2023
Indian Health Service
Partnership Conference

Purchased Referred Care 102

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Topics

- The Essential Role of Patient Registration

- Native American Ancestry / Descendancy Discussion

- Referral Process

- Referral Entry

- Business Office Notes / Approved Referrals / Payment

- Display Document

- Undelivered Orders

- Fiscal Intermediary (FI) – Blue Cross/Blue Shield NM

- Payment Adjustments

The Essential Role of Patient Registration

First point of contact

- First impression of facility/program
- Sets tone for patient's visit

Customer Service is critical!

Happy Patients = Healthy Patients

PRC Starts at Patient Registration

- Identify Eligibility Status– Direct/PRC & Direct
- Proof of Descendent/Enrollment
- Demographic/Residency
- Alternate Resource - Medical, Dental, Pharmacy, Vision
- Obtain Signatures – HIPAA-AOB-MSP-ROI
- Enter Data Correctly and Timely Each Visit

Third Party Internal Control Policies: Patient Registration Requirements

IHS Third Party Control Policy Section 5-1.3 Procedures Section E:

(4) Patient Registration.

Identify if a prior authorization is needed and refer to the appropriate office for processing. Third-party eligibility and patient demographic data is to be determined and/or verified at **each and every patient encounter**. This includes:

◦ *Collecting and/or updating patient information/demographic data and third-party eligibility in RPMS at the time of registration and check-in*

◦ *Referral to the Benefits Coordination Office for reviewing and evaluating a patient's eligibility for alternate resources.*

Why are Demographics Important?

PRC Eligibility

PRC Correspondence
- Eligibility Status (dependent on policy)
- Denial/Deferred (appeals) Letters

External Facility Communication - Contacting Patient

Provider Location

How to Verify Patient's Third-Party/ Alternate Resources

Call Insurance Company

Online Payer Portals

- Private Insurer
- State Medicaid
- Novitasphere

Clearinghouse: Ability, Emdeon (There is a cost involved)

Verification of Third Party Resources

What happens if we miss it?

- Referrals to Out of Network Provider
- Alternate Resource Eligibility
- Inaccurate Obligation – Non-covered service, copays, deductibles
- Delay in Patient Care
- Pended by FI
- Rework - Costs of Valuable Time and Resources

Patient Registration –
Patient Benefits Coordinator Referral

How do you refer?

- EHR Notification
- RPMS Mail
- Open a Case – Page 5
- Phone/Schedule

Create your own process based on your how your facility operates.

Best Practices

Refer patient to the Patient Benefits Coordinator (PBC) while the patient is present to streamline the application process for an alternate resource

- PBC Documentation
- Open Case RPMS page 5,
- Document on RPMS page 8
- Document in Referral Business Office Notes,
- EHR/RPMS

Teamwork is Key...

Patient Registration, Patient Benefit Coordination, PRC Technicians should work together to identify patients that have no resources or have resources that have lapsed. Teamwork can streamline the process providing a better customer experience.

Native American Ancestry / Descendancy

Terminology

Ancestry - General statement on tracing your American Indian ancestry for purposes of enrolling in a federally recognized American Indian tribe.

Genealogical Research - Provides general information as to where individuals can look in order to find the appropriate information they need to support their effort.

Enrollment Process - Provides a general description on what the Enrollment Process to a federally recognized tribe involves.

Benefits & Services Provided to American Indians and Alaska Natives - Provides a general description on what benefits and services are available to American Indians and Alaska Natives.

Establishing Native American Ancestry

Some people want to become enrolled members of a federally recognized tribe.

Others want to verify a family tradition (belief, fact or fiction, passed from generation to generation) that they descended from an American Indian, either in their distant or near past.

While others might want just to learn more about from whom and where they came.

Establishing Native American Ancestry (cont.)

When establishing descent from an Indian tribe for membership and enrollment purposes, the individual must provide genealogical documentation.

The documentation must prove that the individual lineally descends from an ancestor who was a member of the federally recognized tribe from which the individual claims descent.

A DNA test **DOES NOT** provide this, it gives you a starting point.

Establishing Native American Ancestry (cont.)

When people believe they may be of American Indian ancestry, they immediately write or telephone the nearest **Bureau of Indian Affairs** (**BIA**) office for information.

Many people think that the BIA retrieves genealogical information from a massive national Indian registry or comprehensive computer database. This is not true.

Most BIA offices, particularly the central (headquarters, Washington, DC) and area (field) offices do not keep individual Indian records and the BIA does not maintain a national registry. The BIA does not conduct genealogical research for the public.

Trace Native American Ancestry

To determine if you are eligible for membership in a federally recognized tribe, contact the tribe, or tribes, you claim ancestry from.

It is the individual tribes who set tribal enrollment requirements. Additional information on tracing American Indian or Alaska Native ancestry can be found:

Research - Examples

Cherokee Indian Ancestry - There are three federally recognized Cherokee Tribes that have different requirements for enrollment in their tribes.

Dawes Rolls -The Dawes Commission was organized in 1893 to accept applications for tribal enrollment between 1893-1907 from American Indians of the Five Civilized Tribes who resided in Indian Territory, which later became the eastern portion of Oklahoma.

Contacting a Tribal Entity - The BIA Tribal Leaders Directory

Frequently Asked Questions:

1. **QUESTION: Are Indian descendants eligible for PRC if they reside on a reservation?**

    Answer: Yes. See **42 C.F.R. 136.23** and **136.12**

2. **QUESTION: Why are Indian descendants not eligible for PRC off the reservation?**

    Answer: Indian descendants residing off the reservation may be eligible if they meet certain conditions. Pursuant to 42 C.F.R. 136.23 (a)(2)(i) and (ii), if not residing on the reservation such individuals must live within the PRCDA and (1) be members of the tribe(s) located on the associated reservation or (2) "maintain close economic and social ties with that tribe or tribes."

    Also see **42 C.F.R.136.23(b)** related to students and transients, and **42 C.F.R.136.23(d)** for foster children placed off the reservation.

Frequently Asked Questions:

3. **QUESTION: If 136.12 is mentioned in 136.23, does this mean Indians eligible for direct care are also automatically eligible for PRC?**

   Answer: No. In order to receive PRC, Indian beneficiaries must also meet the PRC eligibility requirements of **42 C.F.R. 136.23, 136.24** and **136.61**.

4. **QUESTION: Why do I have to apply for Alternate Resources?**

   Answer: This is required by 42 C.F.R. 136.61, Payor of last resort. Approval of PRC payment for services is considered after all other Alternate Resources (AR) are applied. Any patient who is potentially eligible is required to apply for the alternate resource.

Frequently Asked Questions:

4. **QUESTION: 42 C.F.R. 136.12 states "to persons of Indian descent belonging to the Indian community served by the local facilities and program.", and "an individual may be regarded as within the scope of the Indian health and medical service program if he/she is regarded as an Indian by the community in which he/she lives as evidenced by such factors as tribal membership, enrollment, residence on tax-exempt land, ownership of restricted property, active participation in tribal affairs, or other relevant factors in keeping with general Bureau of Indian Affairs practices in the jurisdiction.", why do we have to provide direct care services to Indians that do not belong to the community?**

Answer: The IHS adheres to an **"Open Door" policy** in which all Indian descendants are provided direct health care. See **Dear Tribal Leader Letter** from Dr. Trujillo dated January 10, 2000.

Dear Tribal Leader Letter from Dr. Trujillo dated January 10, 2000.

. . . the IHS is required to maintain services to Indian people based on the guidelines found in the current eligibility criteria at 42 Code of Federal Regulations (CFR),subparts A-G (1986).

This regulation requires the IHS to serve all persons of Indian descent, regardless of tribal affiliation, who belong to the local Indian community. Therefore, we provide services to any persons of Indian descent who seek treatment at an IHS facility. We ***do not*** require a finding that they "***belong to***" the local Indian community.

The eligibility regulation does not require a particular degree of Indian ancestry and does not define the term "Indian community".

In terms of PRC eligibility for eligible descendants:

"Indian descendants living on the reservation are eligible for PRC if they meet all the other PRC requirements. Indian descendants residing off the reservation may be eligible if they meet certain conditions. Pursuant

to **42 C.F.R. 136.23 (a)(2)(i) and (ii),** if not residing on the reservation such individuals must live within the PRCDA and

(1) be members of the tribe(s) located on the associated reservation or

(2) "maintain close economic and social ties with that tribe or tribes.""

Social and Economic Ties are listed as:

"Close social and economic ties are determined by the governing body, or designee, of the local Tribe. The IHS considers employees of the Tribe and spouses and children of eligible members of the Tribe to have close social and economic ties."

Non-Indian spouses can be considered eligible if there is a Tribal resolution to include all non-Indian spouses.

Referral is created:
- By Medical Provider (EHR Referral tied to Provider Name)
- ER Call-in Notification (RPMS Referral – RCIS, DE, ADD,
  (Note: Referrals should be specific with number of visits identified.
  Avoid statements – "Evaluation and Treat" use "Evaluation and Recommendation"
- If you cannot enter the referral, use the Call-in Form and the Nurse Care Manager or PRC Technician will enter within 72 hours.

Referral is submitted to PRC Review Committee
- Nurse Case Managers will review referrals for any missing information prior to the meeting.
- PRC Technician will coordinate the referrals and get committee meeting notes organized.

Committee members
- Assign priority levels for disposition planning – "Rack and Stack" referrals.
- Call-in referrals will be either APPROVED/DENIED.
- All other referrals will be assigned a priority level.
  Note: This is not approving the referral.
- The PRC Technician must use the priority level to determine funding amounts based on the weekly spending

More information needed
- If the committee determines that there is not enough information to assign a priority level, the Nurse Case Manager will use take the information and research for the next meeting to re-present again.
- The PRC Technician will run the **HEAL-RCIS-RPT-ADM-CHSR** report to locate any Active Pending referrals that may have not been reviewed.

Approving Referrals
- After the committee has assigned the priority level, the PRC Technician will determine funding levels for the week and approve **HEAL-RCIS-DE-EDIT-ECHS** all referrals that have the appropriate funding.
- PRC Technician will determine estimated costs associated with the referral.
- The PRC Technician will update the spending plan with estimated costs for all expected visits contained within the referral.
- The PRC Technician will issue a purchase order for all approved ER Call-in and notify the vendor/patient that the Call-in was approved. The PRC Technician will issue a PO within 5 business days and at **NO TIME** will an ER notification exceed 30 days.
- The PRC Technician will issue the appropriate denial letter **CHS-DEN-DEN**
- If the expected funding amounts exceed the estimated weekly spending amount all referrals that have not been funded will need to be Deferred (Unmet Need) **CHS-DEN-UMN**

Requesting a Referral Appointment
- The PRC Technician or Nurse Case Manager will call/fax the Provider to ensure they accept MLR for payment.
- Ensure you have a POC at the vendor with correct phone numbers.
- Print Referral **HEAL-RCIS-DE-LTRS-PRF** and fax to provider.
- If you are waiting for a referral date, contact the vendor daily.

Appointment date is provided
- Issue a PO to the vendor.
- When an appointment is received, mail a copy of the referral to the patient/vendor.
- The PRC Technician should send: the Approved referral, 5 day letter and any other relevant information.
- CALL provider back – this ensures you have a good POC and they did receive the fax information.

Additional Appointments
- If additional appointments are requested, the Nurse Case Manager will consult the original provider and update them on the status of the referral and the reason for the additional visits.
- The referral does not need to be represented to the committee, unless there are funding limits and the ability to pay for the additional visit does not exist.
- The Nurse Case Manager will get approval for the additional days and they will update the PRC Technician who will update the weekly spending plan.
- The Nurse will update the patients chart with a Nurse Case Manager note related to the request and the phone/in person visit.
- The PRC Technician **WILL NOT** submit EHR notes, only the Nurse Case Manager.

Referral Process

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Referral Entry

RCIS Data Entry Module

(IHS-HEAL-RCIS-DE-ADD)

◦ **Mini Referral Form**: used most often for data entry when providers are entering information directly into system upon initiation..

◦ **Complete Referral Form**: typically used when referral data is entered from hand written form.

◦ **Call-In Notification Form**: used when a patient has received services at an outside facility without prior authorization from your facility (requires notification within 72 hours).

◦ **Abbreviated Entry for Clinicians Form**: allows for quick creation of a referral without prompting for non-required fields.

EHR Referral Forms

After opening patient record in **Patient Chart** tab and selecting and existing visit/creating a new visit:

▪ **Add Template Referral:** Form fields are prepopulated based on the selected routine referral template.

▪ **Add Referral:** Information is entered on a blank form.

RCIS Referral Forms

MINI REFERRAL FORM

COMPLETE REFERRAL FORM

RCIS Referral Forms (cont.)

CALL – IN NOTIFICATION FORM   ABBREVIATED ENTRY FOR CLINICIANS FORM

EHR Referral Form

Business Office Notes

Allows appropriate individual(s) from the business office/PRC to enter comments pertaining to the referral record.

- ◦ Managed Care Committee Action, communication with patient regarding referral, appointment details, date(s) referral information sent to vendor, date(s) medical records received from vendor, etc.

RCIS Edit Referral Options

(RCIS-DE-EDIT-BOC)

- ◦ Entry only! Edits done from RCIS Management Menu.

EHR Referral Form

When adding a referral

When editing existing referral

Purchased Referred Care Review Committee

Function:
- Review PRC referral requests and notifications for emergency care.
- Determine medical priority to rank referrals based on relative medical need
- Monitor expenditure of PRC funds.

Requirements:
- Defined policies and procedures regarding PRC referral process.
- Meeting notes
  - Summarization of decisions and activities for each case
  - Maintain & make available for review as requested by IHS Officials.
- Weekly meetings

PRC Review Committee members are **required** to recuse themselves from referral, case/care discussions and decisions involving services for family members or relatives.
- Meeting records will include documentation indicated reason committee member was recused.

An IHS employee with procurement authority is prohibited from signing the purchase order for a family member or relative.

Criteria for Payment Decisions

1. **Patient must be PRC eligible**

2. **Care must be within medical priorities**

3. **Requested service not available in accessible IHS/Tribal facility**

4. **Funds must be available**
   a. When funds are not available, PRC requests must still be ranked within medical priorities by the committee.
   b. Obligation of PRC funds for a referral when no funds are available is violation of Anti-Deficiency Act.
      i. Federal employees who violate act subject to administrative and penal sanctions.
         - Suspension from duty without pay or removal from office; fines, imprisonment or both

5. **PRC referrals can then be authorized to the weekly spending limit, after which all others must be deferred or denied.**

6. **Care must not be deferred for cases where full reimbursement through alternate resources is available.**

How to Display a Purchase Order Document – "DID"

```
HEAL    Health Applications ...
EXEC    Administrative Applications ...
MAIL    MailMan Menu ...
FMG     FileMan (General) ...
PCC+    New Encounter Form ...
PIHS    IHS-Specific Pharmacy Options ...
VS      IHS Vital Statistics Registry ...
NM      Nurse Menu ...
BPM     IHS Patient Merge ...
BXT     Parameter Audit System Menu ...
JVN     JVN Main Menu ...
WAL     Walgreens Prescription Program ...


You've got PRIORITY mail!


Select IHS Core Option: HEAL
```

1. Type "HEAL", and hit the enter key

```
3P      Third Party Billing System ...
AG      Patient Registration ...
AGM     Patient registration ...
CHRS    Community Health Representative System ...
CHS     Contract Health System ...
CMS     Case Management System ...
DIET    Nutrition and Dietetics Menu ...
DMS     Diabetes Management System ...
FLAG    Patient Record Flags Main Menu ...
IMM     Immunization Menu ...
LAB     IHS Short Lab Main Menu ...
PCC     Patient Care Component ...
PDM     Pharmacy Data Management ...
PIHS    IHS-Specific Pharmacy Options ...
POC     POC Results Entry ...
PS1     Pharmacist Menu ...
PS2     Pharmacy Technician's Menu ...
PSM     Outpatient Pharmacy Manager ...
RCIS    Referred Care Information System ...
ROIS    RELEASE OF INFORMATION SYSTEM ...
SD      Scheduling Menu ...
TBL     PCC Local Table Maintenance ...

          Press 'RETURN' to continue, '^' to stop:
TEXT    Text Integration Utilities (MIS Manager) ...
WH      Women's Health Menu ...


You've got PRIORITY mail!


Select Health Applications Option: CHS
```

2. Type "CHS", and hit the enter key.

```
DOC       Document Generation ...
PAY       Pay/Edit Documents ...
PRT       Document Printing ...
ACC       Account Balances ...
PT        Patient Data
VEN       Provider/Vendor Data
DIS       Display Documents ...          ◄───────── 3. Type "DIS", and hit the enter key
DCR       Document Control Register
MGT       Facility Management ...
DEN       CHS Denial/Unmet Needs ...
EMNU      Electronic Signature Authorization Menu
XXXX      CHS Programmer Utilities
```

3. Type "DIS", and hit the enter key

```
                    Display Documents

DID       Display Individual CHS Documents       ◄── 4. Type "DID", and hit the enter key
VP        View Document Summaries for a Specific Patient
VV        View Document Summaries by Vendor
DOCD      Captioned Display of P.O. Document Data
TRD       Display Document Transactions


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You've got PRIORITY mail!

Select Display Documents Option: DID  Display Individual CHS Documents

Select Document:
```

4. Type "DID", and hit the enter key

5. You will need to know the PO number:

20 U 88 00000

20 – FY

U – Nashville

88 – Mid-Atlantic SU

00000 – 5 digit sequential number beginning with 1

Note: When working in MASU you can leave out U88

6. When you type the PO number, it will Automatically take you the PO.

```
Apr 05, 2021        Hospital Service        2       0-U88-
                                    HHS Order No:  HHSI

            Patient              |      Ordering Facility & Provider
Fac:        IHS#:                | MID-ATLANTIC SERVICE UNIT
                                 | 400 N 8TH ST, RM G63
                                 | RICHMOND VA 23219
                                 | 519110
--------------------------------|------------------------------------
Est. date-of-svc.: Apr 05, 2021 | HANOVER HEALTH & REHAB CENTER
                                 | 8139 LEE DAVIS ROAD
                                 | MECHANICSVILLE, VA  23111
Est. Days: 79                    | 1341629863   Open Market
--------------------------------|------------------------------------
Auth. From Apr 05, 2021 to Jun 23, 2021    --- SCC:
DCR                                         CAN/OBJ:          ---
  Estimated Charge: $15,000.00             Days: 79
    Initial Obligation      15000.00
    Amount Canceled:            0.00  ( Items)
    Amount Of Supplements       0.00  ( )
                            ---------
CURRENT OBLIGATION BALANCE   15000.00     (IHS)   (3rd PARTY)
    2 Interim Payments for a Total of:   12,546.91  11,325.04
       FINAL PAYMENT ON Nov 29, 2021:     4,155.93       0.00
                       TOTAL PAYMENTS:   16,702.84  11,325.04
```
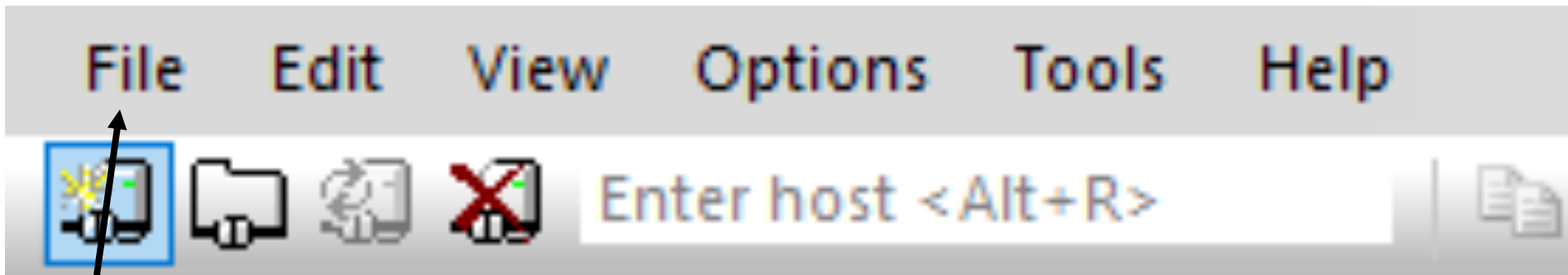
7. You can print this document from the screen. Select "FILE" from the top ribbon then select "PRINT", "PRINT SCREEN"

How to Display Purchase Orders for a Specific Patient – "VP"

```
HEAL    Health Applications ...
EXEC    Administrative Applications ...
MAIL    MailMan Menu ...
FMG     FileMan (General) ...
PCC+    New Encounter Form ...
PIHS    IHS-Specific Pharmacy Options ...
VS      IHS Vital Statistics Registry ...
NM      Nurse Menu ...
BPM     IHS Patient Merge ...
BXT     Parameter Audit System Menu ...
JVN     JVN Main Menu ...
WAL     Walgreens Prescription Program ...


You've got PRIORITY mail!


Select IHS Core Option: HEAL█
```

1. Type "HEAL", and hit the enter key

```
3P      Third Party Billing System ...
AG      Patient Registration ...
AGM     Patient registration ...
CHRS    Community Health Representative System ...
CHS     Contract Health System ...
CMS     Case Management System ...
DIET    Nutrition and Dietetics Menu ...
DMS     Diabetes Management System ...
FLAG    Patient Record Flags Main Menu ...
IMM     Immunization Menu ...
LAB     IHS Short Lab Main Menu ...
PCC     Patient Care Component ...
PDM     Pharmacy Data Management ...
PIHS    IHS-Specific Pharmacy Options ...
POC     POC Results Entry ...
PS1     Pharmacist Menu ...
PS2     Pharmacy Technician's Menu ...
PSM     Outpatient Pharmacy Manager ...
RCIS    Referred Care Information System ...
ROIS    RELEASE OF INFORMATION SYSTEM ...
SD      Scheduling Menu ...
TBL     PCC Local Table Maintenance ...

           Press 'RETURN' to continue, '^' to stop:
TEXT    Text Integration Utilities (MIS Manager) ...
WH      Women's Health Menu ...


You've got PRIORITY mail!


Select Health Applications Option: CHS█
```

2. Type "CHS", and hit the enter key.

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DOC     Document Generation ...
PAY     Pay/Edit Documents ...
PRT     Document Printing ...
ACC     Account Balances ...
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TRD     Display Document Transactions
```

4. Type "VP", and hit the enter key

5. You will need to type the "Patient Name" and hit enter:

```
You've got PRIORITY mail!

Select Display Documents Option: vp  View Document Summaries for a Specific Pati
ent
Select PATIENT NAME: █
```

6. Type in a date range or use "T-". This will take you back
The number of days used. Example T-1000 will take you back
1000 days from the current date.
Select a "Beginning Date" and an "Ending Date"

```
Enter The BEGINNING Date For The DOCUMENTS FOR A PATIENT Report:  t-1000  (JUL 2
4, 2019)

Enter The ENDING Date For The DOCUMENTS FOR A PATIENT Report:  T
```

```
TYPE of service:    1    43 (HOSPITAL SERVICE)
                    2    57 (DENTAL SERVICE)
                    3    64 (OUTPATIENT SERVICE)

Select TYPE of service (1 - 3  'A' = 'ALL') ALL //
DEVICE: HOME//
```

7. Hit the enter key – "ALL" will be selected from the type
of service.
Device: Home// - If you hit the enter key, it will allow you to
print to the screen. If you type "SLAVE", it will print to your
default printer.
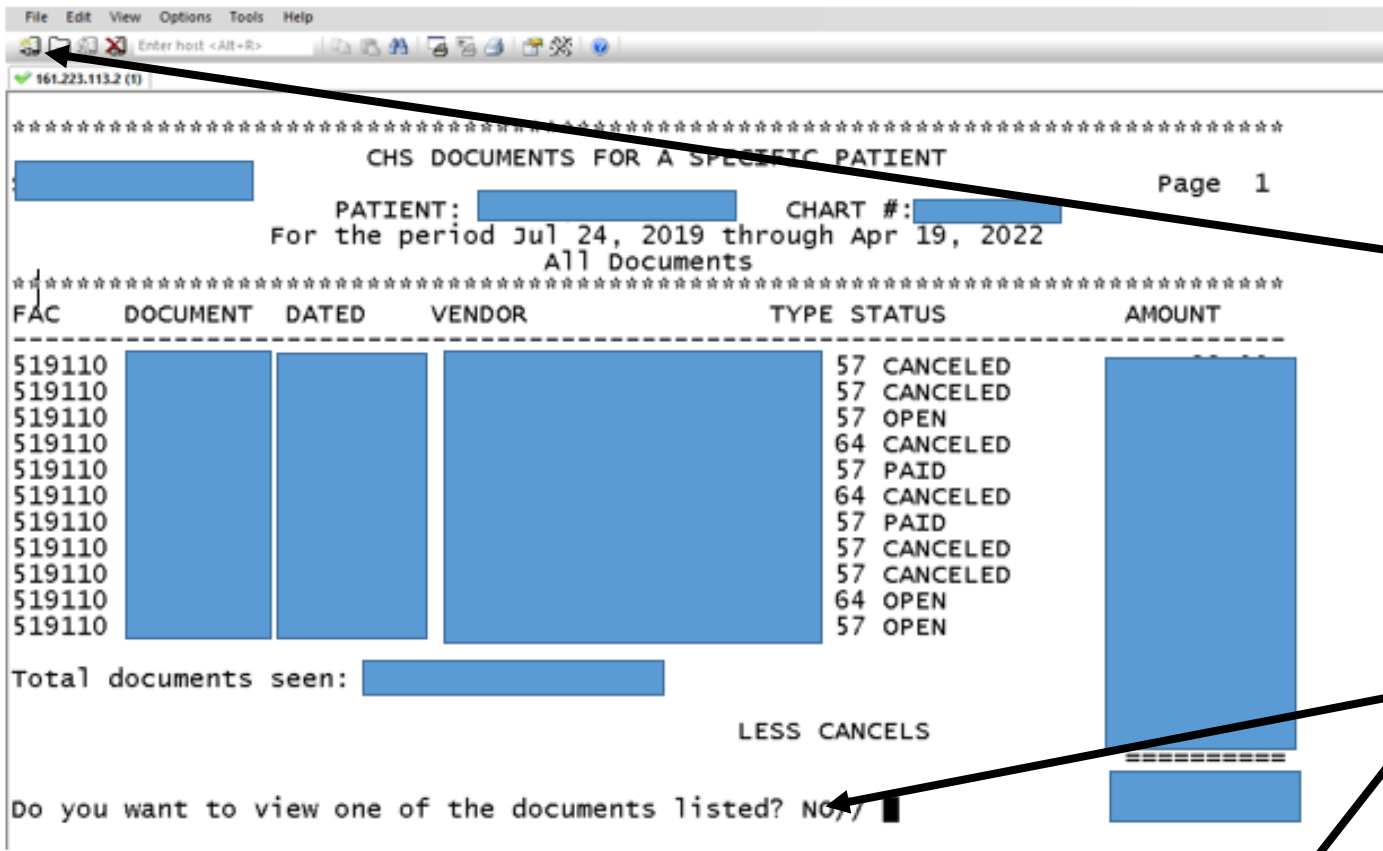
8. You can print this document from the screen. Select "FILE" from the top ribbon then select "PRINT", "PRINT SCREEN"

9. You can display a specific document by typing "Y" and then type in the document from the information associated with the patient you selected.

How to Display **DETAILED** Purchase Order Information – "DOCD"

```
HEAL    Health Applications ...
EXEC    Administrative Applications ...
MAIL    MailMan Menu ...
FMG     FileMan (General) ...
PCC+    New Encounter Form ...
PIHS    IHS-Specific Pharmacy Options ...
VS      IHS Vital Statistics Registry ...
NM      Nurse Menu ...
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BXT     Parameter Audit System Menu ...
JVN     JVN Main Menu ...
WAL     Walgreens Prescription Program ...


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MGT      Facility Management ...
DEN      CHS Denial/Unmet Needs ...
EMNU     Electronic Signature Authorization Menu
XXXX     CHS Programmer Utilities
```

3. Type "DIS", and hit the enter key

```
                    Display Documents

DID      Display Individual CHS Documents
VP       View Document Summaries for a Specific Patient
VV       View Document Summaries by Vendor
DOCD     Captioned Display of P.O. Document Data
TRD      Display Document Transactions


Select Display Documents Option: DOCD  Captioned Display of P.O. Document Data


Select Document:
```

4. Type "DOCD", and hit the enter key

5. You will need to know the PO number:
20 U 88 00000
20 – FY
U – Nashville
88 – Mid-Atlantic SU
00000 – 5 digit sequential number beginning with 1
Note: When working in MASU you can leave out U88 – 0.00000

```
Select Document:  0-                          PAID      0


         Select one of the following:

             P          PRINT Output
             B          BROWSE Output on Screen

Do you want to : PRINT//
```

6. Device: "PRINT//" Hit the enter key

```
Do you want to : PRINT//  Output
DEVICE: HOME//
```

7. Device: HOME// - If you hit the enter key, it will allow you to print to the screen. If you type "SLAVE", it will print to your default printer.

NOTE: This will provide you with a detailed report who, what, when, amounts, paid dates, check number, etc.

How to Display Vendor Specific Related Information – "VV"

```
HEAL    Health Applications ...
EXEC    Administrative Applications ...
MAIL    MailMan Menu ...
FMG     FileMan (General) ...
PCC+    New Encounter Form ...
PIHS    IHS-Specific Pharmacy Options ...
VS      IHS Vital Statistics Registry ...
NM      Nurse Menu ...
BPM     IHS Patient Merge ...
BXT     Parameter Audit System Menu ...
JVN     JVN Main Menu ...
WAL     Walgreens Prescription Program ...


You've got PRIORITY mail!


Select IHS Core Option: HEAL█
```

1. Type "HEAL", and hit the enter key

```
3P      Third Party Billing System ...
AG      Patient Registration ...
AGM     Patient registration ...
CHRS    Community Health Representative System ...
CHS     Contract Health System ...
CMS     Case Management System ...
DIET    Nutrition and Dietetics Menu ...
DMS     Diabetes Management System ...
FLAG    Patient Record Flags Main Menu ...
IMM     Immunization Menu ...
LAB     IHS Short Lab Main Menu ...
PCC     Patient Care Component ...
PDM     Pharmacy Data Management ...
PIHS    IHS-Specific Pharmacy Options ...
POC     POC Results Entry ...
PS1     Pharmacist Menu ...
PS2     Pharmacy Technician's Menu ...
PSM     Outpatient Pharmacy Manager ...
RCIS    Referred Care Information System ...
ROIS    RELEASE OF INFORMATION SYSTEM ...
SD      Scheduling Menu ...
TBL     PCC Local Table Maintenance ...

        Press 'RETURN' to continue, '^' to stop:
TEXT    Text Integration Utilities (MIS Manager) ...
WH      Women's Health Menu ...


You've got PRIORITY mail!


Select Health Applications Option: CHS█
```

2. Type "CHS", and hit the enter key.

```
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
```

3. Type "DIS", and hit the enter key

```
                    Display Documents

DID     Display Individual CHS Documents
VP      View Document Summaries for a Specific Patient
VV      View Document Summaries by Vendor
DOCD    Captioned Display of P.O. Document Data
TRD     Display Document Transactions
```

4. Type "VV", and hit the enter key

5. You will need to know the Vendor Information. Use all capital letters when typing the information.
In this example we used – BWJ

```
Select Display Documents Option: VV  View Document Summaries by Vendor
Enter Provider/Vendor: BWJ
```

```
Enter Provider/Vendor:   BWJ DENTISTRY PLLC
                              EIN.....:
                              MAIL TO.: 101 MCKENNA CIRCLE, LYNCHBURG
                              REMIT TO: 8642 FOREST ROAD, GOODE
                              REMIT TO-CITY..: GOODE

Enter The BEGINNING Date For The DOCUMENTS BY PROVIDER/VENDOR Report:  T-1000
JUL 24, 2019)

Enter The ENDING Date For The DOCUMENTS BY PROVIDER/VENDOR Report:  T  (APR 1
2022)

TYPE of service:    1    43 (HOSPITAL SERVICE)
                    2    57 (DENTAL SERVICE)
                    3    64 (OUTPATIENT SERVICE)

Select TYPE of service (1 - 3 'A' = 'ALL') ALL //

Type of Report:

1  list only PAID documents
2  list only OPEN documents
3  list only CANCELLED documents
4  list ALL documents
5  print TOTALS ONLY (no specific documents)

list ALL documents// 2
```

6. Type in a date range or use "T-". This will take you back
The number of days used. Example T-1000 will take you back
1000 days from the current date.
Select a "Beginning Date" and an "Ending Date"

7. Hit the enter key – "ALL" will be selected from the type of service.

8. Type "2" for open documents that have not paid out

```
        Select one of the following:

            1           Purchase Order
            2           Patient
Sort by: 2// 1  Purchase Order
```

9. You can choose between "Purchase Order" or " Patient"

```
        Select one of the following:

            P           PRINT Output
            B           BROWSE Output on Screen
Do you want to : PRINT// █
```

10. Device: "PRINT//" Hit the enter key

```
        Select one of the following:

            P           PRINT Output
            B           BROWSE Output on Screen
Do you want to : PRINT//   Output
DEVICE: HOME//
```

11. Device: HOME// - If you hit the enter key, it will allow you to
print to the screen. If you type "SLAVE", it will print to your default printer.

```
                PROVIDER-SPECIFIC CHS ACTIVITIES SUMMARY
                BWJ DENTISTRY PLLC     EIN #: 1
            For the period Jul 24, 2019 through Apr 19, 2022
                        OPEN documents only
*******************************************************************
DOC. #: 0-U88-                          SERVICE: 57 (DENTAL SERVICE)

-----------------------------------------------------------------
DOC. #: 0-U88-                          SERVICE: 57 (DENTAL SERVICE)

-----------------------------------------------------------------
DOC. #: 1-U88-                          SERVICE: 57 (DENTAL SERVICE)

-----------------------------------------------------------------
DOC. #: 1-U88-                          SERVICE: 57 (DENTAL SERVICE)

-----------------------------------------------------------------
DOC. #: 1-U88-                          SERVICE: 57 (DENTAL SERVICE)

-----------------------------------------------------------------
```

12. This report will allow you to verify if a patient went to an appointment, Patient related DOS, or other related vendor data.

UDO Reports

The undelivered orders (UDO) report reflects unused funds associated with a particular PO.

Either the PO was over obligated, incorrect charges (interest payments), or the funds have not been obligated at all.

Once all invoices are received and paid remaining balance can be recovered and funds recycled, depending on accounting data.

◦ X Funds - roll over from year to year

◦ H&C Funds will expire (2 years)

Individually verify open document in RPMS:

CHS-MGT-PR-DSR

Reports are provided monthly by HQ

Subject Area	Description	Responsible Staff	Area Office Staff
CORE	Old converted documents. These should be closed ASAP	Mostly Finance Staff. These are stale UDO and can be closed fairly easily.	
GovTrip	Old travel awards. These should be closed ASAP	Finance/Travel Staff	
CONCUR	New travel awards	Finance/Travel Staff	
CHS MIS	PRC awards	Finance/PRC	
Manual and Blanks	Manual POs and iProc direct obligations POs	Finance	
POR, CAL, DAL etc.	PRISM Awards, contracts. Old contracts and awards should be closed out.	Contracting Staff	

UDO Cumulative Total – Track this for trends

Location	Nov-22				Total
	2020	2021	2022	2023	
	44	304	584	88	1,020
		22	63	21	106
		25	262	172	459
	931	1,104	773		2,808
	11	220	1,082	268	1,581
		3	72	10	85
Total	986	1,678	2,836	559	6,059

UDO Total Dollars – Track this for trends

Nov-22					
Location	2020	2021	2022	2023	Total
	$33,486.00	$239,531.84	$369,029.71	$60,717.39	$702,764.94
		$14,861.00	$67,868.17	$14,605.40	$97,334.57
		$54,098.67	$470,725.06	$223,426.93	$748,250.66
	$118,082.81	$146,422.54	$166,420.43		$430,925.78
	$3,478.24	$101,219.73	$420,267.76	$130,994.41	$655,960.14
		$1,017.87	$150,037.17	$44,768.00	$195,823.04
Total	$155,047.05	$557,151.65	$1,644,348.30	$474,512.13	$2,831,059.13

Required to Work on a Monthly Basis

AP	PO#	PO Release #	Total Obligation Amount	Net Disbursements	Total Received Amount	Undelivered Orders	UDO Unpaid	Fund	Budget FY	Location Description	
51			$25,000.00	$0.00	$0.00	$25,000.00	$25,000.00	0J070000000DA0	2021		Robert please contact F.I.
51			$408.00	$0.00	$0.00	$408.00	$408.00	0J070000000DA0	2021		correct claim sent to F.I. 6/30/21. 2/08/22 in Process
51			$494.00	$0.00	$0.00	$494.00	$494.00	0J070000000DA0	2021		Paid 5/09/22 240.14
51			$3,212.00	$0.00	$0.00	$3,212.00	$3,212.00	0J070000000DA0	2021		cxld 5/09/22
51			$75.00	$0.00	$0.00	$75.00	$75.00	0J070000000DA0	2021		Provder waiting on Eob From insurance. 2/08/22
51			$400.00	$0.00	$0.00	$400.00	$400.00	0J070000000DA0	2021		Paid 5/09/22 40.00
51			$400.00	$0.00	$0.00	$400.00	$400.00	0J070000000DA0	2021		requested claim on 9/01/21 Requested claim 2/09/22
51			$400.00	$0.00	$0.00	$400.00	$400.00	0J070000000DA0	2021		Claim sent 5/02/22
51			$7,397.73	$7,394.00	$0.00	$3.73	$3.73	0J070000000DA0	2021		Paid 7/14/21 7397.73
51			$1,500.00	$0.00	$0.00	$1,500.00	$1,500.00	0J070000000DA0	2021		Prover waiting for EOB from insurance
51			$400.00	$0.00	$0.00	$400.00	$400.00	0J070000000DA0	2021		Provider Vitkus no claim.
51			$140.76	$0.00	$0.00	$140.76	$140.76	0J070020210DA0	2021		2/08/22- 12/20/21 EOB sent for DOS 6/18/21

The Area Office tracks this each month

PRC Service Unit Monthly UDO Totals

Legend: ■ January ■ February ■ March ■ April ■ May ■ June ■ July ■ August ■ October
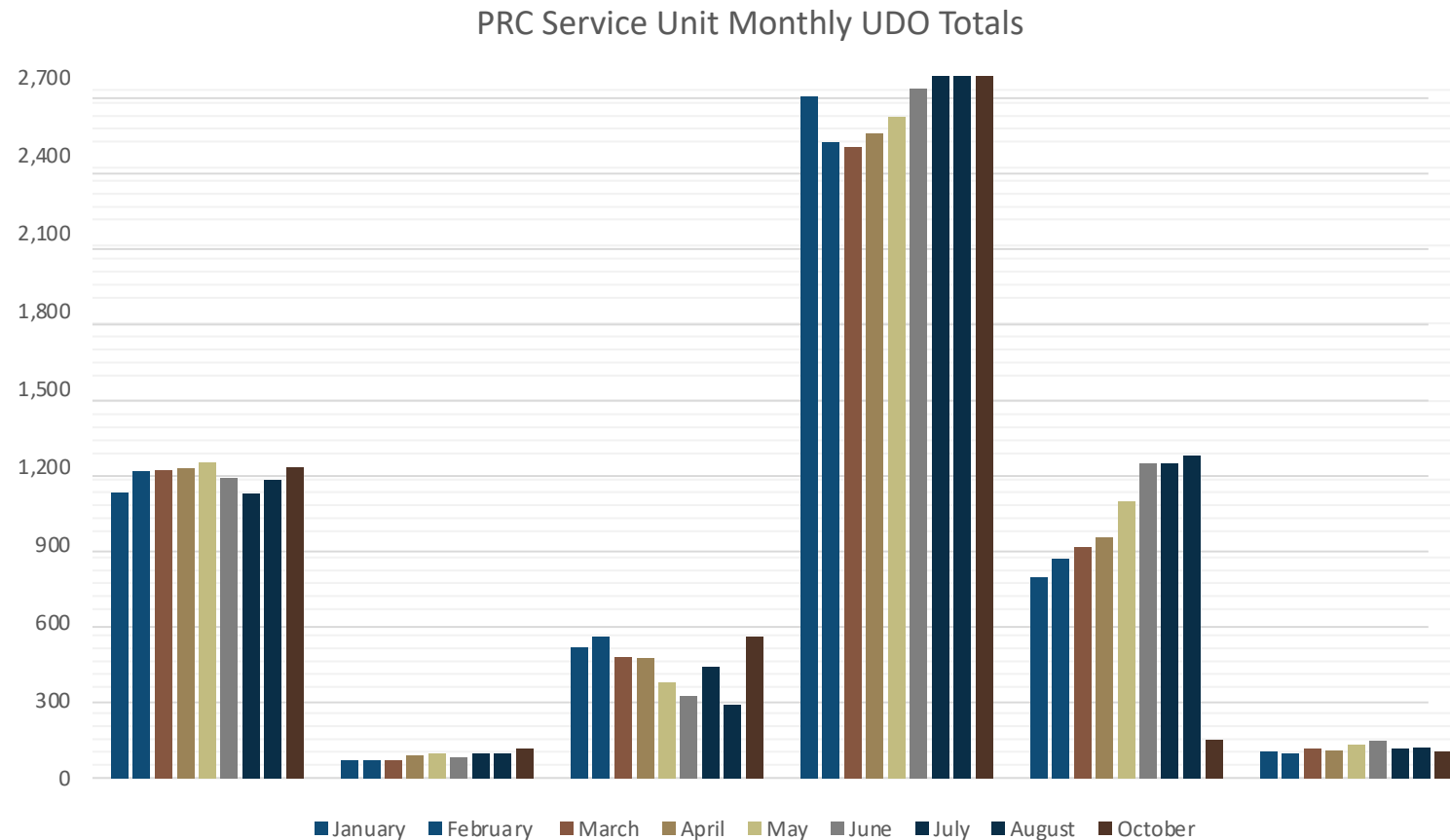
Fiscal Intermediary – Blue Cross/Blue Shield NM

IHS Fiscal Intermediary

- Processes payments
- Coordinates benefits
- Calculates Medicare like rates
- Performs quality reviews

How to File IHS Claims

- In order to have your claims processed timely, accurately and without delays, please review the following tips with your staff and post this flier.

- Include the following documents when submitting claims to the FI:
  - Submit a Purchase Delivery Order (PDO)
  - Patient's name on the PDO must be an exact match to name on claim.
  - Provider's EIN and billing address on PDO must be an exact match to claim.

How to File IHS Claims

PDO number (10 alphanumeric characters with no dashes or spaces) and IHS Patient Health Record Number (HRN) [6 digits with a leading zero] should be written on the claim as follows:

YY	U	XX	12345
23	U	XX	12345

YY – Two digit year I.e 23 =2023

U- Nashville

XX - Service Unit location

12345 – sequential number beginning with 00001

Payment Requests (cont.)

A purchase order will comprise the following:

<div align="center">

9 – UXX – 12345

</div>

9 – Fiscal Year monies obligated (FY 19)

U – Nashville Are Office

XX – Service Unit Name

12345 – Referenced sequential numerical number

Submit a Claim Form (CMS-1450, CMS-1500, ADA)

CMS-1500 form: PDO# in Box 23 and HRN 1A

CMS-1450 (UB) form: PDO# in Box 63 and HRN in Box 80

ADA form: PDO# in Box 35

UB-04 form

Write the PO number in box 63

63 TREATMENT AUTHORIZATION CODES

HCFA 1500 form

Write the PO number in box 23 of the form

23. PRIOR AUTHORIZATION NUMBER

ADA form

Write the PO number in Box 35

35. Remarks

How to File IHS Claims (cont.)

All claims must be complete and legible. Missing, invalid, or illegible dates of service, codes, charges, bill type, and other claim information may result in payment delays.

Submit all related charges with the original PDO. Additional/late charges require that you contact the IHS Service Unit for a new PDO.

Submit one PDO per claim; i.e., if more than one PDO was given to you for different date spans, bill the dates on separate claims.

Do not combine the charges on one claim and submit with multiple PDOs.

How to File IHS Claims (cont.)

Submit a final (not interim denial), legible Explanation of Benefits from every insurance carrier (patient's insurance is indicated on PDO)

Total charges on the EOB must match total charges on the claim.

Patient's name on the EOB must match patient's name on the claim.

The date(s) of service on the EOB must match the date(s) of service on the claim.

The denial/remark code descriptions are required by the FI. If they are missing or illegible, payment may be delayed until this information is received.

Provider must submit additional information to the carrier, the Service Unit, and/or the FI as required for denials.

How to File IHS Claims(cont.)

Mail the packet to the address at the top of this form. Do not fax claims — faxed copies are often illegible, which may cause delays in processing.

Submit a W9 form with the claim if you have never filed a claim with the Fl.

Blue Cross and Blue Shield of New Mexico

P.O Box 13509

Albuquerque, New Mexico 87192-3509

Customer Service 1-800-225-0241

Fiscal Intermediary (FI) Pend Report

Listing of all claims pended by the FI

Must be downloaded monthly with available data reflecting the previous month's list of pended claims.

Updates must be scanned in and send to the AO by the 22nd of each month or local internal policy.

The Area Office may track updates each month

Site	December	January	February	March	April	May	June	July	August	September
	194	250	339	317	394	348	307	354	282	353
	21	23	20	32	35	32	38	36	64	46
	75	133	163	220	178	129	201	94	105	109
	122	114	105	128	105	102	136	121	143	126
	127	145	162	153	138	211	159	157	157	283
	17	20	29	59	58	61	34	30	34	21
	3	3	3	3	3	3	3	3	3	3
Total	559	688	821	912	911	886	878	795	788	941

FI Pend Report Total Numbers

MYPRCFI.com

WEB REPORT REPOSITORY:

Select Monthly Pended Claims Activity Report

Click Submit

MYPRCFI.com (cont.)

```
03/30/19                          IHS/PRC FISCAL INTERMEDIARY                        PAGE
REPORT ID: IHS4465J               PENDED CLAIMS ACTIVITY REPORT
                                     MONTH OF MARCH, 2019

AREA OFFICE: AREA NAME
   FACILITY: SERVICE UNIT        0000000
   DOC REF: 323/325 (MEDICAL)                  PATIENT SPECIFIC
 PURCHASE  PATIENT  HEALTH  BEGIN    DATE    3 PPA   PROVIDER         FI       OBLIGATION    DATE   PEND   Q CURR   ADDL
 ORDER NO   NAME    REC NO   DOS     RECD    0 C/U    BILLED       PAYABLE     AMT (ODF)     PEND  QUERY   D PEND   PENDS
                                                                                                    
2014  NON-BLANKET
14Z0000000 NAME,P.  11380 09/21/13 01/27/14 *  U       669.00        1.63        0.00    02/07/14           S01N
14Z0000000 NAME,P.  10131 09/30/13 02/03/14 *  U         0.00       20.48        0.00    03/15/18           S01N
14Z0000000 NAME,P.    732 09/29/13 03/25/14 *  C     2,694.00    2,694.00        0.00    04/18/14           S01N
14Z0000000 NAME,P.   8340 08/05/13 11/15/13 *  C         0.00      885.34        0.00    08/06/15           S01N
14Z0000000 NAME,P.  15672 01/20/14 04/19/18 *  C     1,297.00    1,297.00        0.00    05/16/18           S01N
14Z0000000 NAME,P.  27476 08/13/13 05/19/14 *  U         0.00      381.50        0.00    09/18/14           S01N
14Z0000000 NAME,P.  27476 08/22/13 05/21/14 *  U         0.00    3,103.00        0.00    09/18/14           S01N
14Z0000000 NAME,P.  11124 03/24/14 02/19/18 *  C     1,025.00       68.01        0.00    03/15/18           S01N
14Z0000000 NAME,P.   8743 02/07/13 07/28/14 *  C        92.00       14.95        0.00    06/01/18           S01N
14Z0000000 NAME,P.   7448 12/14/13 09/22/14 *  U         0.00       34.67        0.00    03/02/18           S01N
14Z0000000 NAME,P.  20148 05/31/13 10/16/14 *  U         0.00    1,237.00        0.00    08/23/17           S01N
14Z0000000 NAME,P.   9914 04/05/13 10/16/14 *  U         0.00       30.00        0.00    08/23/17           S01N
14Z0000000 NAME,P.   7294 01/14/14 10/16/14 *  U         0.00                    0.00    08/22/18           S06R
           TOTAL 2014  NON-BLANKET               5,777.00
           TOTAL 2014                            5,777.00
2015  NON-BLANKET
15Z0000000 NAME,P   68175 10/08/13 03/02/18 *  C     6,987.00    1,803.16        0.00    03/29/18           S01N
15Z0000000 NAME,P    8659 10/10/14 10/05/17 *  U       832.00                    0.00    11/01/17           P02E S01N
15Z0000000 NAME,P    5273 08/20/14 03/09/15 *  C        61.00       61.00        0.00    04/14/15           S01N
15Z0000000 NAME,P   11409 01/23/15 08/22/18 *  U       307.00       20.00        0.00    09/17/18           S01N
15Z0000000 NAME,P    3335 04/02/15 07/20/18 *  C       171.84      171.84        0.00    08/14/18           S01N
15Z0000000 NAME,P   22191 07/15/15 03/02/18 *  C       198.00       40.00        0.00    03/29/18           S01N
15Z0000000 NAME,P   10724 03/19/15 01/30/17 *  U         0.00      211.34        0.00    05/25/18           S01N
15Z0000000 NAME,P    3104 12/14/14 09/17/18 *  C       555.32      555.32        0.00    10/11/18           S01N
15Z0000000 NAME,P    2424 08/25/15 03/02/18 *  C       335.00       20.00        0.00    03/29/18           S01N
15Z0000000 NAME,P    9448 03/11/15 01/29/16 *  C       255.42       38.61        0.00    02/22/16           S01N
           TOTAL 2015  NON-BLANKET               9,702.58
           TOTAL 2015                            9,702.58
```

PENDED CLAIMS:

Pend Report Includes Purchase Orders With Pended Claims as of the Reporting Period

Pend Report is Sorted by
- Patient Specific / Non-Patient Specific
- PO Fiscal Year
- Blanket / Non-Blanket

MYPRCFI.com (cont.)

```
03/30/19                              IHS/PRC FISCAL INTERMEDIARY                              PAGE
REPORT ID: IHS4465J                   PENDED CLAIMS ACTIVITY REPORT
                                      MONTH OF MARCH, 2019

AREA OFFICE: AREA NAME
   FACILITY: SERVICE UNIT      0000000
   DOC REF: 323/325 (MEDICAL)                    PATIENT SPECIFIC
  PURCHASE   PATIENT HEALTH  BEGIN    DATE   3 PPA  PROVIDER        FI        OBLIGATION    DATE    PEND   Q CURR   ADDL
  ORDER NO   NAME    REC NO  DOS      RECD   0 C/U  BILLED        PAYABLE     AMT (ODF)     PEND    QUERY  D PEND   PENDS
                     _____  _____    _____  _ ___  _____       _____    _____    _____   _____  _ ____   _____
2014  NON-BLANKET
 14Z0000000 NAME,P.  11380  09/21/13 01/27/14 *  U     669.00         1.63        0.00    02/07/14               S01N
 14Z0000000 NAME,P.  10131  09/30/13 02/03/14 *  U       0.00        20.48        0.00    03/15/18               S01N
 14Z0000000 NAME,P.    732  09/29/13 03/25/14 *  C   2,694.00     2,694.00        0.00    04/18/14               S01N
 14Z0000000 NAME,P.   8340  08/05/13 11/15/13 *  C       0.00       885.34        0.00    08/06/15               S01N
 14Z0000000 NAME,P.  15672  01/20/14 04/19/18 *  C   1,297.00     1,297.00        0.00    05/16/18               S01N
 14Z0000000 NAME,P.  27476  08/13/13 05/19/14 *  U       0.00       381.50        0.00    09/18/14               S01N
 14Z0000000 NAME,P.  27476  08/22/13 05/21/14 *  U       0.00     3,103.00        0.00    09/18/14               S01N
 14Z0000000 NAME,P.  11124  03/24/14 02/19/18 *  C   1,025.00        68.01        0.00    03/15/18               S01N
 14Z0000000 NAME,P.   8743  02/07/13 07/28/14 *  C      92.00        14.95        0.00    06/01/18               S01N
 14Z0000000 NAME,P.   7448  12/14/13 09/22/14 *  U       0.00        34.67        0.00    03/02/18               S01N
 14Z0000000 NAME,P.  20148  05/31/13 10/16/14 *  U       0.00     1,237.00        0.00    08/23/17               S01N
 14Z0000000 NAME,P.   9914  04/05/13 10/16/14 *  U       0.00        30.00        0.00    08/23/17               S01N
 14Z0000000 NAME,P.   7294  01/14/14 10/16/14 *  U       0.00                     0.00    08/22/18               S06R
            TOTAL 2014  NON-BLANKET              5,777.00
            TOTAL 2014                           5,777.00
2015  NON-BLANKET
 15Z0000000 NAME,P   68175  10/08/13 03/02/18 *  C   6,987.00     1,803.16        0.00    03/29/18               S01N
 15Z0000000 NAME,P    8659  10/10/14 10/05/17 *  U     832.00                     0.00    11/01/17          P02E S01N
 15Z0000000 NAME,P    5273  08/20/14 03/09/15 *  C      61.00        61.00        0.00    04/14/15               S01N
 15Z0000000 NAME,P   11409  01/23/15 08/22/14 *  U     307.00        20.00        0.00    09/17/18               S01N
 15Z0000000 NAME,P    3335  04/02/15 07/20/18 *  C     171.84       171.84        0.00    08/14/18               S01N
 15Z0000000 NAME,P   22191  07/15/15 03/02/18 *  C     198.00        40.00        0.00    03/29/18               S01N
 15Z0000000 NAME,P   10724  03/19/15 01/30/17 *  U       0.00       211.34        0.00    05/25/18               S01N
 15Z0000000 NAME,P    3104  12/14/14 09/17/18 *  C     555.32       555.32        0.00    10/11/18               S01N
 15Z0000000 NAME,P    2424  08/25/15 03/02/18 *  C     335.00        20.00        0.00    03/29/18               S01N
 15Z0000000 NAME,P    9448  03/11/15 01/29/16 *  C     255.42        38.61        0.00    02/22/16               S01N
            TOTAL 2015  NON-BLANKET              9,702.58
            TOTAL 2015                           9,702.58
```

PENDED CLAIMS:

Current Pend Code Indicates Reason the Claim is Pending

MYPRCFI.com (cont.)

```
03/30/19                                    IHS/PRC FISCAL INTERMEDIARY                    PAGE     15
REPORT ID: IHS4465J                         PENDED CLAIMS ACTIVITY REPORT
                                                MONTH OF MARCH, 2019

AREA OFFICE: AREA NAME
   FACILITY: SERVICE UNIT              000000
NOTES:

_____
         IF AN ASTERISK APPEARS TO THE RIGHT OF THE DATE RECEIVED COLUMN,
            IT HAS BEEN MORE THAN 30 DAYS SINCE THE CLAIM WAS RECEIVED AT THE FI.
         IF THE FI PAYABLE AMOUNT IS BLANK, NO PAYABLE AMOUNT HAS YET BEEN DETERMINED.
         PEND CODE: IDENTIFIES PEND REASON AND WHAT IS NEEDED TO RESOLVE IT.
         FIRST CHARACTER IS ALPHA AND IDENTIFIES WHO MUST TAKE ACTION.
         A  = AREA OFFICE
         B  = BOTH FISCAL INTERMEDIARY AND SERVICE UNIT
         F  = FISCAL INTERMEDIARY
         P  = PROVIDER
         S  = SERVICE UNIT
         X  = NO ACTION REQUIRED
```

Example: Current Pend Code S01N

The First Character is an "S",
Indicates Action Required at
Service Unit

MYPRCFI.com (cont.)

```
SECOND AND THIRD CHARACTERS ARE NUMERIC AND CATEGORIZE THE PEND

01 - FINANCE PEND  ←
02 - PATIENT HAS PRIMARY ALTERNATE RESOURCE
03 - DATES BILLED DISAGREE WITH ESTIMATED DATES
04 - TRIBE AND LOCATION CODE INFORMATION REQUIRED
05 - SERVICE UNIT APPROVAL NEEDED (STERILIZATION PROCEDURE)
06 - PURCHASE ORDER HOLD - NEED SERVICE UNIT INSTRUCTIONS
07 - IHS REQUIRED EDITS
08 - FI REQUIRED EDITS
09 - PAYMENT > $10,000, OPEN MARKET PROVIDER (APPROVAL NEEDED)
10 - COSMETIC, EXPERIMENTAL, OR INVESTIGATIVE PROCEDURE
11 - EMC EDITS
12 - APC REQUIRED EDIT.
13 - NPI AND/OR TAXONOMY EDIT.
14 - PENDING FOR CMS PRICER LOADS.
15 - ADDITIONAL INFORMATION REQUEST.
20 - 10-DAY HOLD
21 - MDOL/EMC CLAIMS - NO EPO FILE
22 - NO ORDERING OFFICIAL SIGNATURE ON PURCHASE ORDER
23 - CONTRACT STOP PAY-REQUESTED BY AREA CONTRACT OFFICE PENDING RESOLUTION OF OUTSTANDING ISSUES/QUESTIONS WITH PROVIDER
24 - POSSIBLE EMC ADDITIONAL/LATE CHARGES
```

Example: Current Pend Code S01N

The Second and Third Characters are an "01", Indicates a Finance Pend

MYPRCFI.com (cont.)

FOURTH CHARACTER IS ALPHA AND INDICATES ACTION REQUIRED OR TAKEN

C - COORDINATION OF BENEFITS, FI INVESTIGATING ALTERNATE RESOURCES
D - PROVIDE EPO OR HARDCOPY.
E - EOB REQUESTED FROM PROVIDER
G - SUBMIT ADDITIONAL INFORMATION OR CORRECTED CLAIM.
I - INTERNAL (FI) RESEARCH
K - CONTRACTING OFFICER APPROVAL REQUESTED BY FI
L - LATE CHARGE INVESTIGATION
M - MISMATCH BETWEEN PO INFORMATION AND ODF.
N - NO OBLIGATION ON THE ODF
P - CAN ON PO NOT VALID FOR TWO YR CAN K OR H
R - RESEARCH BY FI, MAY REQUIRE INFORMATION FROM IHS OR PROVIDER
S - RESUBMIT CLAIM WITH NECESSARY INFORMATION TO THE FI.
T - THRESHOLD PEND - INSUFFICIENT OBLIGATION ON ODF OR ESTIMATED CHARGES.
X - NO ACTION REQUIRED

Example: Current Pend Code S01N

The Fourth Character is an "N", Indicates a No Obligation on ODF File

Updated reports look like this:

What should you know:

The UDO reports contains all open documents associated with your program.

ONLY Finance can make any adjustments to the UDO status

Documents on the FI Pend report will be on the UDO, not the other way around.

The FI Pend report contains a listing of documents received by the FI that cannot be paid and are subsequently pended.

The FI Pend Report has to be worked by the SU (monthly) to ensure documents are paid.

Side by Side – Total Documents

UDO - Oct-22						FI PEND Report Oct-22
Location	2019	2020	2021	2022	Total	Total
		51	382	763	1,196	306
			23	92	115	39
			27	517	544	140
	6	931	1,106	780	2,823	119
		19	234	1,221	1,474	245
			3	97	100	20
Total	6	1,001	1,775	3,470	6,252	869

UDO - Aug-22						FI PEND Report Aug-22
Location	2019	2020	2021	2022	Total	Total
		51	409	688	1,148	282
			23	71	94	67
			29	255	284	105
	6	1,019	1,126	561	2,712	143
		28	303	908	1,239	157
			3	114	117	34
Total	6	1,098	1,893	2,597	5,594	788

Side by Side – Total Monies

				UDO - Oct-22			FI PEND Report Oct-22
Location	2019	2020	2021	2022	Total		Total
		$41,203.51	$293,017.93	$443,768.76	$777,990.20		1,211,730.00
			$20,661.00	$78,819.01	$99,480.01		144,979.00
			$54,242.93	$666,134.46	$720,377.39		956,589.00
	$1,570.00	$118,082.81	$148,217.54	$170,408.47	$438,278.82		118,938.00
		$9,133.24	$111,135.73	$477,178.49	$597,447.46		1,207,029.00
			$1,017.87	$202,351.88	$203,369.75		139,643.00
Total	$1,570.00	$168,419.56	$628,293.00	$2,038,661.07	$2,836,943.63		3,778,908.00

				UDO - Aug-22			FI PEND Report Aug-22
Location	2019	2020	2021	2022	Total		Total
		$41,203.51	$323,440.11	$432,862.65	$797,506.27		1,110,206.87
			$20,661.00	$92,188.76	$112,849.76		101,766.45
			$54,364.35	$318,234.70	$372,599.05		1,466,821.78
	$1,570.00	$126,082.81	$154,071.54	$116,296.43	$398,020.78		189,014.09
		$11,554.24	$135,711.55	$370,545.60	$517,811.39		840,490.72
			$1,017.87	$258,747.82	$259,765.69		222,606.33
Total	$1,570.00	$178,840.56	$689,266.42	$1,588,875.96	$2,458,552.94		3,930,906.24
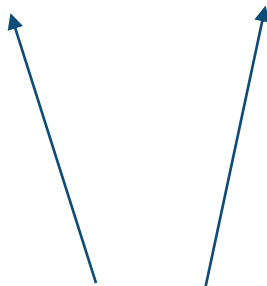
Does something stand out?

UDO Total	FI Pend Report Total
1,196	306
115	39
544	140
2,823	119
1,474	245
100	20
6,252	869

UDO Total	FI Pend Report Total
$777,990.20	1,211,730.00
$99,480.01	144,979.00
$720,377.39	956,589.00
$438,278.82	118,938.00
$597,447.46	1,207,029.00
$203,369.75	139,643.00
$2,836,943.63	3,778,908.00

The total dollar amounts

Why is this:

The PEND report continued

The PEND Report reflects the entire balance billed for service.

In the example:
- the provider billed $452,483.27
- the actual payment made was $1,556

Anytime there is a huge disparity, **MANAGEMENT** should ensure the amounts posted on the Pend Report and the amount obligated are going to pay out at the obligated amounts.

When the service unit staff under obligate on a regular basis there may be an opportunity for additional staff training.

Vendor Usage Report

This reports will show obligations on the UDO and likely have obligations on the FI Pend Report.

- This report contains all OPEN documents for a specific vendor – UDO Report
- If a claims is received and cannot be paid – FI Pend Report

The report affords the vendor an opportunity to research/update the SU with missed/changed appointments, cancelled/no show appointments.

The SU will then update the documents by making the manual changes within RPMS.

If necessary, contact their Finance POC for manual removal from the UDO report.

Vendor Usage Report (cont.)

Nashville Area Only:

Mandatory Reporting each quarter by the PRC Supervisor (Designee) or CEO as follows:

January-March – Vendor files mailed out by January 22

April-June – Vendor files mailed out by April 22

July-September – Vendor files mailed/faxed by July 22

October-December – Vendor files mailed/faxed by October 22

Steps to run the Vendor Usage Report:

1. <u>The steps to run the Vendor Usage Report is report are as follows:</u>
HEAL-CHS-MGT-PR-VRPT-VUR

```
Enter The BEGINNING ISSUE Date For The Vendor Usage Report:


Enter The ENDING ISSUE Date For The Vendor Usage Report:


     Select one of the following:

        1          ALL documents
        2          OPEN documents only

Print which documents: 1// 2

Select #2, Open DOCS Only

Print ONE vendor per page? N// Y█


Do you want to : PRINT//  Output
DEVICE: HOME// SLAVE
```

2. If your service unit does not have a current copy of their individual vendor file, you can run the report as follows:
<u>The steps to run the Vendor Usage Report is report are as follows:</u>
HEAL-CHS-MGT-PR-VRPT-VFP

```
Select Vendor Reports Option: vfp  Print the VENDOR File
Select Vendor Status Type:

    1. Active
    2. Inactive
    3. Both//1█

    Select one of the following:

        P          PRINT Output
        B          BROWSE Output on Screen

Do you want to : PRINT//  Output
DEVICE: HOME// 0;200;000000
```

Payments and Adjustments

RPMS: CHS-PAY-PAY

PAY DOCUMENTS - The manual process for posting payments on CHS purchase orders at the local facility level.

NOTE: If the facility receives EOBR data in an electronic mode, it is necessary to manually "post" payment data only for those documents paid through the AO Finance Branch.

The option to manually pay documents is also available in the event of EOBR errors. To manually process a document for payment, type "PAY" and press.

PAY Documents

```
   AG       Patient Registration ...
   AGM      Patient registration ...
   CHS      Contract Health System ...
   PCC      Patient Care Component ...
   RCIS     Referred Care Information System ...

Select Health Applications Option: CHS
```

← Type "CHS"

```
   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 ...

Select Contract Health System Option: PAY█
```

← Type "PAY" – PAY/EDIT Documents

PAY Documents (cont.)

```
PAY      Pay Documents
MED      Enter/Edit EOBR Medical Data
ACTS     Enter a Document Action
INT      Interest ...
MISS     Edit Missing Authorization Dates
REF      Tie Referral to Previous P.O.
TPCC     Transfer Data to Patient Care Component

Select Pay/Edit Documents Option: PAY   Pay Documents    ←


Select Document:  ←
```

Type "PAY" – PAY/EDIT Documents

Type in the PO #: YY.U_ _.12345

YY – Two Digit Year

U – Nashville Area

_ _ - Two Digit Service Unit Code

12345 – All PO numbers will have 5 number

AP	PO#	PO Release #	Total Obligation Amount	Net Disbursements	Total Received Amount	Undelivered Orders	UDO Paid	UDO Unpaid
51	HHSI285		$9,008.00	$7,353.00	$0.00	$1,655.00	$0.00	$1,655.00

PAY Documents (cont.)


```
Form # 57                         REF TYPE      Order No.
Jun 09, 2022          Dental Service
                                  HHS Order No:



Jun 17, 2022  Sep 03, 2022    | PEDIATRIC DENTISTRY
multiple carious teeth & addti | 8016 E GENESEE ST
                               | FAYETTEVILLE, NY  13066-9692
                               | 1161113992    Open Market
                               |
-----------------------------------------------------------
Jun 17, 2022  Sep 03, 2022        --- SCC
DCR Acct. = DENTAL CARE           CAN/OBJ:
 Estimated Charge: $9,008.00
    Initial Obligation      9008.00
    Amount Canceled:           0.00  ( Items)
    Amount Of Supplements      0.00  ( )
                            ---------
CURRENT OBLIGATION BALANCE  9008.00     (IHS) (3rd PARTY)
   1 Interim Payment for a Total of:   7,353.00        0.00, as of 08/09/22

Date Of Service:
```

In this example, there was an interim payment made.

This document is still open and needs to be closed by making the payment full and complete.

```
Date Of Service: T
```

Type "T" – Pay date the date of final payment

PAY Documents (cont.)

```
Workload Units:  (1-9999): 1                              ◄─────── - Type "1, hit Enter Key

IHS Cost: 0  (0.00)                          ◄────────────────── - Type "0", there is no additional costs - interim payment

Enter Amount Paid by all Third Parties: 0    ($0.00) ◄────────── - Type "0" – No 3rd party paid

THIRD PARTY SOURCE:                     ◄────────────────────── - Hit the enter key, if not 3rd party payment

EOBR PAY TYPE: ??                      ◄─────────────────────── - Hit "??" if the response is unknown

Is this an Interim or Final payment?  This information appears on the
Explanation Of Benefits Report (EOBR), left column, 10th item, after the
"INTERIM/FINAL IND:" label.
Choose from:
I        INTERIM
F        FINAL
                                                              - Type "F" for a Final Payment, all claims must be a
                                                              final payment
EOBR PAY TYPE: F▮  ◄──────────────────
```

PAY Documents (cont.)

```
EOBR DATE: Feb 08, 2023//   (FEB 08, 2023)
EOBR CONTROL NUMBER: 12345// 12345
EOBR CHECK NUMBER: 123// 12345
EOBR REMITTANCE NUMBER: 12345// 12345
EOBR SERVICES BILLED: DENTAL// DENTAL
EOBR OBLIGATION TYPE: P.O. NUMBER// P.O. NUMBER

Are All Entries Correct? NO// Y█
```

- Type "T, hit Enter Key (this is the date of the request)
- "12345", You can locate this information in RPMS – "CHS-DIS-DOCD"

- Select the services billed, Dental, Outpatient, Inpatient, etc.

- This will always be PO number
- Type "Y" and hit the return key.

```
EOBR OBLIGATION TYPE: ??

Enter a number which indicates the obligation type.  This information is
found on the EOBR, and will be a label preceeding one of the dollar
amounts near the middle of the EOBR. The label appears just above the
"INTEREST AMOUNT" label.
Choose from:
1       P.O. NUMBER
2       SHR 424


EOBR OBLIGATION TYPE: 1
```

Note: Type "??" if the response is unknown and a prompt is needed

PAY Documents (cont.)

Before manual payment post

```
Form # 57                              REF TYPE      Order No.
Jun 09, 2022          Dental Service
                                    HHS Order No:



Jun 17, 2022  Sep 03, 2022          │ PEDIATRIC DENTISTRY
multiple carious teeth & addti      │ 8016 E GENESEE ST
                                    │ FAYETTEVILLE, NY  13066-9692
                                    │ 1161113992    Open Market
                                    │
------------------------------------------------------------------
Jun 17, 2022  Sep 03, 2022               ---  SCC
DCR Acct. = DENTAL CARE               CAN/OBJ:
 Estimated Charge: $9,008.00
    Initial Obligation       9008.00
    Amount Canceled:            0.00  ( Items)
    Amount Of Supplements       0.00  ( )
                            --------
CURRENT OBLIGATION BALANCE    9008.00      (IHS) (3rd PARTY)
       1 Interim Payment for a Total of:   7,353.00    0.00, as of 08/09/22

Date Of Service:
```

When all updates are completed, a "FINAL" payment will be displayed.

Final manual payment posted

```
                            --------
CURRENT OBLIGATION BALANCE        9008.00         (IHS) (3rd PARTY)
       1 Interim Payment for a Total of:    7,353.00       0.00
            FINAL PAYMENT ON Feb 08, 2023:      0.00       0.00
                       TOTAL PAYMENTS:      7,353.00       0.00
PAYMENT HAS ALREADY BEEN ENTERED.
TRY ADJUSTMENT OPTION
PAD     Payment Adjustment
UNDER THE FACILITY MANAGEMENT MENU
```

RPMS: CHS-MGT-PAD

PAD DOCUMENTS - The manual process for posting payments on PRC purchase orders at the local facility level that have been paid in full. You cannot use the PAY option for purchase orders that have been paid in full

NOTE: If the facility receives EOBR data in an electronic mode, it is necessary to manually "post" payments for interest, zero pays, etc.

The option to manually adjust documents is also available in the event of EOBR errors. You will need to verify on the FI website, UDO report, RPMS.

PAD Documents

```
AG       Patient Registration ...
AGM      Patient registration ...
CHS      Contract Health System ...
PCC      Patient Care Component ...
RCIS     Referred Care Information System ...

Select Health Applications Option: CHS█          ←  Type "CHS" – enter key


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 ...

Select Contract Health System Option: MGT█       ←  Type "MGT" – enter key
```

PAD Documents (cont.)

```
PVD     Provider/Vendor Data
PR      Reports ...
PAD     Payment Adjustment
PED     Parameter Edit ...
ALU     Allowance Update
SDA     Enter/Edit Tribal CHSDA
XPOR    Data Export ...
EOBR    Facility EOBR menu ...
CHEF    C H E F  Management ...
HHS     Edit HHS Contract Action Type
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: PAD
```

Type "PAD" – enter key

PAD Documents (cont.)

AP	PO#	PO Release #	Total Obligation Amount	Net Disbursements	Total Received Amount	Undelivered Orders	UDO Paid	UDO Unpaid
51	HHSI2852021U		$669.77	$523.52	$0.00	$146.25	$0.00	$146.25

7	M100	99233	09/16/2021	09/16/2021	Y	0000000	$255.00	$100.78	$0.00	$100.78
						TOTALS:	$1,505.00	$669.77	$0.00	$523.52

	AMT PD	OUTLIER	INT PD	PEN PD	TOT PD
	($146.25)	$0.00	$0.00	$0.00	($146.25)

```
Form # 64                              REF TYPE    Order No.
Oct 19, 2021           Outpatient Service
                       HHS Order No:




Est. date-of-svc.: Sep 11, 2021     | UMAS-Dept of Med- at SUNY HSC
subdurat hematoma                   | PO BOX 4848
                                    | SYRACUSE, NY  13221
Hosp Ord #:   ---                   | 1161475278-00 Open Market
                                    |
-------------------------------------------------------------
Auth. From Sep 11, 2021 to Sep 16, 2021    --- SCC
DCR Acct. = OUTPATIENT CARE                CAN/OBJ:
 Estimated Charge: $1,505.00               Hosp Order No:   ---
    Initial Obligation        1505.00
    Amount Cancelled:            0.00  ( Items)
    Amount Of Supplements        0.00  ( )
                            --------
CURRENT OBLIGATION BALANCE    1505.00     (IHS) (3rd PARTY)
    1 Interim Payment for a Total of:   1,484.00    0.00
        Amount of Adjustments:           -143.74    0.00 (2 Items)
    FINAL PAYMENT ON Feb 16, 2022:        669.77    0.00
            TOTAL PAYMENTS:               526.03    0.00
```

In this example, there is a difference the following accounts:
UFMS - $669.77
FBIS - $523.52
RPMS - $526.03
The undelivered order is $146.25 – when researching this at the FI portal, this is a credit (overpayment/refund at the FI). We need the totals to match $523.52

We will need to adjust RPMS amount from $526.03 to $523.52

PAD Documents (cont.)

7	M100	99233	09/16/2021	09/16/2021	Y	0000000	$255.00	$100.78	$0.00	$100.78
						TOTALS:	$1,505.00	$669.77	$0.00	$523.52

		AMT PD	OUTLIER	INT PD	PEN PD	TOT PD
		($146.25)	$0.00	$0.00	$0.00	($146.25)

```
Form # 64                              REF TYPE    Order No.
Oct 19, 2021            Outpatient Service
                           HHS Order No:




Est. date-of-svc.: Sep 11, 2021    | UMAS-Dept of Med- at SUNY HSC
subdurat hematoma                  | PO BOX 4848
                                   | SYRACUSE, NY  13221
Hosp Ord #:  ---                   | 1161475278-00 Open Market
                                   |
-----------------------------------|-----------------------------
Auth. From Sep 11, 2021 to Sep 16, 2021    --- SCC
DCR Acct. = OUTPATIENT CARE              CAN/OBJ:
 Estimated Charge: $1,505.00             Hosp Order No:   ---
    Initial Obligation        1505.00
    Amount Canceled:             0.00  ( Items)
    Amount Of Supplements        0.00  ( )
                              --------
CURRENT OBLIGATION BALANCE    1505.00      (IHS) (3rd PARTY)
    1 Interim Payment for a Total of:  1,484.00      0.00
          Amount of Adjustments:        -143.74      0.00 (2 Items)
       FINAL PAYMENT ON Feb 16, 2022:    669.77      0.00
                 TOTAL PAYMENTS:         526.03      0.00
```

We will need to adjust RPMS amount from $526.03 to $523.52

When any adjustments are made, you will need to contact Finance Department to match UFMS amount to the adjusted FI/RPMS amounts.

NOTE: All UFMS/FI/RPMS $$ amounts have to match to fall off UDO Report.

PAD Documents (cont.)

```
CURRENT OBLIGATION BALANCE        1505.00           (IHS) (3rd PARTY)
       1 Interim Payment for a Total of:    1,484.00          0.00
                     Amount of Adjustments:    -143.74          0.00 (4 Items)
          FINAL PAYMENT ON Feb 16, 2022:      669.77          0.00
                     TOTAL PAYMENTS:          526.03          0.00
```

We will need to adjust RPMS amount from $526.03 to $523.52

```
Amount Of pay Adjustment: -2.51
```

All numbers in RPMS are a negative amount. To move the $526.03 down we need to put the amount as a negative - (-2.51). A negative and a negative is positive.

```
Enter Date Document Paid:  T  (FEB 08, 2023)
```

- Type "T, hit Enter Key (this is the date of the request)

```
Enter Sequence Number From EOBR:  12345
```

-    - "12345", You can locate this information in RPMS –
        "CHS-DIS-DOCD"

```
EOBR SERVICES BILLED: ??

Enter a letter code that corresponds to the value of the "SERV BILLED:"
field on the EOBR.  That field is in the right column of the EOBR, eight
item.
Choose from:
A        PROFESSIONAL
B        INPATIENT
C        OUTPATIENT
D        DENTAL
U        UNKNOWN
```

Note: Type "??" if the response is unknown and a prompt is needed

```
EOBR SERVICES BILLED: D▮
```

Select the services being billed: Dental, Outpatient, Inpatient, etc.

PAD Documents (cont.)

```
EOBR CONTROL NUMBER: 12345

EOBR CHECK NUMBER: 12345

EOBR REMITTANCE NUMBER: 12345

EOBR OBLIGATION TYPE: ??

Enter a number which indicates the obligation type.  This information is
found on the EOBR, and will be a label preceeding one of the dollar
amounts near the middle of the EOBR. The label appears just above the
"INTEREST AMOUNT" label.
Choose from:
1        P.O. NUMBER
2        SHR 424


EOBR OBLIGATION TYPE: 1█

THIRD PARTY PAY AMT:  (0-99999): // 0

Is everything correct? NO// Y
```

- "12345", You can locate this information in RPMS – "CHS-DIS-DOCD"

Note: Type "??" if the response is unknown and a prompt is needed

Select the EOBR Obligation Type, this will always be **P.O. Number** or option **1**.

Enter Third Party Payment, if any.

Enter "Y" and hit the enter key, if all entries are correct.

PAD Documents (cont.)

```
Auth. From Sep 11, 2021 to Sep 16, 2021    ---  SCC: 25.4D
DCR Acct. = OUTPATIENT CARE                CAN/OBJ: J51CH07 / 25.6R    ---
 Estimated Charge: $1,505.00               Hosp Order No:  ---
    Initial Obligation          1505.00
    Amount Canceled:               0.00  ( Items)
    Amount of Supplements          0.00  ( )
                                --------
CURRENT OBLIGATION BALANCE      1505.00       (IHS) (3rd PARTY)
       1 Interim Payment for a Total of:    1,484.00        0.00
                Amount of Adjustments:       -146.25        0.00 (5 Items)
        FINAL PAYMENT ON Feb 16, 2022:        669.77        0.00
                   TOTAL PAYMENTS:            523.52        0.00
```

7	M100	99233	09/16/2021	09/16/2021	Y	0000000	$255.00	$100.78	$0.00	$100.78
						TOTALS:	$1,505.00	$669.77	$0.00	$523.52
						AMT PD	OUTLIER	INT PD	PEN PD	TOT PD
						($146.25)	$0.00	$0.00	$0.00	($146.25)

The adjusted amounts are now $523.52

When any adjustments are made, you will need to contact the Finance Department to match the UFMS amount to the adjusted FI/RPMS amounts.

NOTE: All UFMS/FI/RPMS $$ amounts have to match to fall off the monthly UDO Report.

Special Locals

SPECIAL LOCAL OBLIGATIONS

This option should be used **only** in accordance with instructions/policy of the CHS Supervisor or Area CHS Officer.

Managed Care: This entry type allows you to enter an obligation only on the local computer. However, this transaction, any supplements, and/or cancellations are **not** entered into the Health Accounting System (HAS). As a result, you **must** make appropriate considerations for any Special Local Obligations during reconciliation of your local system and DCR with the official HAS Finance reports (e.g., 424, 426, 540E). It is designed to allow the local facility to enter obligations that may originate from sources other than HRSA-43, 57 and 64 sources even though you are still asked for the type of document (43, 57, or 64). This question is asked to categorize the type of services being purchased; in other words, other charges made against the CHS budget at either the local and/or area level.

Special Locals (cont.)

Any Special Local Obligations must be closed out (canceled or paid) in the system for reconciliation purposes and prior to close of Fiscal Year activities.

WARNING: A restriction of using Special Local Obligations is that NO patient data and/or treatment data can be captured from such documents.

This "Special Local Obligations" entry is very similar to the Special Blanket Obligations. Instead of a patient's name, the message, "Special Transaction" is automatically inserted in the Description portion of the document. The Optional Comments prompt defaults to "SPEC. TRNS," you can generate the Optional Comments Report based upon this default.

Issuing a Special Local

```
AG      Patient Registration ...
AGM     Patient registration ...
CHS     Contract Health System ...
LAB     IHS Short Lab Main Menu ...
RCIS    Referred Care Information System ...
TBL     PCC Local Table Maintenance ...
TEXT    Text Integration Utilities (MIS Manager) ...
VREG    View patient's registration data

Select Health Applications Option: CHS
```

Type "CHS"

```
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 .

Select Contract Health System Option: DOC
```

Type "DOC"

Issuing a Special Local

```
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: SLO   Special Local Obligations      ⟵  Type "SLO"

ENTER FISCAL YEAR:   (2014-2023): 2023//      ⟵   Enter the year (Current/Prior years only)

    Select one of the following:                    Select the service type:

        43          Hospital Service               43 – Hospital Service
        57          Dental Service                 57 – Dental Service
        64          Outpatient Service             64 – Outpatient Service

Type Of Service: 64█
```

Issuing a Special Local

```
Line 1: SPECIAL TRANSACTION

Edit Line #:


Enter Estimated Date of Service:  T  (FEB 09, 2023)
Select PROVIDER/VENDOR: WALGREENS PHARMACY
                         EIN.....: 1361924026
                         MAIL TO.: 1306 MILITARY ROAD, NIAGARA FALLS
                         REMIT TO: 1306 MILITARY ROAD, NIAGARA FALLS
                         REMIT TO-CITY..: NIAGARA FALLS
                  |------------------------------|
DESCRIPTION OF SERVICE: PHARMACY BILL


Period Of Authorization
From Date:  Feb 09, 2023// T-60█


Period Of Authorization
From Date:  Feb 09, 2023// T-60  (DEC 11, 2022)
To Date:  (12/11/2022 - 4/10/2023): Dec 21, 2022// T█



Hospital Order Number:
```

Hit the enter key once.

Enter "T" or a specific date (if known)

Enter the Vendor Information or ?? to choose from the list of vendors

Enter the date range. In this example, the date will go back 60 days from Feb 9, 2023.

Enter the To Date: T (Today).

Hit the enter key. No entry needed,

Issuing a Special Local

```
Enter last 4 digits of the CAN Number: ??   <──────────────

ITEM #    FY    CAN NUMBER      DESCRIPTION OF THE CAN NUMBER
------    --    ----------      ----------------------------
    1     18    J512102         CHS AMBULATORY CARE
    2     18    J513289         CHS GM & S HOSPITALIZATION
    3     20    J51C121         CHS GM & S HOSPITALIZATION
    4     21    J51C121         CHS GM & S HOSPITALIZATION
    5     20    J51C123         CHS GM & S HOSPITALIZATION
    6     21    J51C123         CHS GM & S HOSPITALIZATION
    7     14    J51CH17         CHS GM & S HOSPITALIZATION
    8     13    J51CH17         CHS GM & S HOSPITALIZATION
    9     15    J51CH17         CHS GM & S HOSPITALIZATION
   10     16    J51CH17         CHS GM & S HOSPITALIZATION
   11     17    J51CH17         CHS GM & S HOSPITALIZATION
   12     18    J51CH17         CHS GM & S HOSPITALIZATION
   13     19    J51CH17         CHS GM & S HOSPITALIZATION
   14     20    J51CH17         CHS GM & S HOSPITALIZATION
   15     21    J51CH17         CHS GM & S HOSPITALIZATION
```

Pick the correct CAN to obligate monies.

```
Service Class Code: ??   <──────────────

    ITEM #    SER CL   DESCRIPTION
    ------    ------   -----------

        1     252H     X-RAY SRV OUTP NON-IHS
        2     252K     CAT SCAN INPATIENT
        3     252L     HOSPITAL OUTPATIENT VISIT
        4     252R     RENAL DIALYSIS (HOSP INP)
        5     254B     PHYS INP NON-IHS
        6     254D     PHYS OUTP NON-IHS
        7     254J     FEE SPEC. NON MD NON-IHS FAC
        8     254P     RENAL DIALYSIS - PHYS INP
        9     2618     BLOOD & BLOOD PRODUCTS
       10     263L     HEARING AIDS
       11     252Z     TELEMEDICINE

               SELECT ITEM (1-11)
```

Select the Service Class Code.

Issuing a Special Local

```
DOCUMENT DESTINATION: F// ??

lvn = ACHSDEST
Choose from:
I        IHS
F        FISCAL AGENT


DOCUMENT DESTINATION: F//
```

Select the Document Destination.

```
Estimated Charges: 5000

      $5,000.00
   Are You Sure This Is Correct? NO// Y
```

Enter the estimated changes.

```
IHS REFERRAL MEDICAL PRIORITY: II - PREVENTIVE CARE


Enter Contract Action Type: ??


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)

Enter Contract Action Type:
```

Enter the Priority Level

Enter the Contract Action Type.

Issuing a Special Local

```
Form # 64
Feb 09, 2023                    Outpatient Service
                                  HHS Order No:          HHSI2852023
------------------------------------------------------------------
          Description              |      Ordering Facility & Provider
SPECIAL TRANSACTION                | LOCKPORT HEALTH SERVICE
                                   | 150 PROFESSIONAL PARKWAY
                                   | LOCKPORT NY 14094
                                   | 518810
------------------------------------------------------------------
Est. date-of-svc.: Feb 09, 2023    | WALGREENS PHARMACY
PHARMACY BILL                      | 1306 MILITARY ROAD
                                   | NIAGARA FALLS, NY  14304
                                   | 1361924026     Open Market
                                   |
------------------------------------------------------------------
Auth. From Dec 11, 2022 to Feb 09, 2023    SCC: 25.4D
DCR Acct. = OTHER                          CAN/OBJ: J51CK17 / 25.6R   SPEC. TRNS
 Estimated Charge: $5,000.00               Hosp Order No:

Is This Correct ? NO//
```

Is the information correct, "Y" or "N"