

2013 CHEF PROCESSING GUIDE



CHEF CASE PROCESSING BY Facilities NOT USING RPMS -
_____ (FACILITY NAME)

DOCUMENTS TO BE PROVIDED WHEN SUBMITTING CHEF CASES TO AREA OFFICE:

1. ORIGINAL COMPLETED AND SIGNED CHEF REIMBURSEMENT FORM.
2. COPY OF PROVIDER'S ITEMIZED BILLING STATEMENTS – 1500 AND/OR UB'S.
3. COPY OF DISBURSED CHECK (s).
4. COPY OF EXPLANATION OF BENEFITS (EOBs) FROM ALTERNATE RESOURCES.
5. CERTIFICATION STATING: (IF USING MANUAL CHEF FORM – INDICATE IN REMARKS AREA)
"I HEREBY CERTIFY THAT PATIENT IS NOT ELIGIBLE FOR ANY ALTERNATE RESOURCES
DUE TO (STATE REASON HERE)

"I HEREBY CERTIFY THAT THE COST OF MEDICAL CARE WAS AT A REDUCED NEGOTIATED
RATE AND/OR BELOW AND/OR EQUAL TO MEDICARE LIKE RATES, IF NO (STATE REASON
HERE)

6. ATTACH COPIES OF UR/MANAGED CARE NOTES TO CASE PRIOR TO SUBMISSION.
7. ATTACH A CALCULATOR TAPE TO VERIFY AMOUNTS SUBMITTED MINUS THRESHOLD
AMOUNT OR ADJUSTMENTS (AMENDMENTS) BEING SUBMITTED.
8. ATTACHED COPIES OF DISCHARGE SUMMARIES OR ER/MEDICAL NOTES RELATED TO THE
CHEF EPISODE OF CARE.

SIGNATURE/TITLE

DATE

CHEF PROCESSING CHECK LIST

- Brief cover memo with CHEF transmittal log which explains what is submitted.
- CHEF form - complete and accurate.
- Must include discharge summary(ies) for inpatient cases which exceed \$75K or progress notes for outpatient chronic cases (ESRD/Cancer).
- CHSMIS Document Summary which lists all purchase orders for the CHEF case. (known as VP listing)
- Calculator tape showing how the tallies were determined on the CHEF case – taped to back of CHEF form; if not using RPMS.
- Patient Registration face sheet or other document verifying alternate resource verification.



SAMPLE 2 - CHEF Reimbursement Form: INITIAL SUBMISSION 100%

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST					
1. AREA NAVAJO		2. ORDERING FACILITY Dine INDIAN HOSPITAL		3. CHEF NUMBER 12-NV - 001	
4. PATIENT NAME XXXXXXXXXXXXXXXXXXXX		5. DATE OF BIRTH Apr 10, 194x		6. SEX M/F M	
7. TRIBE: 084 -Navajo		8. EPISODE OF CARE: Dec 03, 2007 TO Dec 21, 2007			
9. DX, ICD-9 CM, OR, DRG# 808.0 multiple trauma		10. CAT. CODE 17.0	11. TRAUMA CD A	12. MEDICAL PRIORITY I	
Type of Coverage ----- No Known Medicare Coverage		Policy # ----- 5xx293190		Cov. Type EligDt TermDt ----- 101302 033106	
NAV NAT EMP BENF PLAN-IND		5xx293190		PPO 100107	
NAV NAT EMP BENF PLAN-IND		5xx293190		PPO 100107	
13. PROVIDER	14. DOS	15. P.O.#	16. OBL	17. PAID	18 DATED PD
*UNIVERSITY PHYSI	Dec 03, 2007	8-Nxx-00507	200.00	8.34	Feb 05, 2008
*UNIVERSITY MEDIC	Dec 14, 2007	8-Nxx-00858	8,500.00	34,071.82	Jan 15, 2007
*UNIVERSITY PHYSI		8-Nxx-00859	3,500.00	3,500.00	Mar 01, 2007
19. SUB-TOTALS			12,200.00	37,580.16	
20. TOTAL IHS COSTS.....				37,580.16	
21. LESS THRESHOLD.....				-25,000.00	
22. NET ELIGIBLE FROM FUND.....				12,580.16	
22.a Percent of Line 22 to be reimbursed.....				12,580.16	
23. Less Advances to Date.....					
24. LESS Amendments Pending Payment.....					
25. TOTAL REQUESTED AMOUNT.....				12,580.16	
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			
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					

NOTE:

- In block #3 – mark out the SU CHEF number - Area Office will provide Area CHEF number
- In block#7 – make sure you indicate narrative for tribal code, makes data entry in HQ easier.
- In block #9 – DX – please indicate the primary ICD only with the ICD code (one code); if its DRG code still need narrative for the primary code.
- In block#22a – calculated amount is based on 100% of line 22 due to all POs paid in block #13.
- All supporting documents must be attached, i.e., Pat Reg facesheet, discharge summaries if over \$75K, CHEF screening sheets, CHSMIS PO displays/listing and calculator tape tally of all costs included.

SAMPLE 1 - CHEF Reimbursement Form: INITIAL SUBMISSION 50%

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST						
1. AREA NAVAJO		2. ORDERING FACILITY Dine INDIAN HOSPITAL		3. CHEF NUMBER 12-NV - 001		
4. PATIENT NAME XXXXXXXXXXXXXXXXXXXX		5. DATE OF BIRTH Apr 10, 194x		6. SEX M/F M		
7. TRIBE: 084 -Navajo		8. EPISODE OF CARE: Dec 03, 2007 TO Dec 21, 2007				
9. DX, ICD-9 CM, OR, DRG# 808.0 multiple trauma		10. CAT. CODE 17.0	11. TRAUMA CD A	12. MEDICAL PRIORITY I		
Type of Coverage ----- No Known Medicare Coverage		Policy # ----- 5xx293190		Cov. Type EligDt TermDt ----- 101302 033106		
NAV NAT EMP BENF PLAN-IND		5xx293190		PPO 100107		
NAV NAT EMP BENF PLAN-IND		5xx293190		PPO 100107		
13. PROVIDER		14. DOS	15. P.O.#	16. OBL	17. PAID	18 DATED PD
*UNIVERSITY PHYSI		Dec 03, 2007	8-Nxx-00507	200.00	8.34	Feb 05, 2008
*UNIVERSITY MEDIC		Dec 14, 2007	8-Nxx-00858	8,500.00	34,071.82	Jan 15, 2007
*UNIVERSITY PHYSI			8-Nxx-00859	3,500.00		
19. SUB-TOTALS				12,200.00	34,080.16	
20. TOTAL IHS COSTS.....					37,580.16	
21. LESS THRESHOLD.....					-25,000.00	
22. NET ELIGIBLE FROM FUND.....					12,580.16	
22.a Percent of Line 22 to be reimbursed.....					6,290.08	
23. Less Advances to Date.....						
24. LESS Amendments Pending Payment.....						
25. TOTAL REQUESTED AMOUNT.....					6,290.08	
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				
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						

NOTE:

- In block #3 – mark out the SU CHEF number - Area Office will provide Area CHEF number
- In block#7 – make sure you indicate narrative for tribal code, makes data entry in HQ easier.
- In block #9 – DX – please indicate the primary ICD only with the ICD code (one code); if its DRG code still need narrative for the primary code.
- In block#22a – calculated amount is based on 50% of line 22 because of one PO not paid.
- All supporting documents must be attached, i.e., Pat Reg facesheet, discharge summaries if over \$75K, CHEF screening sheets, CHSMIS PO displays/listing and calculator tape tally of all costs included.

SAMPLE 3 - CHEF Reimbursement Form: INITIAL (using split year to meet threshold)

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST					
1. AREA NAVAJO		2. ORDERING FACILITY Dine INDIAN HOSPITAL		3. CHEF NUMBER 12-NV - 001	
4. PATIENT NAME XXXXXXXXXXXXXXXXXXXX		5. DATE OF BIRTH Apr 10, 194x		6. SEX M/F M	
7. TRIBE: 084 -Navajo		8. EPISODE OF CARE: 09/24/12 TO			
9. DX, ICD-9 CM, OR, DRG# 808.0 multiple trauma		10. CAT. CODE 17.0	11. TRAUMA CD A	12. MEDICAL PRIORITY I	
Type of Coverage ----- No Known Medicare Coverage		Policy # ----- NAV NAT EMP BENF PLAN-IND 5xx293190 NAV NAT EMP BENF PLAN-IND 5xx293190		Cov. Type EligDt TermDt ----- 101302 033106 PPO 100107	
13. PROVIDER	14. DOS	15. P.O.#	16. OBL	17. PAID	18 DATED PD
*UNIVERSITY PHYSI	Sept 24,2012	2-Nxx-00507	500.00	550.00	Feb 05, 2008
*UNIVERSITY MEDIC	Sept 24,2012	2-Nxx-00858	25,000.00	34,071.00	Jan 15, 2007
*UNIVERSITY PHYSI	Oct 3, 2012	2-Nxx-00859	3,500.00	5,000.00	Mar 01, 2007
19. SUB-TOTALS			12,200.00	39,621.00	
20. TOTAL IHS COSTS.....				39,621.00	
21. LESS THRESHOLD.....				-25,000.00	
22. NET ELIGIBLE FROM FUND.....				5,000.00	
22.a Percent of Line 22 to be reimbursed.....				5,000.00	
23. Less Advances to Date.....					
24. LESS Amendments Pending Payment.....					
25. TOTAL REQUESTED AMOUNT.....				5,000.00	
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			
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					

NOTE:

- In block #3 – mark out the SU CHEF number - Area Office will provide Area CHEF number
- In block#7 – make sure you indicate narrative for tribal code, makes data entry in HQ easier.
- In block #9 – DX – please indicate the primary ICD only with the ICD code (one code); if its DRG code still need narrative for the primary code.
- In block#22a – calculated amount is based on 100% of line 22 due to all POs paid in block #13.
- In block #22 – you will have to calculate only the actual 2013 CHEF costs because you only apply the PY (prior year costs) to the threshold. Total of line 22 is only what was paid in 2013.
- All supporting documents must be attached, i.e., Pat Reg facesheet, discharge summaries if over \$75K, CHEF screening sheets, CHSMIS PO displays/listing and calculator tape tally of all costs included.

SAMPLE 4 - CHEF Reimbursement Form: CANCELLED or REFUND

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST					
1. AREA NAVAJO		2. ORDERING FACILITY Dine INDIAN HOSPITAL		3. CHEF NUMBER 12-NV - 001	
4. PATIENT NAME XXXXXXXXXXXXXXXXXXXX		5. DATE OF BIRTH Apr 10, 194x		6. SEX M/F M	
7. TRIBE: 084 -Navajo		8. EPISODE OF CARE: Dec 03, 2007 TO Dec 21, 2007			
9. DX, ICD-9 CM, OR, DRG# 808.0 multiple trauma		10. CAT. CODE 17.0	11. TRAUMA CD A	12. MEDICAL PRIORITY I	
Type of Coverage ----- No Known Medicare Coverage		Policy # -----		Cov. Type EligDt TermDt -----	
NAV NAT EMP BENF PLAN-IND		5xx293190		101302 033106	
NAV NAT EMP BENF PLAN-IND		5xx293190		PPO 100107	
13. PROVIDER	14. DOS	15. P.O.#	16. OBL	17. PAID	18 DATED PD
*UNIVERSITY PHYSI	Dec 03, 2007	8-Nxx-00507	200.00	8.34	Feb 05, 2008
*UNIVERSITY MEDIC	Dec 14, 2007	8-Nxx-00858	8,500.00	34,071.82	Jan 15, 2007
*UNIVERSITY PHYSI		8-Nxx-00859	3,500.00		
Ground Transport		8-Nxx-00860	560.00	560.00	Mar 01, 2007
19. SUB-TOTALS			12,200.00	34,640.16	
20. TOTAL IHS COSTS.....				34,640.16	
21. LESS THRESHOLD.....				-25,000.00	
22. NET ELIGIBLE FROM FUND.....				9,640.16	
22.a Percent of Line 22 to be reimbursed.....				9,640.16	
23. Less Advances to Date.....					
24. LESS Amendments Pending Payment.....					
25. TOTAL REQUESTED AMOUNT.....				-9,640.16	
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 – Does not meet CHEF threshold or Pt became AHCCCS eligible 12/03/07 – covered the costs in full.			
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					

NOTE:

When you find that an AR paid in full or individual became eligible for AR; indicate in remarks above.

Blocks 20 – 25 should be adjusted accordingly to reflect what is/was overpaid and what is being adjusted and returned.

SAMPLE 5 - CHEF Reimbursement Form: CLOSED CASE

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST					
1. AREA NAVAJO	2. ORDERING FACILITY Dine INDIAN HOSPITAL		3. CHEF NUMBER 12-NV - 001		
4. PATIENT NAME XXXXXXXXXXXXXXXXXXXX		5. DATE OF BIRTH Apr 10, 194x	6. SEX M/F M		
7. TRIBE: 084 -Navajo		8. EPISODE OF CARE: Dec 03, 2007 TO Dec 21, 2007			
9. DX, ICD-9 CM, OR, DRG# 808.0 multiple trauma	10. CAT. CODE 17.0	11. TRAUMA CD A	12. MEDICAL PRIORITY I		
Type of Coverage ----- No Known Medicare Coverage		Policy # ----- 5xx293190	Cov. Type EligDt TermDt ----- 101302 033106		
NAV NAT EMP BENF PLAN-IND		5xx293190	PPO 100107		
13. PROVIDER	14. DOS	15. P.O.#	16. OBL	17. PAID	18 DATED PD
*UNIVERSITY PHYSI	Dec 03, 2007	8-Nxx-00507	200.00	8.34	Feb 05, 2008
*UNIVERSITY MEDIC	Dec 14, 2007	8-Nxx-00858	8,500.00	34,071.82	Jan 15, 2007
*UNIVERSITY PHYSI	Dec 03, 2007	8-Nxx-00859	3,500.00	3,500.00	Jan 15, 2007
19. SUB-TOTALS			12,200.00	37,580.16	
20. TOTAL IHS COSTS.....				37,580.16	
21. LESS THRESHOLD.....				-25,000.00	
22. NET ELIGIBLE FROM FUND.....				12,580.16	
22.a Percent of Line 22 to be reimbursed.....				12,580.16	
23. Less Advances to Date.....				12,580.16	
24. LESS Amendments Pending Payment.....					
25. TOTAL REQUESTED AMOUNT.....				-0-	
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			
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					

NOTE:

Blocks 20 – 25 should be adjusted accordingly to reflect paid amounts for all cases involved with CHEF case. There should no POs outstanding – all must be paid to close the CHEF case and you owe no other claim.

CHEF cases must be closed within 120 days from date of initiation of the initial CHEF case.

Things to Remember

- Block #7 – indicate Tribe name if other than Navajo.
- Block #9 – only indicate the primary ICD code; NO DRG.
- Column #17 – indicate actual amounts; DO NOT round off.
- Other supporting documents to be attached.
 - 1) Patient demographic – face sheet if using RPMS; if not need documents that shows demographic and third party information.
 - 2) RCIS referral – the whole RCIS display and not certain pieces.
 - 3) Purchase Order display list (known as VP listing) off RPMS.
 - 4) If not using RPMS – copies of all checks to vendors.
 - 5) Staff must include all documentation and comments on the RCIS Business Office or Case Management notes which pertains to each episode of care. (i.e., discharge dates, medical equipment orders, transfers to SNF/Rehab, Long Term Care, etc.) RCIS must show what was authorized and paid; usually when you post payments it shows here for all POs paid.
 - 6) Case Management notes entered ongoing used for progress notes especially if patient is going to be long term or for follow up visits and other specialty care within the same date of service. CHEF is all related service within a 90 day period – i.e., readmits, follow-up, etc.

Things to Remember - continued

- 7) Cases exceeding \$75K in Line #20 on the CHEF form must have a medical discharge summary or progress notes if the discharge summary is not available at time all POs are paid and being submitted for CHEF or those at 50% where d/c summary may not be available. Case Management notes can be used for this purpose also. No lab or x ray results.
- 8) Chronic cases – ongoing from month to month such as ESRD, Cancer, Medical supplies, etc., must have progress notes if there is no admission. Prefer every 90 days to submit progress notes.
- 9) Split year CHEF – only inpatients where an admission was from September into October with no break in between. Includes all ancillary for the admission.
- 10) DO NOT include those services not applicable to the CHEF case or ICD code in Block #9. If there is other dates that is not within the admit dates you will have to note in RCIS or progress notes how that relates to the CHEF case.



“Completeness and efficiency is rewarding”