Department of Veterans Affairs
Decentralized Hospital Computer Program

FEE BASIS

TECHNICAL MANUAL

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Preface

The Fee Basis Technical Manual details various technical characteristics of the DHCP Fee Basis software product. This manual was produced by the Albany Information Systems Center to provide necessary information for use in the technical operation of the DHCP Fee Basis software package, Version 3.5. It should be noted that this manual is intended for use by technical computer personnel and is not designed for use by the typical end user.

Introduction

The DHCP Fee Basis package provides a range of software supporting the Department of Veterans Affairs fee for service (Fee Basis) program. A veteran is authorized Fee Basis care if s/he is legally eligible for such care and VA facilities are not feasibly available to meet the patient's medical needs. The authorization may be for short term care, ID card status for ongoing outpatient care, home nursing services which authorize home nursing visits, community nursing home, or contract hospital. Veterans authorized Fee Basis care may receive reimbursement for their travel expenses from their home to the fee provider and/or prescription services in emergent situations.

The Fee Basis package interfaces with the ADT (Admission-Discharge-Transfer) DHCP module of the PIMS (MAS) package to provide users access to registration data entered through ADT options. It integrates with VA FileMan to give non-programmer personnel the ability to extract reports with ease. It interacts with the IFCAP package in the passing of data for posting to 1358s. It integrates with the Integrated Billing (IB) package for patient insurance data. It allows users to enter and track unauthorized claims for all Fee Basis programs. Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis programs with reduction of paperwork, savings in man-hours, and minimization of error.

Fee Basis also integrates with the Clinical Reminders package to Clinical Reminders (DBIA #5619) to provide Clinical Reminders with two functions to list the patient's ARCH (Access Received Closer to Home) eligibility of a certain date range and a list of all patients and their ARCH Eligibility. Added for FB*3.5*119.

Related manuals include the Fee Basis User Manual, which describes the functionality and use of the software; the Fee Basis Installation Guide, which provides step-by-step instructions for installing the software, the Fee Basis Guidebook supplied by Central Office, and the Fee Basis Package Security Guide.

The Fee Basis software provides menus for the four fee for service programs: Medical Fee, Pharmacy Fee, Community Nursing Home, and Civil Hospital. There are also menus for processing unauthorized claims and answering telephone inquiries regarding payments.

Some of the options in the Medical Fee Main Menu are utilized to:

- Authorize Fee Basis treatment
- Enter vendors or payments
- Create, close out, and release batches of invoices
- Record travel payments
- Establish site parameters
- Queue Fee Basis batch data for transmission to Austin, TX

The Pharmacy Fee section of the Fee Basis package provides the means to administer the Hometown Pharmacy program which provides payment for medications furnished to eligible veterans on an emergency basis.

The Community Nursing Home section provides the means to pay for nursing home care provided to VA inpatients who are placed in nursing homes in the community for an authorized period of time at VA expense.

The Civil Hospital section provides the ability to pay for care provided to veterans who are determined to be legally and medically eligible for care and who are admitted to a private hospital in emergency situations where VA facilities are not feasibly available.

The Unauthorized Claims section provides the means to process unauthorized claims which are expenses for inpatient medical services obtained by eligible veterans without prior authorization from the VA.

The Telephone Inquiry Menu contains the options that are used to answer inquiries from vendors and/or veterans regarding payments or checks.

General Information

Namespace Conventions

The namespace assigned to the Fee Basis package is FB.

Integrity Checker

The Fee Basis package has its own integrity checker. The routine is FBNTEG and should be used after the installation of a patch to verify that the patch was installed correctly. Integrity values will be supplied in the patch module.

Obsolete Options

The following options may be deleted.

FBAA VENDOR CLEANUP
FBAA MRA VENDOR ADD FO

Resource Requirements

Formula for TUs: (# of FEE patients/160,000) + .04 = TUs needed

Storage requirements:

Initial:	.004 Mbytes/FEE patient
Additional:	(# of inpatient invoices X 435)/1,000,000
	(# of inpatient authorizations X 700)/1,000,000
	(# of unauthorized claims X 630)/1,000,000

Equipment requirements: Increase from Fee Basis version 3.0 for inpatient invoices for Fee 5010 EDI provider data, # of inpatient invoices X 335 is now X 435 for FB*3.5*133

Implementation and Maintenance

There are several parameters associated with the Fee Basis package that are site configurable. Each of these parameters may be set through the Supervisor Main Menu using the Site Parameter Enter/Edit option. The following is an example of what might appear on the screen while using the Site Parameter Enter/Edit option. User responses are shown in boldface type. Descriptions of the site configurable parameters begin on the following page.

```
Select Supervisor Main Menu Option: SITE Parameter Enter/Edit


Select Site: VAMC ALBANY NY
STATION OF JURISDICTION NAME: VAMC ALBANY NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// <RET>
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: NEW YORK// <RET>
ZIP: 12208// <RET>
STATION TELEPHONE NUMBER: 563-7788 OR 456-7766  Replace <RET>
APPROVING OFFICIAL FOR 7079: HOWARD// <RET>
TITLE OF APPROVING OFFICIAL: CENTER DIRECTOR// MEDICAL CENTER DIRECTOR
MEDICAID DISPENSING FEE: 2.95// <RET>
MEDICAL PAYMENT VENDOR DISPLAY: YES// <RET>
PHARMACY PAYMNT VENDOR DISPLAY: YES// <RET>
DEFAULT AUTH. TIME RANGE: 1095// <RET>
ASK VENDOR DURING AUTH.: YES// <RET>
MAX # PAYMENT LINE ITEMS: 100// <RET>
EDIT AUTH. DURING PAYMENT: YES// <RET>
*ASK PROGRAM SPECIFIC AUTH.: YES// <RET>
APPROVING OFFICIAL FOR 7078: Dr. Samuel// <RET>
TITLE 7078 APPROVING OFFICIAL: Assoc. Chief of Staff
           Replace <RET>
COPIES OF 7078 TO BE PRINTED: 1// <RET>
PSA DEFAULT INSTITUTION: ALBANY MEDICAL CENTER// <RET>
7078 DEFAULT AUTH SERVICE TEXT:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT Option: <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES// <RET>
'INITIAL ENTRY' STATUS FOR U/C: <RET>
UNAUTHORIZED CLAIM PRINTER: <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT// <RET>
NUMBER OF COPIES: 1// <RET>
PRINT U/C ON LETTERHEAD?: <RET>
STATION NAME (EDITABLE): VAMC ALBANY NY// <RET>

Select Site:
```

Site Configurable Parameters

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction for which these site parameters are defined. There can be only one entry in this file.

STATION ADDRESS LINE 1: - Street address line 1 of this COJ. This data will be printed on the authorization, VA Form 10-7079.

STATION ADDRESS LINE 2: - Street address line 2 of this COJ. This address line will also print on the authorization, VA Form 10-7079.

STATION ADDRESS LINE 3: - Line 3 of the COJ's street address.

CITY: - The city in the COJ's mailing address.

STATE: - The state in the COJ's mailing address.

ZIP: - Zip code for the COJ.

STATION TELEPHONE NUMBER: - The telephone number to which Fee Basis inquiries should be directed.

APPROVING OFFICIAL FOR 7079: - The name of the approving official authorizing Fee Basis services. This name will be printed on the authorization, VA Form 10-7079.

TITLE OF APPROVING OFFICIAL: - The title of the approving official. This title will be printed on the authorization, VA Form 10-7079.

MEDICAID DISPENSING FEE: - The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.

MEDICAL PAYMENT VENDOR DISPLAY: - This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.

PHARMACY PAYMNT VENDOR DISPLAY: - If there is a "Y" in this field, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

Site Configurable Parameters, cont.

DEFAULT AUTH. TIME RANGE: - The number of days of the usual long-term authorization. The data entered here will be added to the Authorization From Date and that date will become the default To Date for the authorization. For example, if the normal long-term authorization is one year, 364 would be entered in this pa-
rameter.

ASK VENDOR DURING AUTH.: - A "YES" response results in asking for a vendor when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 100 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.

EDIT AUTH. DURING PAYMENT: - This field is used to indicate that editing of the AUTHORIZATION REMARKS field and the 3 DX fields is allowable during the Enter Payment options. It is normally used for six months immediately after installing the Fee Basis software because the Remarks and DX data were not available for downloading from Central Fee system.

*ASK PROGRAM SPECIFIC AUTH.: - A "YES" answer to this site parameter will show only those authorizations that are program-specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.

APPROVING OFFICIAL FOR 7078: - The default approving official for VA Form 10-7078s.

TITLE 7078 APPROVING OFFICIAL: - The title of the default approving official for VA Form 10-7078s.

COPIES OF 7078 TO BE PRINTED: - Indicates the default number of copies to be printed for each VA Form 10-7078 generated.

PSA DEFAULT INSTITUTION: - The station number for the transmission of data to Austin is determined using this field. In almost all cases, your facility should be entered.

7078 DEFAULT AUTH SERVICE TEXT: - A free text entry for special remarks, instructions, etc. pertaining to the authorization, which will appear in Section 6 of VA Form 10-7078.

TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: - This field indicates whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. The response is a numeric character, with 1 equal to "YES" and 0 equal to "NO".

Site Configurable Parameters, cont.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received and another reviews the claim for completeness and makes the necessary requests, etc. The response is the numeric character 1 to activate; otherwise, leave this field blank.

UNAUTHORIZED CLAIM PRINTER: - Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.

UNAUTHORIZED CLAIM LETTER: - Indicate how you wish your unauthorized claim letters to print. Enter an "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter a "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.

NUMBER OF COPIES: - This field indicates the number of copies of a letter to be printed. The maximum number of copies allowed is five.

PRINT U/C ON LETTERHEAD?: - No entry is necessary if you will not be printing letters. Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

STATION NAME (EDITABLE): - This is the first line of the return address. The data is pulled from Field #.01 and can be edited at this prompt.

Site Parameters Not Edited by Users (edited by routines):

FPPS TRANSMIT START: - This is the start date and time for the beginning of the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch was started. FB*3.5*121.

FPPS TRANSMIT END: - This is the finish date and time for the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch finished. FB*3.5*121.

*Will be deleted in future version

Routines

Routine List with Descriptions

The following is a listing of routines contained in the Fee Basis package with a brief description of each.

FB35P50	Post init routine to identify corrupt vendor file.
FBAA79, FBAA79A	Prints VA Form 7079 in response to a request for outpatient medical services.
FBAAAUT	Runs the Enter/Edit Authorization option and is used to enter or edit an authorization for Fee Basis services.
FBAAAV	Flags a vendor for addition to the Central Fee file in Austin, Texas.
FBAABDL	Allows the user to delete batches that meet necessary criteria.
FBAABET	Allows the user to edit a batch type and obligation number.
FBAABPG	Allows the purging of the FEE BASIS BATCH file (#161.7).
FBAABS	Displays available information for a selected batch based on the status of the batch.
FBAABT	Prints out the statuses of all active batches.
FBAACCB, FBAACCB0, FBAACCB1, FBAACCB2	Runs the Close-out Batch option.
FBAACFE	Contract file enter/edit.
FBAACH	Displays the ID card history for a patient.
FBAACIE	Allows the user to complete a pharmacy invoice.
FBAACLU	Shows the user who last entered or changed an authorization.
FBAACO, FBAACO1, FBAACO3, FBAACO4, FBAACO5	Allows users to enter a medical payment.
FBAACO0	Displays the FEE BASIS PATIENT file (#161) address information for a patient. The information may also be edited via this routine.
FBAACO2	Processes duplicate payments and, if requested, stores them as a MEDICAL denial.
FBAACP, FBAACP1	Allows for the entry of multiple C&P payments.
FBAACR	Prints out the cost report for Outpatient Medical.
FBAADCB	Displays batches that have been closed but not yet certified by the supervisor.

Routine List with Descriptions, cont.

FBAADD	Causes an entire batch to be rejected.
FBAADEM, FBAADEM1	Displays veteran demographics.
FBAADOB	Displays any available information about open batches.
FBAADV	Places a vendor in DELETE status on the local system only.
FBAAEAR	Allows a user to enter any necessary authorization remarks.
FBAAELT	Enter or edit suspension letters.
FBAAEPI, FBAAEPI1	Allows the user to edit a pharmacy invoice that was previously entered.
FBAAESP	Allows the Fee Basis supervisor to enter or edit site parameters.
FBAAETA	If there is a travel payment, it is entered via this routine.
FBAAFA	File adjustments for medical/ancillary payments.
FBAAFED	FPPS data edit outpatient/ancillary invoice.
FBAAFR	File remittance remarks for medical/ancillary payments.
FBAAFS	Outpatient fee schedule.
FBAAFSF	Outpatient 75th percentile fee schedule.
FBAAFSR	RBRVS fee schedule.
FBAALB	Provides a record of payments in any batch.
FBAALPI	Lists invoices that are ready for PIMS (MAS) completion. If a user wishes to complete an invoice after viewing all those ready for completion, then control is transferred to routine FBAACIE.
FBAALU	References the CPT file for CPT Code lookups.
FBAAMP, FBAAMP1	Allows multiple payments to be entered for a vendor.
FBAAMPG1	Allows the user to automatically purge transmitted Delete type and Reinstate type MRAs.
FBAAMPRG	Purges transmitted MRAs.
FBAAMST	MST report.
FBAAOB	Allows a user to create and open a batch.
FBAAODP, FBAAODP0	Allows a payment to be deleted.
FBAAPAA	Allows adding to, or editing of, the Fee schedule.
FBAAPAY	Compiles the Fee schedule.

Routine List with Descriptions, cont.

FBAAPCC	Prints a list of all currently issued Fee Basis ID cards.
FBAAPCS	Report Cost/Savings from RBRVS fee schedule.
FBAAPDM	Creates a Patient MRA Delete type transaction.
FBAAPET, FBAAPET1	Allows a user to edit medical payments.
FBAAPGL	Post payments to COREFLS.
FBAAPH	Provides a payment history listing for a veteran.
FBAAPHV	Allows the user to void a pharmacy payment.
FBAAPI	Displays patient demographics and Fee Basis authorizations.
FBAAPIE, FBAAPIE1	Allows a user to enter a Fee Basis pharmacy invoice.
FBAAPII	Displays a selected pharmacy invoice.
FBAAPIN, FBAAPIN1	Displays detail line items associated with a selected invoice.
FBAAPIP	Used to assign a batch number to a completed pharmacy invoice prior to payment being sent to Austin.
FBAAPIS	Displays the status of a selected pharmacy invoice.
FBAAPLU	Allows the user to look up a pharmacy vendor payment.
FBAAPM	Creates a Patient MRA transaction.
FBAAPOC	Prints all obsolete Fee Basis ID cards.
FBAAPP, FBAAPP0	Allows a pharmacist to review a Fee Basis prescription.
FBAAPPH	Provides a Fee Basis pharmacy prescriptions history list for a patient.
FBAAPRC	Prints a report of contact.
FBAAPRGS	Prints out the status of the Fee Basis Purge.
FBAAPV	Lists all vendors that are awaiting Austin approval.
FBAARB	Allows a previously closed batch to be reopened.
FBAARD, FBAARD0	Allows all rejects that were entered in error to be deleted.
FBAARD1, FBAARD2, FBAARD3	Allows reject codes to be deleted for a particular item.
FBAARJP	Prints all rejects pending PIMS (MAS) action.
FBAARMRA	Retransmits MRAs for a specified date.

Routine List with Descriptions, cont.

FBAAROC	Allows a user to enter a report of contact.
FBAARP	Runs the reimbursement payment option.
FBAARR, FBAARR2	Allows any rejected line items to be reinitiated and assigned to a new batch.
FBAARR1, FBAARR0	Reinitiates an entire batch.
FBAARV	Reactivates a previously deleted vendor in the CENTRAL FEE VENDOR file.
FBAAS79	Allows a single VA Form 10-7079 to be printed.
FBAASAP	Displays all authorization information.
FBAASCB, FBAASCB0	Allows a Fee Basis supervisor to release a batch.
FBAASDR	Generates the Fee Basis 1358 Segregation of Duty Report. FB*3.5*117
FBAASL, FBAASL1, FBAASL1B, FBAASLP, FBCHSL1, FBCHSLP	Allows the user to print suspension letters.
FBAASOUT	Generates the output for the Fee schedule.
FBAASTA	Responsible for displaying a user's sign-on status. It displays a list of all open batches for the current user, including the type of batch, the batch number, the obligation number, and the date that the batch was opened.
FBAATIC	Allows the user to terminate an existing ID card.
FBAAUTL	Utility routine for the Fee Basis package. It performs various tasks such as setting the FBSITE(0) and FBSITE(1) variables to Fee Basis site parameters, getting the next available batch number or invoice number, and determining the length of time that a vendor has been in DELETE status.
FBAAUTL1, FBAAUTL2	Utility routines. They contain various functions such as posting increases/decreases to 1358s and selecting veterans and authorizations.
FBAAUTL3	Supported call to be used by IFCAP to determine the System Identifier for the 994 code sheets.
FBAAUTL4, FBAAUTL5	Used to build the "AE" cross-reference in File #162 and retrieve the CPT and modifier from the cross-reference.
FBAAUTL6	Utility routine. Used to validate/correct socioeconomic groups----extrinsic functions.
FBAAUTL7	Utility routine. Used to set the “AE” cross-reference when SERVICE PROVIDED field is added or modified.

Routine List with Descriptions, cont.

FBAAUTL8	Utility routine. Used to convert first five digits of SSN to "X" and only display the last four digits of the SSN.
FBAAUVC	Updates vendor codes.
FBAAV0, FBAAV01	Responsible for sending Fee Basis data to Austin.
FBAAV1	Transmits Vendor MRA data.
FBAAV2	Transmits Pharmacy payments.
FBAAV3	Transmits Travel payments.
FBAAV4	Transmits patient MRAs.
FBAAV5	Creates transactions for CH/CNH payments.
FBAAV6	Creates transactions to send to the Pricer System.
FBAAVD, FBAAVD2	Displays vendor demographics and allows the user to edit the data displayed.
FBAAVD1	Displays CNH vendor specifics.
FBAAVD3	Edit vendor FPDS data.
FBAAVD4	Special routine for entering/inactivating/deleting NPI in file 161.2.
FBAAVLU	Looks up payments to a vendor for a specified time frame.
FBAAVP, FBAAVP0	Allows the user to either void or cancel the void on a medical payment.
FBAAVR	Allows the user to finalize a batch.
FBAAVR0	Utility for routine FBAAVR. It allows items in a batch to be rejected.
FBAAVR1	Utility for FBAAVR. It allows items to be deleted from a batch.
FBAAVR2	Finalizes a batch.
FBAAVS	Displays payment data for a selected patient and vendor.
FBARCH0	Stores the eligibility status for Project ARCH. FB*3.5*119
FBAUTHP	Displays an authorization on screen for a specific authorization number.
FBCH78, FBCH780, FBCH78A	Sets up a VA Form 10-7078 authorization for CH.
FBCHACT, FBCHACT0, FBCHACT1	Calculates non-VA hospital activity and non-VA unauthorized days of activity.
FBCHC78	Allows a user to cancel a VA Form 10-7078.

Routine List with Descriptions, cont.

FBCHCD	Completes disposition of an authorization.
FBCHCO	Allows entry of CH ancillary payments.
FBCHCR, FBCHCR1	Prints out the cost report for Civil Hospital or Contract Nursing Home. The output may be for authorized or unauthorized care.
FBCHDEL	Deletes a notification/request.
FBCHDI	Displays an inpatient invoice.
FBCHDI2	Displays an invoice for Civil Hospital.
FBCHDIN	Deletes an inpatient invoice.
FBCHDUC	Displays unauthorized claims.
FBCHEAP	Allows the completion of a payment by adding the amount paid passed back from the Austin Pricer.
FBCHEP, FBCHEP1	Allows entry/edit of a CH payment.
FBCHEUC, FBCHEUC1, FBCHEUC2	Allows entry/edit of an unauthorized claim.
FBCHFA	File adjustments for CH/CNH payment.
FBCHFED	FPPS data edit for inpatient invoice.
FBCHFR	File remittance remarks for CH/CNH payments.
FBCHP78	Generates a VA Form 10-7078.
FBCHPET	Allows the user to edit an ancillary payment.
FBCHPH, FBCHPH0	Displays a patient payment history.
FBCHPRC, FBCHPRC1	Prints a report of contact for CH.
FBCHPSA, FBCHPSA0, FBCHPSA1	Used to calculate dollar amounts by primary service area.
FBCHREQ, FBCHREQ1	Used for the notification/request process of Civil Hospital.
FBCHREQ2	Allows the user to reconsider a denied Civil Hospital notification.
FBCHRJP	Used to print rejected payment items from the Austin Pricer.
FBCHROC	Used to input a report of contact for the Civil Hospital program.
FBCHRR	Used to reinitiate rejects from the pricer.
FBCHSCB	Used by the Fee Basis supervisor to release batches to the pricer.

Routine List with Descriptions, cont.

FBCHSL1, FBCHSLP	Print suspension letters.
FBCHSTA	Displays pending inpatient dispositions.
FBCHSTAT	Generates the request statistics report.
FBCHVH	Used to produce the inpatient vendor payment history.
FBCHVP	Allows the user to either void or cancel the void on an inpatient invoice.
FBCKDIS, FBCKDIS1	Used to display payment information for a user-specified check number.
FBCNHCEN	Prints a report of census data for a user-specified date in Civil Hospital or Community Nursing Home.
FBCSV1	Utilities for code set versioning.
FBCTAU, FBCTAU1, FBCTAU10,FBCTAU11, FBCTAU2, FBCTAU3, FBCTAU4, FBCTAU5, FBCTAU6, FBCTAU7, FBCTAU8, FBCTAU9	Generated from FBAA AUTHORIZATION input template file 161.
FBCTV, FBCTV1, FBCTV2, FBCTV3	Generated from FB VENDOR UPDATE input template file 161.2.
FBDOC	Contains documentation for other Fee Basis routines.
FBFHFT1	FPPS HL7 FT1 segment.
FBFHLD3	Get data for outpatient/ancillary invoice.
FBFHLD5	Get data for pharmacy invoice.
FBFHLD9	Get data for inpatient invoice.
FBFHLL	FPPS queued invoice file.
FBFHLP	FPPS message purge.
FBFHLS, FBFHLS1	Build HL7 message segments.
FBFHLU	FPPS HL utilities.
FBFHLX, FBFHLX1,FBFHLX2	Transmit HL7 messages to FPPS. **FBFHLX2 was added in FB*3.5*122
FBFHORC	FPPS HL7 ORC segment.
FBFPAR, FBFPCI	FPPS audit report.
FBFPDS	Report of vendors without FPDS data.

Routine List with Descriptions, cont.

FBFPTR	FPPS transmit report.
FBGMT2	Fee Basis portion of GMT2.
FBHLZFE	Create HL7 ZFE segments.
FBIDCARD	Add an entry in Fee Basis ID card.
FBLTCAR, FBLTCAR2	LTC authorization reports.
FBMON	Monitor the FB FPPS TRANSMIT option. FB*3.5*122
FBMRASVR, FBMRASV1, FBMRASV2	Updates the DHCP database automatically upon receipt of add or change confirmation from Austin.
FBNHACT	Used to output the Community Nursing Home Activity Report.
FBNHAMI1	Calculates/validates the AMIS 349 Report.
FBNHAMI2	Provides a report of all CNH stays in excess of 90 days.
FBNHAMIE	Outputs all CNH admissions and discharges within a user specified time frame.
FBNHAMIS	Calculates the 349 AMIS report.
FBNHDEC, FBNHDIEP	Displays an episode of care for CNH.
FBNHDLAD, FBNHDLDI,	Deletes admissions, discharges, and transfers for CNH.
FBNHEA, FBNHED	Enters admissions/discharges for CNH.
FBNHEAU2	Asks rates for a CNH Authorization.
FBNHEDA1, FBNHEDAT, FBNHEAU1, FBNHEAUT	Enter/edit CNH authorizations.
FBNHEDAD	Edits the admission type for CNH.
FBNHEDDI	Edits the discharge type for CNH.
FBNHEDPA	Edits a payment for CNH.
FBNHEDTR	Edits the transfer type for CNH.
FBNHEP, FBNHEP1, FBNHEP2	Used to enter a CNH payment.
FBNHET	Used to enter a transfer for CNH.
FBNHEXP	Produces a list of CNHs with contracts expiring within 90 days.
FBNHPAMS	Used to print AMIS reports.

Routine List with Descriptions, cont.

FBNHPC, FBNHPC1	Posts commitments to 1358s.
FBNHPLT	Prints CNH payments and totals for a specified month.
FBNHRAT, FBNHRAT1	Posts new rates for a veteran.
FBNHRC	Allows the user to change a rate for a veteran within the authorization.
FBNHRCS, FBNHRCS1, FBNHRCS2, FBNHRCS3, FBNHRCS4	Used for reporting Nursing Homes that have active contracts with the VA.
FBNHRDEL	Allows the deletion of a rate if the rate has not been used yet.
FBNHROS	Prints nursing home rosters.
FBNPILK	NPI lookup routine.
FBNTEG, FBNTEG0	Calculates a checksum which might be used to check the integrity of a routine against values entered for Fee Basis patches in the NATIONAL PATCH file on FORUM.
FBPAID, FBPAID1, FBPAID2	Executed by the PAID server to process check information from FMS as it is confirmed by the treasury.
FBPATDAT	Notification about patient data change.
FBPAY, FBPAY2, FBPAY21, FBPAY3, FBPAY67, FBPAY671	Provides output for vendor or veteran payment histories.
FBPCR, FBPCR2, FBPCR3, FBPCR67, FBPCR671	Output potential cost recovery cases for selected Primary Service Areas and user specified date ranges.
FBPCR4	LTC phase 3 utilities.
FBPHON, FBPHON1, FBPHON2	Called by VA List Manager, performs the building of the payment list for display, as well as process all actions that are selectable for the list.
FBPMRG, FBPMRG1	Fee Basis patient merge routine. Called during patient (file #2) merge due to AFFECTS RECORD MERGE in PACKAGE file (#9.4).
FBPRE35	Pre-init to check versions of packages.
FBPRICE, FBPRICE1	Builds a transaction to send to the Austin Pricer System.
FBPST35, FBPST35A, FBPST35B, FBPST35C, FBP35D	Post-init routines.

Routine List with Descriptions, cont.

FBRVU	RVU utilities.
FBRXFA	File adjustments for pharmacy payments.
FBRXFED	FPPS data edit pharmacy invoice.
FBRXFR	File remittance remarks for pharmacy payments.
FBRXUTL	Fee Basis pharmacy utility.
FBSHAUT	Enter/edit state home authorization.
FBSHRAD	Report active authorizations for date.
FBSHUTL	State home utilities.
FBUCDD, FBUCDD1	Called by the data dictionaries of the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) and FEE BASIS SITE PARAMETERS file (#161.4).
FBUCDE	Unauthorized EDI claims that were not approved.
FBUCDIS	Displays unauthorized claims.
FBUCDUP	Provides a check for duplicate unauthorized claims.
FBUCED, FBUCED0, FBUCED1	Allows a user to perform various edits to the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO file (#162.8), or FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (#162.93).
FBUCEN, FBUCEN1	Allows the user to enter a new unauthorized claim.
FBUCEVT	Called prior to and after an event to an unauthorized claim, it captures the claim information needed to update the status, expiration date, and other data.
FBUCEX	Provides a listing of those claims due to expire for a given date range selected by a user. It also removes the expiration date and updates the disposition to ABANDONED for those claims which have expired. A listing of abandoned claims is also provided.
FBUCLET, FBUCLET0, FBUCLET1, FBUCLET2	Prints out the unauthorized claims associated with a primary claim.
FBUCLINK, FBUCLNK1	Associates unauthorized claims with a primary.
FBUCMBS	Millennium act emergency care summit.
FBUCMEA	Unauthorized main menu entry action.
FBUCOUT, FBUCOUT1	Output routines for unauthorized claims. FBUCOUT prints unauthorized claims by status. FBUCOUT1 prints all unauthorized claims for either a vendor, veteran, or other party.
FBUCPAY	Payment driver for unauthorized claims.

Routine List with Descriptions, cont.

FBUCPEND	Provides information on unauthorized claims pending information.
FBUCSTAT	Provides unauthorized claims disposition and status statistics.
FBUCUPD, FBUCUPD1	Determines the following: if a letter needs to be printed, the current status of a claim, expiration date, disposition date, date valid claim received, and date of original disposition. The appropriate fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), and the appropriate letter may be printed. Depending upon the disposition, the authorization may be updated in the FEE BASIS PATIENT file (#161).
FBUCUTL, FBUCUTL1, FBUCUTL2, FBUCUTL3, FBUCUTL4, FBUCUTL5, FBUCUTL6, FBUCUTL7, FBUCUTL8, FBUCUTL9	Utility routines for the unauthorized claims options.
FBUINS	Allows users to add insurance information for a veteran.
FBUTL, FBUTL1, FBUTL2,FBUTL3 FBUTL4, FBUTL5 FBUTL6	Utlility routines for the Fee Basis package.
FBUTL7	Utility routine for Fee Basis Contracts.
FBUTL8	Utility routine for HIPAA 5010 providers. FB*3.5*122
FBVDISP	Contains the vendor identifiers that are output on any vendor lookup.
FBVISTBR	List of authorizations for blind rehab.
FBXBIPS, FBXCIPS, FBXDIPS, FBXEIPS, FBXIP110	Post install routines.
FBXIP100, FBXIP102, FBXIP104, FBXIP105, FBXIP108, FBXIP109, FBXIP111, FBXIP112, FBXIP121, FBXIP133, FBXIP19, FBXIP19A, FBXIP20, FBXIP22, FBXIP23,FBXPIP24, FBXIP27, FBXIP29, FBIXIP30, FBXIP32, FBXIP32A, FBXIP34, FBXIP35, FBXIP36, FBXIP37, FBXIP38, FBXIP39, FBXIP4, FBXIP44, FBXIP45, FBXIP48, FBXIP49, FBXIP53, FBXIP54, FBXIP61, FBXIP91,	Patch install routines.

Routine List with Descriptions, cont.

FBXIP92, FBXIP99 FBXIPJNE	Patch install routines, cont.
FBXIP33	Import GPCI/Zip code data.
FBXIP33A	Import DOL MOD LVL tab.
FBXIP33B	Import DOL CPT data.
FBXIP69E, FBXIP76E, FBXIP77E, FBENVP65, FBXAIEN, FBXIP84E	Environment check.

Callable Routines

For IFCAP

Routine Function Call: $$HDR^FBAAUTL3()

This call returns the header necessary for the 994 code sheets in IFCAP (FEE for IFCAP V. 4.0 or FEN for IFCAP V. 5.0).

Routines to Map

It is recommended that the following routines be mapped.

FBAAAUT	FBAACO*	FBAACCB*	FBAACIE	FBAADEM*	FBAAEP*
FBAAMP*	FBAAOB	FBAAPI	FBAAPIE*	FBAASCB*	FBAAUTL*
FBAAVD*	FBCH78*	FBCHREQ*	FBCHSCB	FBMRA*	FBNHEA*
FBNHED*	FBNHEP*	FBNHPC	FBNHRAT	FBNHRC	

NOTE: Routine FBAAVD* should be mapped only if the vendor demographics will be displayed during the payment process. Vendor demographics will be displayed only if set to do so through the Site Parameter Enter/Edit option which is in the Supervisor Menu.

Files

Main Globals and Files

The globals used in the Fee Basis Package are ^FB, ^FBAA, ^FBAAA, ^FB583, ^FB7078, ^FBAACNH, ^FBAAI, ^FBAAC, and ^FBAAV. The main files are FEE BASIS VENDOR (#161.2), FEE BASIS PATIENT (#161), FEE BASIS PAYMENT (#162), and FEE BASIS INVOICE (#162.5).

Globals to Journal

It is recommended that the following globals be journaled.
^FB, ^FBAA, ^FBAAA, ^FBAAC, ^FBAAV, ^FB583, ^FB7078, ^FBAACNH, ^FBAAI

File List

FILE #	FILE NAME	GLOBAL
161	FEE BASIS PATIENT	^FBAAA(
161.2	FEE BASIS VENDOR	^FBAAV(
161.21	FEE BASIS CNH CONTRACT	^FBAA(161.21,
161.22	FEE BASIS CNH RATE	^FBAA(161.22,
161.23	FEE BASIS CNH AUTHORIZATION RATE	^FBAA(161.23,
161.25	FEE BASIS VENDOR CORRECTION	^FBAA(161.25,
161.26	FEE BASIS PATIENT MRA	^FBAA(161.26,
161.27**	FEE BASIS SUSPENSION	^FBAA(161.27,
161.3*	FEE BASIS LETTER	^FBAA(161.3,
161.4	FEE BASIS SITE PARAMETERS	^FBAA(161.4,
161.43	FEE BASIS CONTRACT	^FBAA(161.43,
161.5	FEE CH REPORT OF CONTACT	^FBAA(161.5,
161.6**	FEE BASIS SPECIALTY CODE	^FBAA(161.6,
161.7	FEE BASIS BATCH	^FBAA(161.7,
161.8**	FEE BASIS PROGRAM	^FBAA(161.8,
161.81**	FEE BASIS PARTICIPATION CODE	^FBAA(161.81,
161.82	FEE BASIS PURPOSE OF VISIT	^FBAA(161.82,
161.83	FEE BASIS ID CARD AUDIT	^FBAA(161.83,
162	FEE BASIS PAYMENT	^FBAAC(
162.1	FEE BASIS PHARMACY INVOICE	^FBAA(162.1,
162.2	FEE NOTIFICATION/REQUEST	^FBAA(162.2,
162.3	FEE CNH ACTIVITY	^FBAACNH(
162.4	VA FORM 10-7078	^FB7078(
162.5	FEE BASIS INVOICE	^FBAAI(
162.6**	FEE BASIS DISPOSITION CODE	^FBAA(162.6,
162.7	FEE BASIS UNAUTHORIZED CLAIMS	^FB583(
162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	^FBAA(162.8,
162.91**	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	^FB(162.91,
162.92**	FEE BASIS UNAUTHORIZED CLAIMS STATUS	^FB(162.92,
162.93*	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	^FB(162.93,
162.94**	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	^FB(162.94,
162.95**	FEE BASIS CHECK CANCELLATION REASON	^FB(162.95,
163.85**	FEE BASIS VA TYPE OF SERVICE	^FBAA(163.85,
163.99	FEE BASIS FEE SCHEDULE	^FBAA(163.99,

*File comes with data
**File comes with data which will overwrite existing data, if specified.

File Flow Chart

FILE # and NAME	POINTS TO		POINTED TO BY	
161 FEE BASIS PATIENT	2 4 161.2 161.8 161.82 162.4 162.7 200	PATIENT INSTITUTION FEE BASIS VENDOR FEE BASIS PROGRAM FEE BASIS PURPOSE OF VISIT VA FORM 10-7078 FEE BASIS UNAUTHORIZED CLAIMS NEW PERSON	161.23 162.1 162.3 162.5	FEE BASIS CNH AUTHORIZATION RATE FEE BASIS PHARMACY INVOICE FEE CNH ACTIVITY FEE BASIS INVOICE
161.2 FEE BASIS VENDOR	5 161.6 161.81	STATE FEE BASIS SPECIALTY CODE FEE BASIS PARTICIPATION CODE	161 161.21 161.25 161.5 162 162.1 162.2 162.3 162.4 162.5 162.7	FEE BASIS PATIENT FEE BASIS CNH CONTRACT FEE BASIS VENDOR CORRECTION FEE CH REPORT OF CONTACT FEE BASIS PAYMENT FEE BASIS PHARMACY INVOICE FEE NOTIFICATION/ REQUEST FEE CNH ACTIVITY VA FORM 10-7078 FEE BASIS INVOICE FEE BASIS UNAU-THORIZED CLAIMS
161.21 FEE BASIS CNH CONTRACT	161.2	FEE BASIS VENDOR	161.22	FEE BASIS CNH RATE
161.22 FEE BASIS CNH RATE	161.21	FEE BASIS CNH CONTRACT		
161.23 FEE BASIS CNH AUTHORIZATION RATE	161 162.4	FEE BASIS PATIENT VA FORM 10-7078		
161.25 FEE BASIS VENDOR CORRECTION	161.2	FEE BASIS VENDOR		

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
161.26 FEE BASIS PATIENT MRA	2	PATIENT		
161.27 FEE BASIS SUSPENSION			162 162.1 162.2 162.5	FEE BASIS PAYMENT FEE BASIS PHARMACY INVOICE FEE NOTIFICATION/ REQUEST FEE BASIS INVOICE
161.3 FEE BASIS LETTER			162.92	FEE BASIS UNAUTHO-RIZED CLAIMS STATUS
161.4 FEE BASIS SITE PARAMETERS	4 5	INSTITUTION STATE		
161.43 FEE BASIS CONTRACT	161.2	FEE BASIS VENDOR	161	FEE BASIS PATIENT
161.5 FEE CH REPORT OF CONTACT	2 5 161.2 162.2 200 392.4	PATIENT STATE FEE BASIS VENDOR FEE NOTIFICATION/REQUEST NEW PERSON BENEFICIARY TRAVEL MODE OF TRANSPORTATION		
161.6 FEE BASIS SPECIALTY CODE			161.2	FEE BASIS VENDOR
161.7 FEE BASIS BATCH	200	NEW PERSON	162 162.1 162.5	FEE BASIS PAYMENT FEE BASIS PHARMACY INVOICE FEE BASIS INVOICE
161.8 FEE BASIS PROGRAM			161 161.82 162 162.4 162.5 162.7	FEE BASIS PATIENT FEE BASIS PURPOSE OF VISIT FEE BASIS PAYMENT VA FORM 10-7078 FEE BASIS INVOICE FEE BASIS UNAU-THORIZED CLAIMS
161.81 FEE BASIS PARTICIPATION CODE			161.2	FEE BASIS VENDOR

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
161.82 FEE BASIS PURPOSE OF VISIT	161.8	FEE BASIS PROGRAM	161 162 162.5	FEE BASIS PATIENT FEE BASIS PAYMENT FEE BASIS INVOICE
161.83 FEE BASIS ID CARD AUDIT	2 200	PATIENT NEW PERSON		
162 FEE BASIS PAYMENT	2 4 5 80 81 81.3 161.2 161.27 161.7 161.8 161.82 161.91 161.92 162.4 162.7 162.95 163.85 200 353.1 353.2	PATIENT INSTITUTION STATE ICD DIAGNOSIS CPT CPT MODIFIER FEE BASIS VENDOR FEE BASIS SUSPENSION FEE BASIS BATCH FEE BASIS PROGRAM FEE BASIS PURPOSE OF VISIT ADJUSTMENT REASON ADJUSTMENT GROUP VA FORM 10-7078 FEE BASIS UNAUTHORIZED CLAIMS FEE BASIS CHECK CANCELLATION REASON FEE BASIS VA TYPE OF SERVICE NEW PERSON PLACE OF SERVICE TYPE OF SERVICE		
162.1 FEE BASIS PHARMACY INVOICE	4 50 161 161.2 161.27 161.7 162.4 162.7 162.95 200	INSTITUTION DRUG FEE BASIS PATIENT FEE BASIS VENDOR FEE BASIS SUSPENSION FEE BASIS BATCH VA FORM 10-7078 FEE BASIS UNAUTHORIZED CLAIMS FEE BASIS CHECK CANCELLATION REASON NEW PERSON		
162.2 FEE NOTIFICATION/ REQUEST	2 161.2 161.27 162.4 200	PATIENT FEE BASIS VENDOR FEE BASIS SUSPENSION VA FORM 10-7078 NEW PERSON	161.5	FEE CH REPORT OF CONTACT
162.3 FEE CNH ACTIVITY	161 161.2 162.3	FEE BASIS PATIENT FEE BASIS VENDOR FEE CNH ACTIVITY	162.3	FEE CNH ACTIVITY

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
162.4 VA FORM 10-7078	2	PATIENT	161	FEE BASIS PATIENT
	43.4	VA ADMITTING REGULATION	161.23	FEE BASIS CNH AUTHORIZATION RATE
	161.2	FEE BASIS VENDOR	162	FEE BASIS PAYMENT
	161.8	FEE BASIS PROGRAM	162.1	FEE BASIS PHARMACY INVOICE
	200	NEW PERSON	162.2	FEE NOTIFICATION/ REQUEST
			162.5	FEE BASIS INVOICE
162.5 FEE BASIS INVOICE	4	INSTITUTION		
	5	STATE		
	80	ICD DIAGNOSIS		
	80.1	ICD OPERATION/PROCEDURE		
	80.2	DRG		
	161	FEE BASIS PATIENT		
	161.2	FEE BASIS VENDOR		
	161.27	FEE BASIS SUSPENSION		
	161.7	FEE BASIS BATCH		
	161.8	FEE BASIS PROGRAM		
	161.82	FEE BASIS PURPOSE OF VISIT		
	161.91	ADJUSTMENT REASON		
	161.92	ADJUSTMENT GROUP		
	161.93	REMITTANCE REMARK		
	162.4	VA FORM 10-7078		
	162.6	FEE BASIS DISPOSITION CODE		
	162.7	FEE BASIS UNAUTHORIZED CLAIMS		
	162.95	FEE BASIS CHECK CANCELLATION REASON		
	200	NEW PERSON		
162.6 FEE BASIS DISPOSITION CODE			162.5	FEE BASIS INVOICE
162.7 FEE BASIS UNAUTHORIZED CLAIMS	2	PATIENT	161	FEE BASIS PATIENT
	4	INSTITUTION	162	FEE BASIS PAYMENT
	161.2	FEE BASIS VENDOR	162.1	FEE BASIS PHARMACY INVOICE
	161.8	FEE BASIS PROGRAM	162.5	FEE BASIS INVOICE
	162.7	FEE BASIS UNAUTHORIZED CLAIMS	162.7	FEE BASIS UNAUTHORIZED CLAIMS
	162.91	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
	162.92	FEE BASIS UNAUTHORIZED CLAIMS STATUS		
	162.94	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS		
	200	NEW PERSON		
162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	162.7	FEE BASIS UNAUTHORIZED CLAIMS		
	162.93	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION		
	200	NEW PERSON		

162.91
FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS

162.7 FEE BASIS UNAUTHO-RIZED CLAIMS

File Flow Chart, cont.

FILE # and NAME	POINTS TO	POINTED TO BY
162.92 FEE BASIS UNAUTHO-RIZED CLAIMS STATUS	161.3 FEE BASIS LETTER	162.7 FEE BASIS UNAUTHO-RIZED CLAIMS
162.93 FEE BASIS UNAUTHORIZED REQUESTED INFORMATION		162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
162.94 FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS		162.7 FEE BASIS UNAUTHO-RIZED CLAIMS
162.95 FEE BASIS CHECK CANCELLATION REASON		162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.5 FEE BASIS INVOICE
163.85 FEE BASIS VA TYPE OF SERVICE		162 FEE BASIS PAYMENT

Templates

Input Templates

FILE #	TEMPLATE	DESCRIPTION
161	FBAA AUTHORIZATION	Enter medical authorization.
	FBAA REPORT OF CONTACT	Enter outpatient report of contact.
	FBNH EDIT AUTHORIZATION	Edit CNH authorization.
	FBNH ENTER AUTHORIZATION	Enter CNH authorization.
	FB UNAUTHORIZED UPDATE	Enter authorization based on discharge type of unauthorized claim.
	FB UNAUTHORIZED EDIT	If dispositioned claim has been reopened, this template is used to keep the authorization information in synch with the unauthorized claim.
	FB UNAUTHORIZED UPDATE1	Update authorization based on changes to unauthorized claim.
161.2	FBAA EDIT VENDOR	Edit Fee Basis vendor.
	FBAA NEW VENDOR	Enter new vendor.
	FB VENDOR UPDATE	Update Austin vendor information.
161.21	FBNH ENTER CONTRACT	Enter Contract Nursing Home contract information.

161.25	FBAA VENDOR MRA	Create a vendor MRA to send to Austin.
161.3	FBAA LETTERS	Enter suspension letters.
161.4	FBAA SITE PARAMETERS	Enter/Edit site parameters.

Input Templates, cont.

FILE #	TEMPLATE	DESCRIPTION
161.5	FBCH ADD ROC	Add CH report of contact.
	FBCH EDIT ROC	Edit CH report of contact.
	FBCH ENTER ROC	Enter CH report of contact.
161.7	FBAA BATCH EDIT	Edit a batch.
	FBAA MED IFCAP	Open a medical batch.
	FBAA PHARM IFCAP	Open a pharmacy batch.
	FBAA TRAV IFCAP	Open a travel batch.
	FB CH OPEN BATCH	Open a CH batch.
	FB CHNH OPEN BATCH	Open a CNH batch.
162.1	FBAA INVOICE EDIT	Edit a pharmacy invoice.
	FB ADD RX	Add a pharmacy prescription.
162.2	FBCH ENTER REQUEST	Enter a CH request/notification.
	FBCH REOPEN REQUEST	Reopen a CH request/notification.
162.4	FBCH EDIT 7078	Edit a CH 7078.
	FBCH ENTER 7078	Enter a CH 7078.
	FBNH ENTER 7078	Enter a CNH 7078.
162.5	FBCH EDIT PAYMENT	Edit a CH invoice.
	FBCH ENTER PAYMENT	Enter a CH invoice.
	FBNH EDIT PAYMENT	Edit a CNH invoice.
162.7	FBCH UNAUTHORIZED CLAIM	Enter a CH unauthorized claim.
	FB UNAUTHORIZED ENTER	Enter an unauthorized claim.
	FB UNAUTHORIZED UPDATE	Update certain unauthorized claims fields upon completion of enter/edit.
	FB UNAUTHORIZED EDIT	Modify/reopen an unauthorized claim.
	FB UNAUTHORIZED APPEAL	Initiate appeal of unauthorized claim.
	FB UNAUTHORIZED APPEAL EDIT	Edit unauthorized claim.
	FB UNAUTHORIZED COVA APPEAL	COVA appeal enter/edit.
	FB UNAUTHORIZED DISPOSITION	Disposition an unauthorized claim.
	FB UNAUTHORIZED PREVIOUS	Return previous values due to incomplete transaction.
	FB UNAUTHORIZED LETTER UPDATE	Update unauthorized claim with information regarding letter (used if not sending letters with software).
162.8	FB UNAUTHORIZED PENDING	Enter the appropriate information on pending unauthorized claim.
163.99	FBAA EDIT SCHEDULE	Edit Fee schedule.

Print Templates

FILE #	TEMPLATE	DESCRIPTION
161.7	FB BATCH LIST	List batch.
162.1	FBAA RX PENDING	Prescriptions pending pharmacy review.
162.2	FBCH PENDING REQUEST	Fee notifications/requests pending

		entitlement.
162.4	FBCH 7078 CANCEL	Listing of cancelled 7078s.
162.7	FBUC STATUS BY PATIENT	Status listing of unauthorized claims by patient.
	FBUC STATUS BY VENDOR	Status listing of unauthorized claims by vendor.

Sort Templates

FILE #	TEMPLATE	DESCRIPTION
161.7	FB BATCH LIST	List batch.
162.1	FBAA RX PENDING	Prescriptions pending pharmacy review.
162.2	FBCH PENDING REQUEST	Fee notifications/requests pending entitlement.
162.4	FBCH 7078 CANCEL	Listing of cancelled 7078s.
162.7	FBUC STATUS BY PATIENT	Status listing of unauthorized claims by patient.
	FBUC STATUS BY VENDOR	Status listing of unauthorized claims by vendor.

Changes to File #161 for FB*3.5*119 as part of Project ARCH

```
GLOBAL MAP DATA DICTIONARY #161 -- FEE BASIS PATIENT FILE
                                                    JUN 2,2011@07:51:27 PAGE 3
STORED IN ^FBAAA( (20 ENTRIES) SITE: HINES DEVELOPMENT UCI: DEV,DEV
(VERSION 3.5)
------------------------------------------------------------------------------
^FBAAA(D0,1,D1,100)= (#100) CLERK [1P:200] ^
^FBAAA(D0,1,D1,ADEL)= (#102) AUSTIN DELETE FLAG [1F] ^ (#103) DATE DELETE MRA
                      ==>TRANSMITTED [2D] ^
^FBAAA(D0,1,D1,C)= (#1) PRINT AUTHORIZATION (Y/N) [1F] ^
^FBAAA(D0,2,0)=^161.02D^^ (#2) REPORT OF CONTACT
^FBAAA(D0,2,D1,0)= (#.01) DATE OF CONTACT [1D] ^ (#1) VENDOR/PROVIDER [2F] ^
                  ==>(#1.5) VENDOR/PROVIDER TELEPHONE NO. [3F] ^ (#3) DX [4F] ^
                  ==>(#5) INPUT DATE [5D] ^ (#3.5) TYPE OF CONTACT [6S] ^
^FBAAA(D0,2,D1,1,0)=^161.04^^ (#2) NARRATIVE
^FBAAA(D0,2,D1,1,D2,0)= (#.01) NARRATIVE [1W] ^
^FBAAA(D0,2,D1,100)= (#100) CLERK [1P:200] ^
^FBAAA(D0,4)= (#.5) FEE ID CARD NUMBER [1F] ^ (#.6) FEE ID CARD ISSUE DATE
             ==>[2D] ^ (#.7) REASON FOR CARD NUMBER CHANGE [3F] ^ (#.65) FEE ID
             ==>CARD EXPIRATION DATE [4D] ^
^FBAAA(D0,ARCHFEE,0)=^161.011D^^ (#11) ARCH ELIGIBILITY
^FBAAA(D0,ARCHFEE,D1,0)= (#.01) ARCH ELIGIBILITY DATE [1D] ^ (#2) ARCH
                         ==>ELIGIBILITY [2S] ^
```

Changes to Fee Basis Invoice file (#162.5) for FB*3.5*121/FB*3.5*122 as part of Fee 5010 EDI

…partial DD…

```
^FBAAI(D0,2)= (#45) DATE PAID [1D] ^ (#46) VENDOR INVOICE DATE [2D] ^ (#47)
              ==>PROMPT PAY TYPE [3S] ^ (#48) CHECK NUMBER [4F] ^ (#49)
              ==>CANCELLATION DATE [5D] ^ (#50) REASON CODE [6P:162.95] ^ (#51)
              ==>CANCELLATION ACTIVITY [7S] ^ (#52) DISBURSED AMOUNT [8N] ^
              ==>(#53) INTEREST AMOUNT [9N] ^ (#54) COVERED DAYS [10N] ^ (#55)
              ==>PATIENT CONTROL NUMBER [11F] ^ (#24.5) DRG WEIGHT [12N] ^
              ==>(#61) ROUTING NUMBER [13F] ^ (#62) ACCOUNT NUMBER [14F] ^
              ==>(#63) FINANCIAL INSTITUTION [15F]

^FBAAI(D0,4)= (#64) ATTENDING PROV NAME [1F] ^ (#65) ATTENDING PROV NPI [2F]
```

```
           ==>^ (#66) ATTENDING PROV TAXONOMY CODE [3F] ^ (#67) OPERATING
           ==>PROV NAME [4F] ^ (#68) OPERATING PROV NPI [5F] ^ (#69)
           ==>RENDERING PROV NAME [6F] ^ (#70) RENDERING PROV NPI [7F] ^
           ==>(#71) RENDERING PROV TAXONOMY CODE [8F] ^ (#72) SERVICING PROV
           ==>NAME [9F] ^ (#73) SERVICING PROV NPI [10F] ^ (#74) REFERRING
           ==>PROV NAME [11F] ^ (#75) REFERRING PROV NPI [12F] ^
^FBAAI(D0,5)= (#80) SERVICING FACILITY ADDRESS [1F] ^ (#81) SERVICING
           ==>FACILITY CITY [2F] ^ (#82) SERVICING FACILITY STATE [3P:5] ^
           ==>(#83) SERVICING FACILITY ZIP [4F] ^

^FBAAI(D0,RPROV,0)=^162.579^^  (#79) LINE ITEM RENDERING PROV
^FBAAI(D0,RPROV,D1,0)=(#.01) LINE ITEM NUMBER [1N] ^ (#.02) RENDERING
                     ==>PROV NAME [2F] ^ (#.03) RENDERING PROV NPI [3F]
                     ==>RENDERING PROV TAXONOMY CODE [4F]
```

Changes to Fee Basis Site Parameters file (#161.4) for FB*3.5*121 as part of Fee 5010 EDI

…partial DD…

```
^FBAA(161.4,D0,2)= (#36) FPPS TRANSMIT START [1D] ^ (#37) FPPS TRANSMIT END
                ==>[2D]
```

Changes to Fee Basis Vendor file (#161.2) for FB*3.5*121 as part of Fee 5010 EDI

…partial DD…

```
^FBAAV(D0,3)=  ^ (#41.01) NPI [2F] ^ (#42) TAXONOMY CODE [3F]
```

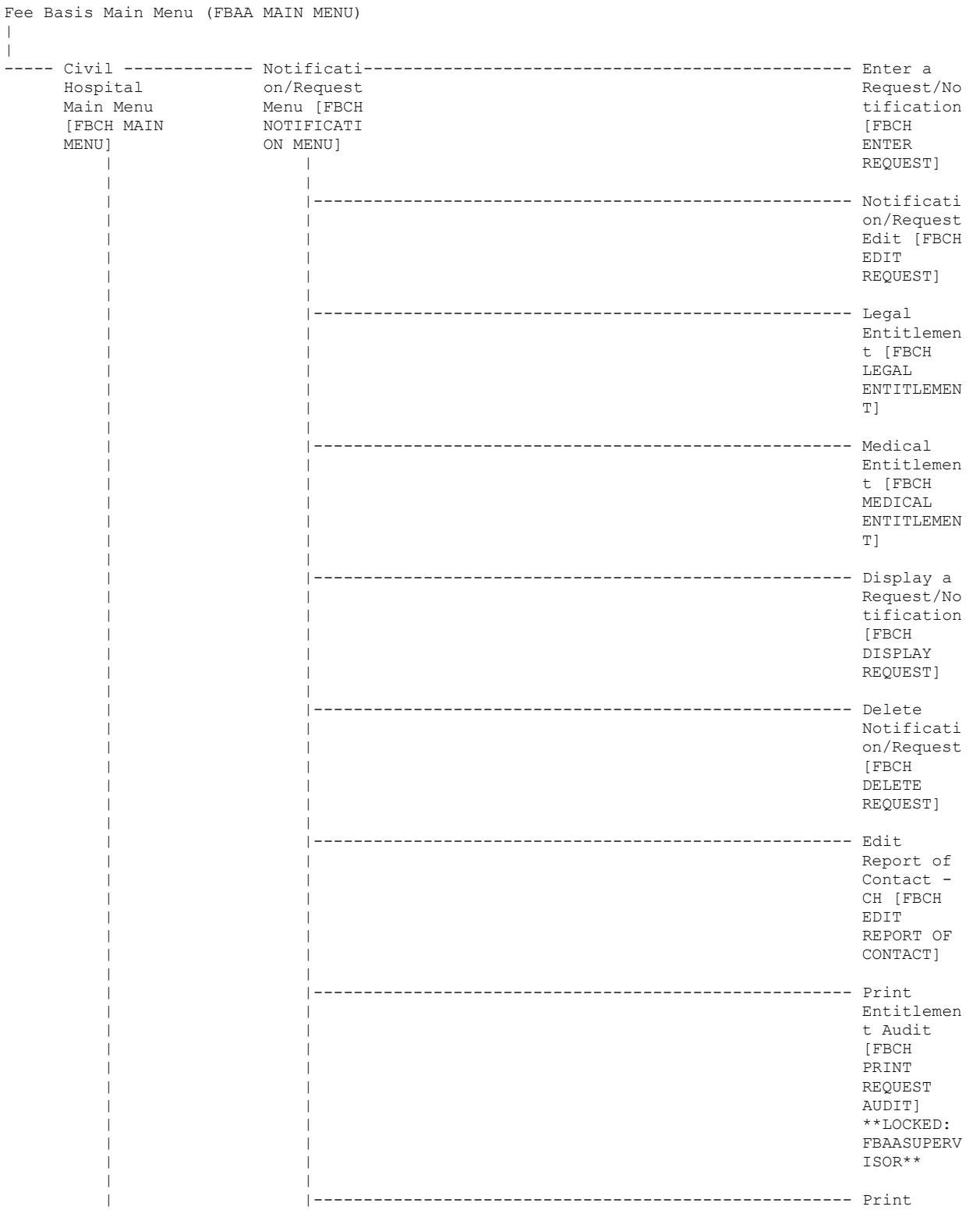
Changes to Fee Basis Payment file (#162) for FB*3.5*121/FB*3.5*133 as part of Fee 5010 EDI

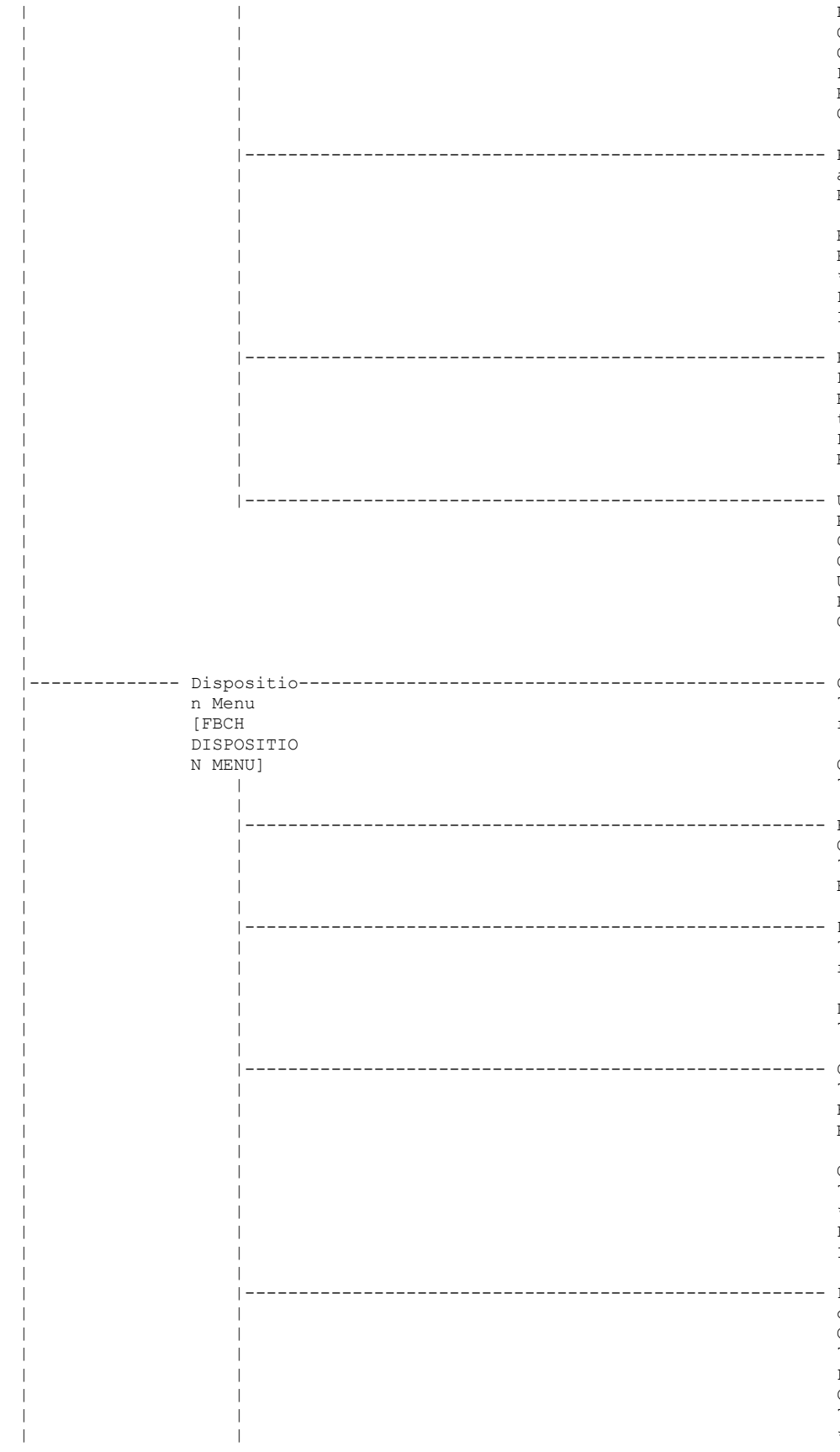
…partial DD…

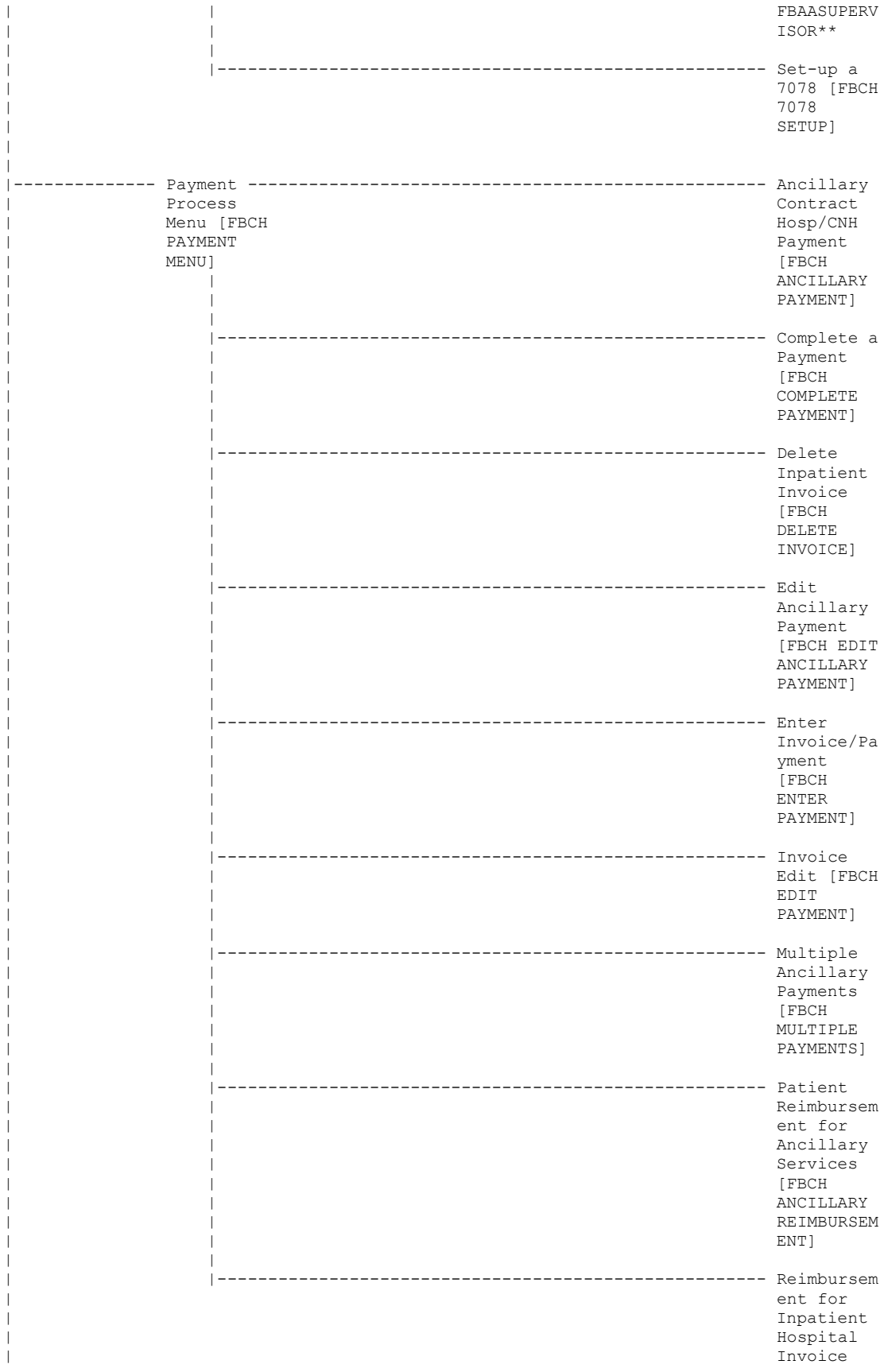
```
FBAAC(D0,1,D1,1,D2,1,D3,2)= (#33) VENDOR INVOICE DATE [1D] ^ (#34) PROMPT
                           ==>PAY TYPE [2S] ^ (#35) CHECK NUMBER [3F] ^ (#36)
                           ==>CANCELLATION DATE [4D] ^ (#37) REASON CODE
                           ==>[5P:162.95] ^ (#38) CANCELLATION ACTIVITY [6S] ^
                           ==> ^ (#40) DISBURSED AMOUNT [8N] ^ (#41) INTEREST
                           ==>AMOUNT [9N] ^ (#42) SITE OF SERVICE ZIP CODE
                           ==>[10F] ^ (#43) ANESTHESIA TIME (MINUTES) [11N] ^
                           ==>(#44) FEE SCHEDULE AMOUNT [12N] ^ (#45) FEE
                           ==>SCHEDULE [13S] ^ (#47) UNITS PAID [14N] ^ (#48)
                           ==>REVENUE CODE [15P:399.2] ^ (#49) PATIENT ACCOUNT
                           ==>NUMBER [16F] ^ (#55) ROUTING NUMBER [17F] ^
                           ==>(#56) ACCOUNT NUMBER [18F] ^ (#57) FINANCIAL
                           ==>INSTITUTION [19F] ^
^FBAAC(D0,1,D1,1,D2,1,D3,3)= (#50) FPPS CLAIM ID [1F] ^ (#51) FPPS LINE ITEM
                           ==>[2F] ^ (#73) LI RENDERING PROV NAME [3F] ^ (#74)
                           ==>LI RENDERING PROV NPI [4F] ^ (#75) LI RENDERING
                           ==>PROV TAXONOMY [5F] ^
^FBAAC(D0,1,D1,1,D2,1,D3,4)= (#58) ATTENDING PROV NAME [1F] ^ (#59) ATTENDING
                           ==>PROV NPI [2F] ^ (#60) ATTENDING PROV TAXONOMY
                           ==>CODE [3F] ^ (#61) OPERATING PROV NAME [4F] ^
                           ==>(#62) OPERATING PROV NPI [5F] ^ (#63) RENDERING
                           ==>PROV NAME [6F] ^ (#64) RENDERING PROV NPI [7F] ^
                           ==>(#65) RENDERING PROV TAXONOMY CODE [8F] ^ (#66)
                           ==>SERVICING PROV NAME [9F] ^ (#67) SERVICING PROV
                           ==>NPI [10F] ^ (#68) REFERRING PROV NAME [11F] ^
                           ==>(#69) REFERRING PROV NPI [12F] ^
^FBAAC(D0,1,D1,1,D2,1,D3,5)= (#76) SERVICING FACILITY ADDRESS [1F] ^ (#77)
                           ==>SERVICING FACILITY CITY [2F] ^ (#78) SERVICING
                           ==>FACILITY STATE [3P:5] ^ (#79) SERVICING FACILITY
                           ==>ZIP [4F] ^
```

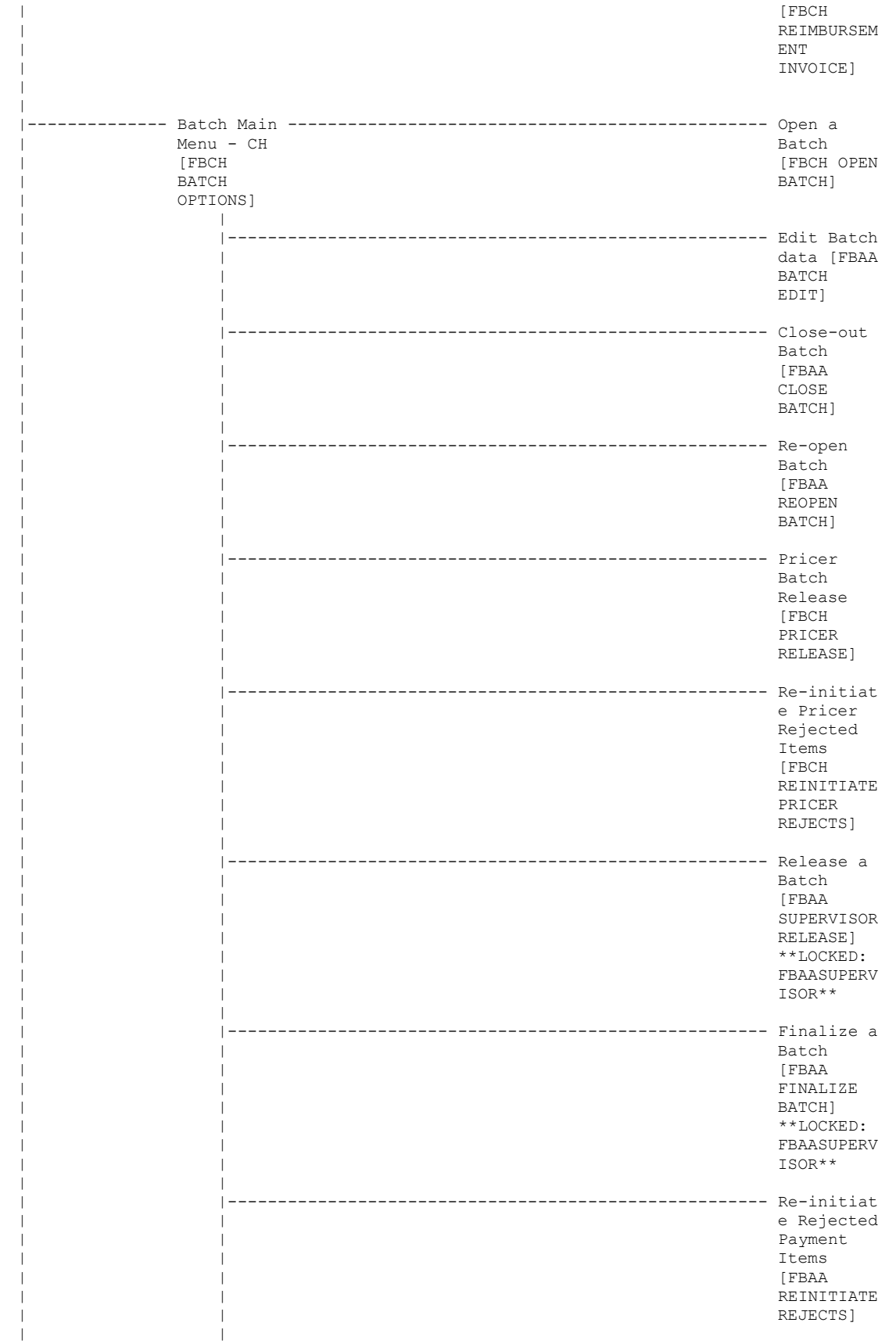
Exported Options

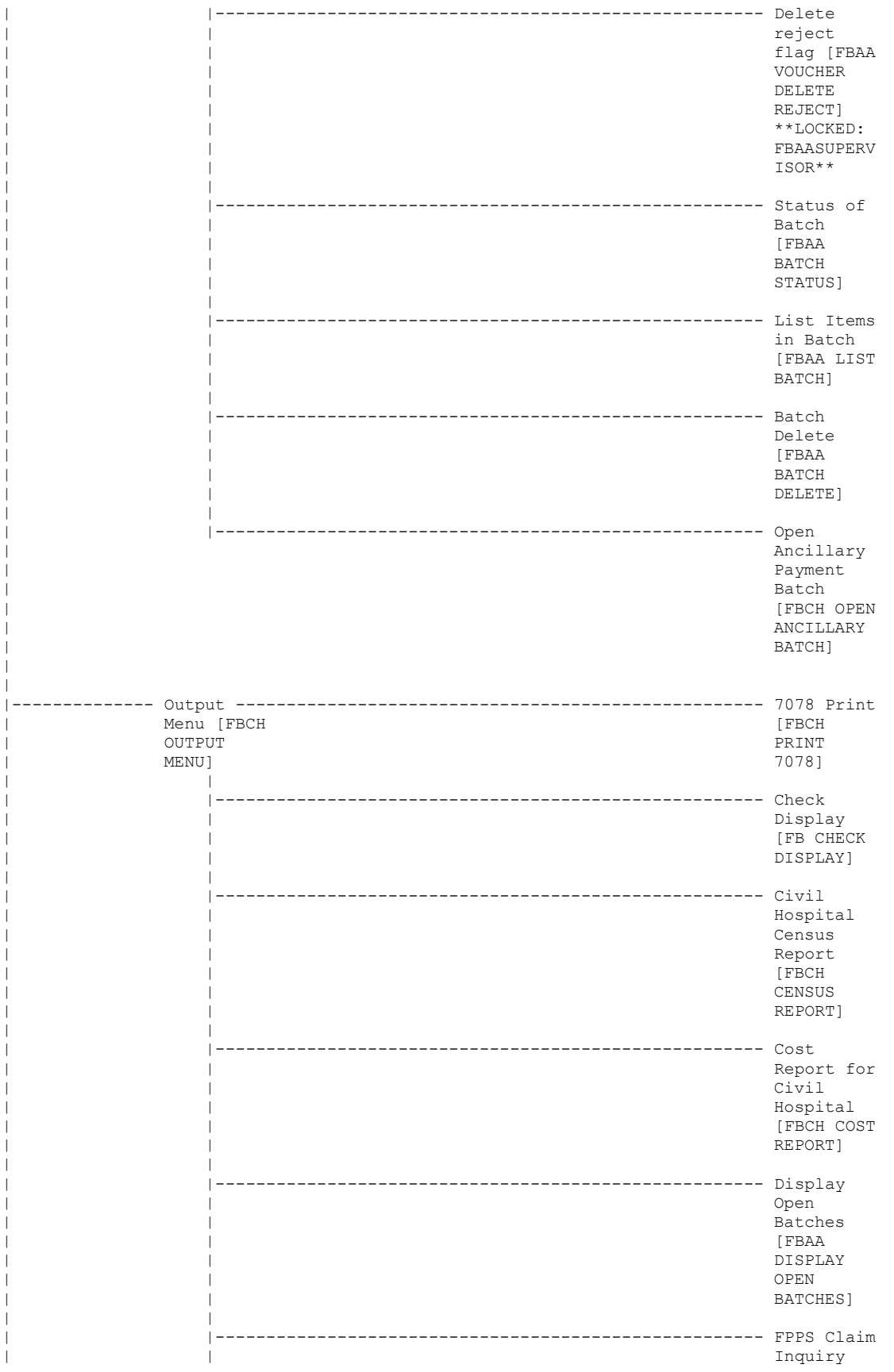
Menu Diagram

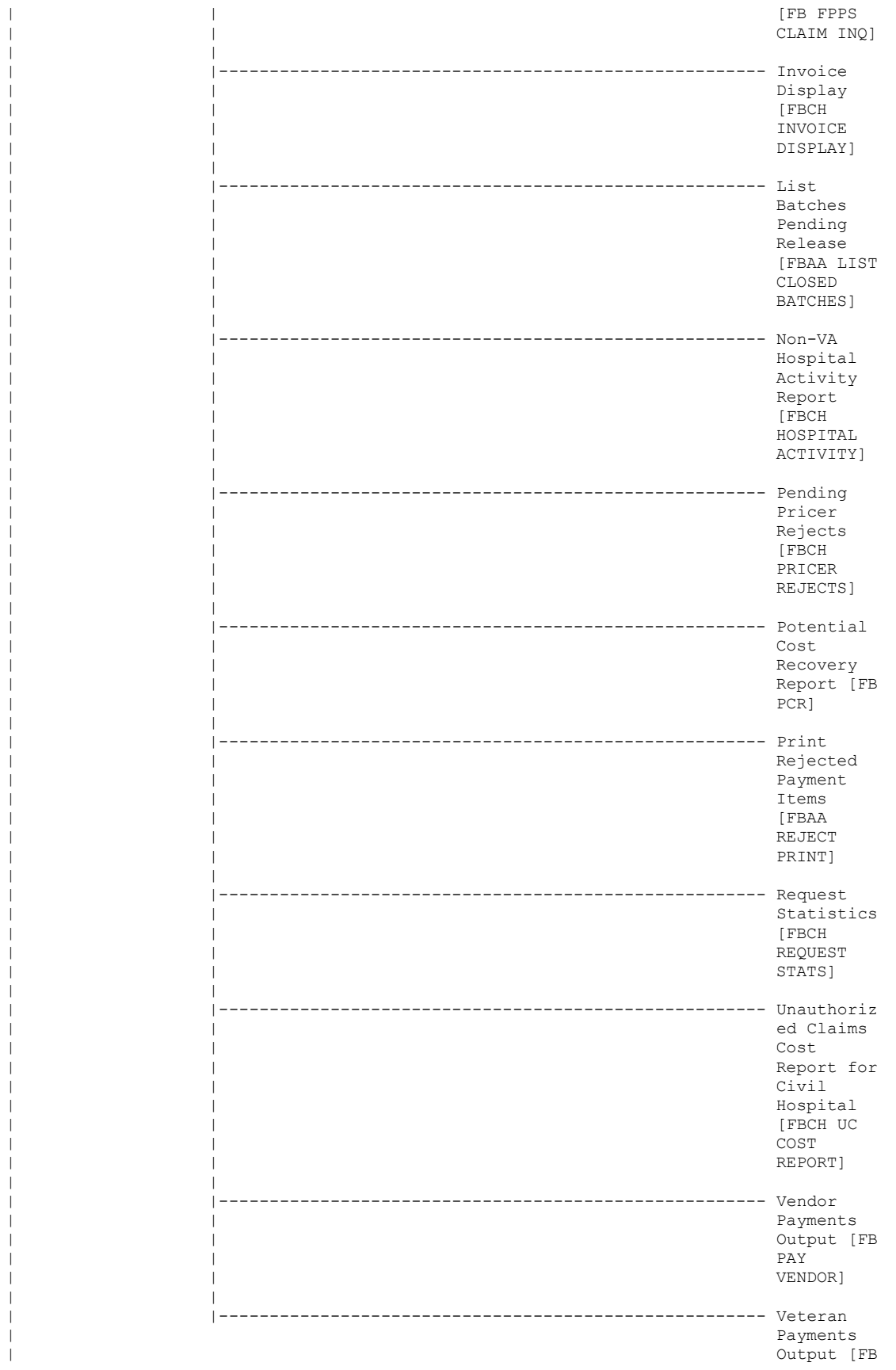


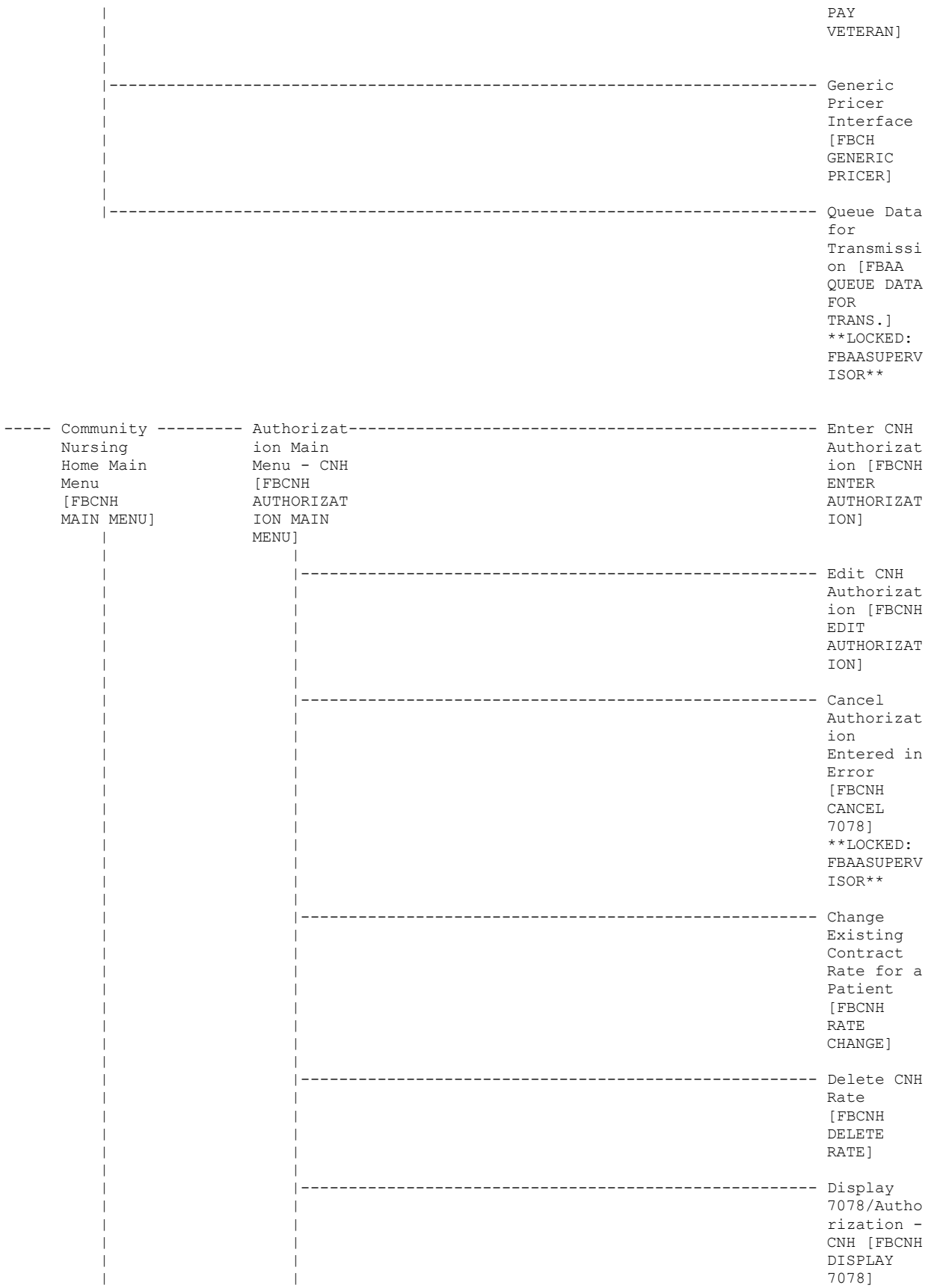

Report of Contact - CH [FBCH PRINT REPORT OF CONTACT]
Reconsider a Denied Request [FBCH REOPEN REQUEST] **LOCKED: FBAASUPERVISOR**
Requests Pending Entitlement [FBCH PENDING REQUEST]
Update Report of Contact - CH [FBCH UPDATE REPORT OF CONTACT]
Disposition Menu [FBCH DISPOSITION MENU]
Complete 7078/Authorization [FBCH COMPLETE 7078]
Edit Completed 7078 [FBCH EDIT 7078]
Display 7078/Authorization [FBCH DISPLAY 7078]
Cancel 7078 Entered in Error [FBCH CANCEL 7078] **LOCKED: FBAASUPERVISOR**
Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078] **LOCKED:


FBAASUPERVISOR**
Set-up a 7078 [FBCH 7078 SETUP]
Payment Process Menu [FBCH PAYMENT MENU]
Ancillary Contract Hosp/CNH Payment [FBCH ANCILLARY PAYMENT]
Complete a Payment [FBCH COMPLETE PAYMENT]
Delete Inpatient Invoice [FBCH DELETE INVOICE]
Edit Ancillary Payment [FBCH EDIT ANCILLARY PAYMENT]
Enter Invoice/Payment [FBCH ENTER PAYMENT]
Invoice Edit [FBCH EDIT PAYMENT]
Multiple Ancillary Payments [FBCH MULTIPLE PAYMENTS]
Patient Reimbursement for Ancillary Services [FBCH ANCILLARY REIMBURSEMENT]
Reimbursement for Inpatient Hospital Invoice

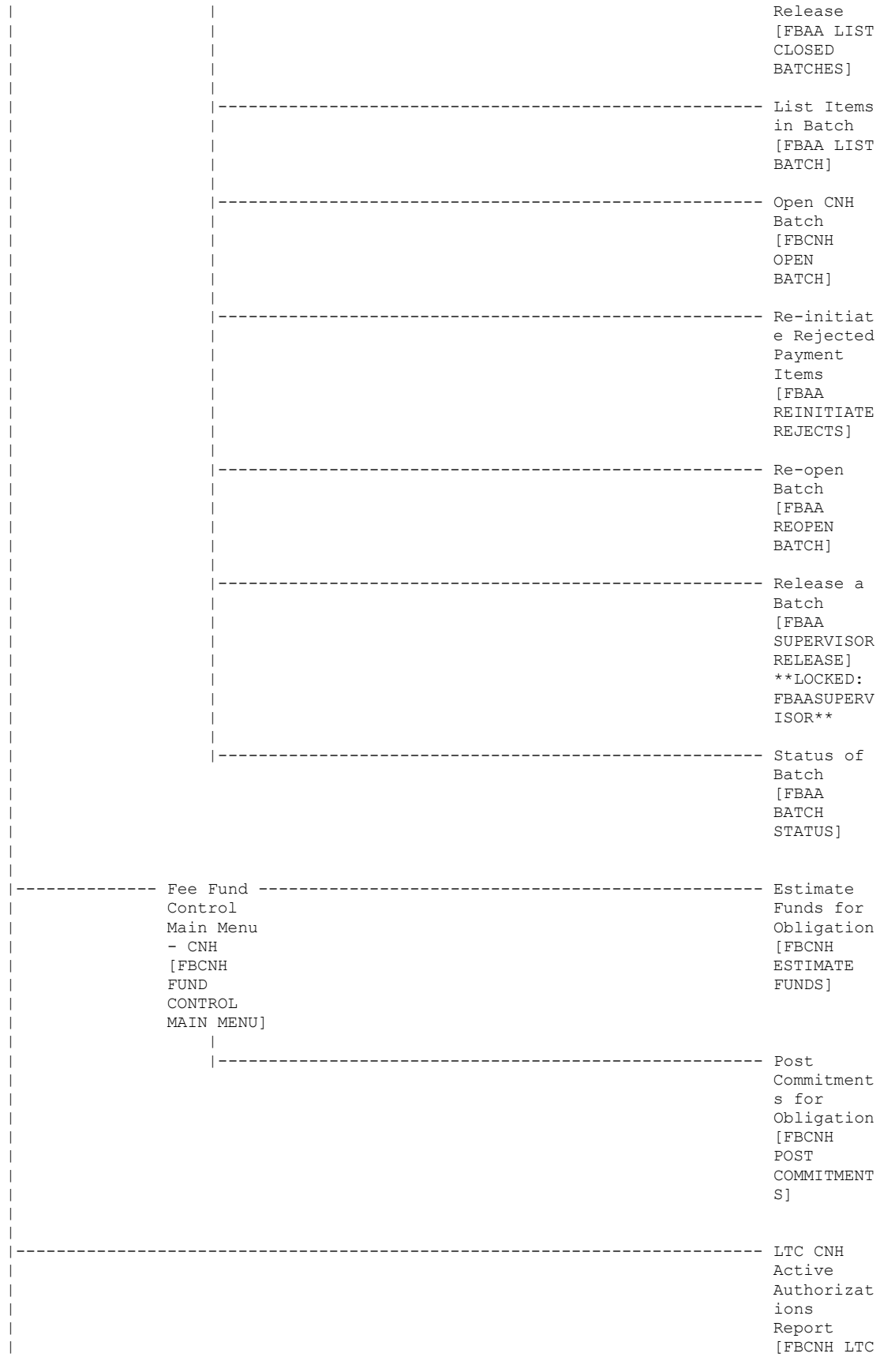

[FBCH REIMBURSEMENT INVOICE]
Batch Main Menu - CH [FBCH BATCH OPTIONS]
Open a Batch [FBCH OPEN BATCH]
Edit Batch data [FBAA BATCH EDIT]
Close-out Batch [FBAA CLOSE BATCH]
Re-open Batch [FBAA REOPEN BATCH]
Pricer Batch Release [FBCH PRICER RELEASE]
Re-initiate Pricer Rejected Items [FBCH REINITIATE PRICER REJECTS]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Finalize a Batch [FBAA FINALIZE BATCH] **LOCKED: FBAASUPERVISOR**
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]

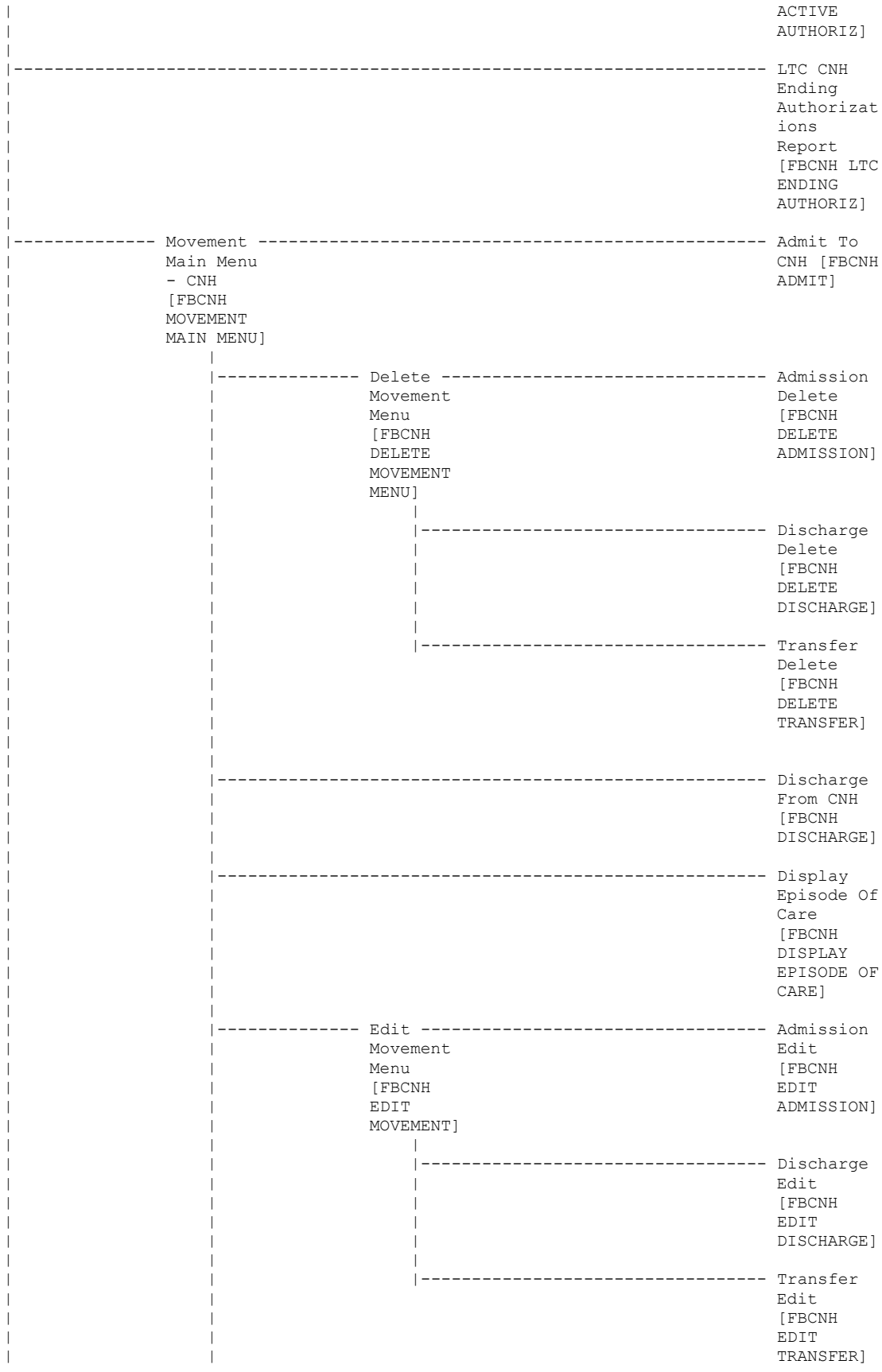

Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERVISOR**
Status of Batch [FBAA BATCH STATUS]
List Items in Batch [FBAA LIST BATCH]
Batch Delete [FBAA BATCH DELETE]
Open Ancillary Payment Batch [FBCH OPEN ANCILLARY BATCH]
Output Menu [FBCH OUTPUT MENU]
7078 Print [FBCH PRINT 7078]
Check Display [FB CHECK DISPLAY]
Civil Hospital Census Report [FBCH CENSUS REPORT]
Cost Report for Civil Hospital [FBCH COST REPORT]
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
FPPS Claim Inquiry

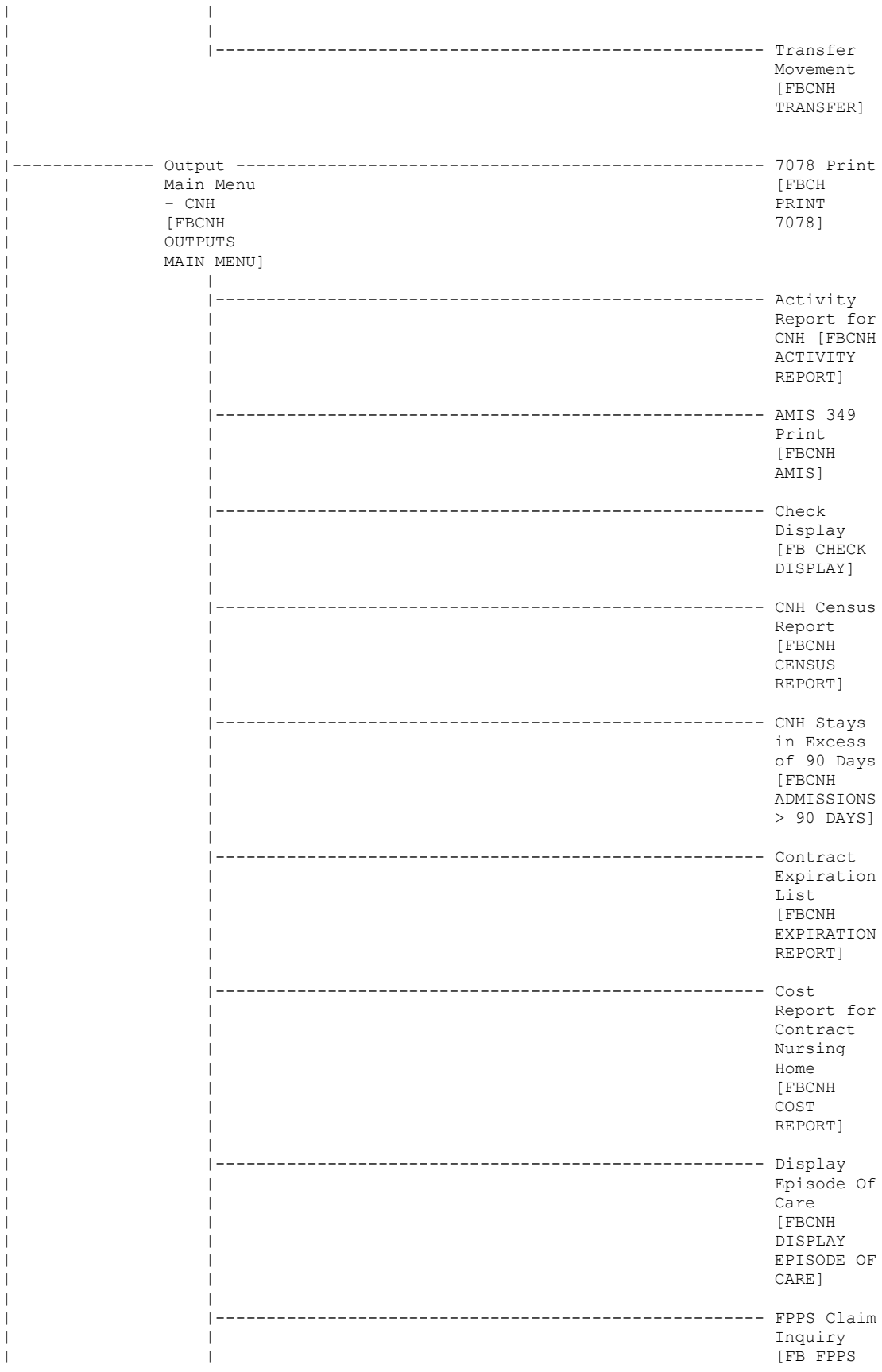

[FB FPPS CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
Non-VA Hospital Activity Report [FBCH HOSPITAL ACTIVITY]
Pending Pricer Rejects [FBCH PRICER REJECTS]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
Request Statistics [FBCH REQUEST STATS]
Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB

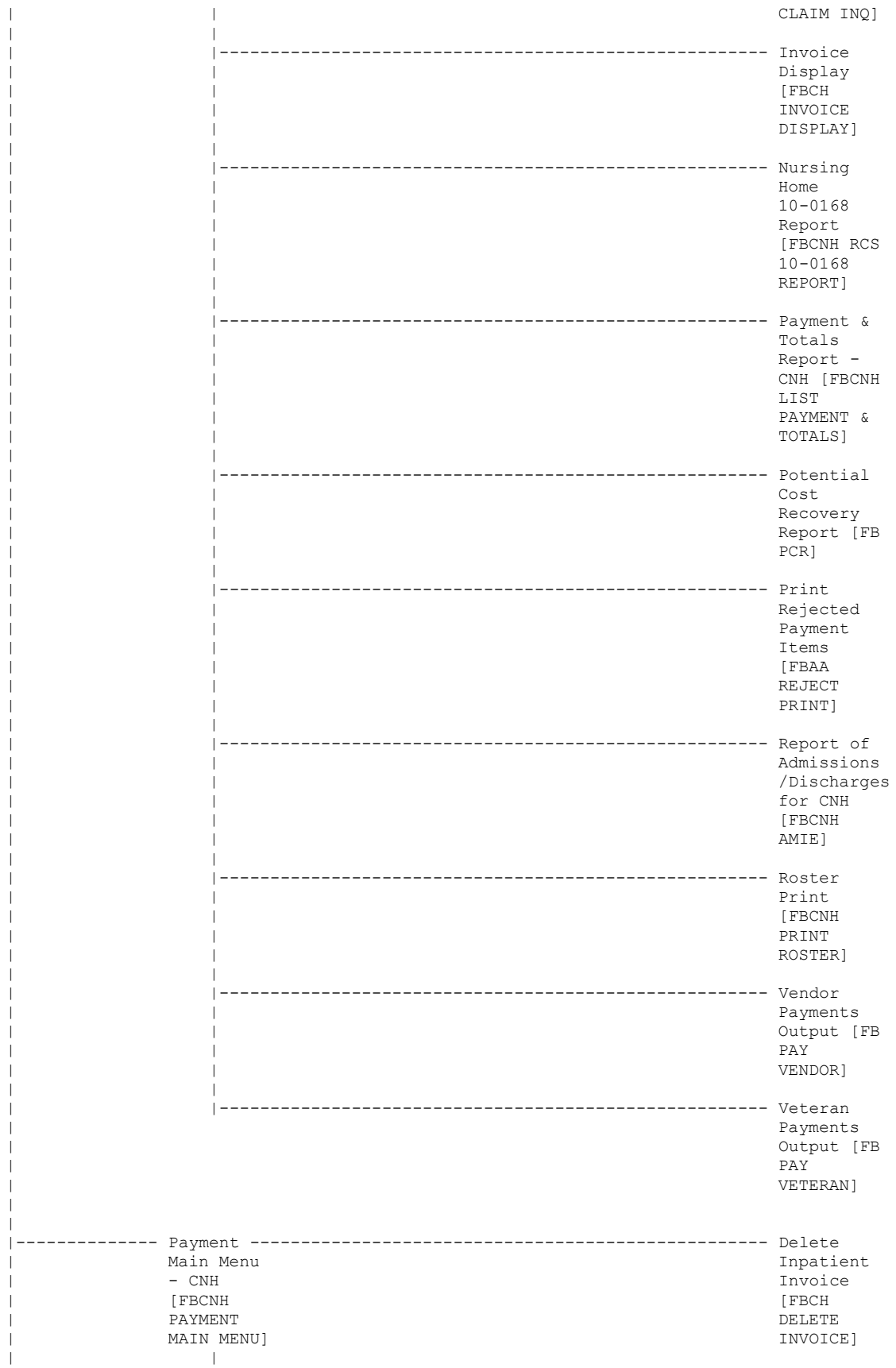

PAY VETERAN]
Generic Pricer Interface [FBCH GENERIC PRICER]
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.] **LOCKED: FBAASUPERVISOR**
Community Nursing Home Main Menu [FBCNH MAIN MENU]
Authorization Main Menu - CNH [FBCNH AUTHORIZATION MAIN MENU]
Enter CNH Authorization [FBCNH ENTER AUTHORIZATION]
Edit CNH Authorization [FBCNH EDIT AUTHORIZATION]
Cancel Authorization Entered in Error [FBCNH CANCEL 7078] **LOCKED: FBAASUPERVISOR**
Change Existing Contract Rate for a Patient [FBCNH RATE CHANGE]
Delete CNH Rate [FBCNH DELETE RATE]
Display 7078/Authorization - CNH [FBCNH DISPLAY 7078]

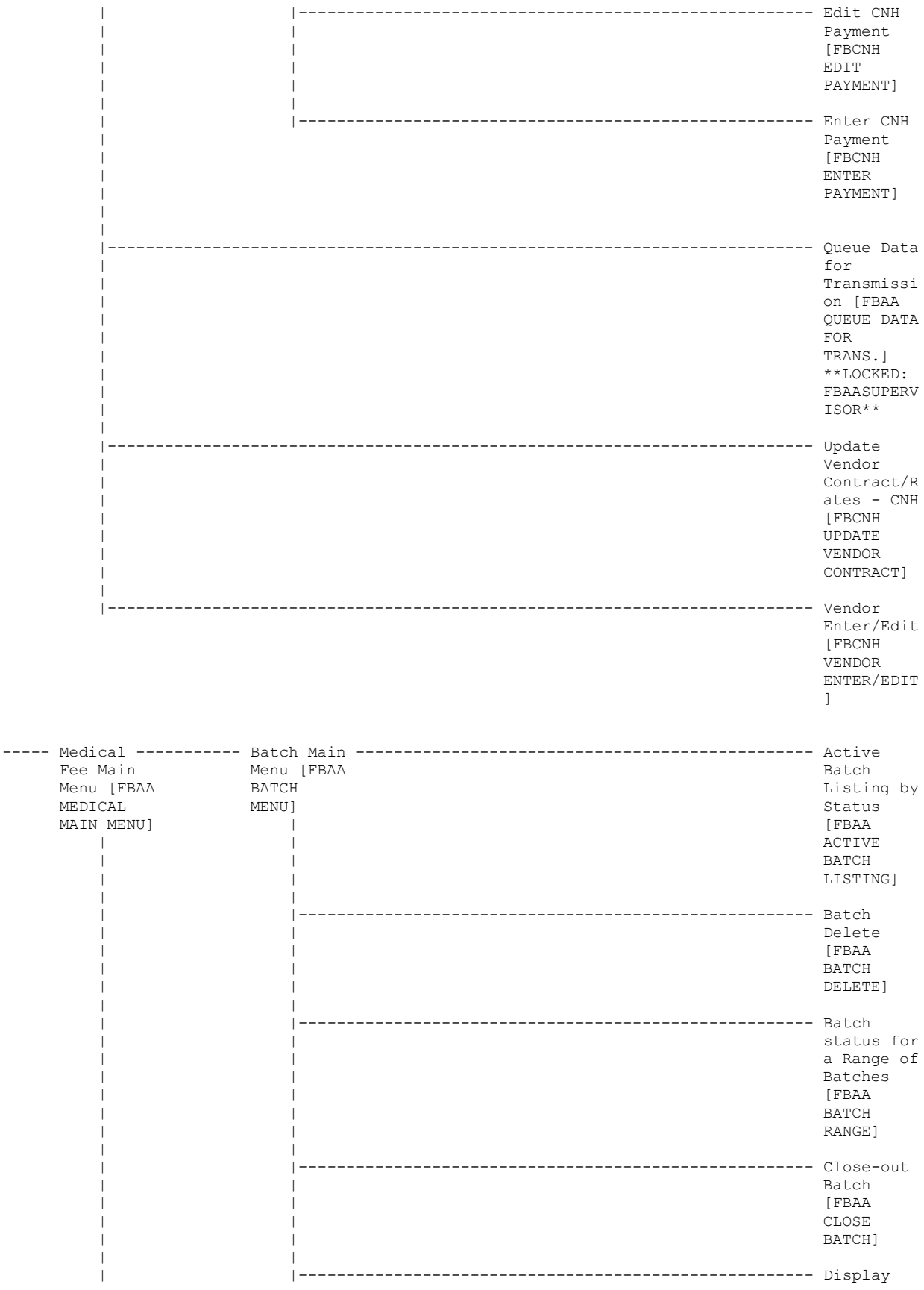
Enter Veteran Rates under new Vendor Contract [FBCNH ENTER VETERAN RATES]
Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078] **LOCKED: FBAASUPERVISOR**
Batch Main Menu - CNH [FBCNH BATCH MAIN MENU]
Batch Delete [FBAA BATCH DELETE]
Close-out Batch [FBAA CLOSE BATCH]
Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERVISOR**
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
Edit Batch data [FBAA BATCH EDIT]
Finalize a Batch [FBAA FINALIZE BATCH] **LOCKED: FBAASUPERVISOR**
List Batches Pending

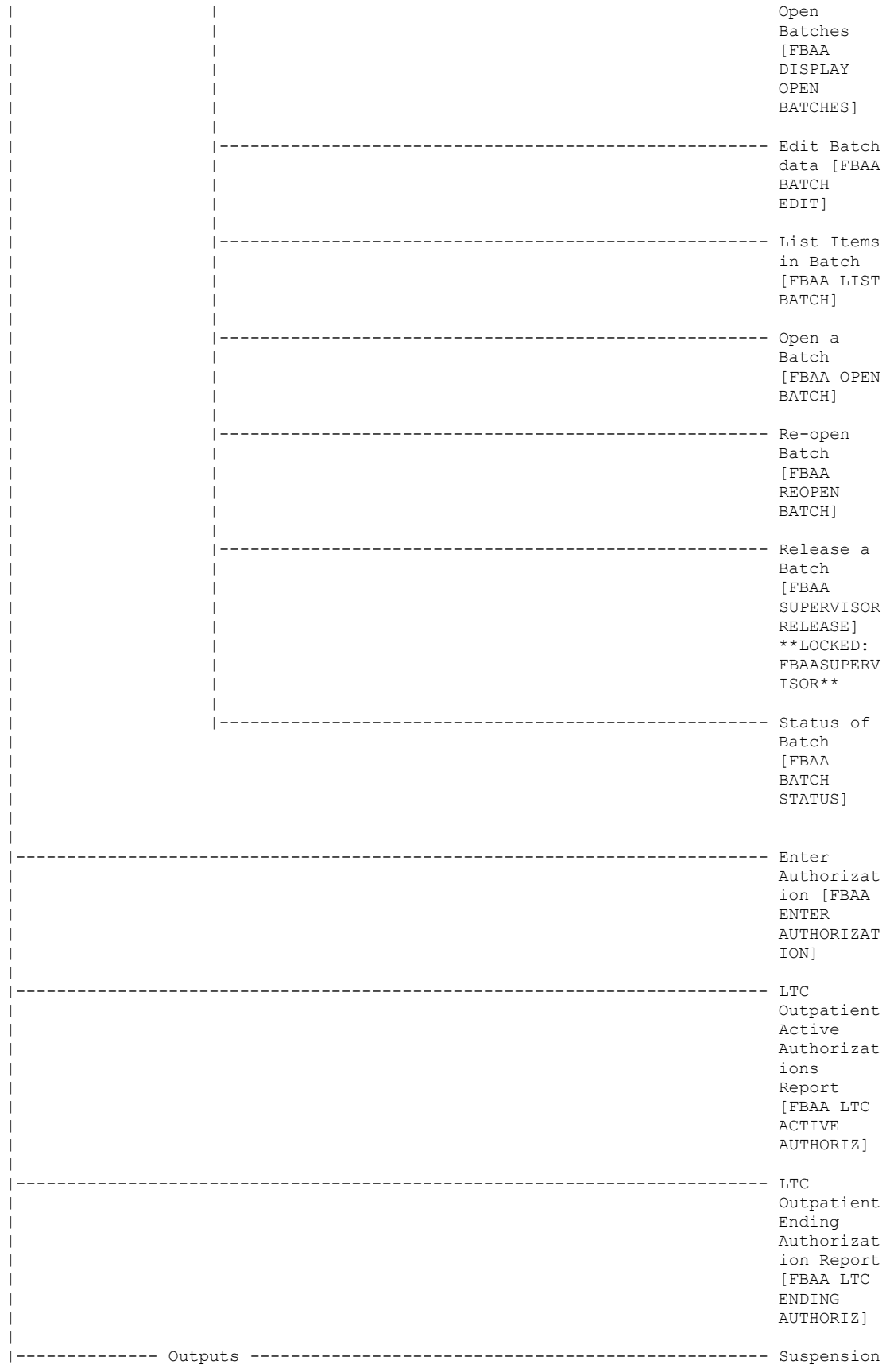

Release [FBAA LIST CLOSED BATCHES]
List Items in Batch [FBAA LIST BATCH]
Open CNH Batch [FBCNH OPEN BATCH]
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Status of Batch [FBAA BATCH STATUS]
Fee Fund Control Main Menu - CNH [FBCNH FUND CONTROL MAIN MENU]
Estimate Funds for Obligation [FBCNH ESTIMATE FUNDS]
Post Commitments for Obligation [FBCNH POST COMMITMENTS]
LTC CNH Active Authorizations Report [FBCNH LTC

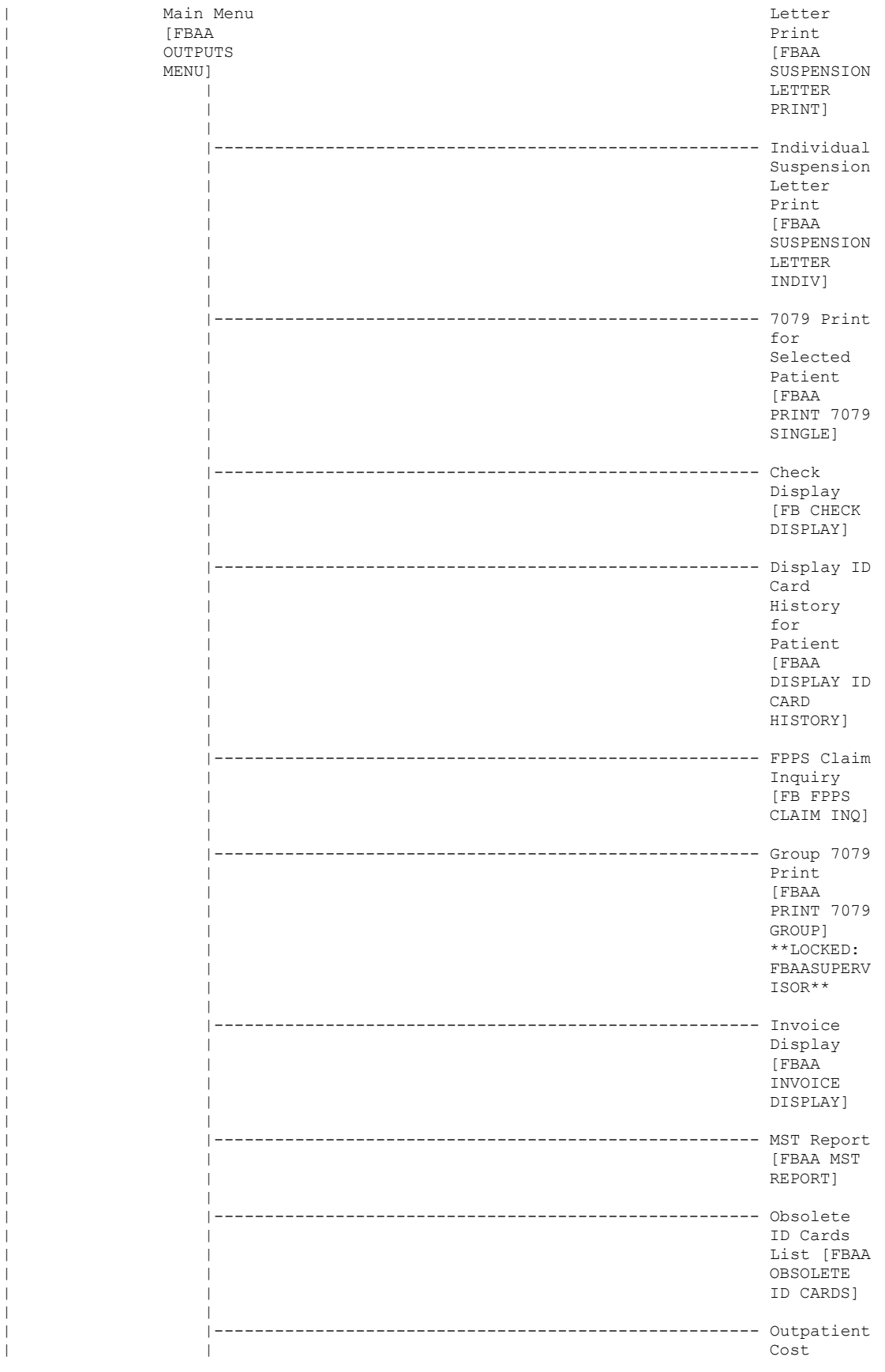

ACTIVE AUTHORIZ]
LTC CNH Ending Authorizations Report [FBCNH LTC ENDING AUTHORIZ]
Movement Main Menu - CNH [FBCNH MOVEMENT MAIN MENU]
Admit To CNH [FBCNH ADMIT]
Delete Movement Menu [FBCNH DELETE MOVEMENT MENU]
Admission Delete [FBCNH DELETE ADMISSION]
Discharge Delete [FBCNH DELETE DISCHARGE]
Transfer Delete [FBCNH DELETE TRANSFER]
Discharge From CNH [FBCNH DISCHARGE]
Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
Edit Movement Menu [FBCNH EDIT MOVEMENT]
Admission Edit [FBCNH EDIT ADMISSION]
Discharge Edit [FBCNH EDIT DISCHARGE]
Transfer Edit [FBCNH EDIT TRANSFER]

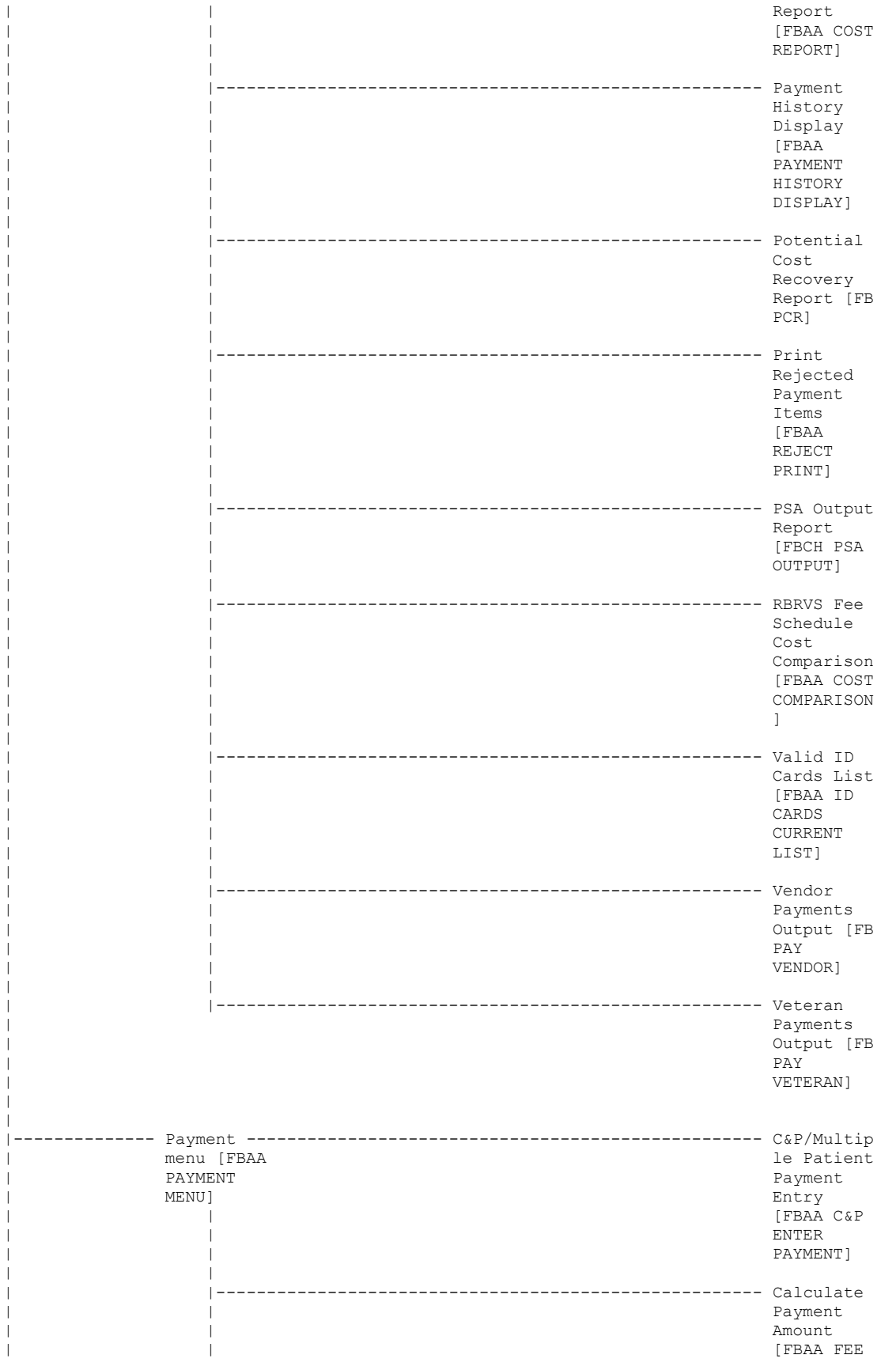

Transfer Movement [FBCNH TRANSFER]
Output Main Menu - CNH [FBCNH OUTPUTS MAIN MENU]
7078 Print [FBCH PRINT 7078]
Activity Report for CNH [FBCNH ACTIVITY REPORT]
AMIS 349 Print [FBCNH AMIS]
Check Display [FB CHECK DISPLAY]
CNH Census Report [FBCNH CENSUS REPORT]
CNH Stays in Excess of 90 Days [FBCNH ADMISSIONS > 90 DAYS]
Contract Expiration List [FBCNH EXPIRATION REPORT]
Cost Report for Contract Nursing Home [FBCNH COST REPORT]
Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
FPPS Claim Inquiry [FB FPPS

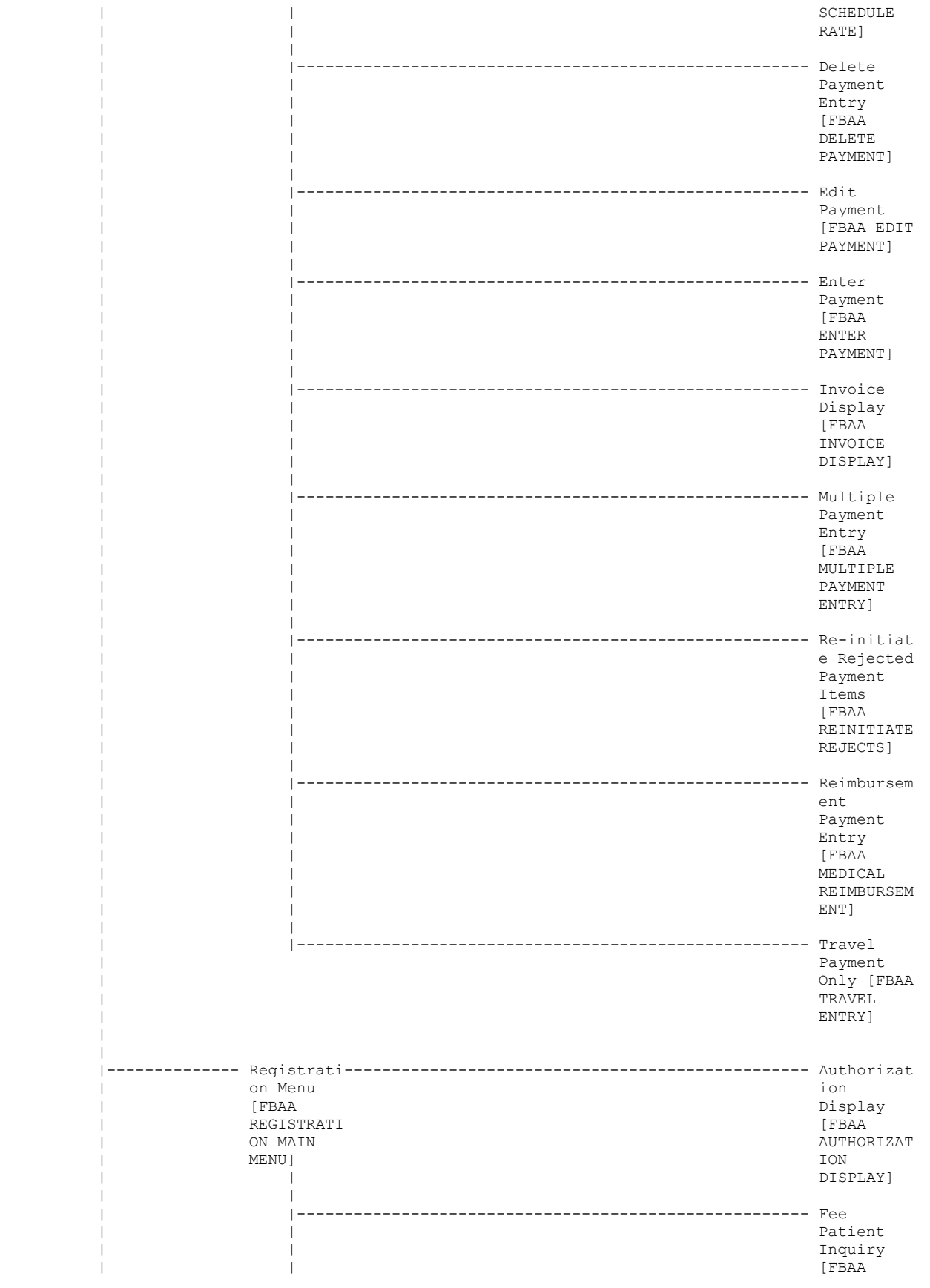

CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
Nursing Home 10-0168 Report [FBCNH RCS 10-0168 REPORT]
Payment & Totals Report - CNH [FBCNH LIST PAYMENT & TOTALS]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
Report of Admissions /Discharges for CNH [FBCNH AMIE]
Roster Print [FBCNH PRINT ROSTER]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Payment Main Menu - CNH [FBCNH PAYMENT MAIN MENU]
Delete Inpatient Invoice [FBCH DELETE INVOICE]


Edit CNH Payment [FBCNH EDIT PAYMENT]
Enter CNH Payment [FBCNH ENTER PAYMENT]
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.] **LOCKED: FBAASUPERVISOR**
Update Vendor Contract/Rates - CNH [FBCNH UPDATE VENDOR CONTRACT]
Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
----- Medical ----------- Fee Main Menu [FBAA MEDICAL MAIN MENU]
Batch Main Menu [FBAA BATCH MENU]
Active Batch Listing by Status [FBAA ACTIVE BATCH LISTING]
Batch Delete [FBAA BATCH DELETE]
Batch status for a Range of Batches [FBAA BATCH RANGE]
Close-out Batch [FBAA CLOSE BATCH]
Display

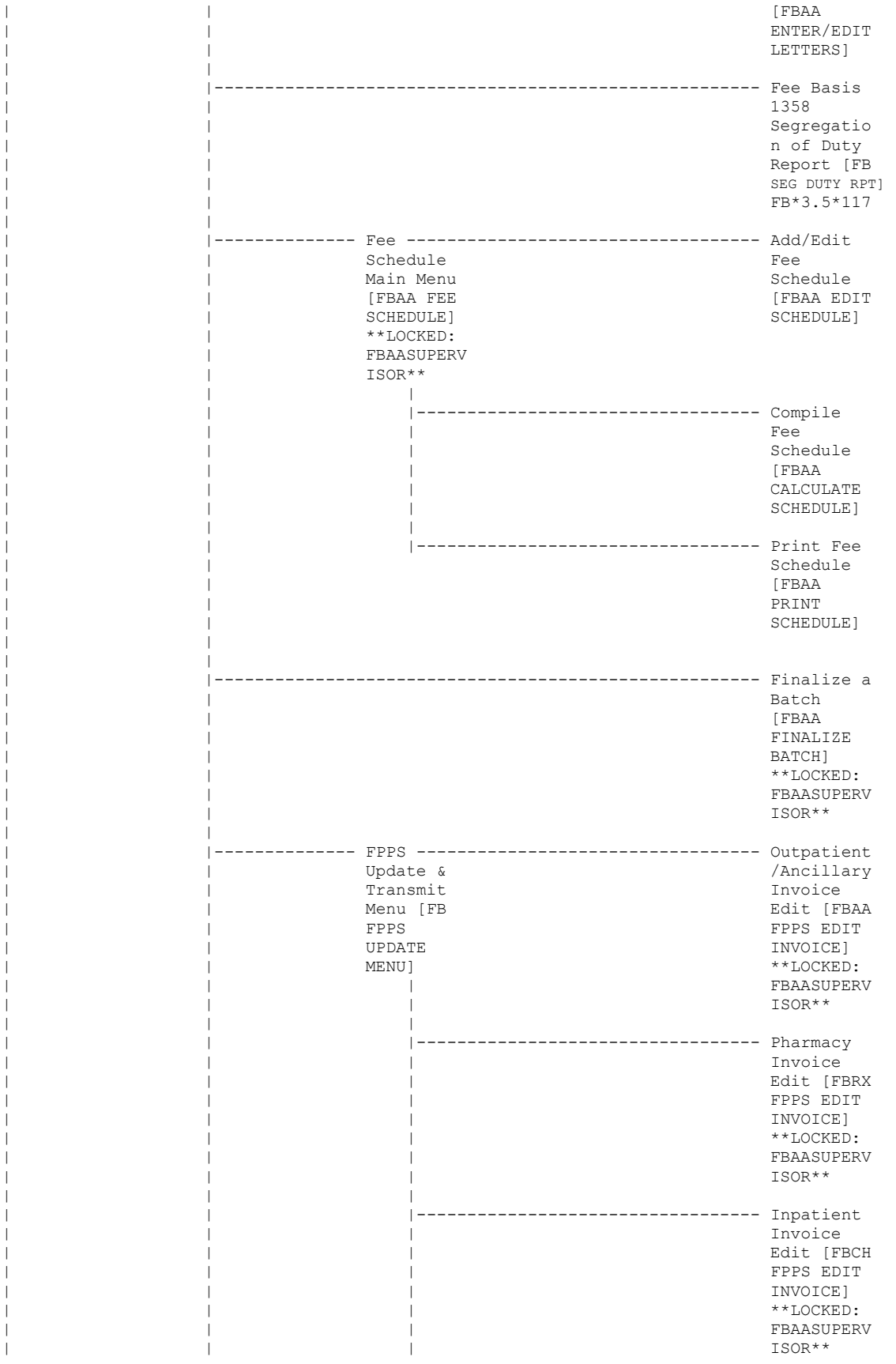

Open Batches [FBAA DISPLAY OPEN BATCHES]
Edit Batch data [FBAA BATCH EDIT]
List Items in Batch [FBAA LIST BATCH]
Open a Batch [FBAA OPEN BATCH]
Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Status of Batch [FBAA BATCH STATUS]
Enter Authorization [FBAA ENTER AUTHORIZATION]
LTC Outpatient Active Authorizations Report [FBAA LTC ACTIVE AUTHORIZ]
LTC Outpatient Ending Authorization Report [FBAA LTC ENDING AUTHORIZ]
Outputs
Suspension

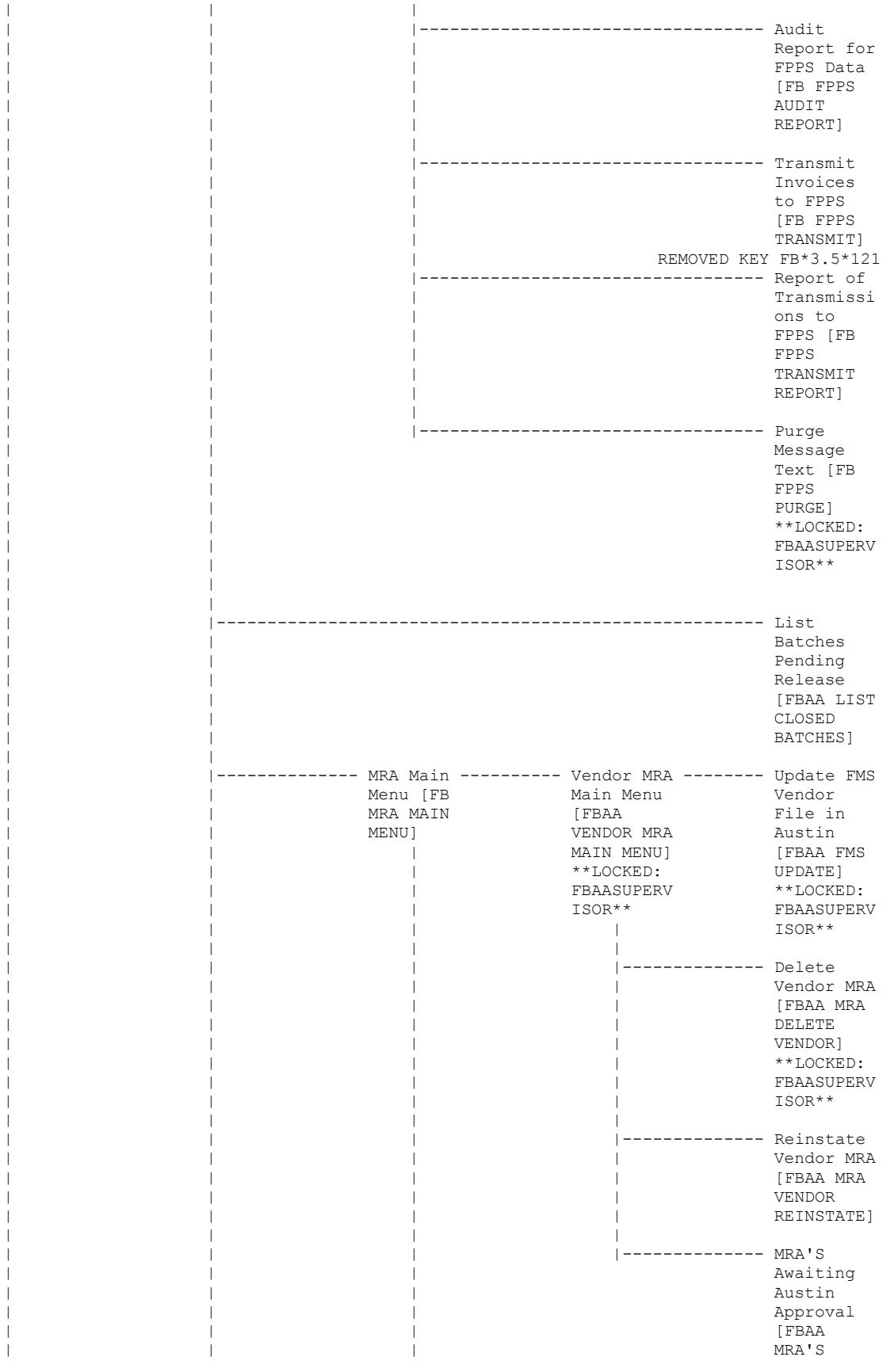

Main Menu [FBAA OUTPUTS MENU]
Letter Print [FBAA SUSPENSION LETTER PRINT]
Individual Suspension Letter Print [FBAA SUSPENSION LETTER INDIV]
7079 Print for Selected Patient [FBAA PRINT 7079 SINGLE]
Check Display [FB CHECK DISPLAY]
Display ID Card History for Patient [FBAA DISPLAY ID CARD HISTORY]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Group 7079 Print [FBAA PRINT 7079 GROUP] **LOCKED: FBAASUPERVISOR**
Invoice Display [FBAA INVOICE DISPLAY]
MST Report [FBAA MST REPORT]
Obsolete ID Cards List [FBAA OBSOLETE ID CARDS]
Outpatient Cost

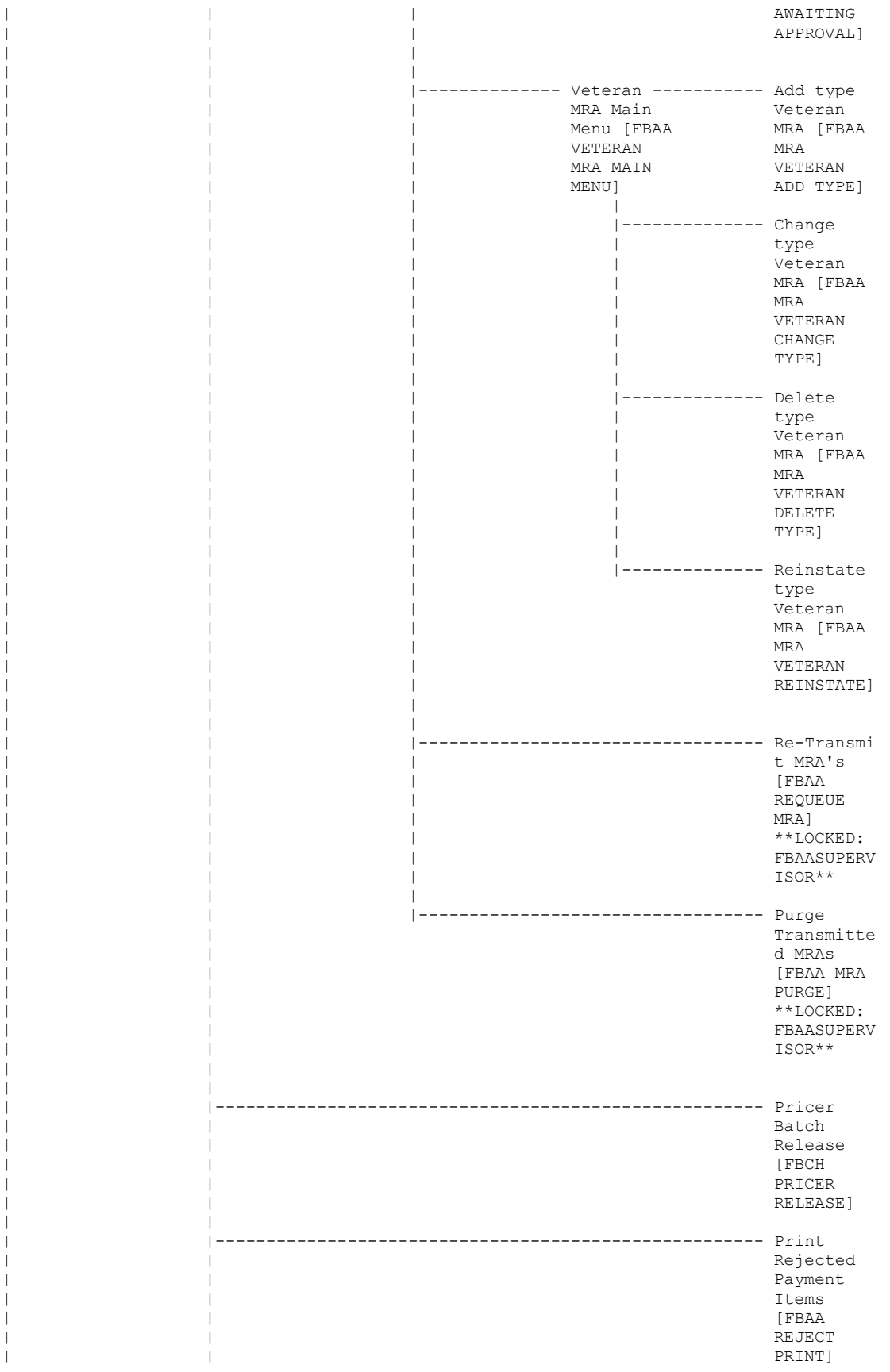

Report [FBAA COST REPORT]
Payment History Display [FBAA PAYMENT HISTORY DISPLAY]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
PSA Output Report [FBCH PSA OUTPUT]
RBRVS Fee Schedule Cost Comparison [FBAA COST COMPARISON]
Valid ID Cards List [FBAA ID CARDS CURRENT LIST]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Payment menu [FBAA PAYMENT MENU]
C&P/Multiple Patient Payment Entry [FBAA C&P ENTER PAYMENT]
Calculate Payment Amount [FBAA FEE

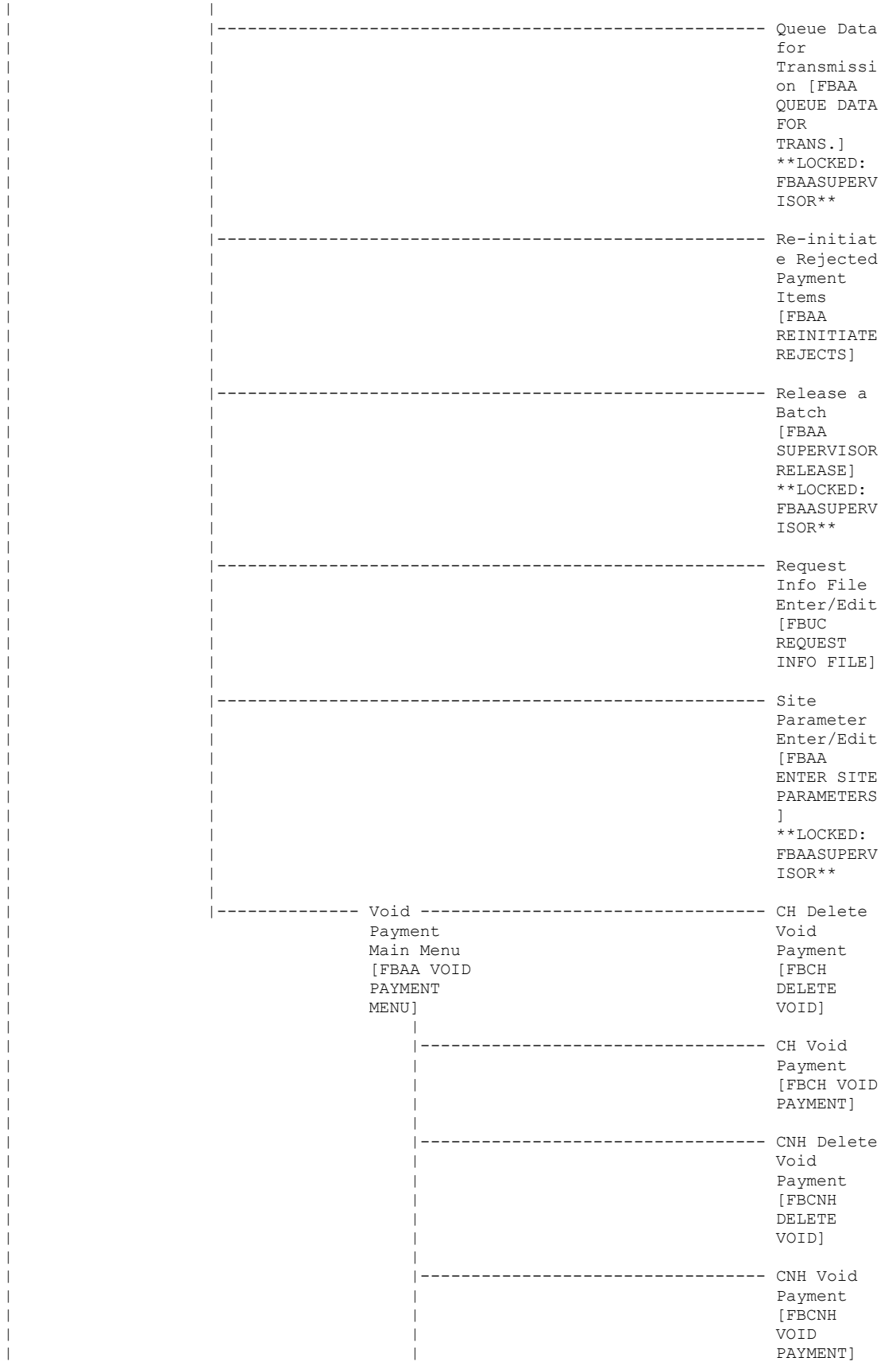

SCHEDULE RATE]
Delete Payment Entry [FBAA DELETE PAYMENT]
Edit Payment [FBAA EDIT PAYMENT]
Enter Payment [FBAA ENTER PAYMENT]
Invoice Display [FBAA INVOICE DISPLAY]
Multiple Payment Entry [FBAA MULTIPLE PAYMENT ENTRY]
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
Reimbursement Payment Entry [FBAA MEDICAL REIMBURSEMENT]
Travel Payment Only [FBAA TRAVEL ENTRY]
Registration Menu [FBAA REGISTRATION MAIN MENU]
Authorization Display [FBAA AUTHORIZATION DISPLAY]
Fee Patient Inquiry [FBAA

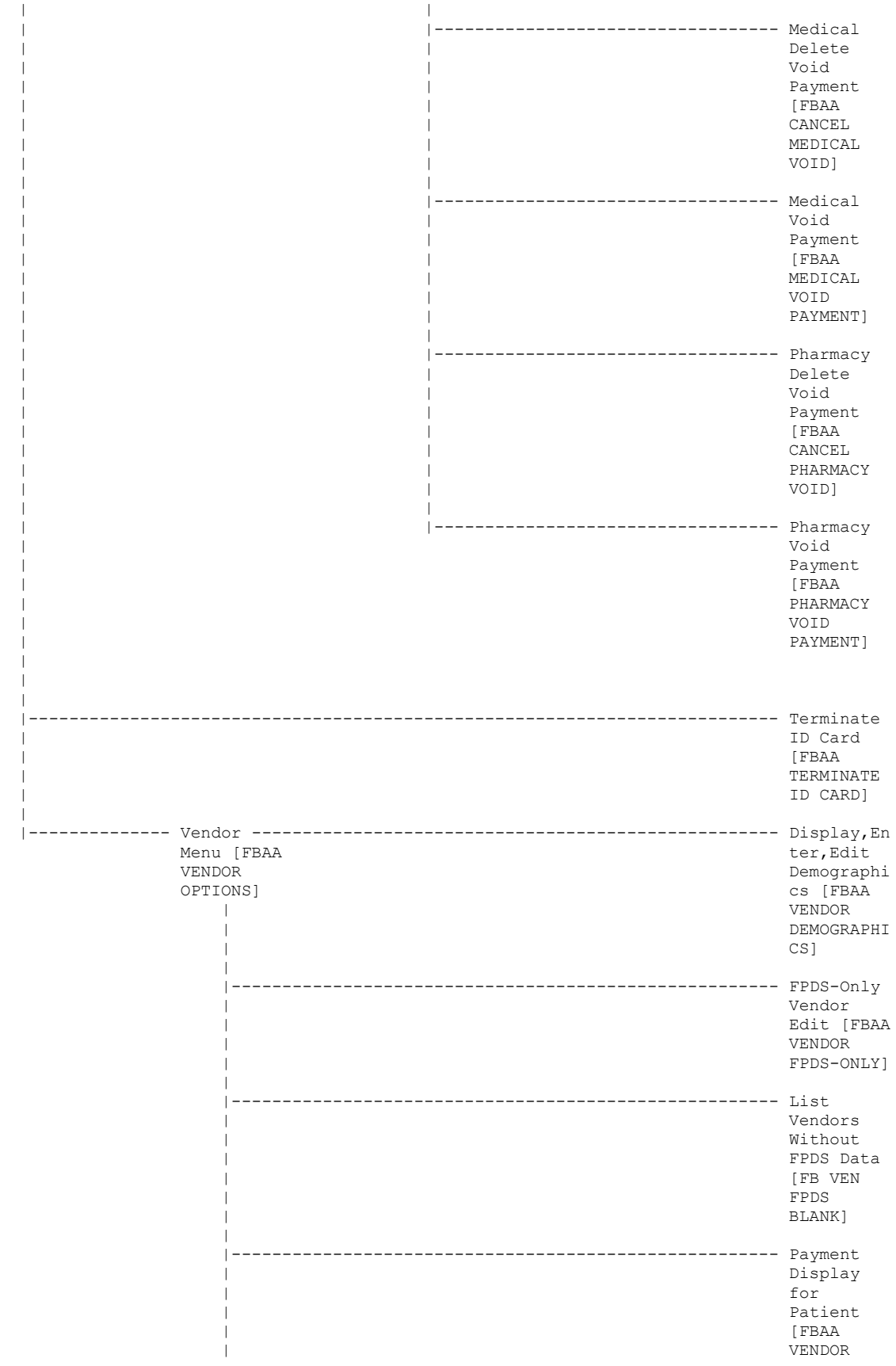
PATIENT INQUIRY]
Print Report of Contact [FBAA PRINT REPORT OF CONTACT]
Report of Contact [FBAA REPORT OF CONTACT]
Supervisor Main Menu [FBAA SUPERVISOR OPTIONS] **LOCKED: FBAASUPERVISOR**
Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
Clerk Look-Up For An Authorization [FBAA CLERK LOOK-UP]
Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERVISOR**
Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
Dispositions File Edit [FBUC DISPOSITIONS FILE]
Edit Pharmacy Invoice Status [FBAA EDIT INVOICE STATUS]
Enter/Edit Suspension Letters

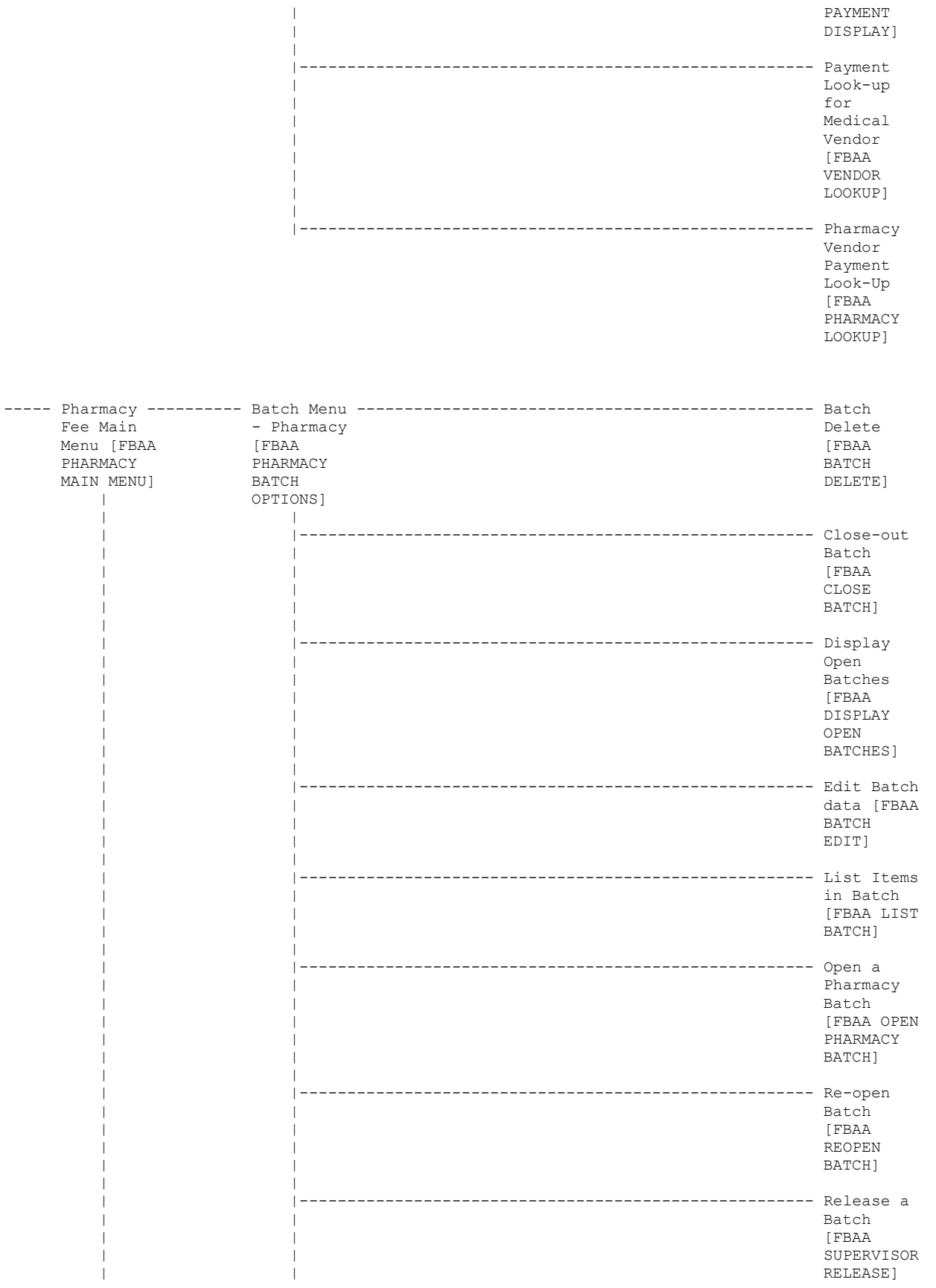

[FBAA ENTER/EDIT LETTERS]
Fee Basis 1358 Segregation of Duty Report [FB SEG DUTY RPT] FB*3.5*117
Fee Schedule Main Menu [FBAA FEE SCHEDULE] **LOCKED: FBAASUPERVISOR**
Add/Edit Fee Schedule [FBAA EDIT SCHEDULE]
Compile Fee Schedule [FBAA CALCULATE SCHEDULE]
Print Fee Schedule [FBAA PRINT SCHEDULE]
Finalize a Batch [FBAA FINALIZE BATCH] **LOCKED: FBAASUPERVISOR**
FPPS Update & Transmit Menu [FB FPPS UPDATE MENU]
Outpatient/Ancillary Invoice Edit [FBAA FPPS EDIT INVOICE] **LOCKED: FBAASUPERVISOR**
Pharmacy Invoice Edit [FBRX FPPS EDIT INVOICE] **LOCKED: FBAASUPERVISOR**
Inpatient Invoice Edit [FBCH FPPS EDIT INVOICE] **LOCKED: FBAASUPERVISOR**

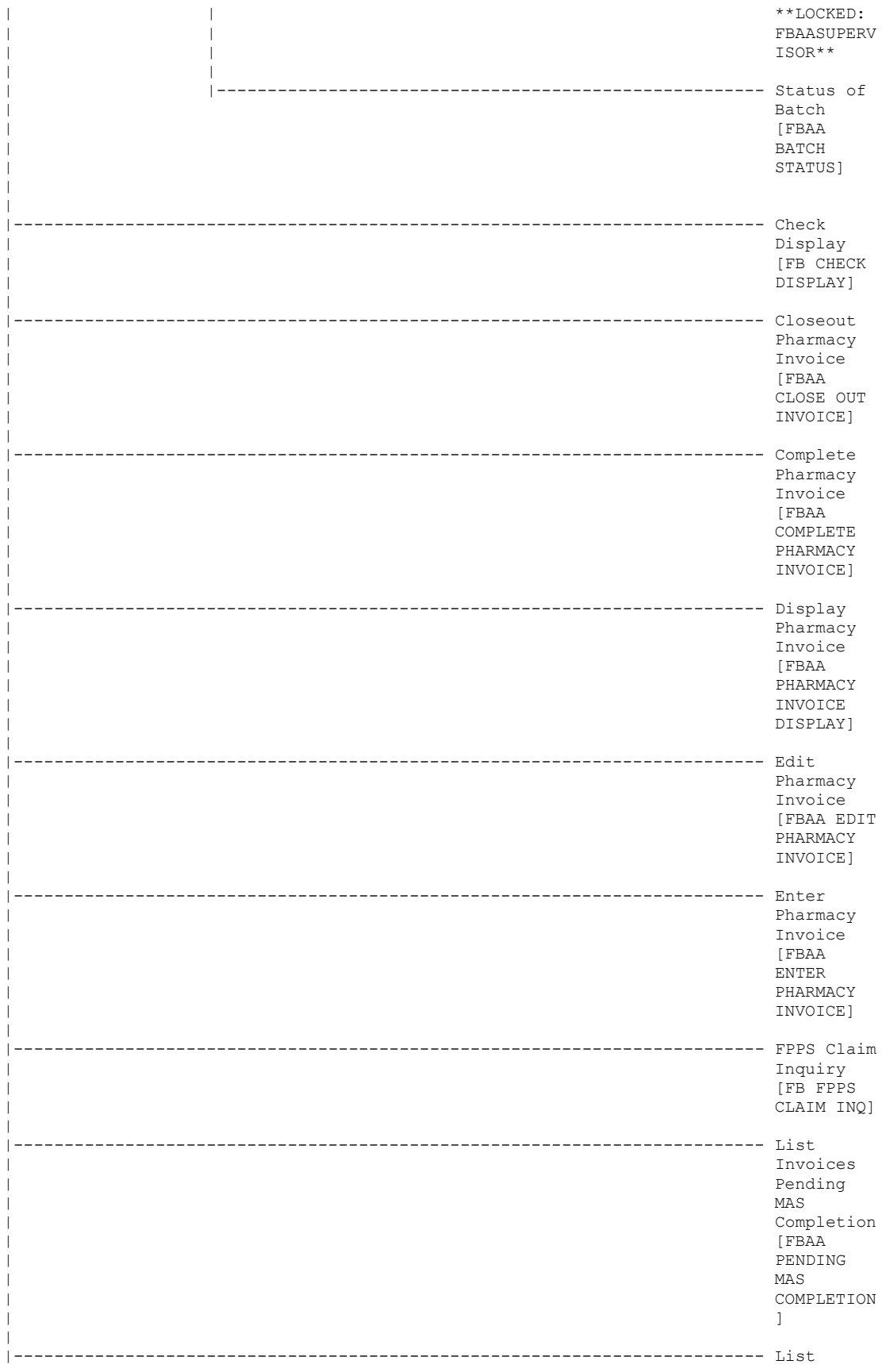

Audit Report for FPPS Data [FB FPPS AUDIT REPORT]
Transmit Invoices to FPPS [FB FPPS TRANSMIT]
REMOVED KEY FB*3.5*121
Report of Transmissions to FPPS [FB FPPS TRANSMIT REPORT]
Purge Message Text [FB FPPS PURGE] **LOCKED: FBAASUPERVISOR**
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
MRA Main Menu [FB MRA MAIN MENU]
Vendor MRA Main Menu [FBAA VENDOR MRA MAIN MENU] **LOCKED: FBAASUPERVISOR**
Update FMS Vendor File in Austin [FBAA FMS UPDATE] **LOCKED: FBAASUPERVISOR**
Delete Vendor MRA [FBAA MRA DELETE VENDOR] **LOCKED: FBAASUPERVISOR**
Reinstate Vendor MRA [FBAA MRA VENDOR REINSTATE]
MRA'S Awaiting Austin Approval [FBAA MRA'S


AWAITING APPROVAL]
Veteran MRA Main Menu [FBAA VETERAN MRA MAIN MENU]
Add type Veteran MRA [FBAA MRA VETERAN ADD TYPE]
Change type Veteran MRA [FBAA MRA VETERAN CHANGE TYPE]
Delete type Veteran MRA [FBAA MRA VETERAN DELETE TYPE]
Reinstate type Veteran MRA [FBAA MRA VETERAN REINSTATE]
Re-Transmit MRA's [FBAA REQUEUE MRA] **LOCKED: FBAASUPERVISOR**
Purge Transmitted MRAs [FBAA MRA PURGE] **LOCKED: FBAASUPERVISOR**
Pricer Batch Release [FBCH PRICER RELEASE]
Print Rejected Payment Items [FBAA REJECT PRINT]

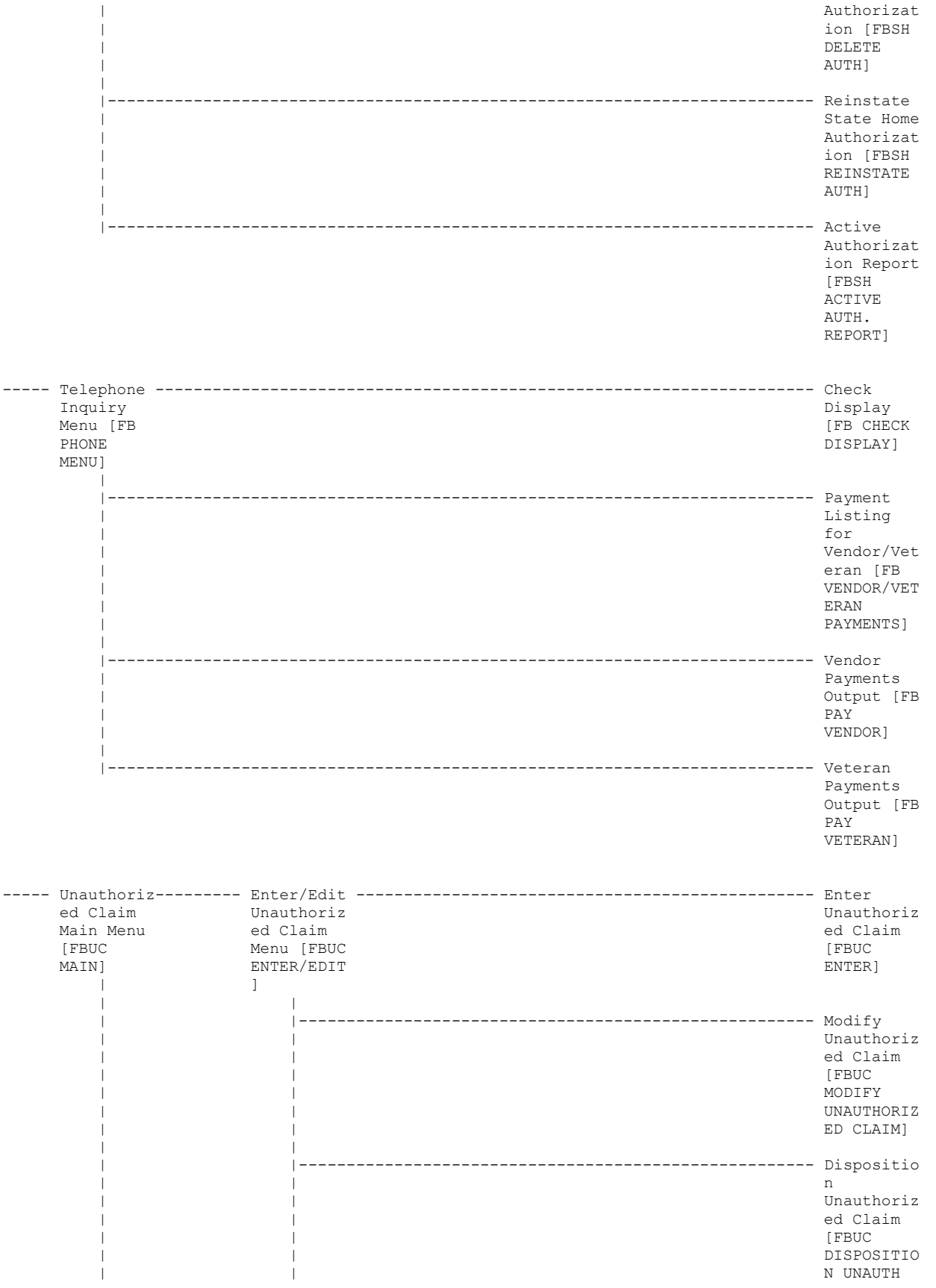

Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.] **LOCKED: FBAASUPERVISOR**
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Request Info File Enter/Edit [FBUC REQUEST INFO FILE]
Site Parameter Enter/Edit [FBAA ENTER SITE PARAMETERS] **LOCKED: FBAASUPERVISOR**
Void Payment Main Menu [FBAA VOID PAYMENT MENU]
CH Delete Void Payment [FBCH DELETE VOID]
CH Void Payment [FBCH VOID PAYMENT]
CNH Delete Void Payment [FBCNH DELETE VOID]
CNH Void Payment [FBCNH VOID PAYMENT]

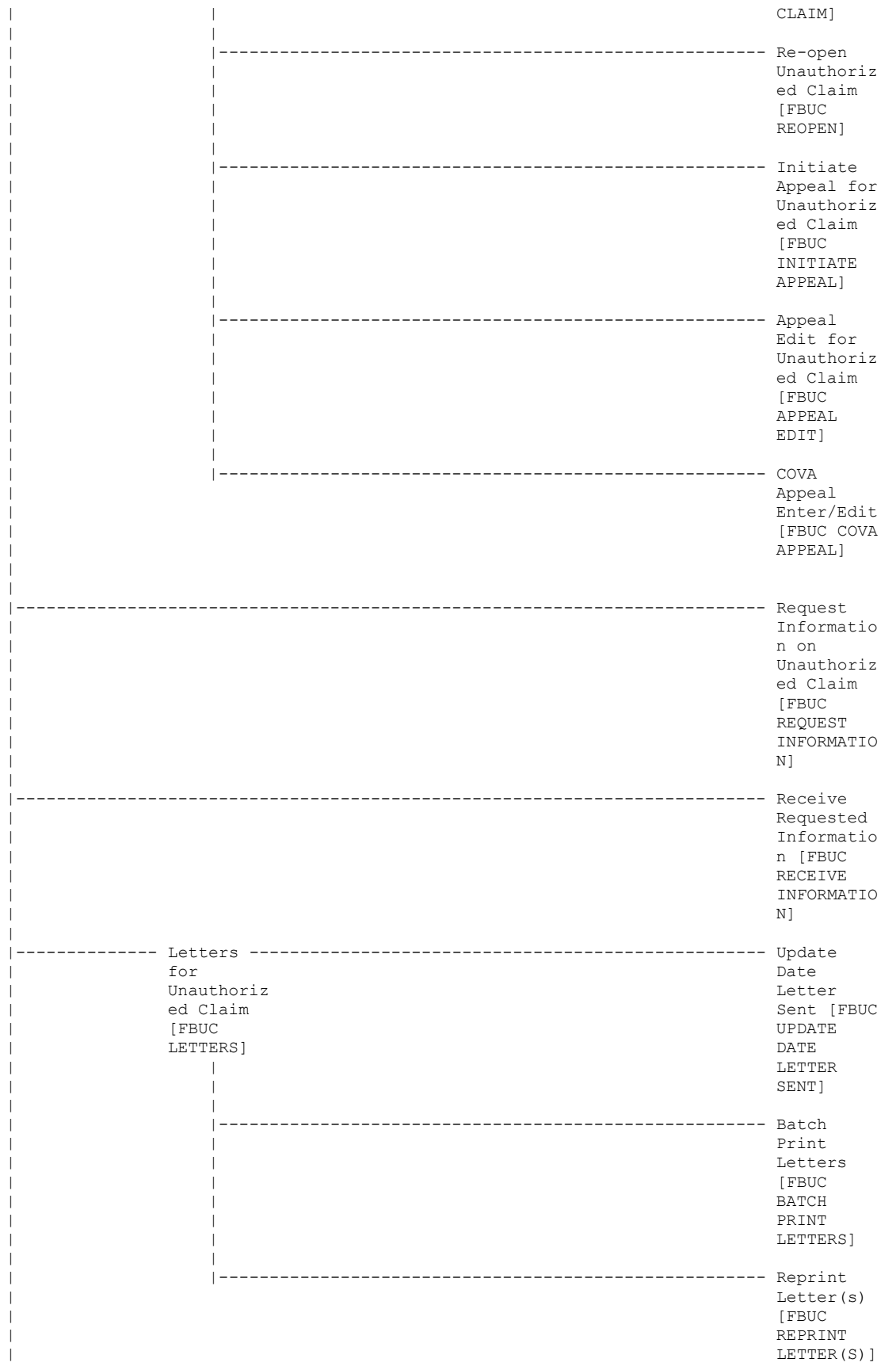

Medical Delete Void Payment [FBAA CANCEL MEDICAL VOID]
Medical Void Payment [FBAA MEDICAL VOID PAYMENT]
Pharmacy Delete Void Payment [FBAA CANCEL PHARMACY VOID]
Pharmacy Void Payment [FBAA PHARMACY VOID PAYMENT]
Terminate ID Card [FBAA TERMINATE ID CARD]
Vendor Menu [FBAA VENDOR OPTIONS]
Display,Enter,Edit Demographics [FBAA VENDOR DEMOGRAPHICS]
FPDS-Only Vendor Edit [FBAA VENDOR FPDS-ONLY]
List Vendors Without FPDS Data [FB VEN FPDS BLANK]
Payment Display for Patient [FBAA VENDOR

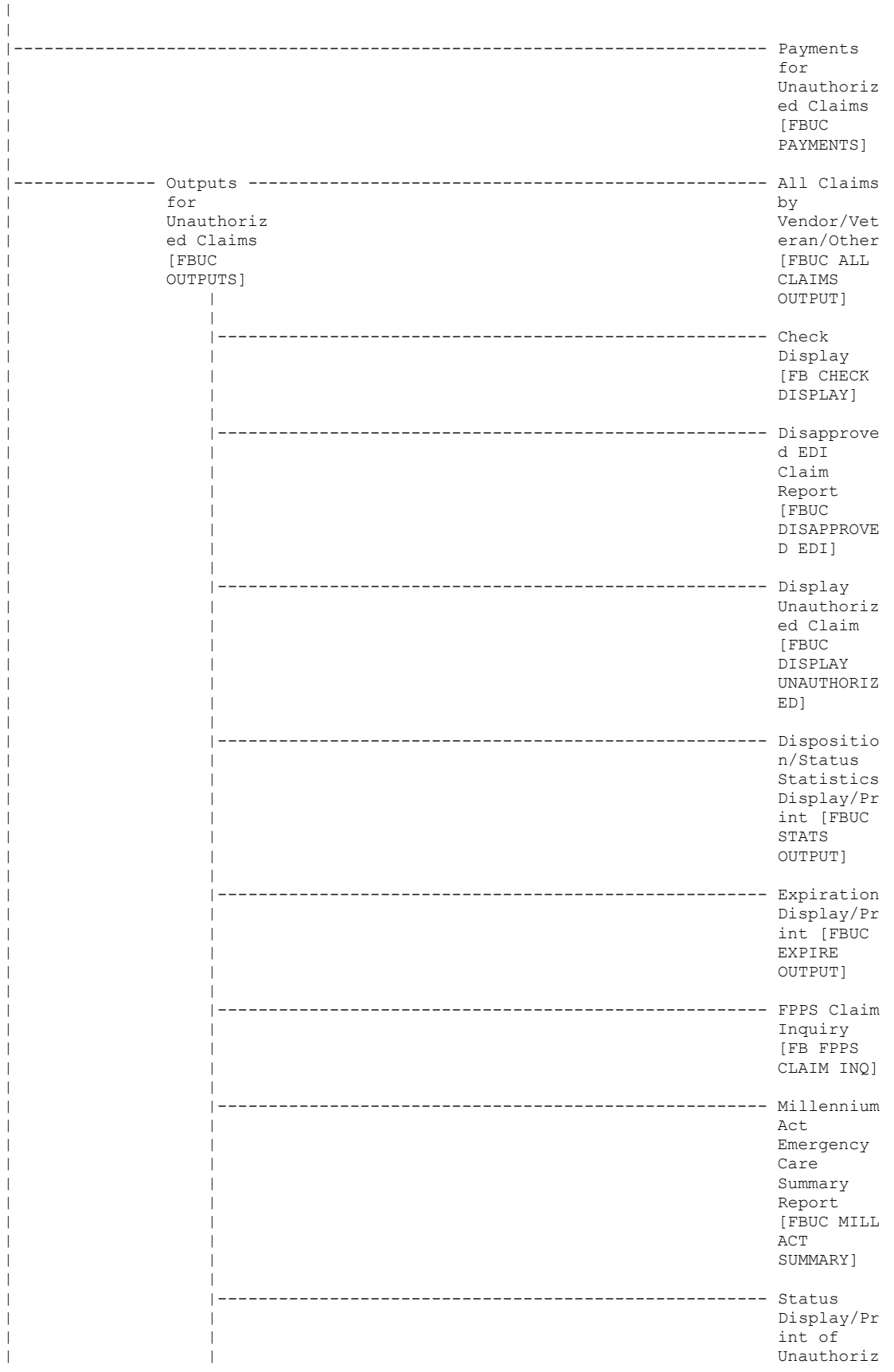

PAYMENT DISPLAY]
Payment Look-up for Medical Vendor [FBAA VENDOR LOOKUP]
Pharmacy Vendor Payment Look-Up [FBAA PHARMACY LOOKUP]
Pharmacy Fee Main Menu [FBAA PHARMACY MAIN MENU]
Batch Menu - Pharmacy [FBAA PHARMACY BATCH OPTIONS]
Batch Delete [FBAA BATCH DELETE]
Close-out Batch [FBAA CLOSE BATCH]
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
Edit Batch data [FBAA BATCH EDIT]
List Items in Batch [FBAA LIST BATCH]
Open a Pharmacy Batch [FBAA OPEN PHARMACY BATCH]
Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE]

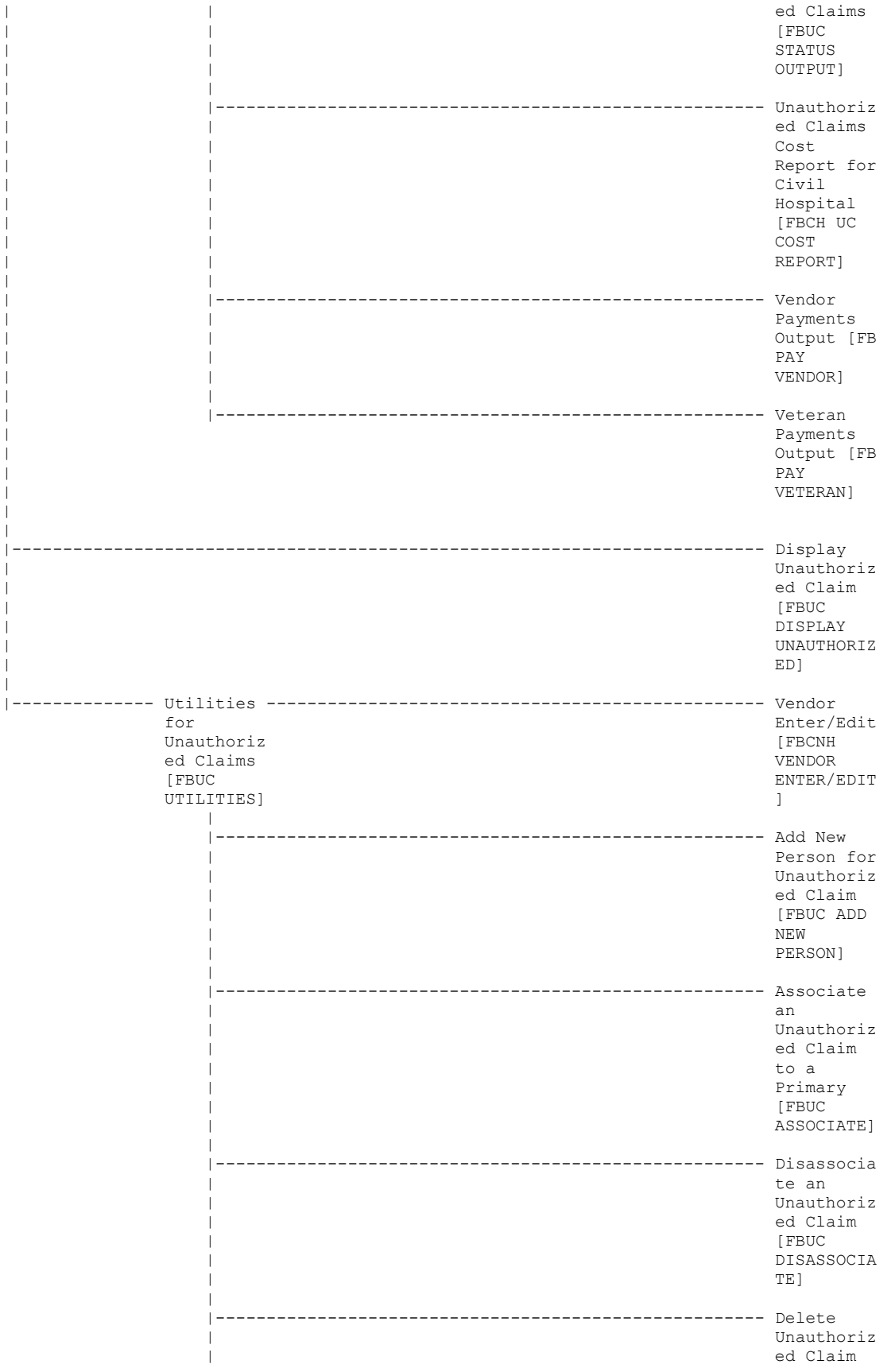

LOCKED: FBAASUPERVISOR
Status of Batch [FBAA BATCH STATUS]
Check Display [FB CHECK DISPLAY]
Closeout Pharmacy Invoice [FBAA CLOSE OUT INVOICE]
Complete Pharmacy Invoice [FBAA COMPLETE PHARMACY INVOICE]
Display Pharmacy Invoice [FBAA PHARMACY INVOICE DISPLAY]
Edit Pharmacy Invoice [FBAA EDIT PHARMACY INVOICE]
Enter Pharmacy Invoice [FBAA ENTER PHARMACY INVOICE]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
List Invoices Pending MAS Completion [FBAA PENDING MAS COMPLETION]
List

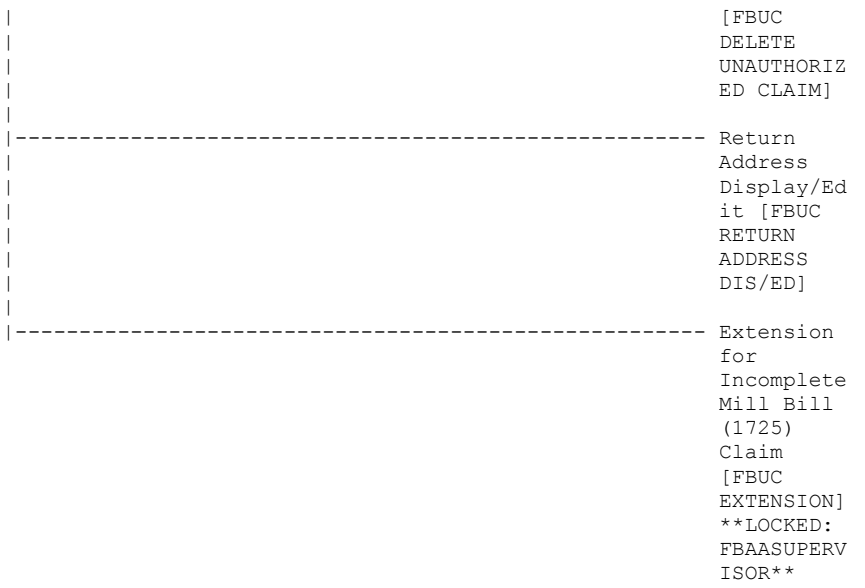
```
          |                                                                    Pharmacy
          |                                                                    History
          |                                                                    [FBAA
          |                                                                    PHARMACY
          |                                                                    HISTORY]
          |
          |------------------------------------------------------------------- Patient
          |                                                                    Re-imburse
          |                                                                    ment [FBAA
          |                                                                    REIMBURSEM
          |                                                                    ENT
          |                                                                    PHARMACY]
          |
          |------------------------------------------------------------------- Pharmacy
          |                                                                    Invoice
          |                                                                    Status
          |                                                                    [FBAA
          |                                                                    PHARMACY
          |                                                                    INVOICE
          |                                                                    STATUS]
          |
          |------------------------------------------------------------------- Potential
          |                                                                    Cost
          |                                                                    Recovery
          |                                                                    Report [FB
          |                                                                    PCR]
          |
          |------------------------------------------------------------------- Prescripti
          |                                                                    ons
          |                                                                    Pending
          |                                                                    Pharmacy
          |                                                                    Review
          |                                                                    [FBAA LIST
          |                                                                    PENDING
          |                                                                    RX]
          |
          |------------------------------------------------------------------- Review Fee
          |                                                                    Prescripti
          |                                                                    on [FBAA
          |                                                                    PHARMACY
          |                                                                    REVIEW]
          |
          |------------------------------------------------------------------- Vendor
          |                                                                    Payments
          |                                                                    Output [FB
          |                                                                    PAY
          |                                                                    VENDOR]
          |
          |------------------------------------------------------------------- Veteran
                                                                               Payments
                                                                               Output [FB
                                                                               PAY
                                                                               VETERAN]


----- State Home ------------------------------------------------------------- Enter New
      Main Menu                                                                State Home
      [FBSH MAIN                                                               Authorizat
      MENU]                                                                    ion [FBSH
          |                                                                    ENTER
          |                                                                    AUTH]
          |
          |------------------------------------------------------------------- Change a
          |                                                                    State Home
          |                                                                    Authorizat
          |                                                                    ion [FBSH
          |                                                                    CHANGE
          |                                                                    AUTH]
          |
          |------------------------------------------------------------------- Delete a
          |                                                                    State Home
```


Authorization [FBSH DELETE AUTH]
Reinstate State Home Authorization [FBSH REINSTATE AUTH]
Active Authorization Report [FBSH ACTIVE AUTH. REPORT]
Telephone Inquiry Menu [FB PHONE MENU]
Check Display [FB CHECK DISPLAY]
Payment Listing for Vendor/Veteran [FB VENDOR/VETERAN PAYMENTS]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Unauthoriz-ed Claim Main Menu [FBUC MAIN]
Enter/Edit Unauthoriz-ed Claim Menu [FBUC ENTER/EDIT]
Enter Unauthoriz-ed Claim [FBUC ENTER]
Modify Unauthoriz-ed Claim [FBUC MODIFY UNAUTHORIZED CLAIM]
Disposition Unauthoriz-ed Claim [FBUC DISPOSITION UNAUTH


CLAIM]
Re-open Unauthorized Claim [FBUC REOPEN]
Initiate Appeal for Unauthorized Claim [FBUC INITIATE APPEAL]
Appeal Edit for Unauthorized Claim [FBUC APPEAL EDIT]
COVA Appeal Enter/Edit [FBUC COVA APPEAL]
Request Information on Unauthorized Claim [FBUC REQUEST INFORMATION]
Receive Requested Information [FBUC RECEIVE INFORMATION]
Letters for Unauthorized Claim [FBUC LETTERS]
Update Date Letter Sent [FBUC UPDATE DATE LETTER SENT]
Batch Print Letters [FBUC BATCH PRINT LETTERS]
Reprint Letter(s) [FBUC REPRINT LETTER(S)]


Payments for Unauthorized Claims [FBUC PAYMENTS]
Outputs for Unauthorized Claims [FBUC OUTPUTS]
All Claims by Vendor/Veteran/Other [FBUC ALL CLAIMS OUTPUT]
Check Display [FB CHECK DISPLAY]
Disapproved EDI Claim Report [FBUC DISAPPROVED EDI]
Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
Disposition/Status Statistics Display/Print [FBUC STATS OUTPUT]
Expiration Display/Print [FBUC EXPIRE OUTPUT]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Millennium Act Emergency Care Summary Report [FBUC MILL ACT SUMMARY]
Status Display/Print of Unauthoriz


ed Claims [FBUC STATUS OUTPUT]
Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
Utilities for Unauthorized Claims [FBUC UTILITIES]
Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
Associate an Unauthorized Claim to a Primary [FBUC ASSOCIATE]
Disassociate an Unauthorized Claim [FBUC DISASSOCIATE]
Delete Unauthorized Claim



Non-Menu Diagram Exported Options

The following options do not appear on the menu but are exported with the package.

- FBAA MRA PURGE AUTO
  This option is taskable and will purge transmitted MRAs. It should be used only when you are sure Austin has received your MRA transmissions, since use of this option will prevent retransmission of MRAs. Upon successful completion of the purge, a mail message will be sent to a mail group confirming the purge specifics. Remember to add a mail group to the FBAA PURGE TRANSMITTED MRA'S bulletin.

- FBAA MRA SERVER
  This server processes all incoming MRA messages received from Austin through MailMan.

- FBAA PAID SERVER
  This server processes incoming payment information sent from FMS. The job will run in the background and will send a bulletin to the FEE mail group upon completion. The bulletin will detail the number of vendors found for each action type taken. FB*3.5*121 the message length from Central Fee is changing to 138 characters. The FBPAID and FBPAID1 routines were modified to accept either length (existing 82 or new 138 character) messages. See Appendix B for the 138 character message format.

- FBUC QUEUE BATCH PRINT
  If your letters are not automatically printed, and you choose not to use the Batch Print Letters option in the Letters for Unauthorized Claim submenu, this option should be run at least once a day.

- FBUC ABANDONED
  This option is to be queued to run nightly. A device needs to be specified. It will search the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) for those claims that have the status of INCOMPLETE UNAUTHORIZED CLAIM or APPEAL/ISSUED STATEMENT OF CASE.

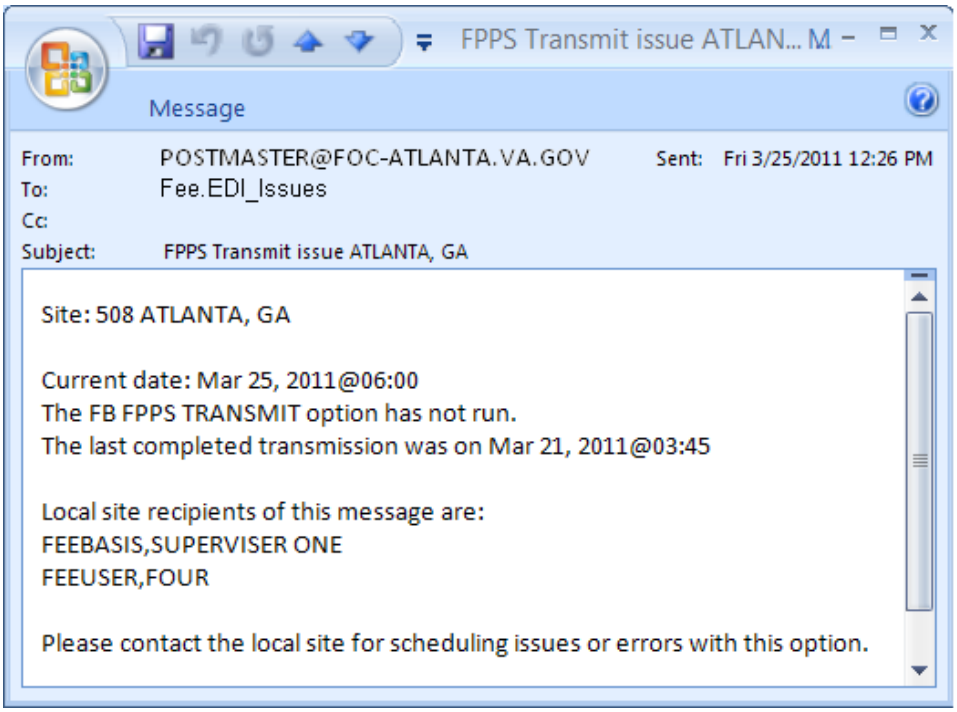
If the expiration date for these claims is met, the claim will be dispositioned to ABANDONED. A printout of those claims which were updated will print to the specified device.

- FB FPPS MONITOR (FB*3.5*122)
  This option should be queued to run nightly after the FP FPPS TRANSMIT option has completed it's nightly run. It checks two new parameters in the FEE BASIS SITE PARAMETERS (#161.4) file to verify that the transmit option is being run in a timely manner (e.g. daily) and sends messages to G.FEE (local VistA users) and Fee.EDI_Issues@va.gov (Purchased Care Business office) to alert users that payment data is has not been sent. This option may also be run interactively to check the status of the transmit option and can be added as a Fee user's (e.g. Fee Administrator) secondary menu option. Running the option interactively does not send messages to any mail group.

  Example message to G.FEE mail group:

```
Subj: FEE BASIS FPPS Transmit Issue Mar 24, 2011  [#300421] 03/24/11@06:01  5 lines
From: FEE BASIS  In 'IN' basket.   Page 1
---------------------------------------------------------------------------
Current date: Mar 24, 2011@06:00
The FB FPPS TRANSMIT option has not run.
The last completed transmission was on Mar 21, 2011@03:45

Please check the FB FPPS TRANSMIT option for scheduling issues or errors.

Enter message action (in IN basket): Ignore//
```

  Example message to Fee.EDI_Issues mail group:



Archiving and Purging

Archiving

There are currently no archiving capabilities within the Fee Basis package.

Purging

The Fee Basis package allows the user to purge transmitted delete type and reinstate type MRAs through the Purge Transmitted MRAs option under the Supervisor Main Menu of the Medical Fee Main Menu. A site may elect to run this purge manually through use of this option, or have the purge automatically run through a background task by setting up the FB MRA Purge Auto option through TaskMan. It will effectively purge the delete type and reinstate type MRAs automatically and forward a bulletin to the FEE mail group upon completion.

It should be noted that change type and add type MRAs will no longer be purged through use of these options. They will be cleaned up automatically upon confir-
mation from Austin on each respective transaction.

Contained in Version 3.0 of Fee Basis is a purge routine called FBAABPG. This routine should only be used when batch numbers exceed 99000 and prior to the site reaching number 99999 as the next available batch number. This information is found in the FEE BASIS SITE PARAMETERS file (#161.4), Field #10.

A system backup should be completed prior to the execution of the purge routine. To initiate the purge, you will be prompted for a cutoff date. This date has to be in the past. All batches FINALIZED prior to this date and having no rejects pending will be purged from the FEE BASIS BATCH file (#161.7). All pointed to fields will be deleted as well as any cross-references which use the batch number. Below is a list of files which contain fields which could be affected by the purge.

FILE NUMBER	FILE NAME
162	FEE BASIS PAYMENT
162.1	FEE BASIS PHARMACY INVOICE
162.5	FEE BASIS INVOICE
163	FEE BASIS MEDICAL DENIALS
163.1	FEE BASIS PHARMACY DENIALS

After the purge is complete, the number of batches purged and the To Date will be displayed. Also shown is the FBAA BATCH PURGE bulletin triggered to any mail group entered in the BULLETIN file for this message.

Since there will be a number of sets and kills made to global nodes during this purge, it is important to consider JOURNAL media requirements.

This purge may take a considerable amount of time; therefore, it is recommended the routine be run during off-hours.

The FBAABPG routine will not free up a large amount of disk space.
With DUZ and DT set as well as DUZ(0)="@" in programmer mode, do the following.

```
>
>D ^FBAABPG
```

The following is an example of the prompts and steps involved in executing the FBAABPG routine. User responses appear in boldface type.

```
This option is used to purge Fee Basis batch numbers for a time frame in the
past.  Do you want to continue? No// YES

Purge batch #'s PRIOR to date : 1/1/93  (JAN 01, 1993)
DEVICE: HOME// QUEUE TO PRINT ON
DEVICE: HOME// A137   RIGHT MARGIN: 80//  <RET>

*** BEGIN FEE BASIS BATCH NUMBER PURGE ***



.....................

           This option has purged 21 batch numbers

                 finalized prior to  01/01/93  .



*** FEE BASIS BATCH NUMBER PURGE FINISHED ***
```

The following is an example of an FBAA BATCH PURGE bulletin.

```
MailMan message for SAMUELS,SARA   FEE SUPERVISOR
Printed at BROCKTON.VA.GOV  11 Aug 93 14:41
Subj:  Fee Batch Numbers Purged  [#23124]  11 Aug 93 14:41  1 Line
From:  POSTMASTER (Sender: SAMUELS,SARA)   in 'IN' basket.    Page 1
-------------------------------------------------------------------------------

SAMUELS,SARA has run the Fee Batch Number purge routine.  The batches were
purged on 08/11/93.  All batches that were finalized prior to 01/01/93 were
purged.  The total number of batches purged was 21.
```

External Relations

1. In order to run this package, your facility must be running a minimum of the following.

   VA File Manager V. 20.0
   NEW PERSON file (#200)
   Kernel V. 7.1
   Kernel Toolkit V. 7.2
   IFCAP V. 4.0
   Fee Basis V. 3.0 (if previously running Fee Basis)
   PIMS V. 5.3
   Integrated Billing V. 2.0
   CPT V. 5.0

The DHCP Fee Basis software product is fully integrated with Version 20.0 of VA FileMan and Version 7.1 of the Kernel. Version 3.5 is also integrated with the 1358 module of IFCAP. When outpatient batches are released for payment, there will be a posting to the appropriate 1358. For inpatient batches, the estimated amount from the VA Form 10-7078, as well as the actual amount, will be posted to the 1358 when batches are released for payment. The Fee Basis package interfaces with the ADT (Admission-Discharge-Transfer) DHCP module of the PIMS (MAS) package to provide users access to registration data entered through ADT options. Integration with the PTF (Patient Treatment File) module of PIMS allows for the creation of non-VA PTF records. Integration with CPT V. 5.0 allows for entry of modifiers for CPT codes. The package also integrates with the Integrated Billing (IB) package for patient insurance data.

In order to make an entry in the NEW PERSON file (#200), the user must hold the XUSPF200 security key.

2. Fee Basis V. 3.5 custodial integration agreements.

IFCAP (DBIA #287)
Fee Basis provides IFCAP with a way to determine Fee codesheet headers.

Clinical Reminders (DBIA #5619)
Fee Basis provides Clinical Reminders with two functions to list the patient's ARCH (Access Received Closer to Home) Eligibility of a certain date range and a list of all patients and their ARCH Eligibility. FB*3.5*119.

```
      5619     NAME: PROJECT ARCH
  CUSTODIAL PACKAGE: FEE BASIS
SUBSCRIBING PACKAGE: CLINICAL REMINDERS
                        Clinical Reminders needs two functions to list the
                        patient's ARCH (Access Received Closer to Home)
                        Eligibility of a certain date range and a list of all
                        patients and their ARCH Eligibility.
             USAGE: Private             ENTERED: MAR 24,2011
            STATUS: Active              EXPIRES:
```

```
        DURATION:                      VERSION:
            FILE:                         ROOT:
     DESCRIPTION:                         TYPE: Routine
 This Integration agreement provides two functions.  The output data comes
from the ARCH ELIGIBILITY multiple from Fee Basis Patient file #161.

$$ELIG^FBARCH0  - lists the ARCH (Access Received Closer to Home)
eligibility for a patient on a specific date range.

$$LIST^FBARCH0 - provides a list of ARCH eligible patients on a specific
date range.

  ROUTINE: FBARCH0
COMPONENT:  ELIG
VARIABLES:  DFN  Type: Input
                              Patient IEN which is DINUM to the
                              internal entry of file #161.
            FBBDT  Type: Input
                              Starting/beginning date range of the
                              listing.
            FBEDT  Type: Input
                              Ending date of the listing.
            FBDATA  Type: Output
                              An array of patient ARCH eligibility.
               This function returns the patient's ARCH eligibility.  See
               example below:

               > S A=$$ELIG^FBARCH0(DFN,3100930,3110305,.FBDATA) ZW FBDATA
               A=1 FBDATA(1)="1^3101130" FBDATA(2)="0^3101030"
               FBDATA(3)="1^3100930"
COMPONENT:  LIST
VARIABLES:  FBBDT  Type: Input
                              Starting/beginning date of the listing.
            FBEDT  Type: Input
                              Ending date of the listing.
               Output of this function will be in ^TMP($J,"ARCHFEE"
               global.  Below is the example:

               >S A=$$LIST^FBARCH0(3100930,3110305)

               Global ^TMP($J -- NOTE: translation in effect
               ^TMP(540785357,"ARCHFEE",1)="12^0^3100930"
                                        2)="12^1^3100925"
                                        3)="12^0^3100920"
                                        4)="12^1^3100910"
                 Piece 1 = is the DFN
                 Piece 2 = is the ARCH Eligibility 1 = YES; 0 = NO
                 Piece 3 = date of ARCH Eligibility
```

3. Fee Basis V. 3.5 subscriber integration agreements.

IFCAP (DBIA #s: 43, 315-A, 315-B, 315-C, 5573, 5574)
IFCAP provides Fee Basis with the following.

- Gets the IFCAP station number and uses it to determine whether an obligation number entered by the user exists in IFCAP.
- Returns all accounting numbers and symbols.
- Posts transactions to 1358.
- Determines whether a 1358 is open and available for posting.
- Verifies that a user can certify without violating 1358 segregation of duty. FB*3.5*117

- Returns the events and actors for a 1358 obligation. FB*3.5*117

Registration (DBIA #s: 64, 186-C, 226-A, 226-B, 226-C, 226-D, 226-E, 226-F, 1011)
Registration provides Fee Basis with the following.

- Look-up to the BENEFICIARY TRAVEL MODE OF TRANSPORTATION file (#392.4).
- Look-up to the PERIOD OF SERVICE file (#21).
- A call into the routine to create a PTF record.
- Calls to determine Category C status.
- A call into the registration routine.
- A call to display rated disabilities.
- A call to determine last Means Test for a patient.
- Ability to add insurance company information to the PATIENT file (#2).
- A routine to transmit records to a remote location.

Integrated Billing (DBIA #s: 228-A, 228-B, 396)
Integrated Billing provides Fee Basis with the following.

- Look-up to the PLACE OF SERVICE file (#353.1).
- Look-up to the TYPE OF SERVICE file (#353.2).
- Ability to add insurance information.

Kernel (DBIA #s: 290-A, 290-B)
Kernel provides Fee Basis with the following.

- Ability to reference the DEVICE (%ZIS(1)) and TERMINAL TYPE (%ZIS(2)) files.

DRG Grouper (DBIA #s: 993-A, 993-B, 1010)
DRG Grouper provides Fee Basis with the following.

- Look-up on the "AFEE" cross-reference in the PTF file (#45).
- Look-up to the PTF CLOSE OUT file (#45.84).
- Look-up to the PTF RELEASE file (#45.83).

Internal Relations

Any Fee Basis option in File #19 should be able to run independently provided the user has the appropriate keys.

Package-wide Variables

All variables associated with the Fee Basis package are of equal importance. There are no package-wide variables associated with this package.

How to Generate On-Line Documentation

This section describes some of the various methods by which users may secure Fee Basis technical documentation. On-line technical documentation pertaining to the Fee Basis software, in addition to that which is located in the help prompts and on the help screens which are found throughout the Fee Basis package, may be generated through utilization of several Kernel options. These include but are not limited to %INDEX; Menu Management, Inquire option and Print Option File; VA FileMan, Data Dictionary Utilities, List File Attributes.

Entering question marks at the "Select ... Option:" prompt may also provide users with valuable technical information. For example, a single question mark (?) lists all options which can be accessed from the current option. Entering two question marks (??) lists all options accessible from the current one, showing the formal name and lock for each. Three question marks (???) displays a brief description for each option in a menu while an option name preceded by a question mark (?OPTION) shows extended help for that option, if available.

For a more exhaustive option listing and further information about other utilities which supply on-line technical information, please consult the DHCP Kernel Reference Manual.

%INDEX

This option analyzes the structure of a routine(s) to determine in part if the routine(s) adhere(s) to DHCP Programming Standards. The %INDEX output may include the following components: compiled list of Errors and Warnings, Routine Listing, Local Variables, Global Variables, Naked Globals, Label References, and External References. By running %INDEX for a specified set of routines, the user is afforded the opportunity to discover any deviations from DHCP Programming Standards which exist in the selected routine(s) and to see how routines interact with one another, that is, which routines call or are called by other routines.

To run %INDEX for the Fee Basis package, specify the following namespaces at the "routine(s) ?>" prompt: FB*.

Fee Basis initialization routines which reside in the UCI in which %INDEX is being run, as well as local routines found within the Fee Basis namespace, should be omitted at the "routine(s) ?>" prompt. To omit routines from selection, preface the namespace with a minus sign (-).

INQUIRE OPTION

This Menu Management option provides the following information about a specified option(s): option name, menu text, option description, type of option and lock, if any. In addition, all items on the menu are listed for each menu option.

To secure information about Fee Basis options, the user must specify the name or namespace of the option(s) desired. The namespace associated with the Fee Basis package is FB.

PRINT OPTION FILE

This utility generates a listing of options from the OPTION file. The user may choose to print all of the entries in this file or may elect to specify a single option or range of options. To obtain a list of Fee Basis options, the following option namespace should be specified: FB.

LIST FILE ATTRIBUTES

This VA FileMan option allows the user to generate documentation pertaining to files and file structure. Utilization of this option via the "Standard" format will yield the following data dictionary information for a specified file(s): file name and description, identifiers, cross-references, files pointed to by the file specified, files which point to the file specified, input templates, print templates, and sort templates. In addition, the following applicable data is supplied for each field in the file: field name, number, title, global location, description, help prompt, cross-reference(s), input transform, date last edited, and notes.

Using the "Global Map" format of this option generates an output which lists all cross-references for the file selected, global location of each field in the file, input templates, print templates, and sort templates. For a comprehensive listing of Fee Basis files, please refer to the File Section of this manual.

Glossary

Ancillary Cost	Charges associated with a 7078/Authorization for Civil Hospital not paid directly to the contract hospital (e.g., physicians, lab services, etc.).
Batch	Grouping by which fee basis bills are paid.
BVA	Board of Veterans Appeals
C&P	Compensation and Pension
COJ	Clinic of Jurisdiction
COVA	Court of Veterans Appeals
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement
Invoice	Statement of charges received from a vendor for Community Nursing Home, Civil Hospital, medical, or pharmacy services rendered to a veteran.
JCAHO	Joint Commission on Accreditation of Health Care Organizations
Legal Entitlement	Determination by the fee clerk, based on the veteran's entitlement to VA benefits, of legal eligibility for Civil Hospital.
Medical Entitlement	Determination by a VA physician, based on whether an emergency existed at the time of admission, of medical eligibility for Civil Hospital.
Military time	The method of recording time that is the standard of the United States military.
MRA	Master record adjustment

NPI	National Provider Identifier – A unique ten digit, numerics only, Number issued by the Center for Medicaid and Medicare Services (CMS) to providers, both individual and organizational.
NVHS	Non-VA Hospital System
NVP	Non-VA Pricer System
Non-formulary Drug	A drug not on the routine pharmacy list for which the prescribing physician or the receiving patient must have prior approval/authorization.
Obligation Numbers	Numbers assigned by Fiscal Service representing fee monies (long term, short term, travel, etc.) against which fee basis batches are paid.
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
<RETURN> or <RET>	The key that is pressed after each response in order to move the cursor to the next line and to enter your response into the system.
Security Code	A code assigned to the user that identifies the user to the system and allows access to different areas within the system. This includes access and verify codes as well as security keys.
Special Key	A key that instructs the system to perform a function. For instance, the <RET> key not only moves you to the next prompt, it also enters the information you have just keyed into the system.
Suspension Letter	Letter sent to vendors informing them of the difference between amount charged and amount paid and the reason why.
Unauthorized Claim	Payment for expenses of inpatient medical services obtained by eligible veterans without prior authorization from the VA.
Up-arrow <^>	The upper case character on the number "six" key. It is used as a special function key.
Vendor	Any provider of care (e.g., doctors, hospitals, pharmacies, etc.)

Appendix A – Transmission Mappings[1]

A-1 MRA Mapping C1

	LOCATED IN FILE 161.2
9 – 21	ID NUMBER (1)
23 – 24	SPECIALTY CODE (.05)
25 – 26	PARTICIPANT CODE (7)
27 – 56	NAME (.01)
57 – 86	STREET ADDRESS (2)
87 – 116	STREET ADDRESS 2 (2.5)
117 – 135	CITY (3)
136 – 137	STATE (4)
138 – 146	ZIP CODE (5)
147 – 148	MAIL ROUTE CODE (5.18)
149 – 151	COUNTY CODE (5.5)
152	PROVIDER CODE (30.05)
156	TAX ID/SSN FLAG (30.06)
157	1099 VENDOR (30.03)
158	FMS VENDOR TYPE (30.04)
171 – 182	FPDS (24 & 25)
183 – 192	NPI (41.01)

	NOT IN FILE 161.2
1	RECORD TYPE CODE
2	ACTION CODE
3 – 8	STATION NUMBER
22	FEE ONLY INDICATOR
156 – 170	DHCP INTERNAL CONTROL NUM
193	'$'

[1] Note: This specification was provided by Reddy Madipadga to Proxicom in 2006.

A-2 MRA Mapping C4

LOCATED IN FILE 161.2

9 – 17	ID NUMBER (1)
18 – 21	CHAIN (C4, 8)
23 – 52	PHARMACY NAME (.01)
53 – 82	STREET ADDRESS (2)
83 – 112	STREET ADDRESS 2 (2.5)
113 – 131	CITY (3)
132 – 133	STATE (4)
134 – 142	ZIP CODE (5)
143 – 144	MAIL ROUTE CODE (5.18)
145 – 147	COUNTY CODE (5.5)
148	PROVIDER CODE (30.05)
149	TAX ID/SSN FLAG (30.06)
150	1099 VENDOR (30.03)
151	FMS VENDOR TYPE (30.04)
179 – 188	NPI (41.01)

NOT IN FILE 161.2

1	RECORD TYPE CODE
2	ACTION CODE
3 – 8	STATION NUMBER
22	FEE ONLY INDICATOR
152 – 166	DHCP INTERNAL CONTROL NUM
167 – 178	FILLER
189	'$'

A-3 Batch Header

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 3	value of FEE or FEN			
4 – 5	value of 'B3' FOR MEDICAL PAYMENTS; 'B5' FOR HOMETOWN PHARMACY PAYMENTS; 'C1' FOR VENDOR FILE ACTIVITIES; 'C2' FOR VETERAN MRA ACTIVITIES; 'C4' FOR PHARMACY FILE ACTIVITIES; 'B2' FOR TRAVEL PAYMENTS; 'B9' FOR CH/CNH; 'BT'			
6 – 12	Date formatted MMDDYYYY			
13 – 22	Station number + "-" + substation number			
23 – 27	Facility Name FBAABN	.01	161.4	STATION OF JURISDICTION NAME
28	SPACE			
29- 36	FBAAP amount with no decimal and a space at the end indication positive	9	161.7	TOTAL DOLLARS
37 – 38	FBAACP Obligation number	1	161.7	OBLIGATION NUMBER
39	SPACE			
40	$			

A- 4 B3 (Outpatient/Ancillary) Batch

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of '3'			
2 – 7	FBAASN	16_"-"_1	161.7	STATION NUMBER _"-"OBLIGATION NUMBER
8 – 17	FBSSN	9	2	SSN
18 - 19	FBPAYT	18	162	PAYMENT TYPE CODE 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR; 'SR' FOR STAT-REIMBURSEMENT;
20 – 49	FBPNAMX	.01	2	PATIENT NAME
50 –60	FBVID	1	161.2	ID NUMBER
61	SPACE			
62 –69	FBAP	6;1;2;2	162	AMOUNT PAYED
70 – 71	FBAAON	3	161.7	TYPE 'B3' FOR MEDICAL PAYMENTS; 'B5' FOR HOMETOWN PHARMACY PAYMENTS; 'C1' FOR VENDOR FILE ACTIVITIES; 'C2' FOR VETERAN MRA ACTIVITIES; 'C4' FOR PHARMACY FILE ACTIVITIES; 'B2' FOR TRAVEL PAYMENTS; 'B9' FOR CH/CNH;
72	FBSUSP	6;1;2;4	162	SUSPEND CODE
73 –74	FBPOV	6;1;2;16	162	PURPOSE OF VISIT
75 76	FBPATT	6;1;2;15	162	TREATMENT TYPE CODE
77 – 84	FBTD converts to FBTDSR1	6;1;.01	162	INITIAL TREATMENT DATE
78	FBTT	UNKNOWN =>		
79 –86	FBDIN	6;1;2;13	162	DATE CURRENT

				INVOICE RECEVED
87 – 95	FBINVN	6;1;2;15	162	INVOICE NUMBER
96 – 97	FBST	1	5	STATE
98-100	FBCTY	5;.01;3	5	VA COUNTY CODE
101 – 109	FBZIP		2	ZIP CODE
110 – 112	FBPSA	6;1;2;12	162	PRIMARY SERVICE FACILITY
113 – 117	FBCPT	UNKNOWN =>		
118 – 127	FBPOS	6;1;2;30	162	PLACE OF SERVICE
128-129	FBHCFA	6;1;2;31	162	HCFA TYPE OF SERVICE
130 –131	FBVTOS	6;1;2;29	162	VA TYPE OF SERVICE
132 –140	FBPD	6;1;2;28	162	PRIMARY DIAGNOSIS
141 – 148	FBY	6;1;2;33	162	PROMPT PAY TYPE
149 – 178	FBPICN	NO FIELD ASSOCIATED		
179 – 186	FBY OR FBDIN	PROMPT PAYMENT DATE CALCULATED		
187 –194	FBADMIT	3.5	162.4	DATE OF ADMISSION
195 – 202	FBDOB		2	DATE OF BIRTH
203 – 207	FBUNITS	6;1;2;47	162	UNITS PAID
208	FBAUTHF	'A' or 'U'		
209 – 213	FBMOD1	6;1;2;46;.01	162	CPT MODIFIER
214 – 218	FBMOD2	6;1;2;46;.01	162	CPT MODIFIER
219 – 223	FBMOD3	6;1;2;46;.01	162	CPT MODIFIER
224 – 228	FBMOD4	6;1;2;46;.01	162	CPT MODIFIER
229 –233	FBADJR1	6;1;2;52;.01	162	ADJUSTMENT REASON
234 – 238	FBADJR2	6;1;2;52;.01	162	ADJUSTMENT REASON

A-5 B3 (Outpatient/Ancillary) Batch (Line 2)

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 9	AFADJA1	6;1;2;52;2	162	ADJUSTMENT AMOUNT
10 – 18	ABADJA2	6;1;2;52;2	162	ADJUSTMENT AMOUNT
19 – 28	SPACES (Future NPI position)			
29 – 30	'~$'			

A-6 B5 Batch

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of '5'			
2 – 7	FBAASN	16_"-"_1	161.7	STATION NUMBER _"-"OBLIGATION NUMBER
8 – 17	FBSSN	9	2	SSN
18 - 19	FBPAYT	18	162	PAYMENT TYPE CODE
	'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR; 'SR' FOR STAT-REIMBURSEMENT;			
20 – 49	FBPNAMX	.01	2	PATIENT NAME
50 –60	FBVID	1	161.2	ID NUMBER
61 – 64	FBCSN	1	161.2	ID NUMBER
65 – 72	FBAC	6;1;2;3	162	AMOUNT SUSPENDED
73 – 80	FBAP	6;1;2;2	162	AMOUNT PAYED
81 – 82	FBAAO	3	161.7	TYPE
	'B3' FOR MEDICAL PAYMENTS; 'B5' FOR HOMETOWN PHARMACY PAYMENTS; 'C1' FOR VENDOR FILE ACTIVITIES; 'C2' FOR VETERAN MRA ACTIVITIES; 'C4' FOR PHARMACY FILE ACTIVITIES; 'B2' FOR TRAVEL PAYMENTS; 'B9' FOR CH/CNH;			
83	FBSUSP	6;1;2;4	162	SUSPEND CODE
84 - 91	FBTD converts to FBTDSR1	6;1;.01	162	INITIAL TREATMENT DATE
92 – 99	FBRX	6;1;2;.1	162	
100 –107	FBDIN	6;1;2;13	162	DATE CURRENT INVOICE RECEVED

108 – 116	FBINVN	6;1;2;15	162	INVOICE NUMBER
117 – 118	FBST	1	5	STATE
119 -121	FBCTY	5;.01;3	5	VA COUNTY CODE
122 – 130	FBZIP		2	ZIP CODE
131 – 133	FBPSA	6;1;2;12	162	PRIMARY SERVICE FACILITY
134 – 141	FBY	6;1;2;33	162	PROMPT PAY TYPE
142 – 149	SPACES			
150 – 179	FBPICN	NO FIELD ASSOCIATED		
180 – 187	FBY	PROMPT PAYMENT DATE CALCULATED		
188 - 192	FBADJR1	6;1;2;52;.01	162	ADJUSTMENT REASON
193 - 197	FBADJR2	6;1;2;52;.01	162	ADJUSTMENT REASON
198 - 206	AFADJA1	6;1;2;52;2	162	ADJUSTMENT AMOUNT
207 - 215	ABADJA2	6;1;2;52;2	162	ADJUSTMENT AMOUNT
216 - 225	SPACES (Future NPI position)			
226 - 227	'~$'			

A-7 B9 Inpatient Batch

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of '9'			
2 – 7	FBAASN	16_"-"_1	161.7	STATION NUMBER _"-"OBLIGATION NUMBER
8 – 17	FBSSN	9	2	SSN
18 - 19	FBPAYT	18	162	PAYMENT TYPE CODE 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR; 'SR' FOR STAT-REIMBURSEMENT;
20 – 49	FBPNAMX	.01	2	PATIENT NAME
50 –60	FBVID	1	161.2	ID NUMBER
61 – 62	SPACES			
63 – 70	FBAP	6;1;2;2	162	AMOUNT PAYED
71 – 72	FBAAON	3	161.7	TYPE 'B3' FOR MEDICAL PAYMENTS; 'B5' FOR HOMETOWN PHARMACY PAYMENTS; 'C1' FOR VENDOR FILE ACTIVITIES; 'C2' FOR VETERAN MRA ACTIVITIES; 'C4' FOR PHARMACY FILE ACTIVITIES; 'B2' FOR TRAVEL PAYMENTS; 'B9' FOR CH/CNH;
73	FBSUSP	6;1;2;4	162	SUSPEND CODE
74 –75	FBPOV	6;1;2;16	162	PURPOSE OF VISIT
76 - 77	FBPATT	6;1;2;15	162	TREATMENT TYPE CODE
78 –85	FBFTD	1;.01	161	FROM DATE
86 – 93	FBTTD	1;.02	161	TO DATE
94 –101	FBDIN	6;1;2;13	162	DATE CURRENT INVOICE RECEVED

102 – 110	FBINVN	6;1;2;15	162	INVOICE NUMBER
111 – 116	FBVMID	22	161.2	MEDICARE ID NUMBER
117 – 118	FBST	1	5	STATE
119 -121	FBCTY	5;.01;3	5	VA COUNTY CODE
122 – 130	FBZIP		2	ZIP CODE
131 – 133	FBPSA	6;1;2;12	162	PRIMARY SERVICE FACILITY
134 – 141	FBY	6;1;2;33	162	PROMPT PAY TYPE
142 – 155	SPACES			
156 – 162	FBDX(1)	30	162.5	ICD1
163 – 169	FBDX(2)	31	162.5	ICD2
170 – 176	FBDX(3)	32	161.5	ICD3
177 – 183	FBDX(4)	33	161.5	ICD4
184 – 190	FBDX(5)	34	161.5	ICD5
191 – 213	FBPICN	=> NO FIELD ASSOCIATED		
214 – 221	FBY	6;1;2;33	162	PROMPT PAY TYPE

A-8 B9 Inpatient Batch (Line 2)

MRA POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 7	FBPRC(1)	40	162.5	PRC1
8 - 14	FBPRC(2)	41	162.5	PRC2
15 - 21	FBPRC(3)	42	161.5	PRC3
22 - 28	FBPRC(4)	43	161.5	PRC4
29 - 35	FBPRC(5)	44	161.5	PRC5
36	SPACE			
37 - 44	FBAC	6;1;2;3	162	AMOUNT SUSPENDED
45	SPACE			
46 – 53	FBPA			
54 – 57	FBDRG	24	162.5	DISCHARGE DRG
58 - 65	FBADMIT	3.5	162.4	DATE OF ADMISSION
66 – 73	FBDISDT	4.5	162.4	DATE OF DISCHARGE
74 - 81	FBDOB		2	DATE OF BIRTH
82 – 84	FBDIST	1;.06	161	DISCHARGE TYPE
85 – 89	FBCDAYS	54	162.5	COVERED DAYS
90	FBAUTHF	'A' or 'U'		
91- 95	FBADJR	8;.01	162.5	ADJUSTMENT REASON
96	SPACE			
97 – 105	FBADJA	8;2	162.5	ADJUSTMENT AMOUNT
106 – 115	SPACES (Future space for NPI)			
116 – 117	'~$'			

Appendix B – Transmission Mappings from Central Fee

Definition of the interface between Central Fee and VistA Fee Basis. Central Fee sends a nightly Payment Confirmation file to VistA Fee Basis using MailMan. The following table defines the field/element Description in the fixed length message. Note: Fields from the mail message are filed to three different Fee Basis files in VistA depending on the Fee Program (FEE-PGM) fields in the message.

Central Fee Description	VistA FB File,Field	Col	Length	Data Type	Example data
FEE-STATION	n/a	1	6	AlphaNum	402
FEE-PGM	n/a	7	1	AlphaNum	3=Outpt file 162 5=Invoice file 162.5 9=Rx file file 162.1 T=Travel file 162
FEE-ACTY-CODE	n/a	8	1	AlphaNum	B=backout C=confirmed X=cancelled
FEE-INTNL-CTL-NUM-30	n/a	9	n/a	Group	Represents the record to edit in the appropriate FB file
FEE-INTNL-CTL-1-7	Various fields representing the record to edit	9	7	AlphaNum	0000000
FEE-INTNL-CTL-NUM-23	Various fields representing the record to edit	16	23	AlphaNum	0000000000015609¬51¬2¬1
FEE-CHK-NUM	Check Number 162,35 162.5,48 162.1, 30 162,9	39	8	AlphaNum	17041297
FEE-CHK-DATE	Date Paid 162,12 162.5, 45 162.1,28 162,8	47	8	AlphaNum	20110314
FEE-INT-AMT	Interest Amount 162,41 162.5,53 162.1,35 162,14	55	8	Numeric[1]	00000000
FEE-CNC-DTE	Cancellation Date 162,36	63	8	AlphaNum	20110311 (if cancelled)

Central Fee Description	VistA FB File,Field	Col	Length	Data Type	Example data
	162.5,49 162.1,31 162,10				
FEE-RSN-CODE	Reason Code 162,37 162.5,50 162.1,32 162,11	71	1	AlphaNum	U (if cancelled)
FEE-CNC-CODE	Cancellation Activity 162,38 162.5,51 162.1,33 162,12	72	1	AlphaNum	X (if cancelled)
FEE-DBRS-AMT	Dispersed Amount 162,40 162.5,52 162.1,34 162,13	73	9	Numeric[1]	000027741
FEE-RTG-NUM[2]	Routing Number 162,54 162.5,60	82	9	AlphaNum	256012974
FEE-ACCT-NUM[2]	Account Number 162,55 162.5,61	91	17	AlphaNum	12345678911111
FEE-BANK[2]	Financial Institution 162,56 162.5,62	108	30	AlphaNum	WELLS FARGO
FEE-REC-END-IND	n/a	138	1	AlphaNum	$

[1] Numeric fields contain an implied two digit decimal, so 12345678 = $123456.78
[2] New fields processed by FB*3.5*121 are in red.

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