RESOURCE AND PATIENT MANAGEMENT SYSTEM

Contract Health Services Management Information System

(ACHS)

Addendum to User Manual

Version 3.1 Patch 32
February 2025

Office of Information Technology
Division of Information Resource Management

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1.0   Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Contract Health Services Management Information System (CHS/MIS) 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 32 contains the following changes:

- Standardized Medical Priority Options

- Medical Priority (MPRI) Menu

- Enter New Denial on Closed Referral

- Corrected Medicaid Display for Purchase Orders and Denials

- EOBR Processing Modifications

    – EOBR Auto delete processed files Data
    – EOBR sequence order by next to process
    – EOBR Interest Paid Automatic Updates

- DOC/PAY Menu Locking During Import/Export Operations

- Export Type Display in CEXS Option

- CHS File Reference Logic Removal

- Corrected Tribal Export Reports

- CHS Statistical Export Update to 5 Digit Dental Codes

2.0   Patch 32 Changes

2.1   Standardized Medical Priority Options

Modifications were made in the CHS application to utilize the Standard Medical Priority options to align with other applications using these priorities. These priorities are case sensitive and are not editable.

Standardize Priority list includes the following entries for selection:

- 1A Core - Preventive and Rehabilitative Services
- 1B Core - Medical/Dental/Vision/Surgical Services
- 1C Core - Reproductive and Maternal/Child Health Services
- 1D Core - Behavioral Health Services
- 2A Intermediate - Preventive and Rehabilitative Services
- 2B Intermediate - Medical/Dental/Vision/Surgical Services
- 2C Intermediate - Reproductive and Maternal/Child Health Services
- 2D Intermediate - Behavioral Health Services
- 3A Elective - Preventive and Rehabilitative Services
- 3B Elective - Medical/Dental/Vision/Surgical Services
- 3C Elective - Reproductive and Maternal/Child Health Services
- 3D Elective - Behavioral Health Services
- 4A Excluded - Preventive and Rehabilitative Services
- 4B Excluded - Medical/Dental/Vision/Surgical Services
- 4C Excluded - Reproductive and Maternal/Child Health Services
- 4D Excluded - Behavioral Health Services

Menu Path: IHS CORE => CHS => DOC => REFM

```
IHS REFERRAL MEDICAL PRIORITY: 1A// ??


   Choose from:

   1A        --      CORE-PREVENTIVE AND REHABILITATIVE SERVICES
   1B        --      CORE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES
   1C        --      CORE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES
   1D        --      CORE-BEHAVIORAL HEALTH SERVICES
   2A        --      INTERMEDIATE-PREVENTIVE AND REHABILITATIVE SERVICES
   2B        --      INTERMEDIATE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES
   2C        --      INTERMEDIATE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES
```

```
    2D          --      INTERMEDIATE-BEHAVIORAL HEALTH SERVICES
    3A          --      ELECTIVE-PREVENTIVE AND REHABILITATIVE SERVICES
    3B          --      ELECTIVE-MEDICAL/DENTAL/VISION/SURGICAL SERVICES
    3C          --      ELECTIVE-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES
    3D          --      ELECTIVE-BEHAVIORAL HEALTH SERVICES
    4A          --      EXCLUDED-PREVENTIVE AND REHABILITATIVE SERVICES
    4B          --      EXCLUDED-MEDICAL/DENTAL/VISION/SURGICAL SERVICES
    4C          --      EXCLUDED-REPRODUCTIVE AND MATERNAL/CHILD HEALTH SERVICES
    4D          --      EXCLUDED-BEHAVIORAL HEALTH SERVICES
```

Figure 2-1: Sample view of Standardized Medical Priority Options in CHS menu

2.2   Medical Priorities (MPRI) Menu

The Medical Priority (MPRI) menu has been locked now requiring the ACHSZMPRI Security Key to access. Users without this key will no longer have access to the MPRI menu option. Users with the key will be able to add, inactivate, or reactivate medical priorities.

Users will now see an inactive date for priorities that have been inactivated.

> **Note:** Federal sites must use the standard medical priority list and should not alter or add additional priority options. Tribal sites are not required to use the standard priority list and may need to add their own priority options.

Menu Path: IHS CORE => CHS => DEN => PAR => MPRI

2.3   Enter New Denial on Closed Referral

Users have the ability to enter a denial on a closed referral. When a user is attempting to issue a denial on a closed referral, a warning message that the referral is closed will display. The user can continue by entering YES at "Do you wish to CONTINUE prompt?" to issue the denial if desired.

MENU PATH: CORE>CHS>DEN>DEN>ADD

```
                    CONTRACT HEALTH MGMT SYSTEM
                      VERSION: 3.1 PATCH 32
                     2021 DEMO HOSPITAL (INST)
                         Enter New Denial...


Is the patient REGISTERED IN THIS COMPUTER? YES//

Select RCIS REFERRAL by Patient or by Referral Date or #: 2321012400148  3-7-202
4  03/07/24  2321012400148 DEMO,PATIENT - PREFERRED NAME*
        DEMO,DOCTOR                02/27/24 A - 5          Chronic Allergy

You have selected a 'CLOSED' Referral.
```

```
Do you wish to CONTINUE? NO//YES
```

Figure 2-2: User message when entering a Denial on a Closed Referral

2.4   Corrected Medicaid Display for Purchase Orders and Denials

Modifications were made in the CHS application to recognize multiple Insurance entries for Medicaid on Purchase Orders (PO) or Denials. The user should now see the correct Medicaid plan displayed and the correct address for Medicaid when printing denial letters.

MENU PATH: CORE>CHS>DOC>ID

```
Patient Info: DEMO,PATIENT        M 07-04-1959741965741  404


     Type of Coverage                Policy #            Cov. type  EligDt TermDt
     ----------------                --------            ---------  ------ ------
1.   MEDICARE                        2EG4TE5MK81         A            020124
2.   MEDICARE                        AARP456789          D            040324
3.   MEDICAID                        A123456 AZ          01         010124
4.   MEDICAID                        B2223334 AZ         02         123124
5.   MEDICAID                        C3456789 AZ         03         010124
6.   MEDICAID                        D4087978 AZ         04         030124
```

Figure 2-3: Sample patient coverage when creating an Initial Document

MENU PATH: CORE>CHS>DEN>DEN>ADD

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

     Type of Coverage                Policy #            Cov. type  EligDt TermDt
     ----------------                --------            ---------  ------ ------
1.   MEDICARE                        2EG4TE5MK81         A            020124
2.   MEDICARE                        AARP456789          D            040324
3.   MEDICAID                        A123456 AZ          01         010124
4.   MEDICAID                        C3456789 AZ         03         010124
5.   MEDICAID                        D4087978 AZ         04         030124


Enter the number(s) of the resources relevant to this denial.
If more than one, separate with commas  (1,2,3..):
```

Figure 2-4: Sampe patient coverage when adding a Denial

MENU PATH: CORE>CHS>PT

```
IHS REGISTRATION VIEW SCREEN   (page 4)              2021 DEMO HOSPITAL (INST)
==============================================================================
DEMO,PATIENT                                    HRN:404    CHS & DIRECT
==============================================================================
                         SUMMARY COVERAGE
------------------------------------------------------------------------------
```

```
 SEQ      INSURER                 COVERAGE TYPE          ELIG BEGIN - ELIG END
          SUBSCRIBER              POLICY NUMBER
 ==============================================================================
  1.      AZ ARIZONA MEDICAID     02                     12/31/2024          I
          DEMO,PATIENT            B2223334
  2.      AARP MEDICARE RX        D                      04/03/2024          A
          DEMO,PATIENT            AARP456789
  3.      AZ FAMILY HEALTH PLAN OF NE-04                 03/01/2024          A
          DEMO,PATIENT            D4087978
  4.      MEDICARE                A                      02/01/2024          A
          DEMO,PATIENT            2EG4TE5MK81
  5.      AZ CIGNA HEALTHPLAN OF AZ I-01                 01/01/2024          A
          DEMO,PATIENT            A123456
  6.      AZ AZ HEALTH CONCEPTS   -03                    01/01/2024          A
          DEMO,PATIENT            C3456789
 ------------------------------------------------------------------------------
 ==============================================================================
 Enter the insurer number to view. :
```

Figure 2-5: Sample patient coverage in Patient Data menu

MENU PATH: CORE => CHS => DEN => DEN =>DENL => DEN

```
Dec 17, 2024


                                          Document number: 251-HHQ2-3


    TO: PATIENT DEMO
   1234 DEMO STREET
   YOURTOWN,OK 76777



Re: Patient: DEMO,PATIENT              CHART: 404 2021 DEMO HOSPITAL (INST)
    Contract Health Services request for services on Oct 02, 2024.
    Date request received: Dec 17, 2024
    Provider of services: DEMO PROVIDER

Dear ,

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 2021 DEMO HOSPITAL (INST) will not authorize payment for the following
reason(s):

Alternate Resource Available


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

    You are currently enrolled in a program that will
    pay for your health care services.

    You are currently enrolled with:
```

```
    INSURANCE                    ID NO.      EFF. DATE   TRM. DATE
    ------------------------------------------------------------
    Medicaid                     A123456     01/01/2024
    11001 N BLACK CANYON PHOENIX, AZ 85029
    Medicaid                     C3456789    01/01/2024
    7600 North 16th Street, #150 Phoenix, AZ 85020
    Medicaid                     D4087978    03/01/2024
    258 JUSTIN DRIVE COTTONWOOD, AZ 86326

    Which the provider(s) must bill on your behalf.
    This letter is for information only; your
    provider(s) have been notified of your insurance.


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:

                DIRECTOR1,SERVICEUNIT
                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,



    DIRECTOR1,SERVICEUNIT
    100 STREET
    ALBUQUERQUE, NM  87111
    5056669999
```

Figure 2-6: Sampe Denial Letter with patient alternate resource coverage

2.5   EOBR Process Modifications

2.5.1   EOBR Auto delete processed files Data

The EOBR process will no longer display an option to delete files. When a file is processed successfully the file will be removed automatically. The EB files will display with the next to process on top #1 and by facility sequence order. If the file does not process successfully, the file will not delete and remain on the list.

> **Note:** A file not processed successfully may require a support ticket be opened by the site at ITSupport@ihs.gov.

MENU PATH: CORE => CHS => MGT => EOBR =>EOBR

```
Select Facility EOBR menu <TEST ACCOUNT> Option: EOBR  Process Facility EOBR Data

Your PRINT EOBR parameter is: N.

Your UPDATE DOCUMENT FROM EOBR parameter is :  Y.


SELECT PRINTER FOR PROCESSING REPORT: HOME//   Virtual


 Files Available for Processing are Listed Below:
                                     Last Fac Seq # Processed =   387

    Number    File Name                   EOBR Proc Date     Fac Seq #
    ------    ----------------            --------------     ---------
      1       EB232101.719                Jun 13, 2024           388
      2       EB232101.720                Jul 14, 2024           389
      3       EB232101.721                Jul 15, 2024           390

Enter the Number of the Facility EOBR File you want to Process:  (1-3):
```

Figure 2-7: Sample EOBR process display

2.5.2   EOBR sequence order by next to process

The EOBR file list was modified to show files that need to be processed in ascending order by EOBR process date. The user will see the next file to be processed at the top of the list.

2.5.3   EOBR Interest Paid Automatic Updates

Logic was implemented that identifies interest paid data provided in the Fiscal Intermediary (FI) Facility EOBR file to automatically update patient Purchase Orders (PO) with all interest paid data to ensure CHS Register is accurate.

MENU PATH: CORE => CHS => MGT => EOBR =>EOBR

```
Dec 03, 2024@15:25:16      CHS EOBR PROCESSING REPORT          PAGE   1
                      for Documents Paid on: Oct 25, 2024
                        for 2021 DEMO HOSPITAL (INST)


COUNT SITE   P.O. NUMBER P-T CODE DESCRIPTION or PATIENT        IHS COST
----- ------ ----------- --- ---- ----------------------------- --------

   1 232101 5-H01-00001  I   64  DEMO,PATIENT                      181.00
                                                                     3.52

                                W16  ICD DX CODE ERROR    (QZ38.0)
                                W16  ICD DX CODE ERROR    (1P28.5)
                                W16  ICD DX CODE ERROR    (9P92.9)


'COUNT' appears at the upper right of the EOBR.
If 'CODE' begins with 'E', the P.O. was not processed.
If 'CODE' begins with 'W', the P.O. was processed but needs further attention.

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

Figure 2-8: Sample EOBR Processing Report showing Interest Paid

MENU PATH: CORE => CHS => DIS => DOCD

```
TRANSACTION DATE: DEC 03, 2024       TRANSACTION TYPE: INTERIM PAYMENT
  PATIENT: DEMO,PATIENT                IHS PAYMENT AMOUNT: 181.00
  FULL PAYMENT: FULL PAYMENT         WORKLOAD: 1
  DATE OF SERVICE: OCT 03, 2024      CHS CLERK: DEMO,USER
  EOBR DATE: OCT 24, 2024            EOBR CLAIM SEQ NO.: 1
  EOBR PAY TYPE: INTERIM             EOBR CONTROL NUMBER: 07902150055407768
  EOBR CHECK NUMBER: 0013995         EOBR REMITTANCE NUMBER: 0000001
  EOBR SERVICES BILLED: PROFESSIONAL EOBR OBLIGATION TYPE: P.O. NUMBER
  INTEREST CAN: J400775              INTEREST OBJECT CLASS CODE: 43.19
  INTEREST RATE: 4.875               INTEREST DAYS ELIGIBLE: 360
  INTEREST PAID: 3.52                INTEREST/TOTAL PAID THIS TRANS: 184.52
```

Figure 2-9: Sample Display of P.O. document data with Interest Paid

2.6   DOC/PAY Menu Locking During Import/Export Operations

CHS logic was adjusted to prevent users from performing actions under the DOC and PAY menus after import/export operations have been initiated. Users are also prevented from initiating import/export operations if other users are performing actions under the DOC and PAY menu. Users will receive a message when requesting an import/export recommending the user try again at a later time.

Global flag indicates "The global flag indicates EOBRs Are Now Being Processed" message/action will be moved to the programmer (CHS) tools under menu option "XXXX CHS Programmer Utilities. Programmer user is able to clear the message from that location with the message "Do you want to delete the global flag and continue? N// YES". All document menu generation options are locked.

Note: The change is to address the issue with LOCK NODE
        errors.

```
                        CONTRACT HEALTH MGMT SYSTEM
                          VERSION: 3.1 PATCH 32
                         2021 DEMO HOSPITAL (INST)
                            Facility EOBR menu


   EOBR   Process Facility EOBR Data
   FIRP   EOBR Processing Reports
   PEOB   Print EOBR(s) ...

Select Facility EOBR menu <TEST ACCOUNT> Option: EOBR Process Facility EOBR Data


     Data entry in Progress,  please try again after staff have logged off.


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

Figure 2-10: Sample Message Menu Lock

2.7   Export Type Display in CEXS Option

CHS Export Summary (CEXS) was modified to correct the export type including
changing from number of Records to number of Purchase Orders. Initial CHS
Exports from the CHS Data-Prepare for Export (CDPE) are displayed by type of
export in the CHS Export Summary (CEXS). CHS Re-Exports created from the Re-
Export CHS Transmission Data for Export (RETD) are marked as "Re-export" in the
CHS Export Summary (CEXS).

MENU PATH: CORE => CHS => MGT => XPOR => CEXS

```
ITM# EXPORT DATE        FILE NAME                    PO-COUNT   EXPORT TYPE

   1 Dec 17, 2024@16:53 ACHS232101.20241217_165504      12    Re-export UFMS/FI
   2 Dec 17, 2024@16:50 ACHS232101.20241217_165133      12    Re-export UFMS/FI
   3 Dec 17, 2024@14:55 ACHS232101.20241217_145802      12    Re-export UFMS/FI
   4 Dec 09, 2024@17:01 ACHS232101.20241209_170207      12    Re-export UFMS/FI
   5 Dec 06, 2024@16:57 ACHS232101.20241206_170022       1    Re-export FI
   6 Dec 06, 2024@16:05 ACHS232101.20241206_160611       1    UFMS/FI
   7 Dec 05, 2024@17:17 ACHS232101.20241205_171834       4    UFMS/FI
   8 Nov 27, 2024@17:18 ACHS232101.20241127_171949       6    Re-export UFMS/FI
   9 Nov 27, 2024@17:15 ACHS232101.20241127_171715       1    Re-export UFMS/FI
  10 Nov 27, 2024@17:07 ACHS232101.20241127_171109      12    Re-export FI

'^' TO STOP :
```

Figure 2-11: Sample CHS Export Summary with updated Export Type and PO-Count Header

2.8   CHS File Reference Logic Removal

Logic was removed that executes during CHS installation and setup that references CHS files "IHS Communication" and "IHS Data Log" from CHS.

2.9   Corrected Tribal Export Reports

The CHS Export Summary and Export Document View were corrected for Tribal sites. When Tribal sites export files, the files will save with all required data. This change affects only Tribal sites, and Non-Tribal sites are not affected.

2.10   CHS Statistical Export Update to 5 Digit Dental Codes

Statistical export files were modified to 5-Digit Dental Codes.

Acronym List

Acronym	Meaning
CHS	Contract Health Services
CEXS	CHS Export Summary
EOBR	Electronic Explanation of Benefits Report
FI	Fiscal Intermediary
MIS	Management Information System
MPRI	Medical Priority Menu
PRC	Purchased Referred Care
PO	Purchase Order
RETD	Re-Export CHS Transmission Data
RPMS	Resource and Patient Management System

Contact Information

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

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