



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Contract Health Services Management Information System**

(ACHS)

## **Addendum to User Manual**

Version 3.1 Patch 22  
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Office of Information Technology  
Division of Information Technology  
Albuquerque, New Mexico

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## 1.0 Introduction

Review these changes and add a copy of them to any printed documentation your site is using for CHS v3.1. These changes will be integrated into future versions of the software and user manuals. These changes will no longer be considered an addendum at the time of the next version release.

### 1.1 Summary of Changes

Patch 22 includes these changes:

- Fix for incorrect International Classification of Diseases (ICD)-9 codes from Explanation of Bill Review (EOBR) import (see Section 2.1).
- Facility EOBR menu change (see Section 2.2).
- Printing of denial letters for Non-Vendors (see Section 2.3).

## 2.0 Patch 22 Changes

### 2.1 Fix for Incorrect ICD-9 Codes from EOBR Import

This section describes the process to correct an issue with 3-digit ICD-9 codes erroneously imported into Contract Health Services Management Information System (CHSMIS). The issue affects sites that utilize Blue Cross Blue Shield Fiscal Intermediary (FI) to manage payments. For example, the ICD-9 code of 486 (Pneumonia) was converted to the IEN 486 which is 201.07 (Hodgkin's paragranuloma, spleen).

To correct these errors, a one-time ICD EOBR file must be imported into CHSMIS. We recommend the Area Contract Health Service Officer (CHSO) help coordinate the request of the ICD EOBR file for each site in their Area that is utilizing the FI. The file contains corrections that affect the Purchase Order (PO) from August 2011 to the present. The ICD EOBR file can be distinguished from other EOBR files by the file name, which will contain ICD.

Once the ICD EOBR file has been received, process it as a normal EOBR file through the Area level and then the facility/service unit level. After completing the import process of the ICD EOBR file, a new ICD9 UPDATE REPORT can be used to work through the list of affected PO documents. Validate the PO document list using the EOBR report on the FI website.

#### 2.1.1 Import ICD EOBR File – Area Office

Follow these steps to import the ICD EOBR file:

1. Use the **MGT - EOBR - EOBI** option to begin the process. This option performs two functions:
  - Organizes EOBR files by facility and places them in the directory specified by the EXPORT PATH-FAC EOBR FILES field of the CHS AREA OFFICE PARAMETERS file.
  - Writes processed files to an archive directory specified by the EOBR ARCHIVE DIRECTORY field of the CHS AREA OFFICE PARAMETERS file.
2. The file are identified by the sequence number being listed as ICD. Choose the number according to the sequence number with ICD.

```
CONTRACT HEALTH MGMT SYSTEM
VERSION: 3.1 PATCH 22
2013 DEMO HOSPITAL
Area CHS Process FI EOBR File and tx to Facilities
```

```

Your PRINT EOBR parameter is: N.

The '^ACHSEOBR(' work global is about to be killed.

Are you sure previously processed EOBRs were sent to your facilities
via the EOBR OUT Area option?
Enter Yes or No: N// y YES

      Select one of the following:

          N    NO REPORT
          S    SUMMARY REPORT - Total # of EOBR's by Facility
          D    DETAILED REPORT - Listing of each EOBR plus Summary Report

*****
                ***  SELECT EOBR FILE FOR PROCESSING  ***
                LAST AREA OFFICE SEQUENCE NUMBER = 680
                FI/EOBR Files Archive Directory = '/usr5/eobr.archive/'.
*****

NUMBER   FILE NAME                FI PROCESS DATE   # RCDS   SEQ #
-----   -----
          1   bcbseob.001.033333333   Feb 21, 2014    29,387   ICD

Enter NUMBER of EOBR FILE From Above List to Process:  (1-1): 1

BUILDING CHS EOBR MESSAGE FILE...
    
```

### 2.1.2 Run the EOBR Import – Facility

The next step is to run the facility EOBR process and select the file with the extension of ICD. Use the **CHS Menu > MGT > EOBR > EOBR** option to process the EOBR file.

```

                          Process Facility EOBR Data

Files Available for Processing are Listed Below:
                                  Last Fac Seq # Processed =    49

      Number   File Name                EOBR Proc Date   Fac Seq #
      -----   -----
          1   EB000415.ICD                Apr 15, 2014     50
          2   EB000415.561                Apr 11, 2014     49
          3   EB000415.528                Feb 19, 2014     48

Enter the Number of the Facility EOBR File you want to Process:  (1-13): 1
    
```

### 2.1.3 Run the ICDR Report after Import – Facility

A new ICD-9 update report option displays the documents with potential ICD-9 code errors. The report lists POs that match the 3-digit ICD-9 code in error and when a new code is applied; otherwise it shows no code selected.

Once the EOBR file is processed, run the ICD9 Update Report:

1. Use the **MGT > PR > ICDR** menu option.

```

CONTRACT HEALTH MGMT SYSTEM
2013 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
ELG CHS Eligible Patients by CHSDA
ERPT Electronic Signature Reports ...
GPRA GPRA Report-DOS vs Issue Date
HOSP Hospital Log
ICDR ICD9 UPDATE REPORT
MEDI Medical Data Reports ...
OPTC Optional Comments Report
SCCR Service Class Reports ...
THRD CHS 3RD Party Payment
VRPT Vendor Reports ...

```

2. Select **P** to print the report to a local printer or save it to the local pub directory on your local server. This example shows saving the file to the directory **C:\PUB\ICD9ERRORS**. The exact directory path and name may be different on your system:

```

DEVICE: HOME// HFS HOST FILE SERVER
HOST FILE NAME: C:\PUB\ICD9ERRORS

```

Or, select **B** to view the report on the screen.

```

CONTRACT HEALTH MGMT SYSM
VERSION: 3.1 PATCH 22
2013 DEMO HOSPITAL
ICD9 UPDATE REPORT

REPORT FOR DOCUMENTS WITH ICD CODE ERRORS

Select one of the following:

P PRINT Output
B BROWSE Output on Screen

Do you want to : PRINT//

```

3. The report lists the POs with the updated ICD-9 codes. If a code was not updated when the EOBR process was done, “No Code Selected” displays.

```

VALENCIA,TINA                                     Page 1
*** CONTRACT HEALTH MANAGEMENT SYSTEM ***

                2013 DEMO HOSPITAL
                ICD POTENTIAL ERROR REPORT
                Jul 25, 2014@16:32:30

Patient Name      Provider of Service      Issue
Document number  DX CODE                      NEW DX CODE
=====
RCIS,PATIENT ONE  BILTMORE CARDIOLOGY, PLLC  062410
0-H01-01916      197.8                      311.

RCIS,PATIENT TWO  ARIZONA HEART HOSPITAL     070610
0-H01-02019      201.21                     No Code Selected

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

### 2.1.4 Validate and Correct PO Documents – Facility

- Using the list provided by the ICDR report, check the individual PO documents by reviewing the EOBR report at the FI website and comparing it to the PO in the system using the DOCD--Captioned Display of P.O. Document Data option.

```

ORDER NUMBER: 02019                                ORDER DATE: JUL 06, 2010
TYPE OF SERVICE: 43 (HOSPITAL SERVICE)
OBJECT CLASSIFICATION: 25.2G      PROVIDER (VENDOR): ARIZONA HEART HOSPITAL
TOTAL AMOUNT OBLIGATED: 1100      OBJECT CLASS CODE: 3
DOCUMENT DESTINATION: FISCAL AGENT  CHS CLERK: DEMO,KATHLEEN
PATIENT FACILITY: 2013 DEMO HOSPITAL  CHART NUMBER: 029601
E-SIG ORDERING OFFICIAL: VALENCIA,TINA
E-SIG ORDERING OFFICIAL DATE: JUL 06, 2010
VISIT: JUL 01, 2010@12:00          V CHS: 2013 DEMO HOSPITAL
CONTRACT TYPE: Task Order           AUTH BEGINNING DATE: JUL 01, 2010
IHS REFERRAL MEDICAL PRIORITY: I - EMERGENT/ACUTELY URGENT CARE
DISCHARGE TYPE: REGULAR DISCHARGE

ICD DIAGNOSIS CODE: 786.50          EOBR TRANSACTION: 2
ICD DIAGNOSIS CODE: 411.1           EOBR TRANSACTION: 2
ICD DIAGNOSIS CODE: 201.21         EOBR TRANSACTION: 2
ICD DIAGNOSIS CODE: 414.01         EOBR TRANSACTION: 2
ICD DIAGNOSIS CODE: 194.5          EOBR TRANSACTION: 2
    
```

- If the ICD-9 code needs to be changed, use the **CHS > PAY > MED** (Enter/Edit EOBR Medical Data) menu option to update the PO.
- Delete the existing ICD-9 code and then apply the correct ICD-9 code according to the findings from the FI EOBR report on the FI website. For example, when editing the ICD-9 code 194.5, replace it with 311.

```

DRG:
ADMISSION DATE:
DISCHARGE DATE:
DISCHARGE TYPE: 1//  REGULAR DISCHARGE
Select ICD DIAGNOSIS CODE: 194.5// ??

  Choose from:
  1          786.50
  2          411.1
  3          201.21
  4          414.01
  5          194.5

Select ICD DIAGNOSIS CODE: 194.5// @
  SURE YOU WANT TO DELETE THE ENTIRE ICD DIAGNOSIS CODE? Y  (Yes)
Select ICD DIAGNOSIS CODE: 414.01// 311.

One match found

  311.          DEPRESSIVE DISORDER NEC

OK?  Yes//

```

**Note:** The existing documents on the ICD-9 Update Report remain in the report so you can review the documents.

## 2.2 Facility EOBR Menu Change

The default print EOBR parameter is N for No.

Use the **CHS > MGT > EOBR > EOBR** menu option to process facility EOBR data.

```

CONTRACT HEALTH MGMT SYSM
VERSION: 3.1 PATCH 22
2013 DEMO HOSPITAL
Process Facility EOBR Data

Your PRINT EOBR parameter is: N.

Your UPDATE DOCUMENT FROM EOBR parameter is : Y.

SELECT PRINTER FOR PROCESSING REPORT AND EOBR'S:HOME//

```

## 2.3 Create and Print Denial Letters for Non-Vendors

A fix was made to allow users to print denial letters for multiple vendors that are not listed in the Vendor file.

### 2.3.1 Create a New Denial Letter

Use the **CHS > DEN > DEN > ADD** menu option to enter a new denial under the **Enter New Denial** option:

1. Is the patient REGISTERED IN THIS COMPUTER?
  - If **No**, add patient's name and demographic information.
  - If **Yes**, follow the next prompt.
2. Select **RCIS REFERRAL** by Patient or by Referral Date or #.
3. Select **UNMET NEED TYPE**.
4. Enter **DATE OF MEDICAL SERVICE**.
5. Enter **DATE REQUEST RECEIVED**.
6. Enter **SEND LETTER TO PATIENT?**
7. Is this provider in the vendor file?? Select **NO** to add vendor not within vendor file.

```

CHOOSE 1-22: 17 7-23-2014 2321011400203A1 SMITH JR MD,MARSHALL L
                                07/25/14 E - 0 Diabetes mellitus type 2

PATIENT FIVE RCIS
8734 ACOMA MESA
ACOMA NM 88111

UNMET NEED TYPE: NOT AN UNMET NEED// NOT AN UNMET NEED

DATE OF MEDICAL SERVICE: JUL 25,2014// (JUL 25, 2014)

DATE REQUEST RECEIVED: T (AUG 01, 2014)

SEND LETTER TO PATIENT?: YES// YES

PRIMARY PROVIDER (ON-FILE): SMITH JR MD,MARSHALL L// DUNS....:
                                EIN.....: 1331125527 SUFFIX: 00
                                MAIL TO.: 3655 CROSSINGS DR, PRESCOTT
                                REMIT TO: 3655 CROSSING DR, PRESCOTT
                                REMIT TO-CITY..: PRESCOTT

EST. CHARGE (PRIM. PROV.): 200
ACTUAL CHARGES (PRIM. PROV.): 200

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

Is this provider in the vendor file?? YES// NO

Select OTHER PROVIDER (NOT ON-FILE): ST VINCENTS HOSPITAL

```

```

MAILING ADDRESS-STREET: 1124 MONTGOMERY NE
MAILING ADDRESS-CITY: ALBUQUERQUE
MAILING ADDRESS-STATE: NM NEW MEXICO      NM
MAILING ADDRESS-ZIP: 87109
EST. CHARGES (THIS PROVIDER): 300
ACTUAL CHARGES (THIS PROVIDER): 300
Select OTHER PROVIDER (NOT ON-FILE): ST JUDYS MEDICAL CENTER
MAILING ADDRESS-STREET: 4444 SAN MATEO NE
MAILING ADDRESS-CITY: ALBUQUERQUE
MAILING ADDRESS-STATE: NM NEW MEXICO      NM
MAILING ADDRESS-ZIP: 87110
EST. CHARGES (THIS PROVIDER): 350.00
ACTUAL CHARGES (THIS PROVIDER): 350.00
Select OTHER PROVIDER (NOT ON-FILE):

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

```

### 2.3.2 Print Denial Letters and Fact Sheets

Use the **CHS > DEN > DEN > DENL > DEN** menu option to print denial letters and fact sheets. Under the Print Denial Letters and Fact Sheets option:

1. Select one of the options:
  - a. Print individual letters & fact sheet.
  - b. Print range by Issue Date.
2. Enter a DENIAL NUMBER or PATIENT name.
3. At the “Print For Specific Vendor?” prompt, type (Y)es or (N)o.
4. At the “How many LETTERS for the patient?” prompt, type a number from 0 (zero) to 10.
5. At the “How many LETTERS for EACH vendor?” prompt, type a number from 0 (zero) to 10.

```

CONTRACT HEALTH MGMT SYSTEM
VERSION: 3.1 PATCH 22
2013 DEMO HOSPITAL
Print Denial Letters and Fact Sheets

1) Print individual letters & fact sheet
2) Print range by Issue Date

Select: (1-2): 1//

Enter the DENIAL NUMBER or PATIENT:144-HHQ2-5 ISS:07/29/2014 SRV:07/29/2014

You have chosen denial document 144-HHQ2-5

RCIS,PATIENT ONE
1112 FREMONT RD
SANTA FE NM 99123

```

Date of service Jul 29, 2014  
Is this correct? YES//  
Print For Specific Vendor? NO//  
How many LETTERS for the patient? : (0-10): 1//  
**How many LETTERS for EACH vendor? : (0-10): 1//**

**Example letter:**

Jul 28, 2014  
ST VINCENTS HOSPITAL  
1124 MONTGOMERY NE  
ALBUQUERQUE NM 87109

The following letter was sent to the patient for denial of service:

Document number: 144-HHQ2-5

TO: PATIENT FIVE RCIS  
8734 ACOMA MESA  
ACOMA, NM 88111

Re: Patient: PATIENT FIVE RCIS                      CHART: 999006 2013 DEMO HOSPITAL  
Contract Health Services request for services on Jul 29, 2014.  
Date request received: Jul 29, 2014  
Provider of services: SMITH JR MD, MARSHALL L  
Amount Denied:            \$200.00 (ACT.)  
Provider of services: ST VINCENTS HOSPITAL  
Amount Denied:            \$300.00 (ACT.)  
Provider of services: ST JUDYS MEDICAL CENTER  
Amount Denied:            \$350.00 (ACT.)  
Total amount of services denied : \$850.00

Dear PATIENT FIVE RCIS,

We have been requested to authorize payment for medical services received from the above provider(s). Please understand that after careful review of the Contract Health Service rules and regulations, we must advise you the 2013 DEMO HOSPITAL will not authorize payment for the following reason(s):

Alternate Resource Available

Alternate Resource Available [Per 42 Code of Federal Regulations (CFR)136.61 (b)(1)]

Based on our screening process, there is a possibility that you may be eligible for: State Medicaid and Medicare (Part A, Part B, Part D).

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, BENEFIT COORDINATOR, is available to help you apply, and may be reached at.

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 this letter to:

DIRECTOR,CHS  
100 STREET  
ALBUQUERQUE, NM 87111  
5056669999

If you do not have additional information, you may appeal in writing, within 30 days of receipt of this letter:

DIRECTOR,AREA  
100 STREET ST  
ALBUQUERQUE, NM 87111  
5056669999

Sincerely,

DIRECTOR,CHS  
100 STREET  
ALBUQUERQUE, NM 87111  
5056669999

## Acronym List

<b>CHS</b>	Contract Health Services
<b>CHSMIS</b>	Contract Health Services Management Information System
<b>CHSO</b>	Contract Health Service Officer
<b>EOBR</b>	Explanation of Bill Review
<b>FI</b>	Fiscal Intermediary
<b>ICD</b>	International Classification of Diseases
<b>IHS</b>	Indian Health Service
<b>PO</b>	Purchase Order

## Contact Information

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