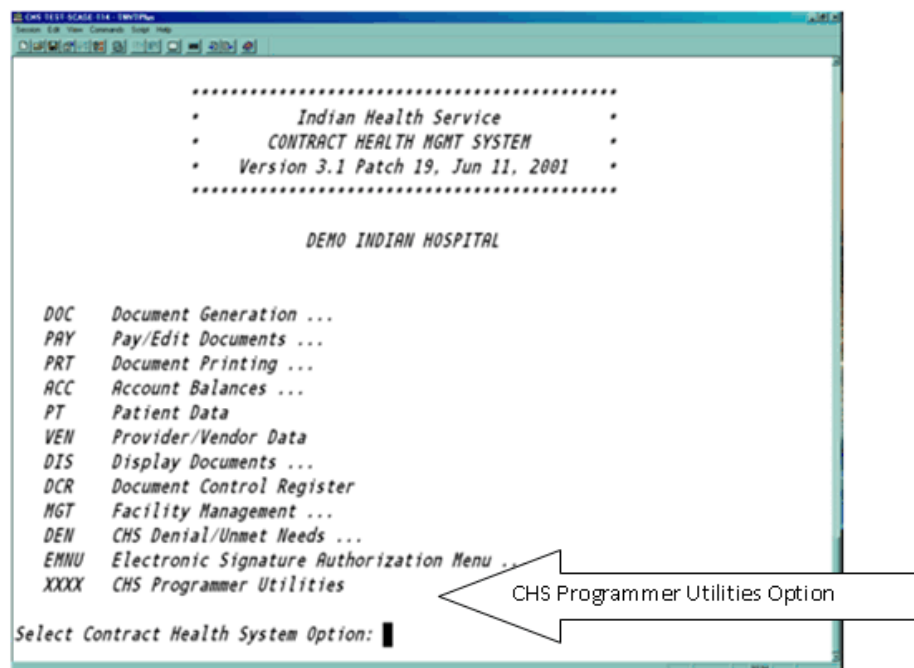


Figure 3-14: Changed Option 15 under the Programmer Utilities

Once in the CHS Programmer Utilities option, enter **15** (15. ^ACHSYPQ - SET DOCUMENTS INTO PRINT QUEUE) and the computer will display the following screen. Once in this screen, follow the instructions by entering the FY for which you would like to reset the print queue and enter the starting document number as well as the ending document number.

**Note:** Document Number refers to the PO number.

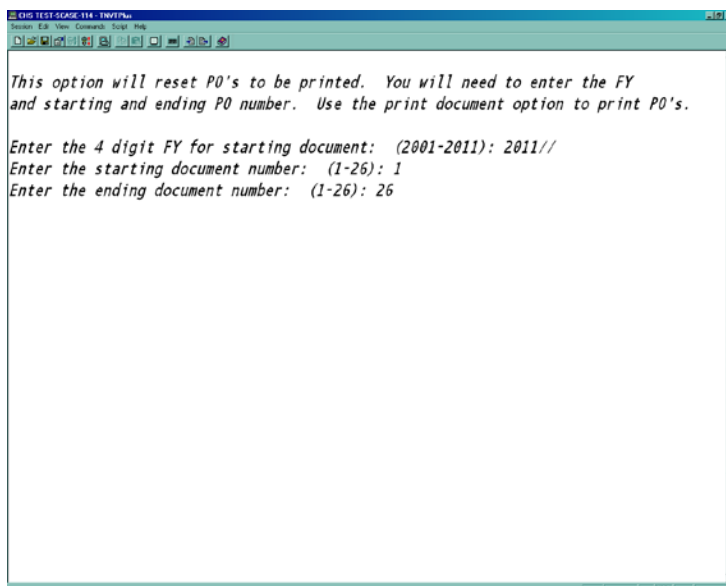


Figure 3-15: Set documents into print queue

Upon completion of entry you will can go to the main CHS/MIS menu and select PRT (Document Printing) -> PD (Print Document) and begin printing where your indicated to start your document and end where specified. This function allows you to reprint POs without having to reprint by batch.

## 4.0 **Patch 18 Changes**

Patch 18 of the CHS makes the following changes.

### 4.1 **Pawnee Denial Package**

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

### 4.2 **Code Set Versioning Update for CHS**

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

### 4.3 **FI EOBR File**

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

### 4.4 **Record Count on Export**

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

### 4.5 **Medicaid Eligibility**

Fixed issue for helpdesk ticket regarding Medicaid Eligibility

### 4.6 **FY Display on Vendor Usage Report**

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

*** CONTRACT HEALTH MANAGEMENT SYSTEM ***					
CASE, SHANNON L				Page 16	
DEMO INDIAN HOSPITAL					
VENDOR USAGE REPORT - OPEN AND PAID DOCUMENTS					
Jul 13, 201008:10:01					
For the period Oct 01, 2009 through Jul 13, 2010					
VENDOR					DOLLARS
DOCUMENT #	PATIENT NAME	TYPE	DOS	INS	(* = PAID)
=====					
UNIVERSITY HOSPITAL (continued)					
10-061-00002	ABBEY, GERALDINE	64	10/01/09		1,000.00*
10-061-00003	ABBEY, GERALDINE	43	10/11/09		90,000.00*
10-061-00048	DEMO, DARRELL LEE	64	05/12/10	Y	1,000.00*
-----					
TOTALS	DOCUMENTS: 4	DOLLARS:	\$97,000.00		
-----					
UNIVERSITY MEDICAL CENTER		LUBBOCK, TX			
10-061-00017	YACKESCHI, NANCY JANE	64	12/22/09	Y	1,000.00
-----					
TOTALS	DOCUMENTS: 1	DOLLARS:	\$1,000.00		
-----					

Figure 4-1: Vendor FY displaying

## 4.7 The Patch and Version Display in the Menu Heading

*****	
*	Indian Health Service
*	CONTRACT HEALTH MGMT SYSTEM
*	Version 3.1 Patch 18, Jun 11, 2001
*****	
DEMO INDIAN HOSPITAL	
DOC	Document Generation ...
PAY	Pay/Edit Documents ...
PRT	Document Printing ...
ACC	Account Balances ...
PT	Patient Data
VEN	Provider/Vendor Data
DIS	Display Documents ...
DCR	Document Control Register
MGT	Facility Management ...
DEN	CHS Denial/Unmet Needs ...
EMNU	Electronic Signature Authorization Menu ...
XXXX	CHS Programmer Utilities

Figure 4-2: Display patch and version in menu heading

## 4.8 CHEF update: "Total Funds Received"

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

### Before

Select CHEF NUMBER: 07-10218  
CHEF NUMBER: 07-10218//

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

Figure 4-4: The Total Funds Received field

#### After

```
Select CHEF NUMBER: 07-10218  
CHEF NUMBER: 07-10218//  
PATIENT: WATTY,BUG BUNNY//  
REIMBURSEMENT PERCENT: 50//  
Select PURCHASE ORDERS: 7-U03-01711//  
Select BLANKET/SPECIAL LOCAL PO: 0-U03-00004//  
BLANKET/SPECIAL LOCAL PO: 0-U03-00004//  
OBLIGATED AMOUNT: 200//  
PAID AMOUNT:  
PAID DATE:  
Select BLANKET/SPECIAL LOCAL PO:  
Select AMENDMENTS: AMENDMENT 2//  
AMENDMENTS: AMENDMENT 2//  
AMOUNT: 1000//  
DATE OF AMENDMENT: NOV 6,2009//  
STATUS: AMENDMENT PENDING//  
Select AMENDMENTS:  
REMARKS:  
No existing text  
Edit? NO//  
  
Total Funds Received: 5000  
Note: This is an amount that was entered prior to the Amendment options and  
will be subtracted from the total requested.
```

Figure 4-5: Note explaining the Amendment options

## 4.9 GAO Report–Denial-Unmet Need

This option will create a file that was requested by the GAO. You will need to enter a facility name and date range. The file layout is listed in GAO Layout.

Figure 4-6: GAO menu option

Figure 4-7: GAO Report example

## 4.10 GPRA Report

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

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

```

                                CONTRACT HEALTH MGMT SYSTEM, 3.1
                                DEMO INDIAN HOSPITAL
                                Reports

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

Select Reports Option:
```

Figure 4-8: GPRA menu option

```

The report is selected and sorted by issue date.
ENTER FISCAL YEAR:  (2000-2011): 2011// 2010

Enter The BEGINNING Date For The GPRA Report:  1/1/2010  (JAN 01, 2010)

Enter The ENDING Date For The GPRA Report:  3/30/2010  (MAR 30, 2010)

    Select one of the following:

        F      Fiscal Year
        D      Date of Service

Report PO's by : Fiscal Year//

    Select one of the following:

        S      SUMMARY
        D      DETAILED

Report Type : SUMMARY// █
```

Figure 4-9: GPRA Report criteria

\*\*\* CONTRACT HEALTH MANAGEMENT SYSTEM \*\*\*

CASE, SHANNON L Page 4

DEMO INDIAN HOSPITAL  
GPRA REPORT-AVERAGE DAYS BETWEEN PO ISSUE AND DOS  
Jul 08, 2010@15:01:03  
For the period Jan 01, 2010 through Jul 08, 2010

PO Number	Date of Service	Date of Issue	Days Prior or = to DOS	Days After DOS
10-061-00046	06/01/10	05/17/10	15	
10-061-00047	05/14/10	05/19/10		5
10-061-00048	05/12/10	05/26/10		14
10-061-00049	06/17/10	06/07/10	10	
10-061-00050	06/30/10	06/09/10	21	
10-061-00051	06/20/10	06/10/10	10	
10-061-00052	06/16/10	06/22/10		6
10-061-00053	06/16/10	06/22/10		6
10-061-00054	06/16/10	06/22/10		6

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

Figure 4-10: GPRA detailed report

\*\*\* CONTRACT HEALTH MANAGEMENT SYSTEM \*\*\*

CASE, SHANNON L Page 6

DEMO INDIAN HOSPITAL  
GPRA REPORT-AVERAGE DAYS BETWEEN PO ISSUE AND DOS  
Jul 08, 2010@15:01:03  
For the period Jan 01, 2010 through Jul 08, 2010

---

TOTAL Documents:	37
TOTAL Days:	401
Average Days:	10.84
TOTAL Documents Prior or = to DOS:	22
TOTAL Days for Prior or = to DOS:	252
Average Days Prior or = to DOS:	11.45
TOTAL Documents After DOS:	15
TOTAL Days After DOS:	653
Average Days After DOS:	43.53

Figure 4-11: GPRA average and totals

## 4.11 CHS Population Report

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

If all counties are not listed for selected Tribal CHSDA, the user can update the associated counties using the SDA-Enter/Edit Tribal CHSDA option, which is shown in Section 4.12-Option to Enter/Edit Tribal CHSDA.

```

CONTRACT HEALTH MGMT SYSTEM
VERSION: 3.1 PATCH 18
DEMO INDIAN HOSPITAL
  Reports

DSR  Document Status Report
CER  Expenditure Report
PSR  Document Summary Report
DCIS DCIS Error Report
DSRF Document Status Report By Fiscal Year
ELG  CHS Eligible Patients by CHSDA
ERPT Electronic Signature Reports ...
GPRA GPRA Report-DOS vs Issue Date
HOSP Hospital Log
MEDI Medical Data Reports ...
OPTC Optional Comments Report
SCCR Service Class Reports ...
THRD CHS 3RD Party Payment
VRPT Vendor Reports ...

Select Reports Option:
```

Figure 4-12: New option (ELIG-CHS Eligible Patients by CHSDA)

```

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

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

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

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

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

  Select one of the following:

      S      SUMMARY
      D      DETAILED

Report Type : SUMMARY// S
```

Figure 4-13: Menu options for CHS Elig Report

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

```

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

                                DEMO INDIAN HOSPITAL
                                CHS population Report
Tribal CHS Delivery Area: NAVAJO TRIBE OF AZ, NM AND UT
                                Oct 26, 2010@09:57:29
```

For Fiscal Year 2009	
CHSDA-County	Population Total
=====	
BERNALILLO	4
MCKINLEY	3
RIO ARRIBA	0
SANDOVAL	1
SAN JUAN	3
SOCORRO	0
VALENCIA	0
CIBOLA	2
KANE	0
SAN JUAN	0
APACHE	3
COCONINO	3
NAVAJO	1
MONTEZUMA	0
CHEROKEE NATION OF OKLAHOMA	TOTAL = 2
CHOCTAW NATION OF OKLAHOMA	TOTAL = 4
CREEK NATION OF OKLAHOMA	TOTAL = 1
NAVAJO TRIBE OF AZ, NM AND UT	TOTAL = 10
ACOMA PUEBLO, NM	TOTAL = 1
ISLETA PUEBLO, NM	TOTAL = 1
BARROW NATIVE VILLAGE	TOTAL = 1
Total CHS Delivery Area =	20

Figure 4-14: Example of Summary Report for CHS Elig Report

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

*** CONTRACT HEALTH MANAGEMENT SYSTEM ***	
DEMO, USER	Page 1
DEMO INDIAN HOSPITAL	
CHS population Report	
Tribal CHS Delivery Area: ISLETA PUEBLO, NM	
Oct 01, 2010@10:31:23	
For Fiscal Year 2009	
=====	
CHSDA-County: BERNALILLO	
Tribe of Enrollment: CHEROKEE NATION OF OKLAHOMA	
Patient Name	Community
DAVIS,DEMO	ALBUQUERQUE
Tribe of Enrollment: CHOCTAW NATION OF OKLAHOMA	
Patient Name	Community
HARRIS,DEMO	ALBUQUERQUE
MAYHUGH,DEMO	ALBUQUERQUE
Tribe of Enrollment: ISLETA PUEBLO, NM	
Patient Name	Community
HOWE,DEMO	ISLETA PUEBL
Total County =	4
=====	

Total CHS Delivery Area =	4	
BERNALILLO		4
TORRANCE		0
VALENCIA		0
CHEROKEE NATION OF OKLAHOMA	TOTAL =	1
CHOCTAW NATION OF OKLAHOMA	TOTAL =	2
ISLETA PUEBLO, NM	TOTAL =	1
Total CHS Delivery Area =	4	

Figure 4-15: Example of detailed report for CHS Elig Report

## 4.12 Option to Enter/Edit Tribal CHSDA

```

VERSION: 3.1 PATCH 18
DEMO INDIAN HOSPITAL
Facility Management

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

Select Facility Management Option: █

```

Figure 4-16: Option to Enter/Edit Tribal CHSDA

```

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

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

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

```

Figure 4-17: Select CHSDA Tribe to enter new county

## 4.13 Denial–Unmet Need Changes

### 4.13.1 Deferred Services Will Now be Referred to as Unmet Needs

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

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

                DEMO INDIAN HOSPITAL

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

Select Contract Health System Option: █
```

Figure 4-18: Changed reference from Deferred Services to Unmet Needs

### 4.13.2 Denial/Unmet Need Menu Changes

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

```
Device: |TNT|npatuc65-06077.d1.na.1hs.gov:2086|1084 Job no.: 1084 Unix Device:
(B

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

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

Select CHS Denial/Unmet Needs Option:
```

Figure 4-19: New Denial/Unmet Need menu layout

```
Device: |TNT|npatuc65-06077.d1.na.ihs.gov:2086|1084 Job no.: 1084 Unix Device:
(B

      CONTRACT HEALTH MGMT SYSTEM
      VERSION: 3.1 PATCH 18
      DEMO INDIAN HOSPITAL
      Denial

ADD   Enter New Denial
APP   Denial Appeal Status Menu ...
CAN   Cancel Denial Document
DENL  Print Denial Letter(s) ...
REP   Denial Reports ...
SUP   Denial Supplemental Information ...

Select Denial Option: █
```

Figure 4-20: New Denial menu

```
Device: |TNT|npatuc65-06077.d1.na.ihs.gov:2086|1084 Job no.: 1084 Unix Device:
(B

      CONTRACT HEALTH MGMT SYSTEM
      VERSION: 3.1 PATCH 18
      DEMO INDIAN HOSPITAL
      Unmet Need

ADD   Enter New Unmet Need
CAN   Cancel Unmet Need Document
PRT   Print Unmet Need Letter
REP   Unmet Needs Reports ...
SUP   Unmet Needs Supplemental Information ...

Select Unmet Need Option:
```

Figure 4-21: New Unmet Need menu (previously Deferred Service)

### 4.13.3 Denial Reason Update

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

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

```
Enter Denial Reason: ?  
Answer with CHS DENIAL REASON, or HEADING  
Do you want the entire CHS DENIAL REASON List? Y (Yes)  
Choose from:  
Alternate Resource Available  
Indian Descent/Membership  
Medical Priority  
Notification  
Residency  
  
Enter Denial Reason: █
```

Figure 4-22: Denial Reasons Options

```
Enter Denial Reason: Alternate Resource Available  
  
Enter Denial Reason Option: ?  
Answer with OPTION(S)  
Choose from:  
Eligible for Alternate Source  
Failure to Apply for Alternate  
IHS/Tribal Facility Was Availa  
Other Coverage Available  
  
Enter Denial Reason Option: █
```

Figure 4-23: Denial Reason options under Alternate Resource Available

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

Enter Alternate Resource Type: COHO INSURANCE

Enter Alternate Resource Type:

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

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

Figure 4-24: Alternate Resource options for Patient's Resource Type.

#### 4.13.4 Alternate Resource Available

The denial options for Other Coverage Available, Failure to Apply for Alternate Resource, and Eligible for Alternate Source allow for the selection of alternate resource names to be included in the denial letter text. The user can edit the list of alternate resources through the Parameters menu. Refer to Section 4.13.11- New Parameter–Alternate Resource Type for more information.

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

For the Eligible for Alternate Source denial option, the Benefits Coordinator name can be printed in the denial letter text. This information is added through the Parameters menu. Refer to Section 4.13.10 New Parameter–Add Benefit Coordinator Name and Phone Number for more information.

#### Old Denial Reasons (Removed)

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

- **OPTION: Other Coverage Available**  
Any unpaid balances should be promptly submitted to the IHS CHS office for consideration.
- **OPTION: Would Have Been Eligible for Other Coverage**

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

- **OPTION: May be Eligible for Other Coverage**

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

- **OPTION: Maybe Eligible for Other Coverage**

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

### **New Denial Reasons (Replaced)**

- **OPTION: Other Coverage Available**

Alternate Resource Available [Per 42 CFR 136.61]

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

- **OPTION: Eligible for Alternate Source**

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

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

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

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

- **OPTION: Failure to Apply for Alternate Resource**

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

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

- **OPTION: IHS/Tribal Facility Was Available**

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

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

#### 4.13.5 Medical Priority

##### **Old Denial Reasons (Removed)**

- Insufficient Medical Information

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

- Care Not Within Medical Priority

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

##### **New Denial Reasons (Replaced)**

- OPTION: Lack of Medical Information

Medical Priority [Per 42 CFR 136.23(e)]

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

- OPTION: Not Within Medical Priorities

Medical Priority [Per 42 CFR 136.23(e)]

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

#### 4.13.6 Notification

##### **Old Denial Reasons (Removed)**

- No Notification of Emergency Service Within 72 Hours

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

- No Prior Approval for Nonemergency Service

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

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

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

#### **New Denial Reasons (Replaced)**

- OPTION: Emergency Services–Notification within 72 hours

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

- OPTION: Prior Authorization Requirements

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

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

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

### **4.13.7 Residency**

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

#### **Old Denial Reasons (Removed)**

- Lives Outside Local CHS Service Area

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

#### **New Denial Reasons (Replaced)**

- OPTION: Social/Economic Ties

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

- **OPTION: Student or transients or other persons outside of CHSDA**

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

#### 4.13.8 Indian Descent/Membership

##### **Old Denial Reasons (Removed)**

Eligibility Not Established

- **OPTION: Indian Descendancy Not Established**

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

- **OPTION: Care for Non-Indian Pregnant Woman**

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

##### **New Denial Reasons (Replaced)**

- **OPTION: CHS Eligibility not Established**

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

- **OPTION: Non-Indian Woman**

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

#### 4.13.9 New Parameter—Adjust Left and Top Margin

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

```

                                CONTRACT HEALTH MGMT SYSTEM
                                DEMO INDIAN HOSPITAL
                                Parameters

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

Select Parameters Option: █
```

Figure 4-25: Denial Parameter option menu

```

                                CONTRACT HEALTH MGMT SYSTEM
                                DEMO INDIAN HOSPITAL
                                Letter Format Parameters

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

Select Letter Format Parameters Option: █
```

Figure 4-26: Denial Parameter Set Left Margin and Top Margin options

#### 4.13.10 New Parameter–Add Benefit Coordinator Name and Phone Number

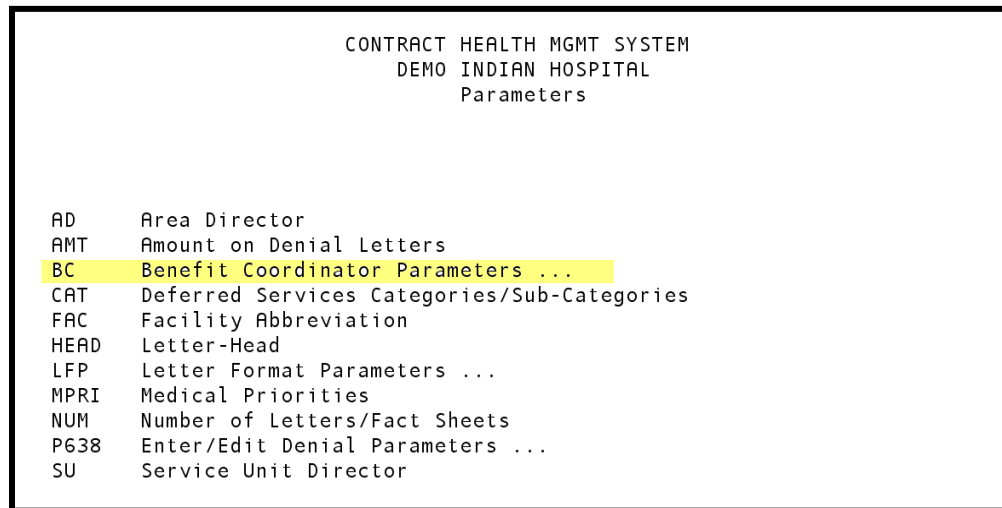


Figure 4-27: Benefits Coordinator parameter option

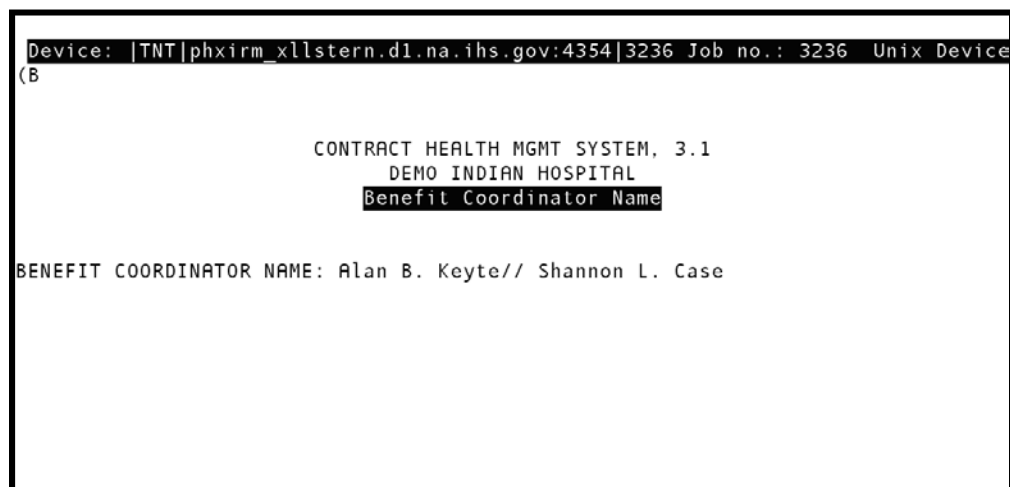


Figure 4-28: Add Benefits Coordinator name

```
Device: [TNT|phxirm_xllstern.d1.na.ihs.gov:4354|3236 Job no.: 3236 Unix Device
(B
CONTRACT HEALTH MGMT SYSTEM, 3.1
DEMO INDIAN HOSPITAL
Benefit Coordinator Phone
BENEFIT COORDINATOR PHONE: (520) 250-8490// 541-444-2966
```

Figure 4-29: Add Benefit Coordinator phone number

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

```
BABY DEMO 104-0WWH-96
Page 3

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

The Benefits Coordinator, Fonda Jackson, is
available to help you apply, and may be reached
at 503-398-9999.

RECONSIDERATION AND APPEAL [Per 42 CFR 136.25]. You may appeal the
denial in writing. Please submit a statement supporting the reason
for the appeal. NOTE: If you fail to submit a written appeal within
(30) days of receipt of this letter, payment will be denied through
the CHS program. If you have additional information that may affect
our decision, please submit it in writing within 30 days of receipt of
Press RETURN To Continue or Escape to Cancel...
```

Figure 4-30: Alternate Resource Letter–Benefits Coordinator name and phone number

#### 4.13.11 New Parameter–Alternate Resource Type

```
Device: |TNT|npatuc65-06077.d1.na.ihs.gov:2086|1084 Job no.: 1084 Unix Device:
(B
                                     CONTRACT HEALTH MGMT SYSTEM
                                     VERSION: 3.1 PATCH 18
                                     DEMO INDIAN HOSPITAL
                                     Parameters

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

Select Parameters Option:
```

Figure 4-31: Enter new Alternate Resource Type option

```
                                     CONTRACT HEALTH MGMT SYSTEM
                                     VERSION: 3.1 PATCH 18
                                     DEMO INDIAN HOSPITAL
                                     Enter a New Alternate Resource Type

Select ALTERNATE RESOURCE TYPE: ??

Choose from:
Medicare (Part A, Part B, Part
Qualified Medicare Beneficiary
Social Security Benefits
State Medicaid
Veteran's Benefits
Workmen's Compensation

You may enter a new ALTERNATE RESOURCE TYPE, if you wish

Select ALTERNATE RESOURCE TYPE: New MexiKids
Are you adding 'New MexiKids' as
a new ALTERNATE RESOURCE TYPE (the 7TH for this CHS DENIAL REASON)? No// y
(Yes)
```

Figure 4-32: Add new resource name

#### 4.13.12 Option to Add Comments for Additional Denial Reasons

```
CHS DENIAL DISPLAY      PATIENT: DEMO,WESLEY THOMAS      CHART#: 114319
=====
DATE ISSUED: Jul 08, 2010      ISSUED BY: CASE,SHANNON L
1. DATE MED SVC: Jul 04, 2010      2. DATE OF REQUEST: Jul 08, 2010
3. MEDICAL PRIORITY: I EMERGENT/ACUTELY URGENT CARE  4. VISIT TYPE: OUTPATIENT
5.*PRIMARY PROVIDER: UNIVERSITY HOSPITAL
6.*DIAGNOSIS: NONE
7.*PRIMARY DENIAL REASON: No Notification of Emergency Service Within 72 Hours
8.*OTHER RESOURCES: NONE
9. OTHER IHS RESOURCES: NONE

      * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

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

Figure 4-33: Denial—Adding Additional Denial Reason with Comments

```
=====
DENIAL REASONS EDIT
=====
PRIMARY DENIAL REASON:
      1. No Prior Approval for Non-Emergency Service

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

Select OTHER DENIAL REASONS: Care Not Within Medical Priority

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

Figure 4-34: Denial—Open Text Additional Comments

## 5.0 Patch 16 Changes

Patch 16 of the CHS makes the following changes.

### 5.1 Patient Social Security Number

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

### 5.2 Denial Letter Regulations Citations

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

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

### 5.3 CAN number “K” used for FY 2010

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

### 5.4 FY Printing on PO

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

### 5.5 Form Renewal Parameter

Changes due to the renewal of the PO form IHS-843 include the following: The Unique Physician Identification Number (UPIN) field was replaced with the Dun and Bradstreet (D&B) Universal Numbering System (DUNS) No. field; and a parameter was added to the Parameter Edit option for the form to print correctly. If you use the new form; type **YES** in the PRINT DUNS ON PO parameter and the DUNS Number will print on the form instead of the UPIN. The DUNS Number must be populated in the vendor file.

```
1 question mark ("?.") will get you help.  
2 question marks ("??") usually gets you more help.  
For printed help, print out chapter 1 of the Tech Manual (D ^ACHSTM).  
FACILITY IS 638 TYPE: YES//  
P.O. BATCH PRINT RETAIN DAYS: 365//  
AREA CONTRACTING NO.: 638//  
AUTHORIZING FACILITY: DEMO INDIAN HOSPITAL//  
UFMS EXPORT START DATE: OCT 1,2007//  
LAST UFMS EXPORT:  
CCR REQUIRED: Y//  
NEG. UNOBLIGATED BAL. PRIOR FY: NO//  
ISSUE BLANKETS FOR FI DOCS: YES//  
PATIENT ADDRESS REQUIRED: YES//  
MULT. FACILITY PATIENT LOOKUP: NO//  
PRINT CANCEL DOCUMENTS: NO//  
PRINT SUPPLEMENT DOCUMENTS: NO//  
CHECK FOR CHS ELIGIBILITY: YES//  
PROCESS FI DATA: NO//  
PROCESS AREA OFFICE DATA: NO//  
PRINT DUNS ON P.O.: █
```

Figure 5-1: Adding the DUNS number

## 5.6 CHEF Management–CHEF Reimbursement Form Changes

### 5.6.1 Additional Line for Special Blanket and Local Obligations

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

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

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

Select C H E F Management Option: Add / Edit / Delete CHEF Cases
Select CHEF NUMBER: 10-OK-001
CHEF NUMBER: 10-OK-001//
PATIENT: ABBEY,GERALDINE//
TOTAL FUNDS RECEIVED: 50000// (No Editing)
REIMBURSEMENT PERCENT: 50//
Select PURCHASE ORDERS: 0-061-00007//
Select BLANKET/SPECIAL LOCAL PO: 0-061-00009//
BLANKET/SPECIAL LOCAL PO: 0-061-00009//
OBLIGATED AMOUNT: 7000//
PAID AMOUNT: 5000//
PAID DATE: NOV 1,2009//
Select BLANKET/SPECIAL LOCAL PO: █
```

Figure 5-2: Entry of SBO or SLO POs

## 5.7 Reimbursement Percent Field

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

```
Device: |TNT|okcoca|tt-49336.dl.na.ihs.gov:1616|3572 Job no.: 3572 Unix Device
(B

CONTRACT HEALTH MGMT SYSTEM, 3.1
DEMO INDIAN HOSPITAL
CHEF Management

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

Select C H E F Management Option: Add / Edit / Delete CHEF Cases
Select CHEF NUMBER: 10-OK-001
CHEF NUMBER: 10-OK-001//
PATIENT: ABBEY,GERALDINE//
TOTAL FUNDS RECEIVED: 50000// (No Editing)
REIMBURSEMENT PERCENT: 50//
```

Figure 5-3: Reimbursement percent entry

## 5.8 Amendment Field Added

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

```

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

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

Figure 5-4: Add Amendment number, amount, date, and status

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

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

## 5.9 CCR Prompt is Added to Site Parameter

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

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

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

If the CCR REQUIRED parameter is set to **Y** (Yes) in the CCR Site Parameter screen, a DUNS number is required in the vendor file for the vendor being used to generate a PO. You will be unable to proceed with entering a PO if the DUNS number is missing.

```

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

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

Edit the CHS facility options for 'DEMO INDIAN HOSPITAL'.

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

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

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

```

Figure 5-6: CCR Site Parameter set to Yes

```

Select one of the following:

    43      Hospital Service
    57      Dental Service
    64      Outpatient Service

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

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

Enter Estimated Date of Service: T (NOV 18, 2009)
Select PROVIDER/VENDOR:  KETCHIKAN GENERAL HOSPITAL DUNS..... EIN.....: 192
0016490

                                MAIL TO.: PO BOX 1798, PO BOX 1798
                                REMIT TO-CITY.: BELLINGHAM
Vendor is not CCR certified, please update vendor information.

Select PROVIDER/VENDOR: KETCHIKAN GENERAL HOSPITAL//

```

Figure 5-7: A prompt will display for vendors missing a DUNS number

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

Want to Edit? NO// y YES

Change Which Item: (1-17): 11

DUNN AND BRADSTREET NUMBER: 88888888//
DUNS CCR VERIFIED: ???
    Indicates whether the DUNS entry came from the CCR file. Yes means it
    has been electronically updated. M(anual) means the DUNS was manually
    entered. N(o) or null means not verified.

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

Figure 5-8: The prompt below will display when you enter the DUNS number in the vendor file. Choose from Yes, No, or Manual Entry.

## 5.10 Third-Party Billing Report

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

```
Include ALL PATIENTS? YES//

Select one of the following:

S          SUMMARY
D          DETAILED
T          THIRD PARTY
P          THIRD PARTY DETAILED

Report Type : Summary// ??

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

Select one of the following:

S          SUMMARY
D          DETAILED
T          THIRD PARTY
P          THIRD PARTY DETAILED

Report Type : Summary// █
```

Figure 5-9: Third-Party Report adds T for Third Party and P for Third Party Detailed options

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

Figure 5-10: Third Party Detailed option provides detailed information on PO sorted by third-party payer

## 5.11 Denial Report for “Care Not within Medical Priority”

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

```

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

ACTUAL
CHARGES
(PRIM.
PROV.)

DENIAL NUMBER    DIAGNOSIS
(ICD9)

-----
DENIAL FACILITY: DEMO INDIAN HOSPITAL
DATE DENIAL ISSUED: NOV 18,2009
PRIMARY DENIAL REASON: Care Not Within Medical Priority
094-OWWH-2      V22.1      605.00
DATE DENIAL ISSUED: NOV 19,2009
PRIMARY DENIAL REASON: Care Not Within Medical Priority
101-OWWH-4      719.44
                  813.82
                  V04.81      3445.00

Press RETURN To Continue or Escape to Cancel...: █

```

Figure 5-11: Denial Report Care Not within Medical Priority denial reason

## 5.12 CHS Payment Report

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

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

To run a report, type the starting and ending facility names in the “START WITH NAME” and the “GO TO NAME” prompts. In Figure 5-12 and Figure 5-13, the starting and ending facilities are shown as DEMO and DEMOZ.

CONTRACT HEALTH MGMT SYSTEM, 3.1		
DEMO INDIAN HOSPITAL		
CHS Payments by Object Class Codes		
* Previous selection: NAME from DEMO to DEMOZ		
START WITH NAME: DEMO//		
GO TO NAME: DEMOZ//		
* Previous selection: TRANSACTION DATE from Oct 1,2009 to Nov 17,2009@24:00		
START WITH TRANSACTION DATE: Oct 1,2009// (OCT 01, 2009)		
GO TO TRANSACTION DATE: Nov 17,2009// (NOV 17, 2009)		
DEVICE: 0 VIRTUAL TERMINAL Right Margin: 80//		
CHS DETAIL PAYMENT BY OBJECT CLASS CODE		
		NOV 19,2009 16:53 PAGE 1
TRANSACTION		IHS
DATE	ORDER NUMBER	PAYMENT
		AMOUNT
-----		
NAME: DEMO INDIAN HOSPITAL		
OBJECT CLASSIFICATION: 21.85		
TRANSACTION TYPE: PAYMENT		
NOV 12,2009	0-061-00009	1690.00
		-----
SUBTOTAL		1690.00
SUBCOUNT	1	

Figure 5-12: PAY-CHS payments by object class code

CONTRACT HEALTH MGMT SYSTEM, 3.1		
DEMO INDIAN HOSPITAL		
CHS Payments by Object Class Codes		
* Previous selection: NAME from DEMO to DEMOZ		
START WITH NAME: DEMO//		
GO TO NAME: DEMOZ//		
* Previous selection: TRANSACTION DATE from Oct 1,2009 to Nov 17,2009@24:00		
START WITH TRANSACTION DATE: Oct 1,2009// (OCT 01, 2009)		
GO TO TRANSACTION DATE: Nov 17,2009// (NOV 17, 2009)		
DEVICE: 0 VIRTUAL TERMINAL Right Margin: 80//		
CHS DETAIL PAYMENT BY OBJECT CLASS CODE		
		NOV 19,2009 16:53 PAGE 1
TRANSACTION		IHS
DATE	ORDER NUMBER	PAYMENT
		AMOUNT
-----		
NAME: DEMO INDIAN HOSPITAL		
OBJECT CLASSIFICATION: 21.85		
TRANSACTION TYPE: PAYMENT		
NOV 12,2009	0-061-00009	1690.00
		-----
SUBTOTAL		1690.00
SUBCOUNT	1	

Figure 5-13: SUM-CHS payment summary by object class code

## 6.0 **Patch 15 Changes**

### 6.1 **CHEF Reimbursement Form Enhancements**

#### 6.1.1 **Change to Field #7**

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

#### 6.1.2 **Change to Field #11 Medical Priority**

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

#### 6.1.3 **New Calculations in Fields #19–25**

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

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

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

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

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

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

13. PROVIDER	14. DOS	15. P.O. #	16. OBL	17. PAID	18. DATE PD
*UNIVERSITY PHYSI	Dec 03, 2007	8-N15- 00507	00.00	8.34	Feb 05, 2008
*UNIVERSITY MEDIC	Dec 14, 2007	8-N15- 00858	8,500.00	34,071.8 2	Jan 15, 2008
*UNIVERSITY PHYSI		8-N15- 00859	3,500.00		
19. SUB-TOTALS			12,200.0 0	34,080.1 6	
20. TOTAL IHS COSTS				37,580.1 6	
21. LESS THRESHOLD				- 25,000.0 0	
22. NET ELIGIBLE FROM FUND				12,580.1 6	
24./23. LESS ADVANCES TO DATE				- 5,000.00	
<b>25. TOTAL REQUESTED AMOUNT</b>				<b>7,580.16</b>	

Figure 6-1: Changes to Fields 13 to 25 example

#### 6.1.4 REMARKS Field #30

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

New Remarks Field #32 has been changed to Field #30. This field is a free-text field with a 61-character maximum. You may edit and delete the text in this field, as shown in Figure 6-2.

CONTRACT HEALTH MGMT SYSTEM, 3.1  
DEMO HOSPITAL  
CHEF Management

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

Select C H E F Management Option: **AED** <Enter>    Add / Edit / Delete CHEF Cases  
 Add / Edit / Delete CHEF Cases  
 Select CHEF NUMBER: **7-9727** <Enter>  
 CHEF NUMBER: 7-9727// <Enter>  
 PATIENT: DOVEL,JULIUS// <Enter>  
 TOTAL FUNDS RECEIVED:  
 Select PURCHASE ORDERS: 7-U03-00961// <Enter>  
 REMARKS:

```
1>REOPEN CASE SECOND ADMITT
EDIT Option: 1 <Enter>
1>REOPEN CASE SECOND ADMITT <Enter>
Replace ... With FINAL PLEASE CLOSE <Enter> Replace
FINAL PLEASE CLOSE
```

Figure 6-2: Example of using CHEF Management to change Field 30: REMARKS

Figure 6-3 displays an example of the updated text for Field 30. REMARKS as it appears on the printed form.

I hereby certify that the information and costs listed are associated with this catastrophic illness/incident, and that case management has been Performed. 42.CFR SEC 36 HAS BEEN MET.		
26. SRVC UNIT DIRECTOR / Date	27. CASE MANAGER / Date	28. AREA CERT / Date
29. AREA CHSO APPROVAL / Date	30. REMARKS <b>FINAL PLEASE CLOSE</b>	
TRAUMA CAUSE CODE: MV=MOTORVEHICLE, F=FALL, S=SUICIDE A=ASSULT, B=BURN, D=DROWNING, O=OTHER, U=UNKNOWN * indicates provider is a contract source		

Figure 6-3: Example of form Field 30: REMARKS, with updated text.

## 6.2 Service Class Codes

CHSMIS restricts federal sites from entering any SCC that is not included in the authorized table of SCC (see Table 6-1).

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

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

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

Table 6-1: SCC to Object Class Code Crosswalk Table—Effective October 1, 1997

SCC Code	Service Class Code Narrative	OCC Code	Object Class Code Narrative
2185	Patient and Escort Travel	2185	Ancillary
4319	Interest	4319	Interest
252A	Medical Lab Services: Outpatient, Non-IHS Facility	256Q	Lab and Test Services
252B	Medical Lab Services: Inpatient/Outpatient, IHS Facility	256Q	Lab and Test Services
252D	Dental Lab	256R	Medical Health Services

<b>SCC Code</b>	<b>Service Class Code Narrative</b>	<b>OCC Code</b>	<b>Object Class Code Narrative</b>
252G	Non-Federal Hospitalization	256R	Medical Health Services
252H	X-Ray Services: Outpatient, Non-IHS Facility	256Q	Lab and Test Services
252J	X-Ray Services: Inpatient/Outpatient, IHS Facility	256Q	Lab and Test Services
252L	Hospital Outpatient Visits	256R	Medical Health Services
252M	Extended Care and Rehabilitation Facilities	256R	Medical Health Services
252Q	Emergency Room	256R	Medical Health Services
252S	Physical Therapy Services	256R	Medical Health Services
254A	Physician, Inpatient: IHS Facility	256T	Physician Visit/Services IHS
254B	Physician Inpatient: Non-IHS Facility	256R	Medical Health Services
254C	Physician, Outpatient: IHS Facility	256T	Physician Visit/Services IHS
254D	Physician Outpatient: Non-IHS Facility	256R	Medical Health Services
254E	Dentists and Dental Hygienists	256R	Medical Health Services
254G	Fee Basis Specialist: IHS Facility	256R	Medical Health Services
254J	Fee Basis Specialist: Non-IHS Facility	256R	Medical Health Services
254L	Refractions: Non-IHS Facility	256R	Medical Health Services
263A	Consumable Medical/Surgical Supplies	263A	Ancillary
263G	Nonconsumable Medical/Surgical Supplies	263G	Ancillary
263K	Eyeglasses	263K	Ancillary
263L	Hearing Aids	263A	Ancillary

## 6.3 DCIS Extract Error Report

### CHS/MIS Main Menu > MGT > PR > DCIS

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

Lists of required entries to prevent errors from generating are:

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

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

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

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

Select Reports Option: DCIS <Enter>

DCIS ERROR REPORT

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

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

Figure 6-4: Facility Management Reports options, selecting the DCIS Error Report (DCIS) option

The CHS DCIS Error Report (Figure 6-5) allows you to update and/or change data in the Vendor file, if errors are found.

CHS DCIS ERROR REPORT							
DEMO HOSPITAL							
Feb 20, 2009@17:40:09							
DOCUMENT	DATE	EFFECTIVE	CURRENT	ULTIMATE	DUNS	CITY-ST	ZIP
BUSINESS	SIGNED	DATE	COMPLETION	COMPLETION	NUMBER	LOCATION	+4 SIZE
			DATE	DATE			
-----							
09U0300001					ERR	ERR	ERR
09U0300002	ERR	ERR			ERR	ERR	ERR
09U0300008	ERR	ERR			ERR	ERR	ERR
09U0300009	ERR	ERR			ERR	ERR	ERR
TOTAL RECORDS IN ERROR =4							

Figure 6-5: Example of the CHS DCIS Error Report (DCIS) option

## 7.0 Patch 13 Changes

### 7.1 Adding the DUNS Number to Vendor File

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

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

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

#### 7.1.1 Adding the DUNS Number

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

```
CONTRACT HEALTH MGMT SYSTEM
ABC HEALTH CENTER
PROVIDER/VENDOR UPDATE
*****
1) RADIOLOGY ASSOCIATES OF NM                2) EIN No: 1860514100-A1
3) Status: ACTIVE                             4) Contracts: NONE ACTIVE
5) UPIN:                                       6) Rate Quotation: NONE
ACTIVE
7) Type of Business:                          8) Agreement: NONE ACTIVE
9) Medicare Provider: Y                      10) BPA: NONE
11) DUNS:
**** MAILING/BILLING ADDRESS **               ** PROVIDER LOCATION ADDRESS ****
12) Street: 4411 The 25 Way, STE 201          13) Street: 4411 The 25 Way
      City: ALBUQUERQUE                        City: Albuquerque
      State: NEW MEXICO                       State: NEW MEXICO
      Zip Code: 87109      PHONE:              Zip Code: 87109
      Attn:
14) Vendor Type: X-RAY                        15) Fed/Non-Fed
16) Specialty:                               17) Geographic Loc:
      Last Payment Date:                      Current FYTD Paid:
*****
```

Figure 7-1: Example of entering DUNS Number in the Vendor file

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

```

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

```

Figure 7-2: Sample of response when editing a DUNS Number

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

## 7.1.2 Displaying the DUNS Number in the Vendor File

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

```

                                CONTRACT HEALTH MGMT SYSTEM
                                ABC HEALTH CENTER
                                PROVIDER/VENDOR UPDATE

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

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

```

Figure 7-3: Example display of a DUNS Number in a vendor file

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

## 7.2 Interface RCIS Referral with Denial and Appeal Options

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

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

- CHS Denial will close outpatient referrals
- Update Referral status on Appeal reversal

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

### 7.2.1 Add a Denial and Appeal to Referral

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

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

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

Examples of denial and appeal, and display of referral information, are shown in Figure 6-4.

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

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

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

DEFERRED SERVICES TYPE: NOT A DEFERRED SERVICE//
DATE OF MEDICAL SERVICE: MAY 29,2007//      (MAY 29, 2007)
DATE REQUEST RECEIVED: JUL 13,2007//
SEND LETTER TO PATIENT?: YES//
PRIMARY PROVIDER (ON-FILE): HAYWOOD REGIONAL MED CTR.
EST. CHARGE (PRIM. PROV.):
ACTUAL CHARGES (PRIM. PROV.):
Are there any other providers (vendors)?? NO//
Select PROVIDER ACCOUNT NUMBER:
TYPE OF SERVICE: OUTPATIENT//
Enter Denial Reason: Care Not Within Medical Priority
PRIMARY DENIAL REASON COMMENT:
1>
```

```
Enter Other Denial Reason:
MEDICAL PRIORITY CATEGORY: I EMERGENT/ACUTELY URGENT CARE
Select DIAGNOSIS (ICD9):
Select PROCEDURE (CPT):
Select OTHER RESOURCES:
Select OTHER IHS RESOURCES:
Enter Document Control Information Now? NO//
CHS OFFICE COMMENTS:

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

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

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

Date of service May 29, 2007

CHS DENIAL DISPLAY          PATIENT: BROWN,Gary          CHART#: 90801
=====
DENIAL NO: 073-DWHC-2          DENIAL STATUS: Active
DATE ISSUED: May 29, 2007      ISSUED BY: CASE,SHANNON

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

      * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

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

Figure 7-4: Sample of Denial/Appeal screen display

Figure 6-5 provides denial information on the referral when the link is turned on.  
Type **DSP** to display a referral record.

```
*****
*                INDIAN HEALTH SERVICE                *
*          REFERRED CARE INFORMATION SYSTEM            *
*          VERSION 4.0, Jan 09, 2006                  *
*****
```

<p style="text-align: center;">ABC HEALTH CENTER Display Referral Record</p> <p>Select RCIS REFERRAL by Patient or by Referral Date or #: <b>Brown,G</b> &lt;Enter&gt;</p>
--

Figure 7-5: Example of selecting a referral

Notice that display, denial, and appeal information on referral are displayed in the following example. Observe the bold text near the end of Figure 7-6.

RCIS Referral Display	Jul 10, 2007 17:23:35	Page: 1 of 5
User: CASE,SHANNON		
Patient Name:	BROWN,Gary	
Chart #:	90801	
Date of Birth:	MAY 4, 1980	
Sex:	M	
===== REFERRAL RECORD =====		
DATE INITIATED:	MAY 29, 2007	
REFERRAL #:	1135100600033	
PATIENT:	BROWN,Gary	
TYPE:	CHS	
REQUESTING FACILITY:	ABC HEALTH CENTER	
REQUESTING PROVIDER:	BUGGS,BUNNY	
TO PRIMARY VENDOR:	CHEROKEE NATION OF OKLAHOMA	
FACILITY REFERRED TO (COM:	CHEROKEE NATION OF OKLAHOMA	
PRIMARY PAYOR:	IHS	
ICD DIAGNOSTIC CATEGORY:	MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS	
CPT SERVICE CATEGORY:	EVALUATION AND/OR MANAGEMENT	
INPATIENT OR OUTPATIENT:	OUTPATIENT	
DAYS SINCE BEGIN DOS:	42	
STATUS OF REFERRAL:	CLOSED-COMPLETED	
DATE CLOSED:	MAY 29, 2007	
CASE MANAGER:	BUGGS,BUNNY	
CLOSED BY USER:	CASE,SHANNON	
CREATED BY USER:	CASE,SHANNON	
DATE CREATED:	MAY 29, 2007	
DATE LAST MODIFIED:	MAY 29, 2007	
PRIORITY:	II	
SEND ADDITIONAL MED INFO:	NO	
PURPOSE OF REFERRAL:	XRAY	
NOTES TO SCHEDULER:	NEED AFTERNOON APPT.	
ESTIMATED TOTAL REFERRAL :	200	
ESTIMATED IHS REFERRAL CO:	200	
EXPECTED BEGIN DOS:	MAY 30, 2007	
ACTUAL APPT/BEGIN DOS:	MAY 29, 2007	
EXPECTED END DOS:	MAY 29, 2007	
OUTP NUMBER OF VISITS:	1	
<b>CHS APPROVAL STATUS:</b>	<b>DENIED</b>	
<b>CHS APPROVAL/DENIAL DATE:</b>	<b>MAY 29, 2007</b>	
<b>CHS DENIAL REASON:</b>	<b>Care Not Within Medical Priority</b>	
<b>OUTPT VISIT NUMBER USER:</b>	<b>CASE,SHANNON</b>	
<b>CHS DENIAL NUMBER:</b>	<b>073-DWHC-2</b>	
<b>CHS APPEAL DATE:</b>	<b>JUN 23, 2007</b>	
<b>CHS APPEAL RESOLVE DATE:</b>	<b>JUN 23, 2007</b>	

<b>CHS APPEAL STATUS:</b>	<b>APPEAL PENDING</b>
<b>CHS APPEAL LEVEL:</b>	<b>AREA OFFICE</b>

Figure 7-6: Sample screen display of denial information

## 7.3 Duplicate Document Error

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

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

### 7.3.1 Removing Duplicate Documents Causing Duplicate Document Error

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

The second option in the list, Option 2: ^ACHSRMVD - REMOVE DOC CAUSING THE DUPLICATE DOC ERROR, under the XXXX CHS PROGRAMMER UTILITIES menu, enables removal of duplicate documents, as shown in Figure 7-7.

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

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

Select # to run or "?#" for help: 2 <Enter>
This routine removes documents that have been added
after the site manager has removed the entire fiscal
year documents. You will need to enter the 4 digit
fiscal year. The duplicate documents will then be
displayed. You will need to confirm deletion of the documents.
```

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

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

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

## 7.4 UFMS Export

### 7.4.1 Facility Level

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

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

After October 1, 2007:

- IHS facilities can to export without closing the DCR
- Tribal sites will continue with the same export process of closing the DCR and exporting

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

### 7.4.2 Area Level

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

During the Split-Out option, the UFMS file is sent automatically to the Integration Engine (IE) server. The record count, date received, and date sent from the IE is displayed on a Web page for access from sites. If an error occurs with the file, an e-mail message is sent to the Area Office staff designated on the notification list.

## 8.0 Patch 12 Changes

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

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

## 8.1 New Prompt

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

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

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

**Note:** When you type one question mark (?) or three question marks (???) at the “Enter Contract Action Type:” prompt, the abbreviated text will display.

When you type two question marks (??) at the “Enter Contract Action Type:” prompt, the full-text along with their mnemonics will display.

The following example (Figure 8-1) shows the location of the new “Enter Contract Action Type” prompt in the document initiation.

```

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

DEMO HEALTH CENTER

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

Select Contract Health System Option: DOC <Enter>

CONTRACT HEALTH MGMT SYSTEM, 3.1
DEMO HEALTH CENTER
Document Generation

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

Select Document Generation Option: ID <Enter>

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

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

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

Select one of the following:

43       Hospital Service
57       Dental Service
64       Outpatient Service

Type Of Service: Outpatient Service// <Enter>

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

```

Type of Coverage TermDt	Policy #	Cov. type	EligDt
-----	-----	-----	-----
Enter Estimated Date of Service: Apr 27, 2005// <Enter> (APR 27, 2005)			
Select PROVIDER/VENDOR: MINERS MEDICAL CENTER// <Enter> EIN.....:			
1523678946			
SUFFIX: A1			
MAIL TO.: 200 HOSPITAL DRIVE, MINERS			
REMIT TO: 200 HOSPITAL DRIVE,			
1523678946 A1			
PATIENT ACCOUNT NUMBER:			
DESCRIPTION OF SERVICE: **TEST**// <Enter> **TEST**			
Period Of Authorization			
From Date: Apr 27, 2005// <Enter> (APR 27, 2005)			
To Date: (4/27/2005 - 8/25/2005): May 07, 2005// <Enter> (MAY 07, 2005)			
Hospital Order Number:			
Enter last 4 digits of the CAN Number: J463I74// <Enter>			
Service Class Code: 252Q// <Enter> (OUTPATIENT CARE)			
DCR ACCOUNT = OUTPATIENT CARE			
OBJECT CLASS CODE = 25.6R : MEDICAL HEALTH SERVICES			
DOCUMENT DESTINATION: F// FISCAL AGENT			
Optional Comments: **TEST**// <Enter>			
Estimated Charges: \$500.00// <Enter>			
IHS REFERRAL MEDICAL PRIORITY: I// <Enter> I - EMERGENT/ACUTELY URGENT CARE			
Enter ADDITIONAL REFERRAL DATA NOW? N// <Enter>			
<b>Enter Contract Action Type:</b> Simplified Acquisition Open Market/Rate Quote			
Enter the respective code that addresses the CHS Contract action type:			
P	Purchase Using Simplified Acquisition (open market & orders against a Rate Quote Agreement)		
U	Contracts placed with or through other Government Agencies (i.e., Veterans Administration Inter-Agency Agreement)		
M	Micro Purchase (open market, under \$2,500)		
T	Task Order (order for services issued against an established contract)		
Form # 64			
Apr 27, 2005		Outpatient Service	
		HHS Order No: <b>HHSI2392005</b>	
Patient		Ordering Facility & Provider	
Fac: 113510	IHS#: 007947	474559644	DEMO HEALTH CENTER
BLUEGRASS, COUNTRY			PHS Indian Health Center
FOLEY, MN 56591			ANYWHERE MN 56591
10-10-1937	M 504	002054-03-27	113510

```

-----
Est. date-of-svc.: Apr 27, 2005      MINERS MEDICAL CENTER
**TEST**                             200 HOSPITAL DRIVE
                                       MINERS, NM  87741
                                       1523678946-A1 Open Market
-----

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

Is This Correct ? NO// YES <Enter>

Document #  5-D03-00042   Recorded

```

Figure 8-1: Example of initiating a new document

## 8.2 New HHS Number

### 8.2.1 Understanding the New HHS Number

The HHS number is a 17-digit number with specific values set for each position. For example: HHSI249200400001P.

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

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

#### Three-Digit Identification Code Assigned to the Contracting Office by OAMP:

- 241 Aberdeen
- 243 Alaska
- 242 Albuquerque
- 239 Bemidji
- 244 Billings

- 235 California
- 285 Nashville
- 245 Navajo
- 246 Oklahoma
- 247 Phoenix
- 248 Portland
- 249 Tucson
- 161 OES/Dallas
- 102 OES/Seattle

**One-Digit Code Describing the Type of Contract Action That Applies to CHS:**

- P** Purchase Using Simplified Acquisition
- U** Contracts place with or through other Government departments, GSA contracts, or agencies or against contracts placed by such departments or agencies outside the Department of Defense (DOD) (including actions with the National Industries for the Blind [NIB], the National Industries for the Severely Handicapped [NISH], and the Federal Prison Industries [UNICOR])
- M** Micropurchase
- T** Task Order

## 8.2.2 Document Displaying the New HHS Number

The new HHS number will display on the upper right side of the document, as shown in Figure 8-2.

CONTRACT HEALTH MGMT SYSTEM, 3.1			
DEMO HEALTH CENTER			
Display Individual CHS Documents			
Select Document: 5-42			
Form # 64		REF TYPE	Order No.
Apr 27, 2005	Outpatient Service	4	5-D03-00042
		<b>HHS Order No:</b>	
<b>HHSI2392005D0300042P</b>			
Patient		Ordering Facility & Provider	
Fac: 113510	IHS#: 007947 474559644	DEMO HEALTH CENTER	
BLUEGRASS, COUNTRY		PHS Indian Health Center	
FOLEY, MN 56591		Anywhere MN 56591	
10-10-1937 M 504 002054-03-27		113510	

Est. date-of-svc.: Apr 27, 2005 **TEST**	MINERS MEDICAL CENTER 200 HOSPITAL DRIVE MINERS, NM 87741 1523678946-A1 Open Market
Hosp Ord #: ---	
-----	
Auth. From Apr 27, 2005 to May 07, 2005 DCR Acct. = OUTPATIENT CARE **TEST**	--- SCC: 25.2Q CAN/OBJ: J463I74 / 25.6R
Estimated Charge: \$500.00	Hosp Order No: ---
Initial Obligation 500.00	
Amount Canceled: 0.00	( Items)
Amount Of Supplements 0.00	( )
-----	
CURRENT OBLIGATION BALANCE 500.00	(IHS) (3rd PARTY)
Select Document:	

Figure 8-2: Sample document displaying the new HHS number

## 9.0 Patch 11 Changes

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

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

### 9.1 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.

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

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

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

1. At the "Select Facility Management" prompt, type **PVD**.
2. At the "Enter Provider/Vendor" prompt, type the Employer Identification Number (EIN) or name of the provider.

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

The Provider/Vendor update screen is displayed. Note that there is no entry in the Medicare Provider field for any new or nonupdated file.

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

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

CONTRACT HEALTH MGMT SYSTEM, 3.1

```

                                DEMO HEALTH CENTER
                                Provider/Vendor Data

*****
Enter Provider/Vendor:  VENCORE HOSPITAL <Enter>  EIN....: 1321456987
SUFFIX: A1

                                MAIL TO.: 700 HIGH STREET NE ,
ALBUQUERQUE

                                REMIT TO: 700 HIGH STREET NE,
                                1321456987      A1

                                CONTRACT HEALTH MGMT SYSTEM
                                DEMO HEALTH CENTER
                                PROVIDER/VENDOR UPDATE

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

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

Want to Edit? NO// YES <Enter>

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

```

Figure 9-1: Updating Medicare Provider field (Steps 1–4)

5. When the “Medicare Provider” prompt appears, do one of the following:
- If this field displayed No Entry when you accessed the Provider/Vendor update screen, select one of the following options:

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

- If the field displayed one of the listed options, it is the current default. Press the Enter key to accept the default, or enter a different option.
6. At the “Medicare Date of Update” prompt, type the date that the Medicare Provider file is updated.
  7. At the “Want to add Medicare Information?” prompt, any Medicare information on file is also displayed. Do one of the following:
    - Type **Y** and go to Step 8.
    - Type **N**. You are prompted to edit Medicare Information, if any is listed, or you are returned to the “Want to Edit?” prompt (Step 3).
  8. At the “Enter the Medicare Number” prompt, type the Medicare Number for this provider/vendor.

If you do not know the Medicare number, this information can be located on the IHS Web site by following the instructions provided in CMS Provider Listing. Once the Medicare Number has been identified, type the number at the prompt.

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

9. At the “Are you adding (*Medicare number*) as a new Medicare Number (the # for this vendor)?” prompt:
  - Type **Y**, and go to Step 10.
  - Type **N** only if you need to make any corrections to the number you entered.
10. At the “Medicare Service Type” prompt, type the description of service provided by the provider/vendor. Type a question mark (?) to display the following list of options:

<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 PO only if the provider/vendor is participating with Medicare, which is indicated by a Y in the Medicare Provider field. Any other entry (N, P, W, E, or U) will not populate this field for the provider on the PO.

11. At the “Begin Term Date” prompt, type the date the Medicare Number became effective. This date can also be found on the IHS Web site as described in CMS Provider Listing, under the Cert/Date column.
12. The next field prompts entry for the term date for the Medicare Number. The term date for any provider is the date posted in the header of the CMS Provider List.  
  
Terminated providers are identified when the Information Technology Service Center (ITSC) compares the current Provider List to the new file sent by the FI. Those providers identified by ITSC as terminated will be listed separately at the top of the new CMS Provider Listing located on the RPMS Web site (as described in CMS Provider Listing). This list is run every quarter, semiannually, or at the discretion of CMS.
  - a. If the Provider/Vendor does not appear at the top of the CMS Provider Listing, press Enter to leave field blank, and go to Step 13.
  - b. If the Provider/Vendor does appear at the top of the CMS Provider Listing, type the date posted on the CMS Provider Listing as the Medicare Number expiration date at the “End Term Date” prompt.

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

CONTRACT HEALTH MGMT SYSTEM DEMO HEALTH CENTER PROVIDER/VENDOR UPDATE	
*****	
(1). Name: VENCORE 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
<b>(9). Medicare Provider: Y</b>	(10). BPA: NONE
*** MAILING/BILLING ADDRESS ***	
(11). Street: 700 HIGH STREET NE	**** PROVIDER LOCATION ADDRESS ****
City: ALBUQUERQUE	(12). Street:
State: NEW MEXICO	City:
Zip Code: 87102	State:
PHONE:	Zip Code:
Atn:	
(13). Vendor Type: NURSE OR HOME HEALTH SERVICE	(14). Fed/Non-Fed:
(15). Specialty:	(16). Geographical Location:
Last Payment Date:	Current FYTD Paid:

```
*****  
Want to Edit? NO//
```

Figure 9-2: Updated Provider/Vendor screen

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

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

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

1. At the “Want to Edit?” prompt on the Provider/Vendor Update screen, type **Y** or **N**.
  - a. If you type **Y**, go to Step 2.
  - b. If you type **N**, you are prompted to view prior payments to this vendor. Type **Y** or **N**.
2. At the “Change Which Item: (1–15)?” prompt, type **9**.

A list of any existing Medicare Numbers and service types are displayed (Figure 9-3).
3. At the “Want to Add Medicare Information?” prompt, type **Y** or **N**.
  - a. If you type **Y**, go to Section 9.2, “Updating an Existing Provider/Vendor’s Medicare Provider Number,” and continue with Steps 8 through 13
  - b. If you type **N**, go to Step 4.

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

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

Enter the Medicare NUMBER: **32T002** <Enter>

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

MEDICARE SERVICE TYPE: **REHAB** <Enter> REHABILITATION

BEGIN TERM DATE: **06/26/04** <Enter> (JUN 26, 2004)

END TERM DATE: <Enter>

MEDICARE PROVIDER: YES// <Enter>

MEDICARE DATE OF UPDATE: SEP 28, 2004// <Enter>

Figure 9-3: Adding Medicare number

4. At the “Want to Edit Medicare Information?” prompt, type **Y** or **N**.
  - a. If you type **Y**, type the corresponding number to the item you want to change at the “Which Item?” prompt. You are prompted to edit the fields, as shown in Figure 9-4.
  - b. If you type **N**, press Enter at the “Medicare Provider” and “Medicare Date of Update” prompts.
  - c. If this information was incorrectly entered, you can change it at this time (refer to Steps 5 and 6 in Section 9.2).

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

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

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

Which item: **2** <Enter>

MEDICARE NUMBER: 32S002// <Enter>

MEDICARE SERVICE TYPE: SKILLED NURSING FACILITY// <Enter>

BEGIN TERM DATE: JUN 26,2004// <Enter>

END TERM DATE: JUN 25,2005// <Enter>

MEDICARE PROVIDER: YES// <Enter>

MEDICARE DATE OF UPDATE: SEP 28,2004//

Figure 9-4: Editing Medicare number

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

The procedures you follow when initiating a type of document 43 Hospital Services are the same as outlined in the *Contract Health Management System User Manual* v3.1, Section 4.1, “Initial Document,” but now include Medicare Provider information that has been updated in the Provider/Vendor file.

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

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

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

- **Last Updated:**

The date the Medicare Provider file was updated.

- **Services at Medicare-Like Rates**

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

For example:

<b>Medicare Provider Status Set to: YES</b>				
<b>Last Updated: Oct 01, 2004</b>				
<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 9-5: New initial document fields for type of Document 43 Hospital Services

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

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

1. After you have initiated your document and selected the provider/vendor as outlined in Section 4.1 of the *Contract Health Management System User Manual*, v3.1, the Medicare Provider information described above is displayed.
2. At the “Want to use Medicare-Like Rates?” prompt, type either:
  - **Y**, and go to Step 3
  - **N**, and proceed to create your document as outlined in Section 4.1 of the *Contract Health Management System User Manual*, v3.1.
3. At the “Enter the Number (1-#)” prompt, type the number corresponding to the type of service listed for that provider/vendor.
4. Continue creating your document as outlined, starting at Section 4.1.6, “Description of service,” of the *Contract Health Management System User Manual*, v3.1.

<b>Medicare Provider Status Set to: YES</b>				
<b>Last Updated: Oct 01, 2004</b>				
<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

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

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

Figure 9-6: Selecting a description of service

Once the document is completed, you can view the document indicating the Medicare Number and Type of Service. However, if the “Medicare Provider Status Set To” field displayed anything other than Yes, no Medicare Provider information will be visible.

```

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

Is This Correct ? NO// YES <Enter>

Document # 4-D03-00015 Recorded
```

Figure 9-7: Document with Medicare Provider information

## 9.5 Area CHS Consolidate Data from Facilities Process Update

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

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

When sending the files to NPIRS, the Site Manager must use this IP Address:  
161.223.90.33.

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

**Note:** Files cannot be exported until ACHS\*3.1\*11 is installed and is running.

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

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

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

Select Area Office CHS Data Processing Option:
```

Figure 9-8: Area Office CHS Data Processing menu

To run the updated export process, follow these steps:

1. Access the Area CHS Consolidate Data from Facilities menu and type **ACON** at the prompt.
2. At the “Enter Printer Device for Consolidation Report” prompt, type the name of the device to which you want to print the report.

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

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

KILL'ing work global ^ACHSPCC
KILL'ing work global ^ACHSBCBS
```

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

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

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

3. The system displays a list of the CHS Facility files available for processing (Figure 9-10).
4. At the “Enter Seq # of File to Process” prompt, type the number(s) corresponding to the files you want to export.
  - a. If you select a file with 3.1\*11 in the Version field, go to Step 5.
  - b. If you select a file with “Unknown” in the Version field, an error is displayed, and the area is not allowed to process the file (see Figure 9-11). To resolve this error, the site must install patch 11 and reexport the file.

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

Figure 9-10: 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 9-11: “Unknown” version error

5. The system redisplay the information file information, marking each file to be consolidated with a Y in the Process(ed) Column (Figure 9-12).

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

Files available for CHS Consolidation are listed Below:						
Seq #	File Name	Facility Name	Version	# Rcds	Date Exported	Proc
1	ACHS708210.7	CHEMAWA H CT	Unknown	4096	Jan 07, 2004	
2	ACHS505610.267	DEMO DATABASE	3.1*11	93	Sep 23, 2004	<b>Y</b>
Files Selected Above will Now be Processed - Is This Correct? (Y/N)? N// <b>Y</b> <Enter>						

Figure 9-12: Confirmation of selected files to export

For each facility processed, the system displays related information, as shown in Figure 9-13. This is the information that will be exported to NPIRS.

```

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

Transferring 93 CHS Data Records...
From

10   20   30   40   50   60   70   80   90

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

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

              TOTAL ALL TYPES                    93

      Press RETURN to Process NEXT FILE:
  
```

Figure 9-13: Facility information for exporting files

6. Press the Enter key to process the next file.

After processing all the facility data, the system displays a report on the local terminal and sends it to the selected printer device. See Figure 9-14 for a sample report.

```

                          AREA OFFICE CHS CONSOLIDATION REPORT
                          FOR DEMO HEALTH CENTER
                          Oct 15, 2004

-----
FACILITY FAC-CD |--R E C O R D   T Y P E S--|   TRCD EXP-DATE F-R DATE L-R DATE
-----
              2     3     4     5     6     7
-----
PAWHUSKA 505610                                93  93 09-23-04 09-21-04 09-30-04

      TOTALS                                93  93

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

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

Figure 9-14: Sample Exported File Report

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

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

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

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

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

Figure 9-15: Example of the SPLT Menu Option

9. At the “Enter Return to continue or ‘^’ to exit” prompt, press the Enter key.
10. At the “Effective Transaction Date” prompt, type the processing date. The default is the current date.
- This date is important, because it is the effective transaction date inserted in every DHR record. This is especially important at the end of each month and at the end of the fiscal year. Check with the Area Office Financial Management Branch if you have any questions regarding end-of-month and/or end-of-FY cut-off processing dates.
11. At the “Enter Device # For Summary Report” prompt, type the name of the device to which you want to print.
12. The computer generates a series of messages indicating the various stages in the processing of the Area Office CHS Data Files. Press Enter at the prompts that follow each new processing screen to continue.

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

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

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

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

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

GENERATING DHR RECORDS FOR HAS

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

TOTAL DHR RECORDS GENERATED = 0
```

```

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

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

-----
TOTAL CHS TRANSACTIONS                                0              $0.00

NUMBER OF OUTPUT DHR RECORDS =                          4

NUMBER OF JCL RECORDS =                                8

-----
TOTAL RECORDS TO TRANSMIT =                            12

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

```

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

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

14. At the “Enter Return to continue” prompt, press Enter.

The number of records copied to output media is displayed.

15. Press Enter at the prompt to continue.

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

```

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

NUMBER OF PREVIOUSLY EXPORTED FILES = 1

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

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

Enter RETURN to Continue: <Enter>

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

```

```
100 Total Records Copied to Output Media  
Press RETURN To Continue or Escape to Cancel...: <Enter>  
Do you want to backup CHS files for THIS Export to TAPE? N//
```

Figure 9-17: File Transmission Process (Steps 13–16)

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

## 10.0 Patch 7 Changes

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

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

CHS/MIS Main Menu > MGT > PED > ESIT

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

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

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

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

                UNSPECIFIED TRIBE HEALTH CLINIC

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

Figure 10-1: Contract Health Management System menu, selecting Facility Management (MGT)

The Facility Management options are displayed. For example:

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

PVD      Provider/Vendor Data
PR       Reports ...
PAD      Payment Adjustment
PED      Parameter Edit ...
ALU      Allowance Update
XPOR     Data Export ...
EOBR     Facility EOBR menu ...
```

```
CHEF  C H E F  Management ...
HVP   High Volume Provider Menu ...
RES   Reset the error global ACHSERR
TUPD  Add/Edit CAN, CC, SCC ...
TVR   Test Version Switch
```

Select Facility Management Option:

Figure 10-2: Facility Management options (MGT)

- At the “Select Facility Management Option” prompt, type **PED**.

The system displays the Parameter Edit options. For example,

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

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

Select Parameter Edit Option:

Figure 10-3: Parameter Edit menu (PED)

- At the “Select Parameter Edit Option” prompt, type **ESIT**, to add or edit electronic signature parameters.

The system displays the Add or Edit Electronic Signature Parameters menu. For example:

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

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

Figure 10-4: Adding or editing electronic signature parameters (ESIT)

- At the “LOCATION” prompt, press Enter to accept the default, which should be your facility.

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

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

When only one signature is appropriate for the location, type **NO**. The system will then require only an ordering signature for Block 21 of the PO form.

6. At the “E-SIG FEATURE ACTIVATION DATE” prompt, type the date on which you want to activate the electronic signature capability for your facility.

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

CHS/MIS Main Menu > MGT > PED > EOFF

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

**Note:** There is no limit to the number of users that serve as ordering or authorizing officials.

**Important:** For the electronic signature functionality to work properly, you must set up your electronic signature, including titles, using the RPMS Tool Box option.

To add electronic signature officials, follow these steps:

1. At the “Select Contract Health System Option” prompt, type **MGT** to display the Facility Management options (Figure 10-2).
2. At the “Select Facility Management Option” prompt, type **PED** to display the Parameter Edit options (Figure 10-3).
3. At the “Select Parameter Edit Option” prompt, type **EOFF** to add/edit Electronic Signature officials.

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

4. At the “LOCATION” prompt, press Enter to accept the default Location.  
The name of your facility should appear as the default response. The CHS application allows you to modify only your facility’s electronic signature capabilities.

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

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

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

6. At the “LEVEL OF AUTHORITY” prompt, type the amount of financial authority associated with the specified user.

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

7. At the “ACTIVATION DATE” prompt, type the date on which you want to activate this electronic signature capability.
8. At the “INACTIVATION DATE” prompt, type the date on which this authorization should be removed (the date the specified user is no longer authorized to sign CHS POs).

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

9. At the “ORDERING OFFICIAL” prompt, type **YES** if the individual is authorized to sign as the Ordering Official.
10. At the “AUTHORIZING OFFICIAL” prompt, type **YES** if the individual is authorized to sign as the Authorizing Official.

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

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

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

Add or Edit entries in the CHS E-Sig Authority File for UNSPECIFIED TRIBE HEALTH CLINIC.

Users must have a written Delegation of Authority to sign Contract Health Services Purchase Orders.

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

```
ORDERING OFFICIAL: YES// <Enter>
AUTHORIZING OFFICIAL: YES// <Enter>
Select USERS NAME:
```

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

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

## 10.3 Apply Electronic Signatures

This option allows authorized users to apply electronic signatures to a PO. Depending on the user's authority, individuals can sign as ordering official or authorizing official.

**Important:** One person cannot sign as both ordering official and authorizing official on the same document.

The ordering official's signature must be placed first on the PO. the authorizing official's signature cannot be applied to a PO until the ordering official's signature is applied. If your facility requires only one signature, it must be that of the ordering official.

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

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

### 10.3.1 Apply the Ordering Official Electronic Signature

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

This option allows ordering officials to apply electronic signatures to POs within their authorization level.

#### Applying the Ordering Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 10-1).
2. At the "Select Contract Health System Option" prompt, type **EMNU**.

The system displays the Electronic Signature Authorization menu. For example:

```
CONTRACT HEALTH MGMT SYSTEM, 3.1
```

```

                                UNSPECIFIED TRIBE HEALTH CLINIC
                                Electronic Signature Authorization Menu

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

                                Select Electronic Signature Authorization Menu Option:  SIGO

```

Figure 10-6: Electronic Signature Authorization menu options, selecting Apply Electronic Signature Ordering Official (SIGO)

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

The system displays the Apply Electronic Signature Authorizing Official option.

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

The system verifies your signature and displays purchase orders within your level of authority. For example:

```

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

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

                                OUTPUT BROWSER                      Nov 05, 2003 08:30:04                      Page: 1 of 3
                                DEMO, OFFICIAL                      *** CONTRACT HEALTH MANAGEMENT SYSTEM ***                      Page 1

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

                                ITEM NO. PO No.      Vendor                      Obligation Amt
                                =====
                                1          4-017-00013  OKLAHOMA CITY CLINIC                      575.00
                                CAN-OCC-SCC: J50AB75-4182-252D                      Hospital
                                DEMO,PATIENT

                                2          4-017-00015  CARDIOLOGY CONSULTANTS OF TOPEKA PA600.00
                                CAN-OCC-SCC: J50AB75-4182-252D                      Hospital
                                DEMO,PATIENT

                                Enter ?? for more actions                      >>>

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

```

Figure 10-7: Entering your electronic signature and reviewing POs (Step 4)

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

5. After you have reviewed the POs, type **Q** at the “Select Action” prompt to exit the Output Browser.
6. At the “Do You Want ALL Documents Stamped With Your Electronic Signature” prompt, type:

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

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

7. At the “Select the ITEM NO. that you DO NOT want your Electronic signature applied to” prompt, type the item number(s) associated with POS you *do not* want to sign.

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

8. At the “Are You Done?” prompt, type:
  - **YES** to indicate that you are done signing POs
  - **NO** to continue reviewing and signing POs

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

Figure 10-8: Specifying POs for approval (Steps 6–8)

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

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

```
OUTPUT BROWSER                Nov 05, 2003 08:39:26                Page: 1 of 1  
  
      4 DOCUMENTS APPROVED  
  
Enter ?? for more actions                                >>>  
  
+   NEXT SCREEN           -   PREVIOUS SCREEN           Q   QUIT
```

```
Select Action: +//  Q <Enter>
```

Figure 10-9: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

### 10.3.2 Apply the Authorizing Official Electronic Signature

This option allows authorizing officials to apply electronic signatures to POs within their authorization level. An ordering official must have already signed the PO in order for an authorizing official to be able to sign the PO.

#### Applying the Authorizing Official Electronic Signature

1. Access the Contract Health Management System menu (see Figure 10-1).
2. At the “Select Contract Health System Option” prompt, type **EMNU**.

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

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

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

Select Electronic Signature Authorization Menu Option:  SIGA
```

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

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

The system displays the Apply Electronic Signature Authorizing Official option.

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

The system verifies your signature and displays POs within your level of authority. For example:

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

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

OUTPUT BROWSER                Nov 05, 2003 08:30:04                Page:    1 of  3
DEMO, OFFICIAL                *** CONTRACT HEALTH MANAGEMENT SYSTEM ***                Page    1
                                UNSPECIFIED TRIBE HEALTH CLINIC
```

```

                                Nov 05, 2003@08:30:04
                                Purchase Orders to be Approved

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

Enter ?? for more actions                                >>>

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

Figure 10-11: Entering your electronic signature and reviewing POs (Step 4)

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

5. After you have reviewed the POs, type **Q** at the “Select Action” prompt to exit the Output Browser.
6. At the “Do You Want ALL Documents Stamped With Your Electronic Signature” prompt, type:
  - **YES** to approve all current POs within your authorization level
  - **NO** to indicate that certain POs within your authorization level should not be signed

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

7. At the “Select the ITEM NO. that you DO NOT want your Electronic Signature Applied to” prompt, type the item number(s) associated with POs you *do not* want to sign.

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

8. At the “ARE YOU DONE?” prompt, type
  - **YES** to indicate that you are done signing POs
  - **NO** to continue reviewing and signing POs

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

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

Figure 10-12: Specifying POs for approval (Steps 6–8)

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

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

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

      4 DOCUMENTS APPROVED

Enter ?? for more actions                                     >>>

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

Figure 10-13: Reviewing the total number of documents approved and exiting the Output Browser (Step 9)

## 10.4 Electronic Signature Reports

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

### Creating and Viewing Electronic Signature Reports

1. Access the Contract Health Management System menu (see Figure 10-1).
2. At the “Select Contract Health System Option” prompt, type **MGT** to select Facility Management.

The system displays the Facility Management options (see Figure 10-2).

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

The system displays the Reports menu. For example,

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

DSR    Document Status Report
CER    Expenditure Report
PSR    Document Summary Report
DSRF   Document Status Report By Fiscal Year
ERPT   Electronic Signature Reports ...
```

```
HOSP  Hospital Log
MEDI  Medical Data Reports ...
OPTC  Optional Comments Report
SCCR  Service Class Reports ...
THRD  CHS 3RD Party Payment
VRPT  Vendor Reports ...
```

Select Reports Option:

Figure 10-14: The CHS/MIS Facility Management Reports menu (PR)

4. At the “Select Reports Option” prompt, type **ERPT** to select Electronic Signature Reports.

The system displays the Electronic Signature Reports menu. For example,

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

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

Select Electronic Signature Reports Option:

Figure 10-15: Electronic Signature Reports menu options (ERPT)

#### 10.4.1 Viewing POs Approved by Ordering Official Report (ESAP)

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

1. At the Select Electronic Signature Reports Option, type ESAP. For example:

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

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

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

Figure 10-16: Using the Electronic Signature Reports menu, selecting the Electronic Signature Approved by Ordering Official (ESAP)

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

2. At the “Enter The BEGINNING E\_SIG Date For The E-Signature Approved Report” prompt, type the earliest date for which you want view POs.

3. At the “Enter The ENDING E\_SIG Date For The E-Signature Approved Report” prompt, type the latest date for which you want to view POs.
4. At the “Do you want to” prompt, type:

- **P** to print the report output to a printer
- **B** to display the report output on your computer screen

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

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

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

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

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

Figure 10-17: Entering Electronic Signature Approved by Ordering Official report options (Steps 2–4)

## 10.4.2 Electronic Signature Approved by Ordering Official Report Example

This report includes the

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

When an authorizing official has approved a PO with a signature, the report displays the name of the individual; otherwise, the report displays “Needs Auth. Ofc. Sig.”

When an ordering official has approved a PO, the report displays the name of the individual. POs with no ordering official signature do not appear in this report.

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

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

Figure 10-18: Viewing signed POs

### 10.4.3 Viewing a POs Awaiting Electronic Signature Using the Pending Electronic Signature of Ordering Official Report (ESPD)

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

1. At the Select Electronic Signature Reports Option, type **ESAP**. For example:

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

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

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

Figure 10-19: Using the Electronic Signature Reports menu, selecting the Pending Electronic Signature of ordering official

The system displays the type of output options.

2. At the “Do you want to” prompt, type:

- **P** to print the report output to a printer
- **B** to display the report output on your computer screen

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

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

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

Figure 10-20: Entering Pending Electronic Signature of Order Officials report options

#### 10.4.4 Pending Electronic Signature of Order Officials Report Example

This report includes the:

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

For example:

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

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

Document Number	Provider of Service	Issue Date	Obligation Amt.	Type
4-017-00019	HILLCREST MEDICAL CENTER	110503	175.00	Outpatient
4-017-00020	ADAMS ORTHODONTIC & PED. L	110503	175.00	Outpatient
-----				
Total Documents: 2				

Figure 10-21: Viewing Pending Electronic Signature Report

#### 10.4.5 Example of a Printed PO

The follow example shows a printed PO with both ordering official and authorizing official e-signatures.

Figure 10-22: Viewing a signed and printed PO

## 11.0 Patch 6 Changes

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

### 11.1 Appeal Status Edit (DAE)

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

#### 11.1.1 Editing an Appeal Status

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

```

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

DEMO TRIBE HEALTH CLINIC

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

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

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

DEMO TRIBE HEALTH CLINIC

ADD      Enter New Document(s) ...
CAN      Cancel Document ...
PAR      Parameters ...

```

```
PRT      Print Patient and/or Vendor Letters ...
REP      Reports ...
SUPP     Enter Supplemental Information ...
APP      Denial Appeal Status Menu ...

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

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

                                DAE      Appeal Status Edit
                                DSE      Denial Status Edit

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

Figure 11-1: Editing an appeal (Steps 1–3)

4. At the “Enter the Denial Number or Patient” prompt, type the denial number or patient number.  
The system displays the patient’s information.
5. At the “Is this correct” prompt, press Enter if the patient information is correct.  
The system displays the patient’s CHS denial document information.
6. At the “Enter Number Of Field To Edit or <RETURN> To Accept” prompt, type **10** (Appeal Status).

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

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

You have chosen denial document 000-OANY-3

DEMO,PATIENT
123 S. Main
TULSA OK 74123

Date of service Feb 24, 1997

Is this correct? YES// <Enter>

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

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

1. DATE MED SVC: Feb 20, 1996    2. DATE OF REQUEST: Mar 15, 1996
3. MEDICAL PRIORITY: I
4. VISIT TYPE: OUTPATIENT
5. PRIMARY PROVIDER:          DEMO MEDICAL CENTER HOSPITAL
```

```

6. SECONDARY PROVIDERS: DEMO EMERGENCY PHYSICIANS
                        DEMO ARTS LABORATORY INC
                        DMSA
7. PRIMARY DENIAL REASON: EMER. SVC:NO APRVL W/IN 72 HRS
8. *OTHER RESOURCES: YES                               9. *OTHER IHS RESOURCES: NONE
10. APPEAL STATUS: APPEAL PENDING                    11. *APPEAL TRANSACTION RECORDS:
NONE
12. *CHS OFFICE COMMENTS: NONE
    * - CHOOSE THESE FIELDS TO SEE FURTHER INFORMATION

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

```

Figure 11-2: Editing an appeal (Steps 4–6)

7. At the “Select APPEAL TRANSACTION DATE” prompt, type the date of the appeal transaction.

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

8. At the “APPEAL TRANSACTION STATUS” prompt, type the appeal transaction status. Type two questions marks (??) for a list of available options.

```

                                APPEAL TRANSACTION MENU

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

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

APPEAL TRANSACTION STATUS: REVERSED AFTER APPEAL <Enter>

```

Figure 11-3: Editing an appeal (Steps 7–8)

9. At the “APPEAL LEVEL” prompt, type the appeal level. Type two question marks (??) for a list of available options.
10. At the “APPEAL RESOLVE DATE” prompt, type the date the appeal was resolved.
11. At the “APPEAL COMMENTS” prompt, type any comments relating to the appeal (50-character maximum).

The system displays the updated patient’s CHS denial document information.

```

APPEAL LEVEL: ??

Choose from:
L          LOCAL SITE - SERVICE UNIT OR HEALTH DIRECTOR

```

```

      A      AREA OFFICE
      H      IHS HEADQUARTERS
      S      TRIBAL PROGRAMS (SECOND LEVEL)
      F      TRIBAL PROGRAMS (FINAL)
APPEAL LEVEL: A <Enter> AREA OFFICE
APPEAL RESOLVE DATE: APRIL 3 1997 <Enter> (APR 03, 1997)
APPEAL COMMENTS: WE HAVE REVERSED OUR DECISION <Enter>
CHS DENIAL DISPLAY      PATIENT: DEMO,PATIENT      CHART#: NONE

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

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

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

```

Figure 11-4: Editing an appeal (Steps 9–11)

## 11.2 Denial Status Edit (DSE)

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

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

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

### 11.2.1 Editing a Denial Status

1. At the “Select Denial Appeal Status Menu Option” prompt, type **DSE**.
2. At the “Enter the DENIAL NUMBER or PATIENT” prompt, type the denial number or patient number.  
  
The system displays the patient’s information.
3. At the “Is this correct” prompt, press Enter if the patient information is correct.  
  
The system displays the patient’s CHS denial document information and the status of the appeal.

```

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

    DAE      Appeal Status Edit
    DSE      Denial Status Edit

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

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

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

You have chosen denial document 000-OANY-2

JONES, DEMO
BOX 1234
UNSPECIFIED OK 74027

Date of service Feb 24, 1997

Is this correct? YES// <Enter>

THE STATUS OF THIS DENIAL IS ACTIVE
```

Figure 11-5: Editing a denial status (Steps 1–3)

4. At the “DO YOU WANT TO EDIT THE DENIAL STATUS?” prompt, type **YES**.
5. At the “Cancel, Reverse or Activate this denial?” prompt, type one of the following:
  - **C** to Cancel
  - **R** to Reverse
  - **A** to Activate
6. At the “Are You Sure You Want To (*your selection*) This Denial?” prompt, type **YES** to confirm your selection.

The system confirms that your selection.
7. At the “CHS OFFICE COMMENTS” prompt, type any comments. When you are done, press the Escape (Esc) key to exit.
8. At the “EDIT Option” prompt, press Enter to continue.
9. At the “DO YOU WANT TO EDIT THE APPEAL STATUS?” prompt, press Enter.

Refer to Section 11.1 to edit an appeal status.
10. At the “Enter the Denial Number or Patient” prompt, either:

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

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

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

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

The status change will be recorded

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

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

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

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

Figure 11-6: Editing a denial status (Steps 4–10)

## 11.3 Send Approval Message to FI (FIM)

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

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

### 11.3.1 Sending an Approval Message

1. At the “Select Contract Health System Option” prompt, type DOC.
2. At the “Select Document Generation Option” prompt, type FIM.

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

DEMO TRIBE HEALTH CLINIC

DOC    Document Generation ...
PAY    Pay/Edit Documents ...
PRT    Document Printing ...
```

```

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

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

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

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

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

```

Figure 11-7: Sending an approval message (Steps 1–2)

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

The system displays the document information.

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

```

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

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

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

```

Figure 11-8: Sending an approval message (Steps 3–4)

- At the “CHS-FI Messages” prompt, type your message. Type two question marks (??) for a list of available options.

The system then redisplay the document with the added approval message.

- At the “Do you want to send a EPO approval message to the FI?” prompt, either:
  - Type another message
  - Type **NO** to exit this option

```

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

DOCUMENT: 0-00003          PATIENT NAME: DEMO,PATIENT

```

DATE OF SERVICE: NOV 08, 1999	APPROVAL MESSAGE(S) TO FI: 1. Sterilization
Do you want to send a EPO approval message to the FI? YES// <b>NO</b> <Enter>	

Figure 11-9: Sending an approval message (Steps 5–6)

## 12.0 Patch 5 Changes

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

### 12.1 X12 Transaction 278 Processing Option

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

#### 12.1.1 Sending a 278 Transaction Manually

To send a 278 transaction manually, follow these steps:

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

```

                                CONTRACT HEALTH MGMT SYSTEM
                                DEMO HOSP
                                X12 Transaction 278 Processing

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

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

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

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

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

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

Figure 12-1: Example of sending an X12 Transaction 278 manually

## Appendix A: CMS Provider Listings

The Centers for Medicare and Medicaid Services (CMS) Provider Listing is updated quarterly, semiannually, or at the discretion of CMS. The information available in this listing includes facility name, address, Medicare number, available services, and certification date.

The current CMS Provider Listing is available at the Indian Health Service (IHS) Web site in PDF format.

To download either listing, follow these steps:

1. In your Web browser, go to the IHS Web site: <http://www.ihs.gov>
2. Locate Information Technology (IT), and click the Go to Information Technology link.
3. Under Health IT Applications, click the Resource and Patient Management System (RPMS) link.
4. In the left panel, click Other RPMS Related Documents link.
5. Click **CMS Medicare Provider Listing**.

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

## Appendix B: New Record Type 7 Layouts

Contract Health Service (CHS) Outpatient Transaction  
New Record Layout as of 10/01/2004

### B.1 CHSSTAT Outpatient

One CHSSTAT record is composed of 9 fixed-length (80-character) records. New fields are shown in italics.

#### Record 1

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

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

## Record 2

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

## Record 3

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

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

#### Record 4

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

### Record 5

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

### Record 6

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

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

### Record 7

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

### Record 8

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

### Record 9

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

### Contract Health Services Outpatient Transaction

New Record Layout as of 10/01/2004

## B.2 CHSSTAT Inpatient

One CHSSTAT record is composed of 14 fixed-length (80-character) records. New fields are shown in italic type.

### Record 1

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

## Record 2

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

## Record 3

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

Field	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

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

### Record 5

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

### Record 6

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

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

### Record 7

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

### Record 8

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

### Record 9

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

### Record 10

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

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

### Record 11

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

### Record 12

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

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

### Record 13

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

### Record 14

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

Contract Health Services Outpatient Transaction

New Record Layout as of 10/01/2004

## B.3 CHSSTAT Dental

One CHSSTAT Dental visit record is composed of 4 fixed-length (80-character) records. New fields are shown in italic.

### Record 1

Field	Position	Length	Description of Data Item
<i>RECORD NUMBER</i>	<i>1–2</i>	<i>2</i>	<i>'7A'</i> <i>NPIRS: not stored.</i>
<i>RECORD CODE</i>	<i>3–4</i>	<i>2</i>	<i>'25'</i> <i>NPIRS: not used.</i>

AUTHORIZING FACILITY	5–10	6	Authorizing Facility Code, Valid Per Standard Code Book.
VENDOR'S EIN	11–19	9	Provider's Identification Number (Dentist SSN)
SEX	20	1	Patient's Gender Code M=Male, F = Female
DATE OF BIRTH	21–28	8	Patient's Date Of Birth - CCYYMMDD
SOCIAL SECURITY NUMBER	29–37	9	Patient's Social Security Number
ADA CODE 1	38–41	4	ADA Procedure Code
ADA CODE2	42–45	4	ADA Procedure Code
ADA CODE 3	46–49	4	ADA Procedure Code
ADA CODE 4	50–53	4	ADA Procedure Code
ADA CODE 5	54–57	4	ADA Procedure Code
ADA CODE 6	58–61	4	ADA Procedure Code
ADA CODE 7	62–65	4	ADA Procedure Code
ADA CODE 8	66–69	4	ADA Procedure Code
ADA CODE 9	70–73	4	ADA Procedure Code
ADA CODE 10	74–77	4	ADA Procedure Code
ADA CODE 11	78–80	3	ADA Procedure Code (First three characters)

## Record 2

Field	Position	Length	Description of Data Item
RECORD NUMBER	1–2	2	'7B'
ADA CODE 11	3	1	ADA Procedure Code (Last character)
ADA CODE 12	4–7	4	ADA Procedure Code
ADA CODE 13	8–11	4	ADA Procedure Code
ADA CODE 14	12–15	4	ADA Procedure Code
ADA CODE 15	16–19	4	ADA Procedure Code
FEE	20–26	7	Total Amount Charged. Numeric \$99999 AND 99 CENTS (DDDDCC)
DATE OF SERVICE	27–34	8	Date of Service - CCYYMMDD
FILLER	35–52	18	Blanks.
AUTHORIZATION NUMBER	53–59	7	CHS Document Authorization Number. First two and last five digits taken out of the CHS Purchase Order Number.
PATIENT HEALTH RECORD NUMBER	60–65	6	Patient's Chart Number
PAYMENT DESTINATION	66	1	Document Payment Destination (I=IHS)
AGE	67–68	2	Patient's age at the time of visit.
ADA UNITS 1	69–72	4	Corresponding Number of Units for ADA CODE 1
ADA UNITS 2	73–76	4	Corresponding Number of Units for ADA CODE 2
ADA UNITS 3	77–80	4	Corresponding Number of Units for ADA CODE 3

### Record 3

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

### Record 4

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

## Appendix C: GAO Layout

### C.1 Information on File

1. If denial or deferred service document has been cancelled, they will not be sent in this file.
2. Reasons for Deferral will be Unmet Need
3. Decision for all Deferred cases will be Deferred
4. Decision for all Denied cases will be Denied or Reversed based on the status field.
5. The file will be named chsgaoASUFAC.txt
6. The file will be created in the export directory defined in the Resource and Patient Management System (RPMS) Site file
7. The file will be sent to the Area Office if defined in the RPMS Site file
8. The issue date was added because if item was sent to the site to perform a look up for additional information, they would not be able to determine which denial it was.

### C.2 Record Layout

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

- 1A= Issue Date–When it was entered in the system
  - Patient Identification- If not in system will be ASUFAC\_Xnnnnn
  - Referral Initiation Date
  - Managed Care Decision Date
  - Final Pay Date
  - CHS Priority
  - Vendor Type – Primary Provider only
  - Estimated Amount-total for all providers
  - Primary Denial Reason
  - Decision: Reversed-Denied or Deferred

- 1B= Service Type
  - TYPE OF SERVICE
  - SUB CATEGORY
  - DRG..... (could be multiple, separated by a caret (^))
- 1C= CPT..... (could be multiple, separated by a caret (^))
- 1Dx= APPEALS (could be multiple lines, each line will have the appeal status and comment)
  - COMMENTS
- 1Ex= Other Comments (could be multiple lines)

### C.3 Request from GAO

(2) Records of all deferred and denied CHS services in your Area for FY 2007 through FY 2009, by service unit. Specifically, we would like a report from the Resource Patient Management System (RPMS) that would capture for each individual CHS service that was deferred or denied the following data elements:

- a. Patient ID number
- b. Date of referral
- c. Date that request was deferred or denied by the CHS committee
- d. Processing date for claims for payment that were denied
- e. CHS Priority level
- f. Description of service (including any DRG or procedure codes used)
- g. Provider type (for the service requested)
- h. Estimated cost
- i. Decision (i.e. whether deferred or denied, and any appeals)
- j. Reason for deferral or denial
- k. Any additional notes or free text fields used to indicate reasons for deferral or denial or updates on the decision.

If possible, we would like to receive the data requested in electronic format, for example as an MS Excel, MS Access, text, or CSV file. We would also like an accompanying explanation of the file layout that identifies the variables included. If you have any

## Contact Information

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

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

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

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

**E-mail:** [support@ihs.gov](mailto:support@ihs.gov)