



2019 Indian Health Service Partnership Conference

Spokane, Washington



IHS/PRC FISCAL INTERMEDIARY OVERVIEW

Charlene Lattier, Director

IHS/PRC Fiscal Intermediary

Blue Cross Blue Shield of New Mexico

AGENDA

- Claims Processing
- Claim Pricing and Payment
 - Medicare-Like Rates
 - PRC Rates
 - Contracts
- Tribal Programs
- Systems & Reporting
 - Electronic Claims
 - FI Information Portal

CLAIMS PROCESSING

FI CLAIMS PROCESSING

- Claims received on paper and electronically
 - Inpatient / Outpatient / Professional
 - Dental
 - Non-patient specific invoices
- Purchase Delivery Order (PDO) matched with claim
 - Electronic PDO received from each Area
 - Most Areas/Tribes waived paper PDO from providers to accommodate electronic claims
 - Patient / Provider verified

FI CLAIMS PROCESSING (CONT.)

- Claim Edits
 - Will pend for research and/or additional required information
 - Will pend if over threshold (Tribal Program)
- Claims price at PRC rates, Medicare-like rates, or in accordance with contract/pricing agreements
- Claims set to pay once edits are resolved

COORDINATION OF BENEFITS

- Coordination of benefits occurs on approximately 50% of all claims; IHS is payer of last resort
- Critical to have updated alternate resource information on file
- The FI system is updated with COB information received via:
 - Hard Copy Purchase Order
 - Claim
 - Explanation of Benefits (EOB)
 - Electronic Submission from IHS

DATA COLLECTED

Patient Information

Alternate Resource Information

Purchase Order Information

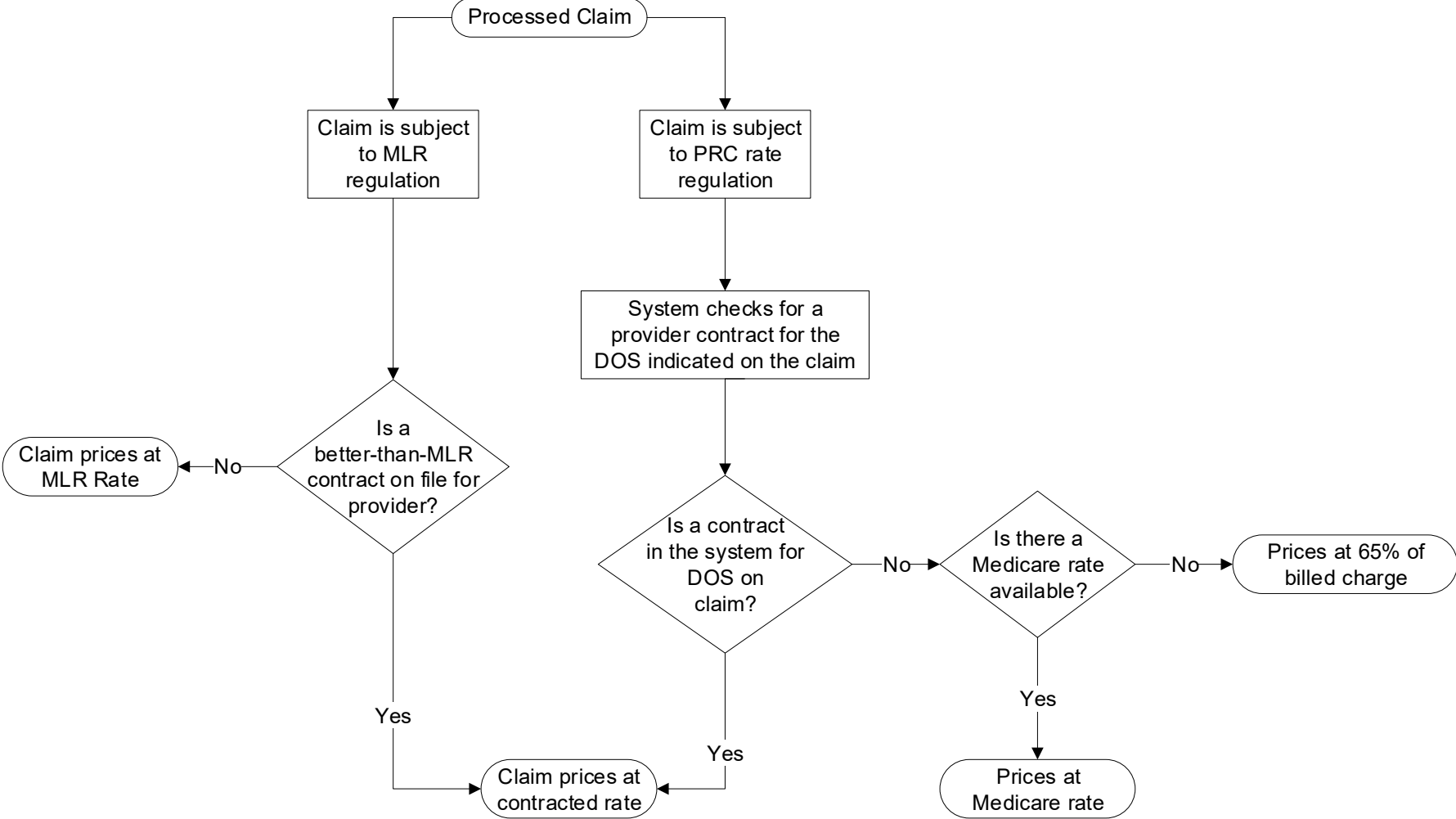
Claim Information, including:

- Financial Information - Billed / Allowed / Paid
- Diagnosis and surgical procedure
- Billing coding – Revenue, CPT and HCPCS
- Dates of Service

Provider Information

CLAIM PRICING AND PAYMENT

PRICING PROCESS FLOW



FI SUPPORT FOR IHS/PRC CONTRACTING

- Database of over 15,000 providers nationwide
- Store contract and pricing information
- Provide input on pricing options and proposed contract methodologies
- Phone support to explain provider payments

MEDICARE-LIKE RATES (MLR)

Inpatient and outpatient facility services, including:

- Acute Care hospitals
- Critical Access hospitals
- Long Term Care hospitals
- Subunits of inpatient hospitals
- Psychiatric hospitals
- Rehabilitation hospitals
- Skilled Nursing Facilities

MLR PRICING

- Both Federal and Tribal claims price at MLR
- Total payment from all payers may not exceed the MLR
 - Provider agreements cannot pay more than MLR
 - Provider agreements can pay less than MLR (rarely used)
- Per Diem rates may be negotiated for facilities not subject to MLR

PURCHASE REFERRED CARE (PRC) RATE

1. Is there a contract or rate quote agreement in place?

If yes, price per agreement

2. Is a Medicare rate available?

If yes, price at the Medicare rate

3. Price at 65% of billed charge

SERVICES SUBJECT TO PRC RATES

- Physician and other professional services
- Ambulance services
- Home health services
- Hospice services
- Ambulatory Surgical Center (ASC) services
- End Stage Renal Disease (ESRD) services

PRC RATE PRICING METHOD

The FI pays the lesser of:

- The FI priced amount, or
- The patient responsibility indicated on the EOB

PRICING VIA THE MEDICARE FEE SCHEDULE (MFS)

- To price a claim, you will need the following information
 - Carrier/Locality Code (location of provider)
 - CPT/HCPCS code(s)
 - Service date
 - Units billed
 - Billed amount
 - Provider contract in place?

PRICING VIA THE MFS (CONT.)

In order to find the fee, determine where the provider is located (carrier and locality code).

CPT/HCPCS code	Date of service	Billed amount	Units	Medicare rate
33025	01-21-19	2550.00	1	804.47
92960-59	01-21-19	300.00	1	159.22

1. Provider is located in Flagstaff, AZ - the carrier/locality code for the State of Arizona is 03102-00

Carrier	Loc	Procedure	TOS	Par Price	Non-Par Price	Effect Date
03102	00	33025		804.470	764.250	01/01/2019
03102	00	33025		805.040	764.790	01/01/2018

Carrier	Loc	Procedure	TOS	Par Price	Non-Par Price	Effect Date
03102	00	92960		159.220	151.260	01/01/2019
03102	00	92960		159.750	151.760	01/01/2018

2. Calculate as follows:
 - 33025 Medicare rate = \$804.47
 - 92960 Medicare rate = \$159.22
 - Total allowed amount=\$963.69

FEDERAL AND TRIBAL APPLICATION

- All Federal claims price at PRC Rates
- Tribal Programs are automatically opted out of PRC Rates
 - Update funding agreement to opt in
 - Notification received from Project Officer on effective date

PRC RATE FAQ

Are contracts and provider agreements still needed under PRC rates?

- If the provider is willing to accept the Medicare rate, an agreement is not needed.

What if the provider will not accept Medicare rates?

- Unlike MLR, you can negotiate a rate that could be higher, such as the provider's most favored customer rate.

PRC RATE FAQ (CONT.)

Are any services not covered by PRC rates?

- Non-medical services (e.g., lodging, mortuary)
- Services that are not patient-specific
- These pay at 100% billed charge unless an agreement is in place specific to the service.

What about dental, vision, and hearing providers?

- Services that do not have Medicare rates will price at 65% billed without a provider agreement.
- Consider one of the following:
 - Percent of billed charge
 - Fee schedule (must have valid codes for billing and one fee per code)

CONTRACTS

Agreements must include...

- Provider's Taxpayer Identification Number
- Effective/term dates
- Provider's signature/date
- Contracting officer's signature/date
- Provider's Medicare participating status
- Payment instructions
- W-9

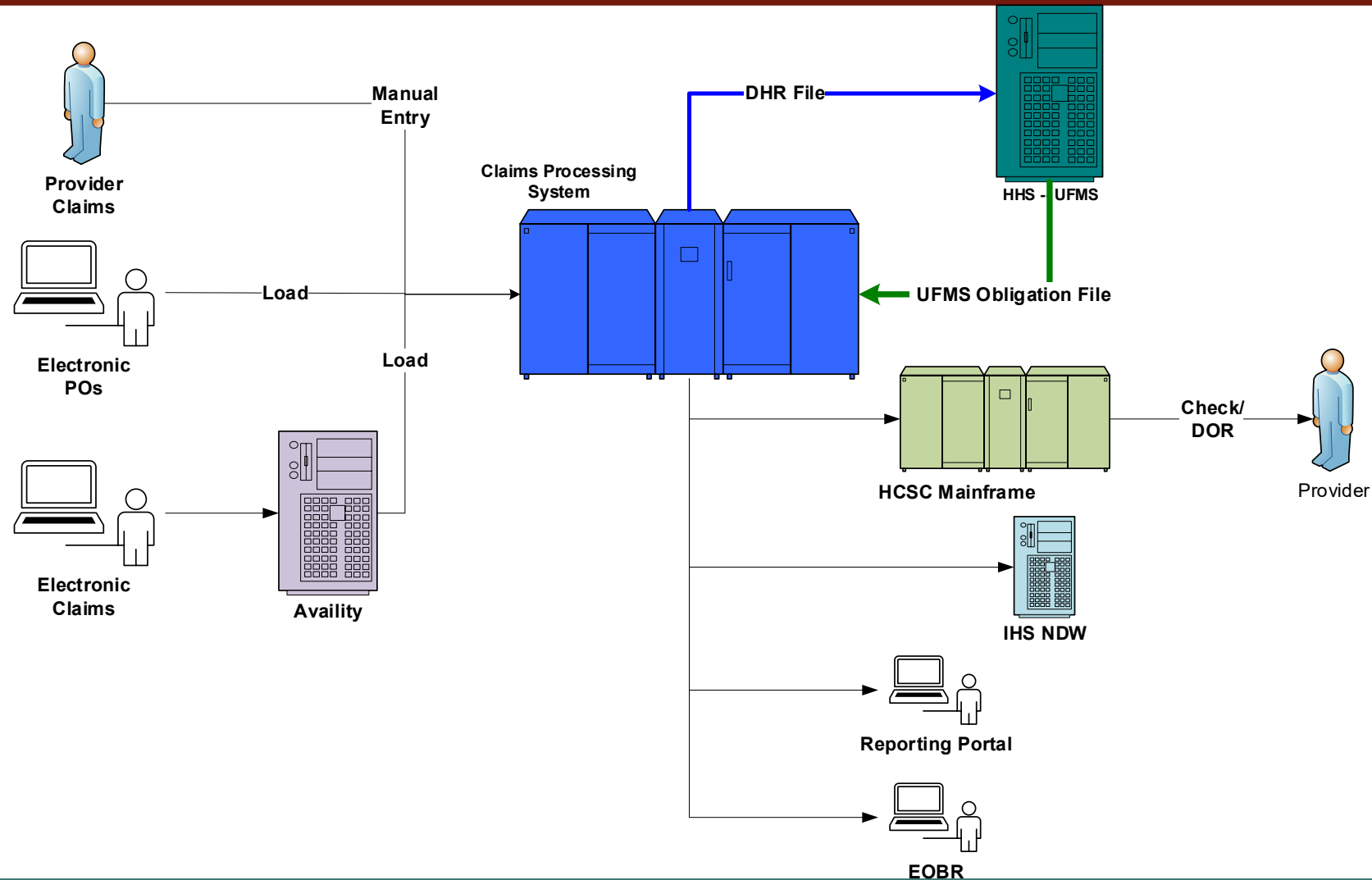
TRIBAL PROGRAMS

REQUIREMENTS

- Documents
 - Memorandum of Understanding (MOU)
 - Business Associates Agreement (BAA)
 - Tribal Survey
 - Bank Account
- Electronic Transmission
 - PDOs generated through CHS/MIS
 - PDOs/EOBRs electronically sent / picked up via IHS Network
- Contracts
 - Tribal Program owns the relationship with the providers

SYSTEMS AND REPORTING

SYSTEM OVERVIEW



ELECTRONIC CLAIMS

What does my provider need to do to submit claims electronically?

IHS specific information is required:

- 1500 (Professional) Claim Form
 - Health Record Number (HRN) – Box 19 (*Reserved)
 - Purchase Order (PO) Number – Box 23 (*Prior Authorization Number)
- UB92 (1450) (Institutional) Claim Form
 - Health Record Number (HRN) – Form Locator 84 (*Remarks)
 - PO Number – Form Locator 63 (*Treatment Auth codes)
- UB04 (Institutional) Claim Form
 - Health Record Number (HRN) – Form Locator 80 (*Remarks)
 - PO Number – Form Locator 63 (*Treatment Auth codes)

Provider sends claim to their clearinghouse

- Provider clearinghouse sends claim to Availity
- Availity sends claim to IHS/PRC FI to be loaded into the claims processing system

Claim is processed on the night received

PRE AND POST-PAY REVIEWS

- Appropriateness of care using Milliman guidelines
- Length of stay comparisons to industry
- Quality of care issues identified
- Targeted reviews upon request
- Performed by registered nurses and/or physicians

REPORTING

Recurring Reporting

- Financial & program management data
- Weekly, monthly, quarterly, semi-annual, annual

Ad Hoc Reporting

- Unique reports for specific data needs, including:
- Pricing comparisons for contract negotiation
- Trending for utilization (i.e. payments for specific diagnosis)
- Analysis of services for cost/benefit analysis

FI INFORMATION PORTAL

Access to view real-time claim information

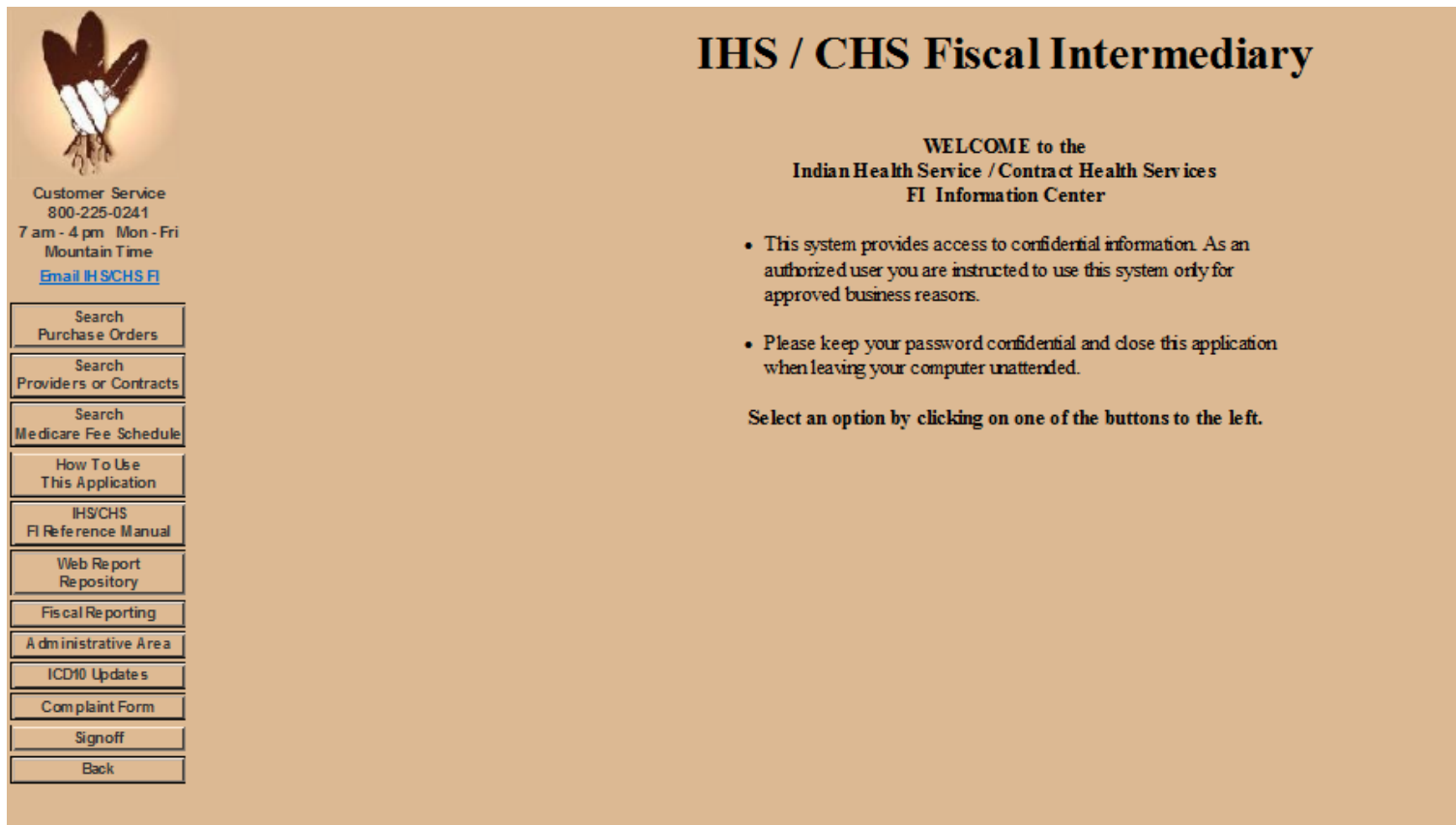
Access to historical reports

Available to Areas / Service Units / Tribes /
HQ to access their data

Website address: www.myprcfi.com

PORTAL CONTENTS

- Purchase Order Search
 - Claims detail and payment information
 - Provider detail
 - Patient detail
- Provider/Contract Search
- Medicare Fee Schedule Search
- FIRM
- Reporting Site



IHS / CHS Fiscal Intermediary

WELCOME to the
Indian Health Service / Contract Health Services
FI Information Center

- This system provides access to confidential information. As an authorized user you are instructed to use this system only for approved business reasons.
- Please keep your password confidential and close this application when leaving your computer unattended.

Select an option by clicking on one of the buttons to the left.

REPORT REPOSITORY


- Daily, weekly, and Monthly reports
- Access can be customized to view all or specific reports
- View current and prior versions of reports

The screenshot displays the 'Indian Health Service/Purchase Referred Care Fiscal Intermediary Report Repository' web interface. At the top, there is a navigation bar with 'Repository Home', 'DRG Disclosure Report', and 'Repository Sign-Off' buttons. A 'Contact' and 'Log off' link is visible in the top right corner. Below the navigation bar, a note instructs users to enter a date range and select an area, service unit, or facility. The main content area features three dropdown menus: 'Select an Area' (with 'GREAT PLAINS AREA' selected), 'Select a Service Unit' (with 'ABERDEEN AREA' selected), and 'Select a Facility' (with 'Select a Facility' as the placeholder). Below these menus is a 'Select Area Reports:' dropdown menu with a list of report types, including 'All user authorized Area Reports', 'AC ADJUSTED CLAIMS SUMMARY', 'AREA PEND SUMMARY', 'CLAIMS ACTIVITY SUMMARY REPORT', and 'DAILY EOBR'. A 'Submit' button is located to the right of the report list. At the bottom of the page, there is a footer with the Adobe Acrobat Reader logo and a link to 'Download Acrobat Reader'. The footer also includes customer service information: 'Customer Service 800-225-0241 7 am - 4 pm Mon - Fri Mountain Time' and the copyright notice: 'IHS/PRC Fiscal Intermediary Copyright © Blue Cross and Blue Shield of New Mexico, Inc'.

COMMON REPORTS

- Verify Claim Status
- Medicare Fee Schedule
- Explanation Of Benefits (EOB)
- Pend Report

VERIFY CLAIM STATUS



IHS / CHS Fiscal Intermediary

Customer Service
800-225-0241
7 am - 4 pm Mon - Fri
Mountain Time
[Email IHSCHS FI](#)

- Search Purchase Orders
- Search Providers or Contracts
- Search Medicare Fee Schedule
- How To Use This Application
- IHS/CHS FI Reference Manual
- Web Report Repository
- Fiscal Reporting
- Administrative Area
- ICD10 Updates
- Complaint Form
- Signoff
- Back

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Select an option by clicking on one of the buttons to the left.

Purchase Order Inquiry

View by PO Number

Enter entire PO number and press View

Search by PO Number

Enter partial PO number and press Search

VERIFY CLAIM STATUS (CONT.)

Purchase Order Locator							
PO #	EPO	Type	Patient Name	Claim	Provider EIN	Entered	ODF
_____	Y	64	_____	_____	2627383230MH	10/09/2018	
_____	Y	64	_____	_____	562589722000	10/09/2018	Y
_____	Y	64	_____	_____	562589722000	10/09/2018	Y
_____	Y	64	_____	_____	562589722000	10/09/2018	Y
_____	Y	64	_____	_____	205690959000	10/09/2018	
_____	Y	64	_____	_____	4549037890	10/09/2018	Y
_____	Y	64	_____	_____	2084887780A1	10/09/2018	Y
_____	Y	64	_____	_____	8502468560EA	10/09/2018	
_____	Y	64	_____	_____	271019641000	10/09/2018	
_____	Y	64	_____	_____	262738323000	10/09/2018	
_____	Y	64	_____	_____	2627383230MH	10/09/2018	
_____	Y	64	_____	_____	262738323000	10/09/2018	
_____	Y	64	_____	_____	2017783160CI	10/09/2018	Y
_____	Y	64	_____	_____	911798298000	10/09/2018	
_____	Y	64	_____	_____	850232271000	10/09/2018	

VERIFY CLAIM STATUS (CONT.)

Purchase Order Information

PO #

PO Info		Patient Info	
Facility:		Patient Name :	
PO Type :	64	HRN :	
Provider EIN :	860938204-A1	FI Patient Number :	
Blanket :	N		
Referral Type:		Obligation Info	
Multiple Claim:	N	OCC :	256R
Claim Number:		SCC :	254D
Canceled:	N	CAN:	J54AK74
Sterilization:		Estimated Charges:	250.00
ISODC:		Obligation :	NO OBLIGATION
Chef Indicator:		Date Info	
		Date Issued :	10/02/2018
		Date Entered :	10/09/2018
		Authorized For :	10/01/2018 thru 10/31/2018

To view another PO, enter a PO number and press View.

<input type="text"/>	View	Claim	Provider	Patient
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CLAIM LEVEL

Claim Information

FI Has Not Received Claim

Claim Information	Claim Information
Billed Amount	Patient Name
Priced Amount	Provider Name
Paid Amount	Provider EIN
Type	Begin DOS
Status	End DOS
Adjustment	Timeliness
Paid Date	PPA

To view another claim, enter a claim number and press View.

Claim Information

Claim #

Claim Information	Claim Information
Billed Amount	182.73
Priced Amount	72.68
Paid Amount	35.00
Type	PHYSICIAN
Status	PAID
Adjustment	N
Paid Date	12/14/2018

Claim Information	Claim #
Patient Name	
Provider Name	
Provider EIN	
Begin DOS	10/09/2018
End DOS	10/09/2018
Timeliness	C
PPA	C

To view another claim, enter a claim number and press View.

LINE LEVEL

Claim by Line Item

8323403426

Line	Msg Code	Proc Code	From Date	Thru Date	Final Ind	Check No	Billed	Priced	COB	Paid
1	M199	99213	10/09/2018	10/09/2018	Y	3919389	182.73	72.68	37.68	35.00
						TOTALS:	182.73	72.68	37.68	35.00
						AMT PD	OUTLIER	INT PD	PEN PD	TOT PD
						35.00	0.00	0.00	0.00	35.00

Previous 15

Next 15

Message Information

Message Code	Message Description
M 199	PRICING DETERMINED PER CONTRACTED RATE, PRC RATE OR MLR.

PATIENT INFORMATION

Patient Information

Patient Name

Patient Info	Tribal Info
FI Patient Number	Tribe
Alternate Name	Community
SSN	County
SSN Verified	State
DOB	
Sex	
Address	
City, State	
Zip	

Alternate Resource Information

Patient Name:

Patient Number:

Patient DOB:

Carrier	Coverage	Status	Begin Date	End Date
BLUE CROSS BLUE SHIELD	(MAJ-MED)	PRIMARY	01/14/1990	
BLUE CROSS BLUE SHIELD	(HOSPITAL)	PRIMARY	01/14/1990	
MEDICARE A AETNA	(MEDICARE-	PRIMARY	02/01/2019	
MEDICARE-B AETNA	(MEDICARE-	PRIMARY	10/01/1986	10/01/1986

PROVIDER INFORMATION

Provider Inquiry

Search by Provider Number

Enter the entire provider's number and press Search

Search

Search by Provider Name

Enter provider's name and press Search

Search

Provider Locator

Provider Name	Provider EIN	Address	City/State	Zip
CRYSTAL CANYON ENT & FACI	860796653-00	1340 N RIMDR	FLAGSTAFF AZ	86001
CRYSTAL DPM LAWRENCE	152384083-00	PO BOX 1820	PRESQUE IS ME	04691
CRYSTAL INN	870527722-00	230 WEST 500 SO	SALT LAKE UT	84101
CSI AVIATION	850278732-00	3700 RIO GRANDE	ALBUQUERQU NM	87107
CSMHOSPITALS	390806315-00	7404 SOLUTION C	CHICAGO IL	60677
CTCA PROF CORP OF AZ	320260988-00	14200 W CELEBRA	GOODYEAR AZ	85338
CTCA PROF CORP OF GA	453597157-00	62742 COLLECTIO	CHICAGO IL	60693
CTR FOR ATHLETIC PERFORMA	453247935-00	8541 E ANDERSON	SCOTTSDALE AZ	85255
CTR FOR ATHLETIC PERFORMA	680523056-00	8541 E ANDERSON	SCOTTSDALE AZ	85255
CTR FOR CARDIOVASCULAR RE	465327973-00	20565 N 19TH AV	PHOENIX AZ	85027
CTR FOR INFECTIOUS DISEAS	742971311-00	1205 N OREGON S	EL PASO TX	79902
CTR FOR PAIN & SUPPORTIVE	743242918-00	4611 E SHEA BLV	PHOENIX AZ	85028
CTR FOR PAIN MEDICINE SUR	811657416-00	2401 41ST STREE	FARGO ND	58104
CTR FOR PRENATAL DEVELOPM	850461473-00	4010 MONTGOMERY	ALBUQUERQU NM	87109
CTR FOR PROS & ORTHO DESI	850407749-00	1600 UNIVERSITY	ALBUQUERQU NM	87102

Previous 15

Next 15

PROVIDER INFORMATION (CONT.)

Provider Information

CRYSTAL CANYON ENT & FACIAL

Provider Information		Provider Address Information	
Provider EIN	860796653-00	Address 1	1340 N RIM DR
Provider Type	05	Address 2	
Medicare Number	MD3000	City, State	FLAGSTAFF AZ
Pend Code		Zip	86001
Carrier / Locality	03102 / 00 00832 / 00	Phone Number	(928) 774-1873

To view another provider, enter a provider number and press View.

Provider Address Locator

CRYSTAL CANYON ENT & FACIAL

** End Of Address Records **

Provider EIN	Type	Effect. Date	Term Date	Address	Phone
860796653-00	Mailing	01/31/2018	00/00/0000	1340 N RIMDR FLAGSTAFF, AZ 86001-3111	(928) 774-1873
860796653-00	Mailing	11/12/2008	01/30/2018	1340 RIMDR FLAGSTAFF, AZ 86001-3111	(520) 774-1873
860796653-00	Mailing	01/01/1997	11/11/2008	1340 RIMDR FLAGSTAFF, AZ 86001	(520) 774-1873

Contract Locator

CRYSTAL CANYON ENT & FACIAL

No Contracts Found

Type of Service	Contract Number	Pass Thru	Effective Date	Cancel Date	Pricing Method	Percentage
-----------------	-----------------	-----------	----------------	-------------	----------------	------------

MEDICARE FEE SCHEDULE SEARCH

Medicare Fee Schedule Inquiry

Search by Carrier / Locality / Procedure

Enter Carrier along with optional Locality and Procedure code and press Search

Carrier:

Locality:

Procedure:

Medicare Fee Schedule Locator

Carrier	Loc	Procedure	TOS	Par Price	Non-Par Price	Effect Date	Cancel Date
03102	00	99213		73.810	70.120	01/01/2019	12/31/2019
03102	00	99213		72.680	69.050	01/01/2018	12/31/2018
03102	00	99213		73.060	69.410	01/01/2017	12/31/2017
03102	00	99213		73.090	69.440	01/01/2016	12/31/2016
03102	00	99213		73.040	69.390	07/01/2015	12/31/2015
03102	00	99213		72.680	69.050	01/01/2015	06/30/2015
03102	00	99213		72.550	68.920	01/01/2014	12/31/2014
03102	00	99213		72.020	68.420	01/01/2013	12/31/2013
03102	00	99213		69.720	66.230	01/01/2012	12/31/2012
03102	00	99214		108.160	102.750	01/01/2019	12/31/2019
03102	00	99214		107.340	101.970	01/01/2018	12/31/2018
03102	00	99214		107.510	102.130	01/01/2017	12/31/2017
03102	00	99214		107.690	102.310	01/01/2016	12/31/2016
03102	00	99214		108.440	103.020	07/01/2015	12/31/2015
03102	00	99214		107.900	102.510	01/01/2015	06/30/2015

EXPLANATION OF BENEFITS

Indian Health Service/Purchase Referred Care Fiscal Intermediary Report Repository

Repository Home | DRG Disclosure Report | Repository Sign-Off

mm/dd/yyyy | mm/dd/yyyy

Select an Area:

- TUCSON
- GREAT PLAINS AREA
- BEMIDJI
- ALBUQUERQUE**
- BILLINGS
- OKLAHOMA CITY
- NASHVILLE
- PHOENIX
- PORTLAND

Select a Service Unit:

- ALBUQUERQUE AREA
- ALBUQUERQUE**
- ACOMA-CANONCITO-LAGUNA
- MESCALERO

Select a Facility:

- ALBUQUERQUE HO
- ALBUQUERQUE IHC (Q01)**

Select Facility Reports:

- All user authorized Facility Reports
- AC ADJUSTED CLAIMS SUMMARY
- AC ADJUSTMENT S
- COMPLETED CLAIMS ACTIVITY REPORT - DETAIL
- DAILY EOBR**
- DAILY EOBR SUMMARY
- DENTAL CLAIMS ACTIVITY SUMMARY
- MONTHLY PENDED CLAIMS ACTIVITY REPORT
- OMB REPORT
- PATIENT ALTERNATE RESOURCE REPORT
- PENDED CLAIMS SUMMARY REPORT
- PROMPT PAYMENT REPORT - DETAIL
- WEEKLY PENDED CLAIMS ACTIVITY REPORT S

Submit

Indian Health Service/Purchase Referred Care Fiscal Intermediary Report Repository

Repository Home | DRG Disclosure Report | Repository Sign-Off

IHS/PRC FI Reporting

NOTE To download a report, click "View" to open the report then save the document locally.

[ALBUQUERQUE](#) > [ALBUQUERQUE](#) > [ALBUQUERQUE IHC \(Q01\)](#)

DAILY EOBR

DAILY EOBR - 05-13-2019 [View more...](#)

EXPLANATION OF BENEFITS REPORT

IHS/PRC FISCAL INTERMEDIARY

445

AREA OFFICE: ALBUQUERQUE
 SERVICE UNIT: ALBUQUERQ IH
 PURCHASE ORDER NO:
 AUTHORIZING FACILITY: 202112
 DOCUMENT TYPE: 64

CHECK NUMBER: 3960270
 REMITTANCE: 0000087 DATE: 05/13/19
 CONTROL NO:
 PATIENT NAME:
 HEALTH RECORD NO:

AUTHORIZATION DATE:
 COMMON ACCTG NO: J53AK74
 INTEREST CAN:
 OBJECT CLASS CODE: 256R
 SERVICE CLASS CODE: 254D
 BLANKET IND: NO
 INTERIM/FINAL IND: FINAL
 ESTIMATED SERVICE DATES: 05/04/17
 05/04/17

ACTUAL DAYS:
 DRG:
 DISCHARGE STATUS:
 SERVICES BILLED: PROFESSIONAL
 INTEREST OCC:
 CONTRACT NO: PRCRATES
 VENDOR NO: 208076361
 VENDOR NAME: FOOT AND ANKLE SPEC OF NM
 , PC

INTEREST RATE (%):
 DAYS ELIGIBLE:

BILLED BY PROVIDER: \$ 362.33
 ALLOWABLE AMOUNT: \$ 362.32
 AMOUNT PAID BY THIRD PARTY: \$ 228.25
 FI PRINCIPAL PAYMENT: \$ 58.23
 SHR 424 OBLIGATION AMOUNT: \$ 20.00
 INTEREST PAID: \$.00
 OUTLIER PAID: \$.00
 ADDITIONAL PENALTY PAID: \$.00
 TOTAL PAID THIS TRANSACTION: \$ 58.23

DIAGNOSIS CODES: L20.9 M77.9 E11.42 L82.0
 PROC CODE/DATE:

DATES OF SERVICE	REV	PROC	UNITS	BILLED CHGS	ALLOWABLE	MSG	TOOTH NBR SURF
05/04/17 05/04/17		99024	001	\$.01	\$.00	R219	
05/04/17 05/04/17		20670	001	\$ 362.32	\$ 362.32	M199	

M199 -PRICING DETERMINED PER CONTRACTED RATE, PRC RATE OR MLR.

R219 -MEDICARE DOES NOT PAY FOR THESE CHARGES: THE COST FOR BEFORE AND AFTER SURGERY CARE IS PART OF THE AMOUNT APPROVED FOR THE SURGERY. UNDER MEDICARE REGULATIONS, THE PATIENT IS NOT LIABLE FOR PAYMENT OF THESE SERVICES; THEREFORE, NO IHS PAYMENT CAN BE MADE.

PEND REPORT

Select an Area:

Select an Area

- TUCSON
- GREAT PLAINS AREA
- BEMIDJI
- ALBUQUERQUE**
- BILLINGS
- OKLAHOMA CITY
- NASHVILLE
- PHOENIX
- PORTLAND

Select a Service Unit:

ALBUQUERQUE AREA

- ALBUQUERQUE**
- ACOMA-CANONCITO-LAGUNA
- MESCALERO

Select a Facility:

Select a Facility

- ALBUQUERQ HO
- ALBUQUERQUE IHC (Q01)**

Select Facility Reports:

- All user authorized Facility Reports
- AC ADJUSTED CLAIMS SUMMARY
- AC ADJUSTMENTS
- COMPLETED CLAIMS ACTIVITY REPORT - DETAIL
- DAILY EOBR
- DAILY EOBR SUMMARY
- DENTAL CLAIMS ACTIVITY SUMMARY
- MONTHLY PENDED CLAIMS ACTIVITY REPORT**
- OMB REPORT
- PATIENT ALTERNATE RESOURCE REPORT
- PENDED CLAIMS SUMMARY REPORT
- PROMPT PAYMENT REPORT - DETAIL
- WEEKLY PENDED CLAIMS ACTIVITY REPORTS

Submit

IHS/PRC FI Reporting

NOTE To download a report, click "View" to open the report then save the document locally.

[ALBUQUERQUE > ALBUQUERQUE > ALBUQUERQUE IHC \(Q01\)](#)
MONTHLY PENDED CLAIMS ACTIVITY REPORT

MONTHLY PENDED CLAIMS ACTIVITY - 04-30-2019

[View more...](#)

IHS/PRC FI Reporting

NOTE To download a report, click "View" to open the report then save the document locally.

[ALBUQUERQUE > ALBUQUERQUE > ALBUQUERQUE IHC \(Q01\)](#)
MONTHLY PENDED CLAIMS ACTIVITY REPORT

MONTHLY PENDED CLAIMS ACTIVITY - 04-30-2019

[View less...](#)

MONTHLY PENDED CLAIMS ACTIVITY - 03-31-2019

[View](#)

MONTHLY PENDED CLAIMS ACTIVITY - 02-28-2019

[View](#)

MONTHLY PENDED CLAIMS ACTIVITY - 01-31-2019

[View](#)

MONTHLY PENDED CLAIMS ACTIVITY - 12-31-2018

[View](#)

PEND REPORT (CONT.)

05/04/19
REPORT ID: IHS4465J

IHS/PRC FISCAL INTERMEDIARY
PENDED CLAIMS ACTIVITY REPORT
MONTH OF APRIL, 2019

PAGE 1

AREA OFFICE: ALBUQUERQUE
FACILITY: ALBUQUERQ IH
DOC REF: 323/325 (MEDICAL)

202112

PURCHASE ORDER NO	PATIENT NAME	HEALTH REC NO	BEGIN DOS	DATE RECD	3 PPA 0 C/U	PROVIDER BILLED	PATIENT SPECIFIC FI PAYABLE	OBLIGATION AMT (ODF)	DATE PEND	PEND QUERY	Q D	CURR PEND	ADDL PENDS
2016	NON-BLANKET			07/09/18	* U	376.00		140.00	10/05/18			P02E	
	TOTAL 2016	NON-BLANKET				376.00							
	TOTAL 2016					376.00							
2017	NON-BLANKET			03/01/17	* U	160.00	19.66	0.00	03/13/17			S01N	
				12/26/17	* U	7,478.00		100.00	07/26/18			P02E	
				02/19/18	* U	1,473.00		50.00	10/18/18			P02E	
				02/10/17	* U	2,979.02		0.00	12/19/18			P02E	F02C P12G S01N
				02/13/17	* U	1,995.00		829.29	11/06/18			P02E	
				02/05/19	* U	448.76		30.00	02/26/19			P02E	F02C
				05/01/18	* U	466.00		230.00	05/29/18			P02E	
				02/08/19	* U	604.95		40.00	03/05/19			P02E	
				07/09/18	* U	221.00		100.00	08/01/18			P02E	
				07/05/18	* U	913.92		25.00	08/09/18			P02E	F02C
				02/05/18	* U	1,511.00		50.00	07/12/18			P02E	
				05/05/17	* U	29,149.46		1,316.00	07/23/18			P02E	F02C

PEND MAP

05/04/19
REPORT ID: IHS4465J

IHS/PRC FISCAL INTERMEDIARY
PENDED CLAIMS ACTIVITY REPORT
MONTH OF APRIL, 2019

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AREA OFFICE: ALBUQUERQUE
FACILITY: ALBUQUERQ IH 202112
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
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
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

QUESTIONS