RESOURCE AND PATIENT MANAGEMENT SYSTEM

Contract Health Services Management Information System

(ACHS)

Addendum to User Manual

Version 3.1 Patch 31
November 2023

Table of Contents

1.0   Introduction

Please review these changes and add a copy of them to any printed documentation your site may be 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.

This addendum only provides written guidance on changes made in the patch that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes for each of the respective patches.

1.1   Summary of Changes

Patch 31 contains the following changes:

- Remove inactive insurance from Vendor Usage Reports (VURS)

- Remove Social Security Number (SSN) from search for Catastrophic Health Emergency Fund (CHEF) cases

- Fix errors when using ";" in comments when cancelling a Purchase Order (PO)

- Prevent user from cancelling a denial if e-signed

- Prevent user from reversing a denial if e-signed

- Change confirmation prompt to **CANCEL/REVERSE** when cancelling/reversing a denial

- Modify existing report to identify signed denial letters

- Close inpatient referrals when referral is denied

2.0   P31 Changes

2.1   Remove Inactive Insurances from VURS

Modifications were made to VURS to remove inactive Insurance. This will depend on the PO issue and authorization dates.

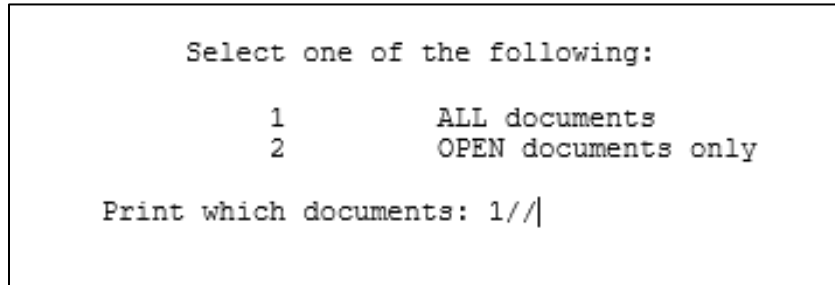All references were updated to display Vendor not Provider/Vendor in prompts and report details.

```
Select one of the following:

    1          ALL documents
    2          OPEN documents only

Print which documents: 1//
```

Figure 2-1: VURS All Vendors Option

DOCUMENT #	PO ISSUE DATE	PATIENT NAME	HRN	DOB	LAST-4SSN	TYPE	OC	AUTHORIZATION FROM-TO	STAFF	DOLLARS *=PAID	ALTERNATE RESOURCE	POLICY NUMBER	ELIG START	ELIG END
*** CONTRACT HEALTH MANAGEMENT SYSTEM ***														
2021 DEMO HOSPITAL (INST)														
VENDOR USAGE REPORT - OPEN AND PAID DOCUMENTS														
Vendor: UNSPECIFIED														
Aug 14, 2023@15:01:47														
For the period Feb 21, 2018 through Aug 14, 2023														
21-H01-00002	6/1/2021	DEMO,DEJON	115569	11/27/1990	6789	64	252S	06/11/2021-06/21/2021	DS	1,000.00	MEDICARE A	123456789	1/1/2018	
											MEDICARE B	123456789	1/1/2018	
											BC/BS OF KC	654321	1/1/2018	
											VA MEDICAL BENEFIT (VMBP)	123456789	1/1/2020	
21-H01-00004	6/29/2021	DEMO,JOHN DOE	748740	10/31/1970	9875	64	252S	06/30/2021-07/10/2021	DS	50.00*	MEDICARE A	4QQ4EE3EQ11	6/1/2021	
											RAILROAD RETIREMENT	4QQ4EE3EQ11	1/1/2021	
22-H01-00006	6/14/2022	DEMO,PATIENTA	8768	5/1/1988	188	64	254A	06/14/2022-06/24/2022	TW	600	No Alternate Resource			
22-H01-00007	6/14/2022	DEMO,PATIENTA	8768	5/1/1988	188	64	263L	06/16/2022-06/26/2022	TW	6,103.00	No Alternate Resource			
23-H01-00010	6/5/2023	DEMO,PATIENTW	65432	6/19/1976	6543	43	252G	6/6/2023	TO	455.00*	No Alternate Resource			
23-H01-00011	6/5/2023	DEMO,PATIENTW	9876	6/22/1953		43	252G	6/5/2023	TO	200	No Alternate Resource			
TOTAL PAID DOCUMENTS:	2	DOLLARS:	$505.00											
TOTAL OUTSTANDING DOCUMENTS:	4	DOLLARS:	$7,903.00											
GRAND TOTALS DOCUMENTS:	6	DOLLARS:	$8,408.00											

Figure 2-2: VURS Excel Import

2.2   Remove SSN from search for CHEF Cases

SSN was removed from All CHEF Cases printed report variations (Hospital Service/Dental Service/Outpatient Service).

```
********************************************************************************
           CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT SEARCH
********************************************************************************
                         Aug 29, 2023@15:59:01
              For the period Aug 29, 2022 through Aug 29, 2023
          43 (HOSPITAL SERVICE) documents ONLY, $500.00 Threshold
********************************************************************************

DEMO,PATIENT
Male, born Jun 15, 1988, HRN: 655465

Type of Coverage              Policy #              Cov. type EligDt TermDt
----------------              --------              --------- ------ ------
|13. PROVIDER     |14. DOS     |15. P.O. # |16. OBL   |17. PAID  |18. DATE PD |
|-----------------|------------|-----------|----------|----------|------------|
|SONORA QUEST LABO|            |2-H01-00008|  -100.00|   600.00|            |
|----------------------------------------------------|==========|==========|------------|
|19. SUB-TOTALS............................|  -100.00|   600.00|            |
|----------------------------------------------------|----------|----------|------------|
|20. TOTAL IHS COSTS.......................|         |   600.00|            |
|21. LESS THRESHOLD........................|         |   500.00|            |
|22. NET ELIGIBLE FROM FUND................|         |   100.00|            |
|22.a PERCENT OF LINE 22 TO BE REIMBURSED..|         |   100.00|            |
|23. LESS ADVANCES TO DATE.................|         |     0.00|            |
|24. LESS AMENDMENTS PENDING PAYMENT.......|         |     0.00|            |
|25. TOTAL REQUESTED AMOUNT................|         |   100.00|            |
Press RETURN To Continue or ^ to Exit or Cancel...:
```

Figure 2-3: CHEF Cases Hospital Service with SSN Removal

```
***************************************************************************
            CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT SEARCH
***************************************************************************
                        Aug 29, 2023@16:14:07
             For the period Jun 29, 2004 through Aug 29, 2023
            57 (DENTAL SERVICE) documents ONLY, $200.00 Threshold
***************************************************************************


DEMO,PATIENT
Male, born Nov 21, 1959, HRN: 113523

Type of Coverage              Policy #                 Cov. type EligDt TermDt
-----------------             --------                 --------- ------ ------
BC/BS OF AZ./NASCO                                     FAMILY A+ 040191 090192
FIRST HEALTH INSURANCE                                           100193 123196
HEALTH NET                                      SELF/MEDICAL 060110 083110
UNITED HEALTH CARE            1234564                      SELF 090110
CHS OPTICAL                   522334444                        010110
|13. PROVIDER     |14. DOS     |15. P.O. # |16. OBL   |17. PAID  |18. DATE PD |
|-----------------|------------|-----------|----------|----------|------------|
|RICHARDSON DDS,GU|            |4-H01-00004|   200.00|   200.00|            |
|--------------------------------------------|==========|==========|------------|
|19. SUB-TOTALS............................|   200.00|   200.00|            |
|--------------------------------------------|----------|----------|------------|
|20. TOTAL IHS COSTS.......................|         |   200.00|            |
|21. LESS THRESHOLD........................|         |   200.00|            |
|22. NET ELIGIBLE FROM FUND................|         |     0.00|            |
|22.a PERCENT OF LINE 22 TO BE REIMBURSED..|         |     0.00|            |
|23. LESS ADVANCES TO DATE.................|         |     0.00|            |
|24. LESS AMENDMENTS PENDING PAYMENT.......|         |     0.00|            |
|25. TOTAL REQUESTED AMOUNT................|         |     0.00|            |
Press RETURN To Continue or ^ to Exit or Cancel...:
```

Figure 2-4: CHEF Cases Dental Service with SSN Removal

```
**************************************************************************
            CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT SEARCH
**************************************************************************
                          Aug 29, 2023@16:18:20
                For the period Dec 02, 2020 through Aug 29, 2023
             64 (OUTPATIENT SERVICE) documents ONLY, $500.00 Threshold
**************************************************************************


DEMO,PATIENT
Male, born Nov 27, 1990, HRN: 115569

Type of Coverage             Policy #                Cov. type EligDt TermDt
----------------             --------                --------- ------ ------
MEDICARE                     123456789B                    A   010118
MEDICARE                     123456789B                    B   010118
MEDICARE                                                   D   010118
MEDICAID                     123456789NM                  32   040117 091520
MEDICAID                     123456789NM                  GF   020117 022817
BC/BS OF ARIZONA INC.                             FAMILY COV. 070101 073109
DRAKE INSURANCE ADMIN., IN                           FAMILY 070198 083100
BC/BS UNITED OF WI           1234567899999999
UNITED HEALTHCARE INS.CO.    999659999                          000007 121417
UNITED HEALTHCARE-PPO        123456789                          010118
BC/BS OF KC                  +++                             010118
VA MEDICAL BENEFIT (VMBP)    123456789                       010120
|13. PROVIDER     |14. DOS    |15. P.O. # |16. OBL  |17. PAID  |18. DATE PD |
|-----------------|-----------|-----------|---------|----------|------------|
|UNSPECIFIED      |           |1-H01-00002|  1,000.00|    0.00|            |
|-----------------------------------------|=========|==========|------------|
|19. SUB-TOTALS............................|  1,000.00|    0.00|            |
|-----------------------------------------|---------|----------|------------|
|20. TOTAL IHS COSTS.......................|        | 1,000.00|            |
|21. LESS THRESHOLD........................|        |   500.00|            |
|22. NET ELIGIBLE FROM FUND................|        |   500.00|            |
|22.a PERCENT OF LINE 22 TO BE REIMBURSED..|        |   500.00|            |
|23. LESS ADVANCES TO DATE.................|        |     0.00|            |
|24. LESS AMENDMENTS PENDING PAYMENT.......|        |     0.00|            |
|25. TOTAL REQUESTED AMOUNT................|        |   500.00|            |
Press RETURN To Continue or ^ to Exit or Cancel...:
```

Figure 2-5: CHEF Cases Outpatient Service with SSN Removal

2.3   Fix Errors Using ";" in Comments when Cancelling PO

When cancelling a PO, a user can use a ";" in the comments without error.

```
                    CONTRACT HEALTH MGMT SYSTEM
                       VERSION: 3.1 PATCH 31
                     2021 DEMO HOSPITAL (INST)
Form # 43                                      REF TYPE    Order No.
Jul 24, 2023              Hospital Service         3       3-H01-00004
                                       HHS Order No:  HHSI2472023H0100004P
    --------------------------------------------------------------------
               Patient                 |      Ordering Facility & Provider
Fac: 232101  IHS#: 122297              | 2021 DEMO HOSPITAL (INST)
DEMO,PATIENT - PREFERREDNAME*          |    | 4700 LINCOLN RD NE
AGLAND, VT  32145                      | ALBUQUERQUE NM 87110
12-22-1997  F  273  001 551-90-51      | 232101
    --------------------------------------------------------------------
Est. date-of-svc.: Jul 11, 2023        | FLAGSTAFF ANESTHESIA ASSOC
TEST                                   | 115 EAST BIRCH AVENUE
MCR=4WE8GH9MD88                        | FLAGSTAFF, AZ  86001
Est. Days:  ---                        | 1860128289    Open Market
                                       |
    --------------------------------------------------------------------
Auth. From Jul 11, 2023 to Jul 11, 2023    ---  SCC: 25.2G
DCR Acct. = DIALYSIS                        CAN/OBJ: J400733 / 25.6R    ---
 Estimated Charge: $0.00                    Days:  ---
    Initial Obligation          0.00
    Amount Canceled:            0.00  (1 Item)
    Amount Of Supplements       0.00  ( )
                              --------
CURRENT OBLIGATION BALANCE      0.00        (IHS) (3rd PARTY)

DOCUMENT CANCELLED ON  Aug 01, 2023, Reason: OTHER
CANCELLATION COMMENT: THIS IS A TEST OF , IN COMMENTS
```

Figure 2-6: Cancellation Comments Using ","

2.4   Prevent User from Cancelling a Denial if E-Signed

Changes were made to prevent a user from cancelling a denial if it has already been e-signed.

```
                    CONTRACT HEALTH MGMT SYSTEM
                       VERSION: 3.1 PATCH 31
                     2021 DEMO HOSPITAL (INST)
                        Cancel Denial Document


Enter the DENIAL NUMBER or PATIENT: 233-HHQ2-2  ISS: 05/12/2023  SRV: 05/12/2023

You have chosen denial document 233-HHQ2-2

DEMO,PATIENT

Date of service May 12, 2023

Is this correct? YES//

This DENIAL cannot be Cancelled/Reversed because it was Electronically Signed.
Signature Date: JUL 21,2023
```

Figure 2-7: User Message for Cancelling an E-Signed Denial

2.5   Prevent User from Reversing a Denial if E-Signed

Changes were made to prevent a user from reversing a denial if it has already been e-signed.

```
                    CONTRACT HEALTH MGMT SYSTEM
                       VERSION: 3.1 PATCH 31
                      2021 DEMO HOSPITAL (INST)
                       Cancel Denial Document


Enter the DENIAL NUMBER or PATIENT: 233-HHQ2-2  ISS: 05/12/2023  SRV: 05/12/2023

You have chosen denial document 233-HHQ2-2

DEMO,PATIENT

Date of service May 12, 2023

Is this correct? YES//

This DENIAL cannot be Cancelled/Reversed because it was Electronically Signed.
Signature Date: JUL 21,2023
```

Figure 2-8: User Message for Reversing an E-Signed Denial

2.6   Change Confirmation Prompt to CANCEL/REVERSE when Cancelling/Reversing a Denial

Modifications were made to the confirmation prompt when processing a cancel/reverse for a denial. The display shows **Are You Sure You Want to CANCEL** when the user enters an uppercase or lowercase **C**, or **Are You Sure You Want to REVERSE** when the user enters and uppercase or lowercase **R**.

```
You have chosen denial document 234-HHQ2-12

DEMO,PATIENT
978 AG STREET
AGLAND  VT  32145

Date of service Jul 27, 2023

Is this correct? YES//

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

Are You Sure You Want To Cancel This Denial?

Once This Happens It Can Never Be Applied Again

Are You Sure You Want To Cancel This Denial? (Y/N)? NO//
```

Figure 2-9: Confirmation Prompt when Cancelling a Denial

```
You have chosen denial document 234-HHQ2-12

DEMO,PATIENT
978 AG STREET
AGLAND  VT  32145

Date of service Jul 27, 2023

Is this correct? YES//

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

Are You Sure You Want To Cancel This Denial?

Once This Happens It Can Never Be Applied Again

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

Figure 2-10: Confirmation Prompt when Reversing a Denial

2.7   Modify Existing Report to Identify Signed Denial Letters

The List of Denial Documents by Issue Date report has been updated to include signed Denial letters. Options will include **Signed**, **Unsigned**, and **All** denials.

- Path: DEN → DEN → REP → LID

- Select **LID** – List of Denial Documents by Issue Date

- Enter the **BEGINNING DATE** and **ENDING DATE**

  - User must enter a dates to proceed

- Selection Prompt to include **Signed Denials**, **Unsigned Denials**, or **All Denials**

- User must enter **S**, **U**, or **A** to proceed

```
                    CONTRACT HEALTH MGMT SYSTEM
                      VERSION: 3.1 PATCH 31
                      2021 DEMO HOSPITAL (INST)
                 List of Denial Documents by Issue Date

 Enter the BEGINNING DATE for this report: T-180  (MAR 02, 2023)  (MAR 02, 2023)

 Enter the ENDING DATE for this report: T  (AUG 29, 2023)


 Include (S)IGNED Denials or (U)NSIGNED Denials or (A)LL Denials:
```

Figure 2-11: List of Denial Report Options

- **Signed Denials** report format has section breaks by Signed By, with each section sorted by Issue Date ascending.

- **Unsigned Denials** report format has no section break and is sorted by Issue Date ascending.

- **All Denials** report format has section breaks: Unsigned section for Unsigned Denials, followed by Signed By sections (one section per person who signed denials during the selected timeframe). Each section is sorted by Issue Date ascending.

The e-signed column is displayed with the date the denial was electronically signed. All dates in report detail are formatted as mm/dd/yy.

```
                    ***  CONTRACT HEALTH CARE SYSTEM REPORT  ***

                          2021 DEMO HOSPITAL (INST)
                         DENIAL DOCUMENTS BY ISSUE DATE               Page  1
                            Aug 29, 2023@15:27:35
                     For the period MAR 2,2023 through AUG 29,2023


                          ***    SIGNED DENIALS   ***


    ISSUE DATE  DENIAL #      PATIENT                 DOS        DOLLARS   e-Signed
    ================================================================================
    E-Signature: DEMO,DOCTOR
    05/11/23 232-HHQ2-1    DEMO,PATIENT            03/03/23      $1,000.00 07/21/23
    05/12/23 233-HHQ2-2    DEMO,PATIENT1           05/12/23        $100.00 07/21/23
    OUTPUT BROWSER                     Aug 29, 2023 15:28:08         Page:    2 of    2


    +
    05/12/23 233-HHQ2-3    DEMO,PATIENT2           05/12/23        $130.00 07/21/23
    05/16/23 233-HHQ2-4    DEMO,PATIENT3           05/16/23        $600.00 07/21/23
    05/17/23 233-HHQ2-5    DEMO,PATIENT4 JR        05/17/23        $200.00 07/21/23
    05/18/23 233-HHQ2-6    DEMO,PATIENT5 JR        05/08/23        $230.00 07/21/23
    05/19/23 233-HHQ2-7    DEMO,PATIENT6           05/09/23        $250.00 07/21/23
    07/21/23 234-HHQ2-9    DEMO,PATIENT7           07/21/23        $299.00 07/21/23
    ================================================================================
    TOTALS FOR THIS REPORT: 8 DENIALS                            $2,809.00


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

Figure 2-12: List of Denial Report Signed Denials

```
                    ***  CONTRACT HEALTH CARE SYSTEM REPORT  ***

                          2021 DEMO HOSPITAL (INST)
                         DENIAL DOCUMENTS BY ISSUE DATE               Page  1
                            Aug 29, 2023@12:04:15
                     For the period JUN 30,2023 through AUG 29,2023


                          ***    UNSIGNED DENIALS   ***


    ISSUE DATE  DENIAL #      PATIENT                 DOS        DOLLARS   e-Signed
    ================================================================================
    07/20/23 234-HHQ2-8    DEMO,PATIENT            07/20/23          $0.00
    07/26/23 234-HHQ2-10   DEMO,PATIENT1           07/26/23          $0.00
    07/27/23 234-HHQ2-11   DEMO,PATIENT2           07/27/23        $250.00
    +           Enter ?? for more actions                                    >>>
    +    NEXT SCREEN         -    PREVIOUS SCREEN      Q    QUIT
    Select Action: +//
```

Figure 2-13: List of Denial Report Unsigned Denials

```
              ***  CONTRACT HEALTH CARE SYSTEM REPORT  ***

                      2021 DEMO HOSPITAL (INST)
                    DENIAL DOCUMENTS BY ISSUE DATE                Page  1
                        Aug 29, 2023@16:28:21
               For the period JUN 30,2023 through AUG 29,2023

                      ***   ALL DENIALS   ***


 ISSUE DATE  DENIAL #     PATIENT                 DOS        DOLLARS   e-Signed
 =============================================================================
 E-Signature: <UNSIGNED>
 07/20/23 234-HHQ2-8   DEMO,PATIENT            07/20/23        $0.00
 07/26/23 234-HHQ2-10  DEMO,PATIENT1          07/26/23        $0.00
 OUTPUT BROWSER              Aug 29, 2023 16:28:32         Page:   2 of   2

 +
 07/27/23 234-HHQ2-11  DEMO,PATIENT           07/27/23      $250.00
 07/27/23 234-HHQ2-12  DEMO,PATIENT1          07/27/23      $300.00
 08/02/23 234-HHQ2-13  DEMO,PATIENT2          07/11/23      $100.00
 08/04/23 233-HHQ2-14  DEMO,PATIENT3          05/12/23    $1,040.00
 08/16/23 234-HHQ2-15  DEMO,PATIENT4          08/02/23      $500.00
 08/16/23 234-HHQ2-16  DEMO,PATIENT5          08/10/23      $100.00
 E-Signature: DEMO,DOCTOR
 07/21/23 234-HHQ2-9   DEMO,PATIENT6          07/21/23      $299.00 07/21/23
 =============================================================================
 TOTALS FOR THIS REPORT: 9 DENIALS                        $2,589.00

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

Figure 2-14: List of Denial Report All Denials

2.8   Close Inpatient Referrals when Referral is Denied in ACHS

A routine update was made to work in conjunction with Application Namespace for RCIS (BMC) application for inpatient referrals to close automatically when an inpatient referral is denied in ACHS.

> **Note:** For the inpatient referral to close properly, the parameter must be set in the RCIS module. Screenshots below were taken from the RCIS v4.0 p15 Addendum.

- Edit Site Parameters **[RCIS – MGT – ESP]**

```
                    ***********************************************
                UPDATE REFERRED CARE INFORMATION SYSTEM (RCIS) PARAMETERS
        *****************************************************************************
                    Referral Year 23                    STATE: NEW MEXICO
                    ACTI+-----------------------------------------------+ES
         PROMPT FOR MG|Require a Referral on All CHS PO's?  YES          |EGORIES? DO
         PROMPT FOR IC|CHS Denial will close outpatient referrals?  YES  |
           ENTER YOUR |CHS Denial will close Inpatient Referrals?  YES   |
     CASE MGR: CLERK,|Update Referral status on Appeal reversal: YES    |ON
     BUSINESS OFFICE +-------------------------------------------------+
                      Referral Facility Address (return):
     REFERRAL CONTACT NAME: REFERRAL CONTACT
     REFERRAL CONTACT PHONE: (555)555-5555      THIRD PARTY SIGNATURE: 3P SIG
       RCIS ACTIVATION DATE: APR 29,2003        BENEFITS COORDINATOR:
     Mailman/Alert Parameter (return):          UNIVERSAL OR SITE SPEC. LOOKUP: U
     PRIORITY ON ALL REFERRALS? YES             MCC ACTION HS DISPLAY:
     PRIORITY HELP TEXT (return):               SITE-SPECIFIC LETTER TEXT (return):
     SEC REF AUTO POPULATE POV: NO              Prompt to print Consult Letter:
     _____

     COMMAND:                                   Press <PF1>H for help    Insert
```

Figure 2-15: Edit Site Parameter

- Display Site Parameters **[RCIS – MGT – DISP – DSP]**

```
RCIS Site Parameter Display


                            RCIS SITE PARAMETERS

                            FACILITY:  2021 DEMO HOSPITAL (INST)
                      REFERRAL YEAR:  23
                      PCC INTERFACE:  YES
                      CHS INTERFACE:  YES
                         REFERRAL #:  216
                    ICD/CPT CODING:  NO
                    LOCAL CATEGORY:  DO NOT ASK
                          OTHER LOC:  OTHER
                        DEFAULT MGR:  CLERK,REGISTRATION
                     CHS SUPERVISOR:  CLERK,ADMISSION
        BUSINESS OFFICE SUPERVISOR:  CLERK,SCHEDULING
                          CHS ALERT:  YES
           REQUIRE PRIORITY RANK ON ALL:  YES
+          Enter ?? for more actions                                    >>>
+    NEXT SCREEN        -    PREVIOUS SCREEN       Q    QUIT
Select Action: +//
```

Figure 2-16: Display Site Parameter

Acronym List

Acronym	Term Meaning
ACHS	Contract Health Services
BMC	Application Namespace for RCIS
CHEF	Catastrophic Health Emergency Fund
CHS	Contract Health System
IHS	Indian Health Service
PO	Purchase Order
RCIS	Referred Care Information System
RPMS	Resource and Patient Management System
SSN	Social Security Number

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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