



Purchased/Referred Care Web Users Toolbox



CHEF Online v1.0.b.1 - Pick an Option from the toolbar below

Actions ▾

Reports ▾

Help ▾

CHEF Online v1.0

User Guide

June 2, 2019

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Introduction

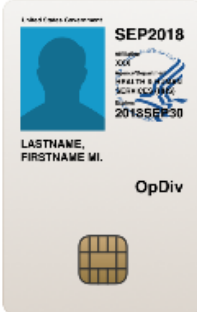
The CHEF Online Tool (TOOL) is a fully automated paperless process for identifying, documenting, and submitting requests for reimbursement from the Catastrophic Health Emergency Fund. The TOOL uses current technology to streamline both the workflow and the documentation required to submit a complete CHEF case for reimbursement.

WebApps Login

Log into the Oklahoma City Area Web Applications portal to access the CHEF Online tool. Use the following link to access the Web Applications portal:

<http://webapps.oklahoma.ihs.gov>

Login Methods to Oklahoma Area WebApps

1 HSPD-12 PIV Card Access (Users who have a PIV card)	2 IHS Network Credentials (Users who have a PIV card)	3 WebApps Credentials (Users who do not have a PIV card)
<p>Insert your HSPD-12 PIV Card in your smart card reader before you try to login.</p>  <p><input type="button" value="Login"/></p>	<p>Network: <input type="text" value="d1\"/></p> <p>Username: <input type="text"/></p> <p>Password: <input type="password"/></p> <p><input type="button" value="Login"/></p>	<p>Username: <input type="text"/></p> <p>Password: <input type="password"/></p> <p><input type="button" value="Login"/></p> <p>Request WebApps Credentials? Forgot Username? Forgot WebApps Password?</p>

1. Employees with both an IHS d1 domain account and a functioning PIV card

Employees should use the HSPD-12 PIV Card Access login by clicking on the Login button under the HSPD12-PIV Card Access section.

2. Employees with an IHS d1 domain account and either a PIV card that doesn't work for logical access or whose PIV card is temporarily unavailable

Employees who have been issued a PIV card, but the PIV does not function for logging into the IHS d1 network or they temporarily do not have their PIV badge with them can log into the portal by entering their d1 domain username and password into the form under the IHS Network Credentials section.

3. Other employees

Employees who have an IHS d1 domain account but have not been issued a PIV badge and employees who do not have an IHS d1 domain account may log into the portal under the WebApps Credentials section by using a username and password assigned to them. Click on the 'Request WebApps Credentials' link in order start the process of requesting a username and password (credentials) to be used for accessing the portal.

New User Registration	
Program Classification:	Tribal
Email:	<input type="text"/>
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Telephone:	<input type="text"/>
Area:	OKLAHOMA TRIBE/638 <input type="button" value="v"/>
Service Unit:	TAHLEQUAH <input type="button" value="v"/>
Facility:	CN WILMA P MANKILLER HEALTH CE <input type="button" value="v"/>

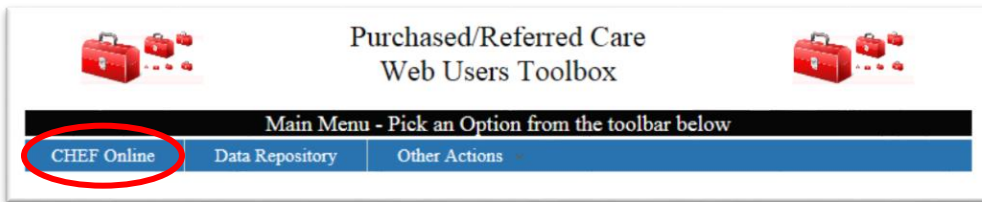
Available Applications		
The following applications are available for you to use. Check all applications that apply:		
<input checked="" type="checkbox"/> PRC Toolbox <input type="button" value="i"/>	<input type="checkbox"/> HSPD-12 Reporting <input type="button" value="i"/>	<input type="checkbox"/> SEROHR Toolbox <input type="button" value="i"/>

After this form is submitted, the CHEF Online application administrator will activate the user account and notify the user of the temporary password that can be used for first time logins only. The user will be required to change the password the first time they log in.

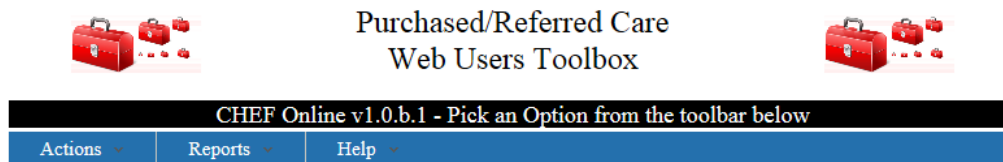
Once logged into the portal using any of the three login methods, you are presented with the Web Applications menu:



Click on the PRC Toolbox option to display the Purchased/Referred Care Web User Toolbox menu:



Click the CHEF Online tab found on this menu toolbar to access the CHEF Online tool. The menu toolbar is dynamic depending on each user’s profile so the CHEF Online tab will not necessarily be found in the same place on the toolbar as displayed here.



The CHEF Online system menu contains three main tabs: Actions, Reports, and Help.

The **Actions** tab is where it all happens. From this tab, you can create new requests, edit or supplement existing requests, upload digital copies of documentation needed to support requests, cancel requests, view the status of requests, export a list of requests to Excel as well as exit the tool.

The **Reports** tab is used to generate various listing designed to assist you in your daily work as well as respond to the needs of Area-wide and Agency-wide reporting requirements. (TBD)

The **Help** tab contains various information including a slideshow overview of this application, the User Guide (this document), Frequently Asked Questions, a flowchart of the general request process, the CHEF Procedures as published by the IHS ORAP/DCC, as well as instructions for requesting remote assistance.

Chef Menu

Actions

1. Case Manager Actions

a. Create a New Request

The first step in creating a new request is to generate an audit list of potential cases.

This screen selects the date range used to generate a CHEF audit list.

******* NOTE *******
 Documents are selected according to date of service INSTEAD of order date (PO issue date).

Generate CHEF Audit List

Select Beginning Date of Service: (mm/dd/yyyy) 09/01/2017

Select Ending Date of Service: (mm/dd/yyyy) 09/09/2018

Select Minimum Total Obligations: \$

Defaults to September 1st of the previous fiscal year from current date.

Defaults to the current date.

When this form is submitted, the software will find all purchase orders issued for dates of service inclusive of the beginning and ending dates selected and group them by patient with the obligations for each patient summed. Any patient whose total obligation exceeds the Minimum Total Obligations threshold selected is placed on the audit list. The audit list is displayed in descending order of total obligations.

Documents found within the date range are grouped by patient.

For demonstration purposes, protected health information is masked.

CLAREMORE HOSPITAL

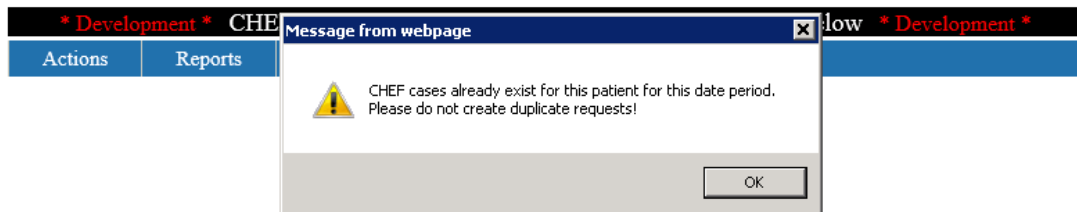
CHEF Audit List - 09/01/2017 to 09/09/2018

Patient (HRN)	Obligated
Patient Name (HRN)	135,974.96
Patient Name (HRN)	131,286.26
Patient Name (HRN)	111,200.12
Patient Name (HRN)	98,138.13
Patient Name (HRN)	93,917.42
Patient Name (HRN)	92,627.49
Patient Name (HRN)	87,832.08
Patient Name (HRN)	80,386.02
Patient Name (HRN)	75,322.75

Sum of all obligations for each patient. The list is presented in descending order by total obligations. In theory, the largest potential financial outcomes are at the top of the list.

Click an obligation total to create a summary worksheet for the patient in question.

Clicking the obligation total for any patient listed on the audit list will create a CHEF Reimbursement Summary worksheet for the selected patient. In certain instances, after selecting a patient from the audit list, the system may issue a warning of a possible duplicate request:



After acknowledging the warning, the possible duplicate case(s) are displayed:

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The following case(s) are already on file for this patient:

Fy	Request No.	Patient	EOC Period	Total Request	Status
2018	18-OK-171	LastName, FirstName MI	10/17/2017-03/14/2018	\$66,157.00	Saved by Requestor

Warning! Possible duplicate request(s) on file.
Are you sure you want to create a new CHEF case for this patient?

Yes No

Clicking the No button returns to the Audit List screen while clicking the Yes button will continue and create a fully populated CHEF Summary Worksheet.

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: R40.2411 OR	9. CATASTROPHIC CODE: 0 OR 0	10. TRAUMA CODE: [Not Trauma Related]	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 140 day period: 10/17/2017 - 03/14/2018 (\$98,138.13) Select New EOC 90 Day Period Beginning Date: [] Recalculate			Enter alternate resource comments here ^
15. PROVIDER	16. DATE OF SERVICE	<div style="border: 2px solid red; padding: 5px;"> <p>Box #'s 1, 2, 4, 5, 6, and 7</p> <p>Area, Facility, Patient Name, Date of Birth, Sex, and Tribe are all auto-populated from the source document data.</p> <p>Box 4 – Patient Name</p> <p>If the patient had third party coverage at any time during the episode of care period, then their name will appear as a clickable link. Hovering the cursor over the patient name or clicking on the name will display pop-up information regarding the third party coverage.</p> </div>			DATE PAID
ST FRANCIS HOSPITAL (43)	10/17/17 - 12/14/17 (5)				03/27/2018
NEUROLOGICAL SURGERY I	10/17/17				04/26/2018
ORTHOPEDIC & TRAUMA SE	10/17/17				04/23/2018
ROCKY MOUNTAIN HLDGS L	10/17/17				06/27/2018
21.					
22.					
23.					
24a.	AD				
24b.	REIMBUR				
25.	LESS PREVIOUS A				
26.					
By signing this form, I certify our program has fully utilized alternate res at no cost to our program. If after the FI assessment, it has been determin appropriate process. I further certify that the information and costs listed					
27. ADMINISTRATOR	DATE	31. 42. CFR SEC. 136 met	DATE	32. REMARKS	DATE
[Pending]		[Pending]		[Pending]	
30. AREA PRC APPROVAL	DATE	31. 42. CFR SEC. 136 met	DATE	32. REMARKS	DATE
[Pending]		[Pending]			

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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: R00.2411 OR	9. CATASTROPHIC CODE: 0 OR 0	10. TRAUMA CODE: [Not Trauma Related]	11. MEDICAL PRIORITY: [Select Priority]	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pending <input type="radio"/> [255 characters left]
13. CONTRACT RATE: YES	<p style="text-align: center;">Box #3 – CHEF Number</p> <p>Identifier consisting of 3 segments as defined in the HQ ORAP/DCC Chef Procedures:</p> <ul style="list-style-type: none"> Segment 1 – 2 digit fiscal year of the request Segment 2 – 2 character Area ID Segment 3 – 3 digit sequential number unique for each request by Area for each fiscal year. This number is automatically assigned when the worksheet is saved. <p>Using this schema, each PRC program is allowed 999 initial requests per fiscal year.</p>			13. REIMBURSEMENT AMT	20. DATE PAID
15. PROVIDER				\$75,364.28	03/27/2018
ST FRANCIS HOSPITAL (43)				\$5,618.38	04/26/2018
NEUROLOGICAL SURGERY I				\$3,339.89	04/23/2018
ORTHOPEDIC & TRAUMA SE				\$6,834.63	06/27/2018
ROCKY MOUNTAIN HLDGS L				\$91,157.18	
21.				-\$25,000.00	
22.				\$66,157.00	
23.				N/A	
24a.				\$66,157.00	
24b.				\$0.00	
25.				\$66,157.00	
26.					
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (M) at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement appropriate process. I further certify that the information and costs listed are associated with this catastrophic episode of care.				be submitted to the IHS fiscal intermediary (FI) for review, and we will recall the amounts over the MLR through the	
27. ADMINISTRATOR	[Pending]	DATE	28. CASE MANAGER	[Pending]	DATE
30. AREA PRC APPROVAL	[Pending]	DATE	31. 42. CFR SEC. 136 met	[Pending]	DATE
			32. REMARKS		

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: S12.500A OR	9. CATASTROPHIC CODE: 23 OR 0	10. TRAUMA CODE: [Not Trauma Related]	11. MEDICAL PRIORITY: [Select Priority]	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pending <input type="radio"/> [255 characters left]
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care Select New EOC 90 Day Period		13. REIMBURSEMENT AMT	20. DATE PAID
15. PROVIDER	16. DATE OF SERVICE	17. PDO NO.		\$75,364.28	03/27/2018
ST FRANCIS HOSPITAL (43)	10/17/17 - 12/14/17 (59)	801101905 ✗		\$5,618.38	04/26/2018
NEUROLOGICAL SURGERY I	10/17/17	801101909 ✗		\$3,339.89	04/23/2018
ORTHOPEDIC & TRAUMA SE	10/17/17	801101914 ✗		\$6,834.63	06/27/2018
ROCKY MOUNTAIN HLDGS L	10/17/17	801183023 ✗ *		\$91,157.18	
21.	TOTAL IHS COST			-\$25,000.00	
22.	LESS THRESHOLD			\$66,157.00	
23.	NET ELIGIBLE FROM FUND			N/A	
24a.	ADVANCE: INCOMPLETE 50%			\$66,157.00	
24b.	REIMBURSEMENT: COMPLETE 100%			\$0.00	
25.	LESS PREVIOUS ADVANCE/REIMBURSEMENT			\$66,157.00	
26.	TOTAL REQUEST			\$66,157.00	
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (M) at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement appropriate process. I further certify that the information and costs listed are associated with this catastrophic episode of care.				be submitted to the IHS fiscal intermediary (FI) for review, and we will recall the amounts over the MLR through the	
27. ADMINISTRATOR	[Pending]	DATE	28. CASE MANAGER	[Pending]	DATE
30. AREA PRC APPROVAL	[Pending]	DATE	31. 42. CFR SEC. 136 met	[Pending]	DATE

Box 8 – ICD Code

- Is a drop down list of distinct primary ICD codes found on paid documents in the proposed episode of care.
- Defaults to the ICD used on the most recent paid document by date of service. The most recent paid document is flagged with an '*' in column 17.
- If the necessary ICD code isn't listed in the drop down, a different code may be entered in the text box. Any code entered here will take precedence over anything in the drop down.
- Clicking on the box label will display a pop up box of all available ICD codes with a short description of each code.

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1. AREA: OKLAHOMA		2. ORDERING FACILITY: CLAREMORE HOSPITAL		3. CHEF NUMBER: 18-OK-xxxx		4. PATIENT NAME: LastName, FirstName Middle		5. DATE OF BIRTH: mm/dd/yyyy (60)		6. SEX: U							
7. TRIBE: CHEROKEE NATION, OK (022)		8. ICD CODE: S12.500A OR		9. CATASTROPHIC CODE: 23 OR 0		10. TRAUMA CODE: Not Trauma Related		11. MEDICAL PRIORITY: -- Select Priority --		12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left							
13. CONTRACT RATE: YES		14. EPISODE OF CARE: 10/17/2017 - 03/14/2018		Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 (\$98,138.13) Select New EOC 90 Day Period Beginning Date: <input type="text"/>				Recalculate		Enter alternate resource comments here							
15. PROVIDER		16. DATE OF SERVICE		<div style="border: 1px solid black; padding: 5px;"> <p>Message from webpage</p> <p>ICD: For PAID documents, the International Classification of Disease code for the service performed, otherwise blank.</p> <p>L02.211 - CUTANEOUS ABSCESS OF ABDOMINAL WALL R40.2411 - Undefined S12.500A - UNSP DISP FX OF SIXTH CERVICAL VERTEBRA, INIT FOR CLOS FX S32.391A - OTH FRACTURE OF RIGHT ILLIUM, INIT ENCTR FOR CLOSED FRACTURE</p> <p style="text-align: right;">OK</p> </div>				19. DISBURSEMENT AMT		20. DATE PAID							
ST FRANCIS HOSPITAL (43)		10/17/17 - 12/14/17 (59)						\$75,364.28		03/27/2018							
NEUROLOGICAL SURGERY I		10/17/17						\$5,618.38		04/26/2018							
ORTHOPEDIC & TRAUMA SE		10/17/17						\$3,339.89		04/23/2018							
ROCKY MOUNTAIN HLDGS L		10/17/17						\$6,834.63		06/27/2018							
21.				\$91,157.18													
22.				-\$25,000.00													
23.		NET		\$66,157.00													
24a.		ADVANCE		N/A													
24b.		REIMBURSEMENT: COMPLETE 100%		N/A		\$66,157.00											
25.		LESS PREVIOUS ADVANCE/REIMBURSEMENT		\$0.00		\$0.00											
26.		TOTAL REQUEST		\$33,079.00		\$66,157.00											
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.																	
27. ADMINISTRATOR			DATE			28. CASE MANAGER			DATE			29. AREA CERTIFICATION			DATE		
[Pending]						[Pending]						[Pending]					
30. AREA PRC APPROVAL			DATE			31. 42. CFR SEC. 136 met			DATE			32. REMARKS			DATE		
[Pending]						[Pending]											

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA		2. ORDERING FACILITY: CLAREMORE HOSPITAL		3. CHEF NUMBER: 18-OK-xxxx		4. PATIENT NAME: LastName, FirstName Middle		5. DATE OF BIRTH: mm/dd/yyyy (60)		6. SEX: U							
7. TRIBE: CHEROKEE NATION, OK (022)		8. ICD CODE: S12.500A OR		9. CATASTROPHIC CODE: 23 OR 0		10. TRAUMA CODE: Not Trauma Related		<div style="border: 2px solid red; padding: 10px;"> <p style="text-align: center;">Box 9 – Catastrophic Code</p> <ul style="list-style-type: none"> The Indian Health Service defined code that best describes the primary diagnosis of the case. Clicking on the label will display a pop-up list of the codes with their descriptions. <p style="text-align: center;">***** NOTE *****</p> <p>Catastrophic Codes are dynamically selected based on the currently selected ICD code.</p> </div>									
13. CONTRACT RATE: YES		14. EPISODE OF CARE: 10/17/2017 - 03/14/2018		Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 Select New EOC 90 Day Period Beginning Date: <input type="text"/>													
15. PROVIDER		16. DATE OF SERVICE		17. PDO NO.		18. OBLIGATION AMT											
ST FRANCIS HOSPITAL (43)		10/17/17 - 12/14/17 (59)		801101905 ✖		\$75,364.28											
NEUROLOGICAL SURGERY I		10/17/17		801101909 ✖		\$5,618.38											
ORTHOPEDIC & TRAUMA SE		10/17/17		801101914 ✖		\$3,339.89											
ROCKY MOUNTAIN HLDGS L		10/17/17		801103023 ✖ *		\$6,834.63											
21.		TOTAL IHS COST				\$91,157.18											
22.		LESS THRESHOLD				-\$25,000.00											
23.		NET ELIGIBLE FROM FUND				\$66,157.00											
24a.		ADVANCE: INCOMPLETE 50%				\$33,079.00											
24b.		REIMBURSEMENT: COMPLETE 100%															
25.		LESS PREVIOUS ADVANCE/REIMBURSEMENT				\$0.00											
26.		TOTAL REQUEST				\$33,079.00											
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.																	
27. ADMINISTRATOR			DATE			28. CASE MANAGER			DATE			29. AREA CERTIFICATION			DATE		
[Pending]						[Pending]						[Pending]					
30. AREA PRC APPROVAL			DATE			31. 42. CFR SEC. 136 met			DATE			32. REMARKS			DATE		
[Pending]						[Pending]											

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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U																																																																								
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: S12.500A OR	9. CATASTROPHIC CODE: 23 OR	10. TRAUMA CODE: Not Trauma Related	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left																																																																								
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 (\$98,138.13)			Enter alternate resource comments here																																																																								
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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

Box 10 – Trauma Code

If the case is trauma related, the type of trauma should be selected. Available options are: Motor Vehicle, Fall, Suicide, Assault, Burn, Drowning, Other, Unknown, and None. None is the default selection. This is required field.

Box 11 – Medical Priority

This is also a required field. An indication of the severity/urgency of the care required for the case:

- Emergent or Acute
- Preventative
- Primary or Secondary

3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U																																				
9. CATASTROPHIC CODE: OR	10. TRAUMA CODE: Not Trauma Related	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left																																				
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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U	
7. TRIBE: CHEROKEE NATION, OK	8. ICD CODE: S12.500A OR	9. CATASTROPHIC CODE: 23 OR 0	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left	
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 149 days <input type="checkbox"/> Select New EOC 90 Day Period			
15. PROVIDER ST FRANCIS HOSPITAL (43)	16. DATE OF SERVICE 10/17/17 - 12/14/17 (59)	17. PDO NO SO1101905	18. IHS COST \$5,618.38	19. DISBURSEMENT AMT \$75,364.28	
NEUROLOGICAL SURGERY I	10/17/17	SO1101909	\$5,618.38	\$5,618.38	
ORTHOPEDIC & TRAUMA SE	10/17/17	SO1101914	\$3,339.89	\$3,339.89	
ROCKY MOUNTAIN HLDGS L	10/17/17	SO1103023	\$6,834.63	\$6,834.63	
21. TOTAL IHS COST			\$91,157.18	\$91,157.18	
22. LESS THRESHOLD			-\$25,000.00	-\$25,000.00	
23. NET ELIGIBLE FROM FUND			\$66,157.00	\$66,157.00	
24a. ADVANCE: INCOMPLETE 50%			\$33,079.00	N/A	
24b. REIMBURSEMENT: COMPLETE 100%			N/A	\$66,157.00	
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT			\$0.00	\$0.00	
26. TOTAL REQUEST			\$33,079.00	\$66,157.00	
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.					
27. ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRC APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

Box 12 – Alt Resource

Required. Select Yes, No, or Pend as appropriate. You may enter comments related to alternate resources as needed.

Box 14 – Episode of Care (EOC)

A date range representing the earliest date of service and the latest date of service found within the parameters of the CHEF Audit list search. These dates are found within the dates listed under Box 16 of the CHEF Summary Worksheet.

The earliest date of service found is used to establish the default EOC 90 day period. By default all documents from the earliest date of service through that date plus 90 days will automatically be highlighted to constitute a potential EOC 90 day case.

CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U	
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: S12.500A OR	9. CATASTROPHIC CODE: 23 OR 0	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left	
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 149 days <input type="checkbox"/> Select New EOC 90 Day Period			
15. PROVIDER ST FRANCIS HOSPITAL (43)	16. DATE OF SERVICE 10/17/17 - 12/14/17 (59)	17. PDO NO SO1101905	18. IHS COST \$5,618.38	19. DISBURSEMENT AMT \$75,364.28	
NEUROLOGICAL SURGERY I	10/17/17	SO1101909	\$5,618.38	\$5,618.38	
ORTHOPEDIC & TRAUMA SE	10/17/17	SO1101914	\$3,339.89	\$3,339.89	
ROCKY MOUNTAIN HLDGS L	10/17/17	SO1103023	\$6,834.63	\$6,834.63	
21. TOTAL IHS COST			\$91,157.18	\$91,157.18	
22. LESS THRESHOLD			-\$25,000.00	-\$25,000.00	
23. NET ELIGIBLE FROM FUND			\$66,157.00	\$66,157.00	
24a. ADVANCE: INCOMPLETE 50%			\$33,079.00	N/A	
24b. REIMBURSEMENT: COMPLETE 100%			N/A	\$66,157.00	
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT			\$0.00	\$0.00	
26. TOTAL REQUEST			\$33,079.00	\$66,157.00	
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.					
27. ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRC APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA		2. ORDERING FACILITY: CLAREMORE HOSPITAL		3. CHEF NUMBER: 18-OK-xxx		4. PATIENT NAME: LastName, FirstName Middle		5. DATE OF BIRTH: mm/dd/yyyy (60)		6. SEX: U	
7. TRIBE: CHEROKEE NATION, OK (022)		8. ICD CODE: [S12.500A] OR []		9. CATASTROPHIC CODE: [23] OR [0]		10. TRAUMA CODE: [Not Trauma Related]		11. MEDICAL PRIORITY: [-- Select Priority --]		12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> [255] characters left	
13. CONTRACT RATE: YES		14. EPISODE OF CARE: 10/17/2017 - 03/14/2018		Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 (\$98,138.13) Select New EOC 90 Day Period Beginning Date: [] Recalculate				Enter alternate resource comments here ^			
15. PROVIDER		16. DATE OF SERVICE		17. PDO NO.		18. OBLIGATION AMT		19. DISBURSEMENT AMT		20. DATE PAID	
ST FRANCIS HOSPITAL (43)		10/17/17 - 12/14/17 (59)		801101905 ✖		\$75,364.28		\$75,364.28		03/27/2018	
NEUROLOGICAL SURGERY I		10/17/17		801101909 ✖		\$5,618.38		\$5,618.38		04/26/2018	
ORTHOPEDIC & TRAUMA SE		10/17/17		801101914 ✖		\$3,339.89		\$3,339.89		04/23/2018	
ROCKY MOUNTAIN HLDGS L		10/17/17		801103023 ✖*		\$6,834.63		\$6,834.63		06/27/2018	
21.		22.		23.		24a.		24b.		25.	
26.		<p style="text-align: center;">Extended Episode of Care Period</p> <p>The EOC 90 day period can be extended by the total number of inpatient days found within the EOC 90 day period. In the above example, 59 days is added to extend the EOC period to a total of 149 days. The parenthesized dollar value is the total obligations for the highlighted block of delivery orders. For complex cases, you may want to use a different beginning date to calculate the episode of care period and analyze the resultant financial outcome prior to finalizing the request. To do so you select a new beginning date and click the 'Recalculate' button to have the screen refresh with a different set of documents highlighted as the potential 90 day or 90 day plus EOC.</p>									
By signing this form, I certify our program at no cost to our program. If after the FI appropriate process, I further certify that											
27. ADMINISTRATOR [Pending]											
30. AREA PRC APPROVAL [Pending]											

1. AREA: OKLAHOMA		2. ORDERING FACILITY: CLAREMORE HOSPITAL		3. CHEF NUMBER: 18-OK-xxx		4. PATIENT NAME: LastName, FirstName Middle		5. DATE OF BIRTH: mm/dd/yyyy (60)		6. SEX: U	
7. TRIBE: CHEROKEE NATION, OK (022)		8. ICD CODE: [R40.241] OR []		9. CATASTROPHIC CODE: [0] OR [0]		10. TRAUMA CODE:		11. MEDICAL PRIORITY:		12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> [255] characters left	
13. CONTRACT RATE: YES		14. EPISODE OF CARE: 10/17/2017 - 03/14/2018		Extended Episode of Care 149 Select New EOC 90 Day Period				Enter alternate resource comments here ^			
15. PROVIDER		16. DATE OF SERVICE		17. PDO NO.		18. OBLIGATION AMT		19. DISBURSEMENT AMT		20. DATE PAID	
ST FRANCIS HOSPITAL (43)		10/17/17 - 12/14/17 (59)		801101905						03/27/2018	
NEUROLOGICAL SURGERY I		10/17/17		801101909						04/26/2018	
ORTHOPEDIC & TRAUMA SE		10/17/17		801101914						04/23/2018	
ROCKY MOUNTAIN HLDGS L		10/17/17		801103023 *						06/27/2018	
21.		<p>Box 15 – Provider</p> <ul style="list-style-type: none"> The Symbol (43) appears after provider names for any inpatient delivery orders. <p>Box 16 – Date of Service</p> <ul style="list-style-type: none"> For inpatient encounters this reflects the admission and discharge dates as well as the number of inpatient days. 									
22. TOTAL IHS COST (all pages)											
23. LESS THRESHOLD											
24. NET ELIGIBLE FROM FUND											
24a. ADVANCE: INCOMPLETE 50%											
24b. REIMBURSEMENT: COMPLETE 100%											
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT		\$0.00		\$0.00							
26. TOTAL REQUEST		\$33,079.00		\$66,157.00							
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27. CHIEF EXECUTIVE OFFICER / ADMINISTRATOR [Pending]				DATE		28. CASE MANAGER [Pending]				DATE	
30. AREA PRCO APPROVAL [Pending]				DATE		31. 42. CFR SEC. 136 met [Pending]				DATE	
						29. AREA CERTIFICATION [Pending]				DATE	
						32. REMARKS				DATE	

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1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName	5. DATE OF BIRTH:	6. SEX:
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: R402411 OR	9. CATASTROPHIC CODE: 0 OR 0	10. TRAUMA CODE: Not Trauma Related	Box 17 – PDO No.	
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 Select New EOC 90 Day Period Beginning Date:		<ul style="list-style-type: none"> Purchase Delivery Order number Check one or more of the boxes to select orders to be removed from the Summary Sheet. Click the [X] to remove all selected orders. Once orders are removed they cannot be retrieved without starting over by selecting the case from the audit list. Click the order number of paid documents to see the order's ICD code. Click the order's ICD code to see the definition of the ICD. 	
15. PROVIDER	16. DATE OF SERVICE	17. PDO NO. <input checked="" type="checkbox"/>	18. OBLIGATION AMT		
ST FRANCIS HOSPITAL (43)	10/17/17 - 12/14/17 (59)	SO1101905	\$75,364		
NEUROLOGICAL SURGERY I	10/17/17	SO1101909	\$5,618		
ORTHOPEDIC & TRAUMA SE	10/17/17	SO1101914	\$3,339		
ROCKY MOUNTAIN HLDGS L	10/17/17	SO1103023 *	\$6,834		
21. TOTAL IHS COST (all pages)			\$91,157		
22. LESS THRESHOLD			\$25,000		
23. NET ELIGIBLE FROM FUND			\$66,157.00		
24a. ADVANCE: INCOMPLETE 50%			\$33,079.00		
24b. REIMBURSEMENT: COMPLETE 100%			N/A		
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT			\$0		
26. TOTAL REQUEST			\$33,079		
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.					
27. CHIEF EXECUTIVE OFFICER / ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRCO APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CLAREMORE HOSPITAL	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH:	6. SEX: U
7. TRIBE: CHEROKEE NATION, OK (022)	8. ICD CODE: R402411 OR	9. CATASTROPHIC CODE: 0 OR 0	10. TRAUMA CODE: Not Trauma Related	11. MEDICAL PRIORITY: -- Select Priority --	12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> 255 characters left
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 10/17/2017 - 03/14/2018	Extended Episode of Care 149 day period: 10/17/2017 - 03/14/2018 Select New EOC 90 Day Period Beginning Date:		ICD Code: S12.500A UNSP DISP FX OF SIXTH CERVICAL VERTEBRA, INIT FOR CLOS FX	
15. PROVIDER	16. DATE OF SERVICE	17. PDO NO. <input checked="" type="checkbox"/>	18. OBLIG:	20. DATE PAID	
ST FRANCIS HOSPITAL (43)	10/17/17 - 12/14/17 (59)	SO1101905		03/27/2018	
NEUROLOGICAL SURGERY I	10/17/17	SO1101909		04/26/2018	
ORTHOPEDIC & TRAUMA SE	10/17/17	SO1101914		04/23/2018	
ROCKY MOUNTAIN HLDGS L	10/17/17	SO1103023 *		06/27/2018	
21. TOTAL IHS COST (all pages)					
22. LESS THRESHOLD					
23. NET ELIGIBLE FROM FUND			\$66,157.00	\$66,157.00	
24a. ADVANCE: INCOMPLETE 50%			\$33,079.00	N/A	
24b. REIMBURSEMENT: COMPLETE 100%			N/A	\$66,157.00	
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT			\$0.00	\$0.00	
26. TOTAL REQUEST			\$33,079.00	\$66,157.00	
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.					
27. CHIEF EXECUTIVE OFFICER / ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRCO APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

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CATASTROPHIC HEALTH EMERGENCY FUND REIMBURSEMENT REQUEST - SUMMARY SHEET 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY:	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U
7. TRIBE: CHEROKEE	8. CATASTROPHIC CODE: OR <input type="checkbox"/>	9. TRAUMA CODE: Not Trauma Related <input type="checkbox"/>	10. MEDICAL PRIORITY: -- Select Priority -- <input type="checkbox"/>	11. ALT RESOURCE: Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/> 255 characters left	
13. CONTRA YES	12. Episode of Care 149 day period: 10/17/2017 - 03/14/2018 (\$98,138.13) New EOC 90 Day Period Beginning Date: <input type="text"/> Recalculate			Enter alternate resource comments here <input type="text"/>	
15. PROVIDER ST FRANCIS H NEUROLOGIC ORTHOPEDIC ROCKY MOUN	18. OBLIGATION AMT	19. DISBURSEMENT AMT	20. DATE PAID		
21.	O1101905 ✘	\$75,364.28	\$75,364.28	03/27/2018	
22.	O1101909 ✘	\$5,618.38	\$5,618.38	04/26/2018	
23.	O1101914 ✘	\$3,339.89	\$3,339.89	04/23/2018	
24a.	O1103023 ✘ *	\$6,834.63	\$6,834.63	06/27/2018	
24b.	TOTAL IHS COST	\$91,157.18	\$91,157.18		
25.	ESS THRESHOLD	-\$25,000.00	-\$25,000.00		
26.	BLE FROM FUND	\$66,157.00	\$66,157.00		
	INCOMPLETE 50%	\$33,079.00	N/A		
	COMPLETE 100%	N/A	\$66,157.00		
	REIMBURSEMENT	\$0.00	\$0.00		
	TOTAL REQUEST	\$33,079.00	\$66,157.00		
By signing this form, I certify that at no cost to our program, I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, and that case management has been performed.					
27. ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRC APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

Box 18 – Obligation Amount

- Total dollars obligated for the delivery order.

Box 19 – Disbursement Amt

- The total dollars paid against the order.

Box 20 – Date Paid

- The date the disbursement was issued against the order.

1. AREA: OKLAHOMA	2. ORDERING FACILITY:	3. CHEF NUMBER: 18-OK-xxxx	4. PATIENT NAME: LastName, FirstName Middle	5. DATE OF BIRTH: mm/dd/yyyy (60)	6. SEX: U
7. TRIBE: CHEROKEE	8. CATASTROPHIC CODE: OR <input type="checkbox"/>	9. TRAUMA CODE: Not Trauma Related <input type="checkbox"/>	10. MEDICAL PRIORITY: -- Select Priority -- <input type="checkbox"/>	11. ALT RESOURCE: Yes <input type="checkbox"/> No <input type="checkbox"/> Pend <input type="checkbox"/> 255 characters left	
13. CONTRA YES	12. Episode of Care 149 day period: 10/17/2017 - 03/14/2018 (\$98,138.13) New EOC 90 Day Period Beginning Date: <input type="text"/> Recalculate			Enter alternate resource comments here <input type="text"/>	
15. PROVIDER ST FRANCIS H NEUROLOGIC ORTHOPEDIC ROCKY MOUN	18. OBLIGATION AMT	19. DISBURSEMENT AMT	20. DATE PAID		
21.	O1101905 ✘	\$75,364.28	\$75,364.28	03/27/2018	
22.	O1101909 ✘	\$5,618.38	\$5,618.38	04/26/2018	
23.	O1101914 ✘	\$3,339.89	\$3,339.89	04/23/2018	
24a.	O1103023 ✘ *	\$6,834.63	\$6,834.63	06/27/2018	
24b.	TOTAL IHS COST	\$91,157.18	\$91,157.18		
25.	ESS THRESHOLD	-\$25,000.00	-\$25,000.00		
26.	BLE FROM FUND	\$66,157.00	\$66,157.00		
	INCOMPLETE 50%	\$33,079.00	N/A		
	COMPLETE 100%	N/A	\$66,157.00		
	REIMBURSEMENT	\$0.00	\$0.00		
	TOTAL REQUEST	\$33,079.00	\$66,157.00		
By signing this form, I certify that at no cost to our program, I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, and that case management has been performed.					
27. ADMINISTRATOR [Pending]	DATE	28. CASE MANAGER [Pending]	DATE	29. AREA CERTIFICATION [Pending]	DATE
30. AREA PRC APPROVAL [Pending]	DATE	31. 42. CFR SEC. 136 met [Pending]	DATE	32. REMARKS	DATE

Boxes 27, 28, 29, 30 – Administrative Signatures

- Electronic approvals stamped as the request is routed through the process from one level to another.

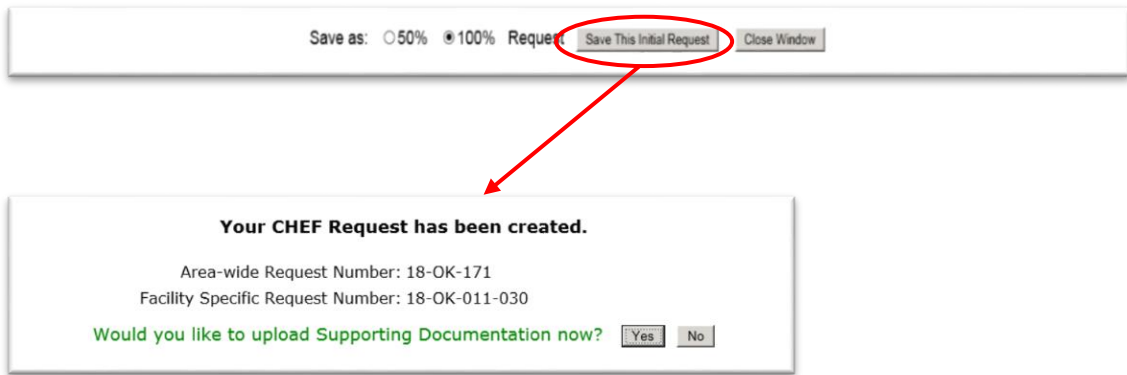
Box 31 – Standard certification regarding regulatory criteria.

Box 32 – Remarks – will contain a facility specific Request ID consisting of 4 segments:

- Example: 18-OK-011-001
 - Segment 1 – 2 digit fiscal year of the request
 - Segment 2 – 2 character Area ID
 - Segment 3 – 3 character PRC program identifier (PRC finance code)
 - Segment 4 – 3 digit sequential number unique for each request by PRC program within each Area for each fiscal year

Once the form is completed, you must chose to submit the request either as a 50% incomplete request or as a 100% complete request before you can save the request. In the event the total request for disbursements is equal to or less than \$0.00, the software will automatically default to a 50% incomplete request only. In the event the total requests for both obligations and disbursements is equal to or less than \$0.00, the software automatically determines the request to be ineligible for reimbursement and the request cannot be saved. Clicking the "Save this Request" button saves the request to the database and assigns the next available Area specific and program specific CHEF numbers for the fiscal year to the request.

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In the above example, 18-OK-171 represents the 171st CHEF request created in the Oklahoma Area during fiscal year 2018.

Likewise, 18-OK-011-030 represents the 30th request created by the Claremore PRC program in the Oklahoma Area during fiscal year 2018.

b. Create a New 50% Request (Manual submitters only)

Manual submitters are required to data enter the necessary information to fill out the CHEF Summary Worksheet. A full description for completing a manual request can be seen in the next section, Create a New 100% Request.

c. Create a New 100% Request (Manual Submitters only)

Manual submitters are required to data enter the necessary information to fill out the CHEF Summary Worksheet. The data entry is a two-part process.

Part One – Case Demographics:

CATASTROPHIC HEALTH EMERGENCY FUND 100% REIMBURSEMENT REQUEST - SUMMARY SHEET FY 					
1. AREA: OKLAHOMA	2. ORDERING FACILITY: CN WW HASTINGS INDIAN HOSPITAL	3. CHEF NUMBER: To be assigned	4. PATIENT NAME: Lastname, Firstname	5. DATE OF BIRTH: mm/dd/yyyy	6. SEX: Male <input type="checkbox"/>
7. TRIBE: INDIAN - TRIBE (UNSPECIFIED (999))	8. ICD CODE: Enter an ICD10 code	9. CAT CODE: 0	10. TRAUMA CODE: Not Trauma Related	11. MEDICAL PRIORITY: Select Priority	12. ALT RESOURCE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pend <input type="checkbox"/>
13. CONTRACT RATE: YES	14. EPISODE OF CARE: FROM: mm/dd/yyyy TO: mm/dd/yyyy	Enter alternate resource comments here			
					255 characters left
			DISBURSEMENT AMT		
21. TOTAL IHS COST			0.00		
22. LESS THRESHOLD			-\$25,000.00		
23. NET ELIGIBLE FROM FUND			0.00		
24a. ADVANCE: INCOMPLETE 50%			N/A		
24b. REIMBURSEMENT: COMPLETE 100%			0.00		
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT			0.00		
26. TOTAL REQUEST			0.00		
By submitting this form, I certify our program has fully utilized alternate resources and the Medicare like rates (S.L.R.) (Section 860 or 315A). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the M.L.R. review level the CHEF program will recall the amount over the M.L.R. through the appropriate process. Additionally I certify the information and costs listed are associated with this catastrophic event and that case management has been performed.					
Save as a New 100% Manual Request			Close Window		

In this part, the fields to be filled in are:

- 1) Fiscal Year – the 4-digit fiscal code year of the CHEF fund for which reimbursement is being requested.
- 2) Patient Name – Full name must be given in Last name, First name MI format.

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- 3) Date of Birth – required in mm/dd/yyyy format; patient age will be automatically calculated on the final save form.
- 4) Tribe – Full name of federally recognized Tribal affiliation, or Tribal Code Number, if available, or indicate not applicable (NA) for an eligible non-Indian or non-Indian spouse.
- 5) ICD Code – Must indicate ICD-10-CM primary diagnosis code.
NOTE: Box 9, Catastrophic Code will auto-populate based on the ICD code entered. A Cat Code of zero (0) means an invalid ICD code was entered.
- 6) Trauma Code – Indicate if the case is trauma related by using the drop-down selector to select the appropriate type of trauma.
- 7) Medical Priority – Select the appropriate medical priority per guidelines provided in the PRC manual.
- 8) Alternate Resource Available – Indicate Yes, No, or Pending and if Yes or Pending, list the alternate resource(s) available in the associated comment box.
- 9) Episode of Care (EOC) – Enter the first day of treatment (From) in mm/dd/yyyy format. The ending EOC date (To) will auto-populate with the From Date + 90 days. If the EOC period needs to be more than 90 days, the default ending date may be overridden.
- 10) Obligation/Disbursement Amount – Depending on which type of request is being completed, 50% Incomplete or 100% Complete, the total amount of either IHS obligations or disbursements as appropriate needs to be entered.
NOTE: A 50% request will only have an obligations column while a 100% request will only have a disbursements column.
NOTE: The additional dollar fields such as Net Eligible and Total Request are automatically calculated based on the Line 21 Total IHS Cost value and cannot be changed.

Click the Save button once the form is filled out to save the request to the database and have a request number assigned as well as an opportunity to enter the individual purchase order transaction lines that go with the request.

Actions > Manual Requests > Create New a New 100% Request

Your CHEF Request has been created.

Area-wide Request Number: 18-OK-183-SG
Facility Specific Request Number: 18-OK-805-010

Would you like to enter some Purchase Order lines for this summary?

If you click , you may enter purchase order lines later by using the Edit Existing Request option. If you click , the Add Manual PO Transaction screen is displayed.

Part Two – Add Manual Purchase Order Transactions:

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
Actions > Create CHEF Request > [Edit Existing Request](#) > [Add Manual PO Transaction](#)

Catastrophic Health Emergency Fund 100% Reimbursement mRequest - Summary Sheet FY 2018

1. AREA: OKLAHOMA	2. ORDERING FACILITY: CN WW HASTINGS INDIAN HOSPITAL	3. CHEF NUMBER: 18-OK-183-SG	4. PATIENT NAME: Last Name, First Name MI	5. DATE OF BIRTH: mm dd/yyyy	6. SEX: M OR F U
7. TRIBE: SENECA NATION, NY (138)	8. ICD CODE: 148.0	9. CAT CODE: 12	10. TRAUMA CODE: N	11. MEDICAL PRIORITY: I	12. ALT RESOURCE: NO
13. CONTRACT RATE: YES	14. EPISODE OF CARE: 01/05/2018 - 04/04/2018 (90 d)	ALTERNATE RESOURCE COMMENTS:			
15. PROVIDER:	TYPE	16. DATE OF SERVICE:	17. PO DELIVERY NO.	19. DISBURSEMENT AMT	20. DATE PAID:
	43	mm/dd/yyyy - mm/dd/yyyy	PO No.	0.00	mm/dd/yyyy +
21. TOTAL IHS COST					\$98,765.00
22. LESS THRESHOLD					-\$25,000.00
23. NET ELIGIBLE FROM FUND					\$73,765.00
24a. ADVANCE: INCOMPLETE 50%					\$0.00
24b. REIMBURSEMENT: COMPLETE 100%					\$73,765.00
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT					\$0.00
26. TOTAL REQUEST					\$73,765.00
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.					
27. ADMINISTRATOR E-sig/	DATE	28. CASE MANAGER E-sig/ Kevin Rogers	DATE	29. AREA CERTIFICATION	DATE
			10/09/2018		
30. AREA PRC APPROVAL	DATE	31. 42. CFR SEC. 136 met YES	DATE	32. REMARKS: (100% request) Area/Facility Request ID: 18-OK-805-010	
			10/09/2018		

In this part, the fields to be filled in are:

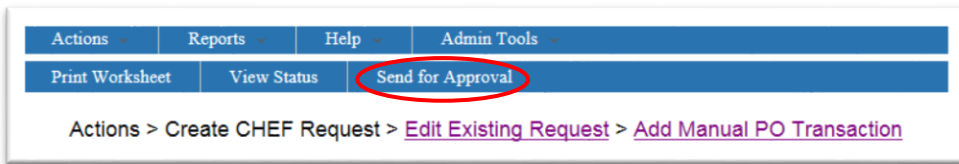
- 1) Provider – the name of the hospital, Physician, or group, which provided the care, associated with each delivery order.
- 2) Type – the type of service purchased: 43 – Inpatient, 64 - Outpatient
- 3) Date of Service – the date of service in mm/dd/yyyy format. The Date(s) must be within the original episode of care date range (box 14) except for if an inpatient care transaction crosses over either the original beginning or ending episode of care dates .
- 4) Delivery Order Number – the purchase order number or other obligating instrument (tribal voucher number, check number or accounting sequence number) against which payments are made.
- 5) Obligation/Disbursement – The total funds obligated (50% incomplete request) or paid (100% complete request) against the purchase delivery order (PDO).
- 6) Payment Date – the date, in mm/dd/yyyy format, the final payment was made.

Clicking the plus button,  , adds the completed Purchase Order transaction line to the summary and returns to the Add Manual PO Transaction screen where you can either add another transaction or remove any transactions that may have previously been entered in error.

1	15. PROVIDER:	TYPE	16. DATE OF SERVICE:	17. PO DELIVERY NO.	19. DISBURSEMENT AMT	20. DATE PAID:
	General Hospital		01/05/2018	CKN1234001 	\$456.25	02/05/2018
2	Provider	43	mm/dd/yyyy - mm/dd/yyyy	PO No.	0.00	mm/dd/yyyy +

1. The new transaction line just added. Click the red X to delete the transaction line.
2. Blank transaction line for adding a new transaction to the summary.

Once all of the transaction lines have been added to the summary, click the ‘Send for Approval’ tab on the menu bar.




Sending for approvals first requires all mandatory supporting documentation to be uploaded and “attached” to the requests. See the Section 1.f under Actions for a complete description of Uploading Supporting Documentation.

d. [Edit Existing Request \(Electronic Worksheet\)](#)

Editing an existing request allows a case manager to modify any CHEF Request not yet opened for review by the Headquarters PRC Certifier.

Editing a request is a total rebuild of the original Summary Worksheet. When a request is selected for editing all existing purchase order transactions that were saved as part of the original request are deleted, all existing approvals are removed, the appropriate data source is re-queried for the patient and episode of care period and a new working copy of the CHEF Summary Worksheet is displayed. This temporary copy of the worksheet may contain data not available when the original worksheet was created. This new data may be things like new purchase orders or payment information. Additionally, purchase order transactions removed from the original request in error or transactions originally included in error may be included or removed as appropriate.

 It is important remember to save the edited worksheet as well as upload or re-upload any documentation as needed to support the new case.

The general steps to editing an existing request are:

- i. Select the request to be edited.
- ii. Modify the Summary Worksheet as needed.
- iii. Save the edited worksheet.
- iv. Upload or re-upload any documentation as needed.
- v. Submit the revised request for approval.

When the Edit Existing Request option is selected, the Select CHEF Number request drop down selector is displayed:



Once a request is selected for editing, the process for completing the worksheet and saving it are the same as creating a new request.

e. [Edit Existing Request \(Manual Worksheet\)](#)

Manually data entered worksheets may be selected for editing by the Case Manager provided the selected request has not yet been opened for review by the Headquarters PRC Certifier. Selecting a manually entered worksheet for editing opens the Add Manual Purchase Order Transactions screen.

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Please refer to the paragraph labeled Part Two – Add Manual Purchase Order Transactions in section 1.c. above for instructions on completing the worksheet.

f. Supplement Existing Request (Electronic Worksheet)

Supplementing an existing request allows a case manager to modify any CHEF Request after the Initial request has been opened for review by the Headquarters PRC Certifier. When a request is selected for supplementing the appropriate data source is re-queried for the patient and episode of care period and a working copy of a supplemental CHEF Summary Worksheet is displayed. This copy of the worksheet may contain data not available when the original worksheet was created. This new data may be things like new purchase orders or payment information. All new data will be highlighted in yellow while previously submitted data will be in gray.

1. AREA: OKLAHOMA		2. ORDERING FACILITY: LAWTON INDIAN HOSPITAL		3. CHEF NUMBER: 18-OK-305 -Sxx		4. PATIENT NAME: LastName, FirstName Middle		5. DATE OF BIRTH: mm/dd/yyyy (50)		6. SEX: U							
7. TRIBE: APACHE TRIBE, OK (231)		8. ICD CODE: [N18.9] OR []		9. CATASTROPHIC CODE: [18] OR [0]		10. TRAUMA CODE: [Not Trauma Related]		11. MEDICAL PRIORITY: [-- Select Priority --]		12. ALT RESOURCE: Yes <input type="radio"/> No <input type="radio"/> Pend <input type="radio"/> [255] characters left							
13. CONTRACT RATE: YES		14. EPISODE OF CARE: 05/17/2018 - 08/23/2018		Open Ended Episode of Care (Cat Code 18): 05/17/2018 - 08/23/2018 (\$46,869.44)						Enter alternate resource comments here							
15. PROVIDER		16. DATE OF SERVICE		17. PDO NO. <input checked="" type="checkbox"/>		18. OBLIGATION AMT		19. DISBURSEMENT AMT		20. DATE PAID		NEW					
SOUTHWESTERN SURGICAL		05/17/18		7O3120717		\$70.04		\$70.04		07/20/2018		<input checked="" type="checkbox"/>					
OU PHYSICIANS		05/25/18		8O3111429		\$120.84		\$120.84		08/16/2018		<input checked="" type="checkbox"/>					
KIRKS AMBULANCE SERVIC		08/09/18		8O3114238		\$827.73		\$827.73		10/22/2018		<input checked="" type="checkbox"/>					
OU MEDICAL CENTER,INC (43)		08/10/18 - 08/23/18 (14)		8O3113933 *		\$42,068.64		\$42,068.64		09/25/2018		<input checked="" type="checkbox"/>					
OU PHYSICIANS		08/10/18		9O3101595 <input type="checkbox"/>		\$3,607.64		\$3,607.64		11/09/2018		<input checked="" type="checkbox"/>					
OPTIMUM CARE HOSPITALI		08/14/18		8O3114504 <input type="checkbox"/>		\$174.55		\$174.55		12/07/2018		<input checked="" type="checkbox"/>					
21. TOTAL IHS COST (all pages)						\$46,869.00		\$46,869.00									
22. LESS THRESHOLD						\$25,000.00		\$25,000.00									
23. NET ELIGIBLE FROM FUND						\$21,869.00		\$21,869.00									
24a. ADVANCE: INCOMPLETE 50%						\$10,935.00		N/A									
24b. REIMBURSEMENT: COMPLETE 100%						N/A		\$21,869.00									
25. LESS PREVIOUS ADVANCE/REIMBURSEMENT						\$9,360.00		\$9,360.00									
26. TOTAL REQUEST						\$1,575.00		\$12,509.00									
By signing this form, I certify our program has fully utilized alternate resources and the Medicare like rates (MLR) (Section 506 or MMA). I understand this case will be submitted to the IHS fiscal intermediary (FI) for review, at no cost to our program. If after the FI assessment, it has been determined that the initial CHEF reimbursement exceeded the MLR review level the CHEF program will recall the amounts over the MLR through the appropriate process. I further certify that the information and costs listed are associated with this catastrophic event and that case management has been performed.																	
27. CHIEF EXECUTIVE OFFICER / ADMINISTRATOR				DATE		28. CASE MANAGER				DATE		29. AREA CERTIFICATION		DATE			
[Pending]						[Pending]						[Pending]					
30. AREA PROO APPROVAL				DATE		31. 42. CFR SEC. 136 met				DATE		32. REMARKS				DATE	
[Pending]						[Pending]											

Save as: 50% 100% Request

The above example shows two possible supplemental actions, either a 50% request for \$1,575 or a 100% request for \$12,509. Even though this supplement show two new purchase orders that weren't submitted on the initial request, they are also both already paid. In this case, submit a 100% supplement since all documents have been paid. In this example, the system creates supplemental request 18-OK-1305-S01 for a total of \$12,509.

Just as with creating a new request, the "save" options will dynamically change dependent upon whether or not the Line 26 values are greater than \$0.

After saving a supplemental worksheet, you may upload any necessary supporting documentation as needed (See Section 1.h below).

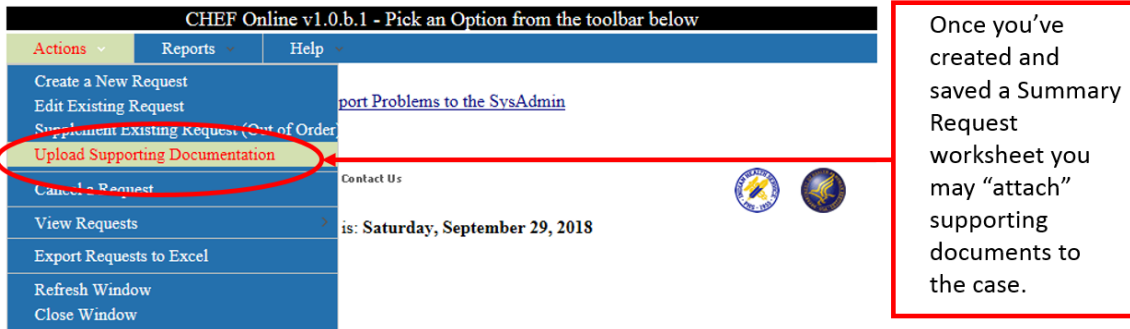
g. Supplement Existing Request (Manual Worksheet)

Manually data entered worksheets may be selected for supplementing by the Case Manager after the Initial request has been opened for review by the Headquarters PRC Certifier. Selecting a manually entered worksheet for supplementing opens a new manual Summary Worksheet form using the case identifier information from the initial request and displays the Add Manual Purchase Order Transactions

screen. Please refer to the paragraph labeled Part Two – Add Manual Purchase Order Transactions in section 1.c. above for instructions on completing the worksheet.

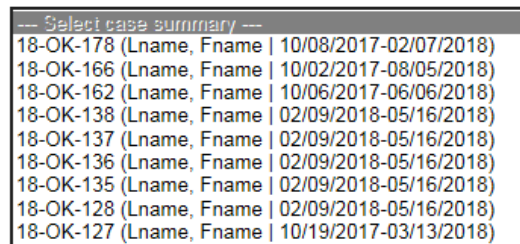
h. Upload Supporting Documentation

Once a CHEF request is created, either a new initial request, an edited initial request, or a supplemental request, any required supporting documentation may be electronically uploaded (attached) to the request using the Actions > Upload Supporting Documentation option.



Actions > Upload Supporting Documentation

Select the case summary you wish to update



Use the drop down selector box to select the case summary for which you wish to upload documents.

The summaries available for selection are restricted by:

- Program
- Area
- Status

You may only select requests belonging to your own PRC program that have not yet been submitted for review and approval.

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Some of the required supporting documents may be automatically generated as a result of running the Audit List and creating the Summary worksheet. You may click on the description to view a document.

After making your selections, click the 'Upload the file' button

Click the drop down selector box to select the type of document you want to upload.

Click the Browse button to select the file to be uploaded using standard file navigation.

ID	Supporting Documents already on file	
3	CHEF Request Summary Worksheet	🔒
4	PRC document Summary for specific patient (PRC-MIS)	🔒
5	PRC Referrals and/or PRC Emergency Call-ins	🔒

Select the type of document you wish to attach
5 - PRC Referrals and/or PRC Emergency Call-ins

Select the file to be uploaded
D:\chsl\Chefdocs\2018_Partnership_Conference\18-OK-xxx Browse...

Upload the file

The list of documents on file for the selected request is updated to include the file just uploaded.

The list of document types available to upload is restricted to only those types not already on file.

If necessary, you may delete a document type from the list of documents already on file by clicking on the red X.

After you delete a document type from the list of documents already on file, the document type is once again available on the list of document types to be uploaded.

ID	Supporting Documents already on file	
3	CHEF Request Summary Worksheet	🔒
4	PRC document Summary for specific patient (PRC-MIS)	🔒
5	PRC Referrals and/or PRC Emergency Call-ins	✖

Select the type of document you wish to attach
Required Documentation

Select the file to be uploaded
Browse...

Upload the file

Once all required documentation to support a CHEF request has been uploaded, the case is considered ready to be submitted to the Local Administrator for review and approval. Once the last required set of documentation is uploaded, the following message is displayed:

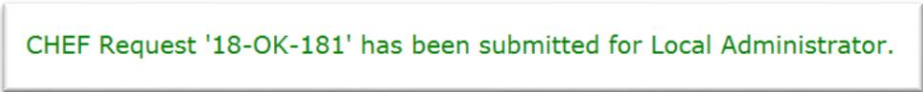
All required documentation has been attached therefore, this package is ready for submission. You may submit it for approval or attach additional documentation below.

Click this button to submit the CHEF request to the Local Administrator for review and approval.

ID	Supporting Documents already on file	
3	CHEF Request Summary Worksheet	🔒
4	PRC document Summary for specific patient (PRC-MIS)	🔒
5	PRC Referrals and/or PRC Emergency Call-ins	✖
6	Medical discharge summary or summaries for all admissions	✖

Yes, submit this package for approval.

After clicking the button to submit the package for approval a message is displayed indicating the Request Number that was assigned to the request as well as confirming to what approval role the request was submitted.



Additionally, an email notice is sent to all users configured to perform the target approval role as appropriate dependent upon the type of approval, the PRC Program and the PRC Program's Area.

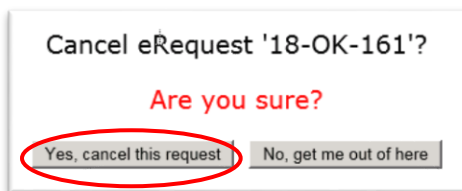
i. Cancel a Request

Canceling an existing request allows a case manager to cancel any CHEF Request not yet opened for review by the Headquarters PRC Certifier.

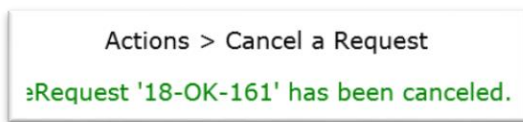
When the Cancel a Request option is selected, the Select CHEF Number request drop down selector is displayed:



After selecting a request to cancel, a verification screen is displayed:



After clicking the [Yes, cancel this request button], a confirmation message is displayed:



j. View Requests

i. My Requests

1. View All My Requests

This option allows a user to display the details of any request created by the user regardless of the status of the request. When the View All My Requests option is selected, the Select Case Summary request drop down selector is displayed.

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Actions > View Open Request > [View My Open Requests](#)

Select the case summary you wish to view

18-OK-166 (LastName, FirstName MI, 10/02/2017-08/05/2018) ▼

Continue

After selecting a request to view, the Review Request Menu Bar is displayed.

eRequest Number		Current Status	
18-OK-166		Pending Case Manager	
Worksheet	Doc Summary	Refs/Call-ins	Medical

This menu bar will contain a tab for every supporting document that has been attached to the request. Every supporting document that needs to be attached to a request will be attached to the request. Click on any of the tabs to display the associated document.

The request number on the menu bar is an active link. Clicking on this link displays a popup window detailing the Request Routing and Request History statuses.

Request Routing		
Name	Role	Level
User name	Local Administrator	15
User name	Area Certifier	20
User name	Area PRCO Approver	25
User name	Area PRCO Approver	25
User name	HQ PRC Certifier	30
User name	HQ DDMO Approver	35
User name	HQ PRCO Approver	40
User name	HQ Funds Processor	50
User name	Area Funds Processor	60

Request History			
Date/Time	Action	Name	Remarks
08/22/2018 01:59:59	Returned to Requestor by Area Certification	User name	This is where the comments would go.
08/22/2018 01:52:41	Sent to Area Certification	User name	**AUTO SIGNATURE APPLIED**
08/22/2018 01:37:19	Saved by Requestor	User name	NEW REQUEST 18-OK-166

The Request Routing section displays the names of individuals responsible for reviewing and approving the request at each level. The Request History section displays all actions that have been taken on the requests listed in reverse chronological order so the most recent action is always at the top of the list.

- 2. [View My Open Requests](#)
This option works the same as the View All My Request option except the requests available for selection are restricted to those requests created by the user that have not been approved by the Area PRC Officer.
- 3. [List ALL My Requests](#)
This option produces a table-formatted list of all requests, created by the logged on user, displaying the selected key elements of the request.

Reports > [List All My Requests](#)

All of My Requests						
FY	Req No.	Req. Type	Patient	EOC Period	Total Request	Status
2018	18-OK-125	100% (e)	LastName, FirstName MI	10/08/2017-02/07/2018	\$18,428.00	Canceled
2018	18-OK-126	100% (e)	LastName, FirstName MI	10/08/2017-02/07/2018	\$18,428.00	Canceled
2018	18-OK-127	50% (e)	LastName, FirstName MI	10/19/2017-03/13/2018	(\$664.00)	Saved by Requestor
2018	18-OK-128	100% (e)	LastName, FirstName MI	02/09/2018-05/16/2018	\$5,117.00	Saved by Requestor
2018	18-OK-129	50% (e)	LastName, FirstName MI	02/09/2018-05/16/2018	\$2,934.00	Pending HQs Funds Approval
2018	18-OK-130	50% (e)	LastName, FirstName MI	02/09/2018-05/16/2018	\$2,934.00	Pending HQs Funds Approval

As on previous view request screens, the request number is an active link that will display a popup window detailing the Request Routing and Request History status.

4. [View Request Status](#)

This option allows a user to display the Request Routing and Request History of any request created by the logged on user without having to view the entire request. When the View Request Status option is selected, the Select Case Summary request drop down selector is displayed.

Actions > View Requests > My Requests > [View Request Status](#)

Select the case summary

18-OK-166 (LastName, FirstName MI, 10/02/2017-08/05/2018) ▼

After selecting a request to view, the Request Status summary is displayed.

Request Routing		
Name	Role	Level
User name	Local Administrator	15
User name	Area Certifier	20
User name	Area PRCO Approver	25
User name	Area PRCO Approver	25
User name	HQ PRC Certifier	30
User name	HQ DDMO Approver	35
User name	HQ PRCO Approver	40
User name	HQ Funds Processor	50
User name	Area Funds Processor	60

Request History			
Date/Time	Action	Name	Remarks
08/22/2018 01:59:59	Returned to Requestor by Area Certification	User name	This is where the comments would go.
08/22/2018 01:52:41	Sent to Area Certification	User name	**AUTO SIGNATURE APPLIED**
08/22/2018 01:37:19	Saved by Requestor	User name	NEW REQUEST 18-OK-166

- ii. Other Requests
 - 1. View Other Requests
 - 2. View Other Open Requests
 - 3. List All Other Requests
 - 4. View Other Request Status

These four options work the same as the previous four options listed under View Requests > My Requests except the logged on user is able to search for request that were created by someone in the same PRC program other than themselves.

k. Refresh Window

The Refresh Window option will clean up any screen display items that may be left on the screen from the execution of a previous action and return to the main application menu screen.

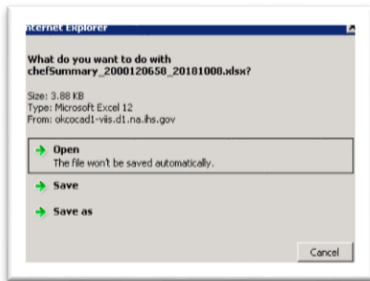
l. Close Window

The Close Window option will close the CHEF Online application window and return to the PRC Toolbox menu screen.

2. Approver Actions

a. List Pended Requests (Area Office users only)

The List Pended Requests option can be used to create Excel formatted worklists of requests currently pending selected approval actions. At any point in time, requests may be pending any one of seven possible statuses: Pending Area Certification, Area PRCO Approval, HQ PRC Certification, HQ DDMO Review, HQ PRCO Approval, HQ Funds Processing, or Area Funds Processing. The selected pend list will be created as an Excel formatted file.



Click Open to load the file into Excel or Excel compatible application allowing the case manager to manage this version of the case list to meet any purpose.

B	C	D	E	F	G	H	I	J
CHEFNUMBER	DATESUBMITTED	STATUS	NAME	DOB	LOCATION	DOS	50%_ADV	100%_REIMBURSE
.8-OK-333-SG	10/05/2018@02:11:03	Pending Area Certification	Lastname, Firstname	99/99/9999	CN WW HASTINGS INDIAN HOSPITAL	05/23/2018	0	6591:
.8-OK-332-SG	10/05/2018@04:13:43	Pending Area Certification	Lastname, Firstname	99/99/9999	CHOCTAW NATION HOSPITAL	01/28/2018	0	341:

b. View Request

This option allows an Area Office or Headquarters user to display the details of any request created and submitted as appropriate. Area Office users can view any request created in their Area and submitted for Area review and approval. Headquarters users can see any request created in any Area and submitted for Headquarters review and approval. When the View Requests option is selected, the Select Case Summary request drop down selector is displayed.

Actions > View Open Request > [View My Open Requests](#)

Select the case summary you wish to view

18-OK-166 (LastName, FirstName MI, 10/02/2017-08/05/2018) ▼

Continue

After selecting a request to view, the Review Request Menu Bar is displayed.

eRequest Number		Current Status	
18-OK-166		Pending Case Manager	
Worksheet	Doc Summary	Refs/Call-ins	Medical

This menu bar will contain a tab for every supporting document that has been attached to the request. Every supporting document that needs to be attached to a request will be attached to the request. Click on any of the tabs to display the associated document.

The request number on the menu bar is an active link. Clicking on this link displays a popup window detailing the Request Routing and Request History statuses.

Request Routing		
Name	Role	Level
User name	Local Administrator	15
User name	Area Certifier	20
User name	Area PRCO Approver	25
User name	Area PRCO Approver	25
User name	HQ PRC Certifier	30
User name	HQ DDMO Approver	35
User name	HQ PRCO Approver	40
User name	HQ Funds Processor	50
User name	Area Funds Processor	60

Request History			
Date/Time	Action	Name	Remarks
08/22/2018 01:59:59	Returned to Requestor by Area Certification	User name	This is where the comments would go.
08/22/2018 01:52:41	Sent to Area Certification	User name	**AUTO SIGNATURE APPLIED**
08/22/2018 01:37:19	Saved by Requestor	User name	NEW REQUEST 18-OK-166

The Request Routing section displays the names of individuals responsible for reviewing and approving the request at each level. The Request History section displays all actions that have been taken on the requests listed in reverse chronological order so the most recent action is always at the top of the list

c. [Process Requests Pending My Review](#)

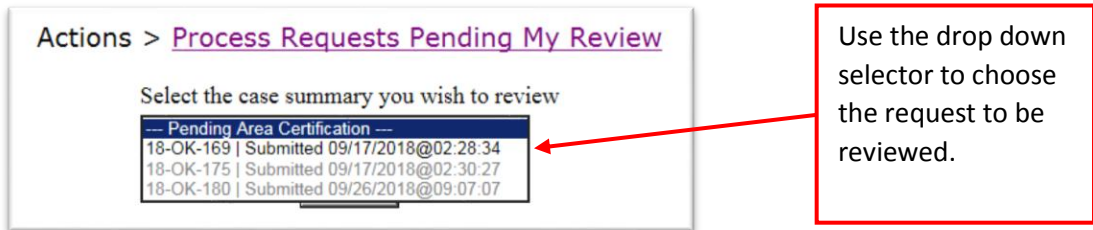
Requests in the CHEF Online system will be automatically routed for approval or action by role in the following sequence: Case Manager, Local Administrator, Area PRC Officer, HQ Certifier (Manager), HQ Deputy Director of Management Operations (DDMO), HQ PRC Officer, HQ Funds Processor, and Area Funds Processor.

[Local Administrator, Area Certifier, Area PRC Officer, and HQ Certifier](#)

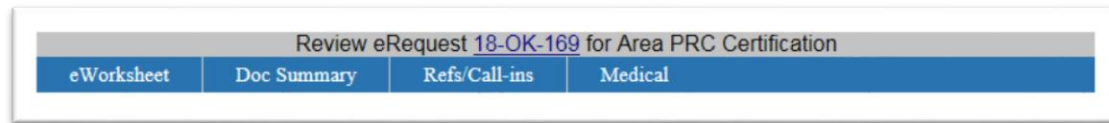
When an approver accesses the CHEF Online application, they may be notified of requests pending their review as indicated by a red alert bar located above the application menu bar.



When this occurs, clicking on the role will display the Select Case Summary for Review drop down selector. Alternatively an approver may use the menu path Actions > Process Requests Pending My Review.



The requests are sorted in first come first server order and only the first request on the list may be selected ensuring requests are reviewed in the order received. After selecting a request to review, the Review Request menu bar will be displayed.



This menu bar will contain a tab for every supporting document that has been attached to the request. Every supporting document that needs to be attached to a request will be attached to the request. Click on any of the tabs to display the associated document.

The request number on the menu bar is an active link. Clicking on this link displays a popup window detailing the Request Routing and Request History statuses.

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CHEF eRequest 18-OK-169 **Current Status:** Pending Area Certification (Level 20 or 22)

Request Routing

Name	Role	Level
User name	Area Certifier	20
User name	Area Certifier	20
User name	Area PRCO Approver	25
User name	HQ PRC Certifier	30
User name	HQ DDMO Approver	35
User name	HQ PRCO Approver	40
User name	HQ Funds Processor	50
User name	Area Funds Processor	60

Request History

Date/Time	Action	Name	Remarks
09/17/2018 02:30:27	Returned to Area Certification by Area PRCO	User name	Test of log entries.
09/17/2018 02:29:45	Sent to Area PRCO	User name	**AUTO SIGNATURE APPLIED**
09/17/2018 01:58:33	Sent to Area Certification	User name	**AUTO SIGNATURE APPLIED**
09/17/2018 01:58:25	Saved by Requestor	User name	REVISED REQUEST 18-OK-175
09/17/2018 01:57:56	Reopened for Editing by Requestor	User name	PREVIOUS APPROVALS REMOVED
09/17/2018 01:24:52	Returned to Requestor by Area Certification	User name	Testing log updates.
09/17/2018 01:04:36	Sent to Area Certification	User name	**AUTO SIGNATURE APPLIED**
09/17/2018 01:04:06	Saved by Requestor	User name	NEW REQUEST 18-OK-175

If it is determined everything in the request is complete and accurate the reviewer/approver may electronically approve the requests by clicking the [Yes, approve this request button].

Do you wish to approve this request?

If the Approve action is selected, a confirmation message will be displayed.

CHEF Request '18-OK-169' has been submitted for Area PRCO Approval.

Any persons performing the role indicated will receive an email notice of the Approval action.

CHEF request '[18-OK-169](#)' has been submitted and is ready for Area PRCO Approval.

An approver may return a request to the previous role in the approval sequence by selecting the [No, return this request] button.

Do you wish to approve this request?

Yes, approve this request. **No, return this request**

Before a request can be returned, a Reason Being Returned must be provided.

Request	Return to	Reason Being Returned
18-OK-169	Area Certification	<p>Please provide additional documentation regarding this patient's application for SoonerCare.</p> <p>You have 148 characters left</p>

Return to Area Certification

Clicking the [Return to <role>] button will display a verification screen.

Return Request 18-OK-169 to Area Certification

Message: Please provide additional documentation regarding this patient's application for SoonerCare.

Send this message. Are you sure?

Yes, send it No, don't send it

You may choose to complete the Return action by selecting the [Yes, send it] button or cancel the Return action by selecting [No, don't send it]. If the Return action is confirmed, a confirmation message will be displayed.

CHEF Request '18-OK-169' has been returned to Area Certification.

Any persons performing the role indicated will receive an email notice of the Return action. An example of the email message is displayed below.

CHEF request 18-OK-169 has been returned by Area Approval.

Remarks

Remarks may be seen when using the **Actions | View Request Status** option.

d. Refresh Window

The Refresh Window option will clean up any screen display items that may be left on the screen from the execution of a previous action and return to the main application menu screen.

e. Close Window

The Close Window option will close the CHEF Online application window and return to the PRC Toolbox menu screen.

Reports

1. Funds Status Report

2. Create CHEF Log

Use the Create CHEF Log option to create an Excel formatted list of all requests as appropriate. Program level user lists are restricted to requests belonging to their program. Area Office user lists contain requests belonging to their Area regardless of program and Headquarters user lists contain all requests regardless of Area or Program. Manipulate and analyze the log as necessary by using of the standard filtering and sorting tools available in Excel.

A	B	C	D	E	F	G
FY	CHEFNUMBER	PROGRAMCHEFNUMBER	STATUSCODE	STATUS	LOCATION	NAME
2018	18-OK-429-SG	18-OK-805-047		9 Canceled	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2019	19-OK-016-SG	19-OK-805-001		9 Canceled	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-431-SG	18-OK-805-049		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2019	19-OK-017-SG	19-OK-805-002		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2019	19-OK-019-SG	19-OK-805-003		9 Canceled	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-430-SG	18-OK-805-048		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-408-SG	18-OK-805-044		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-404-SG	18-OK-805-043		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-437-SG	18-OK-805-050		0 Pending Local Case Manager	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName
2018	18-OK-415-SG	18-OK-805-046		4 Pending HQ PRC Certification	CN WW HASTINGS INDIAN HOSPITAL	LastName,FirstName

3. CHEF Online Sites by Area

Use the CHEF Online Sites by Area option to create an Excel formatted list of all sites enabled to use CHEF Online as appropriate. Program level and Area Office users are restricted to sites belonging to their Area. Headquarters users see all sites regardless of Area. Manipulate and analyze the list as necessary by using of the standard filtering and sorting tools available in Excel.

A	B	C	D	E	F	G
505501	OKLAHOMA	LAWTON	LAWTON HOSP	I	database	RPMS
505613	OKLAHOMA	PAWNEE	PAWNEE BENEFIT PACKAGE	I	database	RPMS
505810	OKLAHOMA	SHAWNEE	SHAWNEE H CT	I	database	RPMS
506411	OKLAHOMA	WEWOKA	WEWOKA HL CT	I	database	RPMS
556201	OKLAHOMA TRIBE/638	ADA	CHICKASAW NATION MEDICAL CNTR	T	database	RPMS
555219	OKLAHOMA TRIBE/638	CLAREMORE	BEARSKIN HC	T	manual	n/a
555202	OKLAHOMA TRIBE/638	CLAREMORE	CREEK NATION	T	manual	n/a
555214	OKLAHOMA TRIBE/638	CLAREMORE	NORTHEASTERN TRIBAL HEALTH SYS	T	database	RPMS
556330	OKLAHOMA TRIBE/638	EAGLE PASS	KICKAPOO TRADITIONAL TRIBE TX	T	database	RPMS
555411	OKLAHOMA TRIBE/638	HOLTON	KICKAPOO TRIBE IN KANSAS	T	database	RPMS
555610	OKLAHOMA TRIBE/638	PAWNEE	WAH-ZHA-ZHI HEALTH CENTER	T	database	RPMS
555812	OKLAHOMA TRIBE/638	SHAWNEE	BLACK HAWK CLINIC	T	database	RPMS

Help

1. CHEF Online Tool

a. Overview (Slideshow)

A brief description of the general background and objectives of CHEF Online Tool.

b. User Guide

This manual in Portable Document Format (pdf).

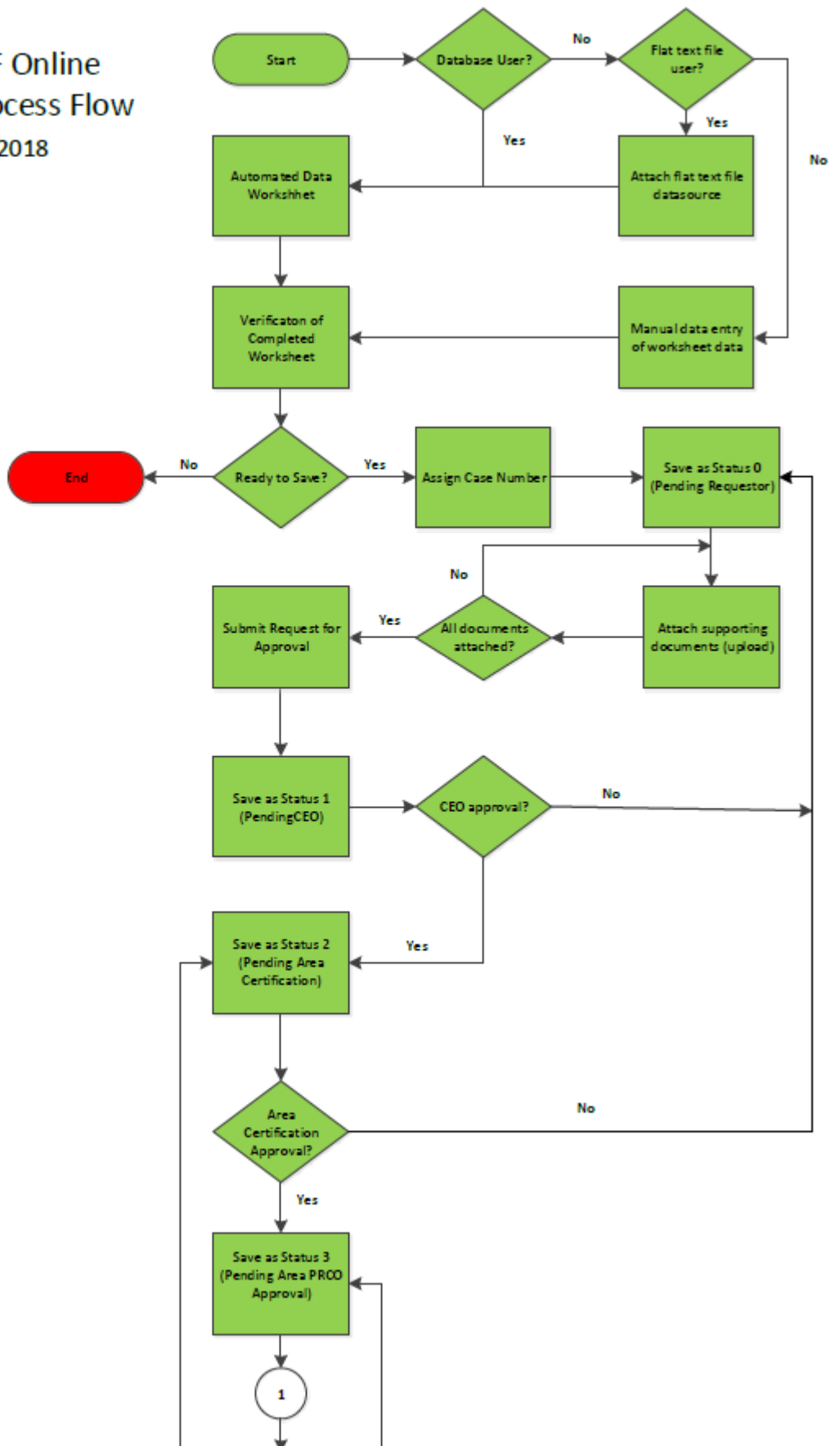
c. Frequently Asked Questions

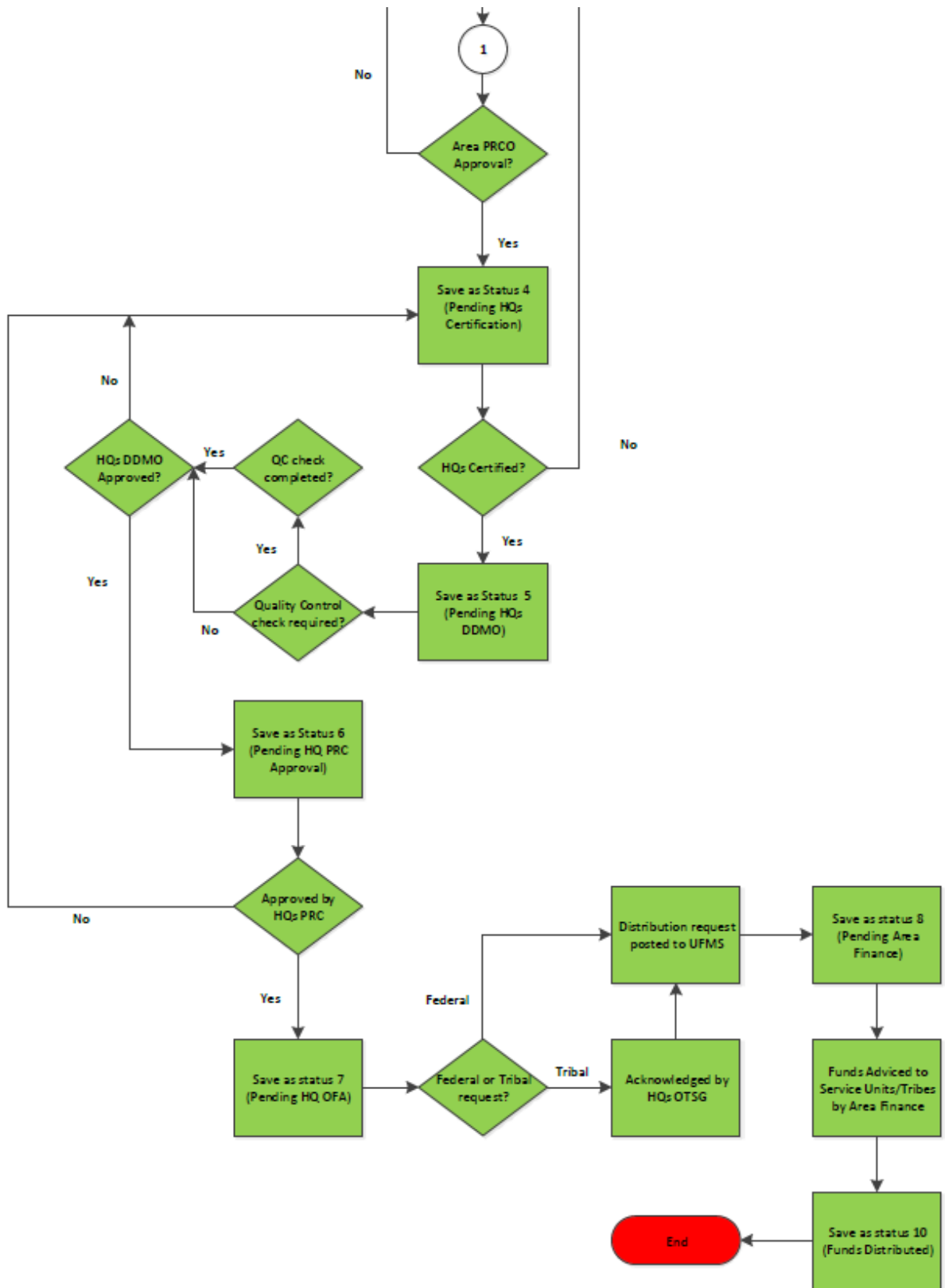
A list of questions and responses related to the use and understanding of the CHEF Online Tool itself.

d. Request Process Flowchart

A graphical representation of the general flow of a CHEF request from creation to final approval.

PRC CHEF Online
Request Process Flow
12/28/2018





e. Supporting Documents Required

CHEF

Supporting Documents Required

Uses the FI	Datasource					
	Automated				Manual	
	RPMS		non-RPMS			
	50%	100%	50%	100%	50%	100%
Yes	*	* 5,6,7	1	1,5,6,7,8	1,3,4	1,3,4,5,6,7,8
No	*	* 5,6,7,8	1	1,5,6,7,8	1,3,4	1,3,4,5,6,7,8

1. Proof of PRC Eligibility/Proof of Indian descent
2. Reserved for future use
3. CHEF Request w/signatures ("the worksheet")
4. PRC document summary for specific patient
5. PRC Referrals and/or PRC Emergency Call-ins
6. Medical discharge summary or summaries for all admission(s)
7. Alternate Resources determination(s) - Title XIX denial
8. Proof of Payments

* Document Types 3 & 4 automatically generated by the software

f. Supporting Documents – File Naming

CHEF Supporting Documentation

Suggested File Naming

1. Federal Program
 - a. Initial Request
 - i. Example Request: 18-OK-023
 - ii. Supporting Documents:
 1. PRC Referrals and/or PRC Emergency Call-ins..... 18-OK-023-5.pdf
 2. Medical admission/discharge summaries..... 18-OK-023-6.pdf
 3. Alternate Resource determination..... 18-OK-023-7.pdf ⁽¹⁾
 - b. Supplemental Request
 - i. Example Request: 18-OK-023-S1
 - ii. Supporting Documents:
 1. PRC Referrals and/or PRC Emergency Call-ins..... 18-OK-023-S1-5.pdf
 2. Medical admission/discharge summaries..... 18-OK-023-S1-6.pdf
 3. Alternate Resource determination..... 18-OK-023-S1-7.pdf ⁽¹⁾

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2. Tribal Program

a. Initial Request

i. Example Request: 18-OK-023-SG

ii. Supporting Documents:

1. Proof of PRC Eligibility/Indian Descent..... 18-OK-023-SG-1.pdf ⁽²⁾
2. PRC Referrals and/or PRC Emergency Call-ins..... 18-OK-023-SG-5.pdf
3. Medical admission/discharge summaries..... 18-OK-023-SG-6.pdf
4. Alternate Resource determination..... 18-OK-023-SG-7.pdf ⁽¹⁾
5. Proof of Payments..... 18-OK-023-SG-8.pdf ⁽³⁾

b. Supplemental Request

i. Example Request: 18-OK-023-SG-S1

ii. Supporting Documents:

1. Proof of PRC Eligibility/Indian Descent..... 18-OK-023-SG-S1-1.pdf ⁽²⁾
2. PRC Referrals and/or PRC Emergency Call-ins..... 18-OK-023-SG-S1-5.pdf
3. Medical admission/discharge summaries..... 18-OK-023-SG-S1-6.pdf
4. Alternate Resource determination..... 18-OK-023-SG-S1-7.pdf ⁽¹⁾
5. Proof of Payments..... 18-OK-023-SG-S1-8.pdf ⁽³⁾

NOTES:

1. Optional as needed.
2. Required if not using RPMS.
3. Required if not using the Fiscal Intermediary.

g. Glossary

i. General Terms

Term	Definition
CHEF	Catastrophic Health Emergency Fund
PRC	Purchased/Referred Care

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ii. Summary Worksheet Form Elements

Box	Element	Definition
01	AREA	The Area from which the request originated. All requests shall be submitted through the Area PRC program office; direct requests from Service Units, Tribal Programs, or other health care providers will not be accepted.
02	ORDERING FACILITY	An IHS facility, Service Unit, Health Center, or Tribal Program operated under P.L. 93-638, Indian Self-Determination and Education Assistance Act, as amended, authorized to obligate PRC funds.
03	CHEF NUMBER	The case number will begin with the last two numbers of the fiscal year (FY) followed by the two character Area abbreviation and three digit number designated sequentially with tribal programs also including the SG suffix.
04	PATIENT NAME	The full name of the patient in Lname, Fname MI format.
05	DATE OF BIRTH	The DOB and age of the patient. Cases will not be processed if DOB is missing.
06	SEX	The sex of the patient. Valid entries are M, F or U.
07	TRIBE	The tribe of enrollment for the patient.
08	ICD	For PAID documents, the International Classification of Disease code for the service performed, otherwise blank.
09	CATASTROPHIC CODE	The Indian Health Service service code which applies to the ICD code used for the service performed.
10	TRAUMA CODE	Describes the nature of the patient care episode if the episode is trauma related.
11	MEDICAL PRIORITY	Described the urgency of the patient care episode.
12	ALT RESOURCE	Indicates the status of potential third party resources that may be available to assist in the payment for services performed.
13	CONTRACT RATE	Were these services acquired at contract rates?
14	EPISODE OF CARE	The 90 day period encompassing the care provided for which reimbursement is being requested. In some cases this may be a 90 day plus period when eligible inpatient days extend the period beyond 90 days.
15	PROVIDER	The name of the Hospital, Physician, or Group which provided the care associated with each delivery order.
16	DATE OF SERVICE	The date of service in mm/dd/yyyy format.
17	PDO NO	Purchase Delivery Order Number.
18	OBLIGATION AMT	The amount of funds obligated at the time the delivery order was issued.
19	DISBURSEMENT AMT	The total funds paid against the purchase delivery order (PDO).
20	DATE PAID	The date the purchase delivery order was paid in dd/mm/yyyy format.
27	ADMINISTRATOR	The person of authority at the hospital or clinic responsible for oversight of the Purchased/Referred Care program. Typically this position would be the facility CEO or Administrator.
28	CASE MANAGER	The person who has responsibility for ensuring the services being submitted for reimbursement are reasonable and valid within commonly accepted medical procedures.
29	AREA CERTIFICATION	The person at the Area Office level responsible for ensuring CHEF request packages are complete and accurate.
30	AREA PRC APPROVAL	The Area Purchased/Referred Care Officer (PRCO). This role has the authority and responsibility at the Area level for oversight of the Area PRC program.

iii. User Roles

Status	Role	Definition
0	caseManager	The person at the hospital or clinic responsible for identifying and documenting CHEF cases to be submitted to the Local Administrator for review and approval.
1	administrator	The person of authority at the hospital or clinic responsible for oversight of the Purchased/Referred Care program. Typically this position would be the facility CEO or Administrator and approves cases to be submitted for Area Certification.
2	areaCertifier	The person at the Area Office level responsible for ensuring CHEF request packages are complete and accurate before submitting the case for Area Approval.
3	areaApprover	The Area Purchased/Referred Care Officer (PRCO). This role has the authority and responsibility at the Area level for oversight of the Area PRC program and approves cases to be submitted for Headquarters certification.
4	hqCertifier	The person at the Agency Headquarters level responsible for ensuring CHEF request packages are complete and accurate before submitting the case for Headquarters DDMO review.
5	hqDdmoApprover	The Agency Headquarters Deputy Director of Management Operations. Reviews CHEF funds transfer request packages before submitting to HQ ORAP/DCC for approval.
6	headquartersApprover	The person with the authority and responsibility to approve CHEF funds request packages at the Headquarters level before submitting to Headquarters finance for funds processing.
7	hqFundsProcessor	The person at the Agency Headquarters level with authority and responsibility to approve the distribution of CHEF funds to an Area based on a full approved CHEF Reimbursement request.
8	areaFundsProcessor	The person at the Agency Area level with authority and responsibility to advise CHEF funds to the appropriate Indian Health Service or tribal Purchase/Referred Care program based on funds distributed by Headquarters.

h. Technical Implementation Guide

This is a 24-page guide describing the steps necessary to prepare a Purchased/Referred Care (PRC) program to use the CHEF Online Tool. The guide describes the general requirements as well as specific operational mode requirements to optimize the functionality of the Tool.

2. ORAP/DCC

a. Annual CHEF Procedures

At the beginning of each new fiscal year (FY), the Indian Health Service CHEF program provides guidelines outlining CHEF procedures and any changes in the CHEF process. The current guidelines may be viewed using this Help option.

b. Frequently Asked Questions

A general list of questions and responses, published by the Indian Health Service CHEF program, related to the understanding of the CHEF program itself.

3. Request Remote Assistance

Use this option to notify the CHEF Online Tool support team of a desire to receive assistance. Selecting the option uses the logged in user’s email address to send an email request to the support team. When selected, a description of the problem or the type of assistance being requested must be provided:

Help > Request Remote Assistance

Enter a description of your problem OR The type of assistance needed:

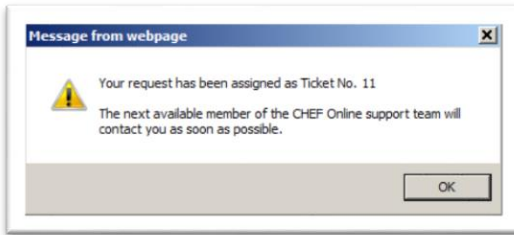
Enter a description of your problem OR The type of assistance needed here

2000 characters left

Continue Cancel

Fill in the text box describing any problem or type assistance being requested using up 2000 characters.

Clicking Continue will submit your Request for Assistance to the CHEF Online support team and pop-up a message box verifying the ticket number assigned to the request:



An email is generated and sent to the CHEF Online support team with a copy also being sent to the requesting user:

The following user needs assistance

Ticket No.: 11
User: Kevin Rogers
eMail: Kevin.Rogers@ihs.gov
ASUFAC: 500000
Area: Oklahoma
Service Unit: Non Service Unit
Facility: Area Office

Description of problem or assistance requested

This is where you would enter a description of your problem or the type of assistance you need.