

CHEF Case Monitoring

- CHEF case reporting system
 - Tracks client with medical expenses obligated at \$25,000 threshold.
 - Priority I. Monitor closely. It is very easy for a Priority II case to change to Priority I.
 - CHS Eligibility/Proof of Indian descent.
 - Alternate Resource Determination.

Area CHEF Checklist

- Utilized for every CHEF case. Documentation submitted in checklist order format.
 - CHEF Request form with original signatures
 - Proof of CHS Eligibility/Indian descent
 - CHS referrals or CHS Emergency call-in documentation
 - Case Summary (vendor contracts) Non-contracted (ask for discounts). Tribal Acquisitions Manager
 - Medical discharge summary
 - Alternate resources determination denial (Medical Benefits Coordinators)
 - EOBR or Tribal payment documentation (CHEF Case report provides data for Accounts Payable to provide payment documentation)
 - Copies of documentation (collate by Purchase Order number)
 - HCFAs/UBs related to Case 2

Fiscal Year (FY) 2007 CHEF Presentation

- Vendor negotiations are negotiated with surrounding vendors
 - Prevea Physicians
 - St. Mary's Hospital
 - St. Vincent Hospital
 - 25% Disc – noninsured clients
 - 30% Disc – OB noninsured clients

Other Vendor Discounts

- BayCare physicians
 - 10% noninsured clients
 - Green Bay Radiology
 - RBRBS discounts (Medicare rates)

Non-Negotiated Vendors

- Noncontracted vendors are contacted and discounts are requested.

Automatic Entries

- Encore Software System/Infinium
 - Area (1)
 - Ordering Facility (2)
 - Tribe (7)

Manual Entries

- CHEF Case Assignment (this can be located on Page 1, no. 3, Area, Fiscal year, number (ie:BE070001) (Box 3)
- Catastrophic Code Assignment (this can be located on Attachment no. 2, 2007 Catastrophic Health Emergency Fund Instructions (Box 9)
- Trauma (this can be located on Page 2, no. 10 (Box 10) (will include injury date, responsible party information)
- Located on CHEF Request form:
 - Patient Name (Box 4)
 - Date of Birth (Box 5)
 - Sex (Box 6)
 - DX, ICD-9 CM, OR DRG # (Box 8)
 - Priority (Box 11)
 - Episode of Care (Box 14)
 - Type of Coverage
 - Provider and All Related Referral Information (Boxes 15 – 20)

Helpful Hints

- Time Management. Process all CHEF cases in an urgent manner. First-come, first-serve basis.
- Pay all claims quickly. Complete 100%, incomplete 50%. Should be a 45-day reporting time notification for requested advances.
- Don't wait until your case is complete to request CHEF reimbursement. Make sure you are focusing on case management. (Contracts discount negotiations.
- IP-related charges can be used from September to meet threshold of \$25,000 (prior fiscal year). If inpatient admission begins in September and continues into October, request vendor to close September 30 and begin new bill October 1.
- CHEF IP cases can only run for 90 days after discharge.
- Mail CHEF request via overnight mail.
- Fax additional information not provided, ie: copies of checks.
- CHEF fund completion. Determination as to closing case early. (50% vs 100%) Is it feasible? If you have an \$80,000 CHEF case and you are still pending \$3000 towards the end of CHEF funds, you may want to consider writing off the \$3000.00 and closing the case early to obtain 100% of \$80,000.
- If CHEF funds are still remaining and you pay additional claims, you can request an amendment.
- Communicate with Area Office regularly.

Good Luck with your CHEF Case Requests

- 2003 \$54,484 for 3 cases. 50% completion. All 50% completion.
- 2004 \$336,338.00 for 3 cases. 100% completion. One was 50% completion.
- 2005 Oneida received \$87,000 for 3 cases. All 100% completion.
- 2006 Oneida received \$515,000 for 20 cases. All 100% completion.