

Fee Basis Version 3.5

User Manual



January 1995

Revised January 2018

Department of Veterans Affairs

Office of Information and Technology (OI&T)

Revision History

Initiated on 12/29/04

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
Jan 2018	<p>Fee Basis Patch FB*3.5*158:</p> <ul style="list-style-type: none"> • Batch Numbers will increase in size from 5 digits to 7 digits. • Batches that are 7 years old or older can be scheduled to purge on a monthly basis. • Batch files, transmitted to Central Fee, for inpatient, outpatient, and pharmacy claims will be updated to include data elements, previously transmitted via Vitria, as well as additional claim data. • Allow a maximum of 5 CARCs per claim line item with a maximum of 2 RARCs per CARC to be entered. • Software was also modified to decrease the maximum number of lines in a batch due to the addition of new fields in the batch. <ul style="list-style-type: none"> ○ OUTPATIENT: Previously users were able to have 85 lines in a batch; this is now changed to a maximum of 50 lines per batch. ○ INPATIENT: Previously users were able to have 42 lines in a batch; this is now changed to a maximum of 30 lines per batch. • Associate CARCs with CORE Business Scenarios so that once a CARC and scenario is established, only additional CARCs from the same scenario can be selected. • Set up the Fee Basis data dictionary to support RARC to CARC relationships, still allowing for the selection of CARCless RARCs. Also support relationships between CARCs and Groups, and RARCs and Groups. • Populates ADJUSTMENT REASON (CARC) file (#161.91) with associated REMITTANCE REMARK (RARC) codes, CORE SENARIO, and ADJUSTMENT GROUPS (CAGC) to be complaint with CORE-required Code Combinations for CORE-defined Business Scenarios for the Phase III CORE 360 Uniform Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835) Rule version 3.3.0 June 2016. 	<p>VA PM: D. Creary Contractor PM: T. Tarleton</p>	F. Perez

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
Oct 2016	<p>VistA Fee Separation of Duties, Patch FB*3.5*154:</p> <ul style="list-style-type: none"> • Three new security keys are implemented. • Locks on existing functionality and menu options are revised and software is modified to enforce separation of duties. • An existing problem with the identification of the associated authorization for outpatient payments and inpatient ancillary payments is resolved. • The software is modified to prevent an undefined error when a prescription is deleted. • The software is modified to prevent an undefined error when rejected payments are re-initiated. 	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
May 2016	<p>Fee Basis Patch FB*3.5*165</p> <p>This patch deletes inappropriate reject flags from old payments, removes old payments with payment confirmation or cancellation data from in-process batches, and enhances the Print Rejected Payment Items report option, which is located under the following four (4) menu options:</p> <ul style="list-style-type: none"> • Civil Hospital Main Menu Output Menu • Community Nursing Home Main Menu Output Main Menu - CNH • Medical Fee Main Menu Outputs Main Menu and the Supervisor Main Menu 	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
Nov 2014	<p>Fee Basis FB*3.5*123</p> <p>This patch includes enhancements that support the Intra-Governmental Payment and Collection (IPAC) System for making electronic payments to DoD Military Treatment Facilities.</p>	VA PM: H. Bromwell Contractor PM: J. Kane	S. Vetzal

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
Oct 2014	<p>Fee Basis FB*3.5*151, Fee Basis Separation of Duties – Retain historical information enhancement. Documentation updates:</p> <ul style="list-style-type: none"> • Updated date on title page and footers. • Added HISTORICAL AUTHORIZATION DATA REPORT to Section 3: MEDICAL FEE MAIN MENU under OUTPUTS MAIN MENU. • Updated DISPLAY UNAUTHORIZED CLAIM Introduction and Example in Section 6: UNAUTHORIZED CLAIM MAIN MENU under Outputs for Unauthorized Claims section.. • Fixed Section 6 header and corrected headers throughout document to remove duplicates from Table of Contents. • Corrected incomplete sentences and typos in multiple chapters. • Updated Index and Table of Contents. 	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
Sept 2014	<p>Fee Basis FB*3.5*139 This patch introduces ICD-10 functionality, including Advanced Search Functionality for ICD-10 codes and display of ICD codes. Modified footers, updated Table of Contents and Index. Modified Example heading to indicate ICD-9 and added ICD-10 examples. Updated Title page Updated Revision History pp. iii-vi Updated Table of Contents pp ix-xvi</p>	VA PM: K. Templet HP PM: M. Klein	E. Phelps
Sept 2013	<p>Fee Basis FB*3.5*146 This patch supports changes that allow the Electronic Filing of Newborn claims. Section 1, Notification/Request Menu Legal Entitlement Added example for Newborn Legal Entitlement Section 1, Notification/Request Menu Medical Entitlement Added example for Newborn Medical Entitlement. Section 3, Enter Authorization Added example that shows entering a Newborn authorization. Added Appendix L – Newborn Services Authorizations</p>	R. Weaver	J. Pappas
January 2013	<p>Fee Basis FB*3.5*132 This patch enhances the interface between VistA Fee Basis and Central Fee to improve the consistency of</p>	R. Stephens	S. Strack

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
	<p>payment line item data between the systems. This will prevent duplicate ICN payments by ensuring that a payment line cannot be reprocessed in VistA Fee Basis unless it has been removed from Central Fee.</p> <p>Changes to VistA Fee Basis software include:</p> <ul style="list-style-type: none"> • New and modified VistA Fee Basis options. • New value, CENTRAL FEE ACCEPTED, added to the STATUS field of the FEE BASIS BATCH file (#161.7). • New interface transaction sent from Central Fee to VistA Fee Basis to automate post release rejects. • Modification to existing options for new batch status to apply the restrictions to batches having the new status value of CENTRAL FEE ACCEPTED. • Restriction of edits to the Batch Status field. • Modification to content of the payment batch message for batch type B3 (outpatient or ancillary) and batch type BT (travel). • Updates to the graphic flow charts in <i>"Appendix I: Fee Basis Flow Charts and Action Tables."</i> • New <i>"Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments."</i> 		
Sept 2012	Fee Basis 3.5*135 Pages 52, 56, 104, 258, 279, 281, 347. Removed highlights from patch review feedback	Melita Rayford	T. Reed
Sept 2012	Fee Basis 3.5*124 Invoice Acceptance Date Controls See Appendix J and pages 41, 47, 49, 54, 57, 62, 66, 198, 266, 273, 275, 283, 289, 379, 380	L'Tanya Lawrence	Berry Anderson / Tammy Womack
August 2012	Fee Basis 3.5*108	Michael Hawkins	Berry Anderson
Nov. 2011	Fee Basis 3.5*122 Fee Basis 3.5*133	M. Rayford	T. Reed
August 2011	Fee Basis 1358 name change FB*3.5*129.	A. Anthony	C. Arceneaux
May 2011	Fee Basis 1358 Segregation FB*3.5*117.	A. Anthony	C. Arceneaux
07/2008	Updated for NPI patch FB*3.5*103	Danila Manapsal	Darlene White
03/2007	Updated for the Remove SSN project, patch FB*35*101.	Ashwani Suri	Mary Ellen Gray
02/2007	Updated for the NPI Project, FB*3.5*98	Melissa	Christine J.

Date	Description (Patch # if applicable)	Project Manager	Technical Writer
		Livingston	Smith
12/29/04	Updated to comply with SOP 192-352 Displaying Sensitive Data.		Mary Ellen Gray
12/29/04	PDF file checked for accessibility to readers with disabilities.		Mary Ellen Gray

Preface

The VISTA Fee Basis package provides a range of software supporting the Department of Veterans Affairs fee for service (Fee Basis) program. This is the User Manual for the Fee Basis software package. It is designed to introduce users to the Fee Basis system and provide guidelines and assistance for effective use of the Fee Basis functions.

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Table of Contents

Revision History.....	i
Preface.....	vii
Orientation.....	11
Package Management.....	13
Package Operation.....	15
Section 1: CIVIL HOSPITAL MAIN MENU	17
Overview	17
NOTIFICATION/REQUEST MENU	22
ENTER A REQUEST/NOTIFICATION.....	22
NOTIFICATION/REQUEST EDIT	26
LEGAL ENTITLEMENT.....	27
MEDICAL ENTITLEMENT.....	30
DISPLAY A REQUEST/NOTIFICATION.....	33
DELETE NOTIFICATION/REQUEST	34
EDIT REPORT OF CONTACT - CH	35
PRINT ENTITLEMENT AUDIT	36
PRINT REPORT OF CONTACT - CH.....	37
RECONSIDER A DENIED REQUEST.....	38
REQUESTS PENDING ENTITLEMENT	39
UPDATE REPORT OF CONTACT - CH.....	40
DISPOSITION MENU.....	41
COMPLETE 7078/AUTHORIZATION.....	41
EDIT COMPLETED 7078	42
DISPLAY 7078/AUTHORIZATION.....	43
CANCEL 7078 ENTERED IN ERROR.....	44
PRINT LIST OF CANCELLED 7078.....	45
SET UP A 7078	46
PAYMENT PROCESS MENU.....	48
ANCILLARY CONTRACT HOSP/CNH PAYMENT.....	48
COMPLETE A PAYMENT	54
DELETE INPATIENT INVOICE	57
EDIT ANCILLARY PAYMENT	59
ENTER INVOICE/PAYMENT	62
INVOICE EDIT	67
MULTIPLE ANCILLARY PAYMENTS	72
PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES	78
REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE	83
BATCH MAIN MENU - CH	87
OPEN A BATCH.....	87
EDIT BATCH DATA.....	88
CLOSE-OUT BATCH.....	89
RE-OPEN BATCH	91
PRICER BATCH RELEASE	92
RE-INITIATE PRICER REJECTED ITEMS.....	93
RELEASE A BATCH.....	95

FINALIZE A BATCH	97
RE-INITIATE REJECTED PAYMENT ITEMS	101
DELETE REJECT FLAG	103
STATUS OF BATCH	107
LIST ITEMS IN BATCH	109
BATCH DELETE	110
OPEN ANCILLARY PAYMENT BATCH	111
OUTPUT MENU	112
7078 PRINT	112
CHECK DISPLAY	114
CIVIL HOSPITAL CENSUS REPORT	115
COST REPORT FOR CIVIL HOSPITAL	117
DISPLAY OPEN BATCHES	119
INVOICE DISPLAY	120
IPAC VENDOR REPORTS MENU	121
LIST BATCHES PENDING RELEASE	126
NON-VA HOSPITAL ACTIVITY REPORT	127
PAYMENT AGING REPORT	129
PENDING PRICER REJECTS	130
POTENTIAL COST RECOVERY REPORT	131
PRINT REJECTED PAYMENT ITEMS	135
REQUEST STATISTICS	138
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL	139
VENDOR PAYMENTS OUTPUT	141
VETERAN PAYMENTS OUTPUT	143
GENERIC PRICER INTERFACE	145
QUEUE DATA FOR TRANSMISSION	147
Section 2: COMMUNITY NURSING HOME MAIN MENU	149
Overview	149
AUTHORIZATION MAIN MENU - CNH	154
ENTER CNH AUTHORIZATION	154
EDIT CNH AUTHORIZATION	155
CANCEL AUTHORIZATION ENTERED IN ERROR	157
CHANGE EXISTING CONTRACT RATE FOR A PATIENT	158
DELETE CNH RATE	161
DISPLAY 7078/AUTHORIZATION	162
ENTER VETERAN RATES UNDER NEW VENDOR CONTRACT	163
PRINT LIST OF CANCELLED 7078	164
BATCH MAIN MENU - CNH	165
BATCH DELETE	165
CLOSE-OUT BATCH	166
DELETE REJECT FLAG	168
DISPLAY OPEN BATCHES	172
EDIT BATCH DATA	173
FINALIZE A BATCH	174
LIST BATCHES PENDING RELEASE	178
LIST ITEMS IN BATCH	179
OPEN CNH BATCH	180
RE-INITIATE REJECTED PAYMENT ITEMS	181

RE-OPEN BATCH	183
RELEASE A BATCH.....	184
STATUS OF BATCH.....	186
FEE FUND CONTROL MAIN MENU - CNH	188
ESTIMATE FUNDS FOR OBLIGATION	188
POST COMMITMENTS FOR OBLIGATION	189
LTC CNH Active Authorizations Report.....	190
LTC CNH Ending Authorizations Report.....	192
MOVEMENT MAIN MENU -CNH.....	194
ADMIT TO CNH.....	194
MOVEMENT MAIN MENU -CNH.....	196
DELETE MOVEMENT MENU.....	196
DISCHARGE FROM CNH.....	199
DISPLAY EPISODE OF CARE	201
EDIT MOVEMENT MENU.....	202
TRANSFER MOVEMENT	205
OUTPUT MAIN MENU - CNH.....	207
7078 PRINT	207
ACTIVITY REPORT FOR CNH	209
AMIS 349 PRINT	210
CHECK DISPLAY	213
CNH CENSUS REPORT	214
CNH STAYS IN EXCESS OF 90 DAYS	216
CONTRACT EXPIRATION LIST.....	217
COST REPORT FOR CONTRACT NURSING HOME	218
DISPLAY EPISODE OF CARE	219
INVOICE DISPLAY	220
NURSING HOME 10-0168 REPORT	221
PAYMENT & TOTALS REPORT - CNH.....	225
POTENTIAL COST RECOVERY REPORT.....	226
PRINT REJECTED PAYMENT ITEMS	228
REPORT OF ADMISSIONS/DISCHARGES FOR CNH	230
ROSTER PRINT.....	231
VENDOR PAYMENTS OUTPUT.....	232
VETERAN PAYMENTS OUTPUT.....	233
PAYMENT MAIN MENU - CNH.....	234
DELETE INPATIENT INVOICE	234
EDIT CNH PAYMENT.....	235
ENTER CNH PAYMENT.....	237
QUEUE DATA FOR TRANSMISSION	240
UPDATE VENDOR CONTRACT/RATES - CNH.....	242
VENDOR ENTER/EDIT	243
Section 3: MEDICAL FEE MAIN MENU	247
Overview	247
BATCH MAIN MENU	257
ACTIVE BATCH LISTING BY STATUS	257
BATCH DELETE.....	259

BATCH STATUS FOR A RANGE OF BATCHES	260
CLOSE-OUT BATCH.....	261
DISPLAY OPEN BATCHES	263
EDIT BATCH DATA.....	264
LIST ITEMS IN BATCH	265
OPEN A BATCH.....	266
RE-OPEN BATCH	267
RELEASE A BATCH.....	268
STATUS OF BATCH.....	270
ENTER AUTHORIZATION	272
LTC Outpatient Active Authorizations Report	278
LTC OUTPATIENT ENDING AUTHORIZATION REPORT	280
OUTPUTS MAIN MENU.....	282
SUSPENSION LETTER PRINT	282
INDIVIDUAL SUSPENSION LETTER PRINT	284
7079 PRINT FOR SELECTED PATIENT	286
CHECK DISPLAY	292
DISPLAY ID CARD HISTORY FOR PATIENT.....	293
GROUP 7079 PRINT	294
HISTORICAL AUTHORIZATION DATA REPORT.....	296
INVOICE DISPLAY	298
IPAC VENDOR REPORTS MENU	299
OBSOLETE ID CARDS LIST	304
OUTPATIENT COST REPORT	305
PAYMENT AGING REPORT	306
PAYMENT HISTORY DISPLAY	307
POTENTIAL COST RECOVERY REPORT.....	310
PRINT REJECTED PAYMENT ITEMS	313
PSA OUTPUT REPORT	315
VALID ID CARDS LIST	317
VENDOR PAYMENTS OUTPUT.....	318
VETERAN PAYMENTS OUTPUT.....	320
PAYMENT MENU	322
DELETE PAYMENT ENTRY	322
EDIT PAYMENT	325
ENTER PAYMENT	328
INVOICE DISPLAY	336
MULTIPLE PAYMENT ENTRY	338
RE-INITIATE REJECTED PAYMENT ITEMS	344
REIMBURSEMENT PAYMENT ENTRY	347
TRAVEL PAYMENT ONLY	352
REGISTRATION MENU	356
AUTHORIZATION DISPLAY	356
FEE PATIENT INQUIRY	358
PRINT REPORT OF CONTACT.....	360
REPORT OF CONTACT	361
SUPERVISOR MAIN MENU	363
ADD NEW PERSON FOR UNAUTHORIZED CLAIM	364
CLERK LOOK-UP FOR AN AUTHORIZATION.....	365

CONTRACT FILE ENTER/EDIT	366
DELETE REJECT FLAG.....	367
EDIT PHARMACY INVOICE STATUS	371
ENTER/EDIT SUSPENSION LETTERS	372
FEE BASIS 1358 SEGREGATION OF DUTY REPORT.....	373
FEE SCHEDULE MAIN MENU	375
FINALIZE A BATCH.....	381
LIST BATCHES PENDING RELEASE.....	386
MRA MAIN MENU	387
PRICER BATCH RELEASE	399
PRINT REJECTED PAYMENT ITEMS	400
QUEUE DATA FOR TRANSMISSION.....	402
RE-INITIATE REJECTED PAYMENT ITEMS	404
RELEASE A BATCH.....	407
REPROCESS OVERDUE BATCH	409
RESEND COMPLETED BATCH	413
REQUEST INFO FILE ENTER/EDIT.....	415
SITE PARAMETER ENTER/EDIT.....	416
UNAUTHORIZED CLAIMS FILE MENU	421
VOID PAYMENT MAIN MENU	422
TERMINATE ID CARD.....	430
VENDOR MENU.....	432
DISPLAY, ENTER, EDIT DEMOGRAPHICS	432
PAYMENT DISPLAY FOR PATIENT	434
PAYMENT LOOK-UP FOR MEDICAL VENDOR	435
PHARMACY VENDOR PAYMENT LOOK-UP	436
IPAC VENDOR AGREEMENT MENU	437
Section 4: PHARMACY FEE MAIN MENU	439
Overview	439
BATCH MENU - PHARMACY.....	442
BATCH DELETE.....	442
CLOSE-OUT BATCH.....	443
DISPLAY OPEN BATCHES	445
EDIT BATCH DATA.....	446
LIST ITEMS IN BATCH	447
OPEN A PHARMACY BATCH.....	448
RE-OPEN BATCH	449
RELEASE A BATCH.....	450
STATUS OF BATCH.....	452
CHECK DISPLAY.....	454
CLOSEOUT PHARMACY INVOICE	455
COMPLETE PHARMACY INVOICE	456
DISPLAY PHARMACY INVOICE	457
EDIT PHARMACY INVOICE.....	458
ENTER PHARMACY INVOICE	460
LIST INVOICES PENDING MAS COMPLETION	464
LIST PHARMACY HISTORY.....	465

PATIENT RE-IMBURSEMENT	466
PHARMACY INVOICE STATUS	470
POTENTIAL COST RECOVERY REPORT	471
PRESCRIPTIONS PENDING PHARMACY REVIEW	473
REVIEW FEE PRESCRIPTION	474
VENDOR PAYMENTS OUTPUT	477
VETERAN PAYMENTS OUTPUT	479
Section 5: TELEPHONE INQUIRY MENU	481
Overview	481
CHECK DISPLAY	482
IPAC VENDOR REPORTS MENU	483
DOD INVOICE NUMBER INQUIRY	483
IPAC VENDOR DOD INVOICE REPORT	484
IPAC VENDOR PAYMENT REPORT	486
PAYMENT LISTING FOR VENDOR/VETERAN	488
VENDOR PAYMENTS OUTPUT	495
VETERAN PAYMENTS OUTPUT	496
Section 6: UNAUTHORIZED CLAIM MAIN MENU	499
Overview	499
ENTER/EDIT UNAUTHORIZED CLAIM MENU	503
ENTER UNAUTHORIZED CLAIM	503
MODIFY UNAUTHORIZED CLAIM	506
DISPOSITION UNAUTHORIZED CLAIM.....	507
RE-OPEN UNAUTHORIZED CLAIM	508
INITIATE APPEAL FOR UNAUTHORIZED CLAIM	510
APPEAL EDIT FOR UNAUTHORIZED CLAIM	512
COVA appeal enter/edit.....	514
REQUEST INFORMATION ON UNAUTHORIZED CLAIM	516
RECEIVE REQUESTED INFORMATION	518
LETTERS FOR UNAUTHORIZED CLAIM	519
UPDATE DATE LETTER SENT	519
BATCH PRINT LETTERS	520
Reprint Letter(s).....	522
PAYMENTS FOR UNAUTHORIZED CLAIMS	524
OUTPUTS FOR UNAUTHORIZED CLAIMS.....	529
ALL CLAIMS BY VENDOR/VETERAN/OTHER	529
CHECK DISPLAY	531
DISPLAY UNAUTHORIZED CLAIM	532
DISPOSITION/STATUS STATISTICS DISPLAY/PRINT	534
EXPIRATION DISPLAY/PRINT	536
Status Display/Print of Unauthorized Claims	537
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL	539
VENDOR PAYMENTS OUTPUT.....	541
VETERAN PAYMENTS OUTPUT.....	543
DISPLAY UNAUTHORIZED CLAIM.....	545

UTILITIES FOR UNAUTHORIZED CLAIMS	547
VENDOR ENTER/EDIT	547
ADD NEW PERSON FOR UNAUTHORIZED CLAIM	549
ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY	550
DISASSOCIATE AN UNAUTHORIZED CLAIM	552
DELETE UNAUTHORIZED CLAIM	553
RETURN ADDRESS DISPLAY/EDIT	554
Section 7: STATE HOME MAIN MENU	557
ENTER NEW STATE HOME AUTHORIZATION	558
CHANGE A STATE HOME AUTHORIZATION.....	561
DELETE A STATE HOME AUTHORIZATION	564
REINSTATE STATE HOME AUTHORIZATION	566
ACTIVE AUTHORIZATION REPORT	568
Glossary	571
Military Time Conversion Table	573
Appendix A: Adding New Insurance Data/Reporting Discrepancies to MCCR.....	575
Appendix B: Table of Fee Basis Unauthorized Claims Statuses.....	577
Appendix C: Fee Basis Mail Bulletins.....	579
Appendix D: Multiple Rates for CNH Vendors	581
Appendix E: Fee Basis/FMS Vendorizing Overview	583
Introduction	583
Vendorizing	583
Highlights Of Fee Basis Vendorizing.....	584
Appendix F: Vendor Error Codes.....	587
Appendix G: MRA and Payment Messages	591
Appendix H: List Manager	595
Appendix I: Fee Basis Flow Charts and Action Tables	597
CIVIL HOSPITAL MAIN MENU INPATIENT CLERK FLOW CHART	598
CIVIL HOSPITAL MAIN MENU TABLE OF ACTION.....	599
COMMUNITY NURSING HOME MAIN MENU FLOW CHART	600
MEDICAL FEE MAIN MENU FLOW CHART.....	602
MEDICAL FEE MAIN MENU TABLE OF ACTION	603
PHARMACY FEE MAIN MENU FLOW CHART	604
UNAUTHORIZED CLAIM MAIN MENU FLOW CHART	606
UNAUTHORIZED CLAIM MAIN MENU TABLE OF ACTION	607
Appendix J: Fee Invoice Acceptance Date Controls.....	609
Introduction	609
Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments	617
System Overview	617

Introduction

Interface Overview	617
Transaction Types	617
Transaction Description.....	617
Transaction Trigger Events	618
Appendix L: Newborn Services Authorizations.....	621
Newborn Eligibility Criteria.....	621
Enrollment Coordinator and Women’s Health Veteran’s Coordinator.....	621
Authorizations	621
Authorization Forms	621
Inpatient Authorization/Notification in VistA.....	622
Outpatient Authorization in VistA	628
Veteran’s Newborn Authorization Letter	630
Provider’s Newborn Authorization Letter	631
Appendix M: ERA Compliance	633
Managing CARCs and RARCs	633
Index.....	649

Introduction

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 non-VA hospitalization, community nursing home care, short-term care, ID card status for ongoing outpatient care, or for home health services, which authorize home health visits only. Veterans authorized Fee Basis care may be reimbursed for:

- Travel expenses from their home to the fee provider
- Prescription services in emergent situations
- Non-VA hospitalization and outpatient care

Upon entering the Fee Basis Main Menu, you will see a list of your open batches. The display includes information such as:

- Batch number
- Batch type
- Obligation number
- Date opened

The system will display a message if you have no open batches.

Following are the main features of the Fee Basis package:

- Ability to perform the entire fee for service process from entering patient authorizations and vendors to transmitting completed batch data to Austin for payment.
- Quick, easy, and accurate access to a patient's payment history.
- Completion of previously repetitive actions.
- Efficient administration of the Hometown Pharmacy program.
- Ability to set up authorizations for Community Nursing Home and Contract Hospital, and process payments for services provided.
- Processing of payments ancillary to Contract Hospital and unauthorized inpatient claims.
- Establishing a fee schedule and a Pricer check for payment of medical claims.

The VISTA Fee Basis software product is fully integrated with V. 20.0 of VA FileMan and V. 7.1 of the Kernel. V. 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) VISTA module of the PIMS (Patient Information Management System (formerly MAS)) package to provide users access to registration data entered through ADT options. It also integrates with the IB (Integrated Billing) package for patient insurance data. Integration with CPT V. 5.0 allows for entry of modifiers for CPT codes. Integration with the Patient Treatment File (PTF) allows for the creation of Non-VA PTF Records.

Related manuals include the Fee Basis V. 3.5 Technical Manual which provides technical computer personnel with information necessary for technical operation of the software product; the Fee Basis V. 3.5 Release Notes which provide an overview of features and functions new to this version; the Fee Basis V. 3.5 Installation Guide which provides information necessary to install the software; the Fee Basis V. 3.5 Package Security Guide which includes sensitive information related to the software; and the Fee Basis Guide Book supplied by Central Office.

Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis program with reduction of paperwork, savings in man-hours, and minimization of error. It allows the medical centers a tighter control over disbursement of Fee Basis funds due to enhancement of collection, maintenance, and output of patient and Vendor payment data.

It enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

Orientation

Package Operation

The Package Operation section provides documentation of each option, including a brief introduction to the option, a sample of what might appear on your screen when using the option, and sample outputs, when applicable.

User Responses

All user responses are shown in boldface type. The <RET> symbol is used when referring to the user pressing the Return or Enter key. The <^> symbol is used when referring to the up-arrow or caret.

List Manager

The Payment Listing for Vendor/Veteran option on the Telephone Inquiry Menu uses the List Manager utility; a tool designed to list items for selection and action. A double question mark entered at the Select Action prompt gives you a list of all actions available for a particular screen. You may also refer to the List Manager Appendix of this manual for help.

(This page included for two-sided copying.)

Package Management

The Fee Basis software package makes use of Current Procedural Terminology (CPT) codes, which is an AMA copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the American Medical Association.

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Package Operation

On-line Help

When the format of a response is specific, a Help message is usually provided for that prompt. Help messages provide lists of acceptable responses or format requirements, which provide instruction on how to respond.

A Help message can be requested by typing one or two question marks. The Help message will appear under the prompt, then the prompt will be repeated. For example, perhaps you see the prompt:

```
ENTER LAST DATE OF VISIT: APR 30, 1992//
```

and you need assistance answering. You enter ? and the Help message would appear.

```
ENTER LAST DATE OF VISIT: APR 30,1992// ?
EXAMPLES OF VALID DATES:
  JAN 20 1957 OR 20 JAN 57 OR 1/20/57 OR 012057
  T (FOR TODAY), T+1 (FOR TOMORROW), T+2, T+7, ETC.
  T-1 (FOR YESTERDAY), T-3W (FOR 3 WEEKS AGO), ETC.
IF THE YEAR IS OMITTED, THE COMPUTER USES THE CURRENT YEAR.
YOU MAY OMIT THE PRECISE DAY, AS: JAN, 1957
IF THE DATE IS OMITTED, THE CURRENT DATE IS ASSUMED.
FOLLOW THE DATE WITH A TIME, SUCH AS JAN 20@10, T@10AM, 10:30, ETC.
YOU MAY ENTER A TIME, SUCH AS NOON, MIDNIGHT OR NOW.
SECONDS MAY BE ENTERED AS 10:30:30 OR 103030AM.
ENTER THE DATE THE PATIENT WAS LAST SEEN AT THAT FACILITY.
ENTER LAST DATE OF VISIT: APR 30,1992//
```

For some prompts, the system will list the possible answers from which you can choose. Any time choices appear with numbers, the system will usually accept the number or the name.

A Help message may not be available for every prompt. If you enter question marks at a prompt that does not have a Help message, the system will repeat the prompt.

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Section 1: CIVIL HOSPITAL MAIN MENU

Overview

Following is a brief description of each option contained in the Civil Hospital Main Menu.

NOTIFICATION/REQUEST MENU

NOTE: *This menu is located on the CIVIL HOSPITAL MAIN MENU.*

- ENTER A REQUEST/NOTIFICATION - used to enter a request for Contract Hospital services.
- NOTIFICATION/REQUEST EDIT - used to edit a previously entered request/notification that is incomplete.
- LEGAL ENTITLEMENT - used to determine the patient's legal entitlement based on his eligibility for VA benefits.
- MEDICAL ENTITLEMENT - used by the VA physician reviewing the case to determine medical entitlement for Contract Hospital services.
- DISPLAY A REQUEST/NOTIFICATION - used to view the information on a VA Form 10-7078.
- DELETE NOTIFICATION/REQUEST - allows you to delete a request/ notification as long as there is not a VA Form 10-7078 set up for the request. In order to delete a request, you must be the person who entered the request, or you must hold the FBAASUPERVISOR security key.
- EDIT REPORT OF CONTACT - CH - used to edit a previously entered Contract Hospital Report of Contact.
- PRINT ENTITLEMENT AUDIT - allows the Fee Basis Supervisor to print out the audit of requests which were previously denied but have been reconsidered. You must hold the FBAASUPERVISOR security key to use this option.
- PRINT REPORT OF CONTACT - CH - used to print a selected Report of Contact for Contract Hospital.
- RECONSIDER A DENIED REQUEST - allows the supervisor to reconsider a previously denied request. There is an audit on the Legal and Medical Entitlement fields. You must hold the FBAASUPERVISOR security key to use this option.

- REQUESTS PENDING ENTITLEMENT - allows you to generate a list of requests/notifications that are still pending legal or medical entitlement.
- UPDATE REPORT OF CONTACT - CH - used to update information on a previously entered Report of Contact for Contract Hospital.

DISPOSITION MENU

NOTE: *This menu is located on the CIVIL HOSPITAL MAIN MENU.*

- COMPLETE 7078 AUTHORIZATION - used to enter the discharge date if it was not entered at the time medical entitlement was determined.
- EDIT COMPLETED 7078 - used to edit a previously entered VA Form 10-7078 Authorization.
- DISPLAY 7078 AUTHORIZATION - used to view the information on a VA Form 10-7078.
- CANCEL 7078 ENTERED IN ERROR - allows you to cancel a VA Form 10-7078 that was entered in error. When used, the estimated dollars will be freed up on the 1358. You must hold the FBAASUPERVISOR security key to use this option.
- PRINT LIST OF CANCELLED 7078 - prints those VA Form 10-7078s cancelled by a holder of the FBAASUPERVISOR security key.
- SET-UP A 7078 - used to set up a VA Form 10-7078 Contract Hospital authorization which has a status of COMPLETE.

PAYMENT PROCESS MENU

NOTE: *This menu is located on the CIVIL HOSPITAL MAIN MENU.*

- ANCILLARY CONTRACT HOSP/CNH PAYMENT - used to enter payments for ancillary services incurred by a patient while in a Contract Hospital.
- COMPLETE A PAYMENT - used to enter the amount paid for a Contract Hospital bill after it has been received from the Austin Pricer.
- DELETE INPATIENT INVOICE - allows you to delete an invoice entered in error. The invoice must be in a batch that has not been released for payment.
- EDIT ANCILLARY PAYMENT - used to edit certain portions of a previously entered ancillary payment.
- ENTER INVOICE/PAYMENT - used to enter a Contract Hospital payment.

- **INVOICE EDIT** - used to edit the dollar amount, as well as any diagnostic and/or procedure codes for a previously entered payment.
- **MULTIPLE ANCILLARY PAYMENTS** - used to enter identical ancillary services incurred while in a Non-VA Hospital for a specified patient and Vendor. Only the date of service may differ.
- **PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES** - used to reimburse a patient for ancillary services paid for by the patient.
- **REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE** - used to enter a patient reimbursement for an inpatient hospital stay. The payment will be sent through the Austin Pricer just like a direct Vendor invoice, and the patient is reimbursed the same as the private facility.

BATCH MAIN MENU – CH

NOTE: *This menu is located on the CIVIL HOSPITAL MAIN MENU.*

- **OPEN A BATCH** - used to create a Contract Hospital batch.
- **EDIT BATCH DATA** - used to edit certain portions of Contract Hospital batches.
- **CLOSE-OUT BATCH** - used to close a Contract Hospital batch.
- **RE-OPEN BATCH** - used to reopen a Fee Basis batch which has a batch status of CLOSED.
- **PRICER BATCH RELEASE** - used by a supervisor to review payments and mark them for transmission to the Austin Pricer.
- **RE-INITIATE PRICER REJECTED ITEMS** - used to re-initiate rejects from the Austin Pricer system.
- **RELEASE A BATCH** - used by a supervisor to release a batch for payment. You must hold the FBAASUPERVISOR security key to use this option.
- **FINALIZE A BATCH** - used to flag payment line items as locally rejected and finalize a batch. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. A Voucher Batch message is automatically transmitted to Central Fee when a batch is finalized.

You must hold the FBAAREJECT and/or FBAAFINANCE security keys to use this option, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.

- The FBAAFINANCE security key allows the holder to complete Finalize a Batch.
- RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected payment items and to assign them to a new batch.
- DELETE REJECT FLAG - used to delete local reject flags that were entered in error. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. You must hold the FBAAREJECT security key to use this option.
- STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.
- LIST ITEMS IN BATCH - used to view all payment records in the selected batch.
- BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.
- OPEN ANCILLARY PAYMENT BATCH - used to open a batch used for entering ancillary payments associated with a Contract Hospital admission.

OUTPUT MENU

NOTE: *This menu is located on the CIVIL HOSPITAL MAIN MENU.*

- 7078 PRINT - generates the VAF 10-7078.
- CHECK DISPLAY - displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to the FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.
- CIVIL HOSPITAL CENSUS REPORT - generates an output of all CH active inpatients (based on the Authorization FROM and TO dates in Section 5 of VA Form 10-7078) as of a specified census date.
- COST REPORT FOR CIVIL HOSPITAL - generates the Cost Report for Civil Hospital sorted by PATIENT TYPE CODE. The outputs include total cases, average amount paid, and average length of stay on total report.
- DISPLAY OPEN BATCHES - used to display information for batches with a status of OPEN.
- IPAC VENDOR REPORTS - allows the user to obtain the full listing of all of the IPAC Vendor Reports and will allow the user to select any of the reports to be output to a specified device.
- INVOICE DISPLAY - used to view and print a copy of a Contract Hospital invoice.

- LIST BATCHES PENDING RELEASE - used to display batches that have been closed, but not yet certified, by a supervisor for release to Austin.
- NON-VA HOSPITAL ACTIVITY REPORT - used to generate a report showing admissions, discharges, patients remaining, and the number of days of care for Contract Hospital.
- PENDING PRICER REJECTS - prints pending rejects from the Austin Pricer.
- POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be possible to recover. Data is sorted by division, patient, fee program, Vendor, and date.
- PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment and have not yet been re-initiated.
- REQUEST STATISTICS - used to generate a Contract Hospital report showing total number of requests, number denied, and the number still pending for a specified date range.
- UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates a report to display the unauthorized claims payments for Civil Hospital for a specified date range.
- VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected Vendor within a specified date range.
- VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

GENERIC PRICER INTERFACE

NOTE: *This option is located on the CIVIL HOSPITAL MAIN MENU.*

This option is used to send a case to the Non-VA Hospital System (NVHS) Pricer. The intent of this option is to help eliminate any need for the use of FALCON.

QUEUE DATA FOR TRANSMISSION

NOTE: *This option is located on the CIVIL HOSPITAL MAIN MENU.*

This option used by the supervisor to transmit Contract Hospital payments and MRAs to Austin. The FBAASUPERVISOR security key is required to access this option.

NOTIFICATION/REQUEST MENU ENTER A REQUEST/NOTIFICATION

FBAA ESTABLISH VENDOR security key - required to enter new vendors.

Introduction

The Enter a Request/Notification option is used to enter a request for contract hospitalization services. This notification is the first step in the process of determining if the veteran is eligible for VA payment of the Contract Hospital charges and/or transfer to a VA facility for treatment.

This option allows you to enter a new patient or to edit existing patient data in the FEE BASIS PATIENT file (#161). Entering/editing of a patient's record is done via a series of formatted data screens. The process of entering/editing a patient's record will not be the same for every patient, nor for every user due to several variables which exist in the system. To allow flexibility, your site has the ability to create its own additional screen in order to capture certain information it may need or to capture information in a different format. For assistance in entering a new patient or an explanation of the data screens, refer to the Register a Patient option in the PIMS (formerly MAS) User Manual.

The data is checked for inconsistencies by the MAS Consistency Checker. The number of inconsistencies found is displayed, followed by a list of the fields that need data entered or edited. "Inconsistencies followed by two (2) asterisks [**] must be corrected by using the appropriate MAS menu option(s). All items not followed by an asterisk can be edited at this time. If these items are not corrected at this time, a bulletin is sent to the appropriate hospital personnel." (Refer to Appendix C for a sample bulletin.)

This option also allows you to enter a Report of Contact for the admission.

NOTIFICATION/REQUEST MENU

ENTER A REQUEST/NOTIFICATION

Example

```
Select PATIENT NAME: FEEPATIENT, ONE      00-00-14   000456789   SC VETERAN
```

```
FEEPATIENT, ONE                          000-45-6789      1914
-----
Address: 2344 HELP ST.                    Temporary: NO TEMPORARY ADDRESS
        RED CROSS CITY,OK
  County: POTTAWATOMIE (125)              From/To: NOT APPLICABLE
  Phone: UNSPECIFIED                      Phone: NOT APPLICABLE
  Office: UNSPECIFIED                     POS: WORLD WAR II
Claim #: UNSPECIFIED
  Relig: UNKNOWN/NO PREFERENCE           Sex: MALE

Primary Eligibility: SC LESS THAN 50% (PENDING VERIFICATION)
Other Eligibilities: AID & ATTENDANCE, NSC, VA PENSION

Press RETURN to continue or '^' to exit: <RET>
```

```
FEEPATIENT, ONE                          000-45-6789      1914
-----
Status      : INACTIVE INPATIENT          Discharge Type : REGULAR
Admitted    : OCT 25,1985                 Discharged     : NOV 1,1985@14:42
Ward        : 8C ORTHO SURG               Room-Bed      :
Provider    : FEEprovider,One            Specialty     : CARDIOLOGY
Attending   :

Admission LOS: 7  Absence days: 0  Pass Days: 0  ASIH days: 0

Future Appointments: NONE

Remarks:
  Money Verified: NOT VERIFIED           Service Verified: NOT VERIFIED

A HINQ Request has already been made for this patient
Do you wish to make another Request? NO// N (NO)

Select Admitting Area: ALBANY ADMITTING
```

NOTIFICATION/REQUEST MENU ENTER A REQUEST/NOTIFICATION

Example, cont.

```
ISSUE REQUEST FOR RECORDS? YES// NO
Do you want to edit Patient Data? YES// N (NO)

Checking data for consistency...

==> 1 inconsistency found in 2 seconds...

==> 1 inconsistency filed in 0 seconds

...FEEPATIENT, ONE (000-45-6789) 1914
=====
55 - INCOME DATA MISSING**

Inconsistencies followed by two (2) asterisks [**] must be corrected by
using the appropriate MAS menu option(s).

All items not followed by an asterisk can be edited at this time. If these
items are not corrected at this time, a bulletin will be sent to the
appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? YES// NO

Last notification message was sent 'AUG 3,1993' [TODAY]

No new message sent since it's been less than 7 days since last message
and no new inconsistencies were found...

Is the patient currently being followed in a clinic for the same condition? N
(NO)

Is the patient to be examined in the medical center today? YES// N (NO)
```


NOTIFICATION/REQUEST MENU

ENTER A REQUEST/NOTIFICATION

Example, cont.

```

Select FEE NOTIFICATION/REQUEST DATE/TIME: NOW                08/03/93@15:53:11

Select FEE BASIS VENDOR NAME: FEEvendor,One    000456789  CONTRACT HOSPITAL
      923 ANY WAY
      ARGON, NEW YORK 17165-9967
      TEL. #: 717-653-9366

Patient Name: FEEPATIENT, ONE                                Pt.ID: 000-45-6789

                *** VENDOR DEMOGRAPHICS ***

      Name: FEEVENDOR,ONE                                ID Number: 000456789
      Address: 923 ANY WAY                                Specialty:
      City: ARGON                                         Type: FEEVENDOR,ONE
      State: NEW YORK                                     Participation Code: CONTRACT HOSPITAL
      ZIP: 17165-9967                                    Medicare ID Number: 123456
      County: MONROE                                     Chain:
      Phone: 717-555-9366                                Pricer Exempt: Yes
      Fax: 717-555-9300

      Austin Name:                                         Last Change
      Last Change 07/27/93                                FROM Austin: 07/29/93
      TO Austin:

Is this the correct Vendor? YES// <RET>

```

```

DATE/TIME: AUG 3,1993@15:53:11// <RET>

PERSON WHO CALLED: SPOUSE
DATE/TIME OF ADMISSION: NOW (AUG 03, 1993@15:53:26)
AUTHORIZED FROM DATE/TIME: AUG 3,1993@15:53:26// <RET> (AUG 03, 1993@15:53:26)

ADMITTING DIAGNOSIS: APPENDICITIS
REFERRING PROVIDER: FEEprovider,Two
REFERRING PROVIDER NPI: 1111111112

ATTENDING PHYSICIAN: <RET>

                REPORT OF CONTACT INFORMATION

TYPE OF CONTACT: T telephone
PHONE # OF PERSON CONTACTED: 555-3499
STREET ADDRESS[1] OF CONTACT: 83 FORREST RD
STREET ADDRESS[2] OF CONTACT: <RET>
CITY OF CONTACT: CONCORD
STATE OF CONTACT: NY
ZIP CODE OF CONTACT: 12332
VETERAN HAVE OTHER INSURANCE: <RET>
MODE OF TRANSPORTATION: AMBULANCE
APPROVING OFFICIAL: <RET>
NARRATIVE:
  1>PATIENT TO BE TRANSFERRED TO VAMC WHEN BED BECOMES AVAILABLE.

```

NOTIFICATION/REQUEST MENU NOTIFICATION/REQUEST EDIT

Introduction

The Notification/Request Edit option is used to edit a previously entered notification/request for Contract Hospital.

Only incomplete requests may be edited. An incomplete request is one where legal and medical entitlement have not yet been determined, and a VA Form 10-7078 has not been set up.

Example

```
SELECT PATIENT: FEEPATIENT, ONE 05-06-53 000456789 SC VETERAN
  1 8-25-1990@08:00:00 FEEVENDOR,ONE FEEPATIENT, ONE
  2 8-13-1990@14:00:00 FEEVENDOR,ONE FEEPATIENT, ONE
CHOOSE 1-2: 1 8-25-1990@08:00:00
VENDOR: FEEVENDOR,ONE// <RET>
PERSON WHO CALLED: DOCTOR// <RET>
DATE/TIME OF ADMISSION: AUG 24,1990@09:00// <RET>
AUTHORIZED FROM DATE/TIME: AUG 24,1990@09:00// <RET>
ADMITTING DIAGNOSIS: CHEST PAIN// <RET>
REFERRING PROVIDER: FEEPROVIDER,TWO// <RET>
REFERRING PROVIDER NPI: 111111112
ATTENDING PHYSICIAN: DOCTOR// <RET>
TYPE OF CONTACT: TELEPHONE// <RET>
PHONE # OF PERSON CONTACTED: 555-9867// 555-9847
STREET ADDRESS[1] OF CONTACT: 4 WAYNE ST// <RET>
STREET ADDRESS[2] OF CONTACT: <RET>
CITY OF CONTACT: TROY// <RET>
STATE OF CONTACT: NEW YORK// <RET>
ZIP CODE OF CONTACT: 12182// 12180
ATTENDING PHYSICIAN: DOCTOR// <RET>
ATTEND. PHYSICIAN TELEPHONE NO.: 555-9847// <RET>
VETERAN HAVE OTHER INSURANCE: YES// <RET>
INSURANCE TYPE: AETNA// <RET>
MODE OF TRANSPORTATION: POV// <RET>
APPROVING OFFICIAL: JOHN// <RET>
SELECT DATE/TIME OF CONTACT: AUG 25,1990@08:00// <RET>
  DATE/TIME OF CONTACT: AUG 25,1990@08:00// <RET>
  NARRATIVE:
  1> VETERAN ADMITTED THRU EMERGENCY ROOM.
EDIT OPTION: <RET>
```

NOTIFICATION/REQUEST MENU

LEGAL ENTITLEMENT

If a VA Form 10-7078 is set up through this option, a Non-VA PTF record is created, and the estimated amount of the 7078 is automatically posted to the 1358.

Introduction

The Legal Entitlement option is used to enter determination of legal entitlement for patients requesting transfer and admission to a VA facility from a Contract Hospital.

Legal entitlement is determined by you based on the patient's eligibility for VA benefits. The usual source for this data is the HINQ (Hospital Inquiry) system. Legal entitlement may not be entered unless the patient's eligibility for care has a status of VERIFIED. This may be accomplished by users holding the DG ELIGIBILITY security key through the Enter a Request/Notification option of this menu. It may also be accomplished through the Eligibility Verification, Load/Edit Patient Data, and Register a Patient options on the Registration Menu of the ADT system.

This option also permits entry of medical entitlement and VA Form 10-7078 setup for those patients for whom LEGAL ENTITLEMENT and MEDICAL ENTITLEMENT have been answered "YES".

In order to complete the setup of a VA Form 10-7078, you must be an authorized control point user in IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement).

Example

```

SELECT PATIENT: FEEPATIENT, ONE      1/1/55      000456789      NSC VETERAN      12-13-
1994@07:34:36      DRAPER PHARMACY AND SURGICAL SUPPLY      FEEPATIENT, ONE

LEGAL ENTITLEMENT: Y (YES)
DO YOU WANT TO DETERMINE MEDICAL ENTITLEMENT NOW? YES// <RET>

MEDICAL ENTITLEMENT: Y (YES)
DO YOU WANT TO SETUP A 7078 NOW? NO// Y YES

AUTHORIZATION TO DATE: T (DEC 14, 1994)

```

NOTIFICATION/REQUEST MENU LEGAL ENTITLEMENT

Example, cont.

```
DATE OF DISCHARGE: 12/14/94// <RET> (DEC 14, 1994)
ADMITTING AUTHORITY: 4 OBSERVATION & EXAMINATION      17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00 SURGICAL
SELECT OBLIGATION NUMBER: C93999 500-C93999 -- 1358 OBLIGATED - 1358
                        FCP: 333      $ 9999999
AUTHORIZED SERVICES:
  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>
```

```
REFERENCE NUMBER: C93999.0011      VENDOR: FEEVENDOR 000456789
VETERAN: FEEPATIENT, ONE          AUTHORIZATION FROM DATE: DEC 13, 1994
AUTHORIZATION TO DATE: DEC 14, 1994 AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500            USER ENTERING: PRCLERK
STATUS: INCOMPLETE                DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL        DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994   REFERRING PROVIDER: FEEPROVIDER,TWO

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
IS THIS CORRECT? NO// YES
...POSTING TO 1358
```

```
...EXCUSE ME, JUST A MOMENT PLEASE...
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
      NON-VA PTF RECORD CREATED.

DISCHARGE TYPE: 4 DISCHARGE
PURPOSE OF VISIT CODE: 30 AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.      30
PRIMARY SERVICE AREA: ALBANY VAMC      NEW YORK
ACCIDENT RELATED (Y/N): N (NO)
POTENTIAL COST RECOVERY CASE: N// N (NO)
```

NOTIFICATION/REQUEST MENU

LEGAL ENTITLEMENT

Example, cont.

REFERENCE NUMBER: C93999.0011	VENDOR: FEEVENDOR, ONE 000456789
VETERAN: FEEPATIENT, ONE	AUTHORIZATION FROM DATE: DEC 13, 1994
AUTHORIZATION TO DATE: DEC 14, 1994	AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500	USER ENTERING: PRCLERK
STATUS: COMPLETE	DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994	REFERRING PROVIDER: FEEPROVIDER, TWO

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

Example 2: Newborn Claims Enhancement (Patch 146)

The example below shows legal entitlement for a Newborn.

DISCHARGE TYPE: 4 DISCHARGE	
PURPOSE OF VISIT CODE: 29 NEWBORN CARE FOR THE FIRST 7 DAYS AFTER BIRTH.	29
PRIMARY SERVICE AREA: CHEY	
1 CHEYENNE HEALTH CARE CENTER WY NHC	
2 CHEYENNE MOC WY MORC 442HK	
3 CHEYENNE NHC WY NHC 4429AA	
4 CHEYENNE PHARMACY WY PHARM	
5 CHEYENNE REGIONAL MED CTR EAST WY NON-VA	
Press <RETURN> to see more, '^' to exit this list, OR	
CHOOSE 1-5: 1 CHEYENNE HEALTH CARE CENTER WY NHC	
ACCIDENT RELATED (Y/N): N (NO)	
POTENTIAL COST RECOVERY CASE: N// N (NO)	

REFERENCE NUMBER: 1VP001.0148	VENDOR: PROVIDER, TWO 123456789
VETERAN: NBPATIENT, FOUR	AUTHORIZATION FROM DATE: AUG 28, 2013
AUTHORIZATION TO DATE: SEP 04, 2013	AUTHORITY: NON-VA FOR FEMALE VET+NEWBORN
ESTIMATED AMOUNT: 1.99	USER ENTERING: FBUSER, ONE
STATUS: COMPLETE	DATE OF ISSUE: AUG 28, 2013
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: AUG 28, 2013
DATE OF DISCHARGE: SEP 04, 2013	

AUTHORIZED SERVICES: Hospitalization and professional care necessary until the patient's condition is stabilized or improved enough to permit a transfer without hazard to a VA or other Federal facility for continued treatment. Discharge Summary must accompany all requests for payment. Payment by VA constitutes payment-in-full.

NOTIFICATION/REQUEST MENU MEDICAL ENTITLEMENT

If a VA Form 10-7078 is set up through this option, a Non-VA PTF record is created, and the estimated amount of the 7078 is automatically posted to the 1358.

Introduction

The Medical Entitlement option is used to enter determination of medical entitlement of patients requesting transfer and admission to a VA facility from a Contract Hospital. Legal entitlement must be determined prior to using this option. Medical entitlement is determined by the VA physician reviewing the case.

This option may also be used to set up a VA Form 10-7078. In order to complete a setup of a VA Form 10-7078, you must be defined as a control point user in the IFCAP package.

Example

```
SELECT PATIENT: FEEPATIENT, ONE          00-00-14      000456789      SC VETERAN
1          8-12-1993@18:18:03      MAJOR RURAL MEDICAL CENTER      FEEPATIENT, ONE

MEDICAL ENTITLEMENT: YES// <RET>
DO YOU WANT TO SETUP A 7078 NOW? NO// Y YES

AUTHORIZATION TO DATE: 12/15 (DEC 15, 1993)

DATE OF DISCHARGE: 12/15/93// <RET> (DEC 15, 1993)
ADMITTING AUTHORITY: 4 OBSERVATION & EXAMINATION      17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00 SURGICAL
SELECT OBLIGATION NUMBER: C93999 500-C93999      -- 1358      OBLIGATED - 1358
          FCP: 333      $ 9999999

AUTHORIZED SERVICES:
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>
```

NOTIFICATION/REQUEST MENU MEDICAL ENTITLEMENT

Example, cont.

```

REFERENCE NUMBER: C93999.0012          VENDOR: FEEVENDOR,ONE 000456789
VETERAN: FEEPATIENT, ONE              AUTHORIZATION FROM DATE: AUG 11, 1993
AUTHORIZATION TO DATE: DEC 15, 1993   AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500                USER ENTERING: PRCLERK
STATUS: INCOMPLETE                    DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993      REFERRING PROVIDER: FEEPROVIDER,TWO

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

IS THIS CORRECT? NO// Y YES
...POSTING TO 1358

...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...
...EXCUSE ME, THIS MAY TAKE A FEW MOMENTS...
NON-VA PTF RECORD CREATED.

```

```

DISCHARGE TYPE: 4 DISCHARGE
PURPOSE OF VISIT CODE: 30 AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.      30
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER NEW YORK                      500
ACCIDENT RELATED (Y/N): N (NO)
POTENTIAL COST RECOVERY CASE: N// N (NO)

REFERENCE NUMBER: C93999.0012          VENDOR: FEEVENDOR,ONE 000456789
VETERAN: FEEPATIENT, ONE              AUTHORIZATION FROM DATE: AUG 11, 1993
AUTHORIZATION TO DATE: DEC 15, 1993   AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 1500                USER ENTERING: PRCLERK
STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993      REFERRING PROVIDER: FEEPROVIDER,TWO

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

```

NOTIFICATION/REQUEST MENU MEDICAL ENTITLEMENT

Example 2: Newborn Claims Enhancement (Patch 146)

If the patient is a Newborn, the Authorization To Date defaults to DOB+7 (Date of Birth plus seven days). Additionally, the admitting authority for a Newborn will be the new option of NON-VA FOR FEMALE VET+NEWBORN 17.38. See screen below for an example:

```

Select Patient:      8-28-2013@13:16:50      PROVIDER,TWO      NBPATIENT,FOUR

LEGAL ENTITLEMENT: Y (YES)
Do you want to determine Medical Entitlement now? YES//

MEDICAL ENTITLEMENT: Y (YES)
Do you want to setup a 7078 now? NO// YES

AUTHORIZATION TO DATE: 9/4/13//T+8 (SEP 05, 2013)

      Patient is a newborn. Authorization To Date must not be more than 7 days af
      ter the Date of Birth

AUTHORIZATION TO DATE: 9/4/13// (SEP 04, 2013)

DATE OF DISCHARGE: 9/4/13// (SEP 04, 2013)
ADMITTING AUTHORITY: 17.38
      1  17.38  HOSP/NH IN PHILLIPINES (NONVA)      17.38
      2  17.38  NON-VA FOR FEMALE VET+NEWBORN      17.38
CHOOSE 1-2: 2  NON-VA FOR FEMALE VET+NEWBORN      17.38
ESTIMATED AMOUNT: 1.99
BEDSECTION/TREATING SPECIALTY: ??

Select one of the following:
      '00' FOR SURGICAL
      '10' FOR MEDICAL
      '86' FOR PSYCHIATRY

      Select one of the following:

      00          SURGICAL
      10          MEDICAL
      86          PSYCHIATRY

BEDSECTION/TREATING SPECIALTY: 00  SURGICAL
Select Obligation Number: 1VP
      1  1VP001  442-1VP001  10-14-10  1358  Obligated - 1358
          FCP: 005      $ 1046500.00
      2  1VP004  442-1VP004  01-07-11  1358  Obligated - 1358
          FCP: 005      $ 722300.00
CHOOSE 1-2: 1  442-1VP001  10-14-10  1358  Obligated - 1358
          FCP: 005      $ 1046500.00

AUTHORIZED SERVICES:
  1>Hospitalization and professional care necessary until the patient's
  2>condition is stabilized or improved enough to permit a transfer without
  3>hazard to a VA or other Federal facility for continued treatment.
  4>Discharge Summary must accompany all requests for payment. Payment by VA
  5>constitutes payment-in-full.
    
```


NOTIFICATION/REQUEST MENU

DISPLAY A REQUEST/NOTIFICATION

Introduction

This option allows you to display a request/ notification for a patient from a Contract Hospital.

Example

```

SELECT PATIENT: FEEPATIENT, ONE          02-22-22      000456789      SC VETERAN
  1  8-16-1994@15:42:54  FEEVENDOR,ONE          FEEPATIENT, ONE
  2  12-13-1994@07:34:36  DRAPER PHARMACY AND SURGICAL SUPPLY  FEEPATIENT, ONE
CHOOSE 1-2: 1  8-16-1994@15:42:54

DATE/TIME: AUG 16, 1994@15:42:54          VENDOR: FEEVENDOR,ONE
PERSON WHO CALLED: DAN                     VETERAN: FEEPATIENT, ONE
AUTHORIZED FROM DATE/TIME: AUG 14, 1994@15:43:31
ADMITTING DIAGNOSIS: CHEST PAIN           ATTENDING PHYSICIAN: DOCTOR
USER ENTERING NOTIFICATION: PRCCLERK
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: AUG 16, 1994
USER ENTERING LEGAL DETERM.: PRCCLERK
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: AUG 16, 1994
USER ENTERING MEDICAL DETERM.: PRCCLERK
REQUEST STATUS: COMPLETE                   ASSOCIATED 7078: C93999.0010
DATE/TIME OF ADMISSION: AUG 14, 1994@15:43:31
REFERRING PROVIDER: FEEPROVIDER,TWO

SELECT PATIENT:

```

NOTIFICATION/REQUEST MENU

DELETE NOTIFICATION/REQUEST

FBAASUPERVISOR Key - required to delete notification/request entered by other users.

Introduction

The Delete Notification/Request option is used to delete a request/notification for Contract Hospital. This option allows you to delete a Request/Notification as long as there is not a VA Form 10-7078 set up for the request. In order to delete the request, you must either be the user who entered the request or the holder of the required security key.

Example

```
SELECT PATIENT: FEETPATIENT, ONE          00-00-14      000456789      SC VETERAN
  1      8-12-1993@18:22:21      MAJOR RURAL MEDICAL CENTER      FEETPATIENT, ONE
  2      10-27-1993@08:00:00      AGAIN      FEETPATIENT, ONE
  3      10-28-1993@08:00:00      AGAIN      FEETPATIENT, ONE
CHOOSE 1-3: 1  8-12-1993@18:22:21

DATE/TIME: AUG 12, 1993@18:22:21      VENDOR: FEEVENDOR,ONE
PERSON WHO CALLED: ADMITTING CLERK      VETERAN: FEETPATIENT, ONE
AUTHORIZED FROM DATE/TIME: AUG 12, 1993@14:00
USER ENTERING NOTIFICATION: PRCCLERK
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: OCT 5, 1993
USER ENTERING LEGAL DETERM.: PRCCLERK
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: OCT 5, 1993
USER ENTERING MEDICAL DETERM.: PRCCLERK
REQUEST STATUS: COMPLETE
DATE/TIME OF ADMISSION: AUG 12, 1993@14:00
REFERRING PROVIDER: FEEPROVIDER,TWO

ARE YOU SURE YOU WANT TO DELETE THIS REQUEST? NO// Y YES
...REQUEST DELETED
```

NOTIFICATION/REQUEST MENU

EDIT REPORT OF CONTACT - CH

Introduction

The Edit Report of Contact - CH option is used to edit a previously entered Contract Hospital Report of Contact. These are Reports of Contact entered during the initial notification/request process.

Example

```

SELECT VETERAN:  FEEPATIENT, ONE  11-04-19  000456789  SC VETERAN
6-29-1990@08:00:00  FEEVENDOR, ONE  FEEPATIENT, ONE
TYPE OF CONTACT: TELEPHONE// <RET>
PHONE # OF PERSON CONTACTED: 555-9800// <RET>
STREET ADDRESS[1] OF CONTACT: 345 WEST ST// <RET>
STREET ADDRESS[2] OF CONTACT: <RET>
CITY OF CONTACT: BATAVIA// <RET>
STATE OF CONTACT: NEW YORK// <RET>
ZIP CODE OF CONTACT: 12222// 12225
ATTENDING PHYSICIAN: DOCTOR// <RET>
ATTEND. PHYSICIAN TELEPHONE NO.: 555-1254// <RET>
VETERAN HAVE OTHER INSURANCE: YES// <RET>
INSURANCE TYPE: BLUE CROSS// AETNA
MODE OF TRANSPORTATION: AMBULANCE// <RET>
APPROVING OFFICIAL: JOHN// <RET>
SELECT DATE/TIME OF CONTACT: JUN 29,1990@08:00// <RET>
DATE/TIME OF CONTACT: JUN 29,1990@08:00// <RET>
NARRATIVE:
1> VET ADMITTED THRU EMERGENCY ROOM.
EDIT OPTION: <RET>

```

NOTIFICATION/REQUEST MENU PRINT ENTITLEMENT AUDIT

FBAASUPERVISOR Key - required to access this option.

Introduction

The Print Entitlement Audit option allows the Fee Basis Supervisor to print the audit of requests previously denied that have been reconsidered.

Example

```
**** DATE RANGE SELECTION ****  
  
BEGINNING DATE : 060193 (JUN 01, 1993)  
  
ENDING DATE : T (AUG 03, 1993)  
  
DEVICE: CIVIL HOSPITAL PRINTER          RIGHT MARGIN 80// <RET>
```

```
AUDIT ON FEE NOTIFICATION ENTITLEMENT CHANGE  
06/01/93 TO 08/03/93  
=====
```

PATIENT NAME	DATE/TIME OF NOTIFICATION
FIELD CHANGED	SUPERVISOR
=====	
FEEPATIENT, ONE -6789	08/09/93@13:09:22
FIELD CHANGED: LEGAL ENTITLEMENT	BY: MATTHEW
DATE OF CHANGE: 06/10/93@12:55:29	
FEEPATIENT, TWO -6789	08/05/93@14:07:58
FIELD CHANGED: LEGAL ENTITLEMENT	BY: MATTHEW
DATE OF CHANGE: 06/06/93@10:05:02	
FEEPATIENT, THREE -6789	04/03/93@14:07:58
FIELD CHANGED: LEGAL ENTITLEMENT	BY: MATTHEW
DATE OF CHANGE: 06/12/93@09:53:12	
FEEPATIENT, FOUR -6789	07/19/93@15:37:18
FIELD CHANGED: LEGAL ENTITLEMENT	BY: MATTHEW
DATE OF CHANGE: 08/02/93@14:25:25	

NOTIFICATION/REQUEST MENU

PRINT REPORT OF CONTACT - CH

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```

SELECT FEE BASIS PATIENT NAME: FEEPATIENT, ONE
SELECT REPORT OF CONTACT DATE OF CONTACT: T   DEC 11, 1994
DEVICE: HOME// <RET>  VIRTUAL TERMINAL   RIGHT MARGIN: 80// <RET>
  
```

```

=====
                |VA OFFICE      |SSN #
                |              |
>>  REPORT OF CONTACT  <<  |VAMC ALBANY NY | 000456789
                |              |
-----
NAME OF VETERAN          |TELEPHONE NO. OF VET. |DATE OF CONTACT
FEEPATIENT, ONE         |1518-555-0987         | 12/11/94
-----
ADDRESS OF VETERAN      |TYPE OF CONTACT
000 MAPLE DR            |
TROY, NY                |          TELEPHONE
32937
-----
PERSON CONTACTED        |TELEPHONE NUMBER OF
DOCTOR                  |PERSON CONTACTED
                        |518-555-1234
-----
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

DOCTOR CALLED TO REQUEST AUTHORIZATION TO PROVIDE
OUTPATIENT SURGICAL SERVICES TO PATIENT. CASE WILL BE
REVIEWED BY DOCTOR TWO.

-----
DIVISION OR SECTION    |EXECUTED BY(SIGNATURE AND TITLE)
FEE BASIS              |PRCCLERK
=====
VA FORM 119
  
```

NOTIFICATION/REQUEST MENU RECONSIDER A DENIED REQUEST

FBAASUPERVISOR Key - required to access this option.

Introduction

This option allows you to reconsider a previously denied request. You may approve legal entitlement and/or medical entitlement. If the medical entitlement is approved, VA Form 10-7078 may also be setup through this option.

Example

```
SELECT PATIENT: FEEPATIENT, ONE          02-03-35      000456789      MILITARY RETIREE
8-11-1994@14:30:00      FEEVENDOR,ONE      FEEPATIENT, ONE

DATE/TIME: NOV  3, 1994@08:00          VENDOR: FEEVENDOR,ONE
PERSON WHO CALLED: BETTY              VETERAN: FEEPATIENT, ONE
AUTHORIZED FROM DATE/TIME: NOV  1, 1994@08:00
ADMITTING DIAGNOSIS: CHEST PAIN      ATTENDING PHYSICIAN: DR. FRANK
USER ENTERING NOTIFICATION: ROSCOE
LEGAL ENTITLEMENT: NO
DATE OF LEGAL DETERMINATION: DEC 14, 1994
USER ENTERING LEGAL DETERM.: PRCCLERK
MEDICAL ENTITLEMENT: NO
DATE OF MEDICAL DETERMINATION: DEC 14, 1994
REQUEST STATUS: COMPLETE              SUSPENSE CODE: 3
ATTEN.PHYSICIAN PHONE NUMBER: (202)535-7385
DATE/TIME OF ADMISSION: NOV  1, 1994@08:00
REFERRING PROVIDER: FEEPROVIDER,TWO

IS THIS THE CORRECT REQUEST? YES// Y YES

LEGAL ENTITLEMENT: Y (YES)
DO YOU WANT TO DETERMINE MEDICAL ENTITLEMENT NOW? YES// N NO
```

NOTIFICATION/REQUEST MENU

REQUESTS PENDING ENTITLEMENT

Introduction

The Requests Pending Entitlement option allows you to generate a list of requests/notifications that are still pending legal or medical entitlement.

Example

```

DEVICE:  CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80// <RET>
FEE NOTIFICATION/REQUEST PENDING ENTITLEMENT  AUG  4,1993  09:13  PAGE 1
DATE OF REQUEST      PATIENT NAME      PT.ID
                   DATE/TIME OF
                   ADMISSION
-----
                REQUEST STATUS: PENDING ENTITLEMENT
AUG  3,1993  10:55      FEEPATIENT, ONE      000456789
  AUTHORIZED FROM DATE:  AUG  2,1993  15:30
  ADMISSION DATE:      AUG  2,1993  15:30
AUG  2,1993  19:00      FEEPATIENT, ONE      000456789
  AUTHORIZED FROM DATE:  JUL  27,1993  20:55
  ADMISSION DATE:      JUL  27,1993  20:55

```

NOTIFICATION/REQUEST MENU UPDATE REPORT OF CONTACT - CH

Introduction

The Update Report of Contact - CH option is used to update information on a previously entered Report of Contact for Contract Hospital, or to enter additional report(s) of contact to existing notifications/requests.

The date/time of the notification and the narrative text of the Report of Contact may be updated through this option.

Example

```
SELECT VETERAN: FEEPATIENT, ONE      11-04-19   000456789   SC VETERAN
6-29-1990@08:00:00      FEEVENDOR,ONE      FEEPATIENT, ONE
SELECT DATE/TIME OF CONTACT: JUN 29,1990@08:00// <RET>
DATE/TIME OF CONTACT: JUN 29,1990@08:00// <RET>
NARRATIVE:
1>VET ADMITTED THRU EMERGENCY ROOM
EDIT OPTION: <RET>
```


DISPOSITION MENU

COMPLETE 7078/AUTHORIZATION

Introduction

The Complete 7078/Authorization option is used to complete a VA Form 10-7078 Authorization when the AUTHORIZATION TO DATE was not entered at the time the 7078/Authorization was set up.

New authorizations cannot be entered through this option. All new entries must be made through the Enter a Request/Notification option of the Notification/Request Menu.

Example

```

SELECT VETERAN: FEETPATIENT, ONE  FEEPATIENT, ONE      7-14-45    000456789
NO      NSC VETERAN      B      B      ROBERT  PC CHARLOTTE
ENROLLMENT PRIORITY: GROUP 7C  CATEGORY: ENROLLED      END DATE:

      1  FEEPATIENT, ONE  6789D00A10202.31      BOCA RATON CONV CTR      FEEPATIENT, ONE
INCOMPLETE
      2  FEEPATIENT, ONE  6789D00A10202.32      BOCA RATON CONV CTR      FEEPATIENT, ONE
INCOMPLETE
      3  FEEPATIENT, ONE  6789D00A10202.33      BOCA RATON CONV CTR      FEEPATIENT, ONE
INCOMPLETE
CHOOSE 1-3: 3  6789D00A10202.33      BOCA RATON CONV CTR      FEEPATIENT, ONE
INCOMPLETE
AUTHORIZATION TO DATE: AUG 10, 2003// <RET>
DATE OF DISCHARGE: AUG 15, 2003  (APR 15, 2003)

BEDSECTION/TREATING: 10  MEDICAL
DISCHARGE TYPE: 4  DISCHARGE
PURPOSE OF VISIT CODE: 30  AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.      30
PRIMARY SERVICE AREA:      BAY PINES, FLA
ACCIDENT RELATED (Y/N): Y  (YES)
POTENTIAL COST RECOVERY CASE: N// <RET>  (NO)

REFERENCE NUMBER: 0160D00A10202.33      VENDOR: FEEVEMDOR, ONE 000628039
VETERAN: FEEPATIENT, ONE      AUTHORIZATION FROM DATE: APR 01, 2003
AUTHORIZATION TO DATE: APR 10, 2003      AUTHORITY: NURSING HOME CARE
ESTIMATED AMOUNT: 914.22      USER ENTERING: TINA
STATUS: INCOMPLETE      DATE OF ISSUE: DEC 18, 2003
FEE PROGRAM: CONTRACT NURSING HOME      DATE OF DISCHARGE: APR 15, 2003
REFERRING PROVIDER: FEEPROVIDER,TWO

AUTHORIZATION ID: 51600FB33
ACS SEGMENTS: 0160D00A10202.2003..51600...834200...256000.....
STATION/SUB-STATION: 51600      FUND: 0160D00A10202
MONTH/YEAR OF ESTIMATE: APR 2003      TREATMENT FROM DATE: APR 01, 2003
TREATMENT TO DATE: APR 09, 2003

```

DISPOSITION MENU EDIT COMPLETED 7078

Introduction

The Edit Completed 7078 option is used to edit a completed VA Form 10-7078 Authorization for Civil Hospital.

Example

```
SELECT PATIENT: FEEPATIENT, ONE      C93999.0013      ST MARY'S HOSP      COMPLETE
AUTHORIZED FROM DATE/TIME: OCT 1,1993@08:00// <RET>
AUTHORIZATION TO DATE: DEC 14,1994// <RET>
DATE OF DISCHARGE: DEC 14,1994// <RET>
ADMITTING AUTHORITY: OBSERVATION & EXAMINATION// <RET>

DISCHARGE TYPE: DISCHARGE// <RET>
BEDSECTION/TREATING SPECIALTY: MEDICAL// <RET>
PURPOSE OF VISIT CODE: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
// <RET>
AUTHORIZATION REMARKS:
  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>
ACCIDENT RELATED (Y/N): YES// N (NO)
POTENTIAL COST RECOVERY CASE: YES// N (NO)
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER// <RET>

SELECT PATIENT:
```

DISPOSITION MENU DISPLAY 7078/AUTHORIZATION

Introduction

The Display 7078/Authorization option is used to view a selected VA Form 10-7078 Authorization for Civil Hospital.

Example

```

SELECT PATIENT: FEEpatient,ONE

SEARCHING FOR A FEE VENDOR
FEEPATIENT, ONE      00-00-14      000456789      SC VETERAN
1      C90234.0025      PUBLIC HOSPITAL      FEEPATIENT, ONE      CANCELLED
2      C90234.0027      FEEVENDOR,ONE      FEEPATIENT, ONE      COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-2: 1 C90234.0025

REFERENCE NUMBER: C90234.0025      VENDOR: PUBLIC HOSPITAL 000456789
VETERAN: FEEPATIENT, ONE      AUTHORIZATION FROM DATE: JUL 21, 1993
AUTHORIZATION TO DATE: AUG 10, 1993      AUTHORITY: PRESUMPTION OF SC
ESTIMATED AMOUNT: 1400      USER ENTERING: KAREN
STATUS: CANCELLED      DATE OF ISSUE: AUG 4, 1993
FEE PROGRAM: CIVIL HOSPITAL      USER WHO CANCELLED: PRCCLERK
DATE CANCELLED: DEC 14, 1994      DATE OF ADMISSION: JUL 21, 1993
DATE OF DISCHARGE: AUG 10, 1993      REFERRING PROVIDER: FEEPROVIDER,TWO
REFERRING PROVIDER NPI (C): 111111112

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

SELECT PATIENT:

```

DISPOSITION MENU CANCEL 7078 ENTERED IN ERROR

Introduction

This option is used when it is determined that a 7078 was entered in error. Once a VA Form 10-7078 is cancelled, you may enter the correct authorization by using the Set-up a 7078 option.

The FBAASUPERVISOR Security Key is required to access this option.

Example

```
SELECT PATIENT:  FEEPATIENT, ONE          00-00-14      000456789      SC VETERAN
                1      C90234.0025      PUBLIC HOSPITAL  FEEPATIENT, ONE  COMPLETE
                2      C90234.0026      FEEVENDOR, ONE  FEEPATIENT, ONE  COMPLETE
CHOOSE 1-2:  2  C90234.0026
```

```
REFERENCE NUMBER: C90234.0026          VENDOR: FEEVENDOR, ONE 000456789
VETERAN: FEEPATIENT, ONE              AUTHORIZATION FROM DATE: AUG 1, 1993
AUTHORIZATION TO DATE: AUG 15, 1993    AUTHORITY: PRESUMPTION OF SC
ESTIMATED AMOUNT: 1500                 USER ENTERING: KAREN
STATUS: COMPLETE                        DATE OF ISSUE: AUG 4, 1993
FEE PROGRAM: CIVIL HOSPITAL             DATE OF ADMISSION: AUG 1, 1993
DATE OF DISCHARGE: AUG 15, 1993        REFERRING PROVIDER: FEEPROVIDER, TWO

AUTHORIZED SERVICES:  NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED
BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY PAYMENTS AT 72%
OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

ARE YOU SURE YOU WANT TO CANCEL? NO// YES
...AUTHORIZATION CANCELLED.  NOW UPDATING 1358....
FINISHED
```

DISPOSITION MENU

PRINT LIST OF CANCELLED 7078

FBAASUPERVISOR Key - required to access this option.

Introduction

The Print List of Cancelled 7078 option is used to print out those VA Form 10-7078s which have been cancelled.

Example

DEVICE: CIVIL HOSPITAL PRINTER		RIGHT MARGIN: 80// <RET>	
CANCELLED 7078S		AUG 4,1993 10:28	PAGE 1
7078	PATIENT NAME		VENDOR
FROM DATE	CLERK ENTERING 7078	DATE CANCELLED	
C33003.0002		FEEPATIENT, ONE	FEEVENDOR, ONE 000456789
JUN 9,1993	JOHN	JUN 9,1993	
C89700.0004		FEEPATIENT, TWO	FEEVENDOR, TWO 000456789
JUL 28,1993	KAREN	JUL 28,1993	
C90234.0014		FEEPATIENT, THREE	FEEVENDOR, THREE 000456789
JUL 28,1993	KAREN	JUL 28,1993	
C90234.0015		FEEPATIENT, FOUR	FEEVENDOR, THREE 000456789
JUL 28,1993	JOHN	JUL 28,1993	
C90234.0016		FEEPATIENT, FIVE	FEEVENDOR, THREE 000456789
JUL 28,1993	KAREN	JUL 28,1993	
C90234.0017		FEEPATIENT, SIX	FEEVENDOR, THREE 000456789
JUL 28,1993	KAREN	JUL 28,1993	

DISPOSITION MENU SET UP A 7078

The estimated amount of the VA Form 10-7078 is posted to the 1358.

Use of this option creates a Non-VA PTF record.

Introduction

The Set up a 7078 option is used to set up a VA Form 10-7078 Authorization for Civil Hospital. You can only set up a VA Form 10-7078 for requests with a status of COMPLETE.

A Contract Hospital VA Form 10-7078 Authorization cannot be set up through this option until both the legal and medical entitlement have been determined. An incomplete VA Form 10-7078 cannot be edited through this option. This must be done through the Complete 7078/Authorization option.

Example

```
SELECT PATIENT: FEEPATIENT, ONE          06-12-55      000456789      SC VETERAN

      1      5-14-1993@17:03:55      FEEVENDOR,ONE      FEEPATIENT, ONE
      2      5-17-1993@10:00:00      FEEVENDOR,ONE      FEEPATIENT, ONE
      3      8-5-1993@08:00:00      FEEVENDOR,ONE      FEEPATIENT, ONE
CHOOSE 1-3: 3  8-5-1993@08:00:00

AUTHORIZATION TO DATE: T (DEC 14, 1994)

DATE OF DISCHARGE: 12/14/94// <RET> (DEC 14, 1994)
ADMITTING AUTHORITY: OBSERVATION & EXAMINATION      17.45
ESTIMATED AMOUNT: 900
BEDSECTION/TREATING SPECIALTY: 10 MEDICAL
SELECT OBLIGATION NUMBER: 500-C93999      -- 1358      OBLIGATED - 1358
      FCP: 333      $ 9999999

AUTHORIZED SERVICES:
 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>
```

DISPOSITION MENU SET UP A 7078

Example, cont.

REFERENCE NUMBER: C93999.0014	VENDOR: FEEVENDOR, ONE 000456789
VETERAN: FEEPATIENT, ONE	AUTHORIZATION FROM DATE: AUG 5, 1993
AUTHORIZATION TO DATE: DEC 14, 1994	AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 900	USER ENTERING: MARY ELLEN
STATUS: INCOMPLETE	DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: AUG 5, 1993
DATE OF DISCHARGE: DEC 14, 1994	REFERRING PROVIDER: FEEPROVIDER, TWO

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

IS THIS CORRECT? NO// **Y** YES
POSTING TO 1358

...HMMM, JUST A MOMENT PLEASE...
 ...HMMM, HOLD ON...
 NON-VA PTF RECORD CREATED.

DISCHARGE TYPE: 1 TRANSFER TO VA	
PURPOSE OF VISIT CODE: 30 AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.	30
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER NEW YORK	500
ACCIDENT RELATED (Y/N): N (NO)	
POTENTIAL COST RECOVERY CASE: N// <RET> (NO)	

REFERENCE NUMBER: C93999.0014	VENDOR: FEEVENDOR, ONE 000456789
VETERAN: FEEPATIENT, ONE	AUTHORIZATION FROM DATE: AUG 5, 1993
AUTHORIZATION TO DATE: DEC 14, 1994	AUTHORITY: OBSERVATION & EXAMINATION
ESTIMATED AMOUNT: 900	USER ENTERING: MARY ELLEN
STATUS: COMPLETE	DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: AUG 5, 1993
DATE OF DISCHARGE: DEC 14, 1994	REFERRING PROVIDER: FEEPROVIDER, TWO

AUTHORIZED SERVICES: NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE

PAYMENT PROCESS MENU

ANCILLARY CONTRACT HOSP/CNH PAYMENT

New Prompts:

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAA ESTABLISH VENDOR Key - required to enter new or edit existing vendors.

FBAASUPERVISOR Key - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

Enter the DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter payments for ancillary services (services other than those included in the DRG) rendered while a patient is in a Contract Hospital for an authorized admission. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

PAYMENT PROCESS MENU

ANCILLARY CONTRACT HOSP/CNH PAYMENT

Introduction, cont.

Only authorized Contract Hospital ancillary payments can be entered through this option. All other Fee Basis payments are entered through other payment options. Payment may be made for two or more of the same type of services to the same patient on the same date.

You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and Vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the Vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example of ICD-9 Data:

```

SELECT FEE BASIS BATCH NUMBER:    24
OBLIGATION #: C33003

SELECT PATIENT: FEEPATIENT, ONE      08-14-55      000456789      SC VETERAN

FEEPATIENT, ONE                    PT.ID: 000-45-6789
12 ANY ST.                          DOB: AUG 14,1955
MANCHESTER                          TEL: NOT ON FILE
NEW HAMPSHIRE 12111                 CLAIM #: 000000000
                                      COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50% -- NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

          SC PERCENT: 20%
RATED DISABILITIES: DIABETES (20%-SC)
HEALTH INSURANCE: NO

```

PAYMENT PROCESS MENU ANCILLARY CONTRACT HOSP/CNH PAYMENT

Example of ICD-9 Data, cont.

```
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 04/26/94      VENDOR: FEEVENDOR,ONE- 000654329AA
      TO: 04/28/94
      AUTHORIZATION TYPE: CIVIL HOSPITAL
      PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
      DX: CAD           COUNTY: GRAFTON           PSA: BAY PINES, FL

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
```

```
AUTHORIZATION REMARKS:
  1>NURSING HOME
EDIT OPTION: <RET>
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE 000654329AA CONTRACT HOSPITAL
      123 ANYWHERE AVE
      NEWTOWN, WISCONSIN 09876-1265
      TEL. #: 5551212
```

```
PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

*** VENDOR DEMOGRAPHICS ***

      NAME: FEEVENDOR,ONE                    ID NUMBER: 000456789
      ADDRESS: 123 ANYWHERE AVE              SPECIALTY:
      CITY: NEWTOWN                          TYPE: PUBLIC HOSPITAL
      STATE: WISCONSIN                       PARTICIPATION CODE: CONTRACT HOSPITAL
      ZIP: 09876-1265                        MEDICARE ID NUMBER: 098356
      COUNTY: CHIPPEWA                       CHAIN:
      PHONE: 5551212
      FAX: 5551200                            PRICER EXEMPT: YES
AUSTIN NAME: TEST
      LAST CHANGE                             LAST CHANGE
      TO AUSTIN: 04/27/94                     FROM AUSTIN: 04/29/94
WANT TO EDIT DATA? NO// <RET>

VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT
WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 77 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): T-2 (MAY 2, 1994)
```

Please note: If a Federal Vendor with active IPAC agreements is selected the user will see the following additional information and prompts:

```
This is a Federal Vendor. IPAC payment information is required.

FEEVENDOR,ONE is a Federal Vendor with
2 active IPAC agreements on file:

#   ID           FY   Description
--  -
1  119           2014  IPAC DESCRIPTION 1
2  124           2014  IPAC DESCRIPTION 2

Please select the IPAC agreement to be used with this invoice.
This information is required.
Selection#: (1-2): 2

Would you like to display the detailed IPAC agreement information? No//  NO

Enter the DoD Invoice Number: 14346876

PATIENT ACCOUNT NUMBER: 65758
Is this an EDI Claim from the FPPS system? no  NO
CLAIM NUMBER:
```

PAYMENT PROCESS MENU

Example of ICD-9 Data, cont.

```
ENTER VENDOR INVOICE DATE: 4/30 (APR 30, 1994)

WILL ANY LINE ITEMS IN THIS INVOICE BE FOR CONTRACTED SERVICES? NO// YES

DATE OF SERVICE: 042794 APR 27, 1994

SELECT SERVICE PROVIDED: 01922 ANESTH, CAT OR MRI SCAN

MAJOR CATEGORY: ANESTHESIA
SUB-CATEGORY: RADIOLOGICAL PROCEDURES
PROCEDURE: ANESTH, CAT OR MRI SCAN

DETAIL DESCRIPTION
=====
ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY
IS THIS CORRECT? YES// <RET>
CPT MODIFIER: 26 PROFESSIONAL COMPONENT
ANESTH, CAT OR MRI SCAN
AMOUNT CLAIMED: 300
AMOUNT PAID: 300
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// NO
PLACE OF SERVICE: 22 OUTPATIENT HOSPITAL
HCFA TYPE OF SERVICE: 9 OTHER MEDICAL SERVICE
SERVICE CONNECTED CONDITION?: Y (YES)

SELECT SERVICE PROVIDED: <RET>

DATE OF SERVICE: <RET>

INVOICE: 77 TOTALS $ 23.00
```

PAYMENT PROCESS MENU

ANCILLARY CONTRACT HOSP/CNH PAYMENT

Example of ICD-10 Data

ICD-9 data displays diagnosis from authorization. When ICD-10 is in effect, this will no longer occur. For CNH ancillary payments, a new ICD-10 diagnosis field for authorization is editable.

ICD DIAGNOSIS: **DIABETES**

8 MATCHES FOUND

1. E08.- DIABETES MELLITUS DUE TO UNDERLYING CONDITION (42)
2. E09.- DRUG OR CHEMICAL INDUCED DIABETES MELLITUS (42)
3. E10.- TYPE 1 DIABETES MELLITUS (40)
4. E11.- TYPE 2 DIABETES MELLITUS (40)
5. E13.- OTHER SPECIFIED DIABETES MELLITUS (42)
6. E23.- HYPOFUNCTION AND OTHER DISORDERS OF THE PITUITARY GLAND (6)
7. E83.- DISORDERS OF MINERAL METABOLISM (25)
8. N25.- DISORDERS RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION (5)

ICD DIAGNOSIS: **E08.00**

ONE MATCH FOUND

ICD DIAGNOSIS CODE: E08.00
 ICD DIAGNOSIS DESCRIPTION: DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)

AUTHORIZATIONS:

(1) FR: 11/21/2012 VENDOR: FEEVENDOR, ONE 000654329AA
 TO: 11/28/2012
 AUTHORIZATION TYPE: CONTRACT NURSING HOME
 PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
 DX: E08.00

PAYMENT PROCESS MENU

COMPLETE A PAYMENT

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

The FBAASUPERVISOR security key is required to access batches other than those **you** originally opened.

Introduction

The Complete a Payment option is used to enter the amount paid for a Contract Hospital payment received from the Austin Pricer. The batch status of invoices entered at this option must be FORWARDED TO PRICER. This option also gives you the opportunity to reject items from the Austin Pricer.

PAYMENT PROCESS MENU

COMPLETE A PAYMENT

Example of ICD-9 Data:

```

SELECT FEE BASIS BATCH NUMBER:  901          C77777

WOULD YOU LIKE TO REJECT ANY INVOICES FROM THE PRICER? NO//  <RET>

SELECT PATIENT:  FEEPATIENT, ONE          01-01-50    000456789    SC VETERAN
                  1006    FEEPATIENT, ONE
VETERAN'S NAME    ('*'REIMBURSEMENT TO VETERAN    '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)

  VENDOR NAME                                VENDOR ID  INVOICE #
  FR DATE      TO DATE      CLAIMED    PAID      SUS CODE      INVOICE DATE
=====
FEEPATIENT, ONE  000-45-6789
FEEVENDOR, ONE
03/01/90  03/03/90    1400.00  0.00      000456789      1006
DX: 017.30  DX: 011.21
ASSOCIATED 7078: C77777.0010
BATCH #: 901                                DATE FINALIZED:

NVH PRICER AMOUNT: 1200
AMOUNT PAID: 1200
AMOUNT SUSPENDED: 200//  <RET>
SUSPEND CODE: 4  OTHER
DESCRIPTION OF SUSPENSION:
  1>  TYPO ERROR ON BILL
  2>  <RET>
EDIT OPTION:  <RET>
DISCHARGE DRG: 46  DRG46
SELECT FEE BASIS BATCH NUMBER:

```

PAYMENT PROCESS MENU COMPLETE A PAYMENT

Example of ICD-10 Data:

ICD-10 data displays invoice diagnosis and procedure codes (up to 25 each) and Admitting Diagnosis. Allows selection of DRG value from File #80.2 using value provided by Pricer.

```
=====
FEE,ICDONE 000-12-0012
FEEVENDOR,ONE                VENDOR ID: 000456789
                               11/23/12  11/23/12  11/21/12  11/23/12
686.00      0.00      2                0.00
ADMIT DX: E10.21
DX/POA: E10.10/Y E08.22/Y
PROC: F0FZ1EZ F0FZ0EZ

ASSOCIATED 7078: 0CP006.0005
BATCH #: 22725                DATE FINALIZED:

NVH PRICER AMOUNT: 585
AMOUNT PAID: 585ADJUSTMENT REASON: 8 THE PROCEDURE CODE IS INCONSISTENT WITH THE
PROVIDER TYPE/SPECIALTY (TAXONOMY). NOTE: REFER
TO THE 835 HEALTHCARE POLICY IDENTIFICATION
SEGMENT (LOOP 2110 SERVICE PAYMENT INFORMATION
REF), IF PRESENT.
ADJUSTMENT GROUP: CO CONTRACTUAL OBLIGATIONS
ADJUSTMENT AMOUNT: 101.00// 101.00DRG: 34 DRG34 CAROTID ARTERY STENT PROCEDURE W
MCC
DRG WEIGHT: 1.22

CURRENT LIST OF REMITTANCE REMARKS: NONE
```


PAYMENT PROCESS MENU

DELETE INPATIENT INVOICE

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Delete Inpatient Invoice option is used to delete invoices entered in error. The selected invoice must be in a batch that has not been released for payment.

Example of ICD-9 Data:

```

SELECT FEE BASIS BATCH NUMBER: 36          C33003

SELECT INVOICE TO DELETE: 20

                                INVOICE DISPLAY
                                =====

PATIENT: FEEPATIENT, ONE                PATIENT ID: 000-45-6789
                                FEE PROGRAM: CONTRACT NURSING HOME
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
INV DATE          AMOUNT      AMOUNT  SUSP  INVOICE  FROM      TO
                   CLAIMED    PAID    CODE   NUM      DATE      DATE
=====
VENDOR: FEEVENDOR, ONE                VENDOR ID: 000456789
06/09/93          94.00       94.00          20    06/09/93  06/30/93
ASSOCIATED 7078: C33003.0003
BATCH #: 36                                DATE FINALIZED:

SURE YOU WANT TO DELETE THIS INVOICE? NO// Y YES
.... DELETING!

```


PAYMENT PROCESS MENU

EDIT ANCILLARY PAYMENT

New Prompts:

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

PROMPT PAY TYPE: - allows input of money management indicator, if service provided was contracted for. This field is optional.

Only holders of the FBAASUPERVISOR security key may Edit Payments from batches that have been released by a supervisor.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

Do You Want to Modify the IPAC Data? – Only asked if the selected Vendor has one or more active IPAC Agreements. If answered ‘YES’, the user can select a different IPAC Agreement and/or enter a different DoD Invoice number.

Claim Adjustment Reason Codes (CARC)/Remittance Advice Remark Codes (RARC) CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Edit Ancillary Payment option is used to edit data for a previously entered invoice for ancillary services rendered to a Contract Hospital patient. Payments from batches which have been transmitted cannot be edited.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example

```
SELECT PAYMENT PROCESS MENU OPTION:  EDIT ANCILLARY PAYMENT
SELECT FEE BASIS PAYMENT PATIENT:  FEEPATIENT, ONE      06-02-34      000456789  SC
VETERAN
```

Section 1: CIVIL HOSPITAL MAIN MENU

SELECT VENDOR: **FEEVENDOR,ONE** 000456789 DOCTOR OF MEDICINE
777 BROADWAY
MENANDS, NY 12324 TEL. #: 518-555-9087

...OK? YES// <RET>

DATE OF SERVICE: **6/20/94** JUN 20, 1994

SELECT SERVICE PROVIDED: **10120** REMOVE FOREIGN BODY

SERVICE PROVIDED: 10120// <RET>

CPT MODIFIER: 77// <RET>

IPAC AGREEMENT INFORMATION ON FILE FOR THIS INVOICE/PAYMENT

IPAC AGREEMENT ID: 121 (ACTIVE)

VENDOR: FEEVENDOR,ONE

FISCAL YEAR: 2014

SHORT DESCRIPTION: IPAC AGREEMENT DESCRIPTION

DOD INVOICE#: 99887766

DO YOU WANT TO MODIFY THE IPAC DATA? **NO//**

AMOUNT CLAIMED: 50.00// <RET>

AMOUNT PAID: 40.00// <RET>

AMOUNT SUSPENDED: 10.00// <RET>

SUSPEND CODE: 4// <RET>

DESCRIPTION OF SUSPENSION:

1> **BILLED SERVICES NOT PERFORMED**

EDIT OPTION: <RET>

PRIMARY SERVICE FACILITY: BAY PINES, FL// <RET>

OBLIGATION NUMBER: C77777// <RET>

DATE CORRECT INVOICE RECEIVED: JUL 1,1994// <RET>

VENDOR INVOICE DATE: JUN 15,1994// <RET>

PAYMENT PROCESS MENU EDIT ANCILLARY PAYMENT

Example, cont.

```
PROMPT PAY TYPE: 1 MONEY MANAGED  
PATIENT TYPE CODE: MEDICAL// <RET>  
PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.// <RET>  
  
SELECT SERVICE PROVIDED: <RET>  
  
SELECT FEE BASIS PAYMENT PATIENT:
```

PAYMENT PROCESS MENU

ENTER INVOICE/PAYMENT

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

Enter the DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

New insurance information may be uploaded into IB files through this option.

Claim Adjustment Reason Codes (CARC)/Remittance Advice Remark Codes (RARC) CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Enter Invoice/Payment option is used to enter new Contract Hospital payments. Only authorized hospital invoices/payments may be entered through this option. All other Fee Basis payments are entered through other payment options. The Invoice Edit option must be used to make changes or adjustments to existing payments.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the Vendor is exempt from the Austin Pricer, you will be prompted to enter the amount paid, and the payment will not be sent to the pricer.

Every prompt should be answered. Failure to enter a response or entering a <RET> or an up-arrow <^> at any prompt may result in an incomplete entry or deletion of the entire entry.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT PROCESS MENU

ENTER INVOICE/PAYMENT

Example of ICD-9 Data

```

SELECT PATIENT:      FEEPATIENT, ONE

FEEPATIENT, ONE                PT.ID: 000-45-6789
2344 HELP ST.                  DOB: 1914
RED CROSS CITY                 TEL: NOT ON FILE
OKLAHOMA 11235                CLAIM #: NOT ON FILE
                                COUNTY: POTTAWATOMIE

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  PENDING VERIFICATION
OTHER ELIG. CODE(S): AID & ATTENDANCE
                                NSC, VA PENSION
                                HUMANITARIAN EMERGENCY
                                HOUSEBOUND
  
```

```

SC PERCENT: 45%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: YES
INSURANCE CO.      SUBSCRIBER ID    GROUP    HOLDER    EFFECTIVE    EXPIRES
=====
BLUE CROSS BLUE SHIELD  252525      201      SPOUSE    05/19/75
AETNA                12345       123      SELF      01/01/91
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
  
```

```

FEE ID CARD #: 1234567                FEE CARD ISSUE DATE: 07/16/93

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/01/94      VENDOR: FEEVENDOR,ONE  - 000456789
    TO: 08/09/94

        AUTHORIZATION TYPE: CIVIL HOSPITAL
        PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
        DX:
        COUNTY: POTTAWATOMIE                PSA: FORT WAYNE, IN

REMARKS:
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR
UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
DATES OF CARE

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
  
```

PAYMENT PROCESS MENU ENTER INVOICE/PAYMENT

Example of ICD-9 Data, cont.

PATIENT NAME: FEEPATIENT, ONE		PT.ID: 000-45-6789
(2) FR: 08/10/94	VENDOR: FEEVENDOR,ONE	- 000456789
TO: 08/22/94		
AUTHORIZATION TYPE: CIVIL HOSPITAL		
PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.		
DX:		
COUNTY: POTTAWATOMIE	PSA: FORT WAYNE, IN	
REMARKS:		
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -		
MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE		
(3) FR: 08/23/94	VENDOR: FEEVENDOR,ONE	- 987678978
TO: 08/31/94		
AUTHORIZATION TYPE: CIVIL HOSPITAL		
PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.		
DX:		
COUNTY: POTTAWATOMIE	PSA: TAMPA, FL	
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>		

PATIENT NAME: FEEPATIENT, ONE		PT.ID: 000-45-6789
REMARKS:		
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -		
MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE		
ENTER A NUMBER (1-3): 3		

PAYMENT PROCESS MENU

ENTER INVOICE/PAYMENT

Example of ICD-9 Data, cont.

```

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

***  VENDOR DEMOGRAPHICS  ***

      NAME:  FEEVENDOR,ONE                    ID NUMBER: 000456789
      ADDRESS: 923 ANY WAY                     SPECIALTY:
      CITY:  ARGON                             TYPE:  FEEVENDOR,ONE
      STATE:  NEW YORK                         PARTICIPATION CODE: CONTRACT HOSPITAL
      ZIP: 17165-9967                         MEDICARE ID NUMBER: 126789
      COUNTY:  MONROE                         CHAIN:
      PHONE: 518-555-1212
      FAX: 518-555-1200                       PRICER EXEMPT: YES
      AUSTIN NAME: FEEVENDOR,ONE
      LAST CHANGE
      TO AUSTIN: 09/27/94                     FROM AUSTIN: 09/30/94

VENDOR IS LISTED AS 'EXEMPT FROM THE PRICER'.
DO YOU WISH TO KEEP THIS INVOICE EXEMPT FROM THE PRICER? YES// <RET>

```

```

SELECT FEE BASIS BATCH NUMBER: 77            C90234

INVOICE # 89 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 091594 (SEP 15, 1994)

ENTER VENDOR INVOICE DATE: 9/1/94 (SEP 1, 1994)

THIS IS A FEDERAL VENDOR. IPAC PAYMENT INFORMATION IS REQUIRED.

FEEVENDOR,ONE IS A FEDERAL VENDOR WITH
2 ACTIVE IPAC AGREEMENTS ON FILE:

#   ID       FY   DESCRIPTION
--  -
1   121      2014  IPAC AGREEMENT 1
2   136      2014  IPAC AGREEMENT 2

PLEASE SELECT THE IPAC AGREEMENT TO BE USED WITH THIS INVOICE.
THIS INFORMATION IS REQUIRED.

WOULD YOU LIKE TO DISPLAY THE DETAILED IPAC AGREEMENT INFORMATION? NO// NO

ENTER THE DOD INVOICE NUMBER: 123232

PATIENT CONTROL NUMBER:
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO//
CLAIM NUMBER:NEW <RET> OR USE "???" TO SELECT EXISTING CLAIM NUMBER
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// <RET>
DISCHARGE TYPE CODE: 9  STILL A PATIENT
BILLED CHARGES: 497
AMOUNT CLAIMED: 497
PAYMENT BY MEDICARE/FED AGENCY: NO
ATTENDING PROV NAME:  FBPROVIDER,ONE
ATTENDING PROV NPI: 123123123A
ATTENDING PROV TAXONOMY CODE: 123456789A

```

Section 1: CIVIL HOSPITAL MAIN MENU

```
OPERATING PROV NAME: FBPROVIDER,TWO
OPERATING PROV NPI: 1231231230
RENDERING PROV NAME: FBPROVIDER, THREE
RENDERING PROV NPI: 123123123R
RENDERING PROV TAXONOMY CODE: 123456789R
SERVICING PROV NAME: FBPROVIDER FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS: 100 MAIN ST
SERVICING FACILITY CITY: BURLINGTON
SERVICING FACILITY STATE: VT VERMONT
SERVICING FACILITY ZIP: 05403
REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X
ICD1: 200.00 200.00 RETICULOSARCOMA UNSPEC COMPLICATION/COMORBI
200.00
ICD2: <RET>
PROC1: 14.19 14.19 DX PROC POST SEG NEC OTHER DIAGNOSTIC PROCEDURES
ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER
...OK? YES// <RET> (YES)
PROC2: <RET>
ENTER LINE ITEM NUMBER: 1
LINE ITEM RENDERING PROV NAME: FBPROVIDER, SIX
LINE ITEM RENDERING PROV NPI: 123123123L
LINE ITEM RENDERING PROV TAXONOMY CODE: 123456789L
ENTER ANOTHER LINE ITEM RENDERING PROVIDER? NO//
ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>

SELECT PATIENT:
```

Example of ICD-10 Data

ICD-9 displays diagnosis from authorization. When ICD-10 is in effect, this will no longer occur. ICD-10 allows entry of diagnosis and procedure codes for the invoice/payment (up to 25 each) and Admitting Diagnosis.

```
ICD DIAGNOSIS: DIAB
8 MATCHES FOUND

1. E08.- DIABETES MELLITUS DUE TO UNDERLYING CONDITION
(42)
2. E09.- DRUG OR CHEMICAL INDUCED DIABETES MELLITUS (42)
3. E10.- TYPE 1 DIABETES MELLITUS (40)
4. E11.- TYPE 2 DIABETES MELLITUS (40)
5. E13.- OTHER SPECIFIED DIABETES MELLITUS (42)
6. E23.- HYPOFUNCTION AND OTHER DISORDERS OF THE
PITUITARY GLAND (6)
7. E83.- DISORDERS OF MINERAL METABOLISM (25)
8. H35.- OTHER RETINAL DISORDERS (141)
PRESS <RETURN> FOR MORE, "^" TO EXIT, OR SELECT 1-8: 1

2 MATCHES FOUND

1. E08.00 DIABETES MELLITUS DUE TO UNDERLYING CONDITION
WITH HYPEROSMOLARITY WITHOUT NONKETOTIC
HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKKHC)
2. E08.01 DIABETES MELLITUS DUE TO UNDERLYING CONDITION
WITH HYPEROSMOLARITY WITH COMA
```

PAYMENT PROCESS MENU INVOICE EDIT

New Prompts:

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

Do You Want to Modify the IPAC Data? – Only asked if the selected Vendor has one or more active IPAC Agreements. If answered ‘YES’, the user can select a different IPAC Agreement and/or enter a different DoD Invoice number.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that have previously been cancelled are annotated with a plus sign (+).

The FBAASUPERVISOR security key is required to edit payments from batches that have been released by a supervisor.

NOTE: Even though other batches may be accessed, you should edit only invoices contained in batches that you opened.

Introduction

The Invoice Edit option is used to edit data for a previously entered Contract Hospital invoice.

- Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

NOTE: Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

- This option cannot be used to enter new payments.
- Payments from batches which have been transmitted cannot be edited.

Section 1: CIVIL HOSPITAL MAIN MENU

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT PROCESS MENU

INVOICE EDIT

Example of ICD-9 Data

```

SELECT PAYMENT PROCESS MENU OPTION: INVOICE EDIT

SELECT FEE BASIS BATCH NUMBER: 414          C45001

SELECT FEE BASIS INVOICE NUMBER: 514

IPAC AGREEMENT INFORMATION ON FILE FOR THIS INVOICE/PAYMENT
-----
IPAC AGREEMENT ID: 121    (ACTIVE)
      VENDOR: FEEVENDOR,ONE
SHORT DESCRIPTION: IPAC AGREEMENT 1
      DOD INVOICE#: 12345

DO YOU WANT TO MODIFY THE IPAC DATA? NO// NO

INVOICE DISPLAY
      =====
                PROVIDER INFORMATION

ATTENDING PROV NAME: FBPROVIDER, ONE
ATTENDING PROV NPI: 123123123A  ATTENDING PROV TAXONOMY CODE: 123456789A

OPERATING PROV NAME: FBPROVIDER, TWO
OPERATING PROV NPI: 1231231230

RENDERING PROV NAME: FBPROVIDER, THREE
RENDERING PROV NPI: 123123123R  RENDERING PROV TAXONOMY CODE: 123456789R

SERVICING PROV NAME: FBPROVIDER, FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS:
  100 MAIN ST
  BURLINGTON, VT 05403

REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X

ENTER RETURN TO CONTINUE OR '^' TO EXIT:

                INVOICE DISPLAY
                =====

VETERAN'S NAME                                PATIENT CONTROL NUMBER
('*'REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)  '#' VOIDED PAYMENT)
VENDOR NAME                                    VENDOR ID          INVOICE #
FPPS CLAIM ID FPPS LINE ITEM  DATE REC.  INV. DATE  FR DATE    TO DATE
AMT CLAIMED  AMT PAID      COV.DAYS  ADJ CODE  ADJ AMOUNT  REMIT REMARK
-----
FBCSTESTPT,ONE  666-77-7888
  JUNO BEACH HOSPITAL                                666661111          514
                11/02/11  11/2/11    08/01/11  08/15/11
220.00          0.00          1                0.00
DX: 200.00
    
```

Section 1: CIVIL HOSPITAL MAIN MENU

```
ASSOCIATED 7078: C45001.0048
BATCH #: 414                                DATE FINALIZED

INVOICE DATE RECEIVED: NOV 2,2011//
VENDOR INVOICE DATE: NOV 2,2011//
PATIENT CONTROL NUMBER:
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO//
CLAIM NUMBER: 2012-171//<ENTER "???" AND PRESS RET>

RECENT CLAIM NUMBERS FOR THIS PATIENT/VENDOR

# CLAIM NO          VEND INV DATE  COMPLETE UCID
1: 2012-171         SEP 19, 2012  (500001MI2012-171)
2: 2012-76          JUN 21, 2012  (500001MI2012-76)

PRESS <RETURN> TO RETURN TO MAIN PROMPT, OR
CHOOSE 1-2: 2 <RET>
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// NO
DISCHARGE TYPE CODE: STILL A PATIENT//
COVERED DAYS: 1//
BILLED CHARGES: 220//
PAYMENT BY MEDICARE/FED AGENCY: NO//
ATTENDING PROV NAME: FBPROVIDER, ONE//
ATTENDING PROV NPI: 123123123A//
ATTENDING PROV TAXONOMY CODE: 123456789A//
OPERATING PROV NAME: FBPROVIDER, TWO//
OPERATING PROV NPI: 123123123O//
RENDERING PROV NAME: FBPROVIDER, THREE//
RENDERING PROV NPI: 123123123R//
RENDERING PROV TAXONOMY CODE: 123456789R//
SERVICING PROV NAME: FBPROVIDER, FOUR//
SERVICING PROV NPI: 123123123S//
SERVICING FACILITY ADDRESS: 100 MAIN ST//
SERVICING FACILITY CITY: BURLINGTON//
SERVICING FACILITY STATE: VERMONT//
SERVICING FACILITY ZIP: 05403//
REFERRING PROV NAME: FBPROVIDER, FIVE//
REFERRING PROV NPI: 123123123X//
AMOUNT CLAIMED: 220//
ICD1: 200.00//
ICD2:
PROC1:

CURRENT LIST OF LINE ITEM RENDERING PROVIDERS:
LINE ITEM: 1          RENDERING PROVIDER NAME: FBPROVIDER, SIX
RENDERING PROVIDER NPI: 123123123L          TAXONOMY CODE: 123456789L

ENTER LINE ITEM NUMBER: 1
LINE ITEM RENDERING PROV NAME: FBPROVIDER, SIX// FBPROVIDER, SIX
LINE ITEM RENDERING PROV NPI: 123123123L// 123123123L
LINE ITEM RENDERING PROV TAXONOMY CODE: 123456789L// 123456789L
ENTER ANOTHER LINE ITEM RENDERING PROVIDER? NO//

*NOTE THAT LINE ITEM RENDERING PROVIDER DATA IS NOW DISPLAYED ON BOTH OUTPATIENT AND
INPATIENT INVOICE DISPLAY.
```

ICD-10 Example

ICD-10 data allows display and edit of invoice diagnosis and procedure codes (up to 25 each) and Admitting Diagnosis.

```
=====
FEE, ICDTHREE 000-23-1456
FEEVENDOR, ONE
                VENDOR ID: 000456789
                11/23/12 11/23/12 11/21/12 11/23/12
20.00          0.00          2          0.00
ADMIT DX: E08.11
DX/POA: E08.11/Y
PROC: ONSX34Z
ASSOCIATED 7078: 1CP008.0003
BATCH #: 22714
                DATE FINALIZED:
```

PAYMENT PROCESS MENU MULTIPLE ANCILLARY PAYMENTS

FBAA ESTABLISH VENDOR Key - required to enter new or edit existing vendors.

FBAASUPERVISOR Key - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

Enter the DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter identical ancillary services incurred while in a Non-VA Hospital for a specified patient and Vendor. Only the date of service may differ.

Depending on site parameters at your facility, patient authorization information and Vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the Vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT PROCESS MENU

MULTIPLE ANCILLARY PAYMENTS

Example of ICD-9 Data, cont.

```

SELECT FEE BASIS BATCH NUMBER: 145
  OBLIGATION #: C89622

SELECT PATIENT: FEEPATIENT, ONE

FEEPATIENT, ONE                PT.ID: 000-45-6789
32 KIRKER RD                   DOB: FEB 22,1922
BOX 333
MANCHESTER                     TEL: 555-1234
NEW HAMPSHIRE 03102-1345      CLAIM #: 000000000
                                COUNTY: HILLSBOROUGH

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED JAN 19, 1989
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC PERCENT: 100%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: UNKNOWN
INSURANCE CO.      SUBSCRIBER ID      GROUP      HOLDER      EFFECTIVE      EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

FEE ID CARD #: A12346                FEE CARD ISSUE DATE: 01/01/93

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 01/01/93      VENDOR: FEEVENDOR,ONE      - 000456789
    TO: 12/31/93
      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX: ILL
      COUNTY: HILLSBOROUGH      PSA: BOSTON, MA

      REMARKS:
        TEST

(2) FR: 08/14/94      VENDOR: FEEVENDOR,ONE      - 000456789
    TO: 08/18/94
      AUTHORIZATION TYPE: CIVIL HOSPITAL
      PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) FOR VET. REC. INPT. CARE IN
VAMC
      DX: ILL
      COUNTY: HILLSBOROUGH      PSA: ALBANY MEDICAL CENTER

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

```

PAYMENT PROCESS MENU MULTIPLE ANCILLARY PAYMENTS

Example of ICD-9 Data, cont.

```
PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

REMARKS:
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72
HOURS OF ADMISSION.  HOSPITALIZATION UNTIL STABLE OR
UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -

MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.
PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED
DATES OF CARE

ENTER A NUMBER (1-2): 2
AUTHORIZATION REMARKS:
 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>
DX LINE 1: ILL// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

SELECT FEE BASIS VENDOR NAME: FEEVENDOR, ONE    000456789  NON-VA HOSPITAL
      1 SIMPLE WAY
      JACKSON, VT 02131    TEL. #: 802-555-2847

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

      ***  VENDOR DEMOGRAPHICS  ***

      NAME: FEEVENDOR,ONE                ID NUMBER: 000456789
      ADDRESS: 1 SIMPLE WAY                SPECIALTY:
      CITY: JACKSON                        TYPE: PUBLIC HOSPITAL
      STATE: VERMONT                       PARTICIPATION CODE: NON-VA HOSPITAL
      ZIP: 02131                            MEDICARE ID NUMBER: 640382
      COUNTY: WINDSOR                       CHAIN:
      PHONE: 802-555-2847
      FAX:
      AUSTIN NAME:
      LAST CHANGE                            LAST CHANGE
      TO AUSTIN: 9/27/93                     FROM AUSTIN:
      WANT TO EDIT DATA? NO// <RET>
```

PAYMENT PROCESS MENU

MULTIPLE ANCILLARY PAYMENTS

Example of ICD-9 Data, cont.

```

VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 294 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 9/1 (SEP 01, 1994)

ENTER VENDOR INVOICE DATE: 8/25 (AUG 25, 1994)

FEEVENDOR, ONE IS A FEDERAL VENDOR WITH
2 ACTIVE IPAC AGREEMENTS ON FILE:

#      ID      FY      DESCRIPTION
--  -----  ---  -----
1     121     2014  IPAC AGREEMENT 1
2     122     2014  IPAC AGREEMENT 2

PLEASE SELECT THE IPAC AGREEMENT TO BE USED WITH THIS INVOICE.
THIS INFORMATION IS REQUIRED.
SELECTION#: (1-2): 1

WOULD YOU LIKE TO DISPLAY THE DETAILED IPAC AGREEMENT INFORMATION? NO// NO

ENTER THE DOD INVOICE NUMBER: 12345

WILL ANY LINE ITEMS IN THIS INVOICE BE FOR CONTRACTED SERVICES? NO// YES

SELECT SERVICE PROVIDED: 10080          DRAINAGE OF PILONIDAL CYST

MAJOR CATEGORY: SURGERY
SUB-CATEGORY: INTEGUMENTARY SYSTEM
PROCEDURE: DRAINAGE OF PILONIDAL CYST

                DETAIL DESCRIPTION
                =====
INCISION AND DRAINAGE OF PILONIDAL CYST;
SIMPLE
IS THIS CORRECT? YES// <RET>

CPT MODIFIER: 20          MICROSURGERY
AMOUNT CLAIMED: $: 200

IS $200 CORRECT FOR AMOUNT CLAIMED? YES// Y YES
AMOUNT PAID: $: 200

IS $200 CORRECT FOR AMOUNT PAID? YES// <RET>

SELECT ICD DIAGNOSIS: 685.1  685.1          PILONIDAL CYST W/O ABSC
...OK? YES// <RET> (YES)
SELECT PLACE OF SERVICE: 22          OUTPATIENT HOSPITAL
SELECT TYPE OF SERVICE: 2          SURGERY
SERVICE CONNECTED CONDITION? N NO

DATE OF SERVICE: 8/14 (AUG 14, 1994)
IS 8/14/94 CORRECT? YES// <RET>

```

PAYMENT PROCESS MENU MULTIPLE ANCILLARY PAYMENTS

Example of ICD-9 Data, cont.

```
DRAINAGE OF PILONIDAL CYST
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// Y  YES ....OK, DONE....
INVOICE: 294 TOTALS: $ 200

DATE OF SERVICE: 8/18  (AUG 18, 1994)
IS 8/18/94 CORRECT? YES// <RET>

      DRAINAGE OF PILONIDAL CYST
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// Y  YES ....OK, DONE....
INVOICE: 294 TOTALS: $ 400

DATE OF SERVICE: <RET>

SELECT PATIENT: <RET>

SELECT FEE BASIS BATCH NUMBER:
```

PAYMENT PROCESS MENU

MULTIPLE ANCILLARY PAYMENTS

Example of ICD-10 Data

ICD-9 data displays diagnosis from authorization. When ICD-10 is in effect, this will no longer occur. For CNH ancillary payments, a new ICD-10 diagnosis field for authorization will be editable. Allows entry of diagnosis codes for the invoice/payment.

```

ENTER A NUMBER (1-2): 2
AUTHORIZATION REMARKS:
HOSPITALIZATION AND PROFESSIONAL CARE NECESSARY UNTIL THE PATIENT'S
CONDITION IS STABILIZED OR IMPROVED ENOUGH TO PERMIT A TRANSFER WITHOUT
HAZARD TO A VA OR OTHER FEDERAL FACILITY FOR CONTINUED TREATMENT.
CONSTITUTES PAYMENT-IN-FULL.

ICD DIAGNOSIS: E08.00// E08

8 MATCHES FOUND

1. E08.0-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH HYPEROSMOLARITY (2)
2. E08.1-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH KETOACIDOSIS (2)
3. E08.2-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH KIDNEY COMPLICATIONS (3)
4. E08.3-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH OPHTHALMIC COMPLICATIONS (12)
5. E08.4-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH NEUROLOGICAL COMPLICATIONS (6)
6. E08.5-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH CIRCULATORY COMPLICATIONS (3)
7. E08.6-    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH OTHER SPECIFIED COMPLICATIONS (12)
8. E08.8     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH UNSPECIFIED COMPLICATIONS

PRESS <RETURN> FOR MORE, "^" TO EXIT, OR SELECT 1-8: 8
ICD DIAGNOSIS CODE:      E08.8
ICD DIAGNOSIS DESCRIPTION:  DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH
UNSPECIFIED COMPLICATIONS

```

PAYMENT PROCESS MENU PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

New Prompts:

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAE ESTABLISH VENDOR Key - required to enter new or edit existing vendors.

FBAASUPERVISOR Key - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Patient Reimbursement for Ancillary Services option is used to reimburse a patient for ancillary services paid for by the patient. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT PROCESS MENU

PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example of ICD-9 Data

```

SELECT FEE BASIS BATCH NUMBER:    24
OBLIGATION #: C33003

SELECT PATIENT:    FEEPATIENT, ONE
  
```

```

FEEPATIENT, ONE                PT.ID: 000-45-6789
12 ANY ST.                     DOB: AUG 14,1955
MANCHESTER                    TEL: NOT ON FILE
NEW HAMPSHIRE 12111          CLAIM #: 000000000
                              COUNTY: GRAFTON
  
```

```

PRIMARY ELIG. CODE: SC LESS THAN 50% -- NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT
  
```

```

SC PERCENT: 20%
RATED DISABILITIES: DIABETES (20%-SC)
  
```

```

HEALTH INSURANCE: NO
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
  
```

```

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789
  
```

```

AUTHORIZATIONS:
(1) FR: 04/26/92      VENDOR: FEEVENDOR,ONE - 000456789AA
    TO: 04/28/94      AUTHORIZATION TYPE: CIVIL HOSPITAL
    PURPOSE OF VISIT: NON-VA HOSPITAL CARE FOR SC COND
    DX: CAD           COUNTY: GRAFTON           PSA: BAY PINES, FL
  
```

```

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
  
```

```

PATIENT: FEEPATIENT, ONE
ADDRESS LINE 1: 12 ANY ST.
CITY: MANCHESTER
STATE: NEW HAMPSHIRE
ZIP: 12111
COUNTY: GRAFTON
WANT TO EDIT ADDRESS DATA? NO// <RET>
  
```

```

SELECT FEE BASIS VENDOR NAME: FEEVENDOR, ONE
  
```

PAYMENT PROCESS MENU PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example of ICD-9 Data, cont.

```

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789
***  VENDOR DEMOGRAPHICS  ***
NAME: FEEVENDOR, ONE                        ID NUMBER: 000456789AA
ADDRESS: 123 ANYWHERE AVE                   SPECIALTY:
CITY: NEWTOWN                               TYPE: PUBLIC HOSPITAL
STATE: WISCONSIN                            PARTICIPATION CODE: CONTRACT HOSPITAL
ZIP: 09876-1265                             MEDICARE ID NUMBER: 098356
COUNTY: CHIPPEWA                           CHAIN:
PHONE: 5551212                               PRICER EXEMPT: YES
LAST CHANGE                                  LAST CHANGE
TO AUSTIN: 02/27/94                          FROM AUSTIN: 02/28/94
WANT TO EDIT DATA? NO// <RET>
    
```

```

PATIENT NAME: FEEPATIENT, ONE                SSN: 000456789
VENDOR: FEEVENDOR, ONE
123 ANYWHERE AVE
NEWTOWN, 55 09876-1265
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT) SVC DATE
CPT-MODIFIER      AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-----
04/27/94  90050                $  23.00  $  23.00           77       24
    >>>CHECK # 37776200  DATE PAID: 6/3/94<<<
*04/27/94  90040                $  27.00  $  25.00    1       79       24
WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>
INVOICE # 325 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 4/15 (APR 15, 1994)
    
```


PAYMENT PROCESS MENU

PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example of ICD-9 Data, cont.

```

ENTER VENDOR INVOICE DATE: 4/1 (APR 01, 1994)

DATE OF SERVICE: 3/30/94 MAR 30, 1994

SELECT SERVICE PROVIDED: 01922 ANESTH, CAT OR MRI SCAN

MAJOR CATEGORY: ANESTHESIA
SUB-CATEGORY: RADIOLOGICAL PROCEDURES
PROCEDURE: ANESTH, CAT OR MRI SCAN

          DETAIL DESCRIPTION
          =====
ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY
IS THIS CORRECT? YES// <RET>
CPT MODIFIER: 26 PROFESSIONAL COMPONENT
          ANESTH, CAT OR MRI SCAN
AMOUNT CLAIMED: 300
AMOUNT PAID: 300
PLACE OF SERVICE: 11 OFFICE
HCFA TYPE OF SERVICE: 1 MEDICAL CARE
SERVICE CONNECTED CONDITION?: YES
WARNING, YOU CAN ONLY ENTER 16 MORE LINE(S)!

SELECT SERVICE PROVIDED: <RET>

DATE OF SERVICE: <RET>

INVOICE: 79 TOTALS $ 43.00

```

PAYMENT PROCESS MENU

PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example of ICD-10 Data

ICD-9 data displays diagnosis from authorization. When ICD-10 is in effect, this will no longer occur. For CNH ancillary payments, a new ICD-10 diagnosis field for authorization will be editable.

```
ICD DIAGNOSIS: DIAB

16 MATCHES FOUND

  1. E08.-      DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                (42)
  2. E09.-      DRUG OR CHEMICAL INDUCED DIABETES MELLITUS (42)
  3. E10.-      TYPE 1 DIABETES MELLITUS (40)
  4. E11.-      TYPE 2 DIABETES MELLITUS (40)
  5. E13.-      OTHER SPECIFIED DIABETES MELLITUS (42)
  6. E23.-      HYPOFUNCTION AND OTHER DISORDERS OF THE
                PITUITARY GLAND (6)
  7. E83.-      DISORDERS OF MINERAL METABOLISM (25)
  8. H35.-      OTHER RETINAL DISORDERS (141)

PRESS <RETURN> FOR MORE, "^" TO EXIT, OR SELECT 1-8: 1

9 MATCHES FOUND

  1. E08.0-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH HYPEROSMOLARITY (2)
  2. E08.1-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH KETOACIDOSIS (2)
  3. E08.2-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH KIDNEY COMPLICATIONS (3)
  4. E08.3-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH OPHTHALMIC COMPLICATIONS (12)
  5. E08.4-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH NEUROLOGICAL COMPLICATIONS (6)
  6. E08.5-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH CIRCULATORY COMPLICATIONS (3)
  7. E08.6-     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH OTHER SPECIFIED COMPLICATIONS (12)
  8. E08.8      DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH UNSPECIFIED COMPLICATIONS

PRESS <RETURN> FOR MORE, "^" TO EXIT, OR SELECT 1-8: 1

2 MATCHES FOUND

  1. E08.00     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH HYPEROSMOLARITY WITHOUT NONKETOTIC
                HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
  2. E08.01     DIABETES MELLITUS DUE TO UNDERLYING CONDITION
                WITH HYPEROSMOLARITY WITH COMA
```

PAYMENT PROCESS MENU

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement for Inpatient Hospital Invoice option is used to enter a patient reimbursement for an inpatient hospital stay. The payment will be sent through the Austin Pricer just like a direct Vendor invoice and the patient is reimbursed the same as the private facility. If the Vendor is exempt from the pricer, the payment will not go through the Austin Pricer; instead, the prompts necessary to complete the payment will be asked.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example of ICD-9 Data

```

SELECT PATIENT: FEEPATIENT, ONE      02-03-35      000456789      MILITARY RETIREE

FEEPATIENT, ONE                      PT.ID: 000-45-6789
53 PINE VALLEY RD                    DOB: FEB 3,1935
PINE VALLEY                          TEL: 716-555-2148
NEW YORK 12947                       CLAIM #: 000000000
                                       COUNTY: HAMILTON

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED AUG 12, 1994
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC PERCENT: 60%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: YES
INSURANCE                POLICY #          GROUP #          HOLDER
-----                -
PRUDENTIAL              98873498          UNKNOWN          APPLICANT
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

```

PAYMENT PROCESS MENU

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

Example of ICD-9 Data, cont.

PATIENT NAME: FEEPATIENT, ONE	PT.ID: 000-45-6789
AUTHORIZATIONS:	
(1) FR: 08/11/94	VENDOR: FEEVENDOR,ONE - 000456789
TO: 08/31/94	
AUTHORIZATION TYPE: CIVIL HOSPITAL	
PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.	
DX: SEVERE PAIN LEFT ABDOMINAL AREA	
COUNTY: HAMILTON	PSA: SYRACUSE, NY
REMARKS:	
NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION. HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS CLINIC DIRECTOR -	
MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE	
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>	
PATIENT NAME: FEEPATIENT, ONE	PT.ID: 000-45-6789
IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>	

PATIENT: FEEPATIENT, ONE
ADDRESS LINE 1: 53 PINE VALLEY RD
ADDRESS LINE 2: RR#2
CITY: PINE VALLEY
STATE: NEW YORK
ZIP: 12947
COUNTY: HAMILTON
WANT TO EDIT ADDRESS DATA? NO// <RET>

PAYMENT PROCESS MENU

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

Example of ICD-9 Data, cont.

```

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000456789

                ***  VENDOR DEMOGRAPHICS  ***

      NAME: FEEVENDOR,ONE   ID NUMBER: 000456789
  ADDRESS: 123 MAIN                SPECIALTY:
    CITY: TROY                        TYPE: CIVIL HOSPITAL
    STATE: NEW YORK                PARTICIPATION CODE: NON-VA HOSPITAL
      ZIP: 12009                    MEDICARE ID NUMBER: 432545
    COUNTY:                          CHAIN:
    PHONE: 555-3333
      FAX:
  AUSTIN NAME: DOCTOR                PRICER EXEMPT: YES
  LAST CHANGE                          LAST CHANGE
    TO AUSTIN: 11/14/90                FROM AUSTIN: 11/16/90

VENDOR IS LISTED AS 'EXEMPT FROM THE PRICER'.
DO YOU WISH TO KEEP THIS INVOICE EXEMPT FROM THE PRICER? YES// <RET>

SELECT FEE BASIS BATCH NUMBER: 80          C90234

INVOICE # 98 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 091594 (SEP 15, 1994)

ENTER VENDOR INVOICE DATE: 0901 (SEP 1, 1994)

DISCHARGE TYPE CODE: 9  STILL A PATIENT
BILLED CHARGES: 540
AMOUNT CLAIMED: 540
AMOUNT PAID: 540
PAYMENT BY MEDICARE/FED AGENCY: N (NO)
ICD1: 300.11 300.11          CONVERSION DISORDER
      ...OK? YES// <RET> (YES)
ICD2: <RET>
PROC1: 30.01 30.01          LARYNX CYST MARSUPIALIZ          MARSUPIALIZATION OF LARYNGEAL
CYST
      ...OK? YES// <RET> (YES)
PROC2: <RET>

SELECT PATIENT:

```

PAYMENT PROCESS MENU

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

Example of ICD-10 Data

ICD-9 data displays diagnosis from authorization. When ICD-10 is in effect, this will no longer occur. ICD-10 data allows entry of diagnosis and procedure for the invoice/payment (up to 25 each).

```
ICD1: E08.00

ONE MATCH FOUND

  ICD DIAGNOSIS CODE:      E08.00
  ICD DIAGNOSIS DESCRIPTION:  DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH
                               HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-
                               HYPEROSMOLAR COMA (NKHHC)

POA1: Y      DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.
ICD2:
ADMITTING DIAGNOSIS: E08.3

12 MATCHES FOUND

  1.  E08.311  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
  2.  E08.319  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
  3.  E08.321  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH
             MACULAR EDEMA
  4.  E08.329  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT
             MACULAR EDEMA
  5.  E08.331  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH
             MACULAR EDEMA
  6.  E08.339  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT
             MACULAR EDEMA
  7.  E08.341  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH
             MACULAR EDEMA
  8.  E08.349  DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT
             MACULAR EDEMA

PRESS <RETURN> FOR MORE, "^" TO EXIT, OR SELECT 1-8: 8
  ICD DIAGNOSIS CODE:      E08.349
  ICD DIAGNOSIS DESCRIPTION:  DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH
                               SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
```

BATCH MAIN MENU - CH

OPEN A BATCH

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Batch numbers are seven digits in order to prevent the local VistA sites from running out of batch ids within a seven year timeframe.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Civil Hospital batch. You must be an authorized control point user in IFCAP to use this option. To enter, edit, or delete payment data in these batches, use the options in the Civil Hospital Payment Process Menu.

If you are a control point user for more than one control point, you are prompted to select a control point before selecting an obligation number.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, you will return to the menu.

Example

```

WANT TO CREATE A CONTRACT HOSPITAL BATCH? YES// <RET>

BATCH NUMBER ASSIGNED IS: 1234567

SELECT OBLIGATION NUMBER: 500-C93999    -- 1358    OBLIGATED - 1358
                        FCP: 333        $ 9999999

```

BATCH MAIN MENU - CH EDIT BATCH DATA

FBAASUPERVISOR Key - required to edit batches opened by other users.

If the obligation number is edited, checks are made against the IFCAP software to ensure a valid station number; authorized control point user and open obligation number are selected.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key, in which case you may edit any batch.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```
SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
 10      C90234
 11      C90234
 13      C89622
 14      C89211
 15      C89622
 16      C93999
'^' TO STOP: ^

SELECT FEE BASIS BATCH NUMBER: 1          C90234
SELECT CONTROL POINT: 999 999 FEE CIVIL HOSP
OBLIGATION NUMBER: C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y YES
SELECT OBLIGATION NUMBER: C89621 500-C89621 -- 1358 ORDERED AND OBLIGATED
          FCP: 999      $ 80000
SELECT CONTROL POINT: 999 999 FEE CIVIL HOSP
NUMBER: 1// (NO EDITING)
DATE OPENED: APR 10,1994// T (JUN 23, 1994)
```


BATCH MAIN MENU - CH CLOSE-OUT BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Key - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Civil Hospital batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

BATCH MAIN MENU - CH CLOSE-OUT BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 156          C93999
WANT TO REVIEW BATCH? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
              ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID      SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          156
FEEVENDOR,ONE          000456789   250          8/15/94
 08/14/94 08/18/94   2.00          .00
DX: 100.0
*FEEPATIENT, ONE          000-45-6789          156
FEEVENDOR,ONE          000456789   263          8/15/94
 08/14/94 08/18/94  50.00          .00
DX: 300.11  DX: 300.11

DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>

NUMBER: 156          OBLIGATION NUMBER: C93999
TYPE: CH/CNH          DATE OPENED: OCT 11, 1994
CLERK WHO OPENED: PRCCLERK  STATION NUMBER: 500
TOTAL DOLLARS: 0          INVOICE COUNT: 2
PAYMENT LINE COUNT: 2     DATE CLERK CLOSED: JAN 10, 1995
CONTRACT HOSPITAL BATCH: YES  BATCH EXEMPT: NO

STATUS: CLERK CLOSED

BATCH CLOSED

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH RE-OPEN BATCH

FBAASUPERVISOR Key - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option. Although you may access all closed Fee Basis batches, only Civil Hospital batches should be reopened through this option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```

SELECT FEE BASIS BATCH NUMBER: 173          C89621

NUMBER: 173                                OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS                    DATE OPENED: NOV 4, 1994
CLERK WHO OPENED: PRCCLERK                STATION NUMBER: 500
TOTAL DOLLARS: 876                        PAYMENT LINE COUNT: 8
STATUS: OPEN                              INVOICE COUNT: 8

BATCH HAS BEEN RE-OPENED!

SELECT FEE BASIS BATCH NUMBER:

```

BATCH MAIN MENU - CH PRICER BATCH RELEASE

Introduction

The Pricer Batch Release option is used to review Contract Hospital payments and to release these payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

```
SELECT FEE BASIS BATCH NUMBER:  983                C77777

NUMBER: 983                                OBLIGATION NUMBER: C77777
TYPE: CH/CNH                               DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: JOHN                     STATION NUMBER: 500
TOTAL DOLLARS: 3450                         INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                       DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: YES                BATCH EXEMPT: NO

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// <RET>

DO YOU WANT TO RELEASE BATCH AS CORRECT? NO//  Y
```

```
NUMBER: 983                                OBLIGATION NUMBER: C77777
TYPE: CH/CNH                               DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: JOHN                     DATE SUPERVISOR CLOSED: JUL 16, 1990
SUPVR WHO CERTIFIED: PAUL                 STATION NUMBER: 500
TOTAL DOLLARS: 3450                         INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                       DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: YES                BATCH EXEMPT: NO

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!
```

BATCH MAIN MENU - CH RE-INITIATE PRICER REJECTED ITEMS

Introduction

The Re-initiate Pricer Rejected Items option is used to re-initiate rejects from the Austin Pricer system into another Civil Hospital batch. You will be given the opportunity to edit the payment after reinitiating.

Example

```

SELECT BATCH WITH PRICER REJECTS:  990      C77777

SELECT NEW BATCH NUMBER:  1014      C77777

SELECT PATIENT:  FEEPATIENT, ONE      10-23-56      000456789      SC VETERAN
1185
  
```

```

                          INVOICE DISPLAY
                          =====
VETERAN'S NAME  ('*'REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)
VENDOR NAME                                VENDOR ID      INVOICE #
FR DATE      TO DATE  CLAIMED   PAID      SUS CODE      DT. REC.  INV. DATE
=====
FEEPATIENT, ONE  000-45-6789
FEEVENDOR, ONE      000456789      1185
07/15/94   07/17/94  3125.00  3125.00      08/05/94  07/27/94
DX: 116.0
ASSOCIATED 7078: C77777.0177
BATCH #:
REJECTS PENDING!      REJECT REASON: WRONG VENDOR
OLD BATCH #: 990

WANT TO RE-INITIATE THIS PAYMENT? NO//  Y

WANT TO EDIT PAYMENT NOW? YES//  <RET>
  
```

BATCH MAIN MENU - CH RE-INITIATE PRICER REJECTED ITEMS

Example, cont.

```
INVOICE DATE RECEIVED: AUG 5,1994// <RET>
VENDOR INVOICE DATE: 07/27/94 (JUL 27, 1994)
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// <RET>
DISCHARGE TYPE CODE: TO HOME SELF CARE// <RET>
BILLED CHARGES: 3125.00// 3120.00
PAYMENT BY MEDICARE/FED AGENCY: NO// <RET>
AMOUNT CLAIMED: 3125.00// 3120.00
ICD1: 116.0// <RET>
ICD2: <RET>
PROCl: <RET>
```

BATCH MAIN MENU - CH RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Civil Hospital batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230      C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example

```
SELECT FEE BASIS BATCH NUMBER: 284      C35001

NUMBER: 284                                OBLIGATION NUMBER: C35001
TYPE: CH/CNH                              DATE OPENED: MAY 13, 1993
CLERK WHO OPENED: LUCIA                   DATE SUPERVISOR CLOSED: MAY 13, 1993
SUPERVISOR WHO CERTIFIED: LUCIA           STATION NUMBER: 500
TOTAL DOLLARS: 10                          INVOICE COUNT: 1
PAYMENT LINE COUNT: 1                      DATE CLERK CLOSED: MAY 13, 1993
DATE TRANSMITTED: MAY 13, 1993            CONTRACT HOSPITAL BATCH: YES
BATCH EXEMPT: NO

STATUS: ASSIGNED PRICE

WANT LINE ITEMS LISTED? NO// Y YES
```

BATCH MAIN MENU - CH RELEASE A BATCH

Example, cont.

```
PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE #  DT INV REC'D
FR DATE         TO DATE   CLAIMED    PAID      SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          284
FEEVENDOR, ONE         000456789CN  387          5/13/93
04/20/93 04/28/93    5.00      10.00          DISCHARGE DRG20
DX: 121.3
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y  YES

NUMBER: 284                OBLIGATION NUMBER: C35001
TYPE: CH/CNH              DATE OPENED: MAY 13, 1993
CLERK WHO OPENED: LUCIA
DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
SUPERVISOR WHO CERTIFIED: LUCIA    STATION NUMBER: 500
TOTAL DOLLARS: 10            INVOICE COUNT: 1
PAYMENT LINE COUNT: 1        DATE CLERK CLOSED: MAY 13, 1993
DATE TRANSMITTED: MAY 13, 1993    CONTRACT HOSPITAL BATCH: YES
BATCH EXEMPT: NO

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!
```


BATCH MAIN MENU - CH FINALIZE A BATCH

You must hold the FBAAREJECT and/or FBAAFINANCE security keys, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.
- The FBAAFINANCE security key allows the holder to complete Finalize a Batch.

NOTE: Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Civil Hospital batches.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Central Fee (Austin). It is used to reject certain payment items and to finalize the batch as correct. This option is also used to complete a batch, which changes its status to VOUCHERED and populates the DATE FINALIZED field in the FEE BASIS PAYMENT (#162) and FEE BASIS INVOICE (#162.5) files for applicable payments.

- Users specify local rejects, only. Payment lines that are rejected by Central Fee are reported to VistA automatically by interface transactions.
- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

When a batch is completed using this option, a transaction is automatically sent to Central Fee. That same user who completed the batch will also be a recipient of the message.

- This transaction instructs Central Fee of any payment line items that must be deleted (i.e. local rejects) and to release the remainder of the batch to downstream payment systems, such as FMS.
- This transaction replaces all use of 994 code sheets in IFCAP.

BATCH MAIN MENU - CH FINALIZE A BATCH

Message Examples

The following is a sample message for a Medical Fee batch.

```
SUBJ: FEE BASIS VOUCHER MESSAGE BATCH 222 [#2561479] 04/04/12@16:24 2 LINES
FROM: FEEFINANCE, FIRST IN 'IN' BASKET. PAGE 1
-----
FEEV320120404500 000222001$
500 20120404V300000000000000007172755^1425^4^1$
ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

At a later time, Central Fee sends a Voucher Batch Acknowledgement message to VistA. The user will not see this message unless there is a problem. If there is a problem, a bulletin will be sent to the G.FEE and G.FEE FINANCE mail groups and the Voucher Batch Acknowledgement message will be forwarded to G.FEE.

REF: For more information on the Fee Basis mail groups, see the section titled *Mail Groups* in the *Fee Basis Technical Manual and Security Guide v3.5*.

```
SUBJ: FEE SERVER NOTIFICATION FOR BATCH 1943 VOUCHER ACK. [#2561472]
04/04/12@14:34 16 LINES
FROM: POSTMASTER IN 'IN' BASKET. PAGE 1 *NEW*
-----
APR 04, 2012@14:34:50

A REQUEST FOR EXECUTION OF A SERVER OPTION HAS BEEN RECEIVED.

SENDER: 12222
OPTION NAME: FBAA VOUCHER SERVER
SUBJECT: UNIT TEST 2-6J
MESSAGE #: 2561471

COMMENTS: AN ISSUE OCCURRED THAT REQUIRES NOTIFICATION.

THIS IS THE BULLETIN NAMED FBAA SERVER.

MESSAGES FROM CENTRAL FEE FOLLOW
(W) THIS IS A WARNING MESSAGE FROM CENTRAL FEE.
(E) THIS IS AN ERROR MESSAGE FROM CENTRAL FEE.

ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

BATCH MAIN MENU - CH FINALIZE A BATCH

Example: Finalize a Batch option

```

SELECT BATCH MAIN MENU - CH OPTION: FINALIZE A BATCH

SELECT FEE BASIS BATCH NUMBER:    239 <RET>    C20001

NUMBER: 239                                OBLIGATION NUMBER: C20001
TYPE: CH/CNH                              DATE OPENED: APR 19, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                        TOTAL DOLLARS: 900
INVOICE COUNT: 3                          PAYMENT LINE COUNT: 3
DATE CLERK CLOSED: APR 19, 2012           DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES              REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: CENTRAL FEE ACCEPTED

WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID    INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED    PAID    ADJ CODE
=====
FEEPATIENT,FIRST JR          000-00-5678          239
FEEHOSPITAL          504000567    325          4/19/12
02/01/12 02/06/12 150.00    150.00          DISCHARGE DRG5

ADMIT DX: 300.00
DX/POA: 340./Y

FEEPATIENT,FEE B          000-00-3424          239
FEEHOSPITAL          504000567    329          4/16/12
FPPS CLAIM ID: 57764    FPPS LINE: 1
02/10/12 02/15/12 400.00    350.00          45          DISCHARGE DRG1

ADMIT DX: 250.00
DX/POA: 230.0/Y 240.0/Y
PROC: 34.01

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID    INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED    PAID    ADJ CODE
=====
FEEPATIENT,THIRD          000-32-1456          239
FEEHOSPITAL          504000567    332          4/18/12
02/20/12 02/25/12 390.00    400.00          45          DISCHARGE DRG12

ADMIT DX: 540.1
DX/POA: 510.0/Y 520.0/Y
PROC: 35.00 38.02
    
```

BATCH MAIN MENU - CH FINALIZE A BATCH

Example: Finalize a Batch option, cont.

```

WANT TO REJECT THE ENTIRE BATCH? NO//
WANT TO REJECT ANY LINE ITEMS? NO// YES

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE <RET> B,FEE B FEEPATIENT,FEE B      7-
15-40      000003424      REQUIRED      NO      NSC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.
ENROLLMENT PRIORITY:          CATEGORY: IN PROCESS      END DATE:

      *** PATIENT REQUIRES A MEANS TEST ***

      PRIMARY MEANS TEST REQUIRED FROM JAN 20,2011

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN      '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)          BATCH NUMBER
VENDOR NAME          VENDOR ID      INVOICE #      DT INV REC'D
FR DATE      TO DATE      CLAIMED      PAID      ADJ CODE
=====
FEEPATIENT,FEE B          000-00-3424          239
FEEHOSPITAL          504000567      329          4/16/12
  FPPS CLAIM ID: 57764      FPPS LINE: 1
1) 02/10/12 02/15/12 400.00      350.00      45          DISCHARGE DRG1

  ADMIT DX: 250.00
  DX/POA: 230.0/Y 240.0/Y
  PROC: 34.01
WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES// N <RET> NO
REJECT WHICH LINE ITEM: (1-1): 1
ARE YOU SURE YOU WANT TO REJECT ITEM NUMBER: 1? NO// Y <RET> YES
ENTER REASON FOR REJECTING: TEST INDIVIDUAL REJECT
ITEM REJECTED. WANT TO REJECT ANOTHER? YES//N <RET> NO

SELECT FEE BASIS PATIENT NAME:

NUMBER: 239          OBLIGATION NUMBER: C20001
TYPE: CH/CNH          DATE OPENED: APR 19, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500      TOTAL DOLLARS: 550
INVOICE COUNT: 2          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: APR 19, 2012      DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES      REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: CENTRAL FEE ACCEPTED

DO YOU WANT TO FINALIZE BATCH AS CORRECT? NO// YES
VOUCHER BATCH MESSAGE # 2579597 SENT TO CENTRAL FEE.

BATCH HAS BEEN FINALIZED!

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CH RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

NOTE: Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Civil Hospital batches.

Introduction

The Re-Initiate Rejected Payment Items option is used to re-initiate rejected payment items into a new batch.

- The option prevents the selection of a batch when the Voucher Batch Acknowledgement from Central Fee reported an application error or has not yet been received. Central Fee generates a Voucher Batch Acknowledgement in response to the new transaction sent by VistA when the batch is completed using the Finalize a Batch option.
- It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Example

```

SELECT BATCH MAIN MENU - CH OPTION: RE-INITIATE REJECTED PAYMENT ITEMS

SELECT BATCH WITH REJECTS: 215 <RET>      C20001

NEW BATCH FOR REJECTS IS: 254
WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE # DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
BATCH NUMBER: 215      VOUCHER DATE: 2/15/12  VOUCHERER: FEEVOUCHERER,RICK

FEEPATIENT,FEE C          000-00-5401          215
FEEHOSPITAL                504000567      279          2/15/12
  FPPS CLAIM ID: 12345    FPPS LINE: ALL
  02/10/12 02/10/12 100.00    90.00    97          DISCHARGE DRG2

DX/POA: 100.0/ 100.81/ 100.89/
PROC: 20.01 20.09 20.1 20.21 20.22

```

BATCH MAIN MENU - CH RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

```

CENTRAL FEE REJECT OLD BATCH #: 215
REJ CODE: C001 TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
INCORRECT/MISSING.
REJ CODE: CC2 REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.
-----
WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO//
WANT TO RE-INITIATE ANY LINE ITEMS? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
('#' VOIDED PAYMENT) BATCH NUMBER
VENDOR NAME VENDOR ID INVOICE # DT INV REC'D
FR DATE TO DATE CLAIMED PAID ADJ CODE
=====
FEEPATIENT,FEE C 000-00-5401 215
FEEHOSPITAL 504000567 279 2/15/12
FPPS CLAIM ID: 12345 FPPS LINE: ALL
1) 02/10/12 02/10/12 100.00 90.00 97 DISCHARGE DRG2

DX/POA: 100.0/ 100.81/ 100.89/
PROC: 20.01 20.09 20.1 20.21 20.22
RE-INITIATE WHICH LINE ITEM: (1-1): 1
ARE YOU SURE YOU WANT TO RE-INITIATE LINE ITEM NUMBER: 1? NO// YES
ITEM RE-INITIATED. WANT TO RE-INITIATE ANOTHER? YES// NO

NUMBER: 215 OBLIGATION NUMBER: C20001
TYPE: CH/CNH DATE OPENED: FEB 15, 2012
CLERK WHO OPENED: FEECLERK,DEBORAH
DATE SUPERVISOR CLOSED: FEB 15, 2012@16:03:03
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500 TOTAL DOLLARS: 0
INVOICE COUNT: 0 PAYMENT LINE COUNT: 0
DATE FINALIZED: FEB 15, 2012 DATE CLERK CLOSED: FEB 15, 2012
DATE TRANSMITTED: FEB 15, 2012 CONTRACT HOSPITAL BATCH: YES
PERSON WHO COMPLETED: FEEUSER,SUSAN
BATCH EXEMPT: NO

STATUS: VOUCHERED

SELECT BATCH WITH REJECTS:
    
```

BATCH MAIN MENU - CH DELETE REJECT FLAG

You must hold the FBAAREJECT security key to use this option.

NOTE: Although all Fee Basis batches with rejections may be accessed, this option should only be used to delete reject flags from Civil Hospital batches.

Introduction

The Delete Reject Flag option is used to delete reject flags that were entered in error using the Finalize a Batch option.

- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.
- Reject flags that are set by the Central Fee transactions cannot be locally deleted since those payment lines were *not* accepted by Central Fee or have been dropped from Central Fee.
- Locally specified reject flags can only be deleted before the batch is completed (VOUCHERED) since completion of the batch triggers the new transaction which results in the removal of any locally rejected payment lines from Central Fee and releases the remainder of the payment lines.
- When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```

SELECT BATCH MAIN MENU - CH OPTION: DELETE REJECT FLAG
SELECT FEE BASIS BATCH NUMBER:      239 <RET>      C20001
NUMBER: 239                                OBLIGATION NUMBER: C20001
TYPE: CH/CNH                               DATE OPENED: APR 19, 2012
CLERK WHO OPENED: BAUMANN,SCOTT A
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                        TOTAL DOLLARS: 0
INVOICE COUNT: 0                           PAYMENT LINE COUNT: 0
DATE CLERK CLOSED: APR 19, 2012           DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES              REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: CENTRAL FEE ACCEPTED

WANT LINE ITEMS LISTED? NO// YES

```

BATCH MAIN MENU - CH DELETE REJECT FLAG

Example, cont.

```

PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE #  DT INV REC'D
FR DATE         TO DATE   CLAIMED   PAID    ADJ CODE
=====
BATCH NUMBER: 239    VOUCHER DATE:          VOUCHERER:

FEEPATIENT,FIRST JR          000-00-5678          239
FEEHOSPITAL                  504000567      325      4/19/12
02/01/12 02/06/12 150.00   150.00          DISCHARGE DRG5

ADMIT DX: 300.00
DX/POA: 340./Y
LOCAL REJECT      OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT

FEEPATIENT,FEE C          000-00-5401          239
FEEHOSPITAL                  504000567      328      4/19/12
02/02/12 02/08/12  90.00   80.00      45      DISCHARGE DRG4

ADMIT DX: 410.00
DX/POA: 440.0/Y

PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE #  DT INV REC'D
FR DATE         TO DATE   CLAIMED   PAID    ADJ CODE
=====
CENTRAL FEE REJECT  OLD BATCH #: 239
REJ CODE: C050 REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.
REJ CODE: C100 REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.

FEEPATIENT,FEE B          000-00-3424          239
FEEHOSPITAL                  504000567      329      4/16/12
FPPS CLAIM ID: 57764  FPPS LINE: 1
02/10/12 02/15/12 400.00   350.00      45      DISCHARGE DRG1

ADMIT DX: 250.00
DX/POA: 230.0/Y 240.0/Y
PROC: 34.01
LOCAL REJECT      OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT

PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE #  DT INV REC'D
FR DATE         TO DATE   CLAIMED   PAID    ADJ CODE
=====
FEEPATIENT,THIRD          000-32-1456          239
FEEHOSPITAL                  504000567      332      4/18/12
02/20/12 02/25/12 390.00   400.00      45      DISCHARGE DRG12

DX/POA: 510.0/Y 520.0/Y
PROC: 35.00 38.02
    
```


BATCH MAIN MENU - CH

DELETE REJECT FLAG

Example, cont.

```

LOCAL REJECT          OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT
-----
WANT TO DELETE LOCAL REJECTION CODES FOR THE ENTIRE BATCH? NO//
WANT TO DELETE LOCAL REJECTION CODE FOR ANY LINE ITEMS? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME           VENDOR ID     INVOICE #   DT INV REC'D
FR DATE              TO DATE        CLAIMED    PAID      ADJ CODE
=====
FEEPATIENT,FIRST JR          000-00-5678          239
FEEHOSPITAL                 504000567          325          4/19/12
1) 02/01/12 02/06/12 150.00    150.00
                                DISCHARGE DRG5

    ADMIT DX: 300.00
    DX/POA: 340./Y

FEEPATIENT,FEE B           000-00-3424          239
FEEHOSPITAL                 504000567          329          4/16/12
    FPPS CLAIM ID: 57764    FPPS LINE: 1
2) 02/10/12 02/15/12 400.00    350.00          45          DISCHARGE DRG1

    ADMIT DX: 250.00
    DX/POA: 230.0/Y 240.0/Y
    PROC: 34.01
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME           VENDOR ID     INVOICE #   DT INV REC'D
FR DATE              TO DATE        CLAIMED    PAID      ADJ CODE
=====
FEEPATIENT,THIRD          000-32-1456          239
FEEHOSPITAL                 504000567          332          4/18/12
3) 02/20/12 02/25/12 390.00    400.00          45          DISCHARGE DRG12

    ADMIT DX: 540.1
    DX/POA: 510.0/Y 520.0/Y
    PROC: 35.00 38.02
DELETE REJECT FLAG FOR WHICH LINE ITEM: (1-3): 1
ARE YOU SURE YOU WANT TO DELETE THE REJECT ON ITEM NUMBER 1? NO// YES
...DONE
NUMBER: 239                OBLIGATION NUMBER: C20001
TYPE: CH/CNH              DATE OPENED: APR 19, 2012
CLERK WHO OPENED: BAUMANN,SCOTT A
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500       TOTAL DOLLARS: 150

```

DATE CLERK CLOSED: APR 19, 2012

DATE TRANSMITTED: APR 19, 2012

BATCH MAIN MENU - CH DELETE REJECT FLAG

Example, cont.

CONTRACT HOSPITAL BATCH: YES
BATCH EXEMPT: NO

REJECTS PENDING: YES

STATUS: CENTRAL FEE ACCEPTED

SELECT FEE BASIS BATCH NUMBER:

BATCH MAIN MENU - CH

STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
CENTRAL FEE ACCEPTED	Medical, Travel Pharmacy CH, CNH	The Payment Batch Results message from Austin has been received. The batch contains at least one line item that was accepted by Austin
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MAIN MENU - CH STATUS OF BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 181          C15005
DEVICE: HOME// <RET>  VIRTUAL TERMINAL      RIGHT MARGIN: 80// <RET>

NUMBER: 181                                OBLIGATION NUMBER: C15005
TYPE: CH/CNH                               DATE OPENED: NOV  6, 1990
CLERK WHO OPENED: CHARLENE                 DATE SUPERVISOR CLOSED: NOV  9, 1990
SUPERVISOR WHO CERTIFIED: KATHLEEN
STATION NUMBER: 500                         TOTAL DOLLARS: 50
INVOICE COUNT: 2                           PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: NOV  6, 1990            DATE TRANSMITTED: NOV  9, 1990
CONTRACT HOSPITAL BATCH: YES               BATCH EXEMPT: NO

STATUS: TRANSMITTED

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH LIST ITEMS IN BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```

SELECT FEE BASIS BATCH NUMBER: 181          C89621
DEVICE: HOME//  CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80// <RET>

```

```

PATIENT NAME  ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
              ('#' VOIDED PAYMENT)          BATCH NUMBER
VENDOR NAME   VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE    CLAIMED    PAID      SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          181
FEEVENDOR, ONE          000456789          198          11/8/90
10/30/90 11/09/90 100.00          50.00          1          DISCHARGE DRG423
DX: 103.2
PROC: 01.01

SELECT FEE BASIS BATCH NUMBER:

```

BATCH MAIN MENU - CH BATCH DELETE

FBAASUPERVISOR Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "yes"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

A batch that was rejected using the Reprocess Overdue Batch option cannot be deleted with the Batch Delete option.

Example

```
SELECT FEE BASIS BATCH NUMBER:    169          C90234

NUMBER: 169                        OBLIGATION NUMBER: C90234
TYPE: CH/CNH                       DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: MARY ELLEN       STATION NUMBER: 500
DATE CLERK CLOSED: MAY 17, 1993   CONTRACT HOSPITAL BATCH: YES
BATCH EXEMPT: NO

STATUS: ASSIGNED PRICE

SURE YOU WANT TO DELETE THIS BATCH? NO// Y  YES

    BATCH DELETED.

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH

OPEN ANCILLARY PAYMENT BATCH

Introduction

The Open Ancillary Payment Batch option is used to open a batch for ancillary payments associated with a contract hospital admission. Ancillary payments are those made to vendors (other than the hospital) who provide services to veterans while they are hospitalized at a private facility under VA auspices.

You must be an authorized user in the IFCAP package to select an obligation number.

Example

```
WANT TO CREATE AN ANCILLARY PAYMENT MEDICAL BATCH? YES// <RET>
MEDICAL BATCH NUMBER ASSIGNED IS: 1011

ARE YOU ADDING '1011' AS A NEW FEE BASIS BATCH (THE NTH)? Y
SELECT OBLIGATION NUMBER: C77777 500-C77777 -- 1358 OBLIGATED - 1358
FCP: 777 $ 9999999
```

OUTPUT MENU

7078 PRINT

Introduction

The 7078 Print option is used to generate VA Form 10-7078, "Authorization and Invoice for Medical and Hospital Services". This option allows you to specify the number of copies (up to five) that you wish to print.

If you wish the name and title of the approving official to be different from those set through the site parameters, you may edit through this option.

Example

```
SELECT VETERAN: FEEPATIENT, ONE    06-02-34    000456789    SC VETERAN

      C77777.0141          FEEVENDOR,ONE    FEEPATIENT, ONE    COMPLETE

REFERENCE NUMBER: C77777.0141          VENDOR: FEEVENDOR,ONE
VETERAN: FEEPATIENT, ONE              AUTHORIZATION FROM DATE: AUG 30, 2006
AUTHORIZATION TO DATE: SEP 17, 2006   AUTHORITY: NON-VA FOR SC DISABILITY
ESTIMATED AMOUNT: 1350                USER ENTERING: FEE USER
STATUS: COMPLETE                      DATE OF ISSUE: AUG 30, 2006
FEE PROGRAM: CIVIL HOSPITAL           REFERRING PROVIDER: FEEPROVIDER,TWO

IS THIS THE CORRECT 7078? YES// <RET>
APPROVING OFFICIAL FOR 7078: FEE APPROVING OFFICIAL// <RET>
TITLE OF APPROVING OFFICIAL: CLINICAL DIRECTOR// <RET>
# OF COPIES OF 7078? 1// <RET>

DEVICE: HOME// CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 120// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y (YES)

REQUESTED START TIME: NOW// <RET> (DEC 12, 2006@15:17)
REQUEST QUEUED
```


OUTPUT MENU

7078 PRINT

Example, cont.

Department of Veterans Affairs		AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES	
Issuing Office VAMC ALBANY 113 HOLLAND AVE ALBANY, NY 12208		1. Date of Issue 08/30/06	
Name of Physician or Station FEEvencor,One NEW SCOTLAND AVE SUITE 301 ALBANY, NY 12209 ID#: 111111111		2. Veteran's Name FEEpatient, ONE	
Name of VA Referring Provider FEEprovider,Two NPI: 111111112		3. Address 1 MAIN ST Apt. 1B TROY, NY 12180	
		4. Veteran's Claim No. 4A. SSN 000456789 XXX-XX-6789	
		5. Authorization Valid From To 08/30/06 09/17/06	
PART 1. - SERVICES AUTHORIZED			
6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.)			7. Fee \$
Move to VAMC ASAP			
8. Fee Schedule or Contract 17.45	9. Authority 17.45	9A. 	10. Estimated Amount \$500.00
11. Fiscal Symbols 360/10161.001 C77777.0141		12. Authorized by (Name and Title) JAMES ME Clinical Director	
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.			
2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.			
3. Payment by the VA is payment in full for authorized services rendered.			
4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.			
5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major surgery.			
6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the release of the patient from the hospital.			
7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.			
All questions relating to this authorization should be referred to the issuing VA Office			
VA Form 10-7078			

OUTPUT MENU CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```

SELECT CHECK NUMBER: 18729310
DEVICE: HOME// <RET>  LAT TERMINAL      RIGHT MARGIN: 80// <RET>

                PAYMENT HISTORY FOR CHECK # 18729310
                -----
                                                PAGE: 1

                FEE PROGRAM:  CIVIL HOSPITAL
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
  FROM      TO      AMOUNT   AMOUNT   SUSP     BATCH     INVOICE
  DATE      DATE      CLAIMED   PAID     CODE     NUMBER     NUMBER
=====
VENDOR:  FEEVENDOR, ONE          VENDOR ID:  000111111
PATIENT:  FEEPATIENT, ONE          PATIENT ID:  XXX-XX-6789
  6/1/06   6/30/06   6,100.00   6,000.00   D        378        583
  >>>CHECK # 18729310  DATE PAID:  1/9/95<<<

ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>
SELECT CHECK NUMBER:
    
```

OUTPUT MENU

CIVIL HOSPITAL CENSUS REPORT

Introduction

The Civil Hospital Census Report option generates an output of all active Civil Hospital inpatients, as determined by the Authorization FROM and TO dates in Section 5 of VA Form 10-7078, for a specified census date. For this reason, it is imperative that VA Form 10-7078s are entered in a timely manner in order for the report to contain accurate census information.

Example

```
****CENSUS DATE SELECTION****
```

```
CENSUS DATE: 072994 (JUL 29, 1994)
```

```
DISPLAY ADDRESS FOR VENDORS? NO// Y YES
```

```
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
```

```
FEE BASIS CIVIL HOSPITAL CENSUS
07/29/94
```

```
-----
VENDOR NAME                VENDOR ID
VETERAN NAME                DOB          VETERAN ID   PSA   AUTH FROM DATE
=====
FEEVENDOR, ONE              000456789   CONTRACT HOSP
  923 ANY WAY
  ARGON, NY 17165-9967 TEL. #: 717-555-9366
FEEPATIENT, ONE            01/31/55   000-45-6789   569   07/27/94
FEEVENDOR, ONE              000456789   CONTRACT HOSP
  RR#2
  PINE VALLEY, NY 12943 TEL. #: 716-555-3355
FEEPATIENT, ONE            02/03/35   000-45-6789   670   08/11/93
FEEVENDOR, TWO              000456789   CONTRACT HOSP
  9 SKY WAY
  FREON, NY 17165-9967 TEL. #: 518-555-9999
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

OUTPUT MENU CIVIL HOSPITAL CENSUS REPORT

Example, cont.

FEE BASIS CIVIL HOSPITAL CENSUS				
08/15/93				

VENDOR NAME		VENDOR ID		
VETERAN NAME	DOB	VETERAN ID	PSA	AUTH FROM DATE
=====				
FEEPATIENT, ONE	00/14	000-45-6789	569	07/27/93

OUTPUT MENU

COST REPORT FOR CIVIL HOSPITAL

Introduction

This option generates the Cost Report for Civil hospital for a specified date range, sorted by DATE FINALIZED and PATIENT TYPE CODE. You can print either a detailed report or a summary.

Example

```
**** DATE RANGE SELECTION ****
```

```
BEGINNING DATE : T-10 (DEC 04, 1994)
```

```
ENDING DATE : T (DEC 14, 1994)
```

```
SELECT ONE OF THE FOLLOWING:
```

```
  D      DETAILED REPORT
  S      SUMMARY ONLY
```

```
CHOOSE REPORT TYPE: S// DETAILED REPORT
```

```
QUEUE TO PRINT ON
```

```
DEVICE: HOME// A138-10/6/UP KYOCERA RIGHT MARGIN: 80// <RET>
```

```
REQUESTED START TIME: NOW// <RET> (DEC 14, 1994@13:57:15)
```

```
REQUEST QUEUED
```

```
TASK #: 33752
```

```
COST REPORT FOR CIVIL HOSPITAL
12/4/87 THROUGH 12/14/94
-----
```

PATIENT NAME	PATIENT ID	ASSOC 7078	AMT PAID	FINAL DRG	LOS
TREATING SPECIALTY: MEDICAL					
FEEPATIENT, ONE	000-45-6789	C90234.0057	4.44**		
FEEPATIENT, TWO	000-45-6789	C90234.0008	5.00	18	2
TREATING SPECIALTY: SURGICAL					
FEEPATIENT, THREE	000-45-6789	C90234.0031	525.00	21	20

```
** INDICATES AN ANCILLARY PAYMENT
```

OUTPUT MENU

COST REPORT FOR CIVIL HOSPITAL

Example, cont.

COST REPORT FOR CIVIL HOSPITAL 12/4/87 THROUGH 12/14/94		

SUMMARY		
LOS	# CASES	AVE. AMT. PAID
=====		
TREATING SPECIALTY: MEDICAL 2	1	5.00
TREATING SPECIALTY: SURGICAL 20	1	525.00
=====		
TOTAL CASES: 2	AVERAGE AMOUNT PAID: 265.00	AVERAGE LOS: 11.00
TOTAL ANCILLARY PAYMENTS: 1	AVERAGE AMOUNT PAID:	4.44

OUTPUT MENU

DISPLAY OPEN BATCHES

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	MICHAEL	C33003
26	Pharmacy	05/28/93	MICHAEL	C93004
28	Medical	05/28/93	MICHAEL	C33003
33	Medical	06/02/93	KAREN	C33003
34	CH/CNH	06/03/93	KAREN	C33003
35	Medical	06/08/93	KAREN	C33003

OUTPUT MENU INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Civil Hospital invoice.

NOTE: Although you may view and print both Civil Hospital and Contract Nursing Home invoices with this option, it should be used to view and print Civil Hospital invoices only.

The display line containing 'IPAC Number' and DoD Invoice Number' only appears if The invoice Vendor has one or more active IPAC Agreements.

Example of ICD-9 Data

```
Select FEE BASIS INVOICE NUMBER: 164
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                          INVOICE DISPLAY
                          =====
Veteran's Name   ('*'Reimbursement to Veteran   '+' Cancellation Activity)
                  ('#' Voided Payment)
Vendor Name
Fr Date         To Date   Claimed   Paid       Vendor ID   Invoice #
Sus Code        Dt. Rec.  Inv. Date
=====
FEEPATIENT, ONE 000-45-6789
FEEVENDOR, ONE  000888888      164
10/23/94  10/31/94  1800.00  1800.00      11/6/94  11/1/94

    IPAC Number: 121      DoD Invoice Number: 151571
    DX: 747.3             Discharg DRG: 136

Associated 7078: C15005.0007
Batch #: 267              Date Finalized: 11/25/94
Rejects Pending!        Reject reason: WRONG OBLIGATION
Old Batch #: 267

Select FEE BASIS INVOICE NUMBER:
```


OUTPUT MENU

IPAC VENDOR REPORTS MENU

DOD INVOICE DISPLAYNUMBER INQUIRY

Introduction

The DoD Invoice Number Inquiry option is used to display all of the VistA Invoices for a selected DoD Invoice Number. VistA invoices from any batch regardless of the status of the batch will be displayed.

Example of ICD-10 Data

ICD-10 data displays invoice diagnosis and procedure codes (up to 25 each) and Admitting Diagnosis.

```
*FEE,ICDTHREE 000-23-1456
This report will display all of the VistA invoices for the
Selected DoD Invoice Number.

DoD Invoice Number: 9988707

Do you want to capture the output in a CSV format? NO// NO

This report is 80 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL RIGHT MARGIN: 80// <RET>

Compiling IPAC Vendor DoD Invoice Inquiry Report. Please wait ...

                                IPAC Vendor DoD Invoice Inquiry Report
For DoD Invoice # 9988707                               May 29, 2014@06:56:32 Page:1
For Vendor:      FEEVENDOR,ONE                          Vendor ID: 000456789

Invoice #           Type C/V/R           Date           Amount      Amount      Amount
                    Type C/V/R           Paid           Claimed      Paid        Adjusted
=====
57593                INP   R           Date           $330         $330         $0
$Totals for DoD Invoice # by Type: Inpatient
                    ---
                    Tot# 1           $330         $330         $0

$Totals for Vendor: FEEVENDOR,ONE
-----
#           1           $330         $330         $0

*** End of Report ***
```

OUTPUT MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR DOD INVOICE REPORT

Introduction

The IPAC Vendor DoD Invoice Report option is used to display all of the DoD Invoices for a specified Vendor(s) and date range. Only DoD Invoices from batches that are finalized will be displayed.

Example* 11/05/12 11/5/12 11/01/12 11/05/12

This report will display summary information on all of the DoD invoices for the selected IPAC vendors, within the selected date range, and for the selected payment types.

```

Select IPAC Vendor: ALL// FEEVENDOR,ONE
      90TH MED GP/SGAM
      5900 ALDEN DR
      FE WARREN AFB, WY  82005-3966      TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date:  04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

  Select one of the following:

      OUT      Outpatient
      RX       Pharmacy
      INP      Civil Hospital
      ANC      Civil Hospital Ancillary
      ALL      All

Select an Invoice Type: ALL/ All

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide.  Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL  RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor DoD Invoice Report.  Please wait ...

IPAC Vendor DoD Invoice Report          For Date Range: 05/14/2014 - 5/28/2014          May 28, 2014@07:48:24  Page
1
  Selected Invoice Types: ALL
  Vendor Name: FEEVENDOR,ONE (ID# 83016836)
  Total Amt      Total Amt      Total Amt      Fee Basis
Amt
DoD Invoice Number  Claimed      Paid      Adjusted      Invoice#  Batch#  Oblig#  Date Paid  Check #
Disbursed
-----
15151              $800.00      0$800.00      4
14609  C20246  05/21/2014  12345              $800.00
  
```

Section 1: CIVIL HOSPITAL MAIN MENU

15154	\$400.00	\$400.00	\$0.00	57673	14609	C20246	*	*
\$0.00								
15158	\$600.00	\$600.00	\$0.00	57676	14609	C20246	05/21/2014	12346
\$600.00								
-	-----	-----	-----					-----
\$Totals for Vendor:	\$1800.00	\$1800.00	\$0.00					
\$1400.00								
Total Number of DoD Invoices for Vendor: 3								
*** End of Report ***								

OUTPUT MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR PAYMENT REPORT

Introduction

The IPAC Vendor Payment Report option is used to display all of the paid line items by DoD invoice number, type and service date. Only line items from batches that are finalized will be displayed.

Example

```
This report will display detail information on paid line items by the
Invoice type, DoD invoice number, and date of service.

Select IPAC Vendor: ALL// FEEVENDOR,ONE
    90TH MED GP/SGAM
    5900 ALDEN DR
    FE WARREN AFB, WY 82005-3966    TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date: 04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

    Select one of the following:

        OUT      Outpatient
        RX       Pharmacy
        INP      Civil Hospital
        ANC      Civil Hospital Ancillary
        ALL      All

Select      Admit Dx: E08.8
an Invoice Type: ALL/ All

Only Include Suspended Payments (not paid in full)? NO// NO

Ignore Cancelled or Voided Payments? YES// YES

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL    RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor Payment. Please wait ...

IPAC Vendor Payment Report          For Date Range: 05/14/2014 - 5/28/2014          May 28, 2014@07:48:24    Page
1
Selected Invoice Types: ALL
```

Section 1: CIVIL HOSPITAL MAIN MENU

Vendor Name: FEEVENDOR,ONE (ID# 83016836)										Invoice Type: Outpatient/Civil Hospital Ancillary			
DoD Invoice Number	Patient Name	SSN	Svc Dt	Proc	Rev	Claimed	Paid	Adj	Reason	Dt Paid	Check #		
Disbursed													
Fee Inv#	Bch#	Oblig #	Modifiers										

15151		FEEPATIENT,FRED	8787	05/15/14	27822	800.00	800.00	0.00					
0.00													
57670	14609	C20246											
15154		FEEPATIENT,FRED	2281	05/15/14	27822	400.00	400.00	0.00					
0.00													
57673	14609	C20246											
15158		FEEPATIENT,ERIC	4543	05/15/14	27822	600.00	600.00	0.00					
0.00													
57676	14609	C20246											
Enter RETURN to continue or '^' to exit:													
IPAC Vendor Payment Report For Date Range: 05/14/2014 - 5/28/2014 May 28, 2014@07:48:24 Page 2													
Selected Invoice Types: ALL													
Vendor Name: FEEVENDOR,ONE (ID# 83016836)										Invoice Type: Civil Hospital Inpatient			
DoD Invoice Number	Patient Name	SSN	Admit Dt	Disch Dt	Claimed	Paid	Adj	Reason	Dt Paid	Check #			
Disbursed													
Fee Inv#	Bch#	Oblig #	Adm Dx										

15171		FEEPATIENT,FRED	8787	05/20/14	05/20/14	400.00	400.00	0.00					
0.00													
57683	14611	C20246			304.40								
DX/(POA: E08.8/): 304.40(Y)													
PROC: ONSX0ZZ													
Associated 7078: 0CP006.0004													
Batch #: 22704 Date Finalized:													
15154		FEEPATIENT,FRED	2281	05/15/14	27822		400.00		400.00	0.00			
0.00													
57684	14611	C20246			304.40								
DX(POA): 304.40(Y)													
15199		FEEPATIENT,ERIC	4543	05/15/14	27822		600.00		600.00	0.00			
0.00													
57685	14611	C20246			304.40								
DX(POA): 304;40(Y)													
*** End of Report ***													

OUTPUT MENU

LIST BATCHES PENDING RELEASE

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

```
DEVICE: HOME//  CIVIL HOSPITAL  RIGHT MARGIN: 80// <RET>
```

FEE BATCHES PENDING RELEASE

Batch #	Date Closed	Clerk Who Opened	FCP-Obligation #	Total \$
33	08/19/93	KAREN	333-C33003	3295.00
29	06/01/93	KAREN	999-C90234	1500.00

OUTPUT MENU

NON-VA HOSPITAL ACTIVITY REPORT

Introduction

This option is used to generate and print a report of non-VA hospital activity for a specified month/year. You may include activity for public, private, or federal hospitals.

The report is broken down by bedsection: Medicine, Surgery, and Psychiatry. The number of admissions, discharges, deaths, patients remaining, days of care, and days of unauthorized care is given for each.

Example

```

                                NON-VA HOSPITAL ACTIVITY REPORTS
                                -----

Select one of the following:
  1          PUBLIC HOSPITAL
  2          FEEVENDOR, ONE
  3          FEDERAL HOSPITAL

Enter response: 2 FEEVENDOR, ONE

This option will calculate the FEEVENDOR, ONE Activity Report.

Enter Month and Year: 0793 (JUL 1993)
DEVICE: HOME// CIVIL HOSPITAL PRINTER   RIGHT MARGIN: 80// <RET>

```

OUTPUT MENU

NON-VA HOSPITAL ACTIVITY REPORT

Example, cont.

FEEVENDOR, ONE ACTIVITY REPORT					

For the month of: JUL 1993					
=====					
MEDICINE					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE

1	0	0	1	4	0
SURGERY					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE

0	0	0	0	0	0
PSYCHIATRY					

ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE

0	0	0	0	0	0

OUTPUT MENU

PAYMENT AGING REPORT

This option generates a report of payments that have been transmitted to Central Fee and are still awaiting payment confirmation or cancellation in VistA. The purpose of the new report is to identify payments in VistA Fee Basis that appear to have a problem because payment confirmation has not been received within an expected period.

Payment line items finalized within a user-specified period will be listed on this report if payment confirmation has not been received from Austin and the payment is not cancelled, flagged as rejected, or voided.

NOTE: If the report is run for user-specified facilities instead of all facilities then any finalized payments with a blank value for the primary service facility are included in the results.

Example

```

SELECT OUTPUT MENU OPTION:  PAYMENT AGING REPORT

SELECT PRIMARY SERVICE FACILITY: ALL//
REPORT PAYMENTS FINALIZED ON OR BEFORE:  MAR 31, 2012// <RET> (MAR 31, 2012)
EARLIEST FINALIZED DATE TO REPORT:  MAR 01, 2012// 1/1/2005 <RET> (JAN 01, 2005)
DEVICE: HOME//
FEE BASIS PAYMENT AGING REPORT                                APR 27, 2012@10:50:22  PAGE 1
  PAYMENTS FINALIZED FROM JAN 01, 2005 TO MAR 31, 2012
  FOR ALL PRIMARY SERVICE FACILITIES
PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE # DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
FEEPATIENT,FEE B          000-00-3424                15
FEEHOSPITAL              504000567          5          1/28/08
  FPPS CLAIM ID: 312    FPPS LINE: ALL
  01/23/08 01/23/08 250.00    500.00    23          DISCHARGE DRG902

  DX/POA: 103.9/ 103.1/ 112.4/ 200.00/ 300.09/
  PROC: 10.32 10.99 12.21 18.11 18.12

```

OUTPUT MENU PENDING PRICER REJECTS

Introduction

The Pending Pricer Rejects option is used to view and print a list of pending rejects from the Austin Pricer. These are payment items rejected through the Complete a Payment option.

Example

```

DEVICE: HOME//  CIVIL HOSPITAL PRINTER  RIGHT MARGIN: 80//  <RET>

          CIVIL HOSPITAL REJECTED PAYMENT HISTORY
          -----

('*' Represents Reimbursement to Patient      '#' Represents Voided Payment)
Inv Date          Amount      Amount  Susp  Invoice  From      To
                  Claimed     Paid    Code  Num     Date     Date
=====

Vendor: FEEVENDOR,ONE          Vendor ID: 000222222
Patient: FEEPATIENT, ONE      Patient ID: 000-45-6789
  11/1/93          22.00      0.00      1213    12/1/91   12/1/91
DX: 214
Associated 7078: C91123.0143
Rejects Pending!      Reject Reason: INVALID MEDICARE I.D.
Old Batch #: 276

You have PENDING ALERTS
      Enter "VA  VIEW ALERTS  to review alerts

Select Output Menu Option:

1(022,028)
    
```

OUTPUT MENU

POTENTIAL COST RECOVERY REPORT

Introduction

This report is used to obtain information concerning patients and services received, which can potentially be recovered from the veteran and/or third party insurance. The report is run for a specified Primary Service Facility and date range; and you can choose to include Patient Copays, Insurance Copays, or Both. If you select “Patient Copays” or “Both”, you will also be prompted to indicate whether you want to include Means Test Copays, LTC Copays, or Both. The software examines all payments for the Outpatient, Pharmacy, Civil Hospital, and Community Nursing Home fee programs.

One or more of the following messages might appear in the report. The messages that contain “Cost recover from LTC co-pay” or “10-10EC Missing for LTC Patient” will only be generated for LTC payments with a date of service equal to or greater than July 5, 2002. The IB LTC clock might need to be updated to identify the patient's 21 free days.

MESSAGE	EXPLANATION
>>>Cost recover from means testing.	The patient received non-LTC treatment, s/he does not have insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from means testing and insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is exempt from Means Test copay.
NONE - This payment will be excluded from the report.	The patient received non-LTC treatment, s/he doesn't have insurance and s/he is exempt from Means Test copay.
>>>Cost recover from LTC co-pay.	The patient received LTC treatment, s/he doesn't have insurance and s/he is not exempt from LTC copay.
>>>Cost recover from LTC co-pay and insurance.	The patient received LTC treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received LTC treatment, s/he has insurance and s/he is exempt from LTC copay.
NONE - This payment will be excluded from the report.	The patient received LTC treatment, s/he doesn't have insurance and s/he is exempt from LTC copay.
>>>Cost recover from insurance. 10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he doesn't have insurance and does not have 1010EC in file.

Example of ICD-9 Data

```
Select Output Menu Option: POTential Cost Recovery Report

Select Primary Service Facility: ALL//

Include (P)atient Co-pays / (I)nsurance / (B)oth: Both//

Include (M)eans Test Co-pays /(L)TC Co-pays /(B)oth: Both//

Do you want to include patients whose insurance status is unavailable? YES//

SELECT THE TYPE OF INSURANCE PLANS TO BE EXCLUDED FROM THE PCR REPORT:
SELECT TYPE OF PLAN NAME: <ENTER TYPE OF INSURANCE PLAN OR "???" AND <RET>
SELECT TYPE OF PLAN NAME: <RET>

TYPE OF PLAN SELECTED FOR EXCLUSION: <A LIST OF THOSE TYPES OF PLANS SELECTED FOR
EXCLUSION IS DISPLAYED>

                                EXAMPLE:
                                MEDICARE
                                COMPREHENSIVE MAJOR MEDICAL <RET>

RECREATE EXCLUSION LIST? NO// <ENTER Y TO RECREATE LIST OR N> N

**** Date Range Selection ****

    Beginning DATE : T (NOV 02, 2011)

    Ending    DATE : T (NOV 02, 2011)

QUEUE TO PRINT ON
DEVICE: HOME// TELNET PORT [YOU CAN NOT SELECT A VIRTUAL TERMINAL]

Previously, you have selected queueing.
Do you STILL want your output QUEUED? Yes// N (No)
DEVICE: HOME// TELNET PORT Right Margin: 80//

                                POTENTIAL COST RECOVERY REPORT
                                Division: 500A5 ALBANY WARD
                                NPI:
                                11/2/11 - 11/2/11
                                Page: 5
Patient: FEEPATIENT,ONE Pat. ID: 666-77-7888 DOB: Dec 31, 1956

('*' Represents Reimbursement to Patient '#' Represents Voided Payment)
=====

Health Insurance: YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
BLUE CROSS s SLDJFSFDJ SELF 08/31/11 09/15/11
MEDICARE p 3333 PART A SELF 12/31/76
```

```

                                FEE PROGRAM: CIVIL HOSPITAL
Invoice Date  Invoice No.    From Date    To Date  Patient Control #
Amt Claimed  Amt Paid  Cov Days    Adj Codes  Adj Amounts  Remit Remarks
=====
Enter RETURN to continue or '^' to exit:

                                POTENTIAL COST RECOVERY REPORT
                                Division: 500A5 ALBANY WARD
                                NPI:
                                11/2/11 - 11/2/11
                                Page: 6
Patient: FBCSTESTPT,ONE                Pat. ID: 666-77-7888  DOB: Dec 31, 1956

('*' Represents Reimbursement to Patient      '#' Represents Voided Payment)
=====

Health Insurance: YES
Insurance    COB Subscriber ID    Group    Holder    Effective    Expires
=====
BLUE CROSS    s                                SLDJFSFDJ    SELF    08/31/11    09/15/11
MEDICARE      p 3333                            PART A      SELF    12/31/76

                                FEE PROGRAM: CIVIL HOSPITAL
Invoice Date  Invoice No.    From Date    To Date  Patient Control #
Amt Claimed  Amt Paid  Cov Days    Adj Codes  Adj Amounts  Remit Remarks
=====

Vendor: JUNO BEACH HOSPITAL                Vendor ID: 666661111
                                Fee Basis Billing Provider NPI: *****
# 11/2/11          521          8/1/11          8/15/11
    12.25          12.25    1                                1
DX: 339.05        506.3
PROC: 12.81        RENDERING PROVIDER NAME: FBPROVIDER,SIX
                                NPI: 123123123L          TAXONOMY CODE: 123456789L
    >>>Cost recover from insurance.

ATTENDING PROV NAME: FBPROVIDER, ONE                NPI: 123123123A
TAXONOMY CODE: 123456789A
RENDERING PROV NAME: FBPROVIDER, THREE                NPI: 123123123R
TAXONOMY CODE: 123456789R
OPERATING PROV NAME: FBPROVIDER, TWO                NPI: 123123123O
REFERRING PROV NAME: FBPROVIDER, FIVE                NPI: 123123123X
SERVICING PROV NAME: FBPROVIDER, FOUR                NPI: 123123123S
SERVICING FACILITY ADDRESS: 100 MAIN ST
                                BURLINGTON, VERMONT 05403

Enter RETURN to continue or '^' to exit:

```

Example of ICD-10 Data

ICD-10 data displays invoice diagnosis and procedure codes (up to 25 each) and Admitting Diagnosis.

```
=====
Batch Number: 22651  Voucher Date:          Voucherer:

FEE, ICDEIGHT                000-56-3567                22651
FEEVENDOR, ONE              Vendor ID: 000456789  111617        4/5/12
  04/01/12 04/05/12  25.00          .00

Admit Dx: 789.67
DX/POA: 789.00/Y
PROC: 38.07
Local Reject          Old Batch #: 22651
Reject Reason: REJECT 111617
```

OUTPUT MENU

PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment and have not yet been reinitiated. Line items may be rejected by interface transactions from the Central Fee system in Austin or they may be locally rejected using the Finalize a Batch option.

- The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.
- The report can be generated for batches with a status of CENTRAL FEE ACCEPTED or VOUCHERED or both.
- The report will print Central Fee Reject for lines that were flagged as rejected by the interface. It will print Local Reject for lines that were locally flagged as rejected by a user.
- The report will display reject codes and descriptions (maximum of 5) for lines that were flagged as rejected by the interface.

Example of ICD-9 Data

```

SELECT SUPERVISOR MAIN MENU OPTION: PRINT REJECTED PAYMENT ITEMS

SELECT OUTPUT MENU OPTION: PRINT REJECTED PAYMENT ITEMS

    SELECT ONE OF THE FOLLOWING:

        1          CENTRAL FEE ACCEPTED
        2          VOUCHERED
        3          BOTH

SELECT BATCH STATUS TO REPORT: BOTH//

DEVICE: HOME//

```

OUTPUT MENU

PRINT REJECTED PAYMENT ITEMS

Example of ICD-9 output for a civil hospital batch

PATIENT NAME		('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)		BATCH NUMBER	
VENDOR NAME		('#' VOIDED PAYMENT)		BATCH NUMBER	
FR DATE	TO DATE	CLAIMED	PAID	ADJ CODE	INVOICE # DT INV REC'D
=====					
BATCH NUMBER: 239 VOUCHER DATE: 4/19/12 VOUCHERER: FEEVOUCHERER,RICK					
FEEPATIENT,FEE C		000-00-5401		239	
FEEHOSPITAL		504000567		328 4/19/12	
02/02/12	02/08/12	90.00	80.00	45	DISCHARGE DRG4
ADMIT DX: 410.00					
DX/POA: 440.0/Y					
CENTRAL FEE REJECT OLD BATCH #: 239					
REJ CODE: C050 INVALID INVOICE DATE.					
REJ CODE: C100 REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.					
FEEPATIENT,FEE B		000-00-3424		239	
FEEHOSPITAL		504000567		329 4/16/12	
FPPS CLAIM ID: 57764		FPPS LINE: 1			
02/10/12	02/15/12	400.00	350.00	45	DISCHARGE DRG1
ADMIT DX: 250.00					
DX/POA: 230.0/Y 240.0/Y					
PROC: 34.01					
LOCAL REJECT OLD BATCH #: 239					
REJECT REASON: TEST INDIVIDUAL REJECT					
FEEPATIENT,THIRD		000-32-1456		239	
FEEHOSPITAL		504000567		332 4/18/12	
02/20/12	02/25/12	390.00	400.00	45	DISCHARGE DRG12
ADMIT DX: 540.1					
DX/POA: 510.0/Y 520.0/Y					
PROC: 35.00 38.02					
LOCAL REJECT OLD BATCH #: 239					
REJECT REASON: TEST REJ ENTIRE PATIENT					

PRINT REJECTED PAYMENT ITEMS of ICD-10 Data

ICD-10 data displays invoice diagnosis and procedure codes (up to 25 each) and Admitting Diagnosis.

```
=====
BATCH NUMBER: 22651  VOUCHER DATE:          VOUCHERER:
```

```
FEE, ICDEIGHT          000-56-3567          22651
FEEVENDOR, ONE        000888888      111617      4/5/12
04/01/12 04/05/12  25.00          .00
```

```
ADMIT DX: 789.67
DX/POA: 789.00/Y
PROC: 38.07
```

```
LOCAL REJECT          OLD BATCH #: 22651
REJECT REASON: REJECT 111617
```

OUTPUT MENU REQUEST STATISTICS

Introduction

The Request Statistics option is used to display and print a report showing the Contract Hospital requests for a specified date range. All authorized, denied, and pending requests are shown, along with totals for denied and pending requests. For each request, the veteran's name, hospital, and admission date will be listed.

Example

```
**** DATE RANGE SELECTION ****  
  
BEGINNING DATE: 6/1/90 (JUN 01, 1990)  
  
ENDING DATE: T (JUL 27, 1990)  
  
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
```

```
CONTRACT HOSPITAL REQUEST STATISTICS  
-----  
( '+' REQUEST PENDING)  
( '! ' REQUEST DENIED)  
VETERAN                                VENDOR                                ADMISSION  
=====
```

!	FEEPATIENT, ONE	FEEVENDOR, ONE	JUN 5, 1990
	FEEPATIENT, TWO	FEEVENDOR, TWO	JUN 8, 1990
!	FEEPATIENT, THREE	FEEVENDOR, THREE	JUN 9, 1990
+	FEEPATIENT, FOUR	FEEVENDOR, ONE	JUL 3, 1990
	FEEPATIENT, FIVE	FEEVENDOR, FOUR	JUL 5, 1990
	FEEPATIENT, SIX	FEEVENDOR, FOUR	JUL 11, 1990

```
TOTAL REQUESTS: 6  
# OF REQUESTS DENIED: 2  
# OF REQUEST PENDING: 1
```

OUTPUT MENU

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example

```

**** Date Range Selection ****

Beginning DATE : 010194 (JAN 01, 1994)

Ending DATE : T (AUG 09, 1994)

Select one of the following:

      D      DETAILED REPORT
      S      SUMMARY ONLY

Choose Report Type: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED

```

```

                                UNAUTHORIZED CLAIMS
                                COST REPORT FOR CIVIL HOSPITAL
                                01/01/94 THROUGH 08/09/94
                                -----
PATIENT NAME          PATIENT ID      DT CLAIM REC    AMT PAID    FINAL DRG    LOS
=====
      TREATING SPECIALTY: MEDICAL
FEEPATIENT, ONE      000-45-6789    05/17/94        2.00        45           3
                                ** Indicates an Ancillary Payment

```

OUTPUT MENU

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Example, cont.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL 01/01/94 THROUGH 08/09/94 -----		
SUMMARY		
LOS	# CASES	AVE. AMT. PAID
=====		
TREATING SPECIALTY: MEDICAL 3	1	2.00
=====		
TOTAL CASES: 1	AVERAGE AMOUNT PAID: 2.00	AVERAGE LOS: 3.00

OUTPUT MENU

VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```
SELECT FEE VENDOR: FEEVENDOR, ONE 000234444 ALL OTHER PARTICIPANTS, NOT INDIVIDUALS
101 HOLLAND AVE
ALBANY, NEW YORK 12208
TEL. #: 518-555-9366

**** DATE RANGE SELECTION ****

BEGINNING DATE : 0101 (JAN 01, 2006)

ENDING DATE : 0630 (JUN 30, 2006)

SELECT FEE PROGRAM: ALL// CIVIL HOSPITAL
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// A100 CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
```

OUTPUT MENU VENDOR PAYMENTS OUTPUT

Example of ICD-9 Data, cont.

VENDOR PAYMENT HISTORY							Page: 1
						Date Range: 1/1/06 to 6/30/06	
Vendor: FEEVendor,One		Vendor ID: 000444444					
FEE PROGRAM: CIVIL HOSPITAL							
(*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
Inv Date	Amount Claimed	Amount Paid	Susp Code	Invoice Num	From Date	To Date	
=====							
Patient: FEEpatient,One		Patient ID: XXX-XX-6789					
1/11/06	10.00	0.00		531	11/5/06	11/15/06	
DX: 103.0							
Patient: FEEpatient,Two		Patient ID: XXX-XX-1234					
5/18/06	87.00	81.00		560	4/17/06	4/18/06	
DX: 271.3							
>>>Check # 1111111 Date Paid: 6/20/06<<<							
>>>Amount paid altered to \$83.00 on the Fee Payment Voucher document.<<<							

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VENDOR PAYMENT HISTORY							Page: 1
						Date Range: 11/1/12 to 11/5/12	
Vendor: FEEVENDOR, ONE		Vendor ID: 000234444					
FEE PROGRAM: CIVIL HOSPITAL							
(*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75th percentile 'C' contract 'M' Mill Bill 'U' U&C)							
Invoice Date	Invoice No.	From Date	To Date	Patient Control #			
Amt Claimed	Amt Paid	Cov Days	Adj Codes	Adj Amounts	Remit	Remarks	
=====							
Patient: FEE,ICDTHREE		Patient ID: 000-00-1456					
* 11/5/12	111636	11/1/12		11/5/12			
60.00	0.00	4					
Admit Dx: E08.8							
DX/POA: E08.8/Y							
PROC: ONSX0ZZ							

OUTPUT MENU

VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```
Select Fee Patient: FEEpatient, One      06-12-55      000456789      SC VETERAN

    **** Date Range Selection ****

Beginning DATE : 010106 (JAN 01, 2006)

Ending   DATE : 063006 (JUN 30, 2006)

Select FEE Program: ALL// CIVIL HOSPITAL
Select another FEE Program: <RET>
DEVICE: HOME// A100 CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80// <RET>
```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                PAGE: 1
                                DATE RANGE: 1/1/06 TO 6/30/06
PATIENT: FEEPATIENT, ONE      PATIENT ID: XXX-XX-6789
                                FEE PROGRAM: CIVIL HOSPITAL
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
INV DATE      AMOUNT      AMOUNT      SUSP      INVOICE      FROM      TO
              CLAIMED      PAID      CODE      NUM      DATE      DATE
=====
VENDOR: FEEVENDOR, ONE      VENDOR ID: 000777777
1/27/06      115.00      100.00      1      554      11/30/06      12/17/06
DX: 100.89
PROC: 10.99
    >>>CHECK # 11887576  DATE PAID: 2/20/06<<<

    >>> ANCILLARY SERVICE PAYMENTS <<<

SVC DATE CPT CODE      AMOUNT      AMOUNT      SUSP      BATCH INVOICE VOUCHER
              CLAIMED      PAID      CODE      NUM      NUM      DATE
-----
VENDOR: FEEVENDOR, ONE      VENDOR ID: 000777777
+4/5/06      12018      35.00      35.00      00369      556
PRIMARY DX:
    >>>CHECK CANCELLED ON: 6/3/06  REASON: WRONG PAYEE<<<
    CHECK WILL BE RE-ISSUED.
```

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VETERAN PAYMENT HISTORY									
=====									
								PAGE: 2	
					DATE RANGE: 11/1/12 TO 11/28/12				
PATIENT: FEE,ICDTHREE				PATIENT ID: 000-00-1456					
FEE PROGRAM: CIVIL HOSPITAL									
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)									
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL									
'U' U&C)									
INVOICE DATE	INVOICE NO.	FROM DATE	TO DATE	PATIENT CONTROL #					
AMT CLAIMED	AMT PAID	COV DAYS	ADJ CODES	ADJ AMOUNTS	REMIT	REMARKS			
=====									
VENDOR: FEEVENDOR,ONE				VENDOR ID: 000777777					
>>> ANCILLARY SERVICE PAYMENTS <<<									
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE			
AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT	REMARK	PATIENT ACCOUNT NO			
=====									
VENDOR: FEEVENDOR,ONE				VENDOR ID: 000777777					
11/1/12	99211-22	450	1	22705	111637				
40.00	8.92R	8		31.08					
PRIMARY DX:				S/C CONDITION? NO			OBL.#: OCP006		

GENERIC PRICER INTERFACE

This option generates MailMan messages with the data to be sent to Austin. You must be a member of the Non-VA Pricer (NVP) mail group to receive confirmation and daily reports.

Introduction

This option may be used to send a case to the Non-VA Hospital System (NVHS) Pricer system in Austin. The option does not require the patient to be in the FEE BASIS PATIENT file (#161), nor does it require the Vendor to be in the FEE BASIS VENDOR file (#161.2). However, the Vendor must have a Medicare ID number to be sent to the pricer.

The data that is sent will not be stored in the pricer database. Cases can be re-submitted. The intent of this option is to help eliminate any need for the use of FALCON.

Example

```

WANT TO SELECT PATIENT FROM DHCP PATIENT FILE? YES// <RET>
SELECT PATIENT NAME: FEEPATIENT, ONE    01-01-01    000456789    NSC VETERAN
WANT TO SELECT A VENDOR FROM DHCP FEE BASIS VENDOR FILE? YES// <RET>
SELECT FEE BASIS VENDOR NAME: FEEvendor, one    000999999    COMMUNITY NURSING HOME
    31 NOWHERE CIRCLE
    LOWELL, MASSACHUSETTS 01852-0123
    TEL. #: 5554147
ADMISSION DATE: T (AUG 04, 1993)
DISCHARGE DATE: T (AUG 04, 1993)
ADMISSION DATE: T (AUG 04, 1993)
DISCHARGE DATE: T (AUG 04, 1993)
ADMITTING AUTHORITY: 17 PRESUMPTION OF SC    17.35(B)
DISPOSITION CODE: 5 TO ANOTHER TYPE OF FACILITY

IS THIS A PATIENT REIMBURSEMENT? NO// <RET>
PAYMENT BY MEDICARE OR OTHER FEDERAL AGENCY? NO// <RET>
SELECT ICD DIAGNOSIS: 401.1    BENIGN HYPERTENSION
    ...OK? YES// <RET>
SELECT ICD DIAGNOSIS: <RET>
SELECT ICD OPERATION/PROCEDURE: 89.69    CORONARY BLD FLOW MONIT
MONITORING OF CORONARY BLOOD FLOW
    ...OK? YES// <RET>
SELECT ICD OPERATION/PROCEDURE: <RET>
BILLED CHARGES: 53
AMOUNT CLAIMED: 53...
HMMM, JUST A MOMENT PLEASE...
CASE SENT TO PRICER.

```

GENERIC PRICER INTERFACE

Example, cont.

Sample Mail Message

```
SUBJ: FEE NON-VA HOSP TO PRICER MESSAGE # 1 [#112091] 04 AUG 93 18:52 3 LINES
FROM: KAREN IN 'IN' BASKET. PAGE 1
-----
P411010101 08041993500 21ONE TES01011901001050000530000005300AV000000
Y
P411010101 08041993500 22006777N 08041993MA4011
P411010101 08041993500 23 8969

SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```

QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Key - required to access this option.

This option creates MailMan messages which contain the batch data to be transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Introduction

The Queue Data for Transmission option is used to transmit all payment and MRA batches to the Central Fee System in Austin. All pending MRAs are automatically batched and transmitted. Only payment batches released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Please refer to "Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments" at the end of this manual for information on the Austin response to the Queue Data For Transmission option.

Payment Batch Results Message

A Payment Batch Results message is sent from Central Fee to VistA Fee Basis. This transaction changes the status of a payment batch from TRANSMITTED to either CENTRAL FEE ACCEPTED or VOUCHERED. It also flags payment line items in the batch as rejected if they did not pass the Central Fee edit checks.

If VistA encounters a problem while processing the transaction, a bulletin will be sent to mail groups G.FEE and G.FEE FINANCE. An example of the bulletin is shown below:

```

SUBJ: FEE SERVER NOTIFICATION FOR BATCH 1961 RESULTS [#2516821] 03/01/12@16:31
17 LINES
FROM: POSTMASTER IN 'IN' BASKET. PAGE 1 *NEW*
-----
MAR 01, 2012@16:31:54

A REQUEST FOR EXECUTION OF A SERVER OPTION HAS BEEN RECEIVED.

SENDER: 12222
OPTION NAME: FBAA BATCH SERVER

```

QUEUE DATA FOR TRANSMISSION

Payment Batch Message, cont.

```
SUBJECT: TEST 8X BATCH TYPE B9 WITH INVALID ICN
MESSAGE #: 2516820

COMMENTS: AN ISSUE OCCURRED THAT REQUIRES NOTIFICATION.

THIS IS THE BULLETIN NAMED FBAA SERVER.

ERROR REJECTING LINE WITH IENS 9999999,
ERROR RETRIEVING LINE ITEM DATA.

THE ABOVE MESSAGE # HAS BEEN FORWARDED TO THE FEE MAIL GROUP.

ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

Example: Using the Queue Data For Transmission option

```
THIS OPTION WILL TRANSMIT ALL BATCHES AND MRA'S READY TO BE TRANSMITTED TO AUSTIN
ARE YOU SURE YOU WANT TO CONTINUE? NO// Y

THE FOLLOWING BATCHES WILL BE TRANSMITTED:
918
926
938
...HMMM, I'M WORKING AS FAST AS I CAN...
```

Section 2: COMMUNITY NURSING HOME MAIN MENU

Overview

Following is a brief description of each option contained in the Community Nursing Home (CNH) Main Menu.

AUTHORIZATION MAIN MENU - CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- ENTER CNH AUTHORIZATION - used to enter a Community Nursing Home authorization.
- EDIT CNH AUTHORIZATION - used to edit a previously entered Community Nursing Home authorization.
- CANCEL AUTHORIZATION ENTERED IN ERROR - used when an authorization has been set up, and it has been determined that it was entered in error. Once cancelled, you can reenter the correct authorization by using the Enter CNH Authorization option.
- CHANGE EXISTING CONTRACT RATE FOR A PATIENT - allows you to see all rates associated with an authorization, and change the existing contract rate for a specified patient. (Refer to Appendix D for information about multiple rates.)
- DELETE CNH RATE - allows the deletion of a CNH Rate, only if the rate has not been used by a patient yet (i.e., found in the FEE BASIS CNH AUTHORIZATION RATE file [#161.23]). (Refer to Appendix D for information about multiple rates.)
- DISPLAY 7078/AUTHORIZATION - used to view the information on a VA Form 10-7078.
- ENTER VETERAN RATES UNDER NEW VENDOR CONTRACT - allows you to choose a Vendor who may have a new contract. (Refer to Appendix D for information about multiple rates.)
- PRINT LIST OF CANCELLED 7078 - prints those VA Form 10-7078s cancelled by a holder of the FBAASUPERVISOR security key.

BATCH MAIN MENU - CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.

- CLOSE-OUT BATCH - used to close a Community Nursing Home batch.
- DELETE REJECT FLAG - used to delete local reject flags that were entered in error. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. You must hold the FBAAREJECT security key to use this option.
- DISPLAY OPEN BATCHES - used to display information for batches with a status of OPEN.
- EDIT BATCH DATA - used to edit certain portions of Community Nursing Home batches.
- FINALIZE A BATCH - used to flag payment line items as locally rejected and finalize a batch. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. A Voucher Batch message is automatically transmitted to Central Fee when a batch is finalized.

You must hold the FBAAREJECT and/or FBAAFINANCE security keys to use this option, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.
- The FBAAFINANCE security key allows the holder to complete a batch.
- LIST BATCHES PENDING RELEASE - used to display batches that have been closed but not yet certified by a supervisor.
- LIST ITEMS IN BATCH - used to view all payment records in the selected batch.
- OPEN CNH BATCH - used to create a Community Nursing Home batch.
- RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected payment items and to assign them to a new batch.
- RE-OPEN BATCH - used to reopen a Fee Basis batch which has a batch status of CLOSED.
- RELEASE A BATCH - used by a supervisor to release a batch for payment.
- STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.

FEE FUND CONTROL MAIN MENU - CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- ESTIMATE FUNDS FOR OBLIGATION - used to estimate Community Nursing Home funds needed in the future.

- **POST COMMITMENTS FOR OBLIGATION** - used to post commitments to a Community Nursing Home obligation.

LTC CNH ACTIVE AUTHORIZATIONS REPORT

NOTE: *This option is located on the COMMUNITY NURSING HOME MAIN MENU.*

This is a report providing a list of active CNH LTC Authorizations.

LTC CNH ENDING AUTHORIZATIONS REPORT

NOTE: *This option is located on the COMMUNITY NURSING HOME MAIN MENU.*

This is a report providing a list of CNH LTC Authorizations that are due to expire.

MOVEMENT MAIN MENU – CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- **ADMIT TO CNH** - used to admit a veteran to a Community Nursing Home.
- **DELETE MOVEMENT MENU**
 - **ADMISSION DELETE** - used to delete an admission.
 - **DISCHARGE DELETE** - used to delete a discharge.
 - **TRANSFER DELETE** - used to delete a transfer movement.
- **DISCHARGE FROM CNH** - used to enter a discharge from a Community Nursing Home.
- **DISPLAY EPISODE OF CARE** - used to display admission, discharge, and transfer information for one episode of care in a Community Nursing Home.
- **EDIT MOVEMENT MENU**
 - **ADMISSION EDIT** - used to edit admission data.
 - **DISCHARGE EDIT** - used to edit discharge data in the MOVEMENT file.
 - **TRANSFER EDIT** - used to edit transfer data.
- **TRANSFER MOVEMENT** - used to transfer a veteran to or from ASIH within the Community Nursing Home program.

OUTPUT MAIN MENU – CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- **7078 PRINT** - prints VA Form 10-7078.

- **ACTIVITY REPORT FOR CNH** - used to print an output which includes all activity (admissions, transfers, and discharges) that fall within a selected date range.
- **AMIS 349 PRINT** - calculates and prints the 349 AMIS report.
- **CHECK DISPLAY** - displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.
- **CNH CENSUS REPORT** - lists all Contract Nursing Home patients for a user specified census date. The output includes the Vendor name and participation code, veteran name, DOB, SSN, and the authorization from date.
- **CNH STAYS IN EXCESS OF 90 DAYS** - displays the Length of Stay (LOS) for all records for a selected date.
- **CONTRACT EXPIRATION LIST** - used to list nursing homes with contracts that will expire within 90 days of the current month.
- **COST REPORT FOR CONTRACT NURSING HOME** - generates the Cost Report for Contract Nursing Home, sorted by DATE FINALIZED and PATIENT TYPE CODE. The output includes total cases found, average amount paid, and average LOS for total report.
- **DISPLAY EPISODE OF CARE** - used to display admission, discharge, and transfer information for one episode of care in a Community Nursing Home.
- **INVOICE DISPLAY** - used to view and print a copy of a Community Nursing Home invoice.
- **NURSING HOME 10-0168 REPORT** - prints the data for the Community Nursing Home Code sheet 10-0168 (formerly the RCS 18-3 report) for a specified fiscal quarter and year, and allows you to generate the code sheets for the nursing homes included.
- **PAYMENT & TOTALS REPORT - CNH** - displays and prints individual payments and total payment dollars for a Vendor for a specified month/year.
- **POTENTIAL COST RECOVERY REPORT** - intended to identify costs for fee services which may be able to be recovered. Data is sorted by division, patient, fee program, Vendor, and date.
- **PRINT REJECTED PAYMENT ITEMS** - used to view those items which have been rejected for payment and have not yet been re-initiated.

- **REPORT OF ADMISSIONS/DISCHARGES FOR CNH** - generates an output report listing admissions to and discharges from a Contract Nursing Home within a user specified date range.
- **ROSTER PRINT** - prints a list of Community Nursing Homes and currently admitted Fee Basis veteran patients.
- **VENDOR PAYMENTS OUTPUT** - used to generate a history of payments made to a selected Vendor within a specified date range.
- **VETERAN PAYMENTS OUTPUT** - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

PAYMENT MAIN MENU - CNH

NOTE: *This menu is located on the COMMUNITY NURSING HOME MAIN MENU.*

- **DELETE INPATIENT INVOICE** - deletes invoices entered in error. The invoice must be in a batch that has not been released for payment.
- **EDIT CNH PAYMENT** - used to edit data for a previously entered Community Nursing Home payment.
- **ENTER CNH PAYMENT** - used to enter a payment for a Community Nursing Home Vendor.

QUEUE DATA FOR TRANSMISSION

NOTE: *This option is located on the COMMUNITY NURSING HOME MAIN MENU.*

This option is used by the supervisor to transmit Community Nursing Home payments and MRAs (Master Record Adjustments) to Austin. The FBAASUPERVISOR security key is required to access this option.

UPDATE VENDOR CONTRACT/RATES – CNH

NOTE: *This option is located on the COMMUNITY NURSING HOME MAIN MENU.*

This option allows you to enter/edit Community Nursing Home Vendor contracts and rates. (Refer to Appendix D for information about multiple rates.)

VENDOR ENTER/EDIT

NOTE: *This option is located on the COMMUNITY NURSING HOME MAIN MENU.*

This option is used to enter or edit information for a Community Nursing Home Vendor.

AUTHORIZATION MAIN MENU - CNH ENTER CNH AUTHORIZATION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

The amount posted to the 1358 is automatically calculated by this option. The calculation is done for the month, not for the total authorization period.

If the patient is admitted, a Non-VA PTF record is created.

Introduction

The Enter CNH Authorization option is used to enter a new authorization for a patient admitted to a community nursing home under VA contract. In order to enter a CNH authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION.

This option **cannot** be used to edit a previously entered authorization. An authorization can be edited through the Edit CNH Authorization option.

VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services, is the authorization form. Information provided includes but is not limited to:

- Patient name, address, and social security number
- Name and ID number of the care provider
- Date of issue and the validity dates for the authorization

It should be noted that the information entered at the "AUTHORIZATION REMARKS" prompt will appear in Item 6 of the printed VA Form 10-7078. Any authorized services that you wish to show on the authorization form must be entered at this prompt.

A Vendor must first be entered through the Vendor Enter/Edit option, and must have current contract data on file before an authorization can be entered through this option for the selected Vendor.

AUTHORIZATION MAIN MENU

EDIT CNH AUTHORIZATION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Edit CNH Authorization option is used to edit a previously entered Community Nursing Home authorization.

If you edit the FROM or TO dates for the authorization, you may have to manually adjust the 1358. This will be done only if the payment for the month you are editing has been posted to the 1358. Editing does not automatically make adjustments to the 1358.

It should be noted that the information entered at the "AUTHORIZATION REMARKS" prompt will appear in Item 6 of the printed VA Form 10-7078. Any authorized services that you wish to show on the authorization form must be entered at this prompt.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example of ICD-9 Data

```

SELECT PATIENT: FEEPATIENT, ONE          12-25-45      000456789      SC VETERAN
FEEPATIENT, ONE                          PT.ID: 000-45-6789
123 MAIN ST                               DOB: DEC 25,1945
SALEM                                     TEL: NOT ON FILE
NEW YORK 12233                            CLAIM #: 3333333
                                           COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

           SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co.      Subscriber ID      Group          Holder   Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
    
```

Example of ICD-9 Data, cont.

```
Patient Name: FEEPATIENT, ONE                               Pt.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 07/22/93      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 07/31/93
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX:
      County: RENSSELAER      PSA: SEATTLE, WA

Is this the correct Authorization period (Y/N)? Yes// <RET>
Select FROM DATE: JUL 22,1993// <RET>
Select TO DATE: JUL 31,1993// <RET>
PATIENT TYPE CODE: NEUROLOGICAL// 86 PSYCHIATRIC
PURPOSE OF VISIT CODE: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
// <RET>
AUTHORIZATION REMARKS:
  1><RET>
DX LINE 1: SCHIZOPHRENIA <RET>
DX LINE 2: <RET>
PRIMARY SERVICE AREA: SEATTLE, WA// <RET>
REFERRING PROVIDER: FEEprovider,Two // <RET>
POTENTIAL COST RECOVERY CASE: no// <RET>
AUTHORITY: ACTIVE PSYCHOSIS// <RET>
ESTIMATED AMOUNT: 20// <RET>
Want to Queue 7078 for printing? Yes// <RET>
Approving Official for 7078: Dr. John// <RET>
Title of Approving Official: Assoc. Chief of Staff Replace <RET>
# of copies of 7078: (1-5): 1// <RET>

QUEUE TO PRINT ON
DEVICE: CNH PRINTER      RIGHT MARGIN: 80// <RET>
Requested Start Time: NOW// <RET> (AUG 19, 1993@16:08:33)
REQUEST QUEUED
Task #: 33762
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```
Patient Name: FEE,ICDTHREE                               Pt.ID: 000-00-0000

AUTHORIZATIONS:
  (1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/28/2012
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX: F43.12      REF:
      REF NPI:
```

AUTHORIZATION MAIN MENU CANCEL AUTHORIZATION ENTERED IN ERROR

If you respond "YES" at the "Are you sure you want to cancel? No//" prompt, the authorization is cancelled, and the 1358 is automatically updated.

FBAASUPERVISOR Key - required to access this option.

Introduction

The Cancel Authorization Entered in Error option should be used when an authorization has been set up, and it has been determined that it was entered in error. Once cancelled, you can reenter the correct authorization by using the Enter CNH Authorization option.

Example

```

Select Patient: FEEPATIENT, ONE

      Searching for a FEE VENDOR
      05-12-51      000456789      SC VETERAN
1      C90234.0012      FEEVENDOR, ONE      FEEPATIENT, ONE      COMPLETE
2      C90234.0032      FEEVENDOR, TWO      FEEPATIENT, ONE
3      C89621.0004      FEEVENDRO, THREE    FEEPATIENT, ONE      COMPLETE
4      C89621.0005      FEEVENDOR, ONE      FEEPATIENT, ONE      COMPLETE
5      C89622.0041      FEEVENDOR, ONE      FEEPATIENT, ONE      COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5: <RET>
      6      C89622.0044      FEEVENDOR, ONE      FEEPATIENT, ONE      COMPLETE
CHOOSE 1-6: 6 C89622.0044
REFERENCE NUMBER: C89622.0044      VENDOR: FEEVENDOR, ONE      000222222
VETERAN: FEEPATIENT, ONE      AUTHORIZATION FROM DATE: SEP 3, 1993
AUTHORIZATION TO DATE: SEP 30, 1993      AUTHORITY: BEC & RETIREES
ESTIMATED AMOUNT: 434      USER ENTERING: KAREN
STATUS: COMPLETE      DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CONTRACT NURSING HOME      REFERRING PROVIDER: FEEprovider,Two

Are you sure you want to cancel? No// YES...

Authorization cancelled. Now updating 1358.
... Finished
    
```

AUTHORIZATION MAIN MENU CHANGE EXISTING CONTRACT RATE FOR A PATIENT

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Change Existing Contract Rate for a Patient option allows you to see all rates associated with a selected patient and authorization. If you wish to change the rate for this patient, you are prompted to enter the effective date of the rate change, and to choose a new rate. You will see the new rates for this authorization upon completion of the change. If the rates are the same, the change will not take effect. (Refer to Appendix D for information about multiple rates.)

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example of ICD-9 Data

```

Select Fee Basis Patient: FEEPATIENT, ONE          12-25-45      000456789      SC
VETERAN

FEEPATIENT, ONE                                Pt.ID: 000-45-6789
123 MAIN ST                                    DOB: DEC 25,1945
SALEM                                           TEL: Not on File
NEW YORK 12233                                 CLAIM #: 333333
                                                COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

          SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
    
```

AUTHORIZATION MAIN MENU

CHANGE EXISTING CONTRACT RATE FOR A PATIENT

Example of ICD-9 Data, cont.

```

Patient Name: FEEPATIENT, ONE                               Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 07/22/93      VENDOR: FEEVENDOR,ONE              - 000222222
    TO: 09/30/93      Authorization Type: CONTRACT NURSING HOME
        Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
        DX: SCHIZOPHRENIA
        County: RENSSELAER                               PSA: SEATTLE, WA

Is this the correct Authorization period (Y/N)? Yes// <RET>
    
```

```

                                CURRENT RATE INFORMATION FOR FEEPATIENT, ONE

FROM DATE      TO DATE      RATE      CONTRACT #
-----
07/28/93      09/30/93      $    2.00      V-8897

Enter effective date of rate change: 080193 (AUG 01, 1993)

    1)    $2.00      2)    $22.00
    3)    $17.00     4)    $15.50

Enter a number (1-4): 3
    
```

```

                                CURRENT RATE INFORMATION FOR FEEPATIENT, ONE

FROM DATE      TO DATE      RATE      CONTRACT #
-----
07/28/93      07/31/93     $    2.00      V-8897
08/01/93      09/30/93     $   17.00      V-8897

Do you want to change other rates associated with this Authorization? No// Y YES

Enter effective date of rate change: 090193 (SEP 01, 1993)

    1)    $2.00      2)    $22.00
    3)    $17.00     4)    $15.50

Enter a number (1-4): 2
    
```

AUTHORIZATION MAIN MENU CHANGE EXISTING CONTRACT RATE FOR A PATIENT

Example of ICD-9 Data, cont.

CURRENT RATE INFORMATION FOR FEEPATIENT, ONE				
FROM DATE	TO DATE	RATE	CONTRACT #	
07/28/93	07/31/93	\$ 2.00	V-8897	
08/01/93	08/31/93	\$ 17.00	V-8897	
09/01/93	09/30/93	\$ 22.00	V-8897	

Do you want to change other rates associated with this Authorization? No// <RET>

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

Patient Name: FEE,ICDTHREE	Pt.ID: 000-23-1456
AUTHORIZATIONS:	
(1) FR: 11/21/2012	VENDOR: FEEVENDOR,ONE - 000222222
TO: 11/28/2012	
Authorization Type: CONTRACT NURSING HOME	
Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)	
DX: E08.00	REF:
REF NPI:	

AUTHORIZATION MAIN MENU DELETE CNH RATE

Introduction

The Delete CNH Rate option allows you to delete a CNH Rate **only** if the rate has not been used by a patient yet. Refer to Appendix D for information about multiple rates.

Example

```
Select Contract: V500-1234
          1)      $500.00
Enter a number (1-1): 1
Rate Deleted.
```

AUTHORIZATION MAIN MENU DISPLAY 7078/AUTHORIZATION

Introduction

The Display 7078/Authorization option is used to view a selected VA Form 10-7078 Authorization for Civil Hospital.

Example

```
Select Patient: ONE,

      Searching for a FEE VENDOR
JOSEPH      00-00-14      000456789      SC VETERAN
 1      C93999.0002      FEEVENDOR,TWO      FEEPATIENT, ONE
COMPLETE
 2      C93999.0003      FEEVENDOR,TWO      FEEPATIENT, ONE
COMPLETE
 3      C90234.0025      FEEVENDOR,THREE      FEEPATIENT, ONE      COMPLETE
 4      C90234.0026      FEEVENDOR,ONE      FEEPATIENT, ONE      CANCELLED
 5      C90234.0027      FEEVENDOR,ONE      FEEPATIENT, ONE      COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5: 1 C93999.0002

REFERENCE NUMBER: C93999.0002      VENDOR: FEEVENDOR,TWO 000909090
VETERAN: FEEPATIENT, ONE      AUTHORIZATION FROM DATE: MAY 1, 1993
AUTHORIZATION TO DATE: AUG 31, 1993      AUTHORITY: COMMUNITY NURSING HOME CARE
ESTIMATED AMOUNT: 310      USER ENTERING: GERRY
STATUS: COMPLETE      DATE OF ISSUE: MAY 27, 1993
FEE PROGRAM: CONTRACT NURSING HOME      REFERRING PROVIDER: FEEprovider,Two
REFERRING PROVIDER NPI (c): 111111112

AUTHORIZED SERVICES: Authorized skilled level of care with physical therapy
three time per week for four weeks. No additional exceptions.

Select Patient:
```

AUTHORIZATION MAIN MENU ENTER VETERAN RATES UNDER NEW VENDOR CONTRACT

Introduction

The Enter Veteran Rates under new Vendor Contract option allows you to update patient rates when new Vendor contracts are entered, or when contract expiration dates are extended, and there are authorizations for veterans that need to have rates entered. (Refer to Appendix D for more information about multiple rates.)

Example

```
Select CNH Vendor: FEEVENDOR, ONE          000999999  COMMUNITY NURSING HOME
31 NOWHERE CIRCLE
LOWELL, MASSACHUSETTS  01852-0123
TEL. #: 45441477

Patient: FEEPATIENT, ONE          SSN: 000-45-6789
Rate must be entered for the following period: 01/02/94 - 03/31/94
1)      $8.45          2)      $9.50
3)      $12.00        4)      $15.00
5)      $23.00

Enter a number (1-5): 5
```

AUTHORIZATION MAIN MENU PRINT LIST OF CANCELLED 7078

Introduction

The Print List of Cancelled 7078 option is used to print out those VA Form 10-7078s which have been cancelled.

Example

CANCELLED 7078s		PATIENT NAME	AUG 4, 1993 10:28	PAGE 1
7078	CLERK ENTERING 7078		DATE CANCELLED	VENDOR
FROM DATE				
C33003.0002		FEEPATIENT, ONE	FEEVENDOR, TWO	000999999
JUN 9, 1993	MARCUS		JUN 9, 1993	
C89700.0004		FEEPATIENT, ONE	FEEVENDOR, THREE	000888888
JUL 28, 1993	KAREN		JUL 28, 1993	
C90234.0014		FEEPATIENT, ONE	FEEVENDOR, ONE	000222222
JUL 28, 1993			JUL 28, 1993	
C90234.0015		FEEPATIENT, ONE	FEEVENDOR, ONE	000222222
JUL 28, 1993	SALLY		JUL 28, 1993	
C90234.0016		FEEPATIENT, ONE	FEEVENDOR, ONE	000222222
JUL 28, 1993	KAREN		JUL 28, 1993	
C90234.0017		FEEPATIENT, ONE	FEEVENDOR, ONE	000222222
JUL 28, 1993	KAREN		JUL 28, 1993	

BATCH MAIN MENU - CNH BATCH DELETE

FBAASUPERVISOR Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

A batch that was rejected using the Reprocess Overdue Batch option cannot be deleted with the Batch Delete option.

Example

```
Select FEE BASIS BATCH NUMBER: 169          C90234

NUMBER: 169                                OBLIGATION NUMBER: C90234
TYPE: CH/CNH                               DATE OPENED: NOV 4, 1994
CLERK WHO OPENED: MARY ELLEN              STATION NUMBER: 500

STATUS: OPEN

Sure you want to DELETE this batch? No// y YES

Batch Deleted.

Select FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH CLOSE-OUT BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Key - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Contract Nursing Home batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

BATCH MAIN MENU - CNH CLOSE-OUT BATCH

Example

```

SELECT FEE BASIS BATCH NUMBER: 36          C33003
WANT TO REVIEW BATCH? NO// Y YES

PATIENT NAME ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          36
FEEVENDOR, ONE          000999999    20      06/09/93
  06/09/93 06/30/93  3406.00   3406.00

DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>

NUMBER: 36                OBLIGATION NUMBER: C33003
TYPE: CH/CNH             DATE OPENED: JUN 9, 1993
CLERK WHO OPENED: MARCUS STATION NUMBER: 500
TOTAL DOLLARS: 94        PAYMENT LINE COUNT: 1
DATE CLERK CLOSED: JUL 8, 1993

STATUS: CLERK CLOSED

BATCH CLOSED

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CNH DELETE REJECT FLAG

You must hold the FBAAREJECT security key to use this option.

NOTE: Although all Fee Basis batches with rejections may be accessed, this option should only be used to delete reject flags from Community Nursing Home batches.

Introduction

The Delete Reject Flag option is used to delete reject flags that were entered in error using the Finalize a Batch option.

- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.
- Reject flags that are set by the Central Fee transactions cannot be locally deleted since those payment lines were *not* accepted by Central Fee or have been dropped from Central Fee.
- Locally specified reject flags can only be deleted before the batch is completed (VOUCHERED) since completion of the batch triggers the new transaction which results in the removal of any locally rejected payment lines from Central Fee and releases the remainder of the payment lines.
- When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```
SELECT BATCH MAIN MENU - CH OPTION: DELETE REJECT FLAG
SELECT FEE BASIS BATCH NUMBER:    239 <RET>    C20001
NUMBER: 239                        OBLIGATION NUMBER: C20001
TYPE: CH/CNH                       DATE OPENED: APR 19, 2012
CLERK WHO OPENED: BAUMANN,SCOTT A
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                TOTAL DOLLARS: 0
INVOICE COUNT: 0                   PAYMENT LINE COUNT: 0
DATE CLERK CLOSED: APR 19, 2012    DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES       REJECTS PENDING: YES
BATCH EXEMPT: NO
```


BATCH MAIN MENU - CH DELETE REJECT FLAG

Example, cont.

```

STATUS: CENTRAL FEE ACCEPTED

WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED    PAID    ADJ CODE
=====
BATCH NUMBER: 239    VOUCHER DATE:          VOUCHERER:

FEEPATIENT, FIRST JR          000-00-5678          239
FEEHOSPITAL                   504000567      325      4/19/12
02/01/12 02/06/12 150.00    150.00          DISCHARGE DRG5

ADMIT DX: 300.00
DX/POA: 340./Y
LOCAL REJECT    OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT

FEEPATIENT, FEE C          000-00-5401          239
FEEHOSPITAL                   504000567      328      4/19/12
02/02/12 02/08/12  90.00    80.00      45      DISCHARGE DRG4

ADMIT DX: 410.00
DX/POA: 440.0/Y

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED    PAID    ADJ CODE
=====
CENTRAL FEE REJECT    OLD BATCH #: 239
REJ CODE: C050  REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.
REJ CODE: C100  REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.

FEEPATIENT, FEE B          000-00-3424          239
FEEHOSPITAL                   504000567      329      4/16/12
FPPS CLAIM ID: 57764  FPPS LINE: 1
02/10/12 02/15/12 400.00    350.00      45      DISCHARGE DRG1

ADMIT DX: 250.00
DX/POA: 230.0/Y 240.0/Y
PROC: 34.01
LOCAL REJECT    OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED    PAID    ADJ CODE
=====

```

BATCH MAIN MENU - CH DELETE REJECT FLAG

Example, cont.

```

FEEPATIENT,THIRD                000-32-1456                239
FEEHOSPITAL                      504000567                332          4/18/12
02/20/12 02/25/12 390.00      400.00          45          DISCHARGE DRG12

DX/POA: 510.0/Y 520.0/Y
PROC: 35.00 38.02
LOCAL REJECT          OLD BATCH #: 239
REJECT REASON: TEST B9 ENTIRE REJECT
-----

WANT TO DELETE LOCAL REJECTION CODES FOR THE ENTIRE BATCH? NO//
WANT TO DELETE LOCAL REJECTION CODE FOR ANY LINE ITEMS? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
FEEPATIENT,FIRST JR                000-00-5678                239
FEEHOSPITAL                      504000567                325          4/19/12
1) 02/01/12 02/06/12 150.00      150.00          DISCHARGE DRG5

ADMIT DX: 300.00
DX/POA: 340./Y

FEEPATIENT,FEE B                000-00-3424                239
FEEHOSPITAL                      504000567                329          4/16/12
FPPS CLAIM ID: 57764  FPPS LINE: 1
2) 02/10/12 02/15/12 400.00      350.00          45          DISCHARGE DRG1

ADMIT DX: 250.00
DX/POA: 230.0/Y 240.0/Y
PROC: 34.01
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
FEEPATIENT,THIRD                000-32-1456                239
FEEHOSPITAL                      504000567                332          4/18/12
3) 02/20/12 02/25/12 390.00      400.00          45          DISCHARGE DRG12

ADMIT DX: 540.1
DX/POA: 510.0/Y 520.0/Y
PROC: 35.00 38.02
DELETE REJECT FLAG FOR WHICH LINE ITEM:  (1-3): 1
ARE YOU SURE YOU WANT TO DELETE THE REJECT ON ITEM NUMBER 1? NO// YES
    
```

...DONE

BATCH MAIN MENU - CH DELETE REJECT FLAG

Example, cont.

```
NUMBER: 239                                OBLIGATION NUMBER: C20001
TYPE: CH/CNH                              DATE OPENED: APR 19, 2012
CLERK WHO OPENED: BAUMANN,SCOTT A
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                       TOTAL DOLLARS: 150
DATE CLERK CLOSED: APR 19, 2012          DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES             REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: CENTRAL FEE ACCEPTED

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH DISPLAY OPEN BATCHES

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

BATCH #	TYPE	DT OPEN	CLERK WHO OPENED	OBLIGATION #
25	CH/CNH	05/28/93	MICHAEL	C33003
26	PHARMACY	05/28/93	MICHAEL	C93004
28	MEDICAL	05/28/93	MICHAEL	C33003
33	MEDICAL	06/02/93	KAREN	C33003
34	CH/CNH	06/03/93	KAREN	C33003
35	MEDICAL	06/08/93	KAREN	C33003

BATCH MAIN MENU - CNH

EDIT BATCH DATA

FBAASUPERVISOR Key - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key, in which case you may edit any batch.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```

SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
 10     C90234
 11     C90234
 13     C89622
 14     C89211
 15     C89622
 16     C93999
'^' TO STOP: ^
SELECT FEE BASIS BATCH NUMBER: 1          C90234
OBLIGATION NUMBER: C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y YES
SELECT OBLIGATION NUMBER: ??

CHOOSE FROM:
 500-C89211  -- 1358  OBLIGATED - 1358
                FCP: 020    $ 4800
 500-C89699  -- 1358  OBLIGATED - 1358
                FCP: 020    $ 30000

SELECT OBLIGATION NUMBER:  C89699  500-C89699  -- 1358 ORDERED AND OBLIGATED
                FCP: 020    $ 80000
NUMBER: 1// (NO EDITING)
DATE OPENED: APR 10,1994// T (JUN 23, 1994)

```

BATCH MAIN MENU - CNH FINALIZE A BATCH

You must hold the FBAAREJECT and/or FBAAFINANCE security keys, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.
- The FBAAFINANCE security key allows the holder to complete Finalize a Batch.

NOTE: Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Civil Hospital batches.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Central Fee (Austin). It is used to reject certain payment items and to finalize the batch as correct. This option is also used to complete a batch, which changes its status to VOUCHERED and populates the DATE FINALIZED field in the FEE BASIS PAYMENT (#162) and FEE BASIS INVOICE (#162.5) files for applicable payments.

- Users specify local rejects, only. Payment lines that are rejected by Central Fee are reported to VistA automatically by interface transactions.
- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

When a batch is completed using this option, a transaction is automatically sent to Central Fee. That same user who completed the batch will also be a recipient of the message.

- This transaction instructs Central Fee of any payment line items that must be deleted (i.e. local rejects) and to release the remainder of the batch to downstream payment systems, such as FMS.
- This transaction replaces all use of 994 code sheets in IFCAP.

BATCH MAIN MENU - CH FINALIZE A BATCH

Message Examples

The following is a sample message for a Medical Fee batch.

```
SUBJ: FEE BASIS VOUCHER MESSAGE BATCH 222 [#2561479] 04/04/12@16:24 2 LINES
FROM: FEEFINANCE,FIRST IN 'IN' BASKET. PAGE 1
-----
FEEV320120404500 000222001$
500 20120404V300000000000000007172755^1425^4^1$
ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

At a later time, Central Fee sends a Voucher Batch Acknowledgement message to VistA. The user will not see this message unless there is a problem. If there is a problem, a bulletin will be sent to the G.FEE and G.FEE FINANCE mail groups and the Voucher Batch Acknowledgement message will be forwarded to G.FEE.

REF: For more information on the Fee Basis mail groups, see the section titled *Mail Groups* in the *Fee Basis Technical Manual and Security Guide v3.5*.

```
SUBJ: FEE SERVER NOTIFICATION FOR BATCH 1943 VOUCHER ACK. [#2561472]
04/04/12@14:34 16 LINES
FROM: POSTMASTER IN 'IN' BASKET. PAGE 1 *NEW*
-----
APR 04, 2012@14:34:50

A REQUEST FOR EXECUTION OF A SERVER OPTION HAS BEEN RECEIVED.

SENDER: 12222
OPTION NAME: FBAA VOUCHER SERVER
SUBJECT: UNIT TEST 2-6J
MESSAGE #: 2561471

COMMENTS: AN ISSUE OCCURRED THAT REQUIRES NOTIFICATION.

THIS IS THE BULLETIN NAMED FBAA SERVER.

MESSAGES FROM CENTRAL FEE FOLLOW
(W) THIS IS A WARNING MESSAGE FROM CENTRAL FEE.
(E) THIS IS AN ERROR MESSAGE FROM CENTRAL FEE.

ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

BATCH MAIN MENU - CH FINALIZE A BATCH

Example: Finalize a Batch option

```

SELECT BATCH MAIN MENU - CNH OPTION: FINALIZE A BATCH

SELECT FEE BASIS BATCH NUMBER:    239 <RET>    C20001

NUMBER: 239                                OBLIGATION NUMBER: C20001
TYPE: CH/CNH                               DATE OPENED: APR 19, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                        TOTAL DOLLARS: 900
INVOICE COUNT: 3                           PAYMENT LINE COUNT: 3
DATE CLERK CLOSED: APR 19, 2012           DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES              REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: CENTRAL FEE ACCEPTED

WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                   ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
FEEPATIENT,FIRST JR          000-00-5678          239
FEEHOSPITAL                 504000567      325      4/19/12
02/01/12 02/06/12 150.00    150.00          DISCHARGE DRG5

ADMIT DX: 300.00
DX/POA: 340./Y

FEEPATIENT,FEE B           000-00-3424          239
FEEHOSPITAL                 504000567      329      4/16/12
FPPS CLAIM ID: 57764  FPPS LINE: 1
02/10/12 02/15/12 400.00    350.00          45          DISCHARGE DRG1

ADMIT DX: 250.00
DX/POA: 230.0/Y 240.0/Y
PROC: 34.01

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                   ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME          VENDOR ID  INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
FEEPATIENT,THIRD          000-32-1456          239
FEEHOSPITAL                 504000567      332      4/18/12
02/20/12 02/25/12 390.00    400.00          45          DISCHARGE DRG12

ADMIT DX: 540.1
DX/POA: 510.0/Y 520.0/Y
PROC: 35.00 38.02
WANT TO REJECT THE ENTIRE BATCH? NO//
    
```


BATCH MAIN MENU - CH FINALIZE A BATCH

Example: Finalize a Batch option, cont.

```

WANT TO REJECT ANY LINE ITEMS? NO// YES

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE <RET> B,FEE B FEEPATIENT,FEE B      7-15-40
000003424      REQUIRED      NO      NSC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.
ENROLLMENT PRIORITY:      CATEGORY: IN PROCESS      END DATE:

      *** PATIENT REQUIRES A MEANS TEST ***

      PRIMARY MEANS TEST REQUIRED FROM JAN 20,2011

PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN      '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)      BATCH NUMBER
VENDOR NAME      VENDOR ID      INVOICE #      DT INV REC'D
FR DATE      TO DATE      CLAIMED      PAID      ADJ CODE
=====
FEEPATIENT,FEE B      000-00-3424      239
FEEHOSPITAL      504000567      329      4/16/12
FPPS CLAIM ID: 57764      FPPS LINE: 1
1) 02/10/12 02/15/12 400.00      350.00      45      DISCHARGE DRG1

      ADMIT DX: 250.00
      DX/POA: 230.0/Y 240.0/Y
      PROC: 34.01
WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES// N NO
REJECT WHICH LINE ITEM: (1-1): 1
ARE YOU SURE YOU WANT TO REJECT ITEM NUMBER: 1? NO// Y YES
ENTER REASON FOR REJECTING: TEST INDIVIDUAL REJECT
ITEM REJECTED. WANT TO REJECT ANOTHER? YES//N NO

SELECT FEE BASIS PATIENT NAME:

NUMBER: 239      OBLIGATION NUMBER: C20001
TYPE: CH/CNH      DATE OPENED: APR 19, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 19, 2012@11:55:56
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500      TOTAL DOLLARS: 550
INVOICE COUNT: 2      PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: APR 19, 2012      DATE TRANSMITTED: APR 19, 2012
CONTRACT HOSPITAL BATCH: YES      REJECTS PENDING: YES
BATCH EXEMPT: NO

      STATUS: CENTRAL FEE ACCEPTED

DO YOU WANT TO FINALIZE BATCH AS CORRECT? NO// YES
VOUCHER BATCH MESSAGE # 2579597 SENT TO CENTRAL FEE.

      BATCH HAS BEEN FINALIZED!

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CNH LIST BATCHES PENDING RELEASE

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

```
DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>
```

FEE BATCHES PENDING RELEASE

Batch #	Date Closed	Clerk Who Opened	FCP-Obligation #	Total \$
33	08/19/93	KAREN	333-C33003	3295.00
29	06/01/93	KAREN	999-C90234	1500.00

BATCH MAIN MENU - CNH LIST ITEMS IN BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```

SELECT FEE BASIS BATCH NUMBER: 181          C89621
DEVICE: HOME// CNH PRINTER    RIGHT MARGIN: 80// <RET>
    
```

```

PATIENT NAME ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
                ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME          VENDOR ID    INVOICE #  DT INV REC'D
FR DATE      TO DATE  CLAIMED    PAID      SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          181
FEEVENDOR, ONE          000999999    326          2/1/94
12/01/94 12/31/94 1900.00    1700.00      1
FEEPATIENT, ONE          000-45-6789          181
FEEVENDOR, ONE          000444444    327          1/1/95
12/01/94 12/31/94 1800.00    1700.00      1
SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CNH

OPEN CNH BATCH

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Batch numbers are seven digits in order to prevent the local VistA sites from running out of batch ids within a seven-year timeframe.

Introduction

Fee Basis bills are paid in groups called batches. The Open CNH Batch option is used to create a new Community Nursing Home batch. To enter, edit, or delete payment data in these batches, use the options in the Community Nursing Home Payment Main Menu.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, you will return to the menu.

You will be prompted for a control point only if you are a user in multiple control points.

Example

```
WANT TO CREATE A COMMUNITY NURSING HOME BATCH? YES// <RET>

BATCH NUMBER ASSIGNED IS: 1234567

SELECT CONTROL POINT: 999 CNH
SELECT OBLIGATION NUMBER: C89701 500-C89701 -- 1358 OBLIGATED - 1358
                        FCP: 999      $ 10000
```

BATCH MAIN MENU - CNH RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

NOTE: Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Community Nursing Home batches.

Introduction

The Re-Initiate Rejected Payment Items option is used to re-initiate rejected payment items into a new batch.

- The option prevents the selection of a batch when the Voucher Batch Acknowledgement from Central Fee reported an application error or has not yet been received. Central Fee generates a Voucher Batch Acknowledgement in response to the new transaction sent by VistA when the batch is completed using the Finalize a Batch option.
- It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Example

```

SELECT BATCH MAIN MENU - CH OPTION: RE-INITIATE REJECTED PAYMENT ITEMS

SELECT BATCH WITH REJECTS: 215 <RET>      C20001

NEW BATCH FOR REJECTS IS: 254
WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME           VENDOR ID      INVOICE # DT INV REC'D
FR DATE      TO DATE  CLAIMED    PAID      ADJ CODE
=====
BATCH NUMBER: 215      VOUCHER DATE: 2/15/12  VOUCHERER: FEEVOUCHERER,RICK

FEEPATIENT,FEE C           000-00-5401           215
FEEHOSPITAL                504000567      279          2/15/12
  FPPS CLAIM ID: 12345    FPPS LINE: ALL
  02/10/12 02/10/12 100.00    90.00      97          DISCHARGE DRG2

  DX/POA: 100.0/ 100.81/ 100.89/
  PROC: 20.01 20.09 20.1 20.21 20.22
    
```

BATCH MAIN MENU - CNH RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

```
CENTRAL FEE REJECT  OLD BATCH #: 215
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
                INCORRECT/MISSING.
REJ CODE: CC2   REJECT REASON CODE IS NOT CURRENTLY DEFINED IN LIST.
-----
WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO//
WANT TO RE-INITIATE ANY LINE ITEMS? NO// YES

PATIENT NAME      ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE # DT INV REC'D
FR DATE  TO DATE  CLAIMED   PAID    ADJ CODE
=====
FEEPATIENT,FEE C          000-00-5401          215
FEEHOSPITAL              504000567          279          2/15/12
  FPPS CLAIM ID: 12345   FPPS LINE: ALL
1) 02/10/12 02/10/12 100.00   90.00      97          DISCHARGE DRG2

  DX/POA: 100.0/ 100.81/ 100.89/
  PROC: 20.01 20.09 20.1 20.21 20.22
RE-INITIATE WHICH LINE ITEM: (1-1): 1
ARE YOU SURE YOU WANT TO RE-INITIATE LINE ITEM NUMBER: 1? NO// YES
ITEM RE-INITIATED.  WANT TO RE-INITIATE ANOTHER? YES// NO

NUMBER: 215                OBLIGATION NUMBER: C20001
TYPE: CH/CNH              DATE OPENED: FEB 15, 2012
CLERK WHO OPENED: FEECLERK,DEBORAH
DATE SUPERVISOR CLOSED: FEB 15, 2012@16:03:03
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500        TOTAL DOLLARS: 0
INVOICE COUNT: 0          PAYMENT LINE COUNT: 0
DATE FINALIZED: FEB 15, 2012  DATE CLERK CLOSED: FEB 15, 2012
DATE TRANSMITTED: FEB 15, 2012  CONTRACT HOSPITAL BATCH: YES
PERSON WHO COMPLETED: FEEUSER,SUSAN
BATCH EXEMPT: NO

STATUS: VOUCHERED

SELECT BATCH WITH REJECTS:
```

BATCH MAIN MENU - CNH RE-OPEN BATCH

FBAASUPERVISOR Key - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option. Although you may access all closed Fee Basis batches, only Community Nursing Home batches should be reopened through this option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```

SELECT FEE BASIS BATCH NUMBER: 73          C93999

NUMBER: 73                                OBLIGATION NUMBER: C93999
TYPE: CH/CNH                              DATE OPENED: JUL 30, 1993
CLERK WHO OPENED: MARY ELLEN              STATION NUMBER: 500
TOTAL DOLLARS: 169                        INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                     STATUS: OPEN

BATCH HAS BEEN RE-OPENED!

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CNH RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released in its entirety.

FBAASUPERVISOR Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

When a batch is released for Community Nursing Home, individual line item payments are posted to authorizations on the 1358. All successfully posted line items will be released in the batch. If a line item payment exceeds the dollar amount on the obligation, then the payment will be held and put into a new batch.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Community Nursing Home batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230      C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example

```
SELECT FEE BASIS BATCH NUMBER: 73          C93999

NUMBER: 73                                OBLIGATION NUMBER: C93999
TYPE: CH/CNH                              DATE OPENED: JUL 30, 1993
CLERK WHO OPENED: KEN                     STATION NUMBER: 500
TOTAL DOLLARS: 169                        INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                     DATE CLERK CLOSED: OCT 14, 1994
```


BATCH MAIN MENU - CNH RELEASE A BATCH

Example, cont.

```

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// Y YES
PATIENT NAME ('*' REIMBURSEMENT TO VETERAN '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH NUMBER
VENDOR NAME      VENDOR ID  INVOICE #  DT INV REC'D
FR DATE    TO DATE  CLAIMED   PAID      SUSP CODE
=====
FEEPATIENT, ONE                000-45-6789                73
FEEVENDOR, ONE                000999999                73    7/31/93
  07/29/93 07/31/93 100.00    25.35          1
FEEPATIENT, ONE                000-45-6789                73
FEEVENDOR, ONE                000999999                74    8/23/93
  08/01/93 08/31/93 143.65    143.65
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y YES
...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...

NUMBER: 73                                OBLIGATION NUMBER: C93999
TYPE: CH/CNH                              DATE OPENED: JUL 30, 1993
CLERK WHO OPENED: KEN
DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
SUPERVISOR WHO CERTIFIED: LUCIA          STATION NUMBER: 500
TOTAL DOLLARS: 169                       INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                     DATE CLERK CLOSED: OCT 14, 1994

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MAIN MENU - CNH STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
CENTRAL FEE ACCEPTED	Medical, Travel Pharmacy CH, CNH	The Payment Batch Results message from Austin has been received. The batch contains at least one line item that was accepted by Austin
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MAIN MENU - CNH STATUS OF BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 178          C93999
DEVICE: HOME// <RET>  DECNET      RIGHT MARGIN: 80// <RET>

NUMBER: 178                                OBLIGATION NUMBER: C93999
TYPE: CH/CNH                               DATE OPENED: DEC 7, 1994
CLERK WHO OPENED: MARY ELLEN              STATION NUMBER: 500

STATUS: OPEN
```

FEE FUND CONTROL MAIN MENU - CNH ESTIMATE FUNDS FOR OBLIGATION

Introduction

This option is used to estimate funds needed for a specified future month/year. The system reviews the authorizations in the VA FORM 10-7078 file (#162.4) and calculates the estimated amount needed for the specified month/year. An estimate for a prior month/year can be viewed through this option.

Example

```

CALCULATE COMMITMENTS FOR WHICH MONTH/YEAR: 0893 (AUG 1993)
DEVICE: HOME// CNH PRINTER RIGHT MARGIN: 80// <RET>
    
```

```

      C O M M U N I T Y   N U R S I N G   H O M E   R E P O R T
-----
ESTIMATED FUNDS FOR: AUG 93
    
```

VETERAN	SSN	VENDOR	DAYS	TOTAL
FEEPATIENT, ONE	000-45-6789	FEEVENDOR, TWO	30	270.00
FEEPATIENT, TWO	000-45-6789	FEEVENDOR, ONE		30 465.00
FEEPATIENT, THREE	000-45-6789	FEEVENDOR, ONE		13 221.00
FEEPATIENT, FOUR	000-45-6789	GOOD TIME NURSING HO	3	28.50
FEEPATIENT, FIVE	000-45-6789	FEEVENDOR, ONE		30 60.00
FEEPATIENT, SIX	000-45-6789	GOOD TIME NURSING HO	31	713.00
FEEPATIENT, SEVEN	000-45-6789	FEEVENDOR, ONE	18	306.00
TOTAL ESTIMATED: 3162.45		TOTAL DAYS: 248		

FEE FUND CONTROL MAIN MENU - CNH POST COMMITMENTS FOR OBLIGATION

Data is automatically passed to the IFCAP system 1358 module.

Introduction

The Post Commitments for Obligation option is used to post commitments for a specified month/year to the Community Nursing Home obligation assigned to that month/year. The system checks the data previously entered in the VA FORM 10-7078 file (#162.4) and calculates the commitments for the specified month/year.

Data is automatically passed to the IFCAP system 1358 module. The commitments are deducted from the 1358 for the specified month/year.

This option **MUST** be used in order to make payments.

Example

```

SELECT CONTROL POINT: 999 FEE CNH
SELECT OBLIGATION NUMBER: 500-C90234      -- 1358  OBLIGATED - 1358
                FCP: 999      $ 30000
POST COMMITMENTS FOR WHICH MONTH/YEAR: JUN, 1993  (JUN 1993)

DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>

          C O M M U N I T Y  N U R S I N G  H O M E  R E P O R T
          -----
          POSTINGS FOR OBLIGATION NUMBER: C90234

REF #   VETERAN                                SSN                DAYS          TOTAL
-----
0023   FEEPATIENT, ONE                        000-45-6789           22            46.00

          TOTAL POSTED:      46.00                TOTAL DAYS: 22
    
```

LTC CNH ACTIVE AUTHORIZATIONS REPORT

Introduction

This report identifies outpatient CNH authorizations that are active within the user-specified date range. An authorization is included in this report if either the Authorization From or the Authorization To date falls within the user-specified date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “CONTRACT NURSING HOME”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for CNH.

CODE	DESCRIPTION
40	COMMUNITY NURSING HOME FOR SC DISABILITY (IES)
41	COMMUNITY NURSING HOME FOR NSC DISABILITY (IES)
42	COMMUNITY NURSING HOME FOR ACTIVE DUTY PERSONNEL
43	CNH HOSPICE
44	CNH RESPITE CARE

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC CNH ACTIVE AUTHORIZATIONS REPORT

Example

ACTIVE AUTHORIZATIONS BY POV, VENDOR, PATIENT APR 09, 2003@09:21:38 PAGE 1			
FROM MAR 01, 2003 TO MAR 31, 2003 FOR THE CONTRACT NURSING HOME PROGRAM			
FOR ALL PURPOSE OF VISIT(S)			
VETERAN	PT. ID	AUTHORIZATION	
		FROM DATE	TO DATE

POV: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)			
VENDOR: FEE NURSING HOME INC.			
FEEPATIENT,ONE	000-99-1234	JAN 01, 2003	JAN 01, 2004
DOB: FEB 22,1952			
REMARKS:			
VISITS: 0	PAID AMT: \$0	CUM VISITS: 0	CUM PAID AMT: \$0

VENDOR SUBTOTAL:	COUNT: 1		
=====			
POV SUBTOTAL:	COUNT: 1		
1 AUTHORIZATION ON REPORT			

LTC CNH ENDING AUTHORIZATIONS REPORT

Introduction

This report identifies CNH LTC authorizations that are due to expire within the user-specified date range. An authorization is included in this report if the Authorization To date falls within the user-specified date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “CONTRACT NURSING HOME”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for CNH.

CODE	DESCRIPTION
40	COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
41	COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
42	COMMUNITY NURSING HOME FOR ACTIVE DUTY PERSONNEL
43	CNH HOSPICE
44	CNH RESPITE CARE

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC CNH ENDING AUTHORIZATIONS REPORT

Example

ENDING AUTHORIZATIONS BY POV, VENDOR, PATIENT APR 09, 2003@09:25:47 PAGE 1				
FROM NOV 01, 2002 TO NOV 30, 2002 FOR THE CONTRACT NURSING HOME PROGRAM				
FOR ALL PURPOSE OF VISIT(S)				
VETERAN	PT. ID	AUTHORIZATION		
		FROM DATE	TO DATE	

POV: CNH HOSPICE				
VENDOR: VAN RENSSELAER MANOR				
FEEPATIENT,ONE	000-05-1234	NOV 01, 2002	NOV 01, 2002	
DOB: NOV 25,1918				
REMARKS:				
VISITS: 0	PAID AMT: \$0	CUM VISITS: 0	CUM PAID AMT: \$0	

VENDOR SUBTOTAL:	COUNT:	1		
=====				
POV SUBTOTAL:	COUNT:	1		
1 AUTHORIZATION ON REPORT				

MOVEMENT MAIN MENU -CNH ADMIT TO CNH

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Use of this option creates a Non-VA PTF record.

Introduction

The Admit To CNH option is used to admit a patient to a Community Nursing Home. The patient must have an active authorization on file for the period of admission. Only one active admission will be allowed for a patient.

If you select a patient who already has an active admission on file, you will be able to view that admission information through this option. However, you must use the Admission Edit option of the Edit Movement Menu to edit the data.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example of ICD-9 Data

```
SELECT PATIENT: FEEPATIENT, ONE          08-14-55      000456789      SC VETERAN
FEEPATIENT, ONE          PT.ID: 000-45-6789
12 ANY ST.              DOB: AUG 14,1955
MANCHESTER              TEL: NOT ON FILE
NEW HAMPSHIRE 12111     CLAIM #: 7777777
                        COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50% -- NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

        SC PERCENT: 20%
RATED DISABILITIES: DIABETES (20%-SC)

HEALTH INSURANCE: NO
INSURANCE CO.          SUBSCRIBER ID      GROUP          HOLDER EFFECTIVE EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

MOVEMENT MAIN MENU -CNH ADMIT TO CNH

Example of ICD-9 Data, cont.

```
PATIENT NAME: FEEPATIENT, ONE                                PT.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 07/28/93      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/30/93

      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX: MULTIPLE SCLEROSIS
      COUNTY: SEATTLE                                PSA: SEATTLE, WA

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>

ENTER ADMISSION DATE/TIME: 7/28/93@0800   (JUL 28, 1993@08:00)

      SELECT ONE OF THE FOLLOWING:

          1      AFTER RE-HOSPITALIZATION >15 DAYS
          2      TRANSFER FROM OTHER CNH
          3      FROM ASIH <15 DAYS
          4      ALL OTHER

ENTER ADMISSION TYPE: 4  ALL OTHER
...EXCUSE ME, JUST A MOMENT PLEASE...
NON-VA PTF RECORD CREATED.

SELECT PATIENT:
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```
PATIENT NAME: FEE,ICDTEN                                    PT.ID: 000-33-0044

AUTHORIZATIONS:
  (1) FR: 11/1/2012    VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/29/2012

      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX: E08.00
      REF NPI:
      REF:
```

MOVEMENT MAIN MENU -CNH

DELETE MOVEMENT MENU

ADMISSION DELETE

Introduction

The Admission Delete option is used to delete an admission to a Community Nursing Home. This option should only be used if an admission date or a patient name was entered in error.

You may only delete the current active admission. You may not delete an admission date if there are other movements (e.g., discharges or transfers) associated with it on file.

Example

```
Select Patient: FEEPATIENT, ONE 12-21-19 000456789 NSC VETERAN

Select Admission Date/Time: NOW JAN 01, 1989.144 FEEPATIENT, ONE ADMISSION
Are you sure you want to delete this admission?? No// YES
    ...deleted

Select Patient:
```

MOVEMENT MAIN MENU -CNH DELETE MOVEMENT MENU DISCHARGE DELETE

Introduction

The Discharge Delete option is used to delete a discharge from a Community Nursing Home. This option should only be used if a discharge date or a patient name was entered in error.

Only the last discharge date can be deleted. The system will not allow deletion of a discharge date if a new subsequent admission has been entered.

Example

```
SELECT PATIENT: FEEPATIENT, ONE 12-22-46 000456789 SC VETERAN
SELECT DISCHARGE DATE/TIME: 4/30/88@1300 APR 30, 1988.13 FEEPATIENT, ONE
DISCHARGE
ARE YOU SURE YOU WANT TO DELETE THIS DISCHARGE?? NO// YES
... DELETED
IT WILL BE NECESSARY TO ADJUST THE 'TO DATE' OF THIS PATIENT'S AUTHORIZATION
USING THE 'EDIT CNH AUTHORIZATION' OPTION.
SELECT PATIENT:
```

MOVEMENT MAIN MENU -CNH DELETE MOVEMENT MENU TRANSFER DELETE

Introduction

The Transfer Delete option is used to delete a transfer movement. Only transfers for Community Nursing Home patients to ASIH (Absence Sick in Hospital), Authorized Absence, or Unauthorized Absence should be deleted through this option.

Example

```
SELECT PATIENT:  FEEPATIENT, ONE      12-22-46   000456789   SC VETERAN
SELECT TRANSFER DATE/TIME: 2/1/88@0800   FEB 01, 1988.08   FEEPATIENT, ONE
TRANSFER
ARE YOU SURE YOU WANT TO DELETE THIS TRANSFER?? NO//  YES
SELECT PATIENT:
```


MOVEMENT MAIN MENU DISCHARGE FROM CNH

Example of ICD-9 Data, cont.

```
FEE ID CARD #: 333333                FEE CARD ISSUE DATE: 07/16/93
PATIENT NAME: FEEPATIENT, ONE        PT.ID: 000-45-6789
AUTHORIZATIONS:
(1) FR: 07/28/94          VENDOR: FEEVENDOR, ONE        - 000222222
    TO: 11/30/94
    AUTHORIZATION TYPE: CONTRACT NURSING HOME
    PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
    DX: PTSD
    COUNTY: ALBANY          PSA: ALBANY, NY
IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
VETERAN: FEEPATIENT, ONE            SSN: 000-45-6789
    DATE/TIME          TRANSACTION      TYPE
JULY 28, 1994  14:40      ADMISSION      TRANSFER FROM OTHER CNH
ENTER DISCHARGE DATE/TIME:  T@1PM  (AUG 19, 1994@13:00)
```

```
SELECT ONE OF THE FOLLOWING:
1          REGULAR
2          DEATH
3          TRANSFER TO OTHER CNH
6          REGULAR - PRIVATE PAY
ENTER DISCHARGE TYPE:  : 1  REGULAR
SELECT PATIENT:
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```
PATIENT NAME: FEE,ICDTEN                PT.ID: 666-33-0044
AUTHORIZATIONS:
(1) FR: 11/1/2012          VENDOR: FEEVENDOR, ONE        - 000222222
    TO: 11/29/2012
    AUTHORIZATION TYPE: CONTRACT NURSING HOME
    PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
    DX: E08.00              REF:
    REF NPI:
```


MOVEMENT MAIN MENU DISPLAY EPISODE OF CARE

Introduction

The Display Episode of Care option is used to display all admission, transfer, and discharge movements for one specified episode of care in a Community Nursing Home. A double question mark <??> entered at the date/time prompt will produce a list of admission dates for the selected patient.

Example

```

SELECT PATIENT: FEEPATIENT, ONE    06-17-48    000456789    SC VETERAN
SELECT ADMISSION DATE/TIME: 06/01/90@0900    JUN 01, 1990.09    FEEPATIENT, ONE
ADMISSION
VETERAN: FEEPATIENT, ONE                SSN: 000-45-6789
    DATE/TIME          TRANSACTION      TYPE
JUNE 1, 1990 09:00    ADMISSION      ALL OTHER
JULY 31, 1990 08:00    DISCHARGE      TRANSFER TO OTHER CNH
    
```

MOVEMENT MAIN MENU

EDIT MOVEMENT MENU

ADMISSION EDIT

Introduction

The Admission Edit option is used to edit admission data on file for a specific patient. This option can be used to edit data for either a current or past admission date. You may edit the admission type and the nursing home to which the patient was admitted.

Example

```
SELECT PATIENT: FEEPATIENT, ONE    06-17-48    000456789    SC VETERAN
SELECT ADMISSION DATE/TIME: 1/1/88@0800    JAN 01, 1988.08    FEEPATIENT, ONE
ADMISSION
ADMISSION TYPE: ALL OTHER// 3 FROM ASIH < 15 DAYS
NURSING HOME: WALTON ADULT HOME// <RET>
```

MOVEMENT MAIN MENU

EDIT MOVEMENT MENU

DISCHARGE EDIT

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

Introduction

The Discharge Edit option is used to edit the type of discharge for a specific patient.

Following are the current discharge types.

- Regular
- Death
- Transfer to other CNH
- ASIH
- Death while ASIH
- Regular - private pay

Example

```

SELECT PATIENT: FEEPATIENT, ONE
SELECT DISCHARGE DATE/TIME: ??

CHOOSE FROM:
  26          08-19-1993 @ 13:00          FEEPATIENT, ONE          DISCHARGE
  41          09-02-1993 @ 08:00          FEEPATIENT, ONE          DISCHARGE

SELECT DISCHARGE DATE/TIME: 41 9-2-1993@08:00:00          FEEPATIENT, ONE          DISCHARGE

      SELECT ONE OF THE FOLLOWING:

          1          REGULAR
          2          DEATH
          3          TRANSFER TO OTHER CNH
          6          REGULAR - PRIVATE PAY

DISCHARGE TYPE: : 1// <RET> REGULAR
    
```

MOVEMENT MAIN MENU

EDIT MOVEMENT MENU

TRANSFER EDIT

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

Introduction

The Transfer Edit option is used to edit transfer movements for a specified inpatient during an active admission.

You may edit only the transfer type through this option. Following are the current transfer types.

- To authorized absence
- To unauthorized absence
- To ASIH (absent sick in hospital)
- From authorized absence
- From unauthorized absence
- From ASIH < 15 days

Example

```
Select Patient: FEEPATIENT, ONE 10-03-43 000456789 SC VETERAN  
Select Transfer Date/Time: 06/15/94@0900  
TRANSFER TYPE: TO AUTHORIZED ABSENCE// TO ASIH
```

MOVEMENT MAIN MENU TRANSFER MOVEMENT

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Transfer Movement option is used to transfer a patient to ASIH (Absent Sick in Hospital) or from ASIH within the Community Nursing Home program. This option is also used to place a patient on or return a patient from authorized or unauthorized absence.

Only patients who have an active admission to a Community Nursing Home may be transferred through this option.

Example of ICD-9 Data

```

Select Patient:      FEETPATIENT, ONE
FEETPATIENT, ONE      Pt.ID: 000-45-6789
123 MAIN ST          DOB: DEC 25,1945
SALEM                TEL: Not on File
NEW YORK 12233      CLAIM #: 3333333
                   COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
      Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
      No Insurance Information
Want to add NEW insurance data? No// <RET>
    
```

MOVEMENT MAIN MENU TRANSFER MOVEMENT

Example of ICD-9 Data, cont.

```
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

PATIENT NAME: FEEPATIENT, ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 07/22/94      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 07/31/94
      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX: SCHIZOPHRENIA
      COUNTY: RENSSELAER          PSA: SEATTLE, WA

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>

VETERAN: FEEPATIENT, ONE          SSN: 000-45-6789
  DATE/TIME          TRANSACTION          TYPE
JULY 22, 1994  08:00      ADMISSION      AFTER RE-HOSPITALIZATION > 15 DAYS

SELECT TRANSFER DATE/TIME: 073094@0900  (JUL 30, 1994@09:00)

  SELECT ONE OF THE FOLLOWING:
      1          TO AUTHORIZED ABSENCE
      2          TO UN-AUTHORIZED ABSENCE
      3          TO ASIH

ENTER TRANSFER TYPE: 1  TO AUTHORIZED ABSENCE

SELECT PATIENT:
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```
PATIENT NAME: FEE,ICDTHREE                PT.ID: 000-23-1456

AUTHORIZATIONS:
  (1) FR: 11/21/2012   VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/28/2012
      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX: E08.00          REF:
      REF NPI:
```

OUTPUT MAIN MENU - CNH 7078 PRINT

Introduction

The 7078 Print option is used to generate VA Form 10-7078, "Authorization and Invoice for Medical and Hospital Services". This option allows you to specify the number of copies (up to five) that you wish to print.

If you wish the name and title of the approving official to be different from those set through the site parameters, you may edit through this option.

Example

```
Select Veteran: FEEpatient, One    06-02-34    000456789    SC VETERAN

      C77777.0141          MEMORIAL NURSING HOME          FEEpatient, One    COMPLETE

REFERENCE NUMBER: C77777.0141          VENDOR: FEEvendor,One
VETERAN: FEEpatient,One          AUTHORIZATION FROM DATE: AUG 30, 2006
AUTHORIZATION TO DATE: SEP 17, 2006    AUTHORITY: NON-VA FOR SC DISABILITY
ESTIMATED AMOUNT: 1350          USER ENTERING: FeeUser
STATUS: COMPLETE          DATE OF ISSUE: AUG 30, 2006
FEE PROGRAM: CONTRACT NURSING HOME    DATE OF ADMISSION: AUG 30, 2006
DATE OF DISCHARGE: AUG 31, 2006    REFERRING PROVIDER: FEEprovider,Two

Is this the correct 7078? Yes// <RET>
Approving Official for 7078: Walter MD// <RET>
Title of Approving Official: Clinical Director// <RET>
# of copies of 7078? 1// <RET>

DEVICE: HOME// CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 120// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y (YES)

Requested Start Time: NOW// <RET> (DEC 12, 2006@15:17)
REQUEST QUEUED
```

OUTPUT MAIN MENU - CNH 7078 PRINT

Example, cont.

Department of Veterans Affairs		AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES	
Issuing Office VAMC ALBANY 113 HOLLAND AVE ALBANY, NY 12208		1. Date of Issue 08/30/06	
Name of Physician or Station FEEvendor,One NEW SCOTLAND AVE SUITE 301 ALBANY, NY 12209 ID#: 111111111		2. Veteran's Name FEEpatient, ONE	
Name of VA Referring Provider FEEprovider,Two NPI: 111111112		3. Address 1 MAIN ST Apt. 1B TROY, NY 12180	
		4. Veteran's Claim No. 4A. SSN 000456789 XXX-XX-6789	
		5. Authorization Valid From To 08/30/06 09/17/06	
PART 1. - SERVICES AUTHORIZED			
6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.) Move to VAMC ASAP		7. Fee \$	
8. Fee Schedule or Contract 17.45	9. Authority 17.45	9A. 	10. Estimated Amount \$500.00
11. Fiscal Symbols 360/10161.001 C77777.0141	12. Authorized by (Name and Title) JAMES ME Clinical Director		
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.			
2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.			
3. Payment by the VA is payment in full for authorized services rendered.			
4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.			
5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major surgery.			
6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the release of the patient from the hospital.			
7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.			
All questions relating to this authorization should be referred to the issuing VA Office			
VA Form 10-7078			

OUTPUT MAIN MENU - CNH ACTIVITY REPORT FOR CNH

Introduction

The Activity Report for CNH option generates an output which includes all activity (admissions transfers and discharges) that falls within a specified date range.

Example

```

COMMUNITY NURSING HOME REPORT
-----
**** Date Range Selection ****

Beginning DATE : 010193 (JAN 01, 1993)

Ending DATE : 063093 (JUN 30, 1993)

DEVICE: HOME// CNH PRINTER RIGHT MARGIN: 80// <RET>
    
```

```

COMMUNITY NURSING HOME REPORT
-----
('*' Represents ACTIVE ADMISSION)
PATIENT NAME                                VENDOR
ACTIVITY DATE                                ACTIVITY TYPE
=====
* FEEPATIENT, ONE -6789P                    FEEVENDOR, ONE -1234
  06/09/93@09:99:01                          ADMISSION - ALL OTHER

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -0000
  05/28/93@10:99:01                          DISCHARGE - DEATH

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -0000
  05/27/93@12:99:01                          ADMISSION - TRANSFER FROM OTHER CNH

FEEPATIENT, ONE -6789                       FEEVENDOR, THREE -9090
  05/27/93@11:29:01                          DISCHARGE - TRANSFER FROM OTHER CNH

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -9090
  05/15/93@10:99:01                          TRANSFER - FROM ASIH <15 DAYS

Press RETURN to continue or '^' to exit: ^
    
```

OUTPUT MAIN MENU - CNH AMIS 349 PRINT

The report now includes an AMIS BALANCING SEGMENT. If there is a problem found in balancing, the report also includes a NOTICE OF INCOMPLETE PATIENT MOVEMENTS AFFECTING AMIS TOTALS with instructions on how to correct the out of balance and obtain an accurate AMIS.

The report now allows users to print the data validation with the AMIS.

Introduction

The AMIS 349 Print option is used to calculate and print the Community Nursing Home Care Activity - AMIS 349 report. This report includes data for a specified month. The report represents gains and losses activity within the Community Nursing Home program for the month selected.

Example

```
CALCULATE AMIS FOR WHICH MONTH/YEAR: 1/94 (JAN 1994)
DO YOU WANT DATA VALIDATION WITH THIS OUTPUT? NO// <RET>
QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>
REQUESTED START TIME: NOW// <RET> (DEC 07, 1994@11:30:00)
REQUEST QUEUED
TASK #: 27445
```

OUTPUT MAIN MENU - CNH AMIS 349 PRINT

Example, cont.

		DEC 7,1994@11:22:08
COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349		
1/1/94 THRU 1/31/94		
>>>NOTICE<<<		
>>>INCOMPLETE PATIENT MOVEMENTS AFFECT THE AMIS TOTALS BELOW<<<		
>>>REFER TO LAST PAGE FOR DETAILS<<<		
G A I N S		

ADMISSIONS		
01	AFTER REHOSP > 15 DAYS	0
02	ALL OTHER	0
TRANSFERS IN		
03	FROM OTHER CNH	0
04	FROM ASIH	0
L O S S E S		

DISCHARGES & DEATHS		
05	DISCHARGES	0
06	DEATHS	0
TRANSFERS OUT		
07	TO OTHER CNH	0
08	TO ASIH	0
R E M A I N I N G		

09	BED OCCUPANTS	2
10	ABSENT BED OCCUPANTS	0
11	ABSENT SICK IN HOSP.	0
12	FEMALE BED OCCUPANTS	2
L O S S E S F R O M A S I H		

13	DISCHARGES	0
14	DEATHS	0
M I S C T O T A L S		

15	PATIENT DAYS OF CARE	62
16	SC PLACEMENTS	0

OUTPUT MAIN MENU - CNH AMIS 349 PRINT

Example, cont.

```
PAGE 2                                DEC 7,1994@11:22:43
      COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349
      1/1/94 THRU 1/31/94

AMIS BALANCING SEGMENT
-----

PRIOR MONTH FIELDS 09 AND 10                3
+ CURRENT MONTH FIELDS 01, 02, 03 AND 04    +0
- CURRENT MONTH FIELDS 05, 06, 07 AND 08    -0
-----
= CURRENT MONTH FIELDS 09 AND 10           2 <=====> 3
**PROBLEM FOUND IN BALANCING (SEE LAST PAGE FOR DETAILS)

PAGE 3                                DEC 7,1994@11:22:50
      COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349
      1/1/94 THRU 1/31/94

      >>>NOTICE OF INCOMPLETE PATIENT MOVEMENTS AFFECTING AMIS TOTALS<<<

THE FOLLOWING PATIENT(S) HAVE MET OR EXCEEDED THEIR AUTHORIZATIONS, AND HAVE
NOT BEEN DISCHARGED. THIS WILL RESULT IN INACCURATE AMIS 349 CALCULATIONS
FOR THE CURRENT MONTH'S AMIS, AND WILL AFFECT THE BALANCING SEGMENT FOR
SUBSEQUENT MONTHS!!

TO OBTAIN AN ACCURATE AMIS, YOU MUST EITHER DISCHARGE THE PATIENT,
OR EXTEND THEIR AUTHORIZATION TO DATE. ONCE THE DATA HAS BEEN CORRECTED,
YOU MAY RUN THE AMIS 349 AGAIN TO OBTAIN ACCURATE FIGURES.

      PATIENT                                PT. ID      AUTHORIZATION TO DATE
**   FEEPATIENT, ONE                        000-45-6789 12/31/93

** INDICATES MOVEMENT PROBLEM FROM THE PRIOR MONTH THAT IS AFFECTING
THE BALANCING SEGMENT.
```

OUTPUT MAIN MENU - CNH CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```

SELECT CHECK NUMBER: 11111111
DEVICE: HOME// <RET> LAT TERMINAL RIGHT MARGIN: 80// <RET>

PAYMENT HISTORY FOR CHECK # 11111111
----- PAGE: 1

FEE PROGRAM: COMMUNITY NURSING HOME
('*' REIMBURSEMENT TO PATIENT '#' VOIDED PAYMENT '+' CANCELLATION ACTIVITY)
FROM TO AMOUNT AMOUNT SUSP BATCH INVOICE
DATE DATE CLAIMED PAID CODE NUMBER NUMBER
=====
VENDOR: FEEVENDOR,ONE VENDOR ID: 000888888
PATIENT: FEEPATIENT, ONE PATIENT ID: XXX-XX-6789
6/1/06 6/30/06 6,100.00 6,000.00 D 378 583
>>>CHECK # 11111111 DATE PAID: 1/9/95<<<

ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>
SELECT CHECK NUMBER:
    
```

OUTPUT MAIN MENU - CNH CNH CENSUS REPORT

Introduction

The CNH Census Report option generates an output of all active Community Nursing Home inpatients, as determined by the Authorization FROM and TO dates in Section 5 of VA Form 10-7078, for a specified census date. For this reason, it is imperative that VA Form 10-7078s be entered in a timely manner in order for the report to contain accurate census information.

Your response to the "Display Address for Vendors? No//" prompt determines what appears in the output. If you accept the "No" default, the following information is displayed on your screen:

- Vendor name and ID number
- Veteran name, DOB, and Veteran ID
- PSA
- Authorized FROM date

If your response is "YES", the output will also include the following information:

- Vendor name, address, and telephone number
- Vendor participation code

Example

```
****CENSUS DATE SELECTION****  
  
CENSUS DATE:  T  (SEP 21, 1993)  
  
DISPLAY ADDRESS FOR VENDORS? NO//  Y  YES  
  
DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>
```

OUTPUT MAIN MENU - CNH CNH CENSUS REPORT

Example, cont.

FEE BASIS CONTRACT NURSING HOME CENSUS					
09/21/93					

VENDOR NAME	VENDOR ID				
VETERAN NAME	DOB	VETERAN ID	PSA	AUTH FROM DATE	
=====					
FEEVENDOR, ONE		000999999	COMMUNITY NUR		
31 NOWHERE CIRCLE					
LOWELL, MA 01852-0123	TEL. #:	45441477			
FEEPATIENT, ONE	02/22/22	000-45-6789	523	01/01/93	
FEEPATIENT, TWO	01/01/40	000-45-6789	523	07/29/93	
FEEVENDOR, ONE		000222222	COMMUNITY NUR		
1616 SHADY LN					
TACOMA, WA 98506					
FEEPATIENT, ONE	02/03/35	000-45-6789	500	10/01/93	

OUTPUT MAIN MENU - CNH CNH STAYS IN EXCESS OF 90 DAYS

Introduction

The CNH Stays in Excess of 90 Days option prompts you for an effective date, which should be representative of the day you wish to see all ACTIVE CNH stays for a patient that meet or exceed 90 days, and a device. The Length of Stay (LOS) will be displayed for all records that meet this criteria. It should be noted that the Length of Stay is as of the effective date only.

Example

```
Use of this option will provide you with all 'ACTIVE' stays that are in excess of 90
days. The active stays are as of the date you choose.
```

```
Enter Effective Date : 072893 (JUL 28, 1993)
```

```
DEVICE: HOME// CNH PRINTER RIGHT MARGIN: 80// <RET>
```

```
ACTIVE CNH STAYS IN EXCESS OF 90 DAYS
AS OF 07/28/93
-----
```

```
                MARITAL
VETERAN          Pt. ID  ST.  ADM. DATE  LOS          VENDOR
=====
FEEPATIENT, ONE  000-45-6789  M  04/01/93   118  FEEVENDOR, ONE
```

```
***LOS = Length of Stay as of 07/28/93
```

```
Press RETURN to continue or '^' to exit: <RET>
```


OUTPUT MAIN MENU - CNH CONTRACT EXPIRATION LIST

Introduction

The Contract Expiration List option is used to list nursing homes with contracts that will expire within the date range you specify.

Example

```

**** DATE RANGE SELECTION ****

  BEGINNING DATE : 010193  (JAN 01, 1993)

  ENDING   DATE : 063093  (JUN 30, 1993)

THIS OPTION WILL LIST NURSING HOMES WITH CONTRACTS EXPIRING BETWEEN 01/01/93 AND
06/30/93.

ARE YOU SURE YOU WANT TO CONTINUE? YES// <RET>

DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>
    
```

```

                CNH CONTRACTS EXPIRING BETWEEN 01/01/93 AND 06/30/93
                =====
VENDOR NAME                VENDOR ID  CONTRACT #    EXP. DT.
=====
FEEVENDOR, ONE             000999999    V500-1234    03/31/93
FEEVENDOR, TWO             000888888    500-6789    05/30/93
FEEVENDOR, TWO             000888888    V608-987    03/31/93

PRESS RETURN TO CONTINUE:
    
```

OUTPUT MAIN MENU - CNH COST REPORT FOR CONTRACT NURSING HOME

Introduction

This option generates the Cost Report for Contract Nursing Home sorted by DATE FINALIZED and PATIENT TYPE CODE. You can print either a detailed report or summary only. (The detailed report also includes a summary.)

Example

```

**** DATE RANGE SELECTION ****

BEGINNING DATE : 010193 (JAN 01, 1993)

ENDING DATE : 072993 (JUL 29, 1993)

SELECT ONE OF THE FOLLOWING:
    D      DETAILED REPORT
    S      SUMMARY ONLY

CHOOSE REPORT TYPE: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (AUG 19, 1993@16:08:33)
REQUEST QUEUED
    
```

```

                                COST REPORT FOR CONTRACT NURSING HOME
                                01/01/93 THROUGH 07/29/93
                                -----
PATIENT NAME                    PATIENT ID    ASSOC 7078    AMT PAID    FINAL DRG    LOS
=====
                                TREATING SPECIALTY: MEDICAL
FEEPATIENT, ONE                000-45-6789  C89622.0015    54.00                27
                                ** INDICATES AN ANCILLARY PAYMENT

                                COST REPORT FOR CONTRACT NURSING HOME
                                01/01/93 THROUGH 07/29/93
                                -----

                                SUMMARY

                                LOS                # CASES                AVE. AMT. PAID
                                =====
                                TREATING SPECIALTY: MEDICAL
                                27                1                54.00

                                =====

TOTAL CASES: 1    AVERAGE AMOUNT PAID: 54.00    AVERAGE LOS: 27.00
    
```

OUTPUT MAIN MENU - CNH DISPLAY EPISODE OF CARE

Introduction

The Display Episode of Care option is used to display all admission, transfer, and discharge movements for one specified episode of care in a Community Nursing Home. A double question mark <??> entered at the date/time prompt will produce a list of admission dates for the selected patient.

Example

```

SELECT PATIENT: FEEPATIENT, ONE    06-17-48    000456789    SC VETERAN
SELECT ADMISSION DATE/TIME: 06/01/90@0900    JUN 01, 1990.09    FEEPATIENT, ONE
ADMISSION
VETERAN: FEEPATIENT, ONE                SSN: 000-45-6789
    DATE/TIME                TRANSACTION    TYPE
JUNE 1, 1990 09:00          ADMISSION    ALL OTHER
JULY 31, 1990 08:00          DISCHARGE    TRANSFER TO OTHER CNH
    
```

OUTPUT MAIN MENU - CNH INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected CNH invoice.

NOTE: Although you may view and print both Civil Hospital and Contract Nursing Home invoices with this option, it should be used to view and print CNH invoices only.

Example

```

SELECT FEE BASIS INVOICE NUMBER: 164

DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                                INVOICE DISPLAY
                                =====

VETERAN'S NAME    ('*'REIMBURSEMENT TO VETERAN    '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)

  VENDOR NAME                VENDOR ID    INVOICE #
  FR DATE    TO DATE    CLAIMED    PAID    SUS CODE    DT. REC.    INV. DATE
=====
FEEPATIENT, ONE    000-45-6789
  FEEVENDOR, ONE                000888888    164
  10/23/94    10/31/94    1800.00    1800.00                11/6/94    11/1/94

  BATCH #: 267                DATE FINALIZED: 11/25/94
  REJECTS PENDING!    REJECT REASON: WRONG OBLIGATION
  OLD BATCH #: 267

SELECT FEE BASIS INVOICE NUMBER:
    
```

OUTPUT MAIN MENU - CNH NURSING HOME 10-0168 REPORT

Introduction

This option prints the data for the Community Nursing Home Code sheet 10-0168 (formerly the RCS 18-3 report) for a specified fiscal quarter and year, and allows you to generate the code sheets for the nursing homes included, if you are running Generic Code Sheet V. 2.0.

WARNING: If your site has negotiated a contract with a nursing home, and other VA facilities have placed veterans in that nursing home against your contract, you need to edit the code sheet that is created for that home. You will need to modify the field titled, "Number of Veterans in Home" to reflect the TOTAL number of veterans placed in the nursing home under that contract. This information is available to you through the social workers at your facility. Once you edit any necessary code sheets (done through the generic code sheet options), you may use the Generic Code Sheet Menu to batch and transmit your code sheets to Austin.

Example

```
COMMUNITY NURSING HOME REPORT 10-0168

SELECT ONE OF THE FOLLOWING:

    1      FIRST QUARTER
    2      SECOND QUARTER
    3      THIRD QUARTER
    4      FOURTH QUARTER

ENTER RESPONSE: 3  THIRD QUARTER
FISCAL YEAR: : 94  (1994)
DO YOU WANT TO GENERATE CODE SHEETS FOR THESE NURSING HOMES?
ENTER YES OR NO: NO// YES

THE CNH 10-0168 (RCS 18-3) WILL BE COMPILED FOR THE FOLLOWING DATE RANGE:
    FROM DATE: 4/1/94    TO DATE: 6/30/94
WANT TO CONTINUE? YES// <RET>

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>
```

OUTPUT MAIN MENU - CNH NURSING HOME 10-0168 REPORT

Example, cont.

```
COMMUNITY NURSING HOME 10-0168 (18-3) REPORT
FROM DATE: 4/1/94 TO DATE: 6/30/94
>>> NOTE: FIELDS 7, 10, 12 ARE CURRENT DATA <<<
=====

[1] THREE DIGIT STATION NUMBER          500
[2] NAME OF COMMUNITY NURSING HOME      SHADY ACRES
[3] NAME OF CITY WHERE NURSING HOME IS  ALBANY
[4] STATE CODE WHERE NURSING HOME IS    36
[5] COUNTY WHERE NURSING HOME IS LOCATED 001
[6] NUMBER OF BEDS IN NURSING HOME (SKILLED) 50
[7] NURSING HOME INSPECTED OR ACCREDITED B
[8] PER DIEM RATE (HIGH)                002
[9] PER DIEM RATE (LOW)                 000
[10] CERTIFIED FOR MEDICARE/MEDICAID     4
[11] NUMBER OF VETERANS IN HOME          001
[12] DATE OF LAST ASSESSMENT            0193
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

COMMUNITY NURSING HOME 10-0168 (18-3) REPORT
FROM DATE: 4/1/94 TO DATE: 6/30/94
>>> NOTE: FIELDS 7, 10, 12 ARE CURRENT DATA <<<
=====

[1] THREE DIGIT STATION NUMBER          500
[2] NAME OF COMMUNITY NURSING HOME      FEEVENDOR, TWO
[3] NAME OF CITY WHERE NURSING HOME IS  ROTTERDAM JCT
[4] STATE CODE WHERE NURSING HOME IS    36
[5] COUNTY WHERE NURSING HOME IS LOCATED 093
[6] NUMBER OF BEDS IN NURSING HOME (SKILLED) 15
[7] NURSING HOME INSPECTED OR ACCREDITED I
[8] PER DIEM RATE (HIGH)                001
[9] PER DIEM RATE (LOW)                 000
[10] CERTIFIED FOR MEDICARE/MEDICAID     2
[11] NUMBER OF VETERANS IN HOME          000
[12] DATE OF LAST ASSESSMENT
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

OUTPUT MAIN MENU - CNH NURSING HOME 10-0168 REPORT

Example, cont.

```
STATION: ALBANY (#500)
BATCH TYPE: FEE BASIS - GECCO
TRANSACTION TYPE: 18-3

THIS CODE SHEET HAS BEEN ASSIGNED IDENTIFICATION NUMBER: 3-95
STUFFING DATA INTO THE FOLLOWING FIELDS:
SYSTEM IDENTIFIER: CNH
STATION NUMBER: 500
NAME OF COMMUNITY NH: SHADY ACRES
CITY OF COMMUNITY NH: ALBANY
STATE CODE OF CNH: 36
COUNTY CODE OF CNH: 001
NUMBER OF BEDS IN CNH: 50
NH INSPECTED/ACCREDITED: B
PER DIEM RATE (HIGH): 002
PER DIEM RATE (LOW): 000
CERT.MEDICARE/MEDICAID: 4
TOTAL NUMBER OF VETS IN NH: 003
DATE OF LAST ASSESSMENT: 060195
AUTOMATIC TERMINATOR: $

TRANSMITTED CODE SHEET FOR ID# 3-95 WILL BE AS FOLLOWS:
....+....1....+....2....+....3....+....4....+....5....+....6....+....7....+....
CNH500SHADY ACRES ALBANY36001050B00200040010193$
```

OUTPUT MAIN MENU - CNH NURSING HOME 10-0168 REPORT

Example, cont.

```
** CODE SHEET NUMBER: 4-95 **  
  
CODE SHEET AUTOMATICALLY MARKED FOR BATCHING !  
  
Station: ALBANY (#500)  
Batch Type: FEE BASIS - GECCO  
Transaction Type: 18-3  
  
This code sheet has been assigned IDENTIFICATION NUMBER: 4-95  
Stuffing data into the following fields:  
SYSTEM IDENTIFIER: CNH  
STATION NUMBER: 500  
NAME OF COMMUNITY NH: FEEVENDOR, TWO  
CITY OF COMMUNITY NH: ROTTERDAM JCT  
STATE CODE OF CNH: 36  
COUNTY CODE OF CNH: 093  
NUMBER OF BEDS IN CNH: 15  
NH INSPECTED/ACCREDITED: I  
PER DIEM RATE (HIGH): 001  
PER DIEM RATE (LOW): 000  
CERT.MEDICARE/MEDICAID: 2  
TOTAL NUMBER OF VETS IN NH: 005  
DATE OF LAST ASSESSMENT: -1  
AUTOMATIC TERMINATOR: $  
  
TRANSMITTED CODE SHEET FOR ID# 4-95 WILL BE AS FOLLOWS:  
.....1.....2.....3.....4.....5.....6.....7.....+..  
CNH500FEEVENDOR, TWO          ROTTERDAM JCT 36093015I00100020001$
```


OUTPUT MAIN MENU - CNH PAYMENT & TOTALS REPORT - CNH

Introduction

The Payment & Totals Report - CNH option is used to print a report showing individual payments to a Community Nursing Home Vendor and the total amount paid to that Vendor for a specified month/year.

Payment totals for the month are based on the date batches are finalized; therefore, only payment data from finalized batches will be included in this report.

Example

```
Community Nursing Home Payment List for which Month/Year: 8/94
(AUG 1994)
DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80//  <RET>
```

```
Community Nursing Home Payment List & Totals for: August 1994
Processed: AUG 21,1994@13:02:02
Vendor Name          Vendor ID
  Veteran Name          SSN          Amount Paid
=====
FEEVENDOR, ONE      000225555
  FEEPATIENT, ONE      000456789      6000.00
                               -----
                               Vendor Total:      6000.00

FEEVENDOR, TWO      000123123
  FEEPATIENT, TWO      000456789      3000.00
  FEEPATIENT, THREE    000456789      3000.00
                               -----
                               Vendor Total:      6000.00

FEEVENDOR, THREE    000665665
  FEEPATIENT, FOUR     000456789      3100.00
  FEEPATIENT, FIVE     000456789      3100.00
                               -----
                               Vendor Total:      6200.00

Grand Total Dollars: 18200.00
```

OUTPUT MAIN MENU - CNH POTENTIAL COST RECOVERY REPORT

Introduction

This report is used to obtain information concerning patients and services received, which can potentially be recovered from the veteran and/or third party insurance. The report is run for a specified Primary Service Facility and date range; and you can choose to include Patient Copays, Insurance Copays, or Both. If you select “Patient Copays” or “Both”, you will also be prompted to indicate whether you want to include Means Test Copays, LTC Copays, or Both. The software examines all payments for the Outpatient, Pharmacy, Civil Hospital, and Community Nursing Home fee programs.

One or more of the following messages might appear in the report. The messages that contain “Cost recover from LTC co-pay” or “10-10EC Missing for LTC Patient” will only be generated for LTC payments with a date of service equal to or greater than July 5, 2002. The IB LTC clock might need to be updated to identify the patient's 21 free days.

Message	Explanation
>>>Cost recover from means testing.	The patient received non-LTC treatment, s/he does not have insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from means testing and insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is exempt from Means Test copay.
NONE - This payment will be excluded from the report.	The patient received non-LTC treatment, s/he doesn't have insurance and s/he is exempt from Means Test copay.
>>>Cost recover from LTC co-pay.	The patient received LTC treatment, s/he doesn't have insurance and s/he is not exempt from LTC copay.
>>>Cost recover from LTC co-pay and insurance.	The patient received LTC treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received LTC treatment, s/he has insurance and s/he is exempt from LTC copay.
NONE - This payment will be excluded from the report.	The patient received LTC treatment, s/he doesn't have insurance and s/he is exempt from LTC copay.
>>>Cost recover from insurance. 10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he doesn't have insurance and does not have 1010EC in file.

Example

```
Select Primary Service Facility: ALL// Oklahoma City VAMC
Select another Primary Service Facility: <RET>
Include (P)atient Co-pays / (I)nsurance / (B)oth: Both// <RET>
Include (M)eans Test Co-pays / (L)TC Co-pays / (B)oth: Both// <RET>
**** Date Range Selection ****
    Beginning DATE : 8/5/02 (AUG 05, 2002)
    Ending DATE : 8/8/02 (AUG 08, 2002)
QUEUE TO PRINT ON
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>
Requested Start Time: NOW// <RET> (AUG 08, 2002@16:08:33) REQUEST QUEUED
Task #: 46411
```

```
POTENTIAL COST RECOVERY REPORT
Division: 635 OKLAHOMA CITY VAMC
8/5/02 - 8/8/02
Page: 1
Patient: Feepatient,One Pat. ID: 666-00-0123 DOB: Sep 03, 1946
('*' Represents Reimbursement to Patient '#' Represents Voided Payment)
=====
Health Insurance: YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
MAILHANDLE p 000205875 451 OR 452 SELF 09/05/93
MAILHANDLE p 000205875 451 OR 452 SELF 09/05/93 08/01/98
PCS HEALTH p 000205875 451 OR 452 SELF 08/01/98 12/31/02
FEE PROGRAM: OUTPATIENT
Svc Date CPT-MOD Amount Amount Susp Travel Batch Invoice Voucher
Claimed Paid Code Paid Num Num Date
=====
Vendor: Feevendor, One Vendor ID: 000795295
7/1/02 76075-GA 109.64 109.64 21875 36677 8/6/02
Primary Dx: RADIOLOGICAL EXAM N (V72.5) S/C Condition? NO Obl.#: C23552
>>>Cost recover from means testing and insurance.
7/1/02 76076-GA 33.88 33.88 21875 36677 8/6/02
Primary Dx: RADIOLOGICAL EXAM N (V72.5) S/C Condition? NO Obl.#: C23552
>>>Cost recover from means testing and insurance.
```

OUTPUT MAIN MENU - CNH PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment and have not yet been reinitiated. Line items may be rejected by interface transactions from the Central Fee system in Austin or they may be locally rejected using the Finalize a Batch option.

- The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.
- The report can be generated for batches with a status of CENTRAL FEE ACCEPTED or VOUCHERED or both.
- The report will print Central Fee Reject for lines that were flagged as rejected by the interface. It will print Local Reject for lines that were locally flagged as rejected by a user.
- The report will display reject codes and descriptions (maximum of 5) for lines that were flagged as rejected by the interface.

Example

```
SELECT CIVIL HOSPITAL MAIN MENU OPTION: OUTPUT MENU
SELECT OUTPUT MENU OPTION: PRINT REJECTED PAYMENT ITEMS

  SELECT ONE OF THE FOLLOWING:

      1          CENTRAL FEE ACCEPTED
      2          VOUCHERED
      3          BOTH

SELECT BATCH STATUS TO REPORT: BOTH//

DEVICE: HOME//
```

OUTPUT MENU PRINT REJECTED PAYMENT ITEMS

Example of output for a Community Nursing Home batch.

```

PATIENT NAME          ('*' REIMBURSEMENT TO VETERAN  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH NUMBER
VENDOR NAME           VENDOR ID   INVOICE # DT INV REC'D
FR DATE      TO DATE  CLAIMED   PAID     ADJ CODE
=====
BATCH NUMBER: 1958   VOUCHER DATE: 4/20/12  VOUCHERER: FEEVOUCHERER,RICK

FEEPATIENT,FIRST JR           000-00-5678           1958
TABOR NURSING HOME           141519755       2616           12/5/04
11/01/04 11/30/04 377.25     370.20         35

LOCAL REJECT           OLD BATCH #: 1958
REJECT REASON: REJECTED BY REPROCESS OVERDUE BATCH
=====
    
```

OUTPUT MAIN MENU - CNH REPORT OF ADMISSIONS/DISCHARGES FOR CNH

Introduction

The Report of Admissions/Discharges for CNH option generates an output report listing admissions to and discharges from a Contract Nursing Home within a specified date range.

Example

```
**** Date Range Selection ****  
  
Beginning DATE : 060193 (JUN 01, 1993)  
  
Ending DATE : T (JUL 30, 1993)  
  
DEVICE: HOME// CNH PRINTER RIGHT MARGIN: 80// <RET>
```

```
                CNH ADMISSIONS AND DISCHARGES  
                06/01/93 THROUGH 07/30/93  
                -----  
  
FEEPATIENT, ONE                000-45-6789    NSC  
ADMISSION DATE: 06/09/93@1:00    ADMISSION TYPE: ALL OTHER  
FEEVENDOR, ONE                000999999  
31 NOWHERE CIRCLE  
LOWELL MASSACHUSETTS 01852-0123  
Phone #: 413-555-1477  
  
FEEPATIENT, TWO                000-45-6789    SERVICE CONNECTED 50% to 100%  
ADMISSION DATE: 07/01/93@1:00    ADMISSION TYPE: ALL OTHER  
FEEVENDOR, ONE                000222222  
1616 SHADY LN  
TACOMA WASHINGTON 98506  
Phone #: 555-2109  
  
FEEPATIENT, THREE                000-45-6789    SC LESS THAN 50%  
ADMISSION DATE: 07/22/93@08:00    ADMISSION TYPE: AFTER RE-HOSPITALIZATION >15  
FEEVENDOR, ONE                000222222  
1616 SHADY LN  
TACOMA WASHINGTON 98506  
Phone #: 555-2594
```

OUTPUT MAIN MENU - CNH ROSTER PRINT

Introduction

The Roster Print option is used to print a list of Community Nursing Homes and currently admitted Fee Basis veteran patients.

Example

```
THIS OPTION WILL PRINT NURSING HOME ROSTERS.
ARE YOU SURE YOU WANT TO CONTINUE? NO// YES
DEVICE: HOME//  CNH PRINTER  RIGHT MARGIN: 80// <RET>
```

NURSING HOME ROSTER - 07/30/93				
NAME	VENDOR ID			
VETERAN NAME	VETERAN ID	ADMIT DT	AUTH TO DATE	
FEEVENDOR, ONE			000999999	
FEEPATIENT, ONE	000-45-6789	06/09/93		12/31/99
FEEVENDOR, ONE			000222222	
FEEPATIENT, ONE	000-45-6789	07/22/93		07/31/93
FEEPATIENT, TWO	000-45-6789	07/28/93		07/31/93
FEEPATIENT, THREE	000-45-6789	07/28/93		11/30/93

OUTPUT MAIN MENU - CNH VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```

SELECT FEE VENDOR: FEEVENDOR,ONE                000999999  COMMUNITY NURSI
              31 NOWHERE CIRCLE                (AWAITING AUSTIN APPROVAL)
              LOWELL, MA 01852-0123            TEL. #: 555-1477

**** DATE RANGE SELECTION ****

      BEGINNING DATE : 010106  (JAN 01, 2006)
      ENDING   DATE  : T   (JUN 30, 2006)

SELECT FEE PROGRAM: ALL// CONTRACT NURSING HOME
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// CNH PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)

              VENDOR PAYMENT HISTORY
              =====
                                          PAGE: 1
                                          DATE RANGE: 1/1/06 TO 6/30/06
VENDOR: FEEVENDOR,ONE                VENDOR ID: 000999999
              FEE PROGRAM: CONTRACT NURSING HOME
              ('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
              INV DATE      AMOUNT      AMOUNT  SUSP  INVOICE  FROM      TO
              CLAIMED      PAID      CODE   NUM    DATE    DATE
              =====
PATIENT: FEEPATIENT, ONE                PATIENT ID: XXX-XX-6789
      1/11/06                800.00      .00      105    11/5/06  11/15/06

PATIENT: FEEPATIENT, TWO                PATIENT ID: XXX-XX-1234
      5/18/06                900.00     800.00   4      305    4/17/06  4/18/06
      >>>CHECK # 11887576  DATE PAID: 6/20/06<<<
      >>>AMOUNT PAID ALTERED TO $800.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
    
```


OUTPUT MAIN MENU - CNH VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```

SELECT FEE PATIENT: FEEPATIENT, ONE      02-22-22      000456789      SC VETERAN

**** DATE RANGE SELECTION ****

      BEGINNING DATE : 8/1/06 (AUG 01, 2006)

      ENDING      DATE : 8/30/06 (AUG 30, 2006)

SELECT FEE PROGRAM: ALL// CONTRACT NURSING HOME
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// CNH PRINTER DECNET      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)

                                VETERAN PAYMENT HISTORY
                                =====
                                PAGE: 1
PATIENT: FEEPATIENT, ONE                PATIENT ID: XXX-XX-6789
                                FEE PROGRAM: CONTRACT NURSING HOME
(' ' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
SVC DATE CPT-MOD      AMOUNT      AMOUNT SUSP      BATCH INVOICE VOUCHER
CLAIMED      PAID      CODE                NUM      NUM      DATE
=====
VENDOR: FEEVENDOR, ONE                VENDOR ID: 000999999
8/17/06      90040-20      800.00      800.00      00035      236
PRIMARY DX:
>>>CHECK # 11887576 DATE PAID: 9/20/06<<<
8/15/06      90040-20      650.00      650.00      00035      254
PRIMARY DX:
>>>CHECK # 13999976 DATE PAID: 9/15/06<<<

SELECT FEE PATIENT:
    
```

PAYMENT MAIN MENU - CNH DELETE INPATIENT INVOICE

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Delete Inpatient Invoice option is used to delete invoices entered in error. The selected invoice must be in a batch that has not been released for payment.

Example

```

SELECT PAYMENT PROCESS MENU OPTION: DELETE INPATIENT INVOICE

SELECT FEE BASIS BATCH NUMBER: 36           C33003

SELECT INVOICE TO DELETE: 20

                                INVOICE DISPLAY
                                =====

PATIENT: FEEPATIENT, ONE                PATIENT ID: 000-45-6789
                                FEE PROGRAM: CONTRACT NURSING HOME
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
  INV DATE          AMOUNT      AMOUNT  SUSP  INVOICE  FROM      TO
                   CLAIMED     PAID    CODE   NUM      DATE      DATE
=====
VENDOR: FEEVENDOR, ONE                VENDOR ID: 000999999
06/09/93           94.00       94.00         20   06/09/93  06/30/93
  ASSOCIATED 7078: C33003.0003
  BATCH #: 36                                DATE FINALIZED:

SURE YOU WANT TO DELETE THIS INVOICE? NO// Y YES
.... DELETING!
    
```

PAYMENT MAIN MENU - CNH EDIT CNH PAYMENT

New Prompt: *Enter Vendor Invoice Date*

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, if applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

The FBAASUPERVISOR security key is required to edit payments in batches that have been released by a supervisor, or payments entered by other users.

Introduction

The Edit CNH Payment option is used to edit data for a previously entered Community Nursing Home payment. Payments can only be entered by using the Enter CNH Payment option.

Use this option to edit or delete the entire invoice, or individual data items. You cannot edit payments in batches which have been transmitted. You may not delete the data in required fields.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT MAIN MENU - CNH

EDIT CNH PAYMENT

Example

```

SELECT FEE BASIS BATCH NUMBER: 159          C15003

SELECT INVOICE NUMBER: 330

                                INVOICE DISPLAY
                                =====

PATIENT: FEEPATIENT, ONE                PATIENT ID: 000-45-6789
                                FEE PROGRAM: CONTRACT NURSING HOME
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
  INV DATE                AMOUNT    AMOUNT  SUSP  INVOICE  FROM      TO
                                CLAIMED  PAID   CODE   NUM      DATE      DATE
=====
VENDOR: FEEVENDOR, ONE                VENDOR ID: 000222222
  12/1/94                12.00    12.00        330    10/1/94    11/1/94
  ASSOCIATED 7078: C90622.0107
  BATCH #: 159                DATE FINALIZED:

ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): DEC 5,1994// <RET>
VENDOR INVOICE DATE: DEC 1,1994// <RET>
VENDOR: FEEVENDOR, ONE// <RET>
VETERAN: FEEPATIENT, ONE// <RET>
TREATMENT FROM DATE: OCT 1,1994// <RET>
TREATMENT TO DATE: NOV 1,1994// <RET>
AMOUNT CLAIMED: 12// <RET>
AMOUNT PAID: 12// <RET>
BATCH NUMBER: 159// <RET>
PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
PRIMARY SERVICE FACILITY: ALBANY ISC// <RET>
    
```

PAYMENT MAIN MENU - CNH ENTER CNH PAYMENT

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter CNH Payment option is used to enter Community Nursing Home payments. Only Community Nursing Home payments can be entered through this option. All other Fee Basis payments must be entered through other menus. Only batches opened by you and having a current status of OPEN may be entered.

You cannot enter new vendors with this option. If you wish to enter a new Vendor, use the Vendor Enter/Edit option on the Community Nursing Home Main Menu.

The system calculates the amount to be paid based on data in the CNH ACTIVITY file. The system will automatically assign invoice numbers to each payment. There is a separate invoice number for each payment line.

The system will not accept payments for a period that is not within the patient's authorized dates.

Example of ICD-9 Data

```
SELECT FEE BASIS BATCH NUMBER: 178          C93999
PAYMENTS FOR WHICH MONTH/YEAR: 6/93 (JUN 1993)
SELECT PATIENT: FEEPATIENT, ONE
```

PAYMENT MAIN MENU - CNH ENTER CNH PAYMENT

Example of ICD-9 Data, cont.

```

FEEPATIENT, ONE                Pt.ID: 000-45-6789
124 SMITH ROAD                 DOB: JAN 1,1901
SMITH                          TEL: Not on File
IDAHO 12456                     CLAIM #: 000000000
                                COUNTY: ADAMS

Primary Elig. Code: SC  --  PENDING VERIFICATION  AUG 10, 1992
Other Elig. Code(s):

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: YES
Insurance Co.      Subscriber ID   Group      Holder   Effective Expires
=====
AETNA              252525          201        SPOUSE   12/31/85
GHI                12345           123        SELF     01/01/91
HEALTH INSURANCE  OPD-45          5          SELF     01/01/94

Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
    
```

```

Patient Name: FEEPATIENT, ONE                Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 06/09/93      VENDOR: FEEVENDOR,ONE      - 000999999
    TO: 06/10/93

        Authorization Type: CONTRACT NURSING HOME
        Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
        DX:
        County: ADAMS                PSA: BAY PINES, FL

REMARKS:
        NURSING HOME

Is this the correct Authorization period (Y/N)? Yes// <RET>
    
```

PAYMENT MAIN MENU - CNH ENTER CNH PAYMENT

Example of ICD-9 Data, cont.

```

VETERAN: FEEPATIENT, ONE          SSN: 000-45-6789
      DATE/TIME          TRANSACTION      TYPE
JUNE  9, 1993  10:00      ADMISSION      ALL OTHER
JUNE 10, 1993  10:00      DISCHARGE      REGULAR

AMOUNT BASED ON 1 DAYS OF CARE.

      TOTAL AMOUNT CALCULATED IS: $    94.00

WANT TO CONTINUE WITH PAYMENT ENTRY? YES// <RET>

INVOICE # 293 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 6/15/93  (JUN 15, 1993)

ENTER VENDOR INVOICE DATE: 6/11/93  (JUN 11, 1993)
AMOUNT CLAIMED: 100
AMOUNT PAID: 94
AMOUNT SUSPENDED: 6// <RET>
SUSPEND CODE: 4          OTHER
DESCRIPTION OF SUSPENSION:
  1>VENDOR BILLED JULY RATE FOR THE MONTH OF JUNE
  2> <RET>
EDIT OPTION: <RET>

SELECT PATIENT:
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```

PATIENT NAME: FEE,ICDONE          PT.ID: 666-12-0012

AUTHORIZATIONS:
  (1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/28/2012

      AUTHORIZATION TYPE: CONTRACT NURSING HOME
      PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
      DX: E08.00          REF:
      REF NPI:
    
```

QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Key - required to access this option.

This option creates MailMan messages which contain the batch data to be transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payments and MRA batches to the Central Fee System in Austin. All pending MRAs are automatically batched and transmitted. Only payment batches released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Please refer to "Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments" at the end of this manual for information on the Austin response to the Queue Data For Transmission option.

Payment Batch Results Message

A Payment Batch Results message is sent from Central Fee to VistA Fee Basis. This transaction changes the status of a payment batch from TRANSMITTED to either CENTRAL FEE ACCEPTED or VOUCHERED. It also flags payment line items in the batch as rejected if they did not pass the Central Fee edit checks.

If VistA encounters a problem while processing the transaction, a bulletin will be sent to mail groups G.FEE and G.FEE FINANCE. An example of the bulletin is shown below:

```
SUBJ: FEE SERVER NOTIFICATION FOR BATCH 1961 RESULTS [#2516821] 03/01/12@16:31
17 LINES
FROM: POSTMASTER IN 'IN' BASKET. PAGE 1 *NEW*
-----
MAR 01, 2012@16:31:54
A REQUEST FOR EXECUTION OF A SERVER OPTION HAS BEEN RECEIVED.
SENDER: 12222
```


QUEUE DATA FOR TRANSMISSION PAYMENT BATCH RESULTS MESSAGE

```
OPTION NAME: FBAA BATCH SERVER
SUBJECT: TEST 8X BATCH TYPE B9 WITH INVALID ICN
MESSAGE #: 2516820

COMMENTS: AN ISSUE OCCURRED THAT REQUIRES NOTIFICATION.
THIS IS THE BULLETIN NAMED FBAA SERVER.

ERROR REJECTING LINE WITH IENS 9999999,
ERROR RETRIEVING LINE ITEM DATA.

THE ABOVE MESSAGE # HAS BEEN FORWARDED TO THE FEE MAIL GROUP.

ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

Example: Using the Queue Data For Transmission option

```
THIS OPTION WILL TRANSMIT ALL BATCHES AND MRA'S READY TO BE TRANSMITTED TO AUSTIN
ARE YOU SURE YOU WANT TO CONTINUE? NO// Y

THE FOLLOWING BATCHES WILL BE TRANSMITTED:
918
926
938
...HMMM, I'M WORKING AS FAST AS I CAN...
```

UPDATE VENDOR CONTRACT/RATES - CNH

Introduction

This option allows you to enter/edit Community Nursing Home Vendor contracts and rates. It can be used to add new contract numbers, effective dates, expiration dates, and nursing home rates for the selected Vendor; or to edit the data currently on file. You cannot add a new Vendor with this option.

Since Fee Basis nursing home rates may be negotiated per patient, you may enter an unlimited number of rates per contract at the "Enter Nursing Home Rate:" prompt. (Refer to Appendix D for more information about multiple rates.) This prompt will repeat until you enter an up-arrow <^>, which will return you to the "Select FEE BASIS VENDOR NAME:" prompt.

Example

```
Select FEE BASIS VENDOR NAME: FEEvendor,One      000222222 COMMUNITY NUR
      1616 SHADY LN
      TACOMA, WA  98506

Select FEE BASIS CNH CONTRACT NUMBER: 500-CNH-01-94
ARE YOU ADDING '500-CNH-01-94' AS
A NEW FEE BASIS CNH CONTRACT? Y (YES)
FEE BASIS CNH CONTRACT EFFECTIVE DATE: 010194 (JAN 01, 1994)
FEE BASIS CNH CONTRACT EXPIRATION DATE: 053194 (MAY 31, 1994)
NUMBER: 500-CNH-01-94// <RET>
EFFECTIVE DATE: JAN 1,1994// <RET>
EXPIRATION DATE: MAY 31,1994// <RET>

Enter Nursing Home Rate: 22
Enter Nursing Home Rate: 28
Enter Nursing Home Rate: 34
Enter Nursing Home Rate: ^

Select FEE BASIS VENDOR NAME:
```

VENDOR ENTER/EDIT

FBAA ESTABLISH VENDOR Key - required to enter a new or edit an existing Vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display Vendor demographics. This option is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A Vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the Vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the Vendor name you selected, the list displayed will indicate if the Vendor is in DELETE status or Awaiting Austin Approval.

WARNING: If you are attempting to edit Vendor information for a Vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a Vendor or editing Vendor data (e.g., prompts that ask, "ARE YOU ADDING {Vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a Vendor will affect all other sites which have this Vendor in their FEE BASIS VENDOR file (#161.2).

VENDOR ENTER/EDIT

Example

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR, ONE
ARE YOU ADDING 'FEEVENDOR, ONE' AS
  A NEW FEE BASIS VENDOR (THE 74TH)? Y (YES)
  FEE BASIS VENDOR ID NUMBER: 000999999
  FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
  FEE BASIS VENDOR PART CODE: 5 COMMUNITY NURSING HOME          05
  FEE BASIS VENDOR CHAIN: <RET>
  FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR, ONE REPLACE <RET>
NUMBER: 999-99-9999// <RET>
IS THE ID NUMBER A TAX # OR SSN?
TAX ID/SSN (ENTER 'T' OR 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
SELECT SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899
MEDICARE ID NUMBER: 777555777
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1 (AUG 01, 1994)

SELECT FEE BASIS CNH CONTRACT NUMBER: <RET>
```

VENDOR ENTER/EDIT

Example, cont.

```
*** VENDOR DEMOGRAPHICS ***
==> AWAITING AUSTIN APPROVAL <==

NAME: FEEVENDOR, ONE                ID NUMBER: 000999999
ADDRESS: 222 BLOOMING GROVE DR      BILLING PROV NPI: 1234567899
CITY: TROY                          SPECIALTY:
STATE: NEW YORK                     TYPE: OTHER
ZIP: 12180                          PARTICIPATION CODE: COMMUNITY NURSING HOM
COUNTY: RENSSELAER                MEDICARE ID NUMBER: 000000000
PHONE: 518-555-1234                CHAIN:
FAX: 518-555-1200

TYPE (FPDS):
AUSTIN NAME:
LAST CHANGE                          LAST CHANGE
TO AUSTIN:                          FROM AUSTIN:

>>> CNH INFORMATION <<<

TOTAL BEDS: 100                     INSPECTED/ACCREDITED: INSPECT. & ACCRED.
WANT TO EDIT DATA? NO// <RET>

SELECT FEE BASIS VENDOR NAME:
```

(This page included for two-sided copying.)

Section 3: MEDICAL FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Medical Fee Main Menu.

BATCH MAIN MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- **ACTIVE BATCH LISTING BY STATUS** - prints active batches for one, many, or all batch statuses. The output is sorted alphabetically by batch status, and excludes all batches with a status of **VOUCHERED**.
- **BATCH DELETE** - allows the user who opened a batch, or any user who holds the **FBAASUPERVISOR** security key, to delete a batch from the system.
- **BATCH STATUS FOR A RANGE OF BATCHES** - allows you to enter a range of batches and list the current status, obligation number, and Fee Program.
- **CLOSE OUT BATCH** - closes a Fee Basis batch. Once a batch is closed, no further payments may be added to it, and travel dollars and payment line count are tabulated.
- **DISPLAY OPEN BATCHES** - allows you to display a list of all Fee Basis batches which have an **OPEN** status.
- **EDIT BATCH DATA** - allows you to edit **DATE BATCH OPENED** and **OBLIGATION NUMBER**.
- **LIST ITEMS IN BATCH** - used to view all payment records in the selected batch.
- **OPEN A BATCH** - used to create and open a new Fee Basis batch.
- **RE-OPEN BATCH** - used to reopen a Fee Basis batch which was previously closed, and has a batch status of **CLOSED**. This allows additional payments to be entered into the batch.
- **RELEASE A BATCH** - used to certify that a batch is ready to be released to Austin for payment.
- **STATUS OF BATCH** - displays all information available for the selected batch. If the batch status is **OPEN**, the only information available is date opened, clerk who opened, and batch type. If the batch status is **CLERK CLOSED**, the total dollars and payment line count are also displayed.

ENTER AUTHORIZATION

NOTE: *This option is located on the MEDICAL FEE MAIN MENU.*

This option is used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services.

LTC OUTPATIENT ACTIVE AUTHORIZATIONS REPORT

NOTE: *This option is located on the MEDICAL FEE MAIN MENU.*

This is a list of active outpatient LTC Authorizations.

LTC OUTPATIENT ENDING AUTHORIZATIONS REPORT

NOTE: *This option is located on the MEDICAL FEE MAIN MENU.*

This is a list of outpatient LTC Authorizations that are due to expire.

OUTPUTS MAIN MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- SUSPENSION LETTER PRINT - used to print the suspension letters that are sent to Fee Basis vendors.
- INDIVIDUAL SUSPENSION LETTER PRINT - allows printing of suspension letters for an individual patient and/or Vendor.
- 7079 PRINT FOR SELECTED PATIENT - used to print VA Form 10-7079, Request for Outpatient Services, for an individual veteran.
- CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).
- DISPLAY ID CARD HISTORY FOR PATIENT - shows an ID Card history for a Fee Basis patient, including current ID card number and issue date. It also displays old card numbers, the reason for the change, and which user made the change.
- GROUP 7079 PRINT - used to print VA Form 10-7079, Request for Outpatient Services for a specified date range.
- HISTORICAL AUTHORIZATION DATA REPORT – used to view historical data for a selected authorization.
- INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

- IPAC VENDOR REPORTS - allows the user to obtain the full listing of all of the IPAC Vendor Reports and will allow the user to select any of the reports to be output to a specified device.
- OBSOLETE ID CARDS LIST - used to view a list of Fee Basis ID card numbers which have expired or have been deleted.
- OUTPATIENT COST REPORT - generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.
- PAYMENT HISTORY DISPLAY - displays eligibility, disabilities, insurance information, authorizations, and medical payment information for a patient.
- POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be able to be recovered.
- PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment and have not yet been re-initiated.
- PSA OUTPUT REPORT - used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital, and community nursing home payments for a selected date range.
- VALID ID CARDS LIST - used to view a list of Fee Basis ID card numbers which are currently in effect and have not expired.
- VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected Vendor within a specified date range.
- VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

PAYMENT MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- DELETE PAYMENT ENTRY - used to delete a payment transaction. You must be the user who entered the payment.
- EDIT PAYMENT - used to edit data for a previously entered medical fee payment.
- ENTER PAYMENT - used to enter or edit a medical payment to a Vendor.
- INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

- **MULTIPLE PAYMENT ENTRY** - used to enter identical medical payments for a specific patient and Vendor (only the date of service may differ).
- **RE-INITIATE REJECTED PAYMENT ITEMS** - used to re-initiate items that have been rejected by the Central Fee System and assign them to a new batch.
- **REIMBURSEMENT PAYMENT ENTRY** - used to enter a reimbursement payment to a veteran for medical services when the veteran has paid the Vendor directly.
- **TRAVEL PAYMENT ONLY** - used to enter, edit, or delete a travel payment for a Fee Basis patient.

REGISTRATION MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- **AUTHORIZATION DISPLAY** - used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.
- **FEE PATIENT INQUIRY** - used to display patient demographics and Fee Basis Authorizations.
- **PRINT REPORT OF CONTACT** - generates a hard copy of a Fee Basis Patient Report of Contact in the format of VA FORM 119.
- **REPORT OF CONTACT** - used to record contact between a Vendor and the medical center or edit an existing Report of Contact.

SUPERVISOR MAIN MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- **ADD NEW PERSON FOR UNAUTHORIZED CLAIM** - allows entry to the NEW PERSON file (#200) when an Unauthorized Claim is submitted by another party (i.e., not the veteran or the Vendor) whose name and address need to be entered.
- **CLERK LOOK-UP FOR AN AUTHORIZATION** - allows the holder of the FBAASUPERVISOR security key to look up the last user to enter and/or edit a selected authorization.
- **CONTRACT FILE ENTER/EDIT** - Enter/Edit data in the FEE BASIS CONTRACT (#161.43) file. This file contains a list of contracts. New outpatient and civil hospital authorizations and payments can be linked to an active contract. The contract number will be included with associated payments that are transmitted to Central Fee. Note that contracts for community nursing home rates are stored in a different file and are updated using a different option.

- DELETE REJECT FLAG - used to delete local reject flags that were entered in error. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. You must hold the FBAAREJECT security key to use this option.
- EDIT PHARMACY INVOICE STATUS - used to change the status of a pharmacy invoice.
- ENTER/EDIT SUSPENSION LETTERS - used to enter a new suspension letter into the system, or edit an existing letter.
- FEE BASIS 1358 SEGREGATION OF DUTY REPORT - used to report fee invoice certification events and identify any 1358 segregation of duty violations.
- FEE SCHEDULE MAIN MENU
 - ADD/EDIT FEE SCHEDULE - used to enter a CPT code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid value in the Outpatient Medical program.
 - COMPILE FEE SCHEDULE - compiles the Fee Schedule data based on a specified date range.
 - PRINT FEE SCHEDULE - prints a report of the Fee Schedule for a specified fiscal year.
- FINALIZE A BATCH - used to flag payment line items as locally rejected and finalize a batch. Only batches with a status of CENTRAL FEE ACCEPTED can be selected. A Voucher Batch message is automatically transmitted to Central Fee when a batch is finalized.

You must hold the FBAAREJECT and/or FBAAFINANCE security keys to use this option, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.
- The FBAAFINANCE security key allows the holder to complete Finalize a Batch.
- FPPS UPDATE & TRANSMIT MENU – Menu for fee supervisor options that are related to the interface with the FPPS system.
 - OUTPATIENT/ANCILLARY INVOICE EDIT – This option is used to edit an outpatient or ancillary invoice that has previously been transmitted to FPPS. If changes are made, the invoice will be queued to be resent to FPPS.
 - PHARMACY INVOICE EDIT – This option is used to edit a pharmacy invoice that has previously been transmitted to FPPS. If changes are made, the invoice will be queued to be resent to FPPS.

- INPATIENT INVOICE EDIT – This option is used to edit an inpatient (civil hospital or community nursing home) invoice that has previously been transmitted to FPPS. If changes are made, the invoice will be queued to be resent to FPPS.
- AUDIT REPORT FOR FPPS DATA – This option generates a report from the FEE BASIS FPPS AUDIT file. This file contains an audit log of changes made to an invoice using special edit options. The options allow editing of selected data after the invoice has been transmitted to FPPS to resolve exceptions.
- REPORT OF TRANSMISSIONS TO FPPS – This option generates a report of fee invoices transmitted to the VistA HL7 package for delivery to the Fee Payment Processing System (FPPS) at the Health Administration Center (HAC).
- PURGE MESSAGE TEXT – When an invoice is transmitted to FPPS via the HL7 package, a copy of the HL7 message text is saved in the FPPS QUEUED INVOICES (#163.5) file. This option purges the message text for invoices transmitted prior to a specified date. Messages that have not been accepted by the VistA Interface Engine will not be purged unless there is a later message for the same invoice number that has been accepted.
- LIST BATCHES PENDING RELEASE - displays batches that have been closed, but not yet finalized, by the supervisor.
- MRA MAIN MENU
 - VENDOR MRA MAIN MENU
 - UPDATE FMS VENDOR FILE IN AUSTIN - creates a Master Record Adjustment (MRA) transaction which results in the updating of selected Vendor demographic data in the FMS VENDOR file in Austin. Use of this option should update the FMS VENDOR file to reflect what is currently in the VISTA system. Information at all other VA Medical Centers using this Vendor will also be updated.
 - DELETE VENDOR MRA - used to transmit a delete MRA transaction whenever a Vendor becomes inactive, or cancels Fee Basis care.
 - REINSTATE VENDOR MRA - used to reactivate a Vendor formerly in DELETE status.
 - MRA'S AWAITING AUSTIN APPROVAL - generates an output of the vendors that have an MRA action pending, and are still Awaiting Austin Approval.
 - VETERAN MRA MAIN MENU

- ADD TYPE VETERAN MRA - creates an Add type Veteran MRA transaction to be sent to the centralized Fee System in Austin, which results in the creation of a new Patient entry in the CENTRAL PATIENT file.
 - CHANGE TYPE VETERAN MRA - creates a Change type patient MRA to be sent to the centralized Fee System in Austin, which changes the Patient Master Record on that system.
 - DELETE TYPE VETERAN MRA - creates a delete type patient MRA transaction, which deletes that Patient Master Record in the centralized Fee System in Austin.
 - REINSTATE TYPE VETERAN MRA - creates a Reinstate type patient MRA transaction, which reinstates a previously deleted patient in the centralized Fee System in Austin.
- IPAC AGREEMENT MRA MAIN MENU
- ADD TYPE IPAC AGREEMENT MRA – allows the user to select an IPAC Agreement record and manually send an ADD type of Master Record Adjustment (MRA) to Central Fee.
 - CHANGE TYPE IPAC AGREEMENT MRA – allows the user to select an IPAC Agreement record and manually send a CHANGE type of Master Record Adjustment (MRA) to Central Fee.
 - DELETE TYPE IPAC AGREEMENT MRA – allows the user to select an IPAC Agreement record and manually send a DELETE type of Master Record Adjustment (MRA) to Central Fee.

Use of the following two options changes the VETERAN MASTER file in Austin.

- RE-TRANSMIT MRA'S - used to retransmit previously transmitted MRA's for a specific date. Veteran and Vendor MRAs are kept on file until the purge option is used to delete them. This option should be used in instances when, for some reason, Austin did not receive transmissions.
 - PURGE TRANSMITTED MRAS - used to purge all veteran and Vendor MRAs on file in Austin which are PRIOR to the date specified. It should be used only after it is known that Austin has accepted your MRA transmissions. Once this option is run, you will not be able to re-transmit the purged MRAs.
- PRICER BATCH RELEASE - used by the supervisor to review payments for contract hospital and mark them for transmission to the Austin Pricer for grouping and price.

- PRINT REJECTED PAYMENT ITEMS - used to print those items which have been rejected for payment and have not yet been re-initiated.
- QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Fee Basis payments and MRA's to Austin via electronic mail. The FBAASUPERVISOR security key is required to access this option.
- RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected items and assign them to a new Batch.
- RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.
- REQUEST INFO FILE ENTER/EDIT - used to enter/edit data in the FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (# 162.93).
- SITE PARAMETER ENTER/EDIT - used to enter/edit the site specific Fee Basis parameters. After one entry you may only edit and not add a second entry.
- UNAUTHORIZED CLAIMS FILE MENU - This menu contains options used to update files for the unauthorized claims module.
 - ADD NEW PERSON FOR UNAUTHORIZED CLAIM - This option allows entry to the New Person file. If an Unauthorized Claim is submitted by another party (i.e. not veteran or not Vendor), name and address of submitter needs to be entered into the New Person file if it does not already exist. This will allow correspondence and/or payments to efficiently reach the appropriate party.
 - DISAPPROVAL REASONS FILE ENTER/EDIT - Enter/edit data in the Fee Basis Unauthorized Disapproval Reasons file (#162.94).
 - DISPOSITIONS FILE EDIT - Edit data in the Fee Basis Unauthorized Claims Dispositions file (#162.91).
 - REQUEST INFO FILE ENTER/EDIT - Enter/edit data in the Fee Basis Unauthorized Requested Information file (#162.93).
- VOID PAYMENT MAIN MENU
 - CH DELETE VOID PAYMENT - searches all finalized CH payments that contain a VOID status for a specified patient and Vendor. It provides a list of voided payments from which they may choose to cancel the void on one, many, or all.
 - CH VOID PAYMENT - searches all finalized CH payments that do not contain a VOID status for a specific patient and Vendor. It provides a list of payments from which they may choose to void one, many, or all.

- CNH DELETE VOID PAYMENT - searches all finalized CNH payments that contain a VOID status for a specific patient and Vendor. It provides users with a list of voided payments from which they may choose to cancel the void on one, many, or all.
- CNH VOID PAYMENT - searches all finalized CNH payments that do not contain a VOID status for a specific patient and Vendor. It provides users with a list of payments from which they may choose to void one, many, or all.
- MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.
- MEDICAL VOID PAYMENT - allows the Fee Supervisor to void a payment that has already been finalized. It is useful when a check is returned by a Vendor. It allows the Fee Supervisor to retain the payment history but flag the payment void(#). The dollars for the payment must be added back into the appropriate obligation using the appropriate IFCAP option.
- PHARMACY DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP obligation.
- PHARMACY VOID PAYMENT - allows the Fee Supervisor to void a payment to a Pharmacy Vendor that has already been Finalized. Using this option, you can void the payment, but retain the payment history. The dollar amount must be added back to the obligation using the appropriate IFCAP option.

TERMINATE ID CARD

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

This option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

VENDOR MENU

NOTE: *This menu is located on the MEDICAL FEE MAIN MENU.*

- DISPLAY,ENTER,EDIT DEMOGRAPHICS - used to display Vendor demographics, enter a new Vendor into the system, or edit data on an existing Vendor.
- PAYMENT DISPLAY FOR PATIENT - used to view the payment record of a patient with a specific Vendor.

Section 3 - MEDICAL FEE MAIN MENU

- PAYMENT LOOK-UP FOR MEDICAL VENDOR - used to view the payment history of a medical Vendor for a specified time frame.
- PHARMACY VENDOR PAYMENT LOOK-UP - used to view the payment history of a pharmacy Vendor for a specified time frame.
- IPAC VENDOR AGREEMENT MENU—used to display, enter/edit, delete IPAC agreements

BATCH MAIN MENU

ACTIVE BATCH LISTING BY STATUS

Introduction

The Active Batch Listing by Status option is used to view or print a list of batches according to their current status. You can include one, many, or all of the following statuses.

- CLERK CLOSED
- SUPERVISOR CLOSED
- OPEN
- TRANSMITTED
- FORWARDED TO PRICER
- ASSIGNED PRICE
- REVIEWED AFTER PRICER
- CENTRAL FEE ACCEPTED

Example

```

SELECT BATCH MAIN MENU OPTION: ACTIVE BATCH LISTING BY STATUS
DO YOU WANT TO PRINT ALL FEE BASIS BATCH STATUS': NO// NO

    SELECT ONE OF THE FOLLOWING:

        O          OPEN
        C          CLERK CLOSED
        S          SUPERVISOR CLOSED
        P          FORWARDED TO PRICER
        A          ASSIGNED PRICE
        R          REVIEWED AFTER PRICER
        T          TRANSMITTED
        F          CENTRAL FEE ACCEPTED

SELECT STATUS TO PRINT: OPEN
DO YOU WANT TO SELECT ANOTHER STATUS: NO// <RET> NO

DEVICE: HOME//
  
```

BATCH MAIN MENU ACTIVE BATCH LISTING BY STATUS

Example, cont.

STATUS OF BATCHES -----			
BATCH #	BATCH TYPE	DATE OPENED	CLERK
=====			
STATUS: OPEN			
16	MEDICAL & STAT PAYMENTS	05/24/93	DENNIS
24	MEDICAL & STAT PAYMENTS	05/28/93	KAREN
25	CH/CNH	05/28/93	DENNIS
26	HOMETOWN PHARMACY PAYMENTS	05/28/93	DENNIS
28	MEDICAL & STAT PAYMENTS	05/28/93	DENNIS
34	CH/CNH	06/03/93	KAREN
35	MEDICAL & STAT PAYMENTS	06/08/93	MARCUS
36	CH/CNH	06/09/93	KAREN
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>			
STATUS OF BATCHES -----			
BATCH #	BATCH TYPE	DATE OPENED	CLERK
=====			
37	MEDICAL & STAT PAYMENTS	06/11/93	KAREN
39	MEDICAL & STAT PAYMENTS	06/11/93	MARCUS
42	TRAVEL PAYMENTS	06/24/93	MARCUS
48	MEDICAL & STAT PAYMENTS	06/25/93	DENNIS
52	HOMETOWN PHARMACY PAYMENTS	06/25/93	MARCUS
54	TRAVEL PAYMENTS	06/25/93	KAREN
55	HOMETOWN PHARMACY PAYMENTS	06/25/93	KAREN
56	HOMETOWN PHARMACY PAYMENTS	06/25/93	KAREN
64	MEDICAL & STAT PAYMENTS	07/07/93	MARCUS
65	CH/CNH	07/08/93	KAREN
67	CH/CNH	07/08/93	KAREN
73	CH/CNH	07/30/93	MARCUS
77	CH/CNH	08/13/93	DENNIS

BATCH MAIN MENU

BATCH DELETE

FBAASUPERVISOR Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "yes"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

A batch that was rejected using the Reprocess Overdue Batch option cannot be deleted with the Batch Delete option.

Example

```

SELECT FEE BASIS BATCH NUMBER: 184          C93999

NUMBER: 184                                OBLIGATION NUMBER: C93999
TYPE: MEDICAL PAYMENTS                     DATE OPENED: DEC 14, 1994
CLERK WHO OPENED: MARY                     STATION NUMBER: 500

STATUS: OPEN

SURE YOU WANT TO DELETE THIS BATCH? NO// YES

      BATCH DELETED.

SELECT FEE BASIS BATCH NUMBER:

```

BATCH MAIN MENU

BATCH STATUS FOR A RANGE OF BATCHES

Introduction

This option is used to generate a Fee Basis Batch List for a range of batch numbers. If you accept the default of FIRST as the start number, all batches will be included.

Example

```
SELECT BATCH MAIN MENU OPTION:  BATCH STATUS FOR A RANGE OF BATCHES
ENTER BATCH NUMBER RANGE:
-----
START WITH NUMBER: FIRST// <RET>
DEVICE:  FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

SAMPLE OUTPUT

FEE BASIS BATCH LIST                                MAY  7,1993  16:21    PAGE 1
BATCH  OBLIGATION
NUMBER  NUMBER      FEE PROGRAM          STATUS
-----
1       C90234      MEDICAL & STAT PAYMENTS  OPEN
4       C89211      MEDICAL & STAT PAYMENTS  SUPERVISOR CLOSED
```

BATCH MAIN MENU

CLOSE-OUT BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You may close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Medical and Travel batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

BATCH MAIN MENU

CLOSE-OUT BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 39          C33003
WANT TO REVIEW BATCH? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME                                VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE   CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT, ONE                000-45-6789          39
FEEVENDOR, ONE                000999999          169          9/29/93
  9/2/93   90040          12.00    12.00          OFFICE/OP VISIT, EST, BRIEF
FEEPATIENT, TWO                000-45-6789          39
FEEVENDOR, TWO                000000000          169          9/20/93
  8/29/93  10080-20      20.00    20.00          DRAINAGE OF PILONIDAL CYST

                INVOICE #: 169  TOTALS: $ 32.00
DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>

NUMBER: 39                                OBLIGATION NUMBER: C33003
TYPE: MEDICAL PAYMENTS                    DATE OPENED: JUN 11, 1993
CLERK WHO OPENED: KEN                     STATION NUMBER: 500
TOTAL DOLLARS: 32                          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JAN 10, 1995

STATUS: CLERK CLOSED

BATCH CLOSED

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU

DISPLAY OPEN BATCHES

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	MARTIN	C33003
26	Pharmacy	05/28/93	MARTIN	C93004
28	Medical	05/28/93	MARTIN	C33003
33	Medical	06/02/93	KAREN	C33003
34	CH/CNH	06/03/93	KAREN	C33003
35	Medical	06/08/93	KAREN	C33003

BATCH MAIN MENU

EDIT BATCH DATA

FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You may only edit batches that you opened, unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

Example

```

SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
  10     C90234
  11     C90234
  13     C89622
  14     C89211
  15     C89622
  16     C93999
  '^' TO STOP: ^

SELECT FEE BASIS BATCH NUMBER: 1          C90234
OBLIGATION NUMBER: C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y YES
SELECT OBLIGATION NUMBER: ??

CHOOSE FROM:
  500-C89211 -- 1358 OBLIGATED - 1358
                   FCP: 020 $ 4800
  500-C89621 -- 1358 ORDERED AND OBLIGATED
                   FCP: 999 $ 80000
  500-C89622 -- 1358 OBLIGATED - 1358
                   FCP: 020 $ 80000
  500-C89699 -- 1358 TRANSACTION COMPLETE
                   FCP: 020 $ 30000

SELECT OBLIGATION NUMBER: C89621 500-C89621 -- 1358 ORDERED AND OBLIGATED
                   FCP: 999 $ 80000
NUMBER: 1// (NO EDITING)
DATE OPENED: APR 10,1994// T (JUN 23, 1994)
    
```


BATCH MAIN MENU LIST ITEMS IN BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
SELECT FEE BASIS BATCH NUMBER: 4          C89621
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
```

```
PATIENT NAME  ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME                VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE   CPT-MOD   CLAIMED     PAID   CODE  SERVICE PROVIDED
-----
FEEPATIENT, ONE                000-45-6789          4          6/4/93
FEEVENDOR, ONE                000333333          38          5/27/90
 5/20/90   10160          45.00    12.11    4    PUNCTURE DRAINAGE OF LESION

                INVOICE #: 38    TOTALS: $ 12.11

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU

OPEN A BATCH

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Batch numbers are seven digits in order to prevent the local VistA sites from running out of batch ids within a seven-year timeframe.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Medical batch. To enter, edit, or delete payment data in these batches, use the options in the Payment Menu.

The "Select CONTROL POINT:" prompt appears only if you are an authorized user for multiple control points.

WARNING: If you press <RET> or enter an up-arrow <^> in response to the "Select CONTROL POINT:" or "Select Obligation Number:" prompts, the batch will be deleted, and you will return to the menu.

Example

```
Select Batch Main Menu Option: OPEN a Batch
Want to create a Medical batch? YES// <RET>

Medical Batch number assigned is: 1234567

  ARE YOU ADDING '1234567' AS A NEW FEE BASIS BATCH (THE 78TH)? Y (YES)
Select CONTROL POINT: 20 020 FEE
Select Obligation Number: 500-C89211      -- 1358  Obligated - 1358
                        FCP: 020      $ 4800
```

BATCH MAIN MENU

RE-OPEN BATCH

FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

Example

```

SELECT FEE BASIS BATCH NUMBER: 173          C89621

NUMBER: 173                                OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS                     DATE OPENED: NOV 4, 1994
CLERK WHO OPENED: MARY                     STATION NUMBER: 500
TOTAL DOLLARS: 876                         PAYMENT LINE COUNT: 8
STATUS: OPEN

BATCH HAS BEEN RE-OPENED!

SELECT FEE BASIS BATCH NUMBER:

```

BATCH MAIN MENU RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

Segregation of duties error message example

```
SELECT MEDICAL FEE MAIN MENU OPTION: SUPERVISOR MAIN MENU

    ADD NEW PERSON FOR UNAUTHORIZED CLAIM
    CLERK LOOK-UP FOR AN AUTHORIZATION
    DELETE REJECT FLAG
    DISAPPROVAL REASONS FILE ENTER/EDIT
    DISPOSITIONS FILE EDIT
    EDIT PHARMACY INVOICE STATUS
    ENTER/EDIT SUSPENSION LETTERS
    FEE BASIS 1358 SEGREGATION OF DUTY REPORT
    FEE SCHEDULE MAIN MENU ...
    FINALIZE A BATCH
    FPPS UPDATE & TRANSMIT MENU ...
    LIST BATCHES PENDING RELEASE
    MRA MAIN MENU ...
    PRICER BATCH RELEASE
    PRINT REJECTED PAYMENT ITEMS
    QUEUE DATA FOR TRANSMISSION
    RE-INITIATE REJECTED PAYMENT ITEMS
    RELEASE A BATCH
    REQUEST INFO FILE ENTER/EDIT
    SITE PARAMETER ENTER/EDIT
    VOID PAYMENT MAIN MENU ...

SELECT SUPERVISOR MAIN MENU OPTION: RELEASE A BATCH
```

BATCH MAIN MENU

RELEASE A BATCH

Example, cont.

```

SELECT FEE BASIS BATCH NUMBER: 14230          C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.

SELECT SUPERVISOR MAIN MENU OPTION:

```

Successful batch release example

```

SELECT FEE BASIS BATCH NUMBER: 276          C15004

NUMBER: 276                                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS                     DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: BARBARA                 STATION NUMBER: 500
TOTAL DOLLARS: 10                         PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// Y YES

PATIENT NAME ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
          ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE   CPT-MOD   CLAIMED    PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT,ONE          000-45-6789          276
FEEVENDOR,ONE          000222333          493          6/21/93
5/22/93   90020      10.00      5.00   4   OFFICE/OP VISIT, NEW, COMPRH
          INVOICE #: 493  TOTALS: $ 5.00

FEEPATIENT,TWO          000-45-6789          276
FEEVENDOR,ONE          000555555          495          6/21/93
* 5/1/93   90020      5.00      5.00          OFFICE/OP VISIT, NEW, COMPRH
          INVOICE #: 495  TOTALS: $ 5.00

DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y YES

NUMBER: 276                                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS                     DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: BARBARA                 STATION NUMBER: 500
DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
SUPERVISOR WHO CERTIFIED: MARY           PAYMENT LINE COUNT: 2
TOTAL DOLLARS: 10
DATE CLERK CLOSED: JUN 21, 1993

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!

```

BATCH MAIN MENU

STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
CENTRAL FEE ACCEPTED	Medical, Travel Pharmacy CH, CNH	The Payment Batch Results message from Austin has been received. The batch contains at least one line item that was accepted by Austin
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MAIN MENU

STATUS OF BATCH

Example

```
SELECT BATCH MAIN MENU OPTION: STATUS OF BATCH

SELECT FEE BASIS BATCH NUMBER: 173          C89621

DEVICE: HOME//   FEE BASIS PRINTER   RIGHT MARGIN: 80// <RET>

NUMBER: 173          OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS   DATE OPENED: NOV 4, 1994
CLERK WHO OPENED: MARY   STATION NUMBER: 500
TOTAL DOLLARS: 125      PAYMENT LINE COUNT: 1

STATUS: OPEN

SELECT FEE BASIS BATCH NUMBER:
```

ENTER AUTHORIZATION

FBAA ESTABLISH VENDOR Key - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Authorization option is used to enter or edit VA Form 10-7079, Request for Outpatient Services. Before you can enter a Fee Basis authorization, the selected patient must be registered, and must have an eligibility status of either VERIFIED or PENDING VERIFICATION.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A. Refer to Appendix A to see the prompts and steps involved when adding new insurance data and reporting discrepancies to MCCR.

The PURPOSE OF VISIT CODE and TREATMENT TYPE CODE are required fields. Please refer to M-1, Part I, Chapter 18, for a detailed explanation of valid code entries.

ENTER AUTHORIZATION

Example of ICD-9 Data

```

Select PATIENT NAME:  FEEPATIENT,ONE    05-10-57    000456789    MILITARY
RETIREE  FEEpatient,One    Pt.ID: 000-45-6789
500 AVE OF THE AMERICAS    DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC    TEL: Not on File
NEW YORK 10003    CLAIM #: Not on File
                    COUNTY: NEW YORK

Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

Service-connected: NO
Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
Health Insurance: NO
Insurance Co.    Subscriber ID    Group    Holder    Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

```

Patient Name: Feepatient,One    Pt.ID: 000-45-6789

Select FROM DATE: MAR 1, 2012
Are you adding 'MAR 01, 2012' as a new FROM DATE (the 1ST for this FEE BASIS P
ATIENT)? No// Y (Yes)
FROM DATE: MAR 1,2012//
TO DATE: 03-01-2013// (MAR 01, 2013)
PRIMARY SERVICE FACILITY: NEW YORK, NY
REFERRING PROVIDER: FEEprovider,Two    112    SURGICAL    ATTENDING
REFERRING PROVIDER NPI: 1111111112
PURPOSE OF VISIT CODE: OPT - SC 50% OR MORE
PATIENT TYPE CODE: ?
CHOOSE FROM:
00    SURGICAL
10    MEDICAL
60    HOME NURSING SERVICE
85    PSYCHIATRIC-CONTRACT
86    PSYCHIATRIC
95    NEUROLOGICAL-CONTRACT
96    NEUROLOGICAL
PATIENT TYPE CODE: 85 PSYCHIATRIC-CONTRACT
TREATMENT TYPE CODE: I.D. CARD STATUS
DX LINE 1: PTSD
DX LINE 2: <RET>
AUTHORIZATION REMARKS:
1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option: <RET>
TYPE OF CARE: OPT SC

```

ENTER AUTHORIZATION

Example of ICD-9 Data, cont.

```

VENDOR: FEE VENDOR      222211111
          3085 TEST STREET
          MYCITY, OH 44333   TEL. #: 1-800-555-1111
ACCIDENT RELATED (Y/N): N NO
POTENTIAL COST RECOVERY CASE (Y/N): N NO
PRINT AUTHORIZATION (Y/N): YES// <RET>
FEE ID CARD NUMBER: 1234567
FEE ID CARD ISSUE DATE: MAR 1,2012

POST TRANSACTION TO 1358 (Y/N): NO//

WANT TO PRINT 7079 FOR THIS PATIENT NOW? NO// YES

          THIS REPORT PRODUCES A 132 CHARACTER OUTPUT.

QUEUE TO PRINT ON
DEVICE: HOME// A138-16/6/UP 7079 PRINTER          RIGHT MARGIN: 132// <RET>

REQUESTED START TIME: NOW// <RET> (MAR 1,2012@09:32:15)
REQUEST QUEUED
TASK #: 36849
    
```

Department of Veterans Affairs						ID Card Number: 1234567
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
TEST PATIENT ONE	XXXXX6789	FROM: 03/01/12 TO: 03/01/13				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	03/01/12	PTSD				
Name and Address of Fee Participant		REFERRING PROVIDER: FEEprovider,Two NPI: 111111112 AUTHORIZATION #: 7170335-30				
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208					FEMALE	
				ID CARD STATUS - 3	(13) POW	
					NO	
TELEPHONE: 555-7788 OR 555-7766					APPROVED BY (Name and Title) (KHS)	
					EMPLOYEE NAME CENTER DIRECTOR	
Information On Veterans Administration Program						

ENTER AUTHORIZATION

Example of ICD-9 Data, cont.

Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:

- I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.
- II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.
- III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.
- IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.
- V. FEES. Fees claimed may not exceed those made to the general public for like services.
- VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.
- VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.
- VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.
- IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [<http://www.cms.hhs.gov/NationalProviderStand>], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .

ENTER AUTHORIZATION

Example 2: Newborn Claims Enhancement (Patch 146)

The following screen shows an example of **ICD-10 Data** entering an authorization for a Newborn.

```

Select Medical Fee Main Menu <TEST ACCOUNT> Option: ENTer Authorization

Select PATIENT NAME: NBPATIENT,FIVE,FIVE NBPATIENT,FIVE      8-28-13      00000000
**Pseudo SSN**      NO      NEWBORN OF VETERAN

There is more than one patient whose last name is 'NBPATIENT' and
whose social security number ends with '2814'.
Are you sure you wish to continue (Y/N)? Y (Yes)

NBPATIENT,FIVE      Pt.ID: 205-08-2814P
15 TEST RD      DOB: AUG 28,2013
ALBANY      TEL: Not on File
NEW YORK 12201      CLAIM #: Not on File
      COUNTY: ALBANY

Primary Elig. Code: COLLATERAL OF VET. -- VERIFIED AUG 28, 2013
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance COB Subscriber ID Group Holder Effective Expires
=====
No Insurance Information

Want to add NEW insurance data? No// NO

Select FROM DATE: T-1 AUG 27, 2013
Are you adding 'AUG 27, 2013' as a new ICD-10 diagnosis field for
authorizations.FROM DATE (the 1ST for this FEE BASIS P
    
```

```

AUTHORIZATIONS:
(1) FR: 11/21/2012 ATIENT)? No// Y (Yes)
FROM DATE: AUG 27,2013//
This is a Newborn, From Date must be between DOB and DOB+7
FROM DATE: AUG 27,2013// T (AUG 28, 2013)
TO DATE: 08-28-2014// T+8 (SEP 05, 2013)
This is a Newborn, TO Date must be between DOB and DOB+7
TO DATE: SEP 5,2013// T+7 (SEP 04, 2013)
PRIMARY SERVICE FACILITY: CHEY
1 CHEYENNE HEALTH CARE CENTER WY NHC
2 CHEYENNE MOC WY MORC 442HK
3 CHEYENNE NHCU WY NHC 4429AA
4 CHEYENNE PHARMACY WY PHARM
5 CHEYENNE REGIONAL MED CTR EAST WY NON-VA
Press <RETURN> to see more, '^' to exit this list, OR
    
```

CHOOSE 1-5: 1 CHEYENNE HEALTH CARE CENTER WY NHC
 REFERRING PROVIDER:
 PURPOSE OF VISIT CODE: **66 NEWBORN CARE FOR THE FIRST 7 DAYS AFTER BIRTH.**
66
 PATIENT TYPE CODE: **00 SURGICAL**
 TREATMENT TYPE CODE: 1 SHORT TERM FEE STATUS
 DX LINE 1:
 AUTHORIZATION REMARKS:
 1>
 TYPE OF CARE: 2 OPT NSC
 VENDOR: FEEVENDOR,ONE - 000222222PROVIDER,TWO 941366542
 DOCTOR OF MEDIC
 TO: 11/21/2012 1111 SOME DR STE 112
 Authorization Type: Outpatient - Short TermSOMEWHERE, WY
 11111-1111 TEL. #: 555/555-5555
 PURPOSE OF VISIT: OPT - SC LESS THAN 50%
 DX: E08.00 REF:
 REF NPI:

 ACCIDENT RELATED (Y/N): N (NO)
 POTENTIAL COST RECOVERY CASE: NO// N (NO)
 PRINT AUTHORIZATION (Y/N): YES// N (NO)

LTC Outpatient Active Authorizations Report

Introduction

This report identifies LTC authorizations that are active within a user-specified date range. An authorization is included in this report if either the Authorization From or the Authorization To date falls within the date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “OUTPATIENT”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPITE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPITE CARE IN ADHC
74	HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPITE CARE (OTHER)

LTC OUTPATIENT ACTIVE AUTHORIZATIONS REPORT

Example

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient APR 09, 2003@09:13:58 page 1
 FROM Mar 01, 2003 TO Mar 31, 2003 FOR THE OUTPATIENT PROGRAM
 FOR ALL PURPOSE OF VISIT(S)

VETERAN	Pt. ID	AUTHORIZATION	
		FROM DATE	TO DATE

POV: HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)

Vendor: FEE BASIS VENDOR ONE

FEEPATIENT,One	000-12-1234	Jul 06, 2001	Jul 05, 2004
DOB: JAN 23,1956			
REMARKS:			

Visits: 0 Paid Amt: \$0 Cum Visits: 0 Cum Paid Amt: \$0

Vendor Subtotal: Count: 1

POV Subtotal: Count: 1

2 Authorizations on report

LTC OUTPATIENT ENDING AUTHORIZATION REPORT

Introduction

This report identifies LTC authorizations that are due to expire within the user-specified date range. An authorization is included in this report if the Authorization To date falls within the user-specified date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “OUTPATIENT”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPIRE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPIRE CARE IN ADHC
74	HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPIRE CARE (OTHER)

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC OUTPATIENT ENDING AUTHORIZATION REPORT

Example

ENDING AUTHORIZATIONS by POV, Vendor, Patient APR 09, 2003@09:18:54 page 1			
FROM Jan 01, 2003 TO Jan 31, 2003 FOR THE OUTPATIENT PROGRAM			
FOR ALL PURPOSE OF VISIT(S)			
VETERAN	Pt. ID	AUTHORIZATION	
		FROM DATE	TO DATE

POV: FEE BASIS NURSING SERVICES			
Vendor: PROFESSIONAL EMERGENCY SERVICES			
FEEPATIENT,Two	000-99-9991	Jan 15, 2000	Jan 14, 2003
DOB: FEB 1,1925	*** Patient Died on OCT 12,2000@16:34:51		
Visits: 0	Paid Amt: \$0	Cum Visits: 1	Cum Paid Amt: \$123

Vendor Subtotal:	Count:	1	
		====	
POV Subtotal:	Count:	1	
1 Authorization on report			

OUTPUTS MAIN MENU SUSPENSION LETTER PRINT

Introduction

This option is used to print suspension letters that are sent to Fee Basis vendors to explain why the VA paid only a portion of the amount the Vendor billed, and why the unpaid balance was suspended. You may print the letters for one, several, or all Fee Basis Programs, and for a specific letter and suspension code(s).

Example

```
**** DATE RANGE SELECTION ****  
  
BEGINNING DATE : 1/1 (JAN 01, 2006)  
  
ENDING DATE : T (DEC 11, 2006)  
  
PRINT DENIALS ONLY? NO// <RET>  
DO YOU WANT TO PRINT LETTERS FOR ALL FEE BASIS PROGRAMS? NO// <RET>  
  
SELECT ONE OF THE FOLLOWING:  
  
I INPATIENT PAYMENT  
O OUTPATIENT PAYMENT  
P PHARMACY PAYMENT  
C CH NOTIFICATION/DENIAL  
  
SELECT PROGRAM TO PRINT LETTER FOR: OUTPATIENT PAYMENT  
DO YOU WANT TO CHOOSE ANOTHER PROGRAM? NO// <RET>  
SELECT FEE BASIS LETTER NAME: UNAUTH  
1 UNAUTHORIZED DISPOSITION  
2 UNAUTHORIZED REQUEST INFO  
CHOOSE 1-2: 1  
FOR ALL SUSPENSION CODES? YES// <RET>  
  
QUEUE TO PRINT ON  
DEVICE: HOME// A137/10/6/UP [VMB] TILASER RIGHT MARGIN: 80// <RET>  
  
REQUESTED START TIME: NOW// <RET> (DEC 11, 2006@11:10:06)  
REQUEST QUEUED  
TASK #: 273864
```

OUTPUTS MAIN MENU SUSPENSION LETTER PRINT

Example, cont.

FEEVENDOR, ONE				DECEMBER 11, 2006	
1 MAIN ST					
CLARKSVILLE NY 12043					
YOUR UNAUTHORIZED CLAIM HAS BEEN REVIEWED. THE FOLLOWING DECISION HAS BEEN MADE:					
PATIENT NAME	SSN	SVC	CPT-	AMT	AMT
REASON FOR SUSPENSION		DATE	MOD	CLAIMED	PAID
=====					
FEEPATIENT, ONE	XXXXX6789	9/2/06	99243-77	51.00	32.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.					
FEEPATIENT, TWO	XXXXX1234	5/2/06	90050-76	60.00	50.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.					
YOU HAVE THE RIGHT TO APPEAL THE DECISION. YOU MUST RESPOND WITHIN THE APPROPRIATE TIME FRAME.					
EMPLOYEE NAME					
MEDICAL CENTER DIRECTOR					

OUTPUTS MAIN MENU INDIVIDUAL SUSPENSION LETTER PRINT

Introduction

This option allows printing of suspension letters for an individual patient and/or Vendor. You can include one, several or all Fee Basis programs and/or suspension codes. Suspension letters may be entered/edited through the Enter/Edit Suspension Letters option.

This output must be queued to a printer.

Example

```
SELECT PATIENT (OR RETURN TO SELECT ALL): <RET>
SELECT VENDOR (OR RETURN TO SELECT ALL): FEEVENDOR,ONE
**** DATE RANGE SELECTION ****
      BEGINNING DATE : 12/1  (DEC 01, 2006)
      ENDING      DATE : T  (DEC 13, 2006)
PRINT DENIALS ONLY? NO// <RET>
DO YOU WANT TO PRINT LETTERS FOR ALL FEE BASIS PROGRAMS? NO// <RET>
      SELECT ONE OF THE FOLLOWING:
          I          INPATIENT PAYMENT
          O          OUTPATIENT PAYMENT
          P          PHARMACY PAYMENT
          C          CH NOTIFICATION/DENIAL
SELECT PROGRAM TO PRINT LETTER FOR: OUTPATIENT PAYMENT
DO YOU WANT TO CHOOSE ANOTHER PROGRAM? NO// <RET>
SELECT FEE BASIS LETTER NAME: UNAUTHORIZED DISPOSITION
FOR ALL SUSPENSION CODES? YES// <RET>
QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP  FEE BASIS PRINTER   RIGHT MARGIN: 80// <RET>
REQUESTED START TIME: NOW// <RET> (DEC 13, 2006@10:20:52)
REQUEST QUEUED
TASK #: 33237
```

OUTPUTS MAIN MENU

INDIVIDUAL SUSPENSION LETTER PRINT

Example, cont.

SAMARITAN HOSPITAL				DECEMBER 13, 2006	
31 NOWHERE CIRCLE					
LOWELL MA 01852-0123					
WE HAVE CAREFULLY REVIEWED YOUR CLAIM FOR PAYMENT OF UNAUTHORIZED MEDICAL SERVICES. THE FOLLOWING DECISION HAS BEEN MADE:					
PATIENT NAME	SSN	SVC	CPT-	AMT	AMT
REASON FOR SUSPENSION		DATE	MOD	CLAIMED	PAID
=====					
FEEPATIENT, ONE	XXXXX6789	10/7/06	D0110	83.00	82.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.					
FEEPATIENT, TWO	XXXXX1234	11/10/06	10080	90.00	80.00
MEDICAL SERVICE/RX WAS PROVIDED FOR CONDITION WHICH IS NOT AUTHORIZED AT VA EXPENSE.					
FEEPATIENT, THREE	XXXXX3456	11/12/06	10080-20	60.00	50.00
FEES FOR SERVICE PREVIOUSLY PROCESSED. IF PAYMENT NOT RECEIVED, NOTIFY FISCAL SERVICE.					
IF YOU DO NOT AGREE WITH THE DECISION YOU HAVE THE RIGHT TO APPEAL. YOUR APPEAL RIGHTS SHOULD BE ATTACHED FOR YOUR REVIEW, IF YOUR CLAIM WAS NOT APPROVED.					
SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LETTER, FEEL FREE TO CONTACT US AT THE VA MEDICAL CENTER. THANK YOU FOR YOUR COOPERATION.					
SINCERELY,					
EMPLOYEE NAME					
MEDICAL CENTER DIRECTOR					

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The 7079 Print for Selected Patient option is used to print VA Form 10-7079, Request for Outpatient Services, for a selected veteran. Before you use this option, the authorization must be entered into the system. Refer to the Enter Authorization section of this manual to see how this is done.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

The VA Form 10-7079 is designed to print at 132 columns.

Example of ICD-9 Data

```

Select Patient: FBCSAAZ,DWVRN  FBCSAAZ,DWVRN      10-12-44   666790347   YE
S      SC VETERAN      VACCDATTENDING,COSIGNER SR      NOT
Enrollment Priority: GROUP 3      Category: IN PROCESS      End Date:

FBCSAAZ,DWVRN      Pt.ID: 666-79-0347
100 FBCSAAZ STREET      DOB: OCT 12,1944
PUEBLO      TEL: Not on File
COLORADO 81005      CLAIM #: Not on File
      COUNTY: Not on File

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED FEB 02, 2011
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 10%
Rated Disabilities: LOSS OF EYEBROWS (10%-SC)

Health Insurance: NO
Insurance      COB Subscriber ID      Group      Holder      Effective      Expires
    
```

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

Example of ICD-9 Data, cont.

```

=====
No Insurance Information

Want to add NEW insurance data? No//  NO
Are there any discrepancies with insurance data on file? No//  NO

Patient Name: FBCSAAZ,DWVRN                               Pt.ID: 666-79-0347

AUTHORIZATIONS:
(1) FR: 4/12/2012      VENDOR: ACUTE CARE SPECIALISTS INC - 341339182
    TO: 4/12/2013
        Authorization Type: Outpatient - Short Term
        Purpose of Visit: OPT - SC 50% OR MORE
        DX: Test 1      REF: CPRSATTENDING,ONE
        REF NPI:

            Test 2
            Test 3
        County: Not on File      PSA: ALBANY OPC

        REMARKS:
            7079 Output Test

Is this the correct Authorization period (Y/N)? Yes//  YES

        This report produces a 132 character output.

QUEUE TO PRINT ON
DEVICE: HOME//  TELNET PORT  [YOU CAN NOT SELECT A VIRTUAL TERMINAL]

Previously, you have selected queueing.
Do you STILL want your output QUEUED? Yes// n (No)
DEVICE: HOME//  TELNET PORT  Right Margin: 80//
-----
    
```

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

Example of ICD-9 Data, cont.

ID Card Number:		Department of Veterans Affairs	
S E R V I C E S		R E Q U E S T F O R O U T P A T I E N T	

(1) Veterans Name	(2) ID Number	Period of Validity	
DWVRN FBCSAAZ 2013	XXXXX0347	FROM: Apr 12, 2012 TO: Apr 12,	

(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES AR	
E REQUESTED (DESCRIPTION OF DISABILITY)			
100 FBCSAAZ STREET	Apr 12, 2012	Test 1	
PUEBLO CO 81005		Test 2	
-----		Test 3	
Name and Address of Fee Participant			
ACUTE CARE SPECIALISTS INC			
3085 W MARKET STREET			
AKRON OH 44333		REFERRING PROVIDER: CPRSATTENDING	
, ONE			
341339182		NPI:	
		AUTHORIZATION #: 100177-1	

		AUTHORIZATION REMARKS	

7079 Output Test			
CoC-WOUND CARE		OBLIGATION: 500-C25007	
EST. AMOUNT: 200.00			
FOR VA USE ONLY			

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

Example of ICD-9 Data, cont.

(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF	(8) YEAR OF BIRTH	(9) WAR
(10) PURPOSE		PATIENT		
8		10	1944	X
10				

STATION OF JURISDICTION				
(11) CODE	(12) SEX			
	MALE			
Veterans Administration				
113 Holland Avenue				
SHORT TERM - 1				
	(13) POW			
Albany NY 12208				
	NO			

	(JBP)		APPROVED BY (Name and Title)	
TELEPHONE: (518) 462-3311			Beverly Davis-Crandell	
			Chief, Medical Admin. Service	

Information On Veterans Administration Program				
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:				
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.				

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

Example of ICD-9 Data, cont.

II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.

If a longer time is needed, please request an extension.

III. REPORTS. Clinical reports are required when an examination only has been requested. Please

submit reports promptly to the Station Of Jurisdiction.

IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner . Your statement must

include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

V. FEES. Fees claimed may not exceed those made to the general public for like services.

VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction

for assistance in admitting the veteran to a VA hospital.

VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule

[<http://www.cms.hhs.gov/NationalProvIdentStand>], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible

for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .

OUTPUTS MAIN MENU

7079 PRINT FOR SELECTED PATIENT

Example of ICD-9 Data, cont.

VA Form 10-7079
Date Printed: Apr 12, 2012

OUTPUTS MAIN MENU CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

EXAMPLE

```

SELECT CHECK NUMBER: 69243230
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                PAYMENT HISTORY FOR CHECK # 69243230
                -----
                                                    PAGE: 1

                FEE PROGRAM:  OUTPATIENT
('*' REIMBURSEMENT TO PATIENT '#' VOIDED PAYMENT '+' CANCELLATION ACTIVITY)
  SVC DATE  CPT-  AMOUNT  AMOUNT  SUSP  BATCH  INVOICE
            MOD   CLAIMED   PAID   CODE  NUMBER  NUMBER
=====
VENDOR: FEEVENDOR,ONE          VENDOR ID: 000333333A
PATIENT: FEEPATIENT,ONE        PATIENT ID: XXX-XX-6789
  4/1/06    10020      5.00      5.00      363      541
    >>>CHECK # 69243230  DATE PAID: 8/29/06<<<

PRESS RETURN TO CONTINUE OR '^' TO EXIT:
    
```

OUTPUTS MAIN MENU

DISPLAY ID CARD HISTORY FOR PATIENT

Introduction

The Display ID Card History for Patient option shows the Fee Basis Identification Card history for an individual patient. A patient may have only one valid Fee ID Card number assigned at a given time.

Example

```

Select Outputs Main Menu Option: DISPLAY ID Card History for Patient
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE      10-2-16      000456789
Patient: FEEPATIENT,ONE                          SSN: 000-45-6789
      Current ID Card: 79876      Date Issued: 04/03/87
Date/Time Changed      Old Card #      Person Who Changed
Reason For Change
=====
04/15/86      3:58 PM      62398      MARGARET
LOST CARD
12/10/86      9:20 AM      65432      MARGARET
DOG CHEWED CARD
    
```

OUTPUTS MAIN MENU GROUP 7079 PRINT

Introduction

The Group 7079 Print option is used to print VA Forms 10-7079, Request for Outpatient Services, for a specified date range. Before you use this option, the authorization must be entered into the system (refer to the Enter Authorization section of this manual).

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Print 7079's for:

**** Date Range Selection ****

  Beginning Date : 1-1-06   (JAN 1, 2006)

  Ending   Date : 1-31-06  (JAN 31, 2006)

Want only those that have not yet been printed? YES// NO

      This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 132// <RET>

Requested Start Time: NOW// <RET> (JUL 02, 2006@16:16:50)
REQUEST QUEUED
Task #: 34246
```

OUTPUTS MAIN MENU

GROUP 7079 PRINT

Example, cont.

Veterans Administration						ID Card Number: 7315264
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
FEepatient,One	XXXXX6789	FROM: 01/31/06 TO: 01/31/06				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/29/05	ABDOMINAL MUSCLE DAMAGE				
Name and Address of Fee Participant		REFERRING PROVIDER: FEeprovider,Two NPI: 111111112 AUTHORIZATION #: 7168862-8				
AUTHORIZATION REMARKS						
WEEKLY VISITS						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208					FEMALE	
				ID CARD STATUS - 3	(13) POW	
					NO	
TELEPHONE: 555-7788 OR 555-7766				APPROVED BY (Name and Title) (KHS)		
				EMPLOYEE NAME CENTER DIRECTOR		
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .						

OUTPUTS MAIN MENU

HISTORICAL AUTHORIZATION DATA REPORT

Displays current authorization data as well as changes that have been made to certain authorization fields since installation of patch FB*3.5*151.

Introduction

The Historical Authorization Data Report option is used to view or print current authorization data and the historical audit data for an authorization. The historical audit data displays all changes to the value of five monitored fields since installation of patch FB*3.5*151.

Example

```

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE C,FEE C FEEPATIENT,FEE C 1
-1-30 000005401 MT COPAY REQUIRED YES SC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.

FEEPATIENT,FEE C PT.ID: 000-00-5401
1234 ANYSTREET DR DOB: JAN 1,1930
N CHARLESTON TEL: 555-1234
SOUTH CAROLINA 29418 CLAIM #: NOT ON FILE
COUNTY: CHARLESTON

PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED MAY 02, 2007
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC PERCENT: 0%
RATED DISABILITIES: BURSITIS (0%-SC)

HEALTH INSURANCE: NO
INSURANCE COB SUBSCRIBER ID GROUP HOLDER EFFECTIVE EXPIRES
=====
FEEINSURNA 1111111 1234 SELF 10/01/11 09/30/13

*** PATIENT HAS INSURANCE BUFFER ENTRIES ***
WANT TO ADD NEW INSURANCE DATA? NO// NO
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// NO

PATIENT NAME: FEEPATIENT,FEE C PT.ID: 000-00-5401

AUTHORIZATIONS:
(1) FR: 3/13/2014 VENDOR: NOT SPECIFIED
TO: 4/15/2014
AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: OPT - SC 50% OR MORE
DX: REF:
REF NPI:

COUNTY: CHARLESTON PSA: ALBANY

(2) FR: 2/1/2014 VENDOR: NOT SPECIFIED
TO: 4/10/2014
AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: CLASS II DENTAL TREATMENT
    
```



```

DX:                                REF:
REF NPI:

COUNTY: CHARLESTON                PSA: ALBANY

ENTER RETURN TO CONTINUE OR '^' TO EXIT: ^

ENTER A NUMBER (1-21): 1
DEVICE: HOME//

HISTORICAL AUTHORIZATION DATA REPORT      MAR 13, 2014@15:11:09
PATIENT: FEEPATIENT,FEE C   PT.ID: 000-00-5401

CURRENT AUTHORIZATION DATA:
FROM DATE: MAR 13, 2014                TO DATE: APR 15, 2014
FEE PROGRAM: OUTPATIENT                PRIMARY SERVICE AREA: ALBANY
PURPOSE OF VISIT CODE: OPT - SC 50% OR MORE
TREATMENT TYPE CODE: SHORT TERM FEE STATUS
PATIENT TYPE CODE: MEDICAL            ACCIDENT RELATED (Y/N): NO
POTENTIAL COST RECOVERY CASE: NO     CLERK: FEECLERK,FIRST
PRINT AUTHORIZATION (Y/N): Y

HISTORICAL AUDIT DATA (SINCE PATCH FB*3.5*151):
CHANGED DATE/TIME: MAR 13, 2014@15:09:12
FIELD: FROM DATE                      NEW VALUE: MAR 13, 2014
CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 13, 2014@15:09:50
FIELD: TO DATE                        NEW VALUE: APR 12, 2014
CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 13, 2014@15:09:50
FIELD: PURPOSE OF VISIT CODE          NEW VALUE: OPT - SC 50% OR MORE
CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 13, 2014@15:09:50
FIELD: TREATMENT TYPE CODE            NEW VALUE: SHORT TERM FEE STATUS
CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 13, 2014@15:10:55
FIELD: TO DATE                        OLD VALUE: APR 12, 2014
NEW VALUE: APR 15, 2014                CHANGED BY: FEECLERK,FIRST

```

OUTPUTS MAIN MENU INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

NOTE: The display line containing 'IPAC Number' and 'DoD Invoice Number' only appears if the Vendor has one or more active IPAC Agreements.

Example

```

SELECT INVOICE NUMBER: 45

INVOICE NUMBER: 45          VENDOR NAME: FEEVENDOR, ONE
DATE RECEIVED: 06/20/90
('' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE    BATCH NO. VOUCHER DATE
  OTHER SUSPENSION DESCRIPTION
=====
FEEPATIENT, ONE
  6/6/94  11971    $   25.00    $   10.00    1        10
    IPAC NUMBER: 123                DOD INVOICE NUMBER: 15152
FEEPATIENT, ONE
  6/10/94 10120    $   25.00    $   10.00    1        10
FEEPATIENT, ONE
  6/15/94 12005    $   25.00    $   10.00    1        10
SELECT INVOICE NUMBER:
    
```

OUTPUTS MAIN MENU

IPAC VENDOR REPORTS MENU

DOD INVOICE NUMBER INQUIRY

Introduction

The DoD Invoice Number Inquiry option is used to display all of the VistA Invoices for a selected DoD Invoice Number. VistA invoices from any batch regardless of the status of the batch will be displayed.

Example

```

This report will display all of the VistA invoices for the
Selected DoD Invoice Number.

DoD Invoice Number: 9988707

Do you want to capture the output in a CSV format? NO// NO

This report is 80 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL RIGHT MARGIN: 80// <RET>

Compiling IPAC Vendor DoD Invoice Inquiry Report. Please wait ...

                                IPAC Vendor DoD Invoice Inquiry Report
For DoD Invoice # 9988707                               May 29, 2014@06:56:32 Page:1
For Vendor: FEEVENDOR,ONE

Invoice #          Type  C/V/R          Date          Amount          Amount          Amount
                Type  C/V/R          Paid          Claimed         Paid            Adjusted
=====
57593              INP   R              Date          $330            $330             $0
$Totals for DoD Invoice # by Type: Inpatient
                ---
                Tot#  1              $330            $330             $0

$Totals for Vendor: FEEVENDOR,ONE
-----
#          1              $330            $330             $0

*** End of Report ***

```

OUTPUTS MAIN MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR DOD INVOICE REPORT

Introduction

The IPAC Vendor DoD Invoice Report option is used to display all of the DoD Invoices for a specified Vendor(s) and date range. Only DoD Invoices from batches that are finalized will be displayed.

Example

```

This report will display summary information on all of the DoD invoices
for the selected IPAC vendors, within the selected date range, and for
the selected payment types.

Select IPAC Vendor: ALL// FEEVENDOR,ONE
    90TH MED GP/SGAM
    5900 ALDEN DR
    FE WARREN AFB, WY 82005-3966    TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date: 04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

    Select one of the following:

        OUT      Outpatient
        RX        Pharmacy
        INP       Civil Hospital
        ANC       Civil Hospital Ancillary
        ALL       All

Select an Invoice Type: ALL/ All

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL    RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor DoD Invoice Report. Please wait ...

IPAC Vendor DoD Invoice Report                For Date Range: 05/14/2014 - 5/28/2014                May 28, 2014@07:48:24    Page
1
  Selected Invoice Types: ALL
  Vendor Name: FEEVENDOR,ONE (ID# 83016836)
  Amt      Total Amt    Total Amt    Total Amt    Fee Basis                Total
DoD Invoice Number  Claimed      Paid         Adjusted     Invoice#  Batch#  Oblig#  Date Paid  Check #
Disbursed
=====
15151                $800.00     $800.00     $0.00        57670    14609  C20246  05/21/2014  12345
$800.00
15154                $400.00     $400.00     $0.00        57673    14609  C20246  *            *
$0.00
    
```

Section 3 - MEDICAL FEE MAIN MENU

15158	\$600.00	\$600.00	\$0.00	57676	14609	C20246	05/21/2014	12346
\$600.00	-----	-----	-----					-----
-								
\$Totals for Vendor:	\$1800.00	\$1800.00	\$0.00					
\$1400.00								
Total Number of DoD Invoices for Vendor: 3								
*** End of Report ***								

OUTPUTS MAIN MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR PAYMENT REPORT

Introduction

The IPAC Vendor Payment Report option is used to display all of the paid line items by DoD invoice number, type and service date. Only line items from batches that are finalized will be displayed.

Example

```
This report will display detail information on paid line items by the
Invoice type, DoD invoice number, and date of service.

Select IPAC Vendor: ALL// FEEVENDOR,ONE
    90TH MED GP/SGAM
    5900 ALDEN DR
    FE WARREN AFB, WY 82005-3966    TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date: 04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

    Select one of the following:

        OUT        Outpatient
        RX          Pharmacy
        INP         Civil Hospital
        ANC         Civil Hospital Ancillary
        ALL         All

Select an Invoice Type: ALL/ All

Only Include Suspended Payments (not paid in full)? NO// NO

Ignore Cancelled or Voided Payments? YES// YES

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL    RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor Payment. Please wait ...
```

Section 3 - MEDICAL FEE MAIN MENU

IPAC Vendor Payment Report		For Date Range: 05/14/2014 - 5/28/2014				May 28, 2014@07:48:24		Page		
1 Selected Invoice Types: ALL										
Vendor Name: FEEVENDOR,ONE (ID# 83016836)								Invoice Type: Outpatient/Civil Hospital Ancillary		
DoD Invoice Number	Patient Name	SSN	Svc Dt	Proc	Rev	Claimed	Paid	Adj Reason Dt Paid Check #		
Disbursed										
Fee Inv#	Bch#	Oblig #	Modifiers							

15151		FEEPATIENT,FRED	8787	05/15/14	27822	800.00	800.00	0.00		
0.00										
57670	14609	C20246								
15154		FEEPATIENT,FRED	2281	05/15/14	27822	400.00	400.00	0.00		
0.00										
57673	14609	C20246								
15158		FEEPATIENT,ERIC	4543	05/15/14	27822	600.00	600.00	0.00		
0.00										
57676	14609	C20246								
Enter RETURN to continue or ^^ to exit:										
IPAC Vendor Payment Report								For Date Range: 05/14/2014 - 5/28/2014	May 28, 2014@07:48:24	Page
2										
Selected Invoice Types: ALL										
Vendor Name: FEEVENDOR,ONE (ID# 83016836)										
Invoice Type: Civil Hospital Inpatient										
DoD Invoice Number	Patient Name	SSN	Admit Dt	Disch Dt	Claimed	Paid	Adj Reason Dt Paid Check #			
Disbursed										
Fee Inv#	Bch#	Oblig #	Adm Dx							

15171		FEEPATIENT,FRED	8787	05/20/14	05/20/14	400.00	400.00	0.00		
0.00										
57683	14611	C20246			304.40					
DX(POA): 304.40(Y)										
15154		FEEPATIENT,FRED	2281	05/15/14	27822	400.00	400.00	0.00		
0.00										
57684	14611	C20246			304.40					
DX(POA): 304.40(Y)										
15199		FEEPATIENT,ERIC	4543	05/15/14	27822	600.00	600.00	0.00		
0.00										
57685	14611	C20246			304.40					
DX(POA): 304;40(Y)										
*** End of Report ***										

OBSOLETE ID CARDS LIST

Introduction

The Obsolete ID Cards List option is used to view a list of Fee Basis ID Card numbers which have expired or have been deleted. Reasons for deletion may include card lost or destroyed, veteran reestablished, etc. The list is shown in numerical order by ID card number.

Example

```

DEVICE: HOME//  FEE BASIS PRINTER  RIGHT MARGIN: 132//  <RET>
REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!

OLD CARD PATIENT NAME          PT.ID          CHANGE DATE
NUMBER
REASON FOR CHANGE
=====
34567  FEEPATIENT, ONE          000-45-6789   04/15/94
RE-ESTABLISH

65666  FEEPATIENT, TWO          000-45-6789   01/08/94
CARD DESTROYED IN FIRE

3434343  FEEPATIENT, THREE       000-45-6789   12/12/94
DOG CHEWED CARD

5555555  FEEPATIENT, FOUR        000-45-6789   02/10/94
LOST CARD

5910392  FEEPATIENT, FIVE        000-45-6789   03/31/94
EXPIRATION
    
```


OUTPUTS MAIN MENU

OUTPATIENT COST REPORT

Introduction

The Outpatient Cost Report option generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Example

```

**** Date Range Selection ****

Beginning DATE : 070194 (JUL 01, 1994)
Ending DATE : T (JUL 21, 1994)

DEVICE: HOME// FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>
    
```

OUTPATIENT COST REPORT				
07/01/94 THROUGH 07/21/94				

PATIENT NAME	PATIENT ID	TREATING SPECIALTY	CPT CODE	AMOUNT PAID

FEEPATIENT, ONE	6789	PSYCHIATRIC	ADDITIONAL CLEANSING	90.00

TOTAL PAYMENTS:		1	TOTAL PATIENTS:	1
AVE. PAID FOR A PAYMENT:		90.00	AVE. PAID FOR A PATIENT:	90.00

OUTPUTS MAIN MENU PAYMENT AGING REPORT

This option generates a report of payments that have been transmitted to Central Fee and are still awaiting payment confirmation or cancellation in VistA. The purpose of the new report is to identify payments in VistA Fee Basis that appear to have a problem because payment confirmation has not been received within an expected period.

Payment line items finalized within a user-specified period will be listed on this report if payment confirmation has not been received from Austin and the payment is not cancelled, flagged as rejected, or voided.

NOTE: If the report is run for user-specified facilities instead of all facilities then any finalized payments with a blank value for the primary service facility are included in the results.

Example

```

SELECT OUTPUT MENU OPTION:  PAYMENT AGING REPORT

SELECT PRIMARY SERVICE FACILITY: ALL//
REPORT PAYMENTS FINALIZED ON OR BEFORE:  MAR 31, 2012// <RET> (MAR 31, 2012)
EARLIEST FINALIZED DATE TO REPORT:  MAR 01, 2012// 1/1/2005 <RET> (JAN 01, 2005)
DEVICE: HOME//
FEE BASIS PAYMENT AGING REPORT                                APR 27, 2012@10:50:22  PAGE 2
PAYMENTS FINALIZED FROM JAN 01, 2005 TO MAR 31, 2012
FOR ALL PRIMARY SERVICE FACILITIES
PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
FEEPATIENT,THIRD          000-32-1456          163      4/22/11
ACUTE CARE SPECIALISTS INC      000339182      213      4/19/11
4/19/11    50060    REMOVAL OF KIDNEY STONE
15.00      15.00          0.00
    
```

OUTPUTS MAIN MENU

PAYMENT HISTORY DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment History Display option is used to view all medical payment data for a selected patient. Payments are listed in inverse date order by service date.

Example of ICD-9 Data

```
Select Fee Patient: FEEPATIENT,ONE

FEEPATIENT,ONE                Pt.ID: 000-45-6789
129 BROWNDYKE ROAD            DOB: JUL 21,1950
COHOES                        TEL: 518-555-8911
NEW YORK 12901                CLAIM #: Not on File
                                COUNTY: COLUMBIA

Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  Service Connected: NO
  Rated Disabilities: NONE STATED

  Health Insurance: NO
  Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
  =====
  No Insurance Information

Press RETURN to continue or '^' to exit: <RET>
```

OUTPUTS MAIN MENU PAYMENT HISTORY DISPLAY

```

Patient Name: FEEPATIENT,ONE                Pt.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      000777777
      TO: 09/17/94

      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED.
HOSP. AT VA EXP.
      DX:                                REF: FEEprovider,Two
      REF NPI: 1111111112

      County: COLUMBIA                    PSA: ALBANY, NY

      REMARKS:
        7078 DEFAULT AUTH SERVIC TEXT
Press RETURN to continue or '^' to exit: <RET>
    
```

Example of ICD-9 Data, cont.

```

Patient: FEEPATIENT,ONE                SSN: 000-45-6789
      ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
  Svc Date CPT-MOD      Amount      Amount      Susp      Batch Invoice Voucher
                        Claimed      Paid        Code        Num      Num      Date
=====
Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35001
+9/5/94  12018          5.00      5.00      00369      556
  >>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<<
  Check WILL be re-issued.

Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35001
+9/2/94  99243          11.00      2.00      D      00369      555
  >>>Check # 11887576 Date Paid: 10/20/94<<<
  >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<

Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35033
10/12/94  10020-77      15.00      5.00      1      00369      555
  >>>Check # 91060810 Date Paid: 11/3/94<<<

Select Fee Patient:
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```

AUTHORIZATIONS:
  (1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
      TO: 11/21/2013
    
```

Authorization Type: Outpatient - ID Card
Purpose of Visit: OPT - SC 50% OR MORE
DX: E08.00 REF:
REF NPI:

OUTPUTS MAIN MENU

POTENTIAL COST RECOVERY REPORT

Introduction

This report is used to obtain information concerning patients and services received, which can potentially be recovered from the veteran and/or third party insurance. The report is run for a specified Primary Service Facility and date range; and you can choose to include Patient Copays, Insurance Copays, or Both. If you select “Patient Copays” or “Both”, you will also be prompted to indicate whether you want to include Means Test Copays, LTC Copays, or Both. The software examines all payments for the Outpatient, Pharmacy, Civil Hospital, and Community Nursing Home fee programs.

One or more of the following messages might appear in the report. The messages that contain “Cost recover from LTC co-pay” or “10-10EC Missing for LTC Patient” will only be generated for LTC payments with a date of service equal to or greater than July 5, 2002. The IB LTC clock might need to be updated to identify the patient's 21 free days.

MESSAGE	EXPLANATION
>>>Cost recover from means testing.	The patient received non-LTC treatment, s/he does not have insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from means testing and insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received non-LTC treatment, s/he has insurance and s/he is exempt from Means Test copay.
NONE - This payment will be excluded from the report.	The patient received non-LTC treatment, s/he doesn't have insurance and s/he is exempt from Means Test copay.
>>>Cost recover from LTC co-pay.	The patient received LTC treatment, s/he doesn't have insurance and s/he is not exempt from LTC copay.
>>>Cost recover from LTC co-pay and insurance.	The patient received LTC treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received LTC treatment, s/he has insurance and s/he is exempt from LTC copay.
NONE - This payment will be excluded from the report.	The patient received LTC treatment, s/he doesn't have insurance and s/he is exempt from LTC copay.
>>>Cost recover from insurance. 10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received LTC treatment, s/he doesn't have insurance and does not have 1010EC in file.

OUTPUTS MAIN MENU

Example

```

SELECT OUTPUT MENU OPTION: POTENTIAL COST RECOVERY REPORT

SELECT PRIMARY SERVICE FACILITY: ALL//

INCLUDE (P)ATIENT CO-PAYS / (I)NSURANCE / (B)OTH: BOTH//

INCLUDE (M)EANS TEST CO-PAYS / (L)TC CO-PAYS / (B)OTH: BOTH//

DO YOU WANT TO INCLUDE PATIENTS WHOSE INSURANCE STATUS IS UNAVAILABLE? YES//

SELECT THE TYPE OF INSURANCE PLANS TO BE EXCLUDED FROM THE PCR REPORT:
SELECT TYPE OF PLAN NAME: <ENTER TYPE OF INSURANCE PLAN OR "??" AND <RET>
SELECT TYPE OF PLAN NAME: <RET>

TYPE OF PLAN SELECTED FOR EXCLUSION: <A LIST OF THOSE TYPES OF PLANS SELECTED FOR
EXCLUSION IS DISPLAYED>

                                EXAMPLE:
                                MEDICARE
                                COMPREHENSIVE MAJOR MEDICAL <RET>

RECREATE EXCLUSION LIST? NO// <ENTER Y TO RECREATE LIST OR N> N

**** DATE RANGE SELECTION ****

    BEGINNING DATE : T   (NOV 02, 2011)

    ENDING    DATE : T   (NOV 02, 2011)

QUEUE TO PRINT ON
DEVICE: HOME//   TELNET PORT   [YOU CAN NOT SELECT A VIRTUAL TERMINAL]

PREVIOUSLY, YOU HAVE SELECTED QUEUEING.
DO YOU STILL WANT YOUR OUTPUT QUEUED? YES// N   (NO)
DEVICE: HOME//   TELNET PORT   RIGHT MARGIN: 80//

                                POTENTIAL COST RECOVERY REPORT
                                DIVISION: 501 ALBUQUERQUE, NM
                                NPI:
                                11/2/11 - 11/2/11

                                PAGE: 1
PATIENT: FEEPATIENT,ONE                PAT. ID: 666-77-7888   DOB: DEC 31, 1956

('*' REPRESENTS REIMBURSEMENT TO PATIENT      '#' REPRESENTS VOIDED PAYMENT)
=====

    HEALTH INSURANCE: YES
    INSURANCE   COB SUBSCRIBER ID   GROUP   HOLDER   EFFECTIVE   EXPIRES
    =====
    BLUE CROSS   S                   SLDJFSFDJ   SELF   08/31/11   09/15/11
    MEDICARE     P 3333                   PART A     SELF   12/31/76

                                FEE PROGRAM: OUTPATIENT

    SVC DATE   CPT-MOD TRAVEL PAID UNITS PAID   BATCH NO.   INV NO.   VOUCHER DATE
    AMT CLAIMED   AMT PAID   ADJ CODE   ADJ AMOUNTS   REMIT   REMARK   PATIENT ACCOUNT NO

```

Section 3 - MEDICAL FEE MAIN MENU

```

=====
                                FEE PROGRAM: OUTPATIENT

SVC DATE  CPT-MOD TRAVEL PAID UNITS PAID  BATCH NO.  INV NO.  VOUCHER DATE
AMT CLAIMED  AMT PAID  ADJ CODE      ADJ AMOUNTS  REMIT  REMARK  PATIENT ACCOUNT NO
=====

VENDOR: FEEVENDOR, ONE                                VENDOR ID: 341339182
                FEE BASIS BILLING PROVIDER NPI: *****

ENTER RETURN TO CONTINUE OR '^' TO EXIT:

                POTENTIAL COST RECOVERY REPORT
                DIVISION: 501 ALBUQUERQUE, NM
                NPI:
                11/2/11 - 11/2/11
                                                    PAGE: 4
PATIENT: FBCSTESTPT,ONE                                PAT. ID: 666-77-7888  DOB: DEC 31, 1956

('*' REPRESENTS REIMBURSEMENT TO PATIENT      '#' REPRESENTS VOIDED PAYMENT)
=====

HEALTH INSURANCE: YES
INSURANCE  COB SUBSCRIBER ID      GROUP      HOLDER  EFFECTIVE  EXPIRES
=====
BLUE CROSS    S                                SLDJFSFDJ  SELF   08/31/11  09/15/11
MEDICARE      P 3333                                PART A     SELF   12/31/76

                                FEE PROGRAM: OUTPATIENT

SVC DATE  CPT-MOD TRAVEL PAID UNITS PAID  BATCH NO.  INV NO.  VOUCHER DATE
AMT CLAIMED  AMT PAID  ADJ CODE      ADJ AMOUNTS  REMIT  REMARK  PATIENT ACCOUNT NO
=====

VENDOR: ABC GROUP                                VENDOR ID: 341339182
                FEE BASIS BILLING PROVIDER NPI: *****
    10/12/11 43200                                1 00412                520  11/2/11
192.54      192.54                                0.00
    PRIMARY DX: TENSION HEADACHE (307.81)      S/C CONDITION? NO      OBL.#: C45001
    >>>COST RECOVER FROM INSURANCE.
    RENDERING PROV NAME (LI): FBPROVIDER, SIX
                NPI: 123123123L      TAXONOMY CODE: 123456789L

ATTENDING PROV NAME: FBPROVIDER, ONE                                NPI: 123123123A
                TAXONOMY CODE: 123456789A
RENDERING PROV NAME: FBPROVIDER, THREE                                NPI: 123123123R
                TAXONOMY CODE: 123456789R
OPERATING PROV NAME: FBPROVIDER, TWO                                NPI: 123123123O
REFERRING PROV NAME: FBPROVIDER, FIVE                                NPI: 123123123X
SERVICING PROV NAME: FBPROVIDER, FOUR                                NPI: 123123123S
    SERVICING FACILITY ADDRESS: 111 PARK ST
                                JERICO, VERMONT 05472

```


OUTPUTS MAIN MENU

PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment and have not yet been reinitiated. Line items may be rejected by interface transactions from the Central Fee system in Austin or they may be locally rejected using the Finalize a Batch option.

- The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.
- The report can be generated for batches with a status of CENTRAL FEE ACCEPTED or VOUCHERED or both.
- The report will print Central Fee Reject for lines that were flagged as rejected by the interface. It will print Local Reject for lines that were locally flagged as rejected by a user.
- The report will display reject codes and descriptions (maximum of 5) for lines that were flagged as rejected by the interface.

Example

```

SELECT CIVIL HOSPITAL MAIN MENU OPTION: OUTPUT MENU

SELECT OUTPUT MENU OPTION: PRINT REJECTED PAYMENT ITEMS

    SELECT ONE OF THE FOLLOWING:

        1          CENTRAL FEE ACCEPTED
        2          VOUCHERED
        3          BOTH

SELECT BATCH STATUS TO REPORT: BOTH//

DEVICE: HOME//
  
```

OUTPUTS MAIN MENU

PRINT REJECTED PAYMENT ITEMS

Example of output for a Medical Fee batch

PATIENT NAME		('*' REIMBURSEMENT TO PATIENT		'+' CANCELLATION ACTIVITY)	
VENDOR NAME		VENDOR ID		BATCH #	VOUCHER DATE
SVC DATE	CPT-MOD	SERVICE PROVIDED	INVOICE #	DATE REC'D.	
CLAIMED	PAID	ADJ CODE	ADJ AMOUNT	FPPS CLAIM	FPPS LINE
=====					
BATCH NUMBER: 230		VOUCHER DATE:		VOUCHERER:	
FEEPATIENT, FEE B					
		000-00-3424		230	
FEEVENDOR CLINIC		463417568	315	4/8/12	
12/3/11	77072	X-RAYS FOR BONE AGE			
30.00	22.63	4	7.37		
LOCAL REJECT OLD BATCH #: 230					
REJECT REASON: TEST REJECT OF ANOTHER ENTIRE PATIENT					
FEEPATIENT, FEE B					
		000-00-3424		230	
FEEVENDOR CLINIC		463417568	315	4/8/12	
12/3/11	6090F-22	PT/CAREGIVER COUNSEL SAFETY			
23.00	23.00		0.00		
LOCAL REJECT OLD BATCH #: 230					
REJECT REASON: TEST REJECT OF ANOTHER ENTIRE PATIENT					
FEEPATIENT, FEE B					
		000-00-3424		230	
FEEVENDOR CLINIC		463417568	315	4/8/12	
12/20/11	78010	THYROID IMAGING			
33.00	33.00		0.00		
LOCAL REJECT OLD BATCH #: 230					
REJECT REASON: TEST REJECT OF ANOTHER ENTIRE PATIENT					
FEEPATIENT, FEE C					
		000-00-5401		230	
FEEVENDOR CLINIC		463417568	313	2/25/12	
1/18/12	23000	REMOVAL OF CALCIUM DEPOSITS			
100.00	100.00		0.00		
CENTRAL FEE REJECT OLD BATCH #: 230					
REJ CODE: C002 FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.					
FEEPATIENT, FEE C					
		000-00-5401		230	
FEEVENDOR CLINIC		463417568	298	3/5/12	
2/10/12	77072	X-RAYS FOR BONE AGE			
10.00	10.00		0.00		
LOCAL REJECT OLD BATCH #: 230					
REJECT REASON: TEST REJECT OF ENTIRE PATIENT					
=====					

OUTPUTS MAIN MENU

PSA OUTPUT REPORT

New Prompt:

Select FEE PROGRAM - allows you to select which fee programs you wish to include.

Introduction

The PSA Output Report option is used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital and community nursing home payments for a selected time frame. This report may be run for one or all PSAs. One, several, or all Fee Programs may also be selected.

This report would be beneficial to a fee site that has not decentralized. The data could be used to bill other facilities for services rendered veterans from their PSAs.

Because this report may be lengthy, it is recommended that you queue it to print after normal hours.

Example

```
DO YOU WANT THIS REPORT FOR ALL PSAS? YES// NO
PRIMARY SERVICE AREA: ALBANY, NY      NEW YORK      1      500
SELECT FEE PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>

**** DATE RANGE SELECTION ****

  BEGINNING DATE : 1/1  (JAN 01, 1994)

  ENDING   DATE  : T   (DEC 11, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB]  TILASER      RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 11, 1994@10:35:26)
REQUEST QUEUED
TASK #: 273863
```

OUTPUTS MAIN MENU

PSA OUTPUT REPORT

Example, cont.

OUTPATIENT MEDICAL PSA REPORT									
PATIENT NAME	OBLIGATION #	COUNTY CODE							
INVOICE #	DATE FINALIZED	PSA	AMOUNT PAID						
ONE, TEST PT -6789 541	C35001 8/29/94	MANATEE ALBANY, NY	50						
TWO, TEST PT -6789 518	C35001 7/20/94	RENSSELAER ALBANY, NY	75						
THREE, TEST PT -6789 510	C15003 7/13/94	SCHENECTADY ALBANY, NY	35						
FOUR, TEST PT -6789 508	C15003 7/13/94	ALBANY ALBANY, NY	40						
FIVE, TEST PT -6789 504	C35001 7/6/94	LEON ALBANY, NY	35						
<p>TOTAL DOLLARS SPENT BY PSA FOR THE DATES OF 1/1/94 TO 12/11/94.</p> <table> <tr> <td>PSA</td> <td>TOTAL AMOUNT PAID</td> </tr> <tr> <td>-----</td> <td>-----</td> </tr> <tr> <td>ALBANY, NY</td> <td>\$ 235</td> </tr> </table> <p>TOTALS DOLLAR AMOUNT BY PSA FOR ALL SELECTED PROGRAMS</p>				PSA	TOTAL AMOUNT PAID	-----	-----	ALBANY, NY	\$ 235
PSA	TOTAL AMOUNT PAID								
-----	-----								
ALBANY, NY	\$ 235								
<p>FOR DATE RANGE: 1/1/94 TO 12/11/94</p> <table> <tr> <td>PSA</td> <td>TOTAL AMOUNT</td> </tr> <tr> <td>-----</td> <td>-----</td> </tr> <tr> <td>ALBANY, NY</td> <td>\$ 235</td> </tr> </table>				PSA	TOTAL AMOUNT	-----	-----	ALBANY, NY	\$ 235
PSA	TOTAL AMOUNT								
-----	-----								
ALBANY, NY	\$ 235								

OUTPUTS MAIN MENU

VALID ID CARDS LIST

Introduction

The Valid ID Cards List option is used to view a list of Fee Basis ID Card numbers that are currently valid. A patient may have only one Fee ID Card number assigned to him/her at a given time.

Example

```

DEVICE: HOME//  QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 132//  <RET>

REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!

CARD NO.      PATIENT NAME                PATIENT SSN                ISSUE DATE
=====
11072        FEEPATIENT, ONE            000-45-6789                07/26/86
11111        FEEPATIENT, TWO            000-45-6789                02/12/87
12343        FEEPATIENT, THREE          000-45-6789                08/25/86
45734        FEEPATIENT, FOUR           000-45-6789                02/20/87

```

OUTPUTS MAIN MENU

VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example of ICD-9 Data

```

SELECT FEE VENDOR: FEEVENDOR,ONE      000456789  DOCTOR OF MEDIC
                31 TROY AVE
                TROY, NY 03102-9025    TEL. #: 5551212

**** DATE RANGE SELECTION ****

BEGINNING DATE : 8/1/06  (AUG 01, 2006)

ENDING   DATE : 9/30/06  (SEP 30, 2006)

SELECT FEE PROGRAM: ALL//  OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// <RET>  DECNET   RIGHT MARGIN: 80// <RET>
    
```

```

                                VENDOR PAYMENT HISTORY
                                =====
                                PAGE: 1
VENDOR: FEEVENDOR,ONE          VENDOR ID: 000000000
                                FEE PROGRAM: OUTPATIENT
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE CPT-MOD      AMOUNT   AMOUNT  SUSP      BATCH INVOICE VOUCHER
                        CLAIMED   PAID   CODE      NUM    NUM    DATE
=====
PATIENT: FEEPATIENT,ONE      PATIENT ID: XXX-XX-6789
8/16/06  90040         22.00   22.00    00148    237 9/16/06
PRIMARY DX: PULMONARY ARTERY A (747.3)S/C CONDITION? YES  OBL.#: C33003

PATIENT: FEEPATIENT,TWO      PATIENT ID: XXX-XX-1234
9/10/05  90050         25.00   20.00    1        00088    119
PRIMARY DX: RETICULOSARCOMA UN (200.00)S/C CONDITION? NO  OBL.#: C90234

SELECT FEE VENDOR:
    
```

OUTPUTS MAIN MENU VENDOR PAYMENTS OUTPUT

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VENDOR PAYMENT HISTORY										PAGE: 1		
VENDOR: FEEVENDOR, ONE					VENDOR ID: 000001234							
FEE PROGRAM: OUTPATIENT												
(*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)												
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL												
'U' U&C)												
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE	AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT REMARK	PATIENT ACCOUNT NO
=====												
PATIENT: FEE, ICDTWO					PATIENT ID: 000-00-2354							
11/21/12												
0.00			0.00			0.00						
PRIMARY DX: DIAB D/T UNDRL CON (E08.00)S/C CONDITION? YES OBL.#:												

OUTPUTS MAIN MENU VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```

SELECT FEE PATIENT: FEEPATIENT,ONE      06-12-55      000456789      SC VETERAN

      **** DATE RANGE SELECTION ****

BEGINNING DATE : 080106 (AUG 01, 2006)

ENDING DATE : 093006 (SEP 30, 2006)

SELECT FEE PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>
DEVICE: HOME// <RET>      RIGHT MARGIN: 80// <RET>
    
```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                PAGE: 1
PATIENT: FEEPATIENT,ONE          PATIENT ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE CPT-MOD      AMOUNT      AMOUNT      SUSP      BATCH INVOICE VOUCHER
                        CLAIMED      PAID      CODE      NUM      NUM      DATE
=====
VENDOR: FEEVENDOR,ONE          VENDOR ID: 00000000
*9/6/06      90050      25.00      25.00      00048      128
  PRIMARY DX: ANXIETY STATE NOS (300.00)S/C CONDITION? NO      OBL.#: C89622
*8/30/06      90050      30.00      30.00      00048      128
  PRIMARY DX: ANXIETY STATE NOS (300.00)S/C CONDITION? YES      OBL.#: C89622

SELECT FEE PATIENT:
    
```


PAYMENT MENU

DELETE PAYMENT ENTRY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Key - required to delete batches other than those you opened.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete Payment Entry option is used to delete a medical payment transaction. You may only delete a payment that you entered, and the batch must have an OPEN status.

The option provides a payment history display for the patient and Vendor selected. You can refer to this display to insure correct entry of the date of service and service provided (CPT code) to be deleted.

The payments are listed in inverse date order. Reimbursements are represented by an asterisk (*).

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example of ICD-9 Data

```
SELECT FEE BASIS BATCH NUMBER: 145      OBLIGATION #: C89622
SELECT PATIENT: FEEPATIENT, ONE
```

PAYMENT MENU

DELETE PAYMENT ENTRY

Example of ICD-9 Data, cont.

```

FEEPATIENT,ONE                Pt.ID: 000-45-6789
32 SMYTH RD                   DOB: FEB 22,1922
BOX 333
MANCHESTER                    TEL: 1800FEE
NEW HAMPSHIRE 03102-1345      CLAIM #: 00000000
                                COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 100%
Rated Disabilities: NONE STATED

Health Insurance: UNKNOWN
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
    
```

```

Fee ID Card #: A12346                Fee Card Issue Date: 01/01/93

Patient Name: FEEPATIENT,ONE        Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/04/94      VENDOR: FEEVENDOR,ONE - 000444444
    TO: 08/03/97
      Authorization Type: Outpatient - ID Card
      Purpose of Visit: OPT - SC 50% OR MORE
      DX: ILL          REF: FEEprovider,Two
      REF NPI: 111111112

      County: HILLSBOROUGH          PSA: ALBANY

Is this the correct Authorization period (Y/N)? Yes// <RET>
    
```

PAYMENT MENU DELETE PAYMENT ENTRY

Example of ICD-9 Data, cont.

```

SELECT VENDOR: FEEVENDOR,ONE

PATIENT NAME: FEEPATIENT,ONE                SSN: 000456789

VENDOR: FEEVENDOR,ONE
37 GOLDEN POND
ROTTERDAM JCT, 36 12323
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE  CPT-MODIFIER          AMT CLAIMED AMT PAID  CODE  INVOICE #  BATCH #
-----
05/10/94  D0470                $   30.00   $   20.00  1    220      134
* 01/01/93  10180                $  223.00   $  223.00           65      145

DATE OF SERVICE: 1/1/93  JAN  1, 1993
SELECT SERVICE PROVIDED: 10180  COMPLEX DRAINAGE, WOUND

ARE YOU SURE YOU WANT TO DELETE THIS PAYMENT RECORD? NO// YES
PAYMENT RECORD DELETED!

DATE OF SERVICE: <RET>

SELECT VENDOR: <RET>

SELECT PATIENT: <RET>

SELECT FEE BASIS BATCH NUMBER:
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```

PATIENT NAME: FEE,ICDTWO                    PT.ID: 666-34-2354

AUTHORIZATIONS:
(1) FR: 11/21/2012  VENDOR: FEEVENDOR,ONE  - 000222222
    TO: 11/21/2013
        AUTHORIZATION TYPE: OUTPATIENT - ID CARD
PURPOSE OF VISIT: OPT - SC 50% OR MORE
DX: M80.072G          REF:
REF NPI:
    
```

PAYMENT MENU

EDIT PAYMENT

New Prompts:

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

Do You Want to Modify the IPAC Data? – Only asked if the selected Vendor has one or more active IPAC Agreements. If answered 'YES', the user can select a different IPAC Agreement and/or enter a different DoD Invoice number.

You must hold the FBAASUPERVISOR Security Key to edit payments from batches that have been released by a supervisor.

CARC/RARC CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Edit Payment option is used to edit data for a previously entered Medical Fee payment.

- You may also delete an entire existing payment entry or delete individual data items, other than required fields.
- You cannot edit payments in batches that have been transmitted to Austin finalized.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example of ICD-9 Data

```
Select FEE BASIS PAYMENT PATIENT: FEEPATIENT,ONE

Select VENDOR: FEEVENDOR,ONE
Date of Service: 9-2-1994
Select SERVICE PROVIDED: 99243      CPT Modifier: 77
SERVICE PROVIDED: 99243// <RET>
CPT MODIFIER: 77// <RET>
IPAC Agreement Information on file for this Invoice/Payment

IPAC Agreement ID: 121 (ACTIVE)
      Vendor: FEEVENDOR,ONE
      Fiscal Year: 2014
Short Description: IPAC Agreement 1
      DoD Invoice#: 99887766

Do you want to modify the IPAC data? No// NO

AMOUNT CLAIMED: 211// <RET>
AMOUNT PAID: 200// 190
AMOUNT SUSPENDED: 11// 21
SUSPEND CODE: D// <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY// <RET>
OBLIGATION NUMBER: C35001// <RET>
DATE CORRECT INVOICE RECEIVED: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 15,1994// <RET>
Is this line item for a contracted service? No// <RET>
```

PAYMENT MENU

EDIT PAYMENT

Example of ICD-10 Data

This option allows you to edit the Primary Diagnosis code.

PRIMARY DIAGNOSIS: **E08.00**

One match found

ICD Diagnosis code: E08.00

ICD Diagnosis description: Diabetes Mellitus due to Underlying Condition with
Hyperosmolarity without Nonketotic Hyperglycemic-
Hyperosmolar Coma (Nkhhc)

PAYMENT MENU

ENTER PAYMENT

New Prompts:

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

New insurance information may be uploaded into IB files through this option.

CARC/RARC CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Enter Payment option is used to enter medical payments. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required. Only medical payments can be entered through this option.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and Vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the Vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

PAYMENT MENU

ENTER PAYMENT

Example of ICD-9 Data

```
SELECT FEE BASIS BATCH NUMBER: 412
OBLIGATION #: C45001

SELECT PATIENT: FEEPATIENT, ONE
```

```
FEEPATIENT, ONE                PT.ID: 000-45-6789
20 TOPSVILLE ROAD             DOB: MAY 12, 1950
SCHENECTADY                   TEL: 518-555-4444
NEW YORK 12305                CLAIM #: NOT ON FILE
                                COUNTY: SCHENECTADY

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED JUL 28, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC PERCENT: 73%
RATED DISABILITIES: LOSS OF ARM (73%-SC)

HEALTH INSURANCE: YES
INSURANCE   COB SUBSCRIBER ID   GROUP      HOLDER   EFFECTIVE   EXPIRES
=====
BLUE CROSS   S                               SLDJFSFDJ  SELF    08/31/11   09/15/11
MEDICARE     P 3333                         PART A     SELF    12/31/76

WANT TO ADD NEW INSURANCE DATA? NO// NO
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// NO
=====
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

PAYMENT MENU

ENTER PAYMENT

Example of ICD-9 Data, cont.

PATIENT NAME: FEEPATIENT,ONE PT.ID: 000-45-6789

AUTHORIZATIONS:

(1) FR: 10/12/2011 VENDOR: NOT SPECIFIED
TO: 10/12/2012

AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: CHIROPRACTIC CARE
DX: HEART REF:
REF NPI:

COUNTY: CHITTENDEN PSA: ALBUQUERQUE, NM

AUTHORIZATION REMARKS:

NO EXISTING TEST
EDIT? NO//
DX LINE 1: HEART//
DX LINE 2: CHEST//
DX LINE 3: <RET>

SELECT FEE BASIS VENDOR NAME: **FEEVENDOR,ONE** 000444444 NON-VA HOSPITAL
NEW SCOTLAND AVENUE
ALBANY, NY 12190

PATIENT NAME: FEEPATIENT,ONE PT.ID: 000-45-6789

*** VENDOR DEMOGRAPHICS ***

NAME: FEEVENDOR,ONE	ID NUMBER: 000444444
ADDRESS: NEW SCOTLAND AVENUE	SPECIALTY:
CITY: ALBANY	TYPE: PRIVATE HOSPITAL
STATE: NEW YORK	PARTICIPATION CODE: NON-VA HOSPITAL
ZIP: 12190	MEDICARE ID NUMBER: 000000
COUNTY: ALBANY	CHAIN:

PHONE:
FAX:
AUSTIN NAME: ALBANY MED

LAST CHANGE TO AUSTIN: 9/30/94 LAST CHANGE FROM AUSTIN: 9/30/94

WANT TO EDIT DATA? NO// <RET>

Vendor has no prior payments for this patient

Want a new Invoice number assigned? YES// <RET>

Invoice # 563 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): **10/12/11** (OCT 12, 2011)

Enter Vendor Invoice Date: 10/12/11 (OCT 12, 2011)

This is a Federal Vendor. IPAC payment information is required.
- Required IPAC agreement information has been found.

Section 3 - MEDICAL FEE MAIN MENU

```
Would you like to display the detailed IPAC agreement information? No// NO

Enter the DoD Invoice Number: 12345

PATIENT ACCOUNT NUMBER: <ret>
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO
CLAIM NUMBER: <ENTER 'NEW' OR "??" TO DISPLAY EXISTING CLAIM NUMBER>
SELECT THE CLAIM TYPE:
  P - PROFESSIONAL, D - DENTAL, N - NON-STANDARD

ENTER RESPONSE:P <RET>

THE ANSWER TO THE FOLLOWING WILL APPLY TO ALL PAYMENTS ENTERED VIA THIS OPTION.
ARE PAYMENTS FOR CONTRACTED SERVICES? NO// NO

Date of Service: 10/12/11   OCT 12, 2011

SITE OF SERVICE ZIP CODE: 44444//

SELECT SERVICE PROVIDED: 43200   ESOPHAGUS ENDOSCOPY

CURRENT LIST OF MODIFIERS: NONE
SELECT CPT MODIFIER: <ret>

Major Category: SURGERY
  Sub-Category: DIGESTIVE SYSTEM
    Procedure: 43200   ESOPHAGUS ENDOSCOPY

                Detail Description
                =====
ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION
OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

IS THIS CORRECT? YES// <ret>

REVENUE CODE: <ret>
UNITS PAID: 1// <ret>
SELECT PLACE OF SERVICE: 12   HOME
AMOUNT CLAIMED: 192.54
AMOUNT PAID: 192.54
PRIMARY DIAGNOSIS: HEADACHE
HCFA TYPE OF SERVICE: <ret>
SERVICE CONNECTED CONDITION?: N (NO)

CURRENT LIST OF REMITTANCE REMARKS: none

select remittance remark: <RET>
li rendering prov name: fbprovider, six
LI RENDERING PROV NPI: 123123123L
LI RENDERING PROV TAXONOMY: 123456789L
ATTENDING PROV NAME: FBPROVIDER, ONE
ATTENDING PROV NPI: 123123123A
ATTENDING PROV TAXONOMY CODE: 123456789A
OPERATING PROV NAME: FBPROVIDER, TWO
OPERATING PROV NPI: 123123123O
RENDERING PROV NAME: FBPROVIDER,THREE
RENDERING PROV NPI: 123123123R
RENDERING PROV TAXONOMY CODE: 123456789R
SERVICING PROV NAME: FBPROVIDER, FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS: 111 PARK ST
```

SERVICING FACILITY CITY: JERICHO
SERVICING FACILITY STATE: VT VERMONT
SERVICING FACILITY ZIP: 05472
REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X

Select Service Provided:

PAYMENT MENU ENTER PAYMENT

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization. This new diagnosis field will be editable. You can also enter Primary Diagnosis.

PATIENT NAME: FEE,ICDTWO	PT.ID: 666-34-2354
AUTHORIZATIONS:	
(1) FR: 11/21/2012	VENDOR: NOT SPECIFIED
TO: 11/21/2013	
AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM	
PURPOSE OF VISIT: OPT - SC 50% OR MORE	
DX: E08.01	REF:
REF NPI:	

PAYMENT MENU

ENTER PAYMENT

```

SELECT FEE BASIS PAYMENT PATIENT: FEEPATIENT, ONE
SELECT VENDOR: FEEVENDOR, ONE
DATE OF SERVICE: 10/12/11 <RET> OCT 12, 2011
SELECT SERVICE PROVIDED: 43200 <RET> ESOPHAGUS ENDOSCOPY
CURRENT LIST OF MODIFIERS: NONE <RET >
SELECT CPT MODIFIER: <RET>
REVENUE CODE: <RET>
UNITS PAID: 1// <RET>
SITE OF SERVICE ZIP CODE: 44444// <RET>
PLACE OF SERVICE: HOME (12)// <RET>
AMOUNT CLAIMED: 192.54// <RET>
AMOUNT PAID: 192.54// <RET>
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO// <RET>
CLAIM NUMBER: 2012-177
SELECT THE CLAIM TYPE:
  P - PROFESSIONAL, D - DENTAL, N - NON-STANDARD
ENTER RESPONSE: P//
EXIT (^^) ALLOWED NOW
PRIMARY SERVICE FACILITY: ALBUQUERQUE, NM// <RET>
OBLIGATION NUMBER: C45001// <RET>
DATE CORRECT INVOICE RECEIVED: OCT 12, 2011// <RET>
VENDOR INVOICE DATE: OCT 12, 2011// <RET>
PATIENT ACCOUNT NUMBER: <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS// <RET>
PURPOSE OF VISIT: CHIROPRACTIC CARE// <RET>
PRIMARY DIAGNOSIS: 307.81// <RET>
HCFA TYPE OF SERVICE: <RET>
SERVICE CONNECTED CONDITION?: NO// <RET>
CURRENT LIST OF REMITTANCE REMARKS: NONE <RET>
SELECT REMITTANCE REMARK: <RET>
LI RENDERING PROV NAME: FBPROVIDER, SIX// <RET>
LI RENDERING PROV NPI: 123123123L// <RET>
LI RENDERING PROV TAXONOMY: 123456789L// <RET>
ATTENDING PROV NAME: FBPROVIDER, ONE// <RET>
ATTENDING PROV NPI: 123123123A// <RET>
ATTENDING PROV TAXONOMY CODE: 123456789A// <RET>
OPERATING PROV NAME: FBPROVIDER, TWO// <RET>
OPERATING PROV NPI: 123123123O// <RET>
RENDERING PROV NAME: FBPROVIDER, THREE// <RET>
RENDERING PROV NPI: 123123123R// <RET>
RENDERING PROV TAXONOMY CODE: 123456789R// <RET>
SERVICING PROV NAME: FBPROVIDER, FOUR// <RET>
SERVICING PROV NPI: 123123123S// <RET>
SERVICING FACILITY ADDRESS: 111 PARK ST// <RET>
SERVICING FACILITY CITY: JERICO// <RET>
SERVICING FACILITY STATE: VERMONT// <RET>
SERVICING FACILITY ZIP: 05472// <RET>
REFERRING PROV NAME: FBPROVIDER, FIVE// <RET>
REFERRING PROV NPI: 123123123X// <RET>
SELECT SERVICE PROVIDED:

```

PAYMENT MENU INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

NOTE: The display line containing 'IPAC Number' and 'DoD Invoice Number' only appears if the Vendor has one or more active IPAC Agreements.

Example

```

SELECT INVOICE NUMBER:  520

                                INVOICE DISPLAY
                                =====
                                PROVIDER INFORMATION

ATTENDING PROV NAME: FBPROVIDER, ONE
ATTENDING PROV NPI: 123123123A  ATTENDING PROV TAXONOMY CODE: 123456789A

OPERATING PROV NAME: FBPROVIDER, TWO
OPERATING PROV NPI: 123123123O

RENDERING PROV NAME: FBPROVIDER, THREE
RENDERING PROV NPI: 123123123R  RENDERING PROV TAXONOMY CODE: 123456789R

SERVICING PROV NAME: FBPROVIDER, FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS:
    111 PARK ST
    JERICHO, VT 05472

REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X

ENTER RETURN TO CONTINUE OR '^' TO EXIT:

INVOICE NUMBER: 520          VENDOR NAME: FEEVENDOR, ONE
DATE RECEIVED: 10/12/11     INVOICE DATE: 10/12/11
FPPS CLAIM ID: N/A         PATIENT ACCOUNT #:
    ('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
PATIENT                    SVC DATE  CPT-MOD /REV  BATCH NO.  VOUCHER DATE
FPPS LINE  AMT CLAIMED AMT PAID  UNITS  ADJ CODE  ADJ AMT      REMIT RMK
=====
FBCSTESTPT,ONE           10/12/11  43200          412
                        $ 192.54  $ 192.54  1              $0.00
    
```


IPAC NUMBER: 123

DOD INVOICE NUMBER: 15152

RENDERING PROV NAME (LI): FBPROVIDER,LIONE

NPI: 123123123L

TAXONOMY CODE: 123456789L

SELECT INVOICE NUMBER:

PAYMENT MENU

MULTIPLE PAYMENT ENTRY

New Prompts:

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAE ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

New insurance information may be uploaded into IB files through this option.

Introduction

The Multiple Payment Entry option is used to enter identical medical payments (except for service date) for a patient. The option was designed to accommodate such services as home nursing where the patient may be seen daily by a visiting nurse. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

PAYMENT MENU

MULTIPLE PAYMENT ENTRY

Introduction, cont.

When using the Multiple Payment option, users should be aware of the Fee Schedule that is used to calculate payments. The Fee Schedule used for the Multiple Payment Option is the current fiscal year minus one. Therefore, a payment made at the beginning of a fiscal year, for a date of service that occurred at the end of the prior fiscal year, will use the Fee Schedule of the current fiscal year minus one, and NOT the fiscal year of the date of service minus one. This is due to the fact that the payment amounts are asked up front, before the date of service is known.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and Vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the Vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example of ICD-9 Data

```

SELECT FEE BASIS BATCH NUMBER: 33
OBLIGATION #: C33003

SELECT PATIENT: 9812  FEEPATIENT,ONE    05-12-51    000456789    SC VETERAN

FEEPATIENT,ONE                PT.ID: 000-45-6789
123 EASY STREET                DOB: MAY 12,1951
ALBANY                          TEL: 555-1234
NEW YORK 12202-0987           CLAIM #: 000000000
                                COUNTY: ALBANY

PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED FEB 13, 1977
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

```

PAYMENT MENU

MULTIPLE PAYMENT ENTRY

Example of ICD-9 Data, cont.

```

        SC Percent: 30%
    Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

    Health Insurance: YES
    Insurance                Policy #                Group #                Holder
    -----                -
    PRUDENTIAL                3424234                UNKNOWN                APPLICANT
    AETNA                      8849043093247          00229/9984            SPOUSE
    Want to add NEW insurance data? No// <RET>
    
```

```

    Are there any discrepancies with insurance data on file? No// <RET>
    Fee ID Card #: 357491                Fee Card Issue Date: 07/16/93

    Patient Name: FEEPATIENT,ONE                Pt.ID: 000-45-6789

    AUTHORIZATIONS:
    (1) FR: 04/12/93                VENDOR: Not Specified
        TO: 04/11/96
        Authorization Type: Outpatient - Short Term
        Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR
        ALLIED BENE.)
        DX: PTSD                REF: FEEprovider,Two
        REF NPI: 111111112

        County: ALBANY                PSA: ALBANY

    (2) FR: 07/01/93                VENDOR: FEEVENDOR,ONE                - 000999999
        TO: 06/30/96
        Authorization Type: Outpatient - ID Card
        Purpose of Visit: HOSPICE CARE (OPT) - FEE BASIS AUTHORITY (CFR
        17.50b)
        DX: OSTEOCARCINOMA                REF: FEEprovider,Two
        REF NPI: 111111112
        County: ALBANY                PSA: PALO ALTO
        REMARKS:
        THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
    Enter a number (1-2): 2
    AUTHORIZATION REMARKS:
    1>THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
    EDIT Option: <RET>
    DX LINE 1: OSTEOCARCINOMA// <RET>
    DX LINE 2: <RET>
    DX LINE 3: <RET>
    
```

PAYMENT MENU

MULTIPLE PAYMENT ENTRY

Example of ICD-9 Data, cont.

```

Select FEE BASIS VENDOR NAME: FEEvendor,one      000666666 ALL OTHER PARTI
      899 RIDGE RD
      MALONE, NY 11221      TEL. #: 344-5122

Patient Name: FEEPATIENT,ONE                      Pt.ID: 000-45-6789

          *** VENDOR DEMOGRAPHICS ***

      Name: FEEVENDOR,ONE                      ID Number: 000666666
      Address: 899 RIDGE RD                      Specialty:
      City: MALONE                                Type: OTHER
      State: NEW YORK                            Participation Code: ALL OTHER PARTICIPANT
      ZIP: 11221                                 Medicare ID Number:
      County: WARREN                             Chain:
      Phone: 555-5122
      Fax: 555-5100
      Austin Name: MULTI MEDICAL
      Last Change                                Last Change
      TO Austin: 9/27/93                          FROM Austin: 09/30/93
      Want to Edit data? No// <RET>

Vendor has no prior payments for this patient

      Want a new Invoice number assigned? Yes// <RET>

      Invoice # 132 assigned to this Invoice

      Enter Date Correct Invoice Received or Last Date of Service
      (whichever is later): T (SEP 14, 1994)

      Enter Vendor Invoice Date: 9/10/94 (SEP 10, 1994)

      This is a Federal Vendor. IPAC payment information is required.
      - Required IPAC agreement information has been found.

      Would you like to display the detailed IPAC agreement information? No// NO

      Enter the DoD Invoice Number: 12345

      Will any line items in this invoice be for contracted services? No// Y (YES)
  
```

PAYMENT MENU

MULTIPLE PAYMENT ENTRY

Example of ICD-9 Data, cont.

```
Select Service Provided: 90010          OFFICE/OP VISIT, NEW, LTD
Major Category: MEDICINE
Sub-Category: OFFICE MEDICAL SERVICES
Procedure: OFFICE/OP VISIT, NEW, LTD

          Detail Description
          =====
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT;
LIMITED SERVICE
Is this correct? YES// <RET>

CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN
Amount Claimed: $: 20

Is $20 correct for Amount Claimed? Yes// <RET>
AMOUNT PAID: $: // 20

Is $20 correct for Amount Paid? Yes// <RET>

Select ICD DIAGNOSIS: 578.1          BLOOD IN STOOL          COMPLICATION/COMORBIDITY
          ...OK? YES// <RET>
Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE: 3          CONSULTATION

Service connected condition? YES

Date of Service: 090793 (SEP 07, 1993)
Is 09/07/93 correct? YES// <RET>
Is this line item for a contracted service? No// Y (YES)
SEP 7, 1993 ....OK, DONE.....
Invoice: 132 Totals: $ 20

Date of Service: 090493 (SEP 04, 1993)
Is 09/04/93 correct? YES// <RET>
Is this line item for a contracted service? No// <RET>
SEP 4, 1993 ....OK, DONE.....
Invoice: 132 Totals: $ 40

Date of Service: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```

PAYMENT MENU MULTIPLE PAYMENT ENTRY

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization that is editable. Primary Diagnosis can also be entered.

PATIENT NAME: FEE,ICDTWO		PT.ID: 000-34-2354
AUTHORIZATIONS:		
(1) FR: 11/21/2012	VENDOR: FEEVENDOR,ONE	VENDOR ID: 000777777
TO: 11/21/2013	AUTHORIZATION TYPE: OUTPATIENT - ID CARD	
PURPOSE OF VISIT: OPT - SC 50% OR MORE		
DX: E08.00	REF:	
REF NPI:		

PAYMENT MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

NOTE: Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

Introduction

The Re-Initiate Rejected Payment Items option is used to re-initiate rejected payment items into a new batch.

- The option prevents the selection of a batch when the Voucher Batch Acknowledgement from Central Fee reported an application error or has not yet been received. Central Fee generates a Voucher Batch Acknowledgement in response to the new transaction sent by VistA when the batch is completed using the Finalize a Batch option.
- It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Example

```

SELECT SUPERVISOR MAIN MENU OPTION: RE-INITIATE REJECTED PAYMENT ITEMS

SELECT BATCH WITH REJECTS: 222 <RET>      C20001

SELECT NEW BATCH NUMBER: 196 <RET>      C20001
WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME            VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD     SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID        ADJ CODE    ADJ AMOUNT
=====
BATCH NUMBER: 222      VOUCHER DATE: 4/4/12    VOUCHERER: FEEFINANCE, FIRST

FEEPATIENT, FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568      297      2/27/12
 12/1/11  66020    INJECTION TREATMENT OF EYE
 90.00    90.00          ADJ CODE    ADJ AMOUNT
LOCAL REJECT              OLD BATCH #: 222
REJECT REASON: UNIT TESTING
    
```


PAYMENT MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

```

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          297          2/27/12
12/1/11  77072          X-RAYS FOR BONE AGE
100.00          22.63          45          77.37
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS

PATIENT NAME              ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                          ('#' VOIDED PAYMENT)              BATCH #  VOUCHER DATE
VENDOR NAME              VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED          FPPS CLAIM  FPPS LINE
CLAIMED    PAID          ADJ CODE    ADJ AMOUNT
=====
                                INCORRECT/MISSING.
REJ CODE: C002  FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.
REJ CODE: C003  MIDDLE INITIAL OF VETERAN WAS NOT ALPHA OR BLANK.
REJ CODE: C004  FIRST THREE POSITIONS IN VENDOR NAME WAS INCORRECTLY
                FORMATTED.
REJ CODE: C005  INVALID VETERAN ID.

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
1/23/12  23000          REMOVAL OF CALCIUM DEPOSITS
100.00          100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
                INCORRECT/MISSING.
REJ CODE: C002  FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.
REJ CODE: C003  MIDDLE INITIAL OF VETERAN WAS NOT ALPHA OR BLANK.
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

PATIENT NAME              ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                          ('#' VOIDED PAYMENT)              BATCH #  VOUCHER DATE
VENDOR NAME              VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED          FPPS CLAIM  FPPS LINE
CLAIMED    PAID          ADJ CODE    ADJ AMOUNT
=====

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
1/28/12  23000          REMOVAL OF CALCIUM DEPOSITS
100.00          100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
                INCORRECT/MISSING.
REJ CODE: C002  FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
2/2/12   23000          REMOVAL OF CALCIUM DEPOSITS
100.00          100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS

PATIENT NAME              ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                          ('#' VOIDED PAYMENT)              BATCH #  VOUCHER DATE

```

PAYMENT MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

SVC DATE CLAIMED	CPT-MOD PAID	SERVICE PROVIDED ADJ CODE	ADJ AMOUNT	FPPS CLAIM	FPPS LINE
=====					
INCORRECT/MISSING.					
FEEPATIENT, FEE C		000-00-5401		222	
FEEVENDOR CLINIC		463417568		296	2/25/12
2/7/12	23000	REMOVAL OF CALCIUM DEPOSITS			
100.00	100.00		0.00		
CENTRAL FEE REJECT OLD BATCH #: 222					
REJ CODE: C001 TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS					
INCORRECT/MISSING.					
REJ CODE: C002 FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.					

WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO// YES					
ARE YOU SURE YOU WANT TO RE-INITIATE ALL LINE ITEMS IN THIS BATCH? NO// YES					
...EXCUSE ME, HOLD ON...					
FYI: INVOICE 296 WAS SPLIT SINCE ENTIRE INVOICE DID NOT MOVE TO THE NEW BATCH.					
RE-INITIATED LINES ARE BEING ASSIGNED A NEW INVOICE NUMBER OF 337.					
ENTER RETURN TO CONTINUE OR '^' TO EXIT:					
ALL REJECTED ITEMS HAVE BEEN RE-INITIATED!					
SELECT BATCH WITH REJECTS:					

PAYMENT MENU

REIMBURSEMENT PAYMENT ENTRY

New Prompts:

Enter Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement Payment Entry option is used to enter a reimbursement payment to a veteran for medical service after the veteran has paid the Vendor directly. At some stations, reimbursement payments are separate batches. At others, they are intermixed with the medical batches. You may only enter payments into those batches which you opened. The system will assign a new invoice number to the reimbursement payment, if necessary.

Depending on site parameters at your facility, patient authorization information and Vendor demographics may be Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the Vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the patient has reached the maximum payment amount allowed for the month of service, a warning will appear after you enter the date of service.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT MENU

REIMBURSEMENT PAYMENT ENTRY

Example of ICD-9 Data

```
SELECT FEE BASIS BATCH NUMBER: 357
OBLIGATION #: C15005

SELECT PATIENT: FEEPATIENT,ONE          07-21-50      000456789      NSC VETERAN

FEEPATIENT,ONE                          PT.ID: 000-45-6789
129 BROWNDYKE ROAD                       DOB: JUL 21,1950
COHOES                                    TEL: 518-555-8911
NEW YORK 12901                            CLAIM #: NOT ON FILE
                                           COUNTY: COLUMBIA

PRIMARY ELIG. CODE: NSC -- PENDING VERIFICATION JUL 15, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SERVICE CONNECTED: NO
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: NO
INSURANCE CO.      SUBSCRIBER ID      GROUP      HOLDER      EFFECTIVE      EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
PATIENT NAME: FEEPATIENT,ONE              PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/01/94      VENDOR: FEEVENDOR,ONE      - 000333333
    TO: 07/31/95

        AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: OPT TO OBTAIN THE NEED FOR HOSP. ADMISSION
DX: DISLOCATED WRIST      REF: FEEPROVIDER,TWO
REF NPI: 1111111112

COUNTY: COLUMBIA              PSA: ALBANY, NY

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
```

PAYMENT MENU

REIMBURSEMENT PAYMENT ENTRY

Example of ICD-9 Data, cont.

```

PATIENT: FEEPATIENT,ONE
ADDRESS LINE 1: 129 BROWNDYKE ROAD
CITY: COHOES
STATE: NEW YORK
ZIP: 12901
COUNTY: COLUMBIA

WANT TO EDIT ADDRESS DATA? NO// <RET>
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD
DX LINE 2: <RET>
DX LINE 3: <RET>

```

```

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000333333 A DOCTOR OF MEDICINE
1 MAIN STREET
CLARKSVILLE, NY 12043

PATIENT NAME: FEEPATIENT,ONE                      PT.ID: 000-45-6789

*** VENDOR DEMOGRAPHICS ***

NAME: FEEVENDOR,ONE                               ID NUMBER: 000333333 A
ADDRESS: 1 MAIN ST                                SPECIALTY: GENERAL MEDICINE
CITY: CLARKSVILLE                                 TYPE: PHYSICIAN
STATE: NEW YORK                                   PARTICIPATION CODE: DOCTOR OF MEDICINE
ZIP: 12043                                         MEDICARE ID NUMBER: 456789
COUNTY: CLINTON                                  CHAIN:
PHONE:
FAX:
AUSTIN NAME: D TEST
LAST CHANGE
TO AUSTIN: 9/30/94                                LAST CHANGE
                                                    FROM AUSTIN: 9/30/94
WANT TO EDIT DATA? NO// <RET>

```

```

VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 591 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): T (DEC 11, 1994)

ENTER VENDOR INVOICE DATE: 12/1 (DEC 01, 1994)
DATE OF SERVICE: 11/2 NOV 2, 1994

TOTAL ALREADY PAID ON ID CARD FOR MONTH: $ 0    MAXIMUM ALLOWED: $ 125
TOTAL ALREADY PAID ON ALL/OTHER FOR MONTH: $ 0

```

PAYMENT MENU REIMBURSEMENT PAYMENT ENTRY

Example of ICD-9 Data, cont.

```
SELECT SERVICE PROVIDED: 25676          REPAIR WRIST DISLOCATION
MAJOR CATEGORY: SURGERY
  SUB-CATEGORY: MUSCULOSKELETAL SYSTEM
  PROCEDURE: REPAIR WRIST DISLOCATION

          DETAIL DESCRIPTION
          =====
OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
IS THIS CORRECT? YES// <RET>
CPT MODIFIER: P1          NORMAL HEALTHY PATIENT
          REPAIR WRIST DISLOCATION
AMOUNT CLAIMED: 350
AMOUNT PAID: 350
PRIMARY DIAGNOSIS: 833.19  833.19          DISLOCAT WRIST NEC-OPEN
          ...OK? YES// <RET>  (YES)

PLACE OF SERVICE: 11          OFFICE
HCFA TYPE OF SERVICE: 1          MEDICAL CARE
SERVICE CONNECTED CONDITION?: N (NO)
WARNING, YOU CAN ONLY ENTER 13 MORE LINE(S) !

SELECT SERVICE PROVIDED: <RET>

DATE OF SERVICE: <RET>

INVOICE: 591 TOTALS $ 350.00

SELECT PATIENT:<RET>

Select FEE BASIS BATCH NUMBER:
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization that is editable. Primary diagnosis can also be entered.

```
PATIENT NAME: FEE,ICDTWO          PT.ID: 666-34-2354
AUTHORIZATIONS:
  (1) FR: 11/21/2012          VENDOR: FEEVENDOR,ONE          VENDOR ID: 000777777
      TO: 11/21/2013
          AUTHORIZATION TYPE: OUTPATIENT - ID CARD
PURPOSE OF VISIT: OPT - SC 50% OR MORE
DX: E08.00          REF:
```

REF NPI :

PAYMENT MENU

TRAVEL PAYMENT ONLY

Insurance, authorization, and address data are now displayed. Insurance and address information may be edited.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Travel Payment Only option is used to enter/edit/delete a travel payment for a Fee Basis patient. Veterans authorized Fee Basis care may be provided payment for their travel expenses from their home to the fee provider. This is usually a cents-per-mile amount (set by VA Central Office) plus any toll or bridge fees.

Travel payment is not automatic and must be requested by the veteran. If approved, the travel information is added to the patient's Fee Basis authorization (under authorization remarks). The amount of the travel payment due should be entered through this option when a fee medical invoice is processed.

You are prompted for the travel batch number to which the payment will be assigned. Only travel batches with a status of OPEN (and opened by you) may be selected.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

PAYMENT MENU TRAVEL PAYMENT ONLY

Example of ICD-9 Data

```

SELECT PATIENT: FEEPATIENT,ONE

FEEPATIENT,ONE                PT.ID: 000-45-6789
32 SMYTH RD                   DOB: FEB 22,1922
BOX 333
MANCHESTER                    TEL: 1800FEE
NEW HAMPSHIRE 03102-1345     CLAIM #: 000000000
                                COUNTY: HILLSBOROUGH

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED JAN 19, 1989
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC PERCENT: 100%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: UNKNOWN
INSURANCE CO.      SUBSCRIBER ID   GROUP      HOLDER   EFFECTIVE EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

FEE ID CARD #: A12346                FEE CARD ISSUE DATE: 01/01/93

PATIENT NAME: FEEPATIENT,ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/04/94      VENDOR: FEEVENDOR,ONE      - 000444444
    TO: 08/03/97
        AUTHORIZATION TYPE: OUTPATIENT - ID CARD
        PURPOSE OF VISIT: OPT - SC 50% OR MORE
        DX:                      REF: FEEPROVIDER,TWO
        REF NPI: 1111111112

        COUNTY: HILLSBOROUGH                PSA: ALBANY

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>

```

PAYMENT MENU TRAVEL PAYMENT ONLY

Example of ICD-9 Data, cont.

```
PATIENT:  FEEPATIENT,ONE
ADDRESS LINE 1:  32 SMYTH RD
ADDRESS LINE 2:  BOX 333
              CITY:  MANCHESTER
              STATE: NEW HAMPSHIRE
              ZIP:   03102-1345
              COUNTY: HILLSBOROUGH

WANT TO EDIT ADDRESS DATA? NO// <RET>
AUTHORIZATION REMARKS:
  1> APPROVED FOR TRAVEL ALSO.
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

SELECT TRAVEL PAYMENT DATE: 9/1  SEP  1, 1994
TRAVEL PAYMENT DATE: SEP 1,1994// <RET>
TRAVEL BATCH NUMBER: 187// <RET>
TRAVEL AMOUNT: 18// 15

SELECT PATIENT:
```

PAYMENT MENU

TRAVEL PAYMENT ONLY

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization that is editable.

```

AUTHORIZATIONS:
(1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000444444
    TO: 11/21/2013
        AUTHORIZATION TYPE: OUTPATIENT - ID CARD
    PURPOSE OF VISIT: OPT - SC 50% OR MORE
    DX: E08.8              REF:
    REF NPI:

    COUNTY: ATCHISON          PSA: FEEVENDOR,ONE      - 000444444

(2) FR: 4/10/2012      VENDOR: FEEVENDOR,ONE      - 000444444
    TO: 4/10/2013
        AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
    PURPOSE OF VISIT: OPT - SC LESS THAN 50%
    DX: E09.00              REF:
  
```

```

ICD DIAGNOSIS: E08.01// G82.20

ONE MATCH FOUND

    ICD DIAGNOSIS CODE:      G82.20
    ICD DIAGNOSIS DESCRIPTION: PARAPLEGIA, UNSPECIFIED
    TRAVEL PAYMENT DATE: 4/6/2012  APR 06, 2012
    TRAVEL PAYMENT DATE: APR 6,2012//
    TRAVEL BATCH NUMBER: 22723//
    TRAVEL AMOUNT: 30// 40
  
```

REGISTRATION MENU AUTHORIZATION DISPLAY

NEW OPTION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example of ICD-9 Data

```
ENTER AUTHORIZATION NUMBER: 7169701-2

FEEPATIENT,ONE                PT.ID: 000-45-6789
32 LAKE RD                    DOB: FEB 22,1922
BOX 333
MANCHESTER                    TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345      CLAIM #: 000000000
                                COUNTY: HILLSBOROUGH

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED JAN 19, 1989
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC PERCENT: 100%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: UNKNOWN
INSURANCE CO.      SUBSCRIBER ID      GROUP      HOLDER      EFFECTIVE      EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

REGISTRATION MENU AUTHORIZATION DISPLAY

Example of ICD-9 Data, cont.

Fee ID Card #: A12346	Fee Card Issue Date: 01/01/93
Patient Name: FEEPATIENT,ONE	Pt.ID: 000-45-6789
AUTHORIZATIONS:	
(1) FR: 01/01/94	VENDOR: FEEVENDOR,ONE - 000444444
TO: 04/01/94	
Authorization Type: Outpatient - Short Term	
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC	
COND	
>> Unauthorized Claim <<	
DX:	REF: FEEprovider,Two
REF NPI: 111111112	
County: HILLSBOROUGH	PSA: ALBANY
Enter Authorization Number:	

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization.

Patient Name: FEE,ICDTWO	Pt.ID: 000-34-2354
AUTHORIZATIONS:	
(1) FR: 4/10/2012	VENDOR: FEEVENDOR,ONE - 000222222
TO: 4/10/2013	
Authorization Type: Outpatient - Short Term	
Purpose of Visit: OPT - SC LESS THAN 50%	
DX: E08.00	REF: HUBERTUS,GABRIELA A
REF NPI: 1629169024	

REGISTRATION MENU FEE PATIENT INQUIRY

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Fee Patient Inquiry option is used to display current Fee Basis patient information, such as insurance and authorization data.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

REGISTRATION MENU FEE PATIENT INQUIRY

Example of ICD-9 Data

```

SELECT PATIENT NAME: FEEPATIENT,ONE      08-14-55      000456789      SC VETERAN

DEVICE: HOME// <RET>      RIGHT MARGIN: 80// <RET>

FEEPATIENT,ONE                      PT.ID: 000-45-6789
12 ANY ST.                          DOB: AUG 14,1955
MANCHESTER                          TEL: NOT ON FILE
NEW HAMPSHIRE 12111                CLAIM #: 000000000
                                      COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50% -- NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

          SC PERCENT: 20%
RATED DISABILITIES: DIABETES (20%-SC)

HEALTH INSURANCE: NO
INSURANCE CO.      SUBSCRIBER ID      GROUP      HOLDER      EFFECTIVE      EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

PATIENT NAME: FEEPATIENT,ONE                      PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 04/26/93      VENDOR: FEEVENDOR,ONE - 000999999
    TO: 04/28/93
          AUTHORIZATION TYPE: CIVIL HOSPITAL
PURPOSE OF VISIT: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                >> UNAUTHORIZED CLAIM <<
DX: CAD                      REF: FEEPROVIDER,TWO
REF NPI: 1111111112

COUNTY: GRAFTON                      PSA: BAY PINES, FL

SELECT PATIENT NAME:
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization.

```

PATIENT NAME: FEE,ICDTWO                      PT.ID: 000-34-2354

AUTHORIZATIONS:
(1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
    TO: 11/21/2013
          AUTHORIZATION TYPE: OUTPATIENT - ID CARD
PURPOSE OF VISIT: OPT - SC 50% OR MORE
DX: E08.00                      REF:
REF NPI:
    
```

REGISTRATION MENU PRINT REPORT OF CONTACT

The Report of Contact, VA Form 119, may now be printed without forced queuing.

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE
SELECT REPORT OF CONTACT DATE OF CONTACT: T   DEC 11, 1994

DEVICE: HOME// <RET>  VIRTUAL TERMINAL      RIGHT MARGIN: 80// <RET>

=====
>>  REPORT  OF  CONTACT  <<  |VA OFFICE      |SSN #
                                |                 |
                                |VAMC ALBANY NY | 000456789
                                |                 |
-----
NAME OF VETERAN                |TELEPHONE NO. OF VET. |DATE OF CONTACT
FEEPATIENT,ONE                 |518-555-0987          | 12/11/94
-----
ADDRESS OF VETERAN              |TYPE OF CONTACT
391 MAPLE DR                    |
TROY, NY      32937              |      TELEPHONE
-----
PERSON CONTACTED                |TELEPHONE NUMBER OF
TEST DOCTOR,MD                  |PERSON CONTACTED
                                |518-555-1234
-----
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

DR. CALLED TO REQUEST AUTHORIZATION TO PROVIDE
OUTPATIENT SURGICAL SERVICES TO MR. TEST. CASE WILL BE
REVIEWED BY ANOTHER DR.

-----
DIVISION OR SECTION            |EXECUTED BY(SIGNATURE AND TITLE)
FEE BASIS                       |MARY ELLEN
=====
VA FORM 119
    
```


REGISTRATION MENU

REPORT OF CONTACT

Introduction

The Report of Contact option is used to enter a Report of Contact between a Vendor and the medical center or edit an existing Report of Contact. It provides you with a way to write a narrative report concerning a personal visit or telephone conversation about a Fee Basis veteran, and gives you an opportunity to print the report. The Vendor contacts recorded through this option will appear in many of the other Fee Basis options when the patient authorization information is displayed.

A patient must be registered in the FEE BASIS PATIENT file (#161) to be entered in this option.

Example

```

SELECT PATIENT NAME:  FEEPATIENT,ONE      08-14-55      000456789      SC VETERAN
SELECT DATE OF CONTACT:  SEP 15,1993
  DATE OF CONTACT:  SEP 15,1993// <RET>
  VENDOR/PROVIDER:  FEEVENDOR,ONE
  VENDOR/PROVIDER TELEPHONE NO.:  555-5656
  NARRATIVE:
  1>DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. TEST. CASE WILL BE REVIEWED BY DR. TEST.

EDIT OPTION:  <RET>
  INPUT DATE:  TODAY// <RET> (SEP 15, 1993)
  TYPE OF CONTACT:  T TELEPHONIC
SELECT DATE OF CONTACT:  <RET>
WANT TO PRINT THIS REPORT OF CONTACT? NO// YES

DEVICE:  HOME// FEE BASIS PRINTER      RIGHT MARGIN:  80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y (YES)

REQUESTED START TIME:  NOW// <RET> (SEP 15, 1993@12:05:20)
REQUEST QUEUED

SELECT PATIENT NAME:

```

REGISTRATION MENU REPORT OF CONTACT

Example, cont.

>> REPORT OF CONTACT <<		VA OFFICE	SSN #
		VAMC ALBANY NY	000456789
NAME OF VETERAN		TELEPHONE NO. OF VET.	DATE OF CONTACT
FEEPATIENT, ONE		NONE ON FILE	09/15/93
ADDRESS OF VETERAN		TYPE OF CONTACT	
12 ANY ST.			
MANCHESTER, NH 12111		TELEPHONE	
PERSON CONTACTED		TELEPHONE NUMBER OF	
PRIVATE HOSPITAL		PERSON CONTACTED	
		555-5656	
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN			
DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL			
SERVICE TO MR. TEST. CASE WILL BE REVIEWED BY DR. TEST.			
DIVISION OR SECTION		EXECUTED BY (SIGNATURE AND TITLE)	
FEE BASIS		KAREN	
VA FORM 119			

SUPERVISOR MAIN MENU

Select Medical Fee Main Menu Option: Supervisor Main Menu

Clerk Look-Up For An Authorization
Contract File Enter/Edit
Delete Reject Flag
Edit Pharmacy Invoice Status
Enter/Edit Suspension Letters
Fee Basis 1358 Segregation of Duty Report
Fee Schedule Main Menu ...
Finalize a Batch
FPPS Update & Transmit Menu ...
List Batches Pending Release
MRA Main Menu ...
Update FMS Vendor File in Austin [FBAA FMS UPDATE]
Delete Vendor MRA [FBAA MRA DELETE VENDOR]
Reinstate Vendor MRA [FBAA MRA VENDOR REINSTATE]
Pricer Batch Release
Print Rejected Payment Items
Queue Data for Transmission
Re-initiate Rejected Payment Items
Release a Batch
Reprocess Overdue Batch [FBAA REPROCESS BATCH]
Resend Completed Batch [FBAA RESEND VOUCHER MSG]
Site Parameter Enter/Edit
Unauthorized Claims File Menu ...
Void Payment Main Menu ...

SUPERVISOR MAIN MENU

ADD NEW PERSON FOR UNAUTHORIZED CLAIM

XUSPF200 Security Key - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or Vendor submits an unauthorized claim, this option is used to enter the name and address of that party in the NEW PERSON file (#200). The name must be entered in uppercase.

Example

```
ENTER NEW PERSON'S NAME (LAST, FIRST MI): FEEPATIENT, ONE
  ARE YOU ADDING 'FEEPATIENT, ONE ' AS A NEW PERSON (THE 1891ST)? Y (YES)
CHECKING SOUNDEX FOR MATCHES.
  FEEPATIENT, ONE
DO YOU STILL WANT TO ADD THIS ENTRY: NO// Y
NOW FOR THE IDENTIFIERS.
INITIAL: MD
SSN: 000456789
SEX: F FEMALE
STREET ADDRESS 1: 7425 OLYMPIC BLVD
STREET ADDRESS 2: APT 9A
STREET ADDRESS 3: <RET>
CITY: BISMARCK
STATE: ND NORTH DAKOTA
ZIP CODE: 67448-9938
SSN: 000456789// <RET>
```

SUPERVISOR MAIN MENU CLERK LOOK-UP FOR AN AUTHORIZATION

Introduction

This option is used to identify the last user who entered/edited a selected authorization.

Example

```
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE 06-17-48 000456789
      SC VETERAN
Select AUTHORIZATION FROM DATE: 1/1/88 JAN 1, 1988
The last user to enter/edit this Authorization was JOHN.
```

SUPERVISOR MAIN MENU CONTRACT FILE ENTER/EDIT

FBAASUPERVISOR Security Key - required to access this option.

Introduction

This option allows contracts to be entered for Medical Fee and Civil Hospital authorizations and payments.

Payment transactions sent from VistA to Central Fee have been modified to include the contract number. The contract number will be used to identify payments for pilot project HERO. Contracts not associated with project HERO can also be entered and tracked using the new functionality.

The new contract functionality does not replace or modify the existing use of contracts in the Community Nursing Home module. VistA Fee Basis is prevented from making payments for unauthorized claims from being considered as contracted services.

Example

```
Select Supervisor Main Menu Option: contract File Enter/Edit
Select FEE BASIS CONTRACT NUMBER: 12345678901234567891
Are you adding '12345678901234567891' as
    a new FEE BASIS CONTRACT (the 22ND)? No// y (Yes)
CONTRACT NUMBER: 12345678901234567891  Replace
```

SUPERVISOR MAIN MENU

DELETE REJECT FLAG

You must hold the FBAAREJECT security key to use this option.

Introduction

The Delete Reject Flag option is used to delete reject flags that were entered in error using the Finalize a Batch option.

- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.
- Reject flags that are set by the Central Fee transactions cannot be locally deleted since those payment lines were *not* accepted by Central Fee or have been dropped from Central Fee.
- Locally specified reject flags can only be deleted before the batch is completed (VOUCHERED) since completion of the batch triggers the new transaction which results in the removal of any locally rejected payment lines from Central Fee and releases the remainder of the payment lines.
- When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```

SELECT SUPERVISOR MAIN MENU OPTION: DELETE REJECT FLAG

SELECT FEE BASIS BATCH NUMBER:    230 <RET>  C20001

NUMBER: 230                        OBLIGATION NUMBER: C20001
TYPE: MEDICAL PAYMENTS             DATE OPENED: APR 04, 2012
CLERK WHO OPENED: FEECLERK,DEBORAH
DATE SUPERVISOR CLOSED: APR 18, 2012@08:57:18
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                TOTAL DOLLARS: 10
PAYMENT LINE COUNT: 1              DATE CLERK CLOSED: APR 18, 2012
DATE TRANSMITTED: APR 18, 2012     REJECTS PENDING: YES

STATUS: CENTRAL FEE ACCEPTED

```

SUPERVISOR MAIN MENU

DELETE REJECT FLAG

Example, cont.

```

WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #   DATE REC'D.
SVC DATE  CPT-MOD   SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
BATCH NUMBER: 230    VOUCHER DATE:          VOUCHERER:

FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12
12/3/11  77072    X-RAYS FOR BONE AGE
30.00      22.63      4      7.37
LOCAL REJECT      OLD BATCH #: 230
REJECT REASON: TEST BATCH REJECT

FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12
12/3/11  6090F-22  PT/CAREGIVER COUNSEL SAFETY
23.00      23.00          0.00
LOCAL REJECT      OLD BATCH #: 230
REJECT REASON: TEST BATCH REJECT

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #   DATE REC'D.
SVC DATE  CPT-MOD   SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====

FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12
12/20/11  78010    THYROID IMAGING
33.00      33.00          0.00
LOCAL REJECT      OLD BATCH #: 230
REJECT REASON: TEST BATCH REJECT

FEEPATIENT,FEE C          000-00-5401          230
FEEVENDOR CLINIC          463417568      313      2/25/12
1/18/12  23000    REMOVAL OF CALCIUM DEPOSITS
100.00      100.00          0.00
CENTRAL FEE REJECT OLD BATCH #: 230
REJ CODE: C002 THIS IS TEST ERROR CODE C002.

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #   DATE REC'D.
SVC DATE  CPT-MOD   SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
    
```


SUPERVISOR MAIN MENU

DELETE REJECT FLAG

Example, cont.

```

FEEPATIENT,THIRD          000-32-1456          230
  FEEVENDOR CLINIC          463417568          316          4/18/12
    50.00          50.00          0.00
LOCAL REJECT          OLD BATCH #: 230
REJECT REASON: TEST BATCH REJECT
-----
WANT TO DELETE LOCAL REJECTION CODES FOR THE ENTIRE BATCH? NO//
WANT TO DELETE LOCAL REJECTION CODE FOR ANY LINE ITEMS? NO// YES

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE B,FEE B FEEPATIENT,FEE B          7-15-40
000003424          REQUIRED          NO          NSC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.
ENROLLMENT PRIORITY:          CATEGORY: IN PROCESS          END DATE:

          *** PATIENT REQUIRES A MEANS TEST ***

          PRIMARY MEANS TEST REQUIRED FROM JAN 20,2011

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
          ('#' VOIDED PAYMENT)          BATCH #          VOUCHER DATE
VENDOR NAME          VENDOR ID          INVOICE #          DATE REC'D.
SVC DATE CPT-MOD          SERVICE PROVIDED          FPPS CLAIM          FPPS LINE
CLAIMED          PAID          ADJ CODE          ADJ AMOUNT
=====
FEEPATIENT,FEE B          000-00-3424          230
  FEEVENDOR CLINIC          463417568          315          4/8/12
1) 12/3/11  77072          X-RAYS FOR BONE AGE
    30.00          22.63          4          7.37

FEEPATIENT,FEE B          000-00-3424          230
  FEEVENDOR CLINIC          463417568          315          4/8/12
2) 12/3/11  6090F-22 PT/CAREGIVER COUNSEL SAFETY
    23.00          23.00          0.00

FEEPATIENT,FEE B          000-00-3424          230
  FEEVENDOR CLINIC          463417568          315          4/8/12
3) 12/20/11  78010          THYROID IMAGING
    33.00          33.00          0.00
DELETE REJECT FLAG FOR ALL ITEMS FOR THIS PATIENT? YES// NO
DELETE REJECT FOR WHICH LINE ITEM: (1-3): 2
ARE YOU SURE YOU WANT TO DELETE REJECT FOR ITEM NUMBER 2? NO// YES
ITEM DELETED. WANT TO DELETE ANOTHER? YES// NO

NUMBER: 230          OBLIGATION NUMBER: C20001
TYPE: MEDICAL PAYMENTS          DATE OPENED: APR 04, 2012
CLERK WHO OPENED: FEECLERK,DEBORAH
DATE SUPERVISOR CLOSED: APR 18, 2012@08:57:18
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500          TOTAL DOLLARS: 33
    
```

SUPERVISOR MAIN MENU DELETE REJECT FLAG

Example, cont.

PAYMENT LINE COUNT: 2	DATE CLERK CLOSED: APR 18, 2012
DATE TRANSMITTED: APR 18, 2012	REJECTS PENDING: YES
STATUS: CENTRAL FEE ACCEPTED	
SELECT FEE BASIS BATCH NUMBER:	

SUPERVISOR MAIN MENU

EDIT PHARMACY INVOICE STATUS

Introduction

The Edit Pharmacy Invoice Status option is used to change the status of a pharmacy invoice. Following are the four pharmacy invoice statuses.

- **PENDING PHARMACY DETERMINATION** - All prescription data necessary for Pharmacy Service to make their review has been entered into the system. This includes patient name, drug name, drug strength, etc.
- **PENDING MAS COMPLETION** - Pharmacy Service has made their review, which includes a determination as to whether or not the prescription was for an authorized condition, whether or not it was emergent, and whether payment should be based on the generic drug price. Medical Administration Service (MAS) now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- **PENDING PAYMENT PROCESS** - The invoice is waiting to be assigned to a Pharmacy Fee Basis batch.
- **COMPLETED** - The invoice has been assigned to a batch.

At most facilities, both MAS and Pharmacy Services are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

NOTE: This option is used only when the invoice status does not coincide with the lowest line item status. This should only occur when there has been a machine failure.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER: 37
INVOICE STATUS: PENDING PAYMENT PROCESS// ?
  CHOOSE FROM:
    1      PENDING PHARMACY DETERMINATION
    2      PENDING MAS COMPLETION
    3      PENDING PAYMENT PROCESS
    4      COMPLETED
INVOICE STATUS: 4      COMPLETED
```

SUPERVISOR MAIN MENU ENTER/EDIT SUSPENSION LETTERS

Introduction

The Enter/Edit Suspension Letters option is used to enter a new suspension letter into the system or edit an existing letter. If you are adding a new Fee Basis letter, the name must be 3-30 characters in length, not numeric or starting with punctuation. A suspension letter can also be deleted through this option.

Any time a Fee Basis payment is entered with a suspension code, it is flagged so that a suspension letter will be sent to the Vendor. Suspension letters are sent to Fee Basis vendors to explain why a difference exists between the amount paid by the VA and the amount billed by the Vendor. These letters are then printed through the Suspension Letter Print option. Both Medical and Pharmacy payments with suspension codes will generate suspension letters, unless the payment is for reimbursement to a patient.

Example

```
SELECT FEE BASIS LETTER NAME: SAMPLE SUSPENSION
NAME: SAMPLE SUSPENSION// <RET>
BEGINNING OF LETTER:<RET>
  1>WE RECENTLY PROCESSED YOUR INVOICE(S) AND FOR VARIOUS REASONS ADJUSTMENTS
  2>HAD TO BE MADE TO LINE ITEMS. THE FOLLOWING IS A LIST OF THOSE ITEMS
  3>THAT WERE CHANGED AND THE REASONS WHY:
  4>
EDIT OPTION: <RET>
END OF LETTER:
  1>SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LETTER, FEEL FREE TO CONTACT
  2>US AT THE VA MEDICAL CENTER. THANK YOU FOR YOUR COOPERATION.
  3>                                MEDICAL CENTER DIRECTOR
  4>                                FEEVENDOR, ONE
EDIT OPTION: <RET>

SELECT FEE BASIS LETTER NAME:
```

SUPERVISOR MAIN MENU

FEE BASIS 1358 SEGREGATION OF DUTY REPORT

Introduction

This report reviews fee invoice certification events and determines if there was a segregation of duty violation. The certifier of a fee invoice must not be the requestor, approving official, or obligator of the associated 1358 obligation or any increase/decrease adjustments to the 1358 that were obligated before the invoice certification took place.

The release of a payment batch by a fee supervisor is the certification event. The report examines all payment batches that were released during a specified period. Each batch is associated with a single 1358.

The results are sorted by 1358 and within that by the date and time of an event. Three event types may be listed.

Obligate - Initial obligation of the 1358 in IFCAP.

Adjust - Obligation of an increase/decrease to the 1358 in IFCAP.

Certify - Release of a fee payment batch associated with the 1358 by a fee supervisor. The batch number is shown.

The IFCAP events have three roles (requestor, approver, and obligator).

The specified reporting period is used to select released fee batches. All prior IFCAP events for the 1358 are relevant to segregation to duty and will be considered even if they precede the reporting period.

If YES is entered at the "Only list 1358s with a violation (Y/N)?" prompt, only 1358s with at least one violation will be displayed. Additionally, the fee certifications (batch release) that do not violate segregation of duties will not be displayed. IFCAP and Fee Basis have been enhanced by patches PRC*5.1*148 and FB*3.5*117 to enforce segregation of duties for a 1358 so no violations are expected after installation of those patches.

The Fee Basis batch data can optionally be purged by a site. The IFCAP data is normally retained for at least 7 years, but must be purged prior to 10 years since the document numbers are recycled. If the source data for this report has been purged, it will not be included in the report.

Selection of a period starting 9 or more years ago may return inaccurate results due to recycling of 1358 document numbers.

SUPERVISOR MAIN MENU FEE BASIS 1358 SEGREGATION OF DUTY

Example

```

SELECT SUPERVISOR MAIN MENU OPTION:  FEE BASIS 1358 SEGREGATION OF DUTY
REPORT
FROM DATE:  FEB 01, 2011//  (FEB 01, 2011)
TO DATE:  FEB 28, 2011//  (FEB 28, 2011)
FOR ALL STATIONS? YES// <ENTER>
ONLY LIST 1358S WITH A VIOLATION (Y/N)? YES// NO
DEVICE:  HOME// ;;999  TELNET TERMINAL

FEE BASIS 1358 SEGREGATION OF DUTIES                                MAR 11, 2011@10:55:40  PAGE
1
  INCLUDING CERTIFICATIONS FROM FEB 01, 2011 TO FEB 28, 2011 FOR ALL STATIONS

1358      DATE/TIME      EVENT/BATCH  ROLE      NAME
-----
442-C00259 01/27/11@09:10 OBLIGATE    REQUESTOR IFCAPCLERK, ONE
                                APPROVER  IFCAPOFFICER, ONE
                                OBLIGATOR IFCAPTECH, ONE
                                02/07/11@12:21 ADJUST    REQUESTOR IFCAPCLERK, ONE
                                APPROVER  IFCAPOFFICER, TWO
                                OBLIGATOR IFCAPTECH, ONE
                                02/08/11@10:23 14218    CERTIFIER FEEBASIS, SUPERVISOR A
-----
442-T60001 02/01/11@12:53 OBLIGATE    REQUESTOR IFCAPCLERK, ONE
                                APPROVER  IFCAPOFFICER, ONE
                                OBLIGATOR IFCAPTECH, ONE
                                02/01/11@14:54 14213    CERTIFIER FBSUPERVISOR, ONE
                                02/03/11@09:19 14214    CERTIFIER IFCAPCLERK, ONE
                                ***USER PREVIOUSLY ACTED AS REQUESTOR ON A PRIOR 1358 EVENT.
                                02/03/11@10:45 ADJUST    REQUESTOR IFCAPCLERK, ONE
                                APPROVER  IFCAPOFFICER, ONE
                                OBLIGATOR IFCAPOFFICER, ONE
                                02/03/11@11:27 14216    CERTIFIER FBSUPERVISOR, TWO
                                02/03/11@12:19 ADJUST    REQUESTOR FBSUPERVISOR, TWO
                                APPROVER  IFCAPOFFICER, ONE
                                OBLIGATOR IFCAPOFFICER, ONE
-----

4 BATCH CERTIFICATIONS WERE FOUND DURING THE REPORT PERIOD.
2 1358 OBLIGATIONS ARE REFERENCED.
A VIOLATION OF SEGREGATION OF DUTIES WAS DETECTED ON 1 OF THE 1358S.
    
```

SUPERVISOR MAIN MENU

FEE SCHEDULE MAIN MENU

ADD/EDIT FEE SCHEDULE

A CPT modifier (optional) can be entered allowing you to break down the services to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Add/Edit Fee Schedule option is used to enter a Current Procedural Terminology (CPT) code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid in the Outpatient Medical program.

The system internally calculates and stores the seventy-fifth percentile dollar amount based on the amount claimed by the Vendor for a specified CPT code. Usually eight occurrences are needed for this calculation. This option may be used in those instances where there were less than eight occurrences and you want to input your own seventy-fifth percentile.

This option will be used to edit the amount paid if you choose to pay more than the calculated seventy-fifth percentile for a selected CPT code for a specified fiscal year on a regular basis. You would also use this option to enter a new CPT code during the year where you wish to pay less than the calculated amount due to fiscal limitations.

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
ADD/EDIT FEE SCHEDULE

Example

```
Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
  ARE YOU ADDING '90040-77' AS A NEW FEE BASIS FEE SCHEDULE (THE 26TH)? y
(YES)

Select FISCAL YEAR: 1994
  ARE YOU ADDING '1994' AS A NEW FISCAL YEAR (THE 1ST FOR THIS FEE BASIS FEE
SCHEDULE)? y (YES)
  SEVENTY-FIFTH PERCENTILE: 25.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
                                CPT: OFFICE/OP VISIT, EST, BRIEF
                                MOD: REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Select FISCAL YEAR: 1994// <RET>
  FISCAL YEAR: 1994// <RET>
  SEVENTY-FIFTH PERCENTILE: 25.00// 50.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:
```


SUPERVISOR MAIN MENU

FEE SCHEDULE MAIN MENU

COMPILE FEE SCHEDULE

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Compile Fee Schedule option is used to compile the site's fee schedule based on a specified date range or fiscal year. In order to be effective, at least one year of data should be on file. At the first prompt, Beginning Date, you may enter either the fiscal year you wish to run or the beginning date of a date range.

This option populates the FEE BASIS FEE SCHEDULE file (#163.99) and is used throughout the current fiscal year to obtain amount paid default values.

Once a year, usually on or right after October 1, this option should be run to compile the fee schedule for the upcoming fiscal year based on the data from the fiscal year just ended. Since this option reviews the FEE BASIS PAYMENT file (#162) for the specified date range and the compilation will be time consuming, it should be queued for off hours. This report will represent all CPT codes that had at least eight occurrences in the fiscal year/date range you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data displayed in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

SUPERVISOR MAIN MENU

FEE SCHEDULE MAIN MENU

COMPILE FEE SCHEDULE

Example

```
*** DATE RANGE SELECTION ***

Enter fiscal year or date range within fiscal year.

Beginning Date : 1994 (1994)

DEVICE: HOME// <RET> Decnet    RIGHT MARGIN: 80// <RET>
```

```
**** REPORT OF FEE SCHEDULE ****

For Fiscal Year 1994                               Page 1

=====
CPT-MOD  Total #      75 %ile      Date Compiled      Date Range
Description
=====
10001-77                50.00        07/09/94          Add/Edit
DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
-----
90040-57      10          30.00        12/11/93          10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
-----
90050         8          30.00        12/11/93          10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, LTD
-----
```

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
PRINT FEE SCHEDULE

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Print Fee Schedule option is used to print a report of the fee schedule for a specified fiscal year. This report will represent all CPT codes that had at least eight occurrences in the fiscal year you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Because the output generated by this option may be lengthy and time consuming, it should be queued to print during off hours.

SUPERVISOR MAIN MENU

FEE SCHEDULE MAIN MENU

PRINT FEE SCHEDULE

Example

```
SELECT FISCAL YEAR: 1994 (1994)
DEVICE: HOME// <RET> DECNET RIGHT MARGIN: 80// <RET>
```

```
***** REPORT OF FEE SCHEDULE *****
                                FOR FISCAL YEAR 1994                                PAGE 1
=====
```

CPT-MOD	TOTAL #	75 %ILE	DATE COMPILED	DATE RANGE
10001-77		50.00	07/09/94	ADD/EDIT
DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN				
90040-57	10	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY				
90050	8	30.00	12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, LTD				

```
=====
```

SUPERVISOR MAIN MENU

FINALIZE A BATCH

You must hold the FBAAREJECT and/or FBAAFINANCE security keys, defined as follows:

- The FBAAREJECT security key allows the holder to flag payment line items as locally rejected.
- The FBAAFINANCE security key allows the holder to complete Finalize a Batch.

NOTE: Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Medical, Pharmacy, and Travel batches.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Central Fee (Austin). It is used to reject certain payment items and to finalize the batch as correct. This option is also used to complete a batch, which changes its status to VOUCHERED and populates the DATE FINALIZED field in the FEE BASIS PAYMENT (#162) and FEE BASIS INVOICE (#162.5) files for applicable payments.

- Users specify local rejects, only. Payment lines that are rejected by Central Fee are reported to VistA automatically by interface transactions.
- Only batches with a status of CENTRAL FEE ACCEPTED can be selected.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

When a batch is completed using this option, a transaction is automatically sent to Central Fee. That same user who completed the batch will also be a recipient of the message.

- This transaction instructs Central Fee of any payment line items that must be deleted (i.e. local rejects) and to release the remainder of the batch to downstream payment systems, such as FMS.
- This transaction replaces all use of 994 code sheets in IFCAP.

SUPERVISOR MAIN MENU

FINALIZE A BATCH

Example: Finalize a Batch option

```

SELECT SUPERVISOR MAIN MENU OPTION: FINALIZE A BATCH

SELECT FEE BASIS BATCH NUMBER:      230 <RET>      C20001

NUMBER: 230                                OBLIGATION NUMBER: C20001
TYPE: MEDICAL PAYMENTS                    DATE OPENED: APR 04, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 18, 2012@08:57:18
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500                        TOTAL DOLLARS: 138.63
PAYMENT LINE COUNT: 5                      DATE CLERK CLOSED: APR 18, 2012
DATE TRANSMITTED: APR 18, 2012            REJECTS PENDING: YES

STATUS: CENTRAL FEE ACCEPTED

WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE   ADJ AMOUNT

=====
FEEPATIENT,FEE C          000-00-5401          230
FEEVENDOR CLINIC          463417568      298      3/5/12
 2/10/12  77072      X-RAYS FOR BONE AGE
 10.00    10.00          0.00
          INVOICE #: 298  TOTALS: $ 10.00

FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12
 12/3/11  77072      X-RAYS FOR BONE AGE
 30.00    22.63      4      7.37

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE   ADJ AMOUNT

=====
FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12
 12/3/11  6090F-22  PT/CAREGIVER COUNSEL SAFETY
 23.00    23.00          0.00

FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568      315      4/8/12

```

SUPERVISOR MAIN MENU

FINALIZE A BATCH

Example: Finalize a Batch option, cont.

```

33.00      33.00      0.00
          INVOICE #: 315  TOTALS: $ 78.63

PATIENT NAME      ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME      VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD  SERVICE PROVIDED  FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
FEEPATIENT,THIRD          000-32-1456          230
FEEVENDOR CLINIC          463417568      316      4/18/12
2/21/12  79005      NUCLEAR RX ORAL ADMIN
50.00      50.00      0.00

          INVOICE #: 316  TOTALS: $ 50.00
WANT TO REJECT THE ENTIRE BATCH? NO//
WANT TO REJECT ANY LINE ITEMS? NO// YES

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE <RET> C,FEE C FEEPATIENT,FEE C
1-1-30  000005401      MT COPAY REQUIRED  YES      SC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.
ENROLLMENT PRIORITY: GROUP 8E  CATEGORY: NOT ENROLLED  END DATE: 05/07/2007

          *** WARNING ***
          *** PATIENT ENROLLMENT ENDED EFFECTIVE 05/07/2007 ***

PATIENT NAME      ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME      VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD  SERVICE PROVIDED  FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
FEEPATIENT,FEE C          000-00-5401          230
FEEVENDOR CLINIC          463417568      298      3/5/12
1) 2/10/12  77072      X-RAYS FOR BONE AGE
10.00      10.00      0.00
WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES//
REASON FOR REJECTING: TEST REJECT OF ENTIRE PATIENT
...DONE!

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,FEE <RET> B,FEE B FEEPATIENT,FEE B
7-15-40  000003424      REQUIRED  NO      NSC VETERAN
WARNING : YOU MAY HAVE SELECTED A TEST PATIENT.
ENROLLMENT PRIORITY:          CATEGORY: IN PROCESS  END DATE:

          *** PATIENT REQUIRES A MEANS TEST ***

          PRIMARY MEANS TEST REQUIRED FROM JAN 20,2011
    
```


SUPERVISOR MAIN MENU

FINALIZE A BATCH

Example: Finalize a Batch option, cont.

```

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT '+' CANCELLATION ACTIVITY)
                        ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME           VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED          FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE   ADJ AMOUNT
=====
FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568          315          4/8/12
1) 12/3/11  77072      X-RAYS FOR BONE AGE
   30.00      22.63          4          7.37
FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568          315          4/8/12
2) 12/3/11  6090F-22  PT/CAREGIVER COUNSEL SAFETY
   23.00      23.00          0.00
FEEPATIENT,FEE B          000-00-3424          230
FEEVENDOR CLINIC          463417568          315          4/8/12
3) 12/20/11 78010      THYROID IMAGING
   33.00      33.00          0.00
WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES//
REASON FOR REJECTING: TEST REJECT OF ANOTHER ENTIRE PATIENT
...DONE!

SELECT FEE BASIS PATIENT NAME:

NUMBER: 230                OBLIGATION NUMBER: C20001
TYPE: MEDICAL PAYMENTS    DATE OPENED: APR 04, 2012
CLERK WHO OPENED: FEECLERK,USER
DATE SUPERVISOR CLOSED: APR 18, 2012@08:57:18
SUPERVISOR WHO CERTIFIED: FEEFINANCE,FIRST
STATION NUMBER: 500        TOTAL DOLLARS: 50
PAYMENT LINE COUNT: 1     DATE CLERK CLOSED: APR 18, 2012
DATE TRANSMITTED: APR 18, 2012  REJECTS PENDING: YES

STATUS: CENTRAL FEE ACCEPTED

DO YOU WANT TO FINALIZE BATCH AS CORRECT? NO// YES
VOUCHER BATCH MESSAGE # 2561479 SENT TO CENTRAL FEE.

BATCH HAS BEEN FINALIZED!

SELECT FEE BASIS BATCH NUMBER:

```

SUPERVISOR MAIN MENU LIST BATCHES PENDING RELEASE

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

```
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
```

FEE BATCHES PENDING RELEASE

BATCH #	DATE CLOSED	CLERK WHO OPENED	FCP-OBLIGATION #	TOTAL \$
33	08/19/93	KAREN	333-C33003	3295.00
29	06/01/93	KAREN	999-C90234	1500.00

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
**UPDATE FMS VENDOR FILE IN AUSTIN/
REINSTATE VENDOR MRA**

Because the Update FMS Vendor File in Austin and Reinstate Vendor MRA options work the same, the following documentation refers to both options.

New Prompt:

Is this Vendor information correct? - allows you to edit Vendor information before updating the FMS VENDOR file.

Prompt has been reworded to read, "*Are you sure you want to update this Vendor in the FMS and Central Fee Vendor files? NO//*"

FBAASUPERVISOR Security Key - required to access this option.

FBAA ESTABLISH VENDOR Security Key - required to edit Vendor demographics.

Introduction

The Update FMS Vendor File in Austin option creates a Master Record Adjustment (MRA) transaction which results in the updating of selected Vendor demographic data in the FMS VENDOR file in Austin.

Use of this option should update the FMS VENDOR file in Austin to reflect what is currently in the VISTA system. For example, this should be used if:

- A Vendor entry is correctly entered into the FEE BASIS VENDOR file (#161.2) in VISTA, but needs to be updated in the FMS VENDOR file with the appropriate information.
- The Vendor does not yet exist on the FMS system.

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
UPDATE FMS VENDOR FILE IN AUSTIN/REINSTATE VENDOR MRA

Example

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE          000333333 A DOCTOR OF MEDICINE
      1 MAIN ST
      CLARKSVILLE, NY 12043
```

```
*** VENDOR DEMOGRAPHICS ***

NAME: FEEVENDOR,ONE          ID NUMBER: 000333333 A
ADDRESS: 1 MAIN ST          SPECIALTY: ENDOCRINOLOGY
CITY: CLARKSVILLE          TYPE: PHYSICIAN
STATE: NEW YORK          PARTICIPATION CODE: DOCTOR OF MEDICINE
ZIP: 12043          MEDICARE ID NUMBER: 456789
COUNTY: CLINTON          CHAIN:
PHONE:
FAX:
AUSTIN NAME: T DOCTOR
LAST CHANGE          LAST CHANGE
TO AUSTIN: 9/30/94          FROM AUSTIN: 9/30/94

IS THIS VENDOR INFORMATION CORRECT? NO// Y YES

ARE YOU SURE YOU WANT TO UPDATE THIS VENDOR IN THE FMS AND CENTRAL FEE VENDOR
FILES? NO// Y YES

SELECT FEE BASIS VENDOR NAME:
```

SUPERVISOR MAIN MENU

MRA MAIN MENU

VENDOR MRA MAIN MENU

DELETE VENDOR MRA

The "Are you sure you want to {delete this Vendor from/reinstate this Vendor in} the Central Fee file in Austin?" prompt has been reworded to, "*Are you sure you want to place this Vendor in delete status?*"

A delete MRA (Master Record Adjustment) is no longer transmitted to FMS and Central Fee Vendor files.

FBAASUPERVISOR Security Key required to access these options.

Introduction

The Delete Vendor MRA option is used to place vendors in DELETE status on your system when they become inactive or cancel Fee Basis care. The Vendor will remain in the CENTRAL FEE file until the end of the fiscal year, at which time the Vendor may be purged from Central Fee System.

If the Vendor is in DELETE status on your system, but no longer resides on the Central Fee System; or the Vendor is in DELETE status on both your system and the Central Fee System; or a Vendor which you are now adding to your system somehow already resides in DELETE status on the Central Fee System, use the Update FMS Vendor File in Austin option.

Example

```

SELECT FEE BASIS VENDOR NAME: FEEVENDOR, ONE          000666888  COMMUNITY NURSING HOM
        678 HEALTHY LA
        ALBANY, NY 12208

ARE YOU SURE YOU WANT TO PLACE THIS VENDOR IN DELETE STATUS? NO// Y YES

VENDOR FLAGGED FOR DELETION!

SELECT FEE BASIS VENDOR NAME:

```

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
MRA'S AWAITING AUSTIN APPROVAL

Introduction

The MRA'S Awaiting Austin Approval option displays vendors that have an MRA action pending which is still awaiting Austin approval. This option could be used to check the validity of certain error codes that may appear in MRA Server Mail Bulletins. (Refer to Appendix C for a sample MRA Server Bulletin. Refer to Appendix F for information about Vendor Error Codes.)

Records with no date transmitted indicate an MRA has been initiated, but the transmission has not left the local station yet.

Example

```
DEVICE: HOME// <RET>  DECNET  RIGHT MARGIN: 80// <RET>
```

FEE BASIS VENDORS AWAITING AUSTIN APPROVAL
12/15/94

VENDOR	ID	DATE TRANSMITTED TO AUSTIN
FEEVENDOR, ONE 2321 DRAPER AVE GUILDERLAND NY 12333	000358749	11/19/94
FEEVENDOR, TWO 666 GULL RD ABERDEEN WA 98520	000990066	11/29/93

SUPERVISOR MAIN MENU

MRA MAIN MENU

VETERAN MRA MAIN MENU

Introduction

The Veteran MRA (Master Record Adjustment) Main Menu consists of the following four options:

1. Add type Veteran MRA
2. Change type Veteran MRA
3. Delete type Veteran MRA
4. Reinstate type Veteran MRA

Due to the similarity of these options, documentation has been combined. These options all work basically the same except for the action taken. Add and Change type adjustments are created automatically when you enter a new authorization or change data in an existing authorization (not including authorization remarks or diagnosis lines). These Veteran MRA options are to be used when automatic MRA fails. The Delete and Reinstate adjustments are not created automatically and any action would have to be accomplished through these options. Patient MRAs are not created for short term authorizations. There is no change to VISTA when these options are utilized.

When you choose one of the Veteran MRA options, an entry is made in the FEE BASIS PATIENT MRA file (#161.26) and when the Fee system automatically runs the program to send the transactions to Austin, the MRA transactions are created and sent with the payment data for that date.

SUPERVISOR MAIN MENU
MRA MAIN MENU
VETERAN MRA MAIN MENU

Example of ICD-9 Data

Because all options within this menu have the same basic prompts, only one example is provided.

```

SELECT PATIENT:  FEEPATIENT,ONE          08-14-55      000456789      SC VETERAN

FEEPATIENT,ONE          PT.ID: 000-45-6789
12 ANY ST.              DOB: AUG 14,1955
MANCHESTER              TEL: NOT ON FILE
NEW HAMPSHIRE 12111     CLAIM #: 000000000
                        COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

          SC PERCENT: 20%
RATED DISABILITIES: DIABETES (20%-SC)

HEALTH INSURANCE: NO
INSURANCE CO.          SUBSCRIBER ID      GROUP          HOLDER  EFFECTIVE  EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
    
```

```

PATIENT NAME: FEEPATIENT,ONE          PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 04/26/93          VENDOR: FEEVENDOR,ONE - 000654329AA
    TO: 04/28/93
          AUTHORIZATION TYPE: CIVIL HOSPITAL
PURPOSE OF VISIT: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                >> UNAUTHORIZED CLAIM <<
DX: CAD                      REF: FEEPROVIDER,TWO
REF NPI: 111111112

COUNTY: GRAFTON          PSA: BAY PINES, FL

VENDOR CONTACTS:
(1) DATE: 09/15/93          VENDOR: FEEVENDOR,ONE          PHONE: 555-5656
    NARRATIVE:
          CONTACTED BY MAXINE IN BILLING TO CONFIRM
          VETERAN'S ELIGIBILITY AND AUTHORIZATION.

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>

ARE YOU SURE YOU WANT TO CREATE A 'ADD' TYPE MRA FOR THIS PATIENT: YES// <RET>

TRANSACTION CREATED!
    
```


SUPERVISOR MAIN MENU
MRA MAIN MENU
VETERAN MRA MAIN MENU

Example of ICD-10 Data

For Add type Veteran MRA, Change type Veteran MRA, Delete type Veteran MRA, and Reinstated type Veteran MRA, there is a new ICD-10 diagnosis field for authorizations.

PATIENT NAME: FEE,ICDTWO	PT.ID: 000-34-2354
AUTHORIZATIONS:	
(1) FR: 11/21/2012	VENDOR: FEEVENDOR,ONE - 000222222
TO: 11/21/2013	
AUTHORIZATION TYPE: OUTPATIENT - ID CARD	
PURPOSE OF VISIT: OPT - SC 50% OR MORE	
DX: E08.00	REF:
REF NPI:	

SUPERVISOR MAIN MENU

MRA MAIN MENU

RE-TRANSMIT MRA'S

FBAASUPERVISOR Security Key - required to access this option.

Introduction

This option is used to retransmit MRAs for a specific date. This option is used when Austin does not receive the original transmission.

Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs are kept on file until a confirmation is received from the vendorizing unit. The purge option will not affect the Vendor MRAs.

Example

```
RE-TRANSMIT MRA'S FOR WHICH DATE: 091593 (SEP 15, 1993)
                                     RE-TRANSMITTING
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

SUPERVISOR MAIN MENU

MRA MAIN MENU

PURGE TRANSMITTED MRAS

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Purge Transmitted MRAs option is used to purge all veteran MRAs on file which are prior to the date specified. Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs will be purged only if there is still an old reinstate or delete transaction in the FEE BASIS VENDOR CORRECTIONS file (#161.25). These entries would only exist from transactions prior to Fee Basis V. 3.0.

This option should only be used when you are certain Austin has accepted your MRA transmissions.

Example

```
PURGE VETERAN AND VENDOR MRA'S TRANSMITTED PRIOR TO: 6/5/94 (JUN 05, 1994)
DELETING....

TOTAL VETERAN MRA'S DELETED: 46
TOTAL VENDOR MRA'S DELETED: 38
```

SUPERVISOR MAIN MENU

MRA MAIN MENU

IPAC AGREEMENT MRA MAIN MENU

Add Type IPAC Agreement MRA

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Add Type IPAC Agreement MRA allows the user to manually send an Add MRA record for a selected IPAC Agreement. After a new IPAC Agreement is added via the 'Enter/Edit a new IPAC Agreement' option of IPAC Vendor Agreement Menu of the Vendor Menu, it will automatically transmit an Add MRA record for the agreement the next time the 'Queue Data for Transmission' option is run. This option allows a manual resend if Austin failed to process the initial Add MRA record for whatever reason.

This option should only be used when you are certain Austin has not accepted the initial Add MRA transmission of the IPAC Agreement.

Example

```
SELECT AN IPAC VENDOR AGREEMENT: ??

CHOOSE FROM:
119 FEEVENDOR1                2014 ACTIVE AGREEMENT DESCRIPTION 119
120 FEEVENDOR2                2014 ACTIVE AGREEMENT DESCRIPTION 120
121 FEEVENDOR3                2015 ACTIVE AGREEMENT DESCRIPTION 121

SELECT AN IPAC VENDOR AGREEMENT: 119

ADD MRA CREATED AND READY FOR TRANSMISSION
```

SUPERVISOR MAIN MENU

MRA MAIN MENU

IPAC AGREEMENT MRA MAIN MENU

Change Type IPAC Agreement MRA

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Change Type IPAC Agreement MRA allows the user to manually send a Change MRA record for a selected IPAC Agreement. After an IPAC Agreement is edited via the 'Enter/Edit a new IPAC Agreement' option of IPAC Vendor Agreement Menu of the Vendor Menu, it will automatically transmit a Change MRA record for the agreement the next time the 'Queue Data for Transmission' option is run. This option allows a manual resend if Austin failed to process the initial Change MRA record for whatever reason.

This option should only be used when you are certain Austin has not accepted the initial Change MRA transmission of the IPAC Agreement.

Example

```

SELECT AN IPAC VENDOR AGREEMENT: ??

      CHOOSE FROM:
      119 FEEVENDOR1          2014 ACTIVE AGREEMENT DESCRIPTION 119
      120 FEEVENDOR2          2014 ACTIVE AGREEMENT DESCRIPTION 120
      121 FEEVENDOR3          2015 ACTIVE AGREEMENT DESCRIPTION 121

SELECT AN IPAC VENDOR AGREEMENT: 119

CHANGE MRA CREATED AND READY FOR TRANSMISSION

```

SUPERVISOR MAIN MENU

MRA MAIN MENU

IPAC AGREEMENT MRA MAIN MENU

Delete Type IPAC Agreement MRA

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Delete Type IPAC Agreement MRA allows the user to manually send a Delete MRA record for a selected IPAC Agreement. After an IPAC Agreement is deleted via the 'Delete an IPAC Agreement' option of IPAC Vendor Agreement Menu of the Vendor Menu, it will automatically transmit a Delete MRA record for the agreement the next time the 'Queue Data for Transmission' option is run. This option allows a manual resend if Austin failed to process the initial Delete MRA record for whatever reason.

This option should only be used when you are certain Austin has not accepted the initial Delete MRA transmission of the IPAC Agreement.

Example

THE FOLLOWING TRANSMITTED DELETE MRA RECORDS ARE CURRENTLY ON FILE:

#	ID	A S	TRANS DT
1	104	T D	4/1/14
2	105	T D	3/1/14
3	106	T D	3/1/14

PLEASE SELECT THE DELETE MRA RECORD TO RE-TRANSMIT: 2

DELETE MRA PROCESSING COMPLETED.

PRICER BATCH RELEASE

This option is no longer locked.

Introduction

The Pricer Batch Release option is used to review and release payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

```

SELECT FEE BASIS BATCH NUMBER:  983                C77777

NUMBER: 983                OBLIGATION NUMBER: C77777
TYPE: CH/CNH              DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: JOHN   STATION NUMBER: 500
TOTAL DOLLARS: 3450      INVOICE COUNT: 2
PAYMENT LINE COUNT: 2    DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: YES  BATCH EXEMPT: NO

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// <RET>

DO YOU WANT TO RELEASE BATCH AS CORRECT? NO//  Y

```

```

NUMBER: 983                OBLIGATION NUMBER: C77777
TYPE: CH/CNH              DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: JOHN   DATE SUPERVISOR CLOSED: JUL 16, 1990
SUPVR WHO CERTIFIED: PAUL STATION NUMBER: 500
TOTAL DOLLARS: 3450      INVOICE COUNT: 2
PAYMENT LINE COUNT: 2    DATE CLERK CLOSED: JUL 16, 1990
CONTRACT HOSPITAL BATCH: YES  BATCH EXEMPT: NO

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!

```

SUPERVISOR MAIN MENU

PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment and have not yet been reinitiated. Line items may be rejected by interface transactions from the Central Fee system in Austin or they may be locally rejected using the Finalize a Batch option.

- The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.
- The report can be generated for batches with a status of CENTRAL FEE ACCEPTED or VOUCHERED or both.
- The report will print Central Fee Reject for lines that were flagged as rejected by the interface. It will print Local Reject for lines that were locally flagged as rejected by a user.
- The report will display reject codes and descriptions (maximum of 5) for lines that were flagged as rejected by the interface.

Example

```

DEVICE: HOME// FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
    
```

```

Patient Name      ('*' Reimbursement to Patient  '+' Cancellation Activity)
                  ('#' Voided Payment)                               Batch #  Voucher
Date
Vendor Name      Vendor ID  Invoice #   Date
Rec'd.
SVC DATE        CPT-MOD   CLAIMED    PAID    CODE  SERVICE PROVIDED
-----
Batch Number: 341   Voucher Date: 7/27/93  Voucherer: LUCIA

FEEPATIENT, ONE           000-45-6789           341
FEEVENDOR, ONE           000456789           523           7/27/93
    
```


SUPERVISOR MAIN MENU

PRINT REJECTED PAYMENT ITEMS

Example, cont.

6/1/93	90010	52.00	52.00	OFFICE/OP VISIT, NEW, LTD
Reject Reason: DUPLICATE PAYMENT				
Old Batch #: 341				
Batch Number: 329 Voucher Date: 6/21/93 Voucherer: LUCIA				
FEEPATIENT, ONE		000-45-6789		329
FEEVENDOR, ONE		000567567		497 6/21/93
4/5/93	10080-20	75.00	75.00	DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR				
Old Batch #: 329				

SUPERVISOR MAIN MENU

QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Security Key - required to access this option.

This option creates MailMan messages which contain the batch data to be transmitted. The FEE mail group will receive confirmation messages and reports from Austin.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payment and MRA (master record adjustment) batches to the Central Fee System in Austin, Texas. All pending MRAs are batched automatically and transmitted. Only those payment batches that have been released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Refer to "Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments" at the end of this manual for information on the Austin response to the Queue Data For Transmission option.

Payment Batch Results Message

A Payment Batch Results message is sent from Central Fee to VistA Fee Basis. This transaction changes the status of a payment batch from TRANSMITTED to either CENTRAL FEE ACCEPTED or VOUCHERED. It also flags payment line items in the batch as rejected if they did not pass the Central Fee edit checks.

If VistA encounters a problem while processing the transaction, a bulletin will be sent to mail groups G.FEE and G.FEE FINANCE. An example of the bulletin is shown below:

```
SUBJ: FEE SERVER NOTIFICATION FOR BATCH 1961 RESULTS [#2516821] 03/01/12@16:31
17 LINES
FROM: POSTMASTER IN 'IN' BASKET. PAGE 1 *NEW*
-----
MAR 01, 2012@16:31:54
A REQUEST FOR EXECUTION OF A SERVER OPTION HAS BEEN RECEIVED.
```

QUEUE DATA FOR TRANSMISSION PAYMENT BATCH RESULTS MESSAGE, CONT.

```
SENDER: 12222
OPTION NAME: FBAA BATCH SERVER
SUBJECT: TEST 8X BATCH TYPE B9 WITH INVALID ICN
MESSAGE #: 2516820

COMMENTS: AN ISSUE OCCURRED THAT REQUIRES NOTIFICATION.

THIS IS THE BULLETIN NAMED FBAA SERVER.

ERROR REJECTING LINE WITH IENS 9999999,
ERROR RETRIEVING LINE ITEM DATA.

THE ABOVE MESSAGE # HAS BEEN FORWARDED TO THE FEE MAIL GROUP.

ENTER MESSAGE ACTION (IN IN BASKET): IGNORE//
```

Example: Using the Queue Data For Transmission option

```
This option will transmit all Batches and MRAs ready to be transmitted to Austin.

Are you sure you want to continue? No// YES

The following Batches will be transmitted:
350
...SORRY, THIS MAY TAKE A FEW MOMENTS..
```

SUPERVISOR MAIN MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

NOTE: Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

Introduction

The Re-Initiate Rejected Payment Items option is used to re-initiate rejected payment items into a new batch.

- The option prevents the selection of a batch when the Voucher Batch Acknowledgement from Central Fee reported an application error or has not yet been received. Central Fee generates a Voucher Batch Acknowledgement in response to the new transaction sent by VistA when the batch is completed using the Finalize a Batch option.
- It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

SUPERVISOR MAIN MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Example

```

SELECT SUPERVISOR MAIN MENU OPTION: RE-INITIATE REJECTED PAYMENT ITEMS

SELECT BATCH WITH REJECTS: 222 <RET>      C20001

SELECT NEW BATCH NUMBER: 196 <RET>      C20001
WANT LINE ITEMS LISTED? NO// YES

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
BATCH NUMBER: 222      VOUCHER DATE: 4/4/12      VOUCHERER: FEEFINANCE, FIRST

FEEPATIENT, FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          297          2/27/12
12/1/11  66020      INJECTION TREATMENT OF EYE
90.00          90.00          0.00
LOCAL REJECT      OLD BATCH #: 222
REJECT REASON: UNIT TESTING

FEEPATIENT, FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          297          2/27/12
12/1/11  77072      X-RAYS FOR BONE AGE
100.00          22.63          45          77.37
CENTRAL FEE REJECT OLD BATCH #: 222
REJ CODE: C001 TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #    DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE    ADJ AMOUNT
=====
INCORRECT/MISSING.
REJ CODE: C002 FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.
REJ CODE: C003 MIDDLE INITIAL OF VETERAN WAS NOT ALPHA OR BLANK.
REJ CODE: C004 FIRST THREE POSITIONS IN VENDOR NAME WAS INCORRECTLY
      FORMATED.
REJ CODE: C005 INVALID VETERAN ID.

FEEPATIENT, FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
1/23/12  23000      REMOVAL OF CALCIUM DEPOSITS
100.00          100.00          0.00
CENTRAL FEE REJECT OLD BATCH #: 222
REJ CODE: C001 TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
      INCORRECT/MISSING.
REJ CODE: C002 FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.
REJ CODE: C003 MIDDLE INITIAL OF VETERAN WAS NOT ALPHA OR BLANK.
    
```

SUPERVISOR MAIN MENU

RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

```

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE   ADJ AMOUNT
=====
FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
1/28/12  23000    REMOVAL OF CALCIUM DEPOSITS
100.00    100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
                INCORRECT/MISSING.
REJ CODE: C002  FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
2/2/12   23000    REMOVAL OF CALCIUM DEPOSITS
100.00    100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

PATIENT NAME          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                                BATCH #  VOUCHER DATE
VENDOR NAME          VENDOR ID  INVOICE #  DATE REC'D.
SVC DATE  CPT-MOD    SERVICE PROVIDED      FPPS CLAIM  FPPS LINE
CLAIMED    PAID      ADJ CODE   ADJ AMOUNT
=====
                INCORRECT/MISSING.

FEEPATIENT,FEE C          000-00-5401          222
FEEVENDOR CLINIC          463417568          296          2/25/12
2/7/12   23000    REMOVAL OF CALCIUM DEPOSITS
100.00    100.00          0.00
CENTRAL FEE REJECT  OLD BATCH #: 222
REJ CODE: C001  TREATMENT CODE ON VETERAN MRA OR MEDICAL PAYMENT IS
                INCORRECT/MISSING.
REJ CODE: C002  FIRST INITIAL OF VETERAN WAS NOT ALPHA OR IT WAS BLANK.
=====
WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO// YES
ARE YOU SURE YOU WANT TO RE-INITIATE ALL LINE ITEMS IN THIS BATCH? NO// YES
...EXCUSE ME, HOLD ON...

FYI: INVOICE 296 WAS SPLIT SINCE ENTIRE INVOICE DID NOT MOVE TO THE NEW BATCH.
RE-INITIATED LINES ARE BEING ASSIGNED A NEW INVOICE NUMBER OF 337.
ENTER RETURN TO CONTINUE OR '^' TO EXIT:

ALL REJECTED ITEMS HAVE BEEN RE-INITIATED!

SELECT BATCH WITH REJECTS:
    
```

SUPERVISOR MAIN MENU

RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230      C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example

```
SELECT FEE BASIS BATCH NUMBER: 276      C15004

NUMBER: 276                                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS                     DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: BARBARA                  STATION NUMBER: 500
TOTAL DOLLARS: 10                          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// Y YES
```

SUPERVISOR MAIN MENU

RELEASE A BATCH

Example, cont.

```

PATIENT NAME      ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)
VENDOR NAME      BATCH #  VOUCHER DATE
SVC DATE        CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT,ONE      000-45-6789      276
FEEVENDOR,ONE      000222333      493      6/21/93
5/22/93  90020      10.00      5.00   4  OFFICE/OP VISIT, NEW, COMPRH
                INVOICE #: 493  TOTALS: $ 5.00

FEEPATIENT,ONE      000-45-6789      276
FEEVENDOR,TWO      000567567      495      6/21/93
* 5/1/93  90020      5.00      5.00      OFFICE/OP VISIT, NEW, COMPRH
                INVOICE #: 495  TOTALS: $ 5.00
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y YES

NUMBER: 276                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS    DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: BARBARA
DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
SUPERVISOR WHO CERTIFIED: MARY      STATION NUMBER: 500
TOTAL DOLLARS: 10              PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!
    
```


SUPERVISOR MAIN MENU REPROCESS OVERDUE BATCH

You must hold the FBAASUPERVISOR security key to use this option.

Introduction

This option is used to reprocess a transmitted payment batch that was not received by Central Fee.

If VistA Fee Basis does not receive a Payment Batch Result message by the third weekday after transmission of the Payment Batch message, the software will consider the result message as overdue. A list of overdue batches can be obtained by entering a ? at the select batch prompt of this option.

The site should contact the National Service Desk Austin to determine if Central Fee contains the overdue batch. If so, the site should request that the Payment Batch Results message be resent to VistA. If Central Fee does not have the batch, the site can use this option to either change the batch status so the batch will be resent or to reject the entire batch so the line items can be re-initiated into a new batch, edited, and then resent with the new batch.

You have the choice to select one of two alternates:

1. This first example shows retransmitting a batch by resetting the status.

```

SELECT SUPERVISOR MAIN MENU OPTION:  REPROCESS OVERDUE BATCH

THIS OPTION IS USED TO REPROCESS AN OVERDUE PAYMENT BATCH.
A BATCH IS CONSIDERED OVERDUE IF THE PAYMENT BATCH RESULT MESSAGE
HAS NOT BEEN RECEIVED BY THE 3RD WEEKDAY AFTER THE BATCH WAS
TRANSMITTED TO CENTRAL FEE.

THE NATIONAL SERVICE DESK AUSTIN SHOULD BE CONTACTED TO DETERMINE
THE STATUS OF THE BATCH BEFORE USING THIS OPTION.  IF CENTRAL FEE
ALREADY HAS THE BATCH, YOU SHOULD REQUEST THAT CENTRAL FEE RESEND
THE PAYMENT BATCH RESULT MESSAGE.  IF CENTRAL FEE DOES NOT HAVE
THE BATCH THEN USE THIS OPTION TO REPROCESS IT.

SELECT FEE BASIS BATCH NUMBER:      1956 <RET>  C95003

NUMBER: 1956                        OBLIGATION NUMBER: C95003
TYPE: MEDICAL PAYMENTS              DATE OPENED: FEB 01, 2005
CLERK WHO OPENED: FEECLERK,DEBORAH  DATE SUPERVISOR CLOSED: FEB 01, 2005
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500                 TOTAL DOLLARS: 231.7
PAYMENT LINE COUNT: 1               DATE CLERK CLOSED: FEB 01, 2005
DATE TRANSMITTED: FEB 01, 2005

STATUS: TRANSMITTED

```

SUPERVISOR MAIN MENU REPROCESS OVERDUE BATCH

Example of retransmitting batch by resetting the status, cont.

```
HAVE YOU CONFIRMED THE BATCH IS NOT IN CENTRAL FEE? YES

SELECT ONE OF THE FOLLOWING:

      R          RETRANSMIT BY RESETTING BATCH STATUS
      F          FLAG ENTIRE BATCH AS REJECTED

WHAT ACTION SHOULD BE TAKEN TO REPROCESS THIS BATCH: R <RET> RETRANSMIT BY RESETTING
BATCH STATUS
ARE YOU SURE YOU WANT TO RETRANSMIT THIS BATCH? NO// YES
BATCH STATUS WAS UPDATED. IT WILL BE INCLUDED WITH THE NEXT TRANSMISSION.

NUMBER: 1956                                OBLIGATION NUMBER: C95003
TYPE: MEDICAL PAYMENTS                      DATE OPENED: FEB 01, 2005
CLERK WHO OPENED: FEECLERK,DEBORAH         DATE SUPERVISOR CLOSED: FEB 01, 2005
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500                        TOTAL DOLLARS: 231.7
PAYMENT LINE COUNT: 1                      DATE CLERK CLOSED: FEB 01, 2005
STATUS SET TO RETRANSMIT BY: FEEUSER,SUSAN
STATUS SET TO RETRANSMIT DATE: APR 20, 2012

STATUS: SUPERVISOR CLOSED

SELECT SUPERVISOR MAIN MENU OPTION:
```

SUPERVISOR MAIN MENU

REPROCESS OVERDUE BATCH

2. The second example shows the output from rejecting the entire batch.

```

SELECT SUPERVISOR MAIN MENU OPTION:  REPROCESS OVERDUE BATCH

THIS OPTION IS USED TO REPROCESS AN OVERDUE PAYMENT BATCH.
A BATCH IS CONSIDERED OVERDUE IF THE PAYMENT BATCH RESULT MESSAGE
HAS NOT BEEN RECEIVED BY THE 3RD WEEKDAY AFTER THE BATCH WAS
TRANSMITTED TO CENTRAL FEE.

THE NATIONAL SERVICE DESK AUSTIN SHOULD BE CONTACTED TO DETERMINE
THE STATUS OF THE BATCH BEFORE USING THIS OPTION.  IF CENTRAL FEE
ALREADY HAS THE BATCH, YOU SHOULD REQUEST THAT CENTRAL FEE RESEND
THE PAYMENT BATCH RESULT MESSAGE.  IF CENTRAL FEE DOES NOT HAVE
THE BATCH THEN USE THIS OPTION TO REPROCESS IT.

SELECT FEE BASIS BATCH NUMBER:  1549 <RET>      C95003

NUMBER: 1549                                OBLIGATION NUMBER: C95003
TYPE: MEDICAL PAYMENTS                      DATE OPENED: DEC 07, 2001
CLERK WHO OPENED: FEECLERK,DEBORAH          DATE SUPERVISOR CLOSED: DEC 07, 2001
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500                          TOTAL DOLLARS: 60
PAYMENT LINE COUNT: 2                        DATE CLERK CLOSED: DEC 07, 2001
DATE TRANSMITTED: DEC 11, 2001              REJECTS PENDING: YES
STATUS: TRANSMITTED

HAVE YOU CONFIRMED THE BATCH IS NOT IN CENTRAL FEE? YES

SELECT ONE OF THE FOLLOWING:

R          RETRANSMIT BY RESETTING BATCH STATUS
F          FLAG ENTIRE BATCH AS REJECTED

WHAT ACTION SHOULD BE TAKEN TO REPROCESS THIS BATCH: FLAG ENTIRE BATCH AS REJECTED
ARE YOU SURE YOU WANT TO REJECT THIS BATCH? NO// YES
BATCH WAS REJECTED.

NUMBER: 1549                                OBLIGATION NUMBER: C95003
TYPE: MEDICAL PAYMENTS                      DATE OPENED: DEC 07, 2001
CLERK WHO OPENED: FEECLERK,DEBORAH          DATE SUPERVISOR CLOSED: DEC 07, 2001
SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
STATION NUMBER: 500                          TOTAL DOLLARS: 0
PAYMENT LINE COUNT: 0                        DATE FINALIZED: APR 20, 2012
DATE CLERK CLOSED: DEC 07, 2001             DATE TRANSMITTED: DEC 11, 2001
PERSON WHO COMPLETED: FEEUSER,SUSAN
REJECTS PENDING: YES                          TRANSMITTED BATCH WAS REJECTED: YES

STATUS: VOUCHERED

SELECT SUPERVISOR MAIN MENU OPTION:

```

Section 3 - MEDICAL FEE MAIN MENU

SUPERVISOR MAIN MENU

RESEND COMPLETED BATCH

Introduction

This Resend Completed Batch option can be used to resend a Voucher Batch message to Central Fee.

If VistA Fee Basis does not receive a Voucher Batch Acknowledgement message by the third weekday after finalization of the batch, the software will consider the acknowledgement message as overdue. A list of batches with an overdue acknowledgement can be obtained by entering a ? at the select batch prompt of this option.

The site should contact the National Service Desk Austin to determine if Central Fee received the Voucher Batch message. If Central Fee received the Voucher Batch message, the site should request that the Voucher Batch Acknowledgement message be resent to VistA. If Central Fee did not receive the Voucher Batch message, the site can use the Resend Completed Batch option in VistA to generate a new Voucher Batch message and send that to Central Fee.

Example

```

SELECT FEE BASIS BATCH NUMBER:    133 <RET>  C95003

NUMBER: 133                      OBLIGATION NUMBER: C95003
  TYPE: MEDICAL PAYMENTS          DATE OPENED: JUL 16, 2010
  CLERK WHO OPENED: FEECLERK,DEBORAH
  DATE SUPERVISOR CLOSED: OCT 26, 2010@10:11:57
  SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
  STATION NUMBER: 500             TOTAL DOLLARS: 0
  INVOICE COUNT: 0               PAYMENT LINE COUNT: 0
  DATE FINALIZED: JUL 13, 2011    DATE CLERK CLOSED: JUL 16, 2010
  DATE TRANSMITTED: MAR 17, 2011  PERSON WHO COMPLETED: FEEUSER,SUSAN
  REJECTS PENDING: YES           VOUCHER MSG DATE: MAR 19, 2012
  VOUCHER MSG ACK STATUS: PENDING

STATUS: VOUCHERED

HAVE YOU CONFIRMED THAT CENTRAL FEE DID NOT RECEIVE THE VOUCHER MSG.? YES
ARE YOU SURE YOU WANT TO RESEND THE VOUCHER BATCH MESSAGE? NO// YES
VOUCHER BATCH MESSAGE # 2564449 SENT TO CENTRAL FEE.

NUMBER: 133                      OBLIGATION NUMBER: C95003
  TYPE: MEDICAL PAYMENTS          DATE OPENED: JUL 16, 2010
  CLERK WHO OPENED: FEECLERK,DEBORAH
  DATE SUPERVISOR CLOSED: OCT 26, 2010@10:11:57
  SUPERVISOR WHO CERTIFIED: FEESUPERVISOR,DANIEL
  STATION NUMBER: 500             TOTAL DOLLARS: 0
  INVOICE COUNT: 0               PAYMENT LINE COUNT: 0

```

SUPERVISOR MAIN MENU RESEND COMPLETED BATCH

Example, cont.

DATE FINALIZED: JUL 13, 2011	DATE CLERK CLOSED: JUL 16, 2010
DATE TRANSMITTED: MAR 17, 2011	PERSON WHO COMPLETED: FEEUSER,SUSAN
REJECTS PENDING: YES	VOUCHER MSG DATE: APR 05, 2012
VOUCHER MSG ACK STATUS: PENDING	

STATUS: VOUCHERED

SUPERVISOR MAIN MENU

REQUEST INFO FILE ENTER/EDIT

Introduction

The Request Info File Enter/Edit option is used to enter/edit data in the Fee Basis Unauthorized Requested Information file (# 162.93). Enter <??> at the "Select fee basis unauthorized requested information reason:" prompt for a list of existing reasons. You may edit an existing reason, or enter a new one.

Example

```
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON: INPATIENT RECORDS MISSING
ARE YOU ADDING 'INPATIENT RECORDS MISSING' AS
  A NEW FEE BASIS UNAUTHORIZED REQUESTED INFORMATION (THE 17TH)? Y (YES)
  FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NUMBER: 17// <RET>
REASON: INPATIENT RECORDS MISSING Replace <RET>
ACTIVE?: YES
DESCRIPTION:
  1>Inpatient records missing for an episode of care.
  2><RET>
EDIT Option: <RET>

Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:
```

SUPERVISOR MAIN MENU SITE PARAMETER ENTER/EDIT

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Site Parameter Enter/Edit option is used to enter or edit site specific Fee Basis parameters. After the data is entered, you may not add another site as only one entry (site) is allowed. You are able to edit the data for the existing site.

Following is a list of site configurable parameters with brief descriptions.

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction (COJ) 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 VA Form 10-7079 authorization.

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

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

CITY: - The city in which the COJ receives its mail.

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

ZIP: - Zip code for the COJ.

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

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

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

SUPERVISOR MAIN MENU

SITE PARAMETER ENTER/EDIT

Introduction, cont.

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 answered YES, the Vendor demographics will be displayed during the Enter Pharmacy Invoice option.

DEFAULT AUTH. TIME RANGE: - The number of days that is 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, 365 would be entered in this parameter.

ASK VENDOR DURING AUTH.: - If answered YES, a Vendor is asked when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch.

Central Fee can only accept 32K characters in a single payment batch. Since additional data in being added to payment batches, the maximum number of lines in a batch must be reduced to avoid a reject of the entire batch by Central Fee.

- B3 (outpatient and ancillary) payment batches are limited to a maximum of 50 lines
- B5 (pharmacy) payment batches are limited to a maximum of 85 lines
- Contract Hospital payment batches are limited to a maximum of 30 lines
- Community Nursing Home payment batches are limited to a maximum of 30 lines

This value is checked during the Enter Payment options, and will warn the users when they are within 20 lines of the maximum. It will prevent the users from exceeding this number.

The following site parameters control these limits

- **MAX # PAYMENT LINE ITEMS: 50// ??**
The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 50 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.
- **MAX # CH PAYMENT LINES: 30// ??**

The maximum number of payment line items that will be allowed in a contract hospital batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 of the maximum. It will prevent the clerks from exceeding this number.

- **MAX # CNH PAYMENT LINES: 61// ??**
The maximum number of payment line items that will be allowed in a community nursing home batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 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 allowed during the Enter Payment options. It is normally used for six months immediately after installing the fee system, because the AUTHORIZATION REMARKS and DX data was not available for downloading from the 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.

SUPERVISOR MAIN MENU SITE PARAMETER ENTER/EDIT

Introduction, cont.

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 most 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?: - Indicate whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. Your response is a numeric character, with 1 equal to YES, and 0 equal to NO.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, 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. Your response is the numeric character 1 to activate; otherwise, leave 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 "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 "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: - The number of copies of a letter to be printed. Maximum number of copies allowed is five.

SUPERVISOR MAIN MENU SITE PARAMETER ENTER/EDIT

Introduction, cont.

PRINT U/C ON LETTERHEAD?: - 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 pulled from Field #.01, and can be edited at this prompt.

ALLOW FB PAID TO IB: A new field was created to allow/disallow the Fee Basis Supervisor to control the automated process. The interface will not run unless this field is set to YES (allow).

Example

```
Select Site:  VA MEDICAL CENTER, BUFFALO, NY
ARE YOU ADDING 'VA MEDICAL CENTER, BUFFALO, NY' AS A NEW
FEE BASIS SITE PARAMETERS (THE 1ST)?  YES (YES)
STATION OF JURISDICTION NAME: VA MEDICAL CENTER, BUFFALO, NY// <RET>
STATION ADDRESS LINE 1:  495 BAILEY AVENUE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY:  BUFFALO
STATE:  NEW YORK
ZIP:  14095
STATION TELEPHONE NUMBER:  607 456-2345
APPROVING OFFICIAL FOR 7079:  JAMES
TITLE OF APPROVING OFFICIAL:  CHIEF, MAS.
MEDICAID DISPENSING FEE:  5.50
MEDICAL PAYMENT VENDOR DISPLAY:  YES
PHARMACY PAYMENT VENDOR DISPLAY:  YES
DEFAULT AUTH. TIME RANGE:  365
ASK VENDOR DURING AUTH:  YES
MAX # PAYMENT LINE ITEMS:  50
EDIT AUTH. DURING PAYMENT:  NO
*ASK PROGRAM SPECIFIC AUTH:  YES
APPROVING OFFICIAL FOR 7078:  JAMES
TITLE 7078 APPROVING OFFICIAL:  CHIEF, MAS.
COPIES OF 7078 TO BE PRINTED:  1
PSA DEFAULT INSTITUTION:  BUFFALO
7078 DEFAULT AUTH SERVICE TEXT:
  1>Move to VAMC as soon as possible
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 BUFFALO NY// <RET>
UC LETTER LINES AFTER CC: <RET>
ALLOW FB PAID TO IB: Y/N <RET>
```

SUPERVISOR MAIN MENU UNAUTHORIZED CLAIMS FILE MENU

FBAASUPERVISOR Security Key - required to access this option.

Introduction

Four existing options are moved from the supervisor menu to a new sub-menu to make room for the new contract option. The new sub-menu is the Unauthorized Claims File Menu [FBCU FILE MENU]. The options moved to this menu are:

- Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
- Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
- Dispositions File Edit [FBUC DISPOSITIONS FILE]
- Request Info File Enter/Edit [FBUC REQUEST INFO FILE]

Example

SELECT SUPERVISOR MAIN MENU OPTION: UNAUTHORIZED CLAIMS FILE MENU

```

Supervisor Main Menu

    Clerk Look-Up For An Authorization
    Contract File Enter/Edit
    Delete Reject Flag
    Edit Pharmacy Invoice Status
    Enter/Edit Suspension Letters
    Fee Basis 1358 Segregation of Duty Report
    Fee Schedule Main Menu ...
    Finalize a Batch
    FPPS Update & Transmit Menu ...
    List Batches Pending Release
    MRA Main Menu ...
    Pricer Batch Release
    Print Rejected Payment Items
    Queue Data for Transmission
    Re-initiate Rejected Payment Items
    Release a Batch
    Site Parameter Enter/Edit
    Unauthorized Claims File Menu ...
    Void Payment Main Menu ...

Unauthorized Claims File Menu

    Add New Person for Unauthorized Claim
    Disapproval Reasons File Enter/Edit
    Dispositions File Edit
    Request Info File Enter/Edit
  
```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

CH DELETE VOID PAYMENT

Introduction

The CH Delete Void Payment option is used to remove a void flag from a Civil Hospital payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```

SELECT PATIENT:  FEEPATIENT,ONE      06-17-48   000456789   SC VETERAN
SELECT FEE BASIS VENDOR NAME:  FEEVENDOR,ONE      000561234   PRIVATE HOSPITAL
                          31 NOWHERE CIRCLE
                          LOWELL, MASSACHUSETTS  01852-0123
                          TEL. #: 45441477
    
```

```

PATIENT NAME: FEEPATIENT,ONE          PT.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
      ('#' REPRESENTS A VOIDED PAYMENT)
FROM DATE   TO DATE   DRG    AMT CLAIMED  AMT PAID  INVOICE #  BATCH #
-----
1) *09/01/92  09/04/92  DRG45   3,467.00   3,462.00    7         11
REASON:
      VENDOR RETURNED CHECK

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO CANCEL THE VOID ON ?
ENTER A LIST OR RANGE OF NUMBERS (1-1):  1

PATIENT NAME: FEEPATIENT,ONE          PT.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
      ('#' REPRESENTS A VOIDED PAYMENT)
FROM DATE   TO DATE   DRG    AMT CLAIMED  AMT PAID  INVOICE #  BATCH #
-----
*09/01/92   09/04/92  DRG45   3,467.00   3,462.00    7         11

ARE YOU SURE YOU WANT TO CANCEL THE VOID ON THE PAYMENT(S)? NO//  Y
      CANCEL VOIDED PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

...  DONE
    
```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

CH VOID PAYMENT

Introduction

This option is used to void a Civil Hospital payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a Vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE      01-06-13   000456789   SC VETERAN
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE      7463254956   NON-VA HOSPITAL
  1 SIMPLE WAY
  JACKSON, VT 02131   TEL. #: 802-431-2847

PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
    ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
    ('#' REPRESENTS A VOIDED PAYMENT)
  FROM DATE    TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
  -----
1) 11/1/94     11/3/94    DRG1    2,500.00     2,500.00     275         170

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID ?
ENTER A LIST OR RANGE OF NUMBERS (1-1): 1

PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
    ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
    ('#' REPRESENTS A VOIDED PAYMENT)
  FROM DATE    TO DATE    DRG    AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
  -----
  11/1/94     11/3/94    DRG1    2,500.00     2,500.00     275         170

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
  VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
  .... DONE.

```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

CNH DELETE VOID PAYMENT

Introduction

The CNH Delete Void Payment option is used to remove a void flag from a Community Nursing Home payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient:  FEEPATIENT,ONE      06-17-48      000456789      SC VETERAN

Select FEE BASIS VENDOR NAME:  FEEVENDOR,ONE      000561234      COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS  01852-0123
      TEL. #:  45441477
```

```
Patient Name: FEEPATIENT,ONE      Pt.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1):  1

Patient Name: FEEPATIENT,ONE      Pt.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
*09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11
Reason:
      CHECK RETURNED

Are you sure you want to Cancel the void on the payment(s)? No//  Y
      Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

... Done
```


SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

CNH VOID PAYMENT

Introduction

This option is used to void a Community Nursing Home payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a Vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE      06-17-48  000456789  SC VETERAN
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000561234  COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS  01852-0123
      TEL. #: 45441477
  
```

```

PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
      ('#' REPRESENTS A VOIDED PAYMENT)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92    09/04/92    DRG45      3,467.00      3,462.00      7              11

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID?
ENTER A LIST OR RANGE OF NUMBERS (1-1):  1

PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
      ('#' REPRESENTS A VOIDED PAYMENT)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
*09/01/92      09/04/92    DRG45      3,467.00      3,462.00      7              11

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO//  Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

...  DONE
  
```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

MEDICAL DELETE VOID PAYMENT

Introduction

The Medical Delete Void Payment option is used to remove a void flag from a Medical payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```

SELECT PATIENT: FEEPATIENT,ONE    06-17-48    000456789    SC VETERAN

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE    000888666
DOCTOR OF MEDICINE
    
```

```

PATIENT NAME: FEEPATIENT,ONE          SSN: 000-45-6789

  VENDOR: FEEVENDOR,ONE
    ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
    ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----
1)#04/01/90  90050    $ 25.00    $ 25.00          1126    963    07/06/90

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO CANCEL THE VOID ON?
ENTER A LIST OR RANGE OF NUMBERS (1-1):  1

PATIENT NAME: FEEPATIENT,ONE          SSN: 000456789

  VENDOR: FEEVENDOR,ONE
    ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
    ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----
04/01/90    90050    25.00    25.00          1126    963    07/06/90

ARE YOU SURE YOU WANT TO CANCEL THE VOID ON THE PAYMENT(S)? NO//  Y
  CANCEL VOIDED PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

...  DONE
    
```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

MEDICAL VOID PAYMENT

Introduction

The Medical Void Payment option is used to void a payment that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a Vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
SELECT PATIENT:  FEEPATIENT,ONE  06-17-48  000456789  SC VETERAN
SELECT FEE BASIS VENDOR NAME:  FEEVENDOR,ONE  000888666
DOCTOR OF MEDICINE
```

```
PATIENT NAME: FEEPATIENT,ONE          SSN: 000-45-6789

VENDOR: FEEVENDOR,ONE
        ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
        ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  CODE  INVOICE #  BATCH#  DATE PAID
-----
1) 04/01/90  90050    $ 25.00    $ 25.00    1126   963   07/06/90
2) 03/10/90  90050    $ 25.00    $ 25.00    1125   963   07/06/90

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID?
ENTER A LIST OR RANGE OF NUMBERS (1-2):  1

PATIENT NAME: FEEPATIENT,ONE          SSN: 000456789

VENDOR: FEEVENDOR,ONE
        ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
        ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  CODE  INVOICE #  BATCH #  DATE PAID
-----
04/01/90    90050    25.00    25.00    1126   963   07/06/90

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO//  Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

...  DONE
```

SUPERVISOR MAIN MENU VOID PAYMENT MAIN MENU PHARMACY DELETE VOID PAYMENT

Introduction

The Pharmacy Delete Void Payment option is used to remove a void flag from a Pharmacy payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
SELECT INVOICE NUMBER: 15
SELECT PRESCRIPTION # :      55535
PRESCRIPTION NUMBER: 55535      DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00           PATIENT: FEEPATIENT,ONE
RED BOOK COST: .85             AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED   GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                 QUANTITY: 03
PHARMACIST: MICHAEL            DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00              BATCH NUMBER: 27
OBLIGATION NUMBER: C93004       DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR       SUBSTITUTE GENERIC DRUG: YES
PHARMACY REMARKS: APPROVED      MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY AUTHORIZATION POINTER: 1

IS THIS THE PRESCRIPTION YOU WANT TO CANCEL THE VOID ON ? NO// Y YES
      CANCEL VOIDED PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
...  DONE.
```

SUPERVISOR MAIN MENU

VOID PAYMENT MAIN MENU

PHARMACY VOID PAYMENT

Introduction

The Pharmacy Void Payment option is used to void a payment to a pharmacy Vendor that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a Vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```

SELECT INVOICE NUMBER: 15

SELECT PRESCRIPTION # : 55535

PRESCRIPTION NUMBER: 55535          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00                PATIENT: FEEPATIENT,ONE
RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED         GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                      QUANTITY: 03
PHARMACIST: MICHAEL                 DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00                   BATCH NUMBER: 27
OBLIGATION NUMBER: C93004            DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR            SUBSTITUTE GENERIC DRUG: YES
PHARMACY REMARKS: APPROVED           MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY      AUTHORIZATION POINTER: 1

IS THIS THE PRESCRIPTION YOU WANT TO VOID? NO// Y YES
REASON FOR VOIDED PAYMENT: PATIENT'S PRESCRIPTION CHANGED
VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
... DONE.

```

TERMINATE ID CARD

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Terminate ID Card option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```

SELECT PATIENT NAME: 6789  FEEPATIENT,ONE      12-12-14  000456789  SC VETERAN

FEEPATIENT,ONE                PT.ID: 000-45-6789
2344 HELP ST.                 DOB: 12/12/14
RED CROSS CITY                TEL: NOT ON FILE
OKLAHOMA 11235               CLAIM #: NOT ON FILE
                                COUNTY: POTTAWATOMIE

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  PENDING VERIFICATION
OTHER ELIG. CODE(S): AID & ATTENDANCE
                          NSC, VA PENSION
                          HUMANITARIAN EMERGENCY
                          HOUSEBOUND

SERVICE CONNECTED: NO
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: YES
INSURANCE CO.      SUBSCRIBER ID      GROUP      HOLDER  EFFECTIVE  EXPIRES
=====
BLUE CROSS BLUE   282828282      12345      SELF    4/1/93    3/31/95
AETNA             29292277777    0987594    OTHER   1/1/94    12/31/94
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
    
```

TERMINATE ID CARD

Example, cont.

FEE ID CARD #:	1346464	FEE CARD ISSUE DATE:	06/17/93
PATIENT NAME:	FEEPATIENT,ONE	PT.ID:	000-45-6789
AUTHORIZATIONS:			
(1) FR:	04/16/94	VENDOR:	NOT SPECIFIED
TO:	04/19/94	AUTHORIZATION TYPE: OUTPATIENT - ID CARD	
PURPOSE OF VISIT: OPT - SC LESS THAN 50%			
DX: DEPRESSION		REF: FEEPROVIDER,TWO	
REF NPI: 111111112			
COUNTY: POTTAWATOMIE		PSA: MUSKOGEE, OK	
(2) FR:	07/01/93	VENDOR:	FEEVENDOR,ONE - 0009760657
TO:	06/30/96	AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM	
PURPOSE OF VISIT: COMPENSATION AND PENSION EXAM			
DX: PTSD		REF: FEEPROVIDER,TWO	
REF NPI: 111111112			
COUNTY: POTTAWATOMIE		PSA: NORTHAMPTON, MA	
FEE ID CARD #: 1346464			
ARE YOU SURE YOU WANT TO TERMINATE THIS ID CARD? NO// YES			
TERMINATION REASON: PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN. NEW CARD ISSUED.			

VENDOR MENU DISPLAY, ENTER, EDIT DEMOGRAPHICS

The MEDICARE ID NUMBER: prompt now appears after the PRICER EXEMPT: prompt for Civil Hospital vendors.

FBAA ESTABLISH VENDOR Security Key - required to enter a new Vendor into the system or edit existing Vendor data. It is not possible to delete a Vendor from the FEE BASIS VENDOR file (#161.2).

Introduction

The Display, Enter, Edit Demographics option is used to display Vendor demographics, enter a new Vendor into the system or edit data on an existing Vendor.

A Vendor is any provider of care. Doctors, hospitals, clinics, pharmacies, nurses and physical therapists are typical vendors. The Vendor must be entered into the system before any Fee Basis payments can be made.

The Fee Basis Vendor ID Number is usually the individual's social security number or the clinic's or hospital's tax ID number. A group of physicians may be in the system under one ID number if they are incorporated (i.e. Dermatology Assocs., P.C. or Capital District Urologists, P.C.). A pharmacy chain may have all their stores entered with the same ID number and then have the individual stores identified by up to a 4-digit chain store number.

WARNING: Any changes which you make to a Vendor will affect all other sites which have this Vendor in their FEE BASIS VENDOR file (#161.2).

VENDOR MENU

DISPLAY, ENTER, EDIT DEMOGRAPHICS

Example:

```

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE
ARE YOU ADDING 'FEEVENDOR,ONE' AS
  A NEW FEE BASIS VENDOR (THE 76TH)? Y (YES)
FEE BASIS VENDOR ID NUMBER: 000456789
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER          08
FEE BASIS VENDOR PART CODE: 6 NON-VA HOSPITAL      06
FEE BASIS VENDOR CHAIN: <RET>
FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE REPLACE <RET>
ID NUMBER: 000-45-6789// <RET>
IS THE ID NUMBER A TAX # OR SSN?
TAX ID/SSN (ENTER 'T' OR 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
SELECT SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: NON-VA HOSPITAL// <RET>
STREET ADDRESS: 123 SECOND ST
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-271-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
PRICER EXEMPT: YES
MEDICARE ID NUMBER: 191817

          *** VENDOR DEMOGRAPHICS ***
          ==> AWAITING AUSTIN APPROVAL <==

NAME: FEEVENDOR,ONE          ID NUMBER: 000456789
                                BILLING PROV NPI: 1234567899
                                BILLING PROV TAXONOMY CODE: 123456789A
ADDRESS: 123 SECOND ST          SPECIALTY:
CITY: TROY                      TYPE: OTHER
STATE: NEW YORK                PARTICIPATION CODE: NON-VA HOSPITAL
ZIP: 12180                     MEDICARE ID NUMBER: 191817
COUNTY: RENSSELAER           CHAIN:
PHONE: 518-555-1234
FAX: 518-555-1200             PRICER EXEMPT: YES
TYPE (FPDS):
AUSTIN NAME:
LAST CHANGE                     LAST CHANGE
TO AUSTIN:                      FROM AUSTIN:

WANT TO EDIT DATA? NO// <RET>
SELECT FEE BASIS VENDOR NAME:

```

VENDOR MENU PAYMENT DISPLAY FOR PATIENT

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Display for Patient option is used to view the payment record of a patient with a specific Vendor. The display also designates payments reimbursed to the patient, cancellation activity, and voided payments.

This option displays medical batch payments only. It does not display Travel or Pharmacy payment records.

Example

```

SELECT PATIENT: FEEPATIENT,ONE

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE          000777777       NON-VA HOSPITAL
      123 FIRST ST
      TROY, NY 12190

PATIENT NAME: FEEPATIENT,ONE                          SSN: 000456789

VENDOR: FEEVENDOR,ONE
      123 FIRST ST
      TROY, NY 12190
      ('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE  CPT-MODIFIER          AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-----
+ 09/05/94 12018                $   5.00  $   5.00    556     369
    >>>CHECK CANCELLED ON: 10/3/94  REASON:  WRONG PAYEE<<<
    CHECK WILL BE RE-ISSUED.
+ 09/02/94 99243-77             $  11.00  $  10.00  D    555     369
    >>>CHECK # 11887576  DATE PAID: 10/20/94<<<
    >>>AMOUNT PAID ALTERED TO $ 3.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
09/02/94 10020                 $  15.00  $   5.00  1    555     369
    >>>CHECK # 37776200  DATE PAID: 10/3/94<<<

SELECT FEE BASIS VENDOR NAME:
    
```

VENDOR MENU

PAYMENT LOOK-UP FOR MEDICAL VENDOR

Displays which include line item information have been modified to include check information; date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical Vendor for a specified time frame.

Example

```

SELECT MEDICAL VENDOR: FEEVENDOR,ONE      000456789  DOCTOR OF OSTEO
      31 NOWHERE CIRCLE
      LOWELL, MA  01852-0123    TEL. #:  45441477

**** DATE RANGE SELECTION ****

      BEGINNING DATE : 6/1  (JUN 01, 1994)

      ENDING   DATE : 6/30  (JUN 30, 1994)

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>

      ** VENDOR LOOK-UP **

              VENDOR: FEEVENDOR,ONE
              ('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY)
PATIENT      ('#' VOIDED PAYMENT)
SVC DATE    CPT-MOD  AMT CLAIMED AMT PAID  CODE INVOICE #  BATCH #  DATE PAID
-----
FEEPATIENT,ONE
06/07/94  12018    $   35.00 $   32.00  1   230           145    06/29/94
      >>>CHECK # 37776200  DATE PAID:  6/29/94<<<
06/07/94  99243-77 $   52.00 $   40.00  1   230           145    06/29/94
      >>>CHECK # 37776200  DATE PAID:  6/29/94<<<
06/28/94  10020    $   42.00 $   42.00   206           234    NOT PAID

SELECT MEDICAL VENDOR:
    
```

VENDOR MENU PHARMACY VENDOR PAYMENT LOOK-UP

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment history for a pharmacy Vendor for a specified time frame.

Example

```

SELECT PHARMACY VENDOR:  FEEVENDOR,ONE  000888888  PHARMACY

**** DATE RANGE SELECTION ****

  BEGINNING DATE:  5/1/94  (MAY 01, 1994)

  ENDING  DATE:  T  (JUL 13, 1994)

DEVICE:  HOME//  <RET>  RIGHT MARGIN: 80//  <RET>
    
```

```

** PHARMACY VENDOR LOOK-UP **

VENDOR:  FEEVENDOR,ONE  ID#: 000888888  CHAIN #:

          ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
          ('#' VOIDED PAYMENT)

  PATIENT  SSN
  FILL DATE  DRUG NAME  STRENGTH  QUANTITY
  CLAIMED  PAID  CODE INVOICE #  BATCH #  DATE FINALIZED
=====
FEEPATIENT,ONE  000456789

  06/07/94
RX: 6700  DEMEROL  2MG  10
  16.00  7.56  1  1172  974  07/12/94

  06/01/94
RX: 5603  MOTRIN  2MG  10
  25.00  25.00  1172  974  07/12/94
    
```

VENDOR MENU

IPAC VENDOR AGREEMENT MENU

There are three menu options on the IPAC Vendor Agreement Menu.

- Enter/Edit a new IPAC Agreement
- Delete an IPAC agreement
- View IPAC Vendor Agreement

The Security Key “FB IPAC VENDOR” is required in order to see the options to Enter, Edit, or Delete an IPAC Agreement. Users may view IPAC Agreement information without a security key.

Introduction

These menu options allow the user to be able to manage, enter/edit, delete, and view IPAC Vendor agreements. An IPAC Vendor agreement is data pertaining to the Department of Treasury Intra-Governmental Payment and Collection (IPAC) System. This data is necessary so the VA can make electronic payments to DoD military treatment facilities using the IPAC system.

Example

```
Select IPAC Vendor Agreement Menu <TEST ACCOUNT> Option: ENTER/Edit a new IPAC
Agreement

The following IPAC Agreements are currently on file:

#  ID          FY  Vendor                               S Description
-----
1  119          2014 ARMY MEDICAL CENTER             A Wound Care (Linked invoice
2  120          2014 NAVY MEDICAL CENTER             I another IPAC agreement

Please select the IPAC agreement to edit or type NEW to create a new entry
Selection #: NEW// 1

The IPAC Agreement you have selected has been used on one or more payment
records. Because of this the Vendor and the Fiscal Year are not editable.

      VENDOR: ARMY MEDICAL CENTER             (No editing allowed)
FISCAL YEAR: 2014                             (No editing allowed)

STATUS: ACTIVE//
DESCRIPTION: Wound Care (Linked invoice)  Replace
SHARING AGREEMENT NO.: 123//
CUSTOMER ALC: 00008522//
RECEIVER TAS:      097             X8097000  C  Replace
SENDER TAS:        03620142014 0160000  C  Replace
AGENCY FIELD STATION NUMBER: 123//
OBLIGATING DOCUMENT NO.: 123//
STATION CONTACT NAME: IPAC STATION CONTACT NAME//
STATION CONTACT PHONE: 999-999-9999//
```

Section 3 - MEDICAL FEE MAIN MENU

```
STATION CONTACT EMAIL: SOMEBODY@ARMY.MIL//  
COMPLETE LINE OF ACCOUNTING: 123//  
DESC. OF GOODS & SERVICES: Wound care//  
MISCELLANEOUS INFO (1):  
MISCELLANEOUS INFO (2):
```

Example

```
Select IPAC Vendor Agreement Menu <TEST ACCOUNT> Option: View IPAC Vendor Agreement
```

The following IPAC Agreements are currently on file:

#	ID	FY	Vendor	S	Description
1	119	2014	ARMY MEDICAL CENTER	A	Wound Care (Linked invoice)
2	120	2014	NAVY MEDICAL CENTER	I	another IPAC agreement

Please select the IPAC agreement to view/print
Selection #: 1

This report is 80 characters wide.

DEVICE: HOME// DEC Windows Right Margin: 80//

IPAC Vendor Agreement ID: 119 Status: ACTIVE FY: 2014

Vendor: ARMY MEDICAL CENTER

Desc: Wound Care (Linked invoice)

Sharing Agreement #: 123

Customer ALC: 00008522 Receiver TAS: 097 X8097000 C

Sender TAS: 03620142014 0160000 C

Agency Field Station #: 123 Obligating Document #: 123

Station Contact:

Name: IPAC STATION CONTACT NAME

Phone: 999-999-9999 Email: SOMEBODY@ARMY.MIL

Complete Line of Accounting:

123

Description of Goods & Services:

Wound care

Miscellaneous Info:

1)

2)

Press any key to continue:

Section 4: PHARMACY FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Pharmacy Fee Main Menu.

BATCH MENU - PHARMACY

NOTE: *This menu is located on the PHARMACY FEE MAIN MENU.*

- BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.
- CLOSE-OUT BATCH - used to close a Fee Basis batch.
- DISPLAY OPEN BATCHES - used to display a list of all Fee Basis batches which have an OPEN status.
- EDIT BATCH DATA - used to edit certain portions of Fee Basis batches.
- LIST ITEMS IN BATCH - used to view all payment records in the selected batch.
- OPEN A PHARMACY BATCH - used to create a Pharmacy batch.
- RE-OPEN BATCH - used to reopen a Fee Basis batch which has a batch status of CLOSED.
- RELEASE A BATCH - used by the Supervisor to release a Fee Basis batch for payment. This option is locked with the FBAASUPERVISOR key.
- STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.

CHECK DISPLAY

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

CLOSEOUT PHARMACY INVOICE

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to assign a Pharmacy invoice to a batch.

COMPLETE PHARMACY INVOICE

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to enter the remaining payment data after the invoice has been reviewed by Pharmacy Service.

DISPLAY PHARMACY INVOICE

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to view all the items in a Pharmacy invoice.

EDIT PHARMACY INVOICE

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to edit the data on a previously entered Pharmacy invoice.

ENTER PHARMACY INVOICE

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to enter the initial portion of the Pharmacy invoice into the system for payment.

LIST INVOICES PENDING MAS COMPLETION

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option lists all invoices that have been entered, reviewed by Pharmacy Service and are now awaiting completion by Medical Administration Service.

LIST PHARMACY HISTORY

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option lists the Fee Basis prescriptions for a selected patient.

PATIENT RE-IMBURSEMENT

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the Vendor directly.

PHARMACY INVOICE STATUS

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to display the status of a Pharmacy invoice. These include PENDING PHARMACY DETERMINATION, PENDING MAS COMPLETION, PENDING PAYMENT PROCESS, and COMPLETED.

POTENTIAL COST RECOVERY REPORT

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option identifies costs for Fee Basis services which may be able to be recovered. Data is sorted by division, patient, Fee Basis program, Vendor, and date.

PRESCRIPTIONS PENDING PHARMACY REVIEW

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option allows Pharmacy Service to print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

REVIEW FEE PRESCRIPTION

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option allows Pharmacy Service to review a Fee Basis prescription and determine whether payment should be based on a generic drug.

VENDOR PAYMENTS OUTPUT

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to generate a history of payments made to a selected Vendor within a specified date range.

VETERAN PAYMENTS OUTPUT

NOTE: *This option is located on the PHARMACY FEE MAIN MENU.*

This option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

BATCH MENU - PHARMACY BATCH DELETE

FBAASUPERVISOR Security Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "yes"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

A batch that was rejected using the Reprocess Overdue Batch option cannot be deleted with the Batch Delete option.

Example

```
SELECT FEE BASIS BATCH NUMBER: 147          C15004
```

```
NUMBER: 147                                OBLIGATION NUMBER: C15004  
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: OCT 31, 1990  
CLERK WHO OPENED: CHARLENE                STATION NUMBER: 500
```

```
STATUS: OPEN
```

```
SURE YOU WANT TO DELETE THIS BATCH? NO// YES
```

```
BATCH DELETED.
```

```
SELECT FEE BASIS BATCH NUMBER:
```

BATCH MENU - PHARMACY CLOSE-OUT BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Security Key - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You can close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Pharmacy batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

BATCH MENU - PHARMACY CLOSE-OUT BATCH

Example

```

SELECT FEE BASIS BATCH NUMBER: 189          C93999
WANT TO REVIEW BATCH? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME                                VENDOR ID  INVOICE #    DATE REC'D.
RX  DATE  RX #    CLAIMED      PAID  CODE  DRUG NAME
=====
FEEPATIENT,ONE                            000-45-6789          189
FEEVENDOR,ONE                             987987987    148    9/27/93
  5/5/93   75847638    31.00    29.95   I  ANYMYCIN
                INVOICE #: 148    TOTALS: $ 29.95

FEEPATIENT,TWO                            000-45-6789          189
FEEVENDOR,TWO                             000000000    168    9/29/93
  9/29/93   123          15.00    12.95   I
                INVOICE #: 168    TOTALS: $ 12.95

DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>

NUMBER: 189                                OBLIGATION NUMBER: C93999
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: DEC 16, 1994
CLERK WHO OPENED: MARY ELLEN              STATION NUMBER: 500
TOTAL DOLLARS: 42.90                      INVOICE COUNT: 2
PAYMENT LINE COUNT: 2                     DATE CLERK CLOSED: JAN 9, 1995

STATUS: CLERK CLOSED

BATCH CLOSED

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MENU - PHARMACY DISPLAY OPEN BATCHES

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	JOHN	C33003
26	Pharmacy	05/28/93	MARY	C93004
28	Medical	05/28/93	MARY	C33003
33	Medical	06/02/93	JOHN	C33003
34	CH/CNH	06/03/93	JOHN	C33003
35	Medical	06/08/93	JOHN	C33003

BATCH MENU - PHARMACY EDIT BATCH DATA

FBAASUPERVISOR Security Key - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You can only edit batches that you opened unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

If you are a control point user for multiple control points, you will be prompted for a control point prior to an obligation number.

Example

```

Select FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
  1      C90234
  4      C89211
  5      C89211
 10     C90234
 11     C90234
 13     C89622
 14     C89211
'^' TO STOP: ^

Select FEE BASIS BATCH NUMBER: 1          C90234
Obligation Number: C90234// <RET>
Do you want to change the Obligation Number? No// Y YES
Select Obligation Number: ??

CHOOSE FROM:
 500-C89211 -- 1358  Obligated - 1358
                   FCP: 020    $ 4800
 500-C89621 -- 1358  Ordered and Obligated
                   FCP: 999    $ 80000
 500-C89622 -- 1358  Obligated - 1358
                   FCP: 020    $ 80000
Select Obligation Number: C89621 500-C89621 -- 1358 Ordered and Obligated
                   FCP: 999    $ 80000
NUMBER: 1// (No Editing)
DATE OPENED: APR 10,1994// T (JUN 23, 1994)
    
```

BATCH MENU - PHARMACY LIST ITEMS IN BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name can be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```

SELECT FEE BASIS BATCH NUMBER: 11          C93004
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

PATIENT NAME      ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)                BATCH #  VOUCHER DATE
VENDOR NAME
RX  DATE  RX #    CLAIMED      PAID    CODE  DRUG NAME
=====
FEEPATIENT, ONE          000-45-6789          11          6/4/94
FEEVENDOR, ONE          000234234          8          3/12/94
  3/13/94  12312333    25.00      23.00    4    ELAVIL
                INVOICE #: 8    TOTALS: $ 23.00

FEEPATIENT, TWO          000-45-6789          11          6/4/94
FEEVENDOR, TWO          000111111          21          4/1/94
  1/4/94    100          50.00      33.00    A    IBUPRO
                INVOICE #: 21    TOTALS: $ 33.00

SELECT FEE BASIS BATCH NUMBER:
    
```

BATCH MENU - PHARMACY

OPEN A PHARMACY BATCH

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Pharmacy Batch option is used to create a new Pharmacy batch. To enter, edit, or delete payment data in these batches, use the appropriate invoice options in the Pharmacy Main Menu.

Example

```
WANT TO CREATE A PHARMACY BATCH? YES// <RET>
PHARMACY BATCH NUMBER ASSIGNED IS: 101

  ARE YOU ADDING '101' AS A NEW FEE BASIS BATCH (THE 41ST)? Y (YES)

SELECT CONTROL POINT: ?
ANSWER WITH CONTROL POINT NAME NUMBER
CHOOSE FROM:
  20                020 FEE
  999                999 FEE CIVIL HOSP

SELECT CONTROL POINT: 20 020 FEE
SELECT OBLIGATION NUMBER: ??

CHOOSE FROM:
  500-C89211  -- 1358  OBLIGATED - 1358
                FCP: 020    $ 4800
  500-C89621  -- 1358  ORDERED AND OBLIGATED
                FCP: 020    $ 80000
  500-C89622  -- 1358  OBLIGATED - 1358
                FCP: 020    $ 80000
  500-C89699  -- 1358  TRANSACTION COMPLETE
                FCP: 020    $ 30000

SELECT OBLIGATION NUMBER: 500-C89622  -- 1358  OBLIGATED - 1358
                FCP: 020    $ 80000
```


BATCH MENU - PHARMACY

RE-OPEN BATCH

FBAASUPERVISOR Security Key - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You can reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```

SELECT FEE BASIS BATCH NUMBER: 11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: MARY ELLEN            TOTAL DOLLARS: 161
  INVOICE COUNT: 4                        PAYMENT LINE COUNT: 13
  STATUS: OPEN

BATCH HAS BEEN RE-OPENED!

SELECT FEE BASIS BATCH NUMBER:

```

BATCH MENU - PHARMACY RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Pharmacy batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230      C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example

```
SELECT FEE BASIS BATCH NUMBER: 11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: NOV 1, 1990
CLERK WHO OPENED: BARBARA                 STATION NUMBER: 500
INVOICE COUNT: 3                          TOTAL DOLLARS: 78
DATE CLERK CLOSED: NOV 6, 1990            PAYMENT LINE COUNT: 4

STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// Y YES
```

BATCH MENU - PHARMACY RELEASE A BATCH

Example, cont.

```

PATIENT NAME      ('*' REIMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
                  ('#' VOIDED PAYMENT)
                  BATCH #  VOUCHER DATE
VENDOR NAME      VENDOR ID  INVOICE #  DATE REC'D.
RX  DATE  RX #    CLAIMED    PAID    CODE  DRUG NAME
=====
FEEPATIENT, ONE          000-45-6789          11
FEEVENDOR, ONE          000324323B  8          3/12/89
  3/13/89  12312333    25.00    23.00    4    ELAVIL
          INVOICE #: 8  TOTALS: $ 23.00

FEEPATIENT, ONE          000-45-6789          11
FEEVENDOR, ONE          000112112  12         4/1/89
*  1/4/89   101        50.00    50.00          HYD
          INVOICE #: 12  TOTALS: $ 43.00

FEEPATIENT, TWO          000-45-6789          11
FEEVENDOR, ONE          000112112  25         3/8/90
  3/8/90   FDSAD      10.00    2.00    I    MOTRIN

FEEPATIENT, THREE       000-45-6789          11
FEEVENDOR, ONE          000112112  25         3/8/90
  1/1/90   DSFASDF    10.00    10.00          MOTRIN
          INVOICE #: 25  TOTALS: $ 12.00
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y YES

NUMBER: 11              OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS  DATE OPENED: NOV 1, 1990
CLERK WHO OPENED: BARBARA
DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
SUPERVISOR WHO CERTIFIED: LUCIA    STATION NUMBER: 500
TOTAL DOLLARS: 78
INVOICE COUNT: 3                PAYMENT LINE COUNT: 4
DATE CLERK CLOSED: NOV 6, 1990

STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!
    
```

BATCH MENU - PHARMACY

STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
CENTRAL FEE ACCEPTED	Medical, Travel Pharmacy CH, CNH	The Payment Batch Results message from Austin has been received. The batch contains at least one line item that was accepted by Austin
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MENU - PHARMACY STATUS OF BATCH

Example

```
Select FEE BASIS BATCH NUMBER: 11          123456
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

NUMBER: 11                                OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: APR 17, 1989
CLERK WHO OPENED: MARY ELLEN              TOTAL DOLLARS: 161
INVOICE COUNT: 4                          PAYMENT LINE COUNT: 13

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```

SELECT CHECK NUMBER: 12333091
DEVICE: HOME// <RET> LAT TERMINAL RIGHT MARGIN: 80// <RET>

                PAYMENT HISTORY FOR CHECK # 12333091
                -----
                                                    PAGE: 1

                FEE PROGRAM: PHARMACY
('*' REIMBURSEMENT TO PATIENT '#' VOIDED PAYMENT '+' CANCELLATION ACTIVITY)
  FILL DT  RX #  AMOUNT  AMOUNT  SUSP  BATCH  INVOICE
           CLAIMED  PAID    CODE  NUMBER  NUMBER
=====
VENDOR:  FEEVENDOR,ONE                VENDOR ID: 000112112
PATIENT:  FEEPATIENT,ONE              PATIENT ID: XXX-XX-6789
+ 1/5/06  L12321  15.00    5.00    I    385    584
  >>>CHECK # 12333091
  >>>CHECK CANCELLED ON: 1/9/06  REASON: MIS-SPELLED NAME<<<
  CHECK WILL NOT BE REPLACED.
    
```

CLOSEOUT PHARMACY INVOICE

Introduction

The Closeout Pharmacy Invoice option must be used to assign a batch number to a Pharmacy invoice prior to payment being sent to Austin. Only open batches may be assigned. The invoice must have an invoice status of PENDING PAYMENT PROCESS.

Example

```
SELECT FEE BASIS PHARMACY INVOICE NUMBER:  195

SELECT BATCH FOR THIS INVOICE:  269
OBLIGATION #: C93033
...EXCUSE ME, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

INVOICE CLOSED OUT!!

SELECT FEE BASIS PHARMACY INVOICE NUMBER:
```

COMPLETE PHARMACY INVOICE

Introduction

The Complete Pharmacy Invoice option is used to enter the remaining payment data for those items within the invoice which required a determination by Pharmacy service. (MAS must enter the remaining data prior to closeout). These items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```

Select FEE BASIS PHARMACY INVOICE NUMBER:  234

Vendor: FEEVENDOR,ONE      Vendor ID: 000888888
Patient: FEEPATIENT,ONE    Patient ID: 000-45-6789

Drug Name                  RX #    Strength    Qty    Amt Claimed
=====
VALIUM                    987     25MG       30     20
MEDICAID DISPENSING FEE: $3.25// <RET> 3.25

RED BOOK COST:  12.00// <RET>
AMOUNT PAID: 15.25// <RET>
AMOUNT SUSPENDED: 4.75// <RET>
SUSPEND CODE:  1    Charge exceeds maximum payable

Invoice is Complete          Totals $15.25

Select FEE BASIS PHARMACY INVOICE NUMBER:
    
```


DISPLAY PHARMACY INVOICE

Display now includes disbursed amount, date paid, and cancellation information, when applicable.

Introduction

This option is used to view all the items in a Pharmacy invoice. The amount of data displayed will depend on the status of the invoice and the prescriptions on that invoice.

NOTE: The display line containing 'IPAC Vendor Agreement' and the display lines containing 'DoD Invoice Number' only appear if the Vendor has one or more active IPAC Agreements.

Example

```

SELECT FEE BASIS PHARMACY INVOICE NUMBER: 599

DEVICE: HOME// <RET>  VIRTUAL TERMINAL      RIGHT MARGIN: 80// <RET>

NUMBER: 599
  DATE CORRECT INVOICE RECV'D: NOV 30, 1994
  DATA ENTRY CLERK: MARY ELLEN             VENDOR: FEEVENDOR,ONE
  INVOICE STATUS: PENDING PHARMACY DETERMINATION
  TOTAL AMOUNT CLAIMED: 65                  TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: DEC 12, 1994       TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: NOV 25, 1994
  IPAC VENDOR AGREEMENT: 122

PRESCRIPTION NUMBER: 12345                 DRUG NAME: VALIUM
  DATE PRESCRIPTION FILLED: NOV 15, 1994
  AMOUNT CLAIMED: 65.00                    PATIENT: FEEPATIENT,ONE
  LINE ITEM STATUS: PENDING PHARMACY DETERMINATION
  STRENGTH: 50MG                           QUANTITY: 100
  PAYMENT TYPE CODE: VENDOR                 MANUFACTURER: DOW
  PRIMARY SERVICE FACILITY: ALBANY, NY     AUTHORIZATION POINTER: 3
  DOD INVOICE NUMBER: 14147

SELECT FEE BASIS PHARMACY INVOICE NUMBER:

```

EDIT PHARMACY INVOICE

New Prompts:

Vendor Invoice Date: - allows you to enter/edit the Vendor's invoice date.

Security Keys required:

- You must hold the FBAASUPERVISOR Security Key to edit payments from batches that have been released by a supervisor.
- You must hold the FBAA ESTABLISH VENDOR Security Key to enter a new Vendor.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

Do You Want to Modify the IPAC Data? – Only asked if the selected Vendor has one or more active IPAC Agreements. If answered 'YES', the user can select a different IPAC Agreement and/or enter a different DoD Invoice number.

CARC/RARC CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Edit Pharmacy Invoice option is used to edit data from a previously entered Pharmacy invoice.

- All data contained on the invoice may be edited (with the exception of the invoice number).
- Payments from batches that have been transmitted to Austin cannot be edited.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example

```
Select Invoice #: 38
DATE CORRECT INVOICE RECV'D: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 14,1994// <RET>
```

```
VENDOR: FEEVENDOR,ONE// <RET>
INVOICE STATUS: PENDING PAYMENT PROCESS// <RET>
Select PRESCRIPTION NUMBER: 55303    DATE RX FILLED: 05/01/94

PRESCRIPTION NUMBER: 55303// <RET>

IPAC Agreement Information on file for this Invoice/Payment

IPAC Agreement ID: 121 (ACTIVE)
    Vendor: FEEVENDOR,ONE
    Fiscal Year: 2014
Short Description: IPAC Agreement 1
    DoD Invoice#: 99887766

Do you want to modify the IPAC data? No// NO

DRUG NAME: VALIUM// <RET>
STRENGTH: 5MG// 10MG
QUANTITY: 30// 20
AMOUNT CLAIMED: 21// <RET>
RED BOOK COST: 15// <RET>
AMOUNT PAID: 18.25// <RET>
AMOUNT SUSPENDED: 2.75// <RET>
SUSPEND CODE: 1// I <RET> Payment made for Generic drug
LINE ITEM STATUS: PENDING PAYMENT PROCESS// <RET>

Select Invoice #:
```

ENTER PHARMACY INVOICE

New Prompts:

Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

IPAC Agreement Selection – If the selected Vendor is a federal Vendor with more than one active IPAC agreement, the user is prompted to select an agreement. If the selected Vendor has only one active IPAC agreement, it is automatically selected by the system. If the selected Vendor does not have any active IPAC agreements, no IPAC agreement prompting is displayed.

DoD Invoice Number – If the selected Vendor has one or more IPAC agreements, the user must enter the DoD Invoice Number. If the selected Vendor does not have any active IPAC agreements, no DoD Invoice Number prompt is displayed.

CARC/RARC CODES: each line item will accept up to five CARC/RARC combinations. Two RARCs can be selected for each CARC at the line level.

Introduction

The Enter Pharmacy Invoice option is used to enter Pharmacy invoices into the system for payment. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. Each invoice is made up of individual prescriptions. The prescription data, including date prescription filled, prescription number, drug name, strength, and quantity is entered separately for each prescription. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

Duplicate entry of prescription numbers filled on the same date for the same Vendor will not be allowed. The system will alert you to the duplicate entry.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

ENTER PHARMACY INVOICE

Example of ICD-9 Data

```

Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 599

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE 000658976 CHAIN #: 101 PHARMACY
      123 MAIN AVE (Awaiting Austin Approval)
      TROY, NY 12180 TEL. #: 518-555-0987

          *** VENDOR DEMOGRAPHICS ***
          ==> AWAITING AUSTIN APPROVAL <==

      Name: FEEVENDOR,ONE ID Number: 000000000
      Address: 123 MAIN AVE Specialty:
      City: TROY Type: PHARMACY
      State: NEW YORK Participation Code: PHARMACY
      ZIP: 12180 Medicare ID Number: 181818
      County: RENSSELAER Chain: 101
      Phone: 518-555-0987
      Fax: 518-555-0900
Austin Name:
Last Change Last Change
TO Austin: 11/21/94 FROM Austin:

Want to edit Vendor data? No// <RET>

This is a Federal Vendor. IPAC payment information is required.
- Required IPAC agreement information has been found.

Would you like to display the detailed IPAC agreement information? No// NO

Enter the DoD Invoice Number: 12345

Date Correct Invoice Received: 11/30 (NOV 30, 1994)

Vendor Invoice Date: 11/25 (NOV 25, 1994)

Select Patient: FEEPATIENT,ONE 07-21-50 000456789 NSC VETERAN

FEEPATIENT,ONE Pt.ID: 000-45-6789
129 BROWNDYKE ROAD DOB: JUL 21,1950
COHOES TEL: 518-555-8911
NEW YORK 12901 CLAIM #: Not on File
COUNTY: COLUMBIA

Primary Elig. Code: NSC -- PENDING VERIFICATION JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co. Subscriber ID Group Holder Effective Expires
=====
No Insurance Information

```

ENTER PHARMACY INVOICE

Example of ICD-9 Data, cont.

```
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
Patient Name: FEEPATIENT,ONE                               Pt.ID: 000-45-6789

AUTHORIZATIONS:
  (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      - 000777777
      TO: 09/17/94
      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
      DX:                                REF: FEEprovider,Two
      REF NPI: 111111112
      County: COLUMBIA                    PSA: ALBANY, NY

      REMARKS:
        7078 DEFAULT AUTH SERVIC TEXT
  (2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE - 000658976
      TO: 12/31/94
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
      DX:                                REF: FEEprovider,Two
      REF NPI: 111111112
      County: COLUMBIA                    PSA: ALBANY, NY

Enter a number (1-3): 2

Want to review fee pharmacy payment history? No// <RET>

DATE PRESCRIPTION FILLED: 11/15 (NOV 15, 1994)

Enter the DoD Invoice Number: 123456

Select PRESCRIPTION NUMBER: 12345
AMOUNT CLAIMED: 65.00
DRUG NAME: VALIUM
MANUFACTURER: ROCHE
STRENGTH: 5MG
QUANTITY: 100

Prescription referred to Pharmacy Service for determination.

Select Patient: <RET>

Invoice No.: 599 Completed!

Want to enter another Invoice? No// <RET>
```

ENTER PHARMACY INVOICE

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

PATIENT NAME: FEE,ICDONE		PT.ID: 000-12-0012
AUTHORIZATIONS:		
(1) FR: 11/21/2012	VENDOR: FEEVENDOR,ONE	- 000222222
TO: 11/21/2012		
AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM		
PURPOSE OF VISIT: OPT - SC 50% OR MORE		
DX: E08.00	REF:	
REF NPI:		

LIST INVOICES PENDING MAS COMPLETION

Introduction

The List Invoices Pending MAS Completion option lists the invoices that have been entered into the system, have had a Pharmacy determination made, and are now awaiting completion by Medical Administration Service. The option then provides the opportunity to complete these invoices. The completion items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```
PHARMACY INVOICES PENDING MAS COMPLETION
INVOICE NO: 234 HAS 1 LINE ITEMS TO BE COMPLETED
INVOICE NO: 280 HAS 2 LINE ITEMS TO BE COMPLETED
WANT TO COMPLETE ONE OF THEM NOW? YES// <RET>
SELECT FEE BASIS PHARMACY INVOICE NUMBER: 234
VENDOR: FEEVENDOR,ONE      VENDOR ID: 000888888
PATIENT: FEEPATIENT,ONE    PATIENT ID: 000-45-6789
DRUG NAME                   RX #   STRENGTH   QTY   AMT CLAIMED
=====
VALIUM                       987     25MG      30     20
GENERIC DRUG SUBSTITUTED: DIAZEPAM
MEDICAID DISPENSING FEE: $3.25// <RET>
RED BOOK COST: 12
AMOUNT PAID: 15.25// <RET>
AMOUNT SUSPENDED: 4.75// <RET>
SUSPEND CODE: 1    CHARGE EXCEEDS MAXIMUM PAYABLE
INVOICE IS COMPLETE
SELECT FEE BASIS PHARMACY INVOICE NUMBER:
```


LIST PHARMACY HISTORY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Pharmacy History option is used to display or print a list of all the Fee Basis prescriptions for a selected patient. These are listed in reverse chronological order, with the most recent date first. Reimbursements to the patient, voided payments, and cancellation activity are indicated.

Example

```

SELECT FEE BASIS PATIENT NAME:  FEEPATIENT,ONE          10-18-20    000456789
DEVICE: HOME// <RET>                RIGHT MARGIN: 80// <RET>

PATIENT: FEEPATIENT,ONE                SSN: 000456789    DOB: 10/18/20
      ('*' RE-IMBURSEMENT TO PATIENT  '+' CANCELLATION ACTIVITY)
      ('#' VOIDED PAYMENT)

VENDOR NAME                ID #        CHAIN #
FILL DATE

CLAIMED    DRUG NAME        STRENGTH        QUANTITY
PAID      CODE  INVOICE #  BATCH #        DATE CERTIFIED
=====
FEEVENDOR, ONE                000000000
04/01/94
RX: 900      LASIX                250MG                30
12.00      10.00    1      352      109
FEEVENDOR, TWO                000000000
03/23/94
RX: 509      VALIUM                10MG                15
6.00      6.00    352      109
FEEVENDOR, ONE                000000000    309
12/02/93
RX: 321      MEPROBAMATE        400MG                30
13.00      13.00    265      98      01/21/87
FEEVENDOR, ONE                000000000    309
10/01/94
RX: 109      CODEINE                50MG                10
20.00      16.00    1      243      89      11/30/86
    
```

PATIENT RE-IMBURSEMENT

New Prompt:

Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

FBAE ESTABLISH VENDOR A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Patient Re-imbursalment option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the Vendor directly. Prescriptions should routinely be obtained from the VA medical centers and only purchased at local pharmacies in an emergency situation.

Each Pharmacy invoice is made up of individual prescriptions. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for review.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

PATIENT RE-IMBURSEMENT

Example of ICD-9 Data

```

ARE YOU SURE YOU WANT TO ENTER A NEW INVOICE? YES// <RET>

INVOICE # ASSIGNED IS: 600

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE 000658976 CHAIN #: 101 PHARMACY
      123 MAIN AVE (AWAITING AUSTIN APPROVAL)
      TROY, NY 12180 TEL. #: 518-272-0987

          *** VENDOR DEMOGRAPHICS ***
          ==> AWAITING AUSTIN APPROVAL <==

      NAME: FEEVENDOR,ONE ID NUMBER: 000333333
      ADDRESS: 123 MAIN AVE SPECIALTY:
      CITY: TROY TYPE: PHARMACY
      STATE: NEW YORK PARTICIPATION CODE: PHARMACY
      ZIP: 12180 MEDICARE ID NUMBER: 181818
      COUNTY: RENSSELAER CHAIN: 101
      PHONE: 518-555-0987
      FAX: 518-555-0900
      AUSTIN NAME:
      LAST CHANGE LAST CHANGE
      TO AUSTIN: 11/21/94 FROM AUSTIN:

WANT TO EDIT VENDOR DATA? NO// <RET>

DATE CORRECT INVOICE RECEIVED: 11/30 (NOV 30, 1994)

VENDOR INVOICE DATE: 11/15 (NOV 15, 1994)

SELECT PATIENT: FEEPATIENT,ONE

```

PATIENT RE-IMBURSEMENT

Example of ICD-9 Data, cont.

```

FEEPATIENT,ONE                PT.ID: 000-45-6789
129 BROWNDYKE ROAD            DOB: JUL 21,1950
COHOES                        TEL: 518-261-8911
NEW YORK 12901                CLAIM #: NOT ON FILE
                                COUNTY: COLUMBIA

PRIMARY ELIG. CODE: NSC  --  PENDING VERIFICATION  JUL 15, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SERVICE CONNECTED: NO
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: NO
INSURANCE CO.      SUBSCRIBER ID    GROUP      HOLDER  EFFECTIVE EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

PATIENT NAME: FEEPATIENT,ONE                PT.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      - 000777777
    TO: 09/17/94
        AUTHORIZATION TYPE: CIVIL HOSPITAL
        PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
        . HOSP. AT VA EXP.
        DX:                                REF: FEEPROVIDER,TWO
        REF NPI: 1111111112

        COUNTY: COLUMBIA                    PSA: ALBANY, NY

        REMARKS:
        7078 DEFAULT AUTH SERVIC TEXT

(2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE      - 000333333
    TO: 12/31/94
        AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
        PURPOSE OF VISIT: OPT TO OBTIATE THE NEED FOR HOSP. ADMISSION
        DX:                                REF: FEEPROVIDER,TWO
        REF NPI: 1111111112

        COUNTY: COLUMBIA                    PSA: ALBANY, NY

ENTER A NUMBER (1-3): 2
    
```

PATIENT RE-IMBURSEMENT

Example of ICD-9 Data, cont.

```

      PATIENT:  FEEPATIENT,ONE
      ADDRESS LINE 1:  129 BROWNDYKE ROAD
                   CITY:  COHOES
                   STATE:  NEW YORK
                   ZIP:  12901
                   COUNTY:  COLUMBIA

WANT TO EDIT ADDRESS DATA? NO// <RET>

WANT TO REVIEW FEE PHARMACY PAYMENT HISTORY? NO// <RET>

DATE PRESCRIPTION FILLED: 11/1  (NOV 01, 1994)
SELECT PRESCRIPTION NUMBER: 10191
  AMOUNT CLAIMED: 40.00
  DRUG NAME: VALIUM
  MANUFACTURER: ROCHE
  STRENGTH: 5MG
  QUANTITY: 50

PRESCRIPTION REFERRED TO PHARMACY SERVICE FOR DETERMINATION.

SELECT PATIENT: <RET>

INVOICE NO.: 600 COMPLETED!

WANT TO ENTER ANOTHER INVOICE? NO//

```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations.

```

PATIENT NAME: FEE,ICDONE                      PT.ID: 000-12-0012

AUTHORIZATIONS:
(1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
    TO: 11/21/2012
          AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: OPT - SC LESS THAN 50%
DX: E08.00                      REF:
REF NPI:

```

PHARMACY INVOICE STATUS

Introduction

This option is used to display the status of a pharmacy invoice. The status of the invoice will depend on the status of the prescriptions in that invoice. For example, if an invoice contained four prescriptions, three of which have been reviewed by Pharmacy Service, and one which is awaiting review, the status of the entire invoice would be PENDING PHARMACY DETERMINATION. Following are the four Pharmacy invoice statuses:

- PENDING PHARMACY DETERMINATION - all prescription data necessary for Pharmacy Service to review has been entered into the system.
- PENDING MAS COMPLETION - reviewed by Pharmacy Service including a determination as to whether or not the prescription was for an authorized condition, whether it was emergent, and whether payment should be based on the generic drug price. MAS now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- PENDING PAYMENT PROCESS - waiting to be assigned to a Pharmacy Fee Basis batch.
- COMPLETED - The invoice has been assigned to a batch.

Example

```

SELECT FEE BASIS PHARMACY INVOICE NUMBER: 14

NUMBER: 14
DATE CORRECT INVOICE RECV'D: MAY 28, 1993
DATA ENTRY CLERK: JOHN                VENDOR: FEEVENDOR,TWO
INVOICE STATUS: PENDING MAS COMPLETION
TOTAL AMOUNT CLAIMED: 1                TOTAL AMOUNT PAID: 0
DATE INVOICE ENTERED: MAY 28, 1993    TOTAL LINE COUNT: 1
VENDOR INVOICE DATE: MAY 26, 1993

SELECT FEE BASIS PHARMACY INVOICE NUMBER: 15

NUMBER: 15
DATE CORRECT INVOICE RECV'D: MAY 28, 1993
DATA ENTRY CLERK: MARTIN              VENDOR: FEEVENDOR,TWO
INVOICE STATUS: COMPLETED            TOTAL AMOUNT CLAIMED: 1
TOTAL AMOUNT PAID: 1                 DATE INVOICE ENTERED: MAY 28, 1993
TOTAL LINE COUNT: 1
VENDOR INVOICE DATE: MAY 26, 1993

SELECT FEE BASIS PHARMACY INVOICE NUMBER:

```

POTENTIAL COST RECOVERY REPORT

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
SELECT PRIMARY SERVICE FACILITY: ALL// <RET>
INCLUDE (P)ATIENT CO-PAYS / (I)NSURANCE / (B)OTH: BOTH// <RET>
INCLUDE (M)EANS TEST CO-PAYS / (L)TC CO-PAYS / (B)OTH: BOTH// <RET>
DO YOU WANT TO INCLUDE PATIENTS WHOSE INSURANCE STATUS IS UNAVAILABLE? YES// <RET>
**** DATE RANGE SELECTION ****
    BEGINNING DATE : 060194 (JUN 01, 1994)
    ENDING DATE : T (JUL 20, 1994)
QUEUE TO PRINT ON
DEVICE: HOME// PHARMACY PRINTER      RIGHT MARGIN: 80// <RET>
REQUESTED START TIME: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

POTENTIAL COST RECOVERY REPORT

Example, cont.

```
POTENTIAL COST RECOVERY REPORT
Division: 623 MUSKOGEE, OK
NPI: XXXXXXXXXX
06/01/94 - 07/20/94
Page: 1
Patient: FEEPATIENT,ONE Patient ID: 000-45-6789 DOB: Dec 12, 1914
('*' Represents Reimbursement to Patient '#' Represents Voided Payment)
=====
Health Insurance: YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
BLUE CROSS s 12345 SELF 1/1/94 12/31/94
FEE PROGRAM: OUTPATIENT
Svc Date CPT-MOD Travel Paid Units Paid Batch No. Inv No. Voucher Date
Amt Claimed Amt Paid Adj Code Adj Amounts Remit Remark Patient Account No
=====
Vendor: FEEVENDOR,ONE Vendor ID: 000000000
Fee Basis Billing Provider NPI: 1234567899
4/18/94 11001 00004 2 7/20/94
99.95 90.00 1
Primary Dx: DICALC PHOS CRYST-H (712.14) S/C Condition? NO Obl.#: C89211
>>> Cost recover from insurance.
```


PRESCRIPTIONS PENDING PHARMACY REVIEW

Introduction

The Prescriptions Pending Pharmacy Review option will allow Pharmacy to view/print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

Example

DEVICE: <RET> DECNET RIGHT MARGIN: 80// <RET>			
PRESCRIPTIONS PENDING PHARMACY REVIEW		JUL 20,1993 17:47 PAGE 1	
INVOICE #	VENDOR	VENDOR ID	
DRUG NAME	STRENGTH	QUANTITY	

PATIENT: FEEPATIENT, ONE			
PT.ID: 000-45-6789			
50	FEEVENDOR, ONE	000-00-0000	
DATE FILLED: JUL 13,1993		RX #: 346056	
IBUPROFEN	350MG	30	
PATIENT: FEEPATIENT, ONE			
PT.ID: 000-45-6789			
50	FEEVENDOR, TWO	000-00-0000	
DATE FILLED: JUL 13,1993		RX #: 4596056	
NAMBUTEROL	500MG	20	

REVIEW FEE PRESCRIPTION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Review Fee Prescription option allows review of a fee basis prescription by Pharmacy Service. This review is to determine if the prescription was for a service-connected disability, if it was required in an emergent situation, and whether or not payment should be based on the generic drug price. The review is usually made by a pharmacist. If the drug was not prescribed for an authorized condition in an emergent situation, it will be disapproved for payment, and the Vendor will be notified through a suspension letter.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

It should be noted that if the VA generic drug equivalent is not entered when reviewing a prescription, the system will act as if that prescription has not been reviewed. The prescription will remain in a PENDING PHARMACY DETERMINATION status.

If the prescription was for a Vendor with one or more active IPAC Agreements, the 'IS THIS AN EMERGENCY MEDICATION' QUESTION is not asked and the 'Emergency Medication' prompt in the prescription review will display: 'N/A (IPAC Payment)'.

Example of ICD-9 Data

```
...HMMM, I'M WORKING AS FAST AS I CAN...  
THERE ARE 2 FEE PRESCRIPTION(S) PENDING PHARMACY REVIEW  
WANT TO REVIEW SOME NOW? YES// <RET>  
SELECT FEE BASIS PHARMACY INVOICE NUMBER: 199  
  
FEEPATIENT, ONE                PT.ID: 000-45-6789  
2233 LOOKOUT RD                DOB: JUN 12,1955  
TACOMA                          TEL: NOT ON FILE  
WASHINGTON 98493              CLAIM #: 0000000  
                                COUNTY: THURSTON  
  
PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100% -- VERIFIED MAY 14, 1993  
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

REVIEW FEE PRESCRIPTION

Example of ICD-9 Data, cont.

```

SC PERCENT: 100%
RATED DISABILITIES: PSYCHOSIS (50%-SC)
                    SEIZURE DISORDER (40%-SC)
                    ARTERIOSCLEROSIS (30%-SC)
                    TINNITUS (0%-SC)

HEALTH INSURANCE: NO
INSURANCE CO.     SUBSCRIBER ID     GROUP     HOLDER     EFFECTIVE     EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
    
```

```

FEE ID CARD #: 777777          FEE CARD ISSUE DATE: 11/15/92
PATIENT NAME: FEEPATIENT,ONE          PT.ID: 000-45-6789
AUTHORIZATIONS:
(1) FR: 07/01/93          VENDOR: FEEVENDOR,ONE - 000447788
    TO: 07/15/94
        AUTHORIZATION TYPE: CONTRACT NURSING HOME
        PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
        DX:                      REF: FEEPROVIDER,TWO
        REF NPI: 1111111112

COUNTY: THURSTON          PSA: TACOMA (AMERICAN LAKE), WA

REMARKS:

WANT TO REVIEW FEE PHARMACY PAYMENT HISTORY? NO// <RET>
-----
VENDOR: FEEVENDOR,ONE
PRESCRIPTION #: 346056          DRUG: IBUPROFEN
FILL DATE: 07/13/93          STRENGTH: 350MG QTY: 30
IS PRESCRIPTION FOR AN AUTHORIZED CONDITION? YES// <RET>
WAS A GENERIC DRUG ISSUED TO PATIENT? YES// <RET>
ENTER VA GENERIC DRUG EQUIVALENT: DIAZEPAM
1 DIAZEPAM 10MG S.T.
2 DIAZEPAM 10MG SYRINGE          10-24-82
3 DIAZEPAM 2MG S.T.
4 DIAZEPAM 5MG TAB
5 DIAZEPAM 5MG/ML 10ML MDV          N/F
TYPE '^' TO STOP, OR
CHOOSE 1-5: 4
IS THIS AN EMERGENCY MEDICATION? YES// <RET>
    
```

REVIEW FEE PRESCRIPTION

Example of ICD-9 Data, cont.

```
OPTIONAL PHARMACY REMARKS: MEDICATION LOST IN MAIL
-----
                >>> PRESCRIPTION REVIEW <<<
RX FOR AUTHORIZED CONDITION: YES      EMERGENCY MEDICATION: YES
GENERIC DRUG ISSUED: YES              GENERIC DRUG NAME: DIAZEPAM
OPTIONAL PHARMACY REMARKS: MEDICATION LOST IN MAIL
WANT TO EDIT PRIOR TO RELEASE? NO// <RET>
WANT TO REVIEW ANOTHER PRESCRIPTION? YES// NO
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorization.

```
PATIENT NAME: FEE,ICDONE                PT.ID: 000-12-0012
AUTHORIZATIONS:
(1) FR: 11/21/2012      VENDOR: FEEVENDOR,ONE      - 000222222
    TO: 11/21/2012
        AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
PURPOSE OF VISIT: OPT - SC LESS THAN 50%
DX: E08.00              REF:
REF NPI:
```

VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example of ICD-9 Data

```

SELECT FEE VENDOR: FEEVENDOR,ONE          000000000  CHAIN #: 044  PHARMACY
                2300 RET 146
                GUILDERLAND, NY 12424      TEL. #: 518-555-1234

**** DATE RANGE SELECTION ****

    BEGINNING DATE : 1/1/06  (JAN 1, 2006)

    ENDING   DATE : T  (FEB 28, 2006)

SELECT FEE PROGRAM: ALL// PHARMACY
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// <RET>  DECNET      RIGHT MARGIN: 80// <RET>
    
```

```

                                VENDOR PAYMENT HISTORY
                                =====
                                PAGE: 1
VENDOR: FEEVENDOR,ONE          VENDOR ID: 000000000  CHAIN #: 044
                                FEE PROGRAM: PHARMACY
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
    FILL DATE
          DRUG NAME                STRENGTH        QUANTITY
CLAIMED  PAID  CODE INVOICE #  BATCH #          DATE CERTIFIED
=====
PATIENT: FEEPATIENT,ONE          PATIENT ID: XXX-XX-6789 DOB: 2/22/33
12/13/06
RX: 929292  VALIUM                5MG                30
   90.00    2.95  1   312          196                1/4/07
   >>>CHECK # 11887576  DATE PAID: 1/20/06<<<

PRESS RETURN TO CONTINUE OR '^' TO EXIT:
    
```

VENDOR PAYMENTS OUTPUT

Example of ICD-9 Data, cont.

VENDOR PAYMENT HISTORY							PAGE: 2
=====							
VENDOR: FEEVENDOR, ONE			VENDOR ID: 000000000		CHAIN #: 044		
FEE PROGRAM: PHARMACY							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
FILL DATE							
CLAIMED	PAID	DRUG NAME	CODE	INVOICE #	BATCH #	STRENGTH	QUANTITY
=====							
PATIENT: FEEPATIENT, ONE			PATIENT ID: XXX-XX-6789				DOB: 5/12/51
12/28/06							
RX:	4596056	NAMBUTEROL				500MG	20
	12.35	8.95	1	50	52	9/16/06	
>>>CHECK # 19889988							DATE PAID: 2/12/06<<<
SELECT FEE VENDOR:							

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis. Displays invoice diagnosis and procedure codes (up to 25 each if Civil Hospital) and Admitting Diagnosis (if Civil Hospital).

=====						
PATIENT: FEE,ICDTWO			PATIENT ID: 000-00-2354			
11/21/12						
0.00		0.00				0.00
PRIMARY DX: DIAB D/T UNDR L CON (E08.00)S/C CONDITION? YES OBL.#:						

VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Patient: FEEpatient,One      02-22-22      000456789      SC VETERAN
**** Date Range Selection ****
      Beginning DATE : 11/1/06  (NOV 1, 2006)
      Ending   DATE : T  (JAN 09, 2007)
Select FEE Program: ALL// PHARMACY
Select another FEE Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
```

VETERAN PAYMENTS OUTPUT

Example, cont.

VETERAN PAYMENT HISTORY							PAGE: 1
=====							
PATIENT: FEEPATIENT, ONE			PATIENT ID: XXX-XX-6789				DOB: 2/22/33
FEE PROGRAM: PHARMACY							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
FILL DATE							
CLAIMED	PAID	DRUG NAME	CODE	INVOICE #	BATCH #	STRENGTH	QUANTITY
=====							
VENDOR: FEEVENDOR, ONE			VENDOR ID: 00000000				CHAIN #: 043
11/16/06							
RX: K2345	90.00	VALIUM	2.95	1	182	5MG	30
>>>CHECK # 11887576 DATE PAID: 12/20/06<<<							
>>>CHECK CANCELLED ON: 1/3/07 REASON: WRONG PAYEE<<<							
CHECK WILL BE RE-ISSUED.							
VENDOR: FEEVENDOR, ONE			VENDOR ID: 000000000				CHAIN #: 044
11/15/06							
RX: 929292	90.00	VALIUM	2.95	1	182	5MG	30
>>>CHECK # 18765890 DATE PAID: 1/4/07<<<							
SELECT FEE PATIENT:							

Section 5: TELEPHONE INQUIRY MENU

Overview

Following is a brief description of each option contained in the Telephone Inquiry Menu.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

IPAC VENDOR REPORTS – allows the user to obtain the full listing of all of the IPAC Vendor Reports and will allow the user to select any of the reports to be output to a specified device.

PAYMENT LISTING FOR VENDOR/VETERAN - allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected Vendor and patient, regardless of Fee Program.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected Vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

TELEPHONE INQUIRY MENU

CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent on the Fee Basis program you are using.

Example

```
Select Check Number: 69243230
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                PAYMENT HISTORY FOR CHECK # 69243230
                -----
                                Page: 1

                FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-   Amount      Amount      Susp  Batch      Invoice
            MOD    Claimed      Paid        Code  Number      Number
=====
VENDOR:  FEEvendor,One                VENDOR ID:  000000000
Patient:  FEEpatient,One                Patient ID:  XXX-XX-6789
  4/1/06   10020      5.00        5.00        363    541
    >>>Check # 69243230  Date Paid:  8/29/06<<<

Press RETURN to continue or '^' to exit:
```

TELEPHONE INQUIRY MENU

IPAC VENDOR REPORTS MENU

DOD INVOICE NUMBER INQUIRY

Introduction

The DoD Invoice Number Inquiry option is used to display all of the VistA Invoices for a selected DoD Invoice Number. VistA invoices from any batch regardless of the status of the batch will be displayed.

Example

```

This report will display all of the VistA invoices for the
Selected DoD Invoice Number.

DoD Invoice Number: 9988707

Do you want to capture the output in a CSV format? NO// NO

This report is 80 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL RIGHT MARGIN: 80// <RET>

Compiling IPAC Vendor DoD Invoice Inquiry Report. Please wait ...

                                IPAC Vendor DoD Invoice Inquiry Report
For DoD Invoice # 9988707                               May 29, 2014@06:56:32 Page:1
For Vendor: FEEVENDOR,ONE

Invoice #          Type  C/V/R      Date      Amount      Amount      Amount
                Type  C/V/R      Paid      Claimed     Paid        Adjusted
=====
57593              INP   R          Date      $330        $330         $0
$Totals for DoD Invoice # by Type: Inpatient
-----
                Tot#  1          $330        $330         $0

$Totals for Vendor: FEEVENDOR,ONE
-----
#          1          $330        $330         $0

*** End of Report ***

```

TELEPHONE INQUIRY MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR DOD INVOICE REPORT

Introduction

The IPAC Vendor DoD Invoice Report option is used to display all of the DoD Invoices for a specified Vendor(s) and date range. Only DoD Invoices from batches that are finalized will be displayed.

Example

```

This report will display summary information on all of the DoD invoices
for the selected IPAC vendors, within the selected date range, and for
the selected payment types.

Select IPAC Vendor: ALL// FEEVENDOR,ONE
    90TH MED GP/SGAM
    5900 ALDEN DR
    FE WARREN AFB, WY  82005-3966    TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date:  04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

    Select one of the following:

        OUT      Outpatient
        RX        Pharmacy
        INP       Civil Hospital
        ANC       Civil Hospital Ancillary
        ALL       All

Select an Invoice Type: ALL/ All

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide.  Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL    RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor DoD Invoice Report.  Please wait ...

IPAC Vendor DoD Invoice Report          For Date Range: 05/14/2014 - 5/28/2014          May 28, 2014@07:48:24  Page
1
  Selected Invoice Types: ALL
  Vendor Name: FEEVENDOR,ONE (ID# 83016836)
  Total Amt   Total Amt   Total Amt   Fee Basis
Amt           Claimed    Paid        Adjusted   Invoice#  Batch#  Oblig#  Date Paid  Check #
Disbursed
=====
15151                $800.00   $800.00    $0.00     57670   14609   C20246  05/21/2014  12345
$800.00
15154                $400.00   $400.00    $0.00     57673   14609   C20246  *            *
$0.00
    
```

Section 5: TELEPHONE INQUIRY MENU

15158	\$600.00	\$600.00	\$0.00	57676	14609	C20246	05/21/2014	12346
\$600.00	-----	-----	-----					-----
-								
\$Totals for Vendor:	\$1800.00	\$1800.00	\$0.00					
\$1400.00								
Total Number of DoD Invoices for Vendor: 3								
*** End of Report ***								

TELEPHONE INQUIRY MENU

IPAC VENDOR REPORTS MENU

IPAC VENDOR PAYMENT REPORT

Introduction

The IPAC Vendor Payment Report option is used to display all of the paid line items by DoD invoice number, type and service date. Only line items from batches that are finalized will be displayed.

Example

```
This report will display detail information on paid line items by the
Invoice type, DoD invoice number, and date of service.

Select IPAC Vendor: ALL// FEEVENDOR,ONE
    90TH MED GP/SGAM
    5900 ALDEN DR
    FE WARREN AFB, WY 82005-3966    TEL. #: 307/77302520

Select another IPAC Vendor: <RET>

Enter the Start Date: 04/28/2014// T-14 (MAY 14, 2014)

Enter the End Date: (5/14/2014 - 5/28/2014): 5/28/2014// (MAY 28, 2014)

    Select one of the following:

        OUT      Outpatient
        RX        Pharmacy
        INP       Civil Hospital
        ANC       Civil Hospital Ancillary
        ALL       All

Select an Invoice Type: ALL/ All

Only Include Suspended Payments (not paid in full)? NO// NO

Ignore Cancelled or Voided Payments? YES// YES

Do you want to capture the output in a CSV format? NO// NO

This report is 132 characters wide. Please choose an appropriate device.

DEVICE: HOME// CIVIL HOSPITAL    RIGHT MARGIN: 132// <RET>

Compiling IPAC Vendor Payment. Please wait ...
```

Section 5: TELEPHONE INQUIRY MENU

IPAC Vendor Payment Report			For Date Range: 05/14/2014 - 5/28/2014					May 28, 2014@07:48:24			Page		
1 Selected Invoice Types: ALL													
Vendor Name: FEEVENDOR,ONE (ID# 83016836)											Invoice Type: Outpatient/Civil Hospital Ancillary		
DoD Invoice Number	Patient Name	SSN	Svc Dt	Proc	Rev	Claimed	Paid	Adj	Reason	Dt Paid	Check #		
Disbursed													
Fee Inv#	Bch#	Oblig #	Modifiers										

15151		FEEPATIENT,FRED	8787	05/15/14	27822	800.00	800.00	0.00					
0.00													
57670	14609	C20246											
15154		FEEPATIENT,FRED	2281	05/15/14	27822	400.00	400.00	0.00					
0.00													
57673	14609	C20246											
15158		FEEPATIENT,ERIC	4543	05/15/14	27822	600.00	600.00	0.00					
0.00													
57676	14609	C20246											
Enter RETURN to continue or '^' to exit:													
IPAC Vendor Payment Report											For Date Range: 05/14/2014 - 5/28/2014	May 28, 2014@07:48:24	Page
2 Selected Invoice Types: ALL													
Vendor Name: FEEVENDOR,ONE (ID# 83016836)											Invoice Type: Civil Hospital Inpatient		
DoD Invoice Number	Patient Name	SSN	Admit Dt	Disch Dt	Claimed	Paid	Adj	Reason	Dt Paid	Check #			
Disbursed													
Fee Inv#	Bch#	Oblig #	Adm Dx										

15171		FEEPATIENT,FRED	8787	05/20/14	05/20/14	400.00	400.00	0.00					
0.00													
57683	14611	C20246	304.40										
DX(POA): 304.40(Y)													
15154		FEEPATIENT,FRED	2281	05/15/14	27822	400.00	400.00	0.00					
0.00													
57684	14611	C20246	304.40										
DX(POA): 304.40(Y)													
15199		FEEPATIENT,ERIC	4543	05/15/14	27822	600.00	600.00	0.00					
0.00													
57685	14611	C20246	304.40										
DX(POA): 304;40(Y)													
*** End of Report ***													

TELEPHONE INQUIRY MENU PAYMENT LISTING FOR VENDOR/VETERAN

NEW OPTION

FBAA ESTABLISH VENDOR - required to edit existing vendors when using the DISPLAY VENDOR action in this option.

When viewing outpatient payments through the DISPLAY AUTH/7078/583 action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through the DISPLAY AUTH/7078/583 action in this option.

Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected Vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or Vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

TELEPHONE INQUIRY MENU

PAYMENT LISTING FOR VENDOR/VETERAN

Example of ICD-9 Data

```

SELECT FEE BASIS VENDOR: FEEVENDOR,ONE          000000000  NON-VA HOSPITAL
                TROY, NY 12190

PAYMENTS FOR VETERAN: FEEPATIENT,ONE
    
```

```

PAYMENT HISTORY          NOV 18, 1994 13:43:19          PAGE: 1 OF 2
VENDOR: FEEVENDOR,ONE          PATIENT NAME: FEEPATIENT,ONE
ID: 000000000          SSN: 000-45-6789
 '*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT
SERVICE DATES          SERVICE          AMT CL          AMT PD          CODE          INV          BATCH
1+ 09/05/94          CPT: 12018          5.00          5.00          556          369
   >>>CHECK CANCELLED ON: 10/3/94  REASON:  WRONG PAYEE<<<
   CHECK WILL BE RE-ISSUED.
2+ 09/02/94          CPT: 99243-77          11.00          2.00 D          555          369
   >>>CHECK # 11887576  DATE PAID: 10/20/94<<<
   >>>AMOUNT PAID ALTERED TO $ 3.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
3  09/02/94          CPT: 10020          15.00          5.00 1          555          369
   >>>CHECK # 91060810  DATE PAID: 10/3/94<<<
4  09/02/94          CPT: 10000          10.00          10.00          555          369
   >>>CHECK # 37776200  DATE PAID: 10/3/94<<<
5  08/30/94 - 09/17/94          100.23          100.00          554          368
6  05/01/94          CPT: 90010-76          20.00          20.00          566          377
+          ENTER ?? FOR MORE ACTIONS
BS BATCH STATUS          EV EXPAND VIEW          DV DISPLAY VENDOR
LB LIST BATCH          CP CHANGE PATIENT          DC DISPLAY CHECK
ID INVOICE DISPLAY          CV CHANGE VENDOR
LC LOOKUP CPT/MODIFIER  DA DISPLAY AUTH/7078/583
SELECT ACTION:NEXT SCREEN// + +
    
```

```

PAYMENT HISTORY          NOV 18, 1994 13:44:27          PAGE: 2 OF 2
VENDOR: FEEVENDOR,ONE          PATIENT NAME: FEEPATIENT,ONE
ID: 000000000          SSN: 000-45-6789
 '*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT
+ SERVICE DATES          SERVICE          AMT CL          AMT PD          CODE          INV          BATCH
7  08/30/94 - 09/17/94          1.00          1.00          559          368

          ENTER ?? FOR MORE ACTIONS
BS BATCH STATUS          EV EXPAND VIEW          DV DISPLAY VENDOR
LB LIST BATCH          CP CHANGE PATIENT          DC DISPLAY CHECK
ID INVOICE DISPLAY          CV CHANGE VENDOR
LC LOOKUP CPT/MODIFIER  DA DISPLAY AUTH/7078/583
SELECT ACTION:QUIT// BS=7
    
```

TELEPHONE INQUIRY MENU

PAYMENT LISTING FOR VENDOR/VETERAN

Example of ICD-9 Data, cont.

NUMBER: 368	OBLIGATION NUMBER: C35001
TYPE: CH/CNH	DATE OPENED: SEP 27, 1994
CLERK WHO OPENED: BARBARA	STATION NUMBER: 500
INVOICE COUNT: 3	PAYMENT LINE COUNT: 3
CONTRACT HOSPITAL BATCH: yes	BATCH EXEMPT: YES
STATUS: OPEN	
Press 'ENTER' to return to list: <RET>	

PAYMENT HISTORY		Nov 18, 1994 13:44:27		Page: 2 of 2	
VENDOR: FEEVENDOR, ONE		Patient Name: FEEPATIENT, ONE			
ID: 000000000		SSN: 000-45-6789			
'*' Reimb. to Patient		+' Cancel. Activity		#' Voided Payment	
+	SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE INV
BATCH					
7	08/30/94 - 09/17/94		1.00	1.00	559
368					
Enter ?? for more actions					
BS	BATCH STATUS	EV	EXPAND VIEW	DV	DISPLAY VENDOR
LB	LIST BATCH	CP	CHANGE PATIENT	DC	DISPLAY CHECK
ID	INVOICE DISPLAY	CV	CHANGE VENDOR		
LC	LOOKUP CPT/MODIFIER	DA	DISPLAY AUTH/7078/583		
Select Action:Quit// - -					

TELEPHONE INQUIRY MENU

PAYMENT LISTING FOR VENDOR/VETERAN

Example of ICD-9 Data, cont.

PAYMENT HISTORY		Nov 18, 1994 13:43:19		Page: 1 of 2	
VENDOR: FEEVENDOR, ONE		Patient Name: FEEPATIENT, ONE			
ID: 000000000		SSN: 000-45-6789			
'*' Reimb. to Patient		+' Cancel. Activity		#' Voided Payment	
SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE	INV
<u>BATCH</u>					
1+	09/05/94	CPT: 12018	5.00	5.00	556
369	>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<< Check WILL be re-issued.				
2+	09/02/94	CPT: 99243-77	11.00	2.00 D	555
369	>>>Check # 11887576 Date Paid: 10/20/94<<< >>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<				
3	09/02/94	CPT: 10020	15.00	5.00 1	555
369	>>>Check # 91060810 Date Paid: 10/3/94<<<				
4	09/02/94	CPT: 10000	10.00	10.00	555
369	>>>Check # 37776200 Date Paid: 10/3/94<<<				
5	08/30/94 - 09/17/94		100.23	100.00	554
368					
6	05/01/94	CPT: 90010-76	20.00	20.00	566
<u>377</u>					
+ Enter ?? for more actions					
BS	BATCH STATUS	EV	EXPAND VIEW	DV	DISPLAY VENDOR
LB	LIST BATCH	CP	CHANGE PATIENT	DC	DISPLAY CHECK
ID	INVOICE DISPLAY	CV	CHANGE VENDOR		
LC	LOOKUP CPT/MODIFIER	DA	DISPLAY AUTH/7078/583		
Select Action:Quit// DA=6 DISPLAY AUTH/7078/583					

FEEPATIENT, ONE	Pt.ID: 000-45-6789
20 TOPSVILLE ROAD	DOB: MAY 12, 1950
SCHENECTADY	TEL: 518-239-4567
NEW YORK 12305	CLAIM #: Not on File
	COUNTY: SCHENECTADY
Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JUL 28, 1987	
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED	
SC Percent: 73%	
Rated Disabilities: LOSS OF ARM (73%-SC)	
Health Insurance: YES	
Insurance Co.	Subscriber ID
Group	Holder
Effective	Expires

Section 5: TELEPHONE INQUIRY MENU

AETNA	444-555	OTHER
Want to add NEW insurance data? No// <RET>		
Are there any discrepancies with insurance data on file? No// <RET>		

TELEPHONE INQUIRY MENU

PAYMENT LISTING FOR VENDOR/VETERAN

Example of ICD-9 Data, cont.

Fee ID Card #: 56556	Fee Card Issue Date: 05/19/90
Patient Name: FEEPATIENT,ONE	Pt.ID: 000-45-6789
AUTHORIZATIONS:	
(1) FR: 05/19/93	VENDOR: Not Specified
TO: 05/19/94	
Authorization Type: Outpatient - ID Card	
Purpose of Visit: OPT - SC 50% OR MORE	
DX: SICK	REF: FEEprovider,Two
REF NPI: 111111112	
County: SCHENECTADY	PSA: Unknown
Press 'ENTER' to return to list: <RET>	

PAYMENT HISTORY		Nov 18, 1994 13:43:19		Page: 1 of 2	
VENDOR: FEEVENDOR,ONE		Patient Name: FEEPATIENT,ONE			
ID: 000000000		SSN: 000-45-6789			
'*' Reimb. to Patient	'+' Cancel. Activity	'#' Voided Payment			
SERVICE DATES	SERVICE	AMT CL	AMT PD	CODE	INV BATCH
1+ 09/05/94	CPT: 12018	5.00	5.00		556 369
>>>Check cancelled on: 10/3/94 Reason: WRONG PAYEE<<<					
Check WILL be re-issued.					
2+ 09/02/94	CPT: 99243-77	11.00	2.00	D	555 369
>>>Check # 11887576 Date Paid: 10/20/94<<<					
>>>Amount paid altered to \$ 3.00 on the Fee Payment Voucher document.<<<					
3 09/02/94	CPT: 10020	15.00	5.00	1	555 369
>>>Check # 91060810 Date Paid: 10/3/94<<<					
4 09/02/94	CPT: 10000	10.00	10.00		555 369
>>>Check # 37776200 Date Paid: 10/3/94<<<					
5 08/30/94 - 09/17/94		100.23	100.00		554 368
6 05/01/94	CPT: 90010-76	20.00	20.00		566 377
+ Enter ?? for more actions					
BS BATCH STATUS	EV EXPAND VIEW	DV DISPLAY VENDOR			
LB LIST BATCH	CP CHANGE PATIENT	DC DISPLAY CHECK			
ID INVOICE DISPLAY	CV CHANGE VENDOR				
LC LOOKUP CPT/MODIFIER	DA DISPLAY AUTH/7078/583				
Select Action:Next Screen//QUIT					

PAYMENT LISTING FOR VENDOR/VETERAN

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for authorizations. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

Patient Name: FEE,ICDONE		Pt.ID: 000-12-0012	
AUTHORIZATIONS:			
(1) FR: 11/21/2012	VENDOR: FEEVENDOR, ONE	- 000222222	
TO: 11/21/2012	Authorization Type: Outpatient - Short Term		
Purpose of Visit: OPT - SC LESS THAN 50%			
DX: E08.00	REF:		
REF NPI:			
INVOICE DISPLAY			
=====			
Veteran's Name		Patient Control Number	
('*'Reimbursement to Veteran		'+' Cancellation Activity) '#' Voided	
Payment)			
Vendor Name	Vendor ID	Invoice #	
FPPS Claim ID	FPPS Line Item	Date Rec.	Inv. Date
Fr Date	To Date		
Amt Claimed	Amt Paid	Cov.Days	Adj Code
Adj Amount	Remit	Remark	
=====			
FEE, ICDONE	000-12-0012		
FEEVENDOR, ONE	- 000222222	111709	
13.00	0.00	1	0.00
11/25/12	11/25/12	11/24/12	11/25/12
Admit Dx: R10.10			
DX/POA: R10.0/Y			
PROC: 01NM0ZZ			
Batch #: 22727		Date Finalized:	

TELEPHONE INQUIRY MENU

VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```

SELECT FEE BASIS VENDOR: FEEvendor,one      000000000 FEEVENDOR,ONE
      31 BURDETT AVENUE
      TROY, NEW YORK 12180-0123
      TEL. #: 518-555-2000

**** DATE RANGE SELECTION ****

      BEGINNING DATE : 6/24 (JUN 24, 2006)
      ENDING DATE : 6/24 (JUN 24, 2006)

SELECT FEE BASIS PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE BASIS PROGRAM: <RET>
DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)

```

```

                                VENDOR PAYMENT HISTORY
                                =====
                                PAGE: 1
VENDOR: FEEVENDOR,ONE          VENDOR ID: 00000000
                                FEE PROGRAM: OUTPATIENT
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE CPT CODE      AMOUNT      AMOUNT  SUSP      BATCH INVOICE VOUCHER
                        CLAIMED      PAID    CODE      NUM   NUM   DATE
=====
PATIENT: FEEPATIENT,ONE      PATIENT ID: XXX-XX-6789
07/09/05 90050(C&P) 25.00      25.00      00037      43
      PRIMARY DX: NEUROTIC DEPRESSION      S/C CONDITION? -      OBL.#: C89211
07/07/05 90050(C&P) 25.00      25.00      00037      43
      PRIMARY DX: NEUROTIC DEPRESSION      S/C CONDITION? -      OBL.#: C89211

```

TELEPHONE INQUIRY MENU

VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output

Select Fee Basis Patient: FEEpatient,One   12-25-45   000456789   SC VETERAN

**** Date Range Selection ****

    Beginning DATE : 062406   (JUN 24, 2006)

    Ending   DATE : 062406   (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER   RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)
```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                Page: 1
Patient: FEEpatient,One           Patient ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT Code   Amount   Amount   Susp   Batch Invoice Voucher
                   Claimed   Paid     Code   Num    Num    Date
=====
Vendor: FEEvendor,One           Vendor ID: 00000000
07/09/06 90050(C&P) 25.00   25.00           00037   43
    Primary Dx: NEUROTIC DEPRESSION   S/C Condition? -   Obl.#: C89211
07/07/06 90050(C&P) 25.00   25.00           00037   43
    Primary Dx: NEUROTIC DEPRESSION   S/C Condition? -   Obl.#: C89211
07/05/06 90050(C&P) 25.00   25.00           00037   43
    Primary Dx: NEUROTIC DEPRESSION   S/C Condition? -   Obl.#: C89211

```


VETERAN PAYMENTS OUTPUT

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VETERAN PAYMENT HISTORY							PAGE: 2
=====				DATE RANGE: 1/1/11 TO 12/17/12			
PATIENT: FEE,ICDONE			PATIENT ID: 000-00-0012				
FEE PROGRAM: CIVIL HOSPITAL							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL							
'U' U&C)							
INVOICE DATE	INVOICE NO.	FROM DATE	TO DATE	PATIENT CONTROL #			
AMT CLAIMED	AMT PAID	COV DAYS	ADJ CODES	ADJ AMOUNTS	REMIT REMARKS		
=====							
VENDOR: FEEVENDOR,ONE			VENDOR ID: 00000000				
11/15/12	111629	11/15/12	11/17/12				
25.00	0.00	2					
ADMIT DX: I50.31							
DX/POA: I50.30/Y							
PROC: 02UA47Z							

VETERAN PAYMENT HISTORY							PAGE: 1
=====				DATE RANGE: 1/1/11 TO 12/17/12			
PATIENT: FEE,ICDTWO			PATIENT ID: 000-00-2354				
FEE PROGRAM: OUTPATIENT							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL							
'U' U&C)							
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE	
AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT	REMARK	PATIENT ACCOUNT NO	
=====							
VENDOR: FEEVENDOR,ONE			VENDOR ID: 00000000				
4/10/12	92227		1	22702	111661		
900.00	11.57R	6	888.43				
PRIMARY DX: DIABETES DUE TO UN (E08.01)S/C CONDITION? NO OBL.#: OCP003							

(This page included for two-sided copying.)

Section 6: UNAUTHORIZED CLAIM MAIN MENU

Overview

Following is a brief description of each option contained in the Unauthorized Claim Main Menu.

ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU

NOTE: This menu is located on the UNAUTHORIZED CLAIM MAIN MENU.

The following applies to all options on this menu. For quick access when selecting a claim, enter one of the following:

- p.patient name - to select a patient
- v.Vendor name - to select a Vendor
- o.other party name - to select another party

To see the entries in any particular file, type <Prefix.?.>. If you simply enter a name, the system will search each of the following files: FEE BASIS PATIENT (#161), FEE BASIS VENDOR (#161.2), and NEW PERSON (#200) for the name you have entered. You can speed processing by using the following syntax to select an entry:

<Prefix>.<entry name>
<Message>.<entry name>
<File Name>.<entry name>

Options on this menu are listed as follows:

- ENTER UNAUTHORIZED CLAIM - used to enter a new unauthorized claim. A claim is considered complete when a VA Form 10-583 and all required documentation has been received in order to determine legal and medical entitlement.
- MODIFY UNAUTHORIZED CLAIM - used to edit an unauthorized claim. Only claims which were never dispositioned may be edited.
- DISPOSITION UNAUTHORIZED CLAIM - used to disposition an unauthorized claim. Only a user who holds the FBAASUPERVISOR security key may change the disposition.
- RE-OPEN UNAUTHORIZED CLAIM - used to reopen a claim which has been dispositioned. Selection is limited to claims with a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)
- INITIATE APPEAL FOR UNAUTHORIZED CLAIM - used to initiate an appeal to the Board of Veterans Appeals (BVA). Selection of claims is limited to those claims which have a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

- **APPEAL EDIT FOR UNAUTHORIZED CLAIM** - used to edit a claim which has been appealed to the Board of Veterans Appeals (BVA). Selection of claims is limited to those which have a status of APPEAL/NOTICE OF DISAGREE RECV, APPEAL/ISSUED STATEMENT OF CASE, APPEAL COMPLETE/PENDING REVIEW or APPEAL DISPOSITIONED. (Refer to Appendix B for more information about statuses.)
- **COVA APPEAL ENTER/EDIT** - used to enter or edit an appeal to the Court of Veterans Affairs (COVA). Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

REQUEST INFORMATION ON UNAUTHORIZED CLAIM

NOTE: *This option is located on the UNAUTHORIZED CLAIM MAIN MENU.*

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, PENDING - REASON UNKNOWN, COMPLETE/PENDING REVIEW, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

RECEIVE REQUESTED INFORMATION

NOTE: *This option is located on the UNAUTHORIZED CLAIM MAIN MENU.*

This option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

LETTERS FOR UNAUTHORIZED CLAIM

NOTE: *This menu is located on the UNAUTHORIZED CLAIM MAIN MENU.*

- **UPDATE DATE LETTER SENT** - used if you are not generating your letters. It will update the date the letter was sent.
- **BATCH PRINT LETTERS** - batches print letters which have been flagged for printing, but for some reason could not be printed.
- **REPRINT LETTER(S)** - allows you to reprint letters which were already printed, provided that the current status of the unauthorized claim involves a letter. (Refer to Appendix B for more information about statuses.)

PAYMENTS FOR UNAUTHORIZED CLAIMS

NOTE: *This option is located on the UNAUTHORIZED CLAIM MAIN MENU.*

This option is used to enter payments for an unauthorized claim which has been dispositioned to APPROVED or APPROVED TO STABILIZATION.

OUTPUTS FOR UNAUTHORIZED CLAIMS

NOTE: *This menu is located on the UNAUTHORIZED CLAIM MAIN MENU.*

- **ALL CLAIMS BY VENDOR/VETERAN/OTHER** - allows the user to display/print all unauthorized claims for a single Vendor, veteran, or other party.
- **CHECK DISPLAY** - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).
- **DISPLAY UNAUTHORIZED CLAIM** - used to display an unauthorized claim. You can select the claim by Vendor, veteran, other party name, or the claim which you would like to view.
- **DISPOSITION/STATUS STATISTICS DISPLAY/PRINT** - provides a statistical report on unauthorized claims within a selected date range.
- **EXPIRATION DISPLAY/PRINT** - displays/prints those unauthorized claims which will expire within the selected time frame.
- **STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS** - displays/prints unauthorized claims by PSA and status. You have the option to sort by either Vendor or veteran for the primary sort.
- **UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL** - generates an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range.
- **VENDOR PAYMENTS OUTPUT** - used to generate a history of payments made to a selected Vendor within a specified date range.
- **VETERAN PAYMENTS OUTPUT** - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

DISPLAY UNAUTHORIZED CLAIM

NOTE: *This option is located on the UNAUTHORIZED CLAIM MAIN MENU.*

This option is used to display an unauthorized claim. You can select the claim by Vendor, veteran, other party name, or the claim which you would like to view.

UTILITIES FOR UNAUTHORIZED CLAIMS

NOTE: *This menu is located on the UNAUTHORIZED CLAIM MAIN MENU.*

- VENDOR ENTER/EDIT - used to enter/edit Vendor demographics.
- ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200).
- ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY - used when you wish to associate unauthorized claims to a primary claim.
- DISASSOCIATE AN UNAUTHORIZED CLAIM - allows you to disassociate an unauthorized claim which has been associated to others.
- DELETE UNAUTHORIZED CLAIM - deletes unauthorized claims which have not been dispositioned.
- RETURN ADDRESS DISPLAY/EDIT - displays the return address which will appear on an Unauthorized Claim letter, if letterhead is not used. You can also edit the return address using this option.

ENTER/EDIT UNAUTHORIZED CLAIM MENU

ENTER UNAUTHORIZED CLAIM

Introduction

This option is used to enter an unauthorized claim for payment of unauthorized inpatient charges. An unauthorized claim is one where an eligible veteran has received inpatient treatment from a civil hospital or private provider and VA was not notified within the proper time frame. Unauthorized claims may be entered for any Fee Basis program.

NOTE: If the Fee Basis program is Contract Nursing Home, the claim is automatically set as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

A claim is considered complete when VA Form 10-583, Claim for Payment of Cost of Unauthorized Medical Services, and all required documentation has been received in order to determine legal and medical entitlement. A claim can never be considered complete if it is missing VA Form 10-583 or if the form is incomplete. Other required documentation includes the following:

- Copies of actual bills
- Original paid receipt
- Itemized invoice/UB82
- Medical records or signature for release
- Diagnostic/Procedure code(s)

If you have indicated that you will be tracking incomplete claims in your FEE BASIS SITE PARAMETERS file (#161.4), you may enter an incomplete claim. Incomplete claims are automatically given a status of INCOMPLETE UNAUTHORIZED. If you have not entered anything in the parameter, you may only enter complete unauthorized claims. (Refer to Appendix B for more information about statuses.)

If the "Initial Entry" Status for the U/C field in the FEE BASIS SITE PARAMETERS file (#161.4) 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 in the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc.

You can associate the new claim with an existing claim. If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you are asked if you wish to disposition the new

ENTER/EDIT UNAUTHORIZED CLAIM MENU

ENTER UNAUTHORIZED CLAIM

Introduction, cont.

claim to the same disposition. When claims are associated, they are displayed with the primary claim on lookup, and, in certain instances, you have the ability to update all the claims in the group at the same time.

Example of ICD-9 Data

```
Select VETERAN: FEEPATIENT,ONE      01-16-55      000456789      SC VETERAN
Select FEE VENDOR: FEEVENDOR,ONE    000111111
      123 MAIN ST
      TROY, NEW YORK 12180
```

```
SELECT FEE BASIS PROGRAM NAME: CIVIL HOSPITAL
ADMISSION DATE: 5/15 (MAY 15, 1993)
DISCHARGE DATE: 5/18 (MAY 18, 1993)
IS THE UNAUTHORIZED CLAIM COMPLETE FOR THE FEE BASIS PROGRAM? Y YES
CHECKING FOR POTENTIAL DUPLICATES...
```

NO.	VETERAN	POTENTIAL DUPLICATES VENDOR	PROGRAM
81	FEEPATIENT,ONE TREATMENT FROM: 05/15/93	FEEVENDOR,ONE TREATMENT TO: 05/18/93	CIVIL HOSP

```
CHECKING ELIGIBILITY...

PRIMARY ELIG. CODE: NSC -- NOT VERIFIED
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

```
ARE YOU SURE YOU WISH TO ENTER A NEW UNAUTHORIZED CLAIM? Y YES
CLAIM SUBMITTED BY: P.FEEpatient,One FEEPATIENT,ONE 01-16-55 000456789 SC VETERAN
DATE CLAIM RECEIVED: JUL 2,1993// <RET>
DIAGNOSIS: <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY
AMOUNT CLAIMED: 2500.00
TREATING SPECIALTY: 00 SURGICAL
DISPOSITION: 1 APPROVED
AUTHORIZED FROM DATE: MAY 15,1993// <RET> (MAY 15, 1993)
AUTHORIZED TO DATE: MAY 18,1993// <RET> (MAY 18, 1993)
AMOUNT APPROVED: 2500.00
```


ENTER/EDIT UNAUTHORIZED CLAIM MENU

ENTER UNAUTHORIZED CLAIM

Example of ICD-9 Data, cont.

```

Other claims exist for the same veteran and episode of care.

1  FEEpatient,One  FEEvendor  CIVIL HOSPIT  07/02/93  DISPOSITIONED
   TREATMENT FROM: 05/15/93  TREATMENT TO: 05/18/93

Do you wish to associate this new claim with one from the above listing? YES// <RET>
Select the claim to which you wish to associate: (1-1): 1
DISCHARGE TYPE: DISCHARGE// <RET> DISCHARGE
Entering authorization...

   No: 302      Treatment From: 5/15/93  Treatment To: 5/18/93
ACCIDENT RELATED (Y/N): N (NO)
POTENTIAL COST RECOVERY CASE: N (NO)

Select VETERAN:

```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims.

```

DATE CLAIM RECEIVED: NOV 20,2012//
ICD DIAGNOSIS: E08.0

2 matches found

1.  E08.00  Diabetes Mellitus due to Underlying Condition
        with Hyperosmolarity without Nonketotic
        Hyperglycemic-Hyperosmolar Coma (Nkhhc)
2.  E08.01  Diabetes Mellitus due to Underlying Condition
        with Hyperosmolarity with Coma

```

ENTER/EDIT UNAUTHORIZED CLAIM MENU MODIFY UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Modify Unauthorized Claim option is used to edit only those unauthorized claims which were never dispositioned. To modify an unauthorized claim, you must first identify the submitter. The submitter may differ from the Vendor or veteran involved with the claim. In such cases the submitter is considered an "other party".

```

EXAMPLE OF ICD-9 DATA 1  FEEPATIENT,ONE  FEEVENDOR,ONE  CIVIL HOSPIT  8/9/93
INCOMPLETE UNAUT
      TREATMENT FROM: 7/15/93  TREATMENT TO: 7/16/93

ENTER SELECTION: (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
VETERAN: FEEPATIENT,ONE // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE // <RET>
TREATMENT FROM DATE: JUL 16,1993// 071893 (JUL 18, 1993)
TREATMENT TO DATE: JUL 16,1993// 072193 (JUL 21, 1993)
DIAGNOSIS: PTSD// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: 1 APPROVED
AUTHORIZED FROM DATE: JUL 16,1993// 071893 (JUL 18, 1993)
AUTHORIZED TO DATE: JUL 16,1993// 072193 (JUL 21, 1993)
AMOUNT APPROVED: 850.00

"EDITING AUTHORIZATION..."

      NO: 172  TREATMENT FROM: 7/16/93  TREATMENT TO: 7/16/93
      ACCIDENT RELATED (Y/N): N (NO)
      POTENTIAL COST RECOVERY CASE: N (NO)
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims.

```

DATE CLAIM RECEIVED: NOV 20,2012//
ICD DIAGNOSIS: F43.10 <RET>

2 MATCHES FOUND
  1.  F43.10  POST-TRAUMATIC STRESS DISORDER, UNSPECIFIED
  2.  F43.11  POST-TRAUMATIC STRESS DISORDER, ACUTE
    
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU DISPOSITION UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

This option is used to disposition an unauthorized claim. Any claim may be selected. You may select the claim by entering the Vendor, veteran, or other party.

Example

```

SELECT UNAUTHORIZED CLAIM:  FEEPATIENT,ONE          07-03-28      000456789      NSC
VETERAN
      ...OK? YES// <RET>  (YES)

      SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE          DOOLY MEDICA   CIVIL HOSPIT   1/4/95  COMPLETE/PENDING
   TREATMENT FROM: 1/1/95      TREATMENT TO: 1/4/95

ENTER SELECTION:  (1-1): 1
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: JAN 1,1995// <RET>
AUTHORIZED TO DATE: JAN 4,1995// <RET>
AMOUNT APPROVED: 2000
DISCHARGE TYPE: DISCHARGE// <RET>  DISCHARGE
ENTERING AUTHORIZATION...

      NO: 170      TREATMENT FROM: 1/1/95      TREATMENT TO: 1/4/95
      ACCIDENT RELATED (Y/N): N  (NO)
      POTENTIAL COST RECOVERY CASE: N  (NO)

```

ENTER/EDIT UNAUTHORIZED CLAIM MENU RE-OPEN UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Re-Open Unauthorized Claim option is used to reopen a claim which has been dispositioned. This is essentially the same as the Modify Unauthorized Claim option, except selection is limited to claims with a status of DISPOSITIONED, and the date the claim was reopened is entered by the system. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the Vendor, veteran, or other party.

Example of ICD-9 Data

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      FEEPATIENT,ONE      05-12-51
000456789      SC VETERAN

      SELECT FROM THE FOLLOWING:

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      FEEPATIENT,ONE      05-12-51
000456789      SC VETERAN

      SELECT FROM THE FOLLOWING:

1      FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT      6/24/93      DISPOSITIONED
      TREATMENT FROM: 6/23/93      TREATMENT TO: 6/24/93

ENTER SELECTION: (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE // <RET>
TREATMENT FROM DATE: JUN 23,1993// <RET>
TREATMENT TO DATE: JUN 25,1993// JUN 24,1993
DIAGNOSIS: OSTEOCARCINOMA// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: APPROVED// <RET>
AUTHORIZED FROM DATE: JUN 23,1993// <RET>
AUTHORIZED TO DATE: JUN 24,1993// <RET>
AMOUNT APPROVED: 865.00// 573.00
EDITING AUTHORIZATION...

      NO: 152      TREATMENT FROM: 6/23/93      TREATMENT TO: 6/24/93
DISCHARGE TYPE: DISCHARGE// <RET>
ACCIDENT RELATED (Y/N): YES// N NO
POTENTIAL COST RECOVERY CASE: YES// N NO
    
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims.

```
DATE CLAIM RECEIVED: NOV 20,2012//  
ICD DIAGNOSIS: C41.0 <RET>  
  
2 MATCHES FOUND  
  
1. C41.0      MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE  
2. C41.1      MALIGNANT NEOPLASM OF MANDIBLE
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU INITIATE APPEAL FOR UNAUTHORIZED CLAIM

Introduction

The Initiate Appeal for Unauthorized Claim option is used to initiate an appeal of the VA's decision on a claim to the Board of Veterans Appeal (BVA). During this stage of the unauthorized claims appeal process, the claim must have a status of Dispositioned to be selected with this option. (Refer to Appendix B for more information about statuses.)

Following are the prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE STATEMENT OF THE CASE ISSUED:" - Enter the date on which the Statement of the Case was issued.

*"DATE SUBSTANTIVE APPEAL RECV'D:" - Enter the date on which the Substantive Appeal was received.

*"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

*"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

*"Select REASON FOR DISAPPROVAL:" - Enter the reason why the claim was not approved. Entering <??> will generate a list from which you may choose.

*In most instances, data will be entered into these fields through the use of the Appeal Edit for Unauthorized Claim option after the BVA has issued its decision.

**ENTER/EDIT UNAUTHORIZED CLAIM MENU
INITIATE APPEAL FOR UNAUTHORIZED CLAIM**

Example

ENTER/EDIT UNAUTHORIZED CLAIM MENU APPEAL EDIT FOR UNAUTHORIZED CLAIM

Introduction

The Appeal Edit for Unauthorized Claim option is used to edit a claim which has already been appealed to the Board of Veterans Appeal (BVA). During this stage of the Unauthorized Claims process, the claim may have one of the following active statuses:

APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATEMENT OF CASE
APPEAL COMPLETE/PENDING REVIEW
APPEAL DISPOSITIONED

You may select claims with any of the above statuses with this option. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the Vendor, veteran, or other party.

Following is a list of some prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

If the disposition of an unauthorized claim changes from APPROVED to DISAPPROVED, the applicable authorization is deleted.

ENTER/EDIT UNAUTHORIZED CLAIM MENU APPEAL EDIT FOR UNAUTHORIZED CLAIM

Example

ENTER/EDIT UNAUTHORIZED CLAIM MENU

ENTER/EDIT UNAUTHORIZED CLAIM MENU

COVA appeal enter/edit

Introduction

The COVA Appeal Enter/Edit option is used to enter or edit an appeal to the Court of Veterans Affairs (COVA). This is an appeal of the Board of Veterans Appeals (BVA) decision. Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

You may select claims with any of the above statuses. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the Vendor, veteran, or other party.

Following is a list of some prompts with a brief description.

"DATE APPEALED TO COVA:" - Enter the date on which the Board of Veterans Appeal decision was appealed. A timely appeal must be initiated within 120 days of the BVA decision.

"DATE COVA APPEAL DISPOSITIONED:" - Enter the date on which a decision to a COVA appeal was rendered.

"DISPOSITION:" - An active disposition is selected. If the disposition has been APPROVED or APPROVED TO STABILIZATION, and payments have been made, the disposition cannot be changed except by those holding the FBAASUPERVISOR key

ENTER/EDIT UNAUTHORIZED CLAIM MENU

COVA APPEAL ENTER/EDIT

Example

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      04-23-13      000456789      NSC
VETERAN

      SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE      DOCTORS HOSP  CIVIL HOSPIT  2/2/93  COVA DISPOSITION
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93      PRIMARY CLAIM: 2/2/93

2  FEEPATIENT,ONE      FEEVENDOR,ONE  OUTPATIENT  1/2/93  APPEAL DISPOSITI
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

ENTER SELECTION:  (1-2): 1

DATE APPEALED TO COVA: T  (JUL 27, 1993)
DATE COVA APPEAL DISPOSITIONED: 6/12  (JUN 12, 1993)
DISPOSITION: CANCELLED/WITHDRAWN// 5  ABANDONED
SELECT REASON FOR DISAPPROVAL: ADJUDICATION REQUESTED
      // 4  VA FACILITIES AVAILABLE
SELECT REASON FOR DISAPPROVAL: <RET>

```

REQUEST INFORMATION ON UNAUTHORIZED CLAIM

Introduction

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims which have one of the following statuses:

INITIAL ENTRY
INCOMPLETE UNAUTHORIZED CLAIM
PENDING - REASON UNKNOWN
COMPLETE/PENDING REVIEW
APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATEMENT OF CASE

A letter will print or be flagged for printing (depending upon your parameter set-up) if the request causes the status to change, or requests additional information. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the Vendor, veteran, or other party. After you select an unauthorized claim, you are prompted to select from a list of items for which you may wish to request information. You can select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

REQUEST INFORMATION ON UNAUTHORIZED CLAIM

Example

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

      SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE      DOCTOR'S HOSP      CIVIL HOSPIT      2/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
2  DOCTOR'S HOSP      CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF      <7/2/93>

ENTER SELECTION: (1-2): 1

SELECT FROM THE FOLLOWING:

1  MISSING FORM 10-583
2  ITEM 1 NAME/SSN/ADDRESS ON 583
3  ITEM 2 NAME/SSN/ADDRESS ON 583
4  ITEM 3 CIRCUMSTANCES ON 583
5  ITEM 4 AMOUNT CLAIMED ON 583
6  ITEM 5A SIGNATURE OF PROVIDER
7  ITEM 5B SIGNATURE OF PAYER
8  COPIES OF ACTUAL BILLS
9  ORIGINAL PAID RECEIPT
10 ITEMIZED BILL REQUIRED
11 MEDICAL RECORDS NEEDED
12 SIGNATURE FOR RELEASE
13 DIAGNOSTIC/PROCEDURE CODE(S)
14 OTHER

ENTER SELECTION: (1-14): 12 SIGNATURE FOR RELEASE

12 SIGNATURE FOR RELEASE
YOU HAVE SELECTED THE ABOVE. OK? YES// <RET>

SELECT UNAUTHORIZED CLAIM:

```

RECEIVE REQUESTED INFORMATION

Introduction

The Receive Requested Information option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the Vendor, veteran, or other party. After you select an unauthorized claim, you will be prompted to select from a list of items for which information was requested. You may select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Example

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      FEEPATIENT,ONE      04-23-13
000456789      NSC VETERAN

      SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE      ST MARY'S H      CIVIL HOSPIT      2/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
2  DOCTOR'S HOSP      CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF      <7/2/93>

ENTER SELECTION: (1-2):

      SELECT FROM THE FOLLOWING:

1  SIGNATURE FOR RELEASE

ENTER SELECTION: (1-1): 1

1  SIGNATURE FOR RELEASE
YOU HAVE SELECTED THE ABOVE.  OK? YES// <RET>
RECEIVING SIGNATURE FOR RELEASE
    
```

LETTERS FOR UNAUTHORIZED CLAIM UPDATE DATE LETTER SENT

Introduction

The Update Date Letter Sent option is used to enter the date that manually generated letters for unauthorized claims were sent.

Once you have selected one or more claims, you are prompted for the date you wish to enter as the date the letter was sent. Once a new date is entered, the DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7).

Example

```

SELECT FROM THE FOLLOWING:

1  FEEPATI,ONE    FEEVEND,ONE    CIVIL HOSPITAL    05/27/93    INCOMPLETE UNAUT
2  FEEPATI,TWO   FEEVEND,ONE    CIVIL HOSPITAL    05/27/93    DISPOSITIONED
3  FEEPATIE,THRE FEEVEND,TWO    CIVIL HOSPITAL    05/27/93    DISPOSITIONED
4  FEEPATIE,FOU  FEEVEND,THRE   OUTPATIENT        05/22/93    DISPOSITIONED

ENTER SELECTION: (1-4): 2
DATE LETTER SENT: T (JUN 23, 1993)

```

LETTERS FOR UNAUTHORIZED CLAIM BATCH PRINT LETTERS

Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

Example

```
ENTER NUMBER OF COPIES FOR EACH LETTER: 1// <RET> 1
QUEUE TO PRINT ON
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```


LETTERS FOR UNAUTHORIZED CLAIM BATCH PRINT LETTERS

Example, cont.

VA MEDICAL CENTER 128 HOLLAND AVE ALBANY NEW YORK 12208	
June 29, 2006	In Reply Refer To: 500/136 FEEpatient,One XXX-XX-6789
FEEvendor,One 123 BURDETTE AVE TROY NY 12180-1234	
REGARDING:	VETERAN: FEEpatient,One
	FEE BASIS PROGRAM: CIVIL HOSPITAL
	EPISODE OF CARE: 05/01/06 to 05/22/06
We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:	
Claim has been approved for authorization of care and payment.	
Authorized from: 05/01/06 Authorized to: 05/05/06 Amount approved: 2500.00	
If you do not agree with the decision you have the right to appeal, your appeal rights should be attached for your review, if your claim was not approved.	
If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.	
Sincerely,	
Chief, Medical Administration Service	

LETTERS FOR UNAUTHORIZED CLAIM Reprint Letter(s)

Introduction

The Reprint Letter(s) option can be used to reprint letters that were printed but never mailed or, in some cases, never received by the party submitting the claim. You may reprint letters for a selected date range (date letter printed) or you may reprint a specific letter. Individual letters are selected by entering the name of the submitter. The submitter may be someone other than the Vendor or veteran involved in the claim.

You may select the claim by entering the Vendor, veteran, or other party.

Failure to provide the requested information within one year will also result in an automatic disapproval. Therefore, the expiration date may be updated when a letter is reprinted.

Example

```
DO YOU WISH TO REPRINT LETTERS FOR A DATE RANGE? NO
SELECT UNAUTHORIZED CLAIM: V.FEEVEND FEEVENDOR,ONE 000561234 COMMUNITY NUR
      31 NOWHERE CIRCLE
      LOWELL, MA 01852-0123 TEL. #: 5551477

SELECT FROM THE FOLLOWING:

1 FEEVENDR, ONE FEEPATIENT,ONE CIVIL HOSPIT 06/22/06 APPEAL/NOTICE OF
  TREATMENT FROM: 06/22/06 TREATMENT TO: 06/22/06

2 FEEVENDR, ONE FEEPATIENT,TWO CONTRACT NUR 06/22/06 COVA DISPOSITION
  TREATMENT FROM: 06/22/06 TREATMENT TO: 06/22/06

3 FEEVENDR, ONE FEEPATIENT,THREE CONTRACT NUR 06/24/06 DISPOSITIONED
  TREATMENT FROM: 06/22/06 TREATMENT TO: 06/24/06

4 FEEVENDR, ONE FEEPATIENT,FOUR CONTRACT NUR 06/30/06 DISPOSITIONED
  TREATMENT FROM: 05/06/06 TREATMENT TO: 05/16/06

5 FEEVENDR, ONE FEEPATIENT,FIVE OUTPATIENT 07/01/06 APPEAL/NOTICE OF
  TREATMENT FROM: 04/04/06 TREATMENT TO: 04/04/06

ENTER RETURN FOR MORE, OR SELECT: (1-5): 1
SHOULD THE EXPIRATION DATE BE UPDATED? NO// <RET>
ENTER NUMBER OF COPIES FOR EACH LETTER: 1// <RET>
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

LETTERS FOR UNAUTHORIZED CLAIM REPRINT LETTER(S)

Example, cont.

June 29, 2006	In Reply Refer To: 500/136
	FEEpatient,One
ONE FEEPATIENT	XXX-XX-6789
123 MAIN ST	
TROY NEW YORK 12180	
REGARDING: VENDOR: FEEvendor,One	
FEE BASIS PROGRAM: CIVIL HOSPITAL	
EPISODE OF CARE: 06/13/04 to 6/13/04	

We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:

Claim is considered abandoned, since no action has been taken by the submitter within the appropriate time frames.

Reason(s) for not approving claim:

We have asked for adjudicative rating action to determine whether the condition treated was due to or caused by your service-connected disability. You will be notified by the VA Regional Office when they have reached a decision. If service connection is granted for the condition treated, please resubmit a claim to us with a copy of this letter and a copy of the award letter received from the VA Regional Office. Such rating determinations normally require 60-90 days.

If you do not agree with the decision you have the right to appeal, Your appeal rights should be attached for your review, if your claim was not approved.

If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.

Sincerely,

Chief, Medical Administration Service

PAYMENTS FOR UNAUTHORIZED CLAIMS

New Prompts:

Vendor Invoice Date: - allows you to enter the Vendor's invoice date.

The following new prompts might appear depending on the fee program.

Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

FBAE ESTABLISH VENDOR Security Key - required to edit established vendors.

Introduction

The Payments for Unauthorized Claims option should be used to enter payments for unauthorized claims which have been dispositioned to APPROVED or APPROVED TO STABILIZATION.

Payment may be made to either a patient or a Vendor; however, only the Vendor pertaining to the submitted claim may be paid. You cannot add a new Vendor through this option. An open batch for the applicable Fee Basis program must exist for the unauthorized claim selected. Further processing of the payment should follow the payment menu options for the applicable Fee Basis program. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen, the claims will be presented for payment in the same sequence in which they were selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis program. The following chart is provided indicating which option documentation to refer to for further examples of payment entry.

PAYMENTS FOR UNAUTHORIZED CLAIMS

Introduction, cont.

Fee Program Refer To

Civil Hospital Ancillary Contract Hosp/CNH Payment
 (for ancillary payments)
 or
 Enter Invoice/Payment

Outpatient Enter Payment option

Pharmacy Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

Example of ICD-9 Data

```

SELECT ONE OF THE FOLLOWING:

      1      PATIENT
      2      VENDOR

SELECT TO WHOM PAYMENT SHOULD BE MADE: 2  VENDOR
SELECT VETERAN:  FEEPATIENT,ONE           07-21-50      409129012      NSC VETERAN
SELECT FEE VENDOR: FEEVENDOR,ONE         000333333      CHAIN #: 101  PHARMACY
                123 MAIN AVE                (AWAITING AUSTIN APPROVAL)
                TROY, NY 12180      TEL. #: 518-555-0987

SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE  FEEVENDOR,ONE  PHARMACY  12/12/94  DISPOSITIONED
   TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
2  FEEVENDOR,ONE  PHARMACY  12/12/94  DISPOSITIONED  <12/12/94>
3  FEEPATIENT,ONE  FEEVENDOR,ONE  CIVIL HOSPIT  12/12/94  DISPOSITIONED
   TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
4  FEEPATIENT,ONE  FEEVENDOR,ONE  CIVIL HOSPIT  12/12/94  DISPOSITIONED
   TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94

ENTER SELECTION: (1-4): 1
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

```

PAYMENTS FOR UNAUTHORIZED CLAIMS

Example of ICD-9 Data, cont.

```

                                < UNAUTHORIZED CLAIM >

DATE CLAIM RECEIVED: DEC 12, 1994      FEE PROGRAM: PHARMACY
VENDOR: FEEVENDOR,ONE                  VETERAN: FEEPATIENT,ONE
TREATMENT FROM DATE: NOV  2, 1994      TREATMENT TO DATE: NOV  2, 1994
PRIMARY SERVICE FACILITY: ALBANY, NY    DATE VALID CLAIM RECEIVED: DEC 12, 1994
AMOUNT CLAIMED: 65.00                  PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                  DATE OF DISPOSITION: DEC 12, 1994
AUTHORIZED FROM DATE: NOV  2, 1994     AUTHORIZED TO DATE: NOV  2, 1994
AMOUNT APPROVED: 65.00                 PRINT LETTER?: YES
ENTERED/LAST EDITED BY: MARY ELLEN
DATE ENTERED/LAST EDITED: DEC 12, 1994
MASTER CLAIM: DEC 12, 1994
DATE OF ORIGINAL DISPOSITION: DEC 12, 1994
CLAIM SUBMITTED BY: FEEPATIENT,ONE     STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: DEC 12, 1994   AUTHORIZATION: 8
DIAGNOSIS: DISLOCATED WRIST

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

ARE YOU SURE YOU WANT TO ENTER A NEW INVOICE? YES// <RET>

INVOICE # ASSIGNED IS: 601

PATIENT NAME: FEEPATIENT,ONE           PT.ID: 000-45-6789

                *** VENDOR DEMOGRAPHICS ***
                ==> AWAITING AUSTIN APPROVAL <==

NAME: FEEVENDOR,ONE                    ID NUMBER: 000333333
ADDRESS: 123 MAIN AVE                   SPECIALTY:
CITY: TROY                               TYPE: PHARMACY
STATE: NEW YORK                          PARTICIPATION CODE: PHARMACY
ZIP: 12180                                MEDICARE ID NUMBER: 181818
COUNTY: RENSSELAER                      CHAIN: 101
PHONE: 518-555-0987
FAX: 518-555-0900

AUSTIN NAME:
LAST CHANGE                               LAST CHANGE
TO AUSTIN: 11/21/94                       FROM AUSTIN:

WANT TO EDIT VENDOR DATA? NO// <RET>
```

PAYMENTS FOR UNAUTHORIZED CLAIMS

Example of ICD-9 Data, cont.

```
Date Correct Invoice Received: 12/1 (DEC 01, 1994)

Vendor Invoice Date: 11/26 (NOV 26, 1994)

Want to review fee pharmacy payment history? No// <RET>

DATE PRESCRIPTION FILLED: 11/2 (NOV 02, 1994)
Select PRESCRIPTION NUMBER: 12345
  AMOUNT CLAIMED: 80
  DRUG NAME: VALIUM
  MANUFACTURER: Roche
  STRENGTH: 5MG
  QUANTITY: 50

Prescription referred to Pharmacy Service for determination.

  Select one of the following:

      1          PATIENT
      2          VENDOR

Select to whom payment should be made:
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims. This new field allows entry of diagnosis and procedure codes for the invoice/payment (up to 25) and Admitting Diagnosis (for Civil Hospital).

```

< UNAUTHORIZED CLAIM >
DATE CLAIM RECEIVED: NOV 20, 2012      FEE PROGRAM: CIVIL HOSPITAL
VENDOR: VENDOR ONE                     VETERAN: FEE,ICDSEVEN
TREATMENT FROM DATE: NOV 20, 2012     TREATMENT TO DATE: NOV 20, 2012
PRIMARY SERVICE FACILITY: CLINIC ONE
DATE VALID CLAIM RECEIVED: NOV 20, 2012
AMOUNT CLAIMED: 10                     PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                  DATE OF DISPOSITION: NOV 20, 2012
AUTHORIZED FROM DATE: NOV 20, 2012    AUTHORIZED TO DATE: NOV 20, 2012
PRINT LETTER?: YES                     ENTERED/LAST EDITED BY: IFCAP,CPC
DATE ENTERED/LAST EDITED: NOV 20, 2012
MASTER CLAIM: NOV 20, 2012            REOPEN CLAIM DATE: NOV 20, 2012
DATE OF ORIGINAL DISPOSITION: NOV 20, 2012
CLAIM SUBMITTED BY: IFCAP,CPC         STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: NOV 20, 2012 AUTHORIZATION: 4
DIAGNOSIS: 250.10
DISCHARGE TYPE (C): DISCHARGE
    
```

```

ICD1: E08
2 MATCHES FOUND

1. E08.00    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH HYPEROSMOLARITY WITHOUT NONKETOTIC
             HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
2. E08.01    DIABETES MELLITUS DUE TO UNDERLYING CONDITION
             WITH HYPEROSMOLARITY WITH COMA

SELECT 1-2: 1
ICD DIAGNOSIS CODE:          E08.00
ICD DIAGNOSIS DESCRIPTION:  DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH
HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA NKHHC)
POA1: Y          DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION
    
```

```

E08.43
ONE MATCH FOUND
ICD DIAGNOSIS CODE:          E08.43
ICD DIAGNOSIS DESCRIPTION:  DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH
                             DIABETIC AUTONOMIC (POLY)NEUROPATHY
OK?? YES//    (YES)

PROC1: 0016070

ONE MATCH FOUND
0016070    BYPASS CEREB VENT TO NASOPHAR WITH AUTOL SUB, OPEN
           APPROACH
    
```


OUTPUTS FOR UNAUTHORIZED CLAIMS ALL CLAIMS BY VENDOR/VETERAN/OTHER

Introduction

The All Claims by Vendor/Veteran/Other option is used to display/print all unauthorized claims for a single Vendor, veteran, or other party. The output is sorted by episode of care, grouping claims which are associated with one another. One claim may be associated with another if the veteran and episode of care are the same. Since the primary claim may not be the first to display, the secondary's are flagged with an asterisk (*). If you select a Vendor, the output will display by veteran; otherwise, it will display by Vendor. You can include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both.

Example

```
Select unauthorized claim: P.FEEpatient,One  FEEPATIENT,ONE  6-1-43  000456789
07-18-00  NSC VETERAN
Enrollment Priority:          Category: NOT ENROLLED  End Date: 07/18/2000

...OK? Yes// <RET>  (Yes)

Select one of the following:

M          MILL BILL (38 U.S.C. 1725)
N          NON-MILL BILL
A          ALL

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

DEVICE: HOME// <RET>  UCX/TELNET  Right Margin: 80// <RET>
```

```
VETERAN: FEEPATIENT, ONE
Page: 1
Vendor          Fee Program          Status          Code
=====
FEEVENDOR, ONE          OUTPATIENT          INCOMPLETE UNAUTHORI
  Treatment From: 6/15/00  Treatment To: 6/15/00
FEEVENDOR, ONE          OUTPATIENT          DISPOSITIONED          AB
  Treatment From: 5/16/01  Treatment To: 5/16/01
FEEVENDOR, ONE          OUTPATIENT          DISPOSITIONED          AP
  Treatment From: 6/16/01  Treatment To: 6/16/01
FEEVENDOR, TWO          OUTPATIENT          INCOMPLETE UNAUTHORI
  Treatment From: 6/18/01  Treatment To: 6/18/01
```

OUTPUTS FOR UNAUTHORIZED CLAIMS ALL CLAIMS BY VENDOR/VETERAN/OTHER

Example, cont.

VETERAN: FEEPATIENT, ONE			PAGE: 2
VENDOR	FEE PROGRAM	STATUS	CODE
=====			
FEEVENDOR, ONE	OUTPATIENT	DISPOSITIONED	CW
TREATMENT FROM: 6/25/01	TREATMENT TO: 6/25/01		
FEEVENDOR, TWO	CIVIL HOSPITAL	DISPOSITIONED	AS
TREATMENT FROM: 6/26/01	TREATMENT TO: 6/29/01		
FEEVENDOR, ONE	OUTPATIENT	COMPLETE/PENDING REV	
TREATMENT FROM: 7/18/01	TREATMENT TO: 7/23/01		

OUTPUTS FOR UNAUTHORIZED CLAIMS CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```

SELECT CHECK NUMBER: 69243230
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

                PAYMENT HISTORY FOR CHECK # 69243230
                -----
                                                    PAGE: 1

                FEE PROGRAM:  OUTPATIENT
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
  SVC DATE  CPT-  AMOUNT  AMOUNT  SUSP  BATCH  INVOICE
            MOD   CLAIMED   PAID   CODE  NUMBER  NUMBER
=====
VENDOR:  FEEVENDOR,ONE                VENDOR ID:  000000000
PATIENT:  FEEPATIENT,ONE                PATIENT ID:  XXX-XX-6789
4/1/06    10020        5.00        5.00        363        541
    >>>CHECK # 69243230  DATE PAID:  8/29/06<<<

PRESS RETURN TO CONTINUE OR '^' TO EXIT:

```

OUTPUTS FOR UNAUTHORIZED CLAIMS DISPLAY UNAUTHORIZED CLAIM

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the Vendor, veteran, or other party involved in the claim. After a claim has been selected, the option will either state there is no historical audit data for the claim or it will ask, "Show historical audit data?" with "NO" as the default answer. If the user responds "YES" to the question, the output will include a new section that displays all changes to the value of 13 monitored fields since installation of patch FB*3.5*151.

Example of ICD-9 Data

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      06-02-34      000456789      SC VETERAN

1  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  09/01/92  APPROVED TO STABILIZA
   TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92

2  FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  06/04/93  DISPOSITIONED
   TREATMENT FROM: 06/04/93      TREATMENT TO: 06/24/93

SELECT THE CLAIM WHICH YOU WOULD LIKE TO DISPLAY: (1-2): 1
SHOW HISTORICAL AUDIT DATA? NO// YES

DATE CLAIM RECEIVED: SEP  1, 1992      FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE      VENDOR: FEEVENDOR,ONE
TREATMENT FROM DATE: SEP  1, 1992      TREATMENT TO DATE: SEP  3, 1992
PRIMARY SERVICE FACILITY: ALBANY VAMC
DATE VALID CLAIM RECEIVED: SEP  1, 1992
AMOUNT CLAIMED: 15000      PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED TO STABILIZATION
DATE OF DISPOSITION: SEP  3, 1992      AUTHORIZED FROM DATE: SEP  1, 1992
AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN,MICHAEL
DATE ENTERED: SEP  1, 1992      DATE LETTER SENT: SEP 23, 1992
MASTER CLAIM: SEP  1, 1992      REOPEN CLAIM DATE: SEP  2, 1992
DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
CLAIM SUBMITTED BY: FEEVENDOR,ONE      STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: SEP  3, 1992      EXPIRATION DATE OF CLAIM: SEP 24, 1993
DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (C): DISCHARGE
    
```

```

< PENDING INFORMATION >

1  MEDICAL RECORDS NEEDED

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
    
```

```

                < HISTORICAL AUDIT DATA (SINCE PATCH FB*3.5*151) >
CHANGED DATE/TIME: MAR 12, 2014@14:13:18
  FIELD: NOTICE OF DISAGREEMENT RECV'D  NEW VALUE: MAR 12, 2014
  CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 12, 2014@14:13:19
  FIELD: STATUS                                OLD VALUE: DISPOSITIONED
  NEW VALUE: APPEAL/NOTICE OF DISAGREE RECV
  CHANGED BY: FEECLERK,FIRST
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims.

```

DATE CLAIM RECEIVED: JAN 15, 2013      FEE PROGRAM: CIVIL HOSPITAL
  VENDOR: FEEVENDOR,ONE                VETERAN: FEE,ICDONE
TREATMENT FROM DATE: NOV 24, 2012     TREATMENT TO DATE: NOV 25, 2012
PRIMARY SERVICE FACILITY: 22 AEROMEDICAL DENTL-MCCONNELL
DATE VALID CLAIM RECEIVED: JAN 15, 2013
AMOUNT CLAIMED: 20                    PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                 DATE OF DISPOSITION: JAN 15, 2013
AUTHORIZED FROM DATE: NOV 24, 2012   AUTHORIZED TO DATE: NOV 25, 2012
PRINT LETTER?: YES                   ENTERED/LAST EDITED BY: IFCAP,CPO
DATE ENTERED/LAST EDITED: JAN 15, 2013
MASTER CLAIM: JAN 15, 2013
DATE OF ORIGINAL DISPOSITION: JAN 15, 2013
CLAIM SUBMITTED BY: IFCAP,CPC        STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: JAN 15, 2013 AUTHORIZATION: 19
ICD DIAGNOSIS: E08.00
DISCHARGE TYPE (C): DISCHARGE

```

OUTPUTS FOR UNAUTHORIZED CLAIMS DISPOSITION/STATUS STATISTICS DISPLAY/PRINT

Introduction

The Disposition/Status Statistics Display/Print option provides a statistical report on unauthorized claims within a selected date range. It provides totals of dispositioned unauthorized claims by disposition type (APPROVED, DISAPPROVED, etc.), as well as disposition status. (Refer to Appendix B for more information about statuses.) The report also supplies the total of unauthorized claims which have not been dispositioned, with a subtotal breakdown by claim status. Total approved dollars by primary service area are also provided.

Example

```

                UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
                -----

**** Date Range Selection ****

    Beginning DATE : t-10  (JUN 13, 1993)

    Ending   DATE : t    (JUN 23, 1993)

DEVICE: HOME// <RET> Decnet                RIGHT MARGIN: 80// <RET>
    
```

```

                UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
                -----

                Date Range Selected: 06/13/93 to 06/23/93
                -----

                CATEGORY OF DISPOSITION
                -----
TYPE OF DISPOSITION      # OF CLAIMS      INITIAL      APPEAL      COVA APPEAL
-----
APPROVED                  1                1            0            0
DISAPPROVED               1                1            0            0
CANCELLED/WITHDRAWN      0                0            0            0
APPROVED TO STABILIZATION 0                0            0            0
ABANDONED                 0                0            0            0
                -----
                TOTAL DISPOSITIONED      2                2            0            0
                TOTAL NOT DISPOSITIONED  2
                -----
                TOTAL CLAIMS              4

Press RETURN to continue or '^' to exit: <RET>
    
```

OUTPUTS FOR UNAUTHORIZED CLAIMS DISPOSITION/STATUS STATISTICS DISPLAY/PRINT

Example, cont.

```

UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
-----
DATE RANGE SELECTED: 06/13/93 TO 06/23/93
-----

STATUS OF CLAIMS NOT DISPOSITIONED

STATUS                                # OF CLAIMS

INCOMPLETE UNAUTHORIZED CLAIM        1
PENDING - REASON UNKNOWN              0
COMPLETE/PENDING REVIEW              1
APPEAL/NOTICE OF DISAGREE RECV       0
APPEAL/ISSUED STATEMENT OF CASE      0
APPEAL COMPLETE/PENDING REVIEW       0
COVA APPEAL                          0

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
-----
DATE RANGE SELECTED: 06/13/93 TO 06/23/93
-----

TOTAL DOLLARS APPROVED BY PSA:

TROY, NEW YORK                        $0.00
ALBANY                                $0.00
-----
                                        $0.00
    
```

OUTPUTS FOR UNAUTHORIZED CLAIMS EXPIRATION DISPLAY/PRINT

Introduction

The Expiration Display/Print option will display/print those unauthorized claims which will expire within the selected time frame.

There are two types of expirations involved with unauthorized claims. The first is based on the status of the claim. Certain statuses have expiration dates which, once passed, prohibit the submitter from any further action on the claim. (Refer to Appendix B for more information about statuses.) The other refers to information VA has requested from the submitter. The submitter has x # of days to respond or the claim is considered abandoned. The number of days is calculated from the date the letter was mailed.

Example

```

SELECT THE DATE RANGE WITHIN WHICH AN UNAUTHORIZED CLAIM WILL EXPIRE.

**** DATE RANGE SELECTION ****

BEGINNING DATE : 010193 (JAN 01, 1993)

ENDING DATE : 010196 (JAN 01, 1996)

DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER RIGHT MARGIN: 80// <RET>
    
```

UNAUTHORIZED CLAIMS DUE TO EXPIRE BETWEEN 01/01/93 AND 01/01/96				
VETERAN	VENDOR	TREATMENT FROM	TREATMENT TO	STATUS
FEEPATIENT, ONE	FEEVENDOR, ONE	04/26/93	04/28/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, ONE	05/31/93	06/05/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, ONE	01/01/93	01/03/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, TWO	02/01/93	02/01/93	INCOMPLE
FEEPATIENT, ONE	FEEVENDOR, THREE	01/01/93	01/03/93	INCOMPLE

OUTPUTS FOR UNAUTHORIZED CLAIMS

Status Display/Print of Unauthorized Claims

Introduction

This option displays/prints unauthorized claims by primary service facility and status. You may include one, many, or all statuses, and sort by either Vendor or veteran for the primary sort. The output also subtotals the number of claims within a status and displays the expiration date, if one exists. If the unauthorized claim is due to expire within thirty days of the date the output was generated, an asterisk (*) will follow the expiration date.

NOTE: The disposition code will only display if the unauthorized claim has a status of either DISPOSITIONED, APPEAL DISPOSITIONED or COVA DISPOSITION. (Refer to Appendix B for more information about statuses.)

Example

```

SELECT ONE OF THE FOLLOWING:

      1      PATIENT
      2      VENDOR

SORT BY: 1  PATIENT

SELECT FROM THE FOLLOWING:

1  INITIAL ENTRY
2  INCOMPLETE UNAUTHORIZED CLAIM
3  PENDING - REASON UNKNOWN
4  COMPLETE/PENDING REVIEW
5  DISPOSITIONED
6  APPEAL/NOTICE OF DISAGREE RECV
7  APPEAL/ISSUED STATEMENT OF CASE
8  APPEAL COMPLETE/PENDING REVIEW
9  APPEAL DISPOSITIONED
10 COVA APPEAL
11 COVA DISPOSITION

ENTER SELECTION: (1-11): 2
START WITH DATE CLAIM RECEIVED: FIRST// 060194
GO TO DATE CLAIM RECEIVED: LAST// 063094
DEVICE: UNAUTHORIZED CLAIMS PRINTER   RIGHT MARGIN: 80// <RET>

```

OUTPUTS FOR UNAUTHORIZED CLAIMS STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS

Example, cont.

STATUS LISTING OF UNAUTHORIZED CLAIMS		JUN 24,1994	11:41	PAGE 1
VETERAN	VENDOR	STATUS	EXPIRES	

PRIMARY SERVICE FACILITY: ALBANY				
FEEPATIENT, ONE	FEEVENDOR, ONE	INCOMPLETE UNAU	JUN 24,1994	

SUBCOUNT		1		

SUBCOUNT		1		
STATUS LISTING OF UNAUTHORIZED CLAIMS		JUN 24,1994	11:41	PAGE 2
VETERAN	VENDOR	STATUS	EXPIRES	

PRIMARY SERVICE FACILITY: BAY PINES, FL				
FEEPATIENT, TWO	FEEVENDOR, ONE	INCOMPLETE UNAU	JUN 24,1994	
FEEPATIENT, THREE	FEEVENDOR, TWO	INCOMPLETE UNAU	JUN 24,1994	

SUBCOUNT		2		

SUBCOUNT		2		

COUNT		3		

OUTPUTS FOR UNAUTHORIZED CLAIMS

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example

```

**** DATE RANGE SELECTION ****

BEGINNING DATE : 010194 (JAN 01, 1994)

ENDING DATE : T (AUG 09, 1994)

SELECT ONE OF THE FOLLOWING:

      D      DETAILED REPORT
      S      SUMMARY ONLY

CHOOSE REPORT TYPE: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME// CIVIL HOSPITAL PRINTER RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
    
```

```

                                UNAUTHORIZED CLAIMS
                                COST REPORT FOR CIVIL HOSPITAL
                                01/01/94 THROUGH 08/09/94
                                -----

PATIENT NAME          PATIENT ID      DT CLAIM REC    AMT PAID    FINAL DRG    LOS
=====
      TREATING SPECIALTY:  MEDICAL
FEEPATIENT,ONE      000-45-6789    05/17/94        2.00        45          3
      ** INDICATES AN ANCILLARY PAYMENT
    
```

OUTPUTS FOR UNAUTHORIZED CLAIMS UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Example, cont.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL 01/01/94 THROUGH 08/09/94 -----		
SUMMARY		
LOS	# CASES	AVE. AMT. PAID
=====		
TREATING SPECIALTY: MEDICAL 3	1	2.00
=====		
TOTAL CASES: 1	AVERAGE AMOUNT PAID: 2.00	AVERAGE LOS: 3.00

OUTPUTS FOR UNAUTHORIZED CLAIMS

VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected Vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```

Select Fee Basis Vendor: FEEvendor,One      000561234  FEEvendor,One
      31 BURDETT AVENUE
      TROY, NEW YORK 12180-0123
      TEL. #: 518-555-2000

**** Date Range Selection ****

  Beginning DATE : 6/24 (JUN 24, 2006)

  Ending   DATE : 6/24 (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)
    
```

```

                                VENDOR PAYMENT HISTORY
                                =====
                                Page: 1
Vendor: FEEvendor,One           Vendor ID: 000000001
                                FEE PROGRAM: OUTPATIENT
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
  Svc Date CPT-MOD      Amount      Amount  Susp      Batch Invoice Voucher
                                Claimed      Paid    Code      Num    Num    Date
=====
Patient: FEEpatient,One        Patient ID: XXX-XX-6789
07/09/06  90050(C&P)  25.00    25.00      00037      43
  Primary Dx: NEUROTIC DEPRESSION  S/C Condition? -      Obl.#: C89211
07/07/06  90050(C&P)  25.00    25.00      00037      43
  Primary Dx: NEUROTIC DEPRESSION  S/C Condition? -      Obl.#: C89211
    
```

OUTPUTS FOR UNAUTHORIZED CLAIMS VENDOR PAYMENTS OUTPUT

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VENDOR PAYMENT HISTORY										PAGE: 1		
VENDOR: FEEVENDOR, ONE					VENDOR ID: 000000001							
FEE PROGRAM: OUTPATIENT												
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)												
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL 'U' U&C)												
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE	AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT REMARK	PATIENT ACCOUNT NO
PATIENT: FEE, ICDONE										PATIENT ID: 000-00-0012		
11/21/12	10160		1	22715		111691	10.00	10.00		0.00		
PRIMARY DX: HB-SS DISEASE WITH (D57.01)S/C CONDITION? NO										OBL.#: 1CP007		

VENDOR PAYMENT HISTORY										PAGE: 2		
VENDOR: FEEVENDOR, ONE					VENDOR ID: 00000000							
FEE PROGRAM: CIVIL HOSPITAL												
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)												
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL 'U' U&C)												
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE	AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT REMARK	PATIENT ACCOUNT NO
PATIENT: FEE, ICDTHREE										PATIENT ID: 000-00-1456		
11/3/12	99283	450	1	22705		111640	60.00	59.55R	8	0.45		
PRIMARY DX:										S/C CONDITION? NO	OBL.#: 0CP006	

OUTPUTS FOR UNAUTHORIZED CLAIMS VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example of ICD-9 Data

```

SELECT OUTPUTS FOR UNAUTHORIZED CLAIMS OPTION: VETERAN PAYMENTS OUTPUT

SELECT FEE BASIS PATIENT: FEEpatient,one    12-25-45  000456789    sc veteran

**** DATE RANGE SELECTION ****

    BEGINNING DATE : 062406  (JUN 24, 2006)

    ENDING    DATE : 062406  (JUN 24, 2006)

SELECT FEE BASIS PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE BASIS PROGRAM: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET> (NO)

```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                PAGE: 1
PATIENT: FEEPATIENT,ONE                PATIENT ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)
SVC DATE CPT-MOD      AMOUNT      AMOUNT  SUSP      BATCH INVOICE VOUCHER
                        CLAIMED      PAID    CODE      NUM    NUM    DATE
=====
VENDOR: FEEVENDOR,ONE                VENDOR ID: 000000000
07/09/06  90050(C&P)  25.00    25.00      00037    43
    PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -    OBL.#: C89211
07/07/06  90050(C&P)  25.00    25.00      00037    43
    PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -    OBL.#: C89211
07/05/06  90050(C&P)  25.00    25.00      00037    43
    PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -    OBL.#: C89211

```

OUTPUTS FOR UNAUTHORIZED CLAIMS

VETERAN PAYMENTS OUTPUT

Example of ICD-10 Data

ICD-10 data displays Primary Diagnosis for Outpatient invoices. Displays invoice diagnosis codes (up to 25) and Admitting Diagnosis for Civil Hospital invoices.

VETERAN PAYMENT HISTORY							PAGE: 2
=====							
PATIENT: FEE,ICDONE			DATE RANGE: 1/1/11 TO 12/17/12				
			PATIENT ID: 000-00-0012				
FEE PROGRAM: CIVIL HOSPITAL							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL							
'U' U&C)							
INVOICE DATE	INVOICE NO.	FROM DATE	TO DATE	PATIENT CONTROL #			
AMT CLAIMED	AMT PAID	COV DAYS	ADJ CODES	ADJ AMOUNTS	REMIT	REMARKS	
=====							
VENDOR: FEEVENDOR,ONE			VENDOR ID: 00000000				
11/15/12	111629	11/15/12	11/17/12				
25.00	0.00	2					
ADMIT DX: I50.31							
DX/POA: I50.30/Y							
PROC: 02UA47Z							

VETERAN PAYMENT HISTORY							PAGE: 1
=====							
PATIENT: FEE,ICDONE			PATIENT ID: 000-00-0012				
FEE PROGRAM: OUTPATIENT							
('*' REIMB. TO PATIENT '+' CANCEL. ACTIVITY '#' VOIDED PAYMENT)							
(PAID SYMBOL: 'R' RBRVS 'F' 75TH PERCENTILE 'C' CONTRACT 'M' MILL BILL							
'U' U&C)							
SVC DATE	CPT-MOD	REV CODE	UNITS PAID	BATCH NO.	INV NO.	VOUCHER DATE	
AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMOUNTS	REMIT	REMARK	PATIENT ACCOUNT NO	
=====							
VENDOR: FEEVENDOR,ONE			VENDOR ID: 00000000				
11/21/12	10160		1	22715	111691		
10.00	10.00			0.00			
PRIMARY DX: HB-SS DISEASE WITH (D57.01)S/C CONDITION? NO OBL.#: 1CP007							

DISPLAY UNAUTHORIZED CLAIM

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the Vendor, veteran, or other party involved in the claim. After a claim has been selected, the option will either state there is no historical audit data for the claim or it will ask, "Show historical audit data?" with "NO" as the default answer. If the user responds "YES" to the question, the output will include a new section that displays all changes to the value of 13 monitored fields since installation of patch FB*3.5*151.

Example of ICD-9 Data

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      06-02-34      000456789      SC VETERAN

 1 FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  09/01/92  APPROVED TO
STABILIZA
    TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92

 2 FEEPATIENT,ONE      FEEVENDOR, ONE      CIVIL HOSPIT  06/04/93  DISPOSITIONED
    TREATMENT FROM: 06/04/93      TREATMENT TO: 06/24/93

SELECT THE CLAIM WHICH YOU WOULD LIKE TO DISPLAY:  (1-2): 1
SHOW HISTORICAL AUDIT DATA? NO// YES

DATE CLAIM RECEIVED: SEP  1, 1992      FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE      VENDOR: FEEVENDOR, ONE
    TREATMENT FROM DATE: SEP  1, 1992      TREATMENT TO DATE: SEP  3, 1992
    PRIMARY SERVICE FACILITY: ALBANY VAMC
    DATE VALID CLAIM RECEIVED: SEP  1, 1992
    AMOUNT CLAIMED: 15000      PATIENT TYPE CODE: MEDICAL
    DISPOSITION: APPROVED TO STABILIZATION
    DATE OF DISPOSITION: SEP  3, 1992      AUTHORIZED FROM DATE: SEP  1, 1992
    AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN
    DATE ENTERED: SEP  1, 1992      DATE LETTER SENT: SEP 23, 1992
    MASTER CLAIM: SEP  1, 1992      REOPEN CLAIM DATE: SEP  2, 1992
    DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
    CLAIM SUBMITTED BY: FEEVENDOR,ONE      STATUS: DISPOSITIONED
    DATE OF CURRENT STATUS: SEP  3, 1992      EXPIRATION DATE OF CLAIM: SEP 24, 1993
    DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (C): DISCHARGE
  
```

```

< PENDING INFORMATION >

 1 MEDICAL RECORDS NEEDED

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

< ASSOCIATED CLAIMS >

1 FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT      09/01/92  DISPOSITIONED
    TREATMENT FROM: 09/01/92      TREATMENT TO: 09/03/92      PRIMARY CLAIM: 09/01/92
  
```

Section 6: UNAUTHORIZED CLAIM MAIN MENU

```
< HISTORICAL AUDIT DATA (SINCE PATCH FB*3.5*151) >
CHANGED DATE/TIME: MAR 12, 2014@14:13:18
  FIELD: NOTICE OF DISAGREEMENT RECV'D NEW VALUE: MAR 12, 2014
  CHANGED BY: FEECLERK,FIRST
CHANGED DATE/TIME: MAR 12, 2014@14:13:19
  FIELD: STATUS OLD VALUE: DISPOSITIONED
  NEW VALUE: APPEAL/NOTICE OF DISAGREE RECV
  CHANGED BY: FEECLERK,FIRST
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

Example of ICD-10 Data

There is a new ICD-10 diagnosis field for unauthorized claims.

```
DATE CLAIM RECEIVED: NOV 19, 2012      FEE PROGRAM: OUTPATIENT
VENDOR: FEEVENDOR,ONE                 VETERAN: FEE,ICDONE
TREATMENT FROM DATE: APR 03, 2012     TREATMENT TO DATE: APR 03, 2012
PRIMARY SERVICE FACILITY: CIV EMP HLTH CLIN-FT. KNOX
DATE VALID CLAIM RECEIVED: NOV 19, 2012
AMOUNT CLAIMED: 900                   PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                 DATE OF DISPOSITION: JAN 10, 2013
AUTHORIZED FROM DATE: APR 03, 2012    AUTHORIZED TO DATE: APR 03, 2012
PRINT LETTER?: YES                    ENTERED/LAST EDITED BY: IFCAP,CPCTWO
DATE ENTERED/LAST EDITED: JAN 10, 2013
MASTER CLAIM: NOV 19, 2012           REOPEN CLAIM DATE: JAN 10, 2013
CLAIM SUBMITTED BY: IFCAP,CPC        STATUS: DISPOSITIONED
DATE OF CURRENT STATUS: JAN 10, 2013  ICD DIAGNOSIS: E13.8
```

UTILITIES FOR UNAUTHORIZED CLAIMS VENDOR ENTER/EDIT

FBAE ESTABLISH VENDOR Security Key - required to enter a new or edit an existing Vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display Vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A Vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the Vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the Vendor name you selected, the list displayed will indicate if the Vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

WARNING: If you are attempting to edit Vendor information for a Vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a Vendor or editing Vendor data (e.g., prompts that ask, "ARE YOU ADDING {Vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a Vendor will affect all other sites which have this Vendor in their FEE BASIS VENDOR file (#161.2).

UTILITIES FOR UNAUTHORIZED CLAIMS VENDOR ENTER/EDIT

Example

```

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE
ARE YOU ADDING 'FEEVENDOR,ONE' AS
  A NEW FEE BASIS VENDOR (THE 74TH)? Y (YES)
  FEE BASIS VENDOR ID NUMBER: 000666666
  FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER
  FEE BASIS VENDOR PART CODE: 5 COMMUNITY NURSING HOME          05
  FEE BASIS VENDOR CHAIN: <RET>
  FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE Replace <RET>
ID NUMBER: 666-66-6666// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1 (AUG 01, 1994)

Select FEE BASIS CNH CONTRACT NUMBER: <RET>

          *** VENDOR DEMOGRAPHICS ***
          ==> AWAITING AUSTIN APPROVAL <==

Name: FEEVENDOR,ONE          ID Number: 000666666
Address: 222 BLOOMING GROVE DR Billing Prov NPI: 1234567899
City: TROY                    Specialty:
State: NEW YORK               Type: OTHER
ZIP: 12180                    Participation Code: COMMUNITY NURSING HOM
County: RENSSELAER           Medicare ID Number: 777555
Phone: 518-555-1234          Chain:
Fax: 518-555-1200

Type (FPDS):
Austin Name:
Last Change                    Last Change
TO Austin:                      FROM Austin:

          >>> CNH INFORMATION <<<

Total Beds: 100                Inspected/Accredited: Inspect. & Accred.

Want to edit data? No// <RET>
    
```

UTILITIES FOR UNAUTHORIZED CLAIMS

ADD NEW PERSON FOR UNAUTHORIZED CLAIM

XUSPF200 Security Key - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or Vendor submits an unauthorized claim, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

Example

```

ENTER NEW PERSON'S NAME (LAST, FIRST MI) : FEEPATIENT,ONE
  ARE YOU ADDING 'FEEPATIENT,ONE  ' AS A NEW NEW PERSON (THE 1884TH)? Y  (YES)
CHECKING SOUNDEX FOR MATCHES.
  FEEPATIENT,ONE
  FEEPATIENT
DO YOU STILL WANT TO ADD THIS ENTRY: NO// Y
NOW FOR THE IDENTIFIERS.
INITIAL: FO
SSN: 000456789
SEX: M  MALE
STREET ADDRESS 1: 123 MAIN ST
STREET ADDRESS 2: <RET>
STREET ADDRESS 3: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
SSN: 000456789// <RET>

```

UTILITIES FOR UNAUTHORIZED CLAIMS ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY

Introduction

This option is used to associate unauthorized claims to a primary unauthorized claim. Associated claims will be displayed with the primary on a lookup.

In order for claims to be associated, they must be for the same veteran and episode of care. A primary claim **without** associated claims may be associated with another primary claim. A primary claim **with** associated claims may not be associated to another primary.

Once the submitter is entered, all claims for that submitter for the same patient and episode of care are displayed. Next, you are prompted to choose the claim which you want to associate (secondary), then the claim to which it should be associated (primary). You can select one, many, or all when you select the secondary.

If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you will also be asked if you wish to disposition the new claim to the same disposition as the claim to which it is associated. When claims are associated, they are displayed with the primary claim on lookup, and in certain instances, you have the ability to update all the claims in the group at the same time.

UTILITIES FOR UNAUTHORIZED CLAIMS

ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY

Example

```

SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      01-16-55      000456789
SC VETERAN

SELECT FROM THE FOLLOWING:

1  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

2  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      05/12/93      DISPOSITIONED
   TREATMENT FROM: 04/21/93      TREATMENT TO: 04/22/93

3  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

4  FEEPAT,ONE      FEEVENDR,TWO      PHARMACY          06/30/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/01/93

5  FEEPAT,ONE      FEEVENDR,ONE      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

ENTER SELECTION: (1-5): 1
SELECT THE UNAUTHORIZED CLAIM TO WHICH THIS ONE SHOULD BE ASSOCIATED: 6/22 JUN 22,
1993
1      6-22-1993      FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
DISPOSITIONED      TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

2      6-22-1993      FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
INCOMPLETE UNAUT TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

3      6-22-1993      FEEPATIENT,ONE      FEEVENDR,ONE      CIVIL HOSPITAL
INCOMPLETE UNAUT TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

CHOOSE 1-3: 2
AT LEAST ONE OTHER CLAIM IN THIS GROUP HAS BEEN DISPOSITIONED.
WOULD YOU LIKE THIS CLAIM TO BE DISPOSITIONED TO APPROVED TO STABILIZATION? NO

```

UTILITIES FOR UNAUTHORIZED CLAIMS DISASSOCIATE AN UNAUTHORIZED CLAIM

Introduction

This option allows you to disassociate an unauthorized claim which has been associated to others.

Example

```
SELECT UNAUTHORIZED CLAIM: P.ONE,T FEEPATIENT,ONE      04-23-13      000456789
NSC VETERAN

SELECT FROM THE FOLLOWING:

1  FEEPATIENT,ONE      FEEVENDOR,ONE      PHARMACY      9/30/93      APPEAL DISPOSITI
   TREATMENT FROM: 9/28/93      TREATMENT TO: 9/28/93

2  FEEPATIENT,ONE      FEEVENDOR,TWO      CIVIL HOSPIT  7/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

3  DOCTOR              CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF      <7/2/93>
4  DOCTOR              CIVIL HOSPIT      7/2/93      COVA DISPOSITION      <7/2/93>

5  FEEPATIENT,ONE      FEEVENDOR,TWO      CONTRACT NUR  7/2/93      APPEAL COMPLETE/
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

6  FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT    7/2/93      APPEAL DISPOSITI
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

7  FEEPATIENT,ONE      FEEVENDOR,ONE      OUTPATIENT    7/2/93      DISPOSITIONED
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

ENTER RETURN FOR MORE, OR SELECT: (1-7): 2

2  FEEPATIENT,ONE      FEEVENDOR,ONE      CIVIL HOSPIT  7/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

71 FEEPATIENT,ONE      FEEVENDOR,ONE      CIVIL HOSPIT  6/23/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
   DISPOSITIONED: DISAPPROVED

73 FEEPATIENT,ONE      FEEVENDOR,ONE      CIVIL HOSPIT  7/2/93      COVA DISPOSITION
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
   DISPOSITIONED: ABANDONED

DO YOU WISH TO DISASSOCIATE CLAIM FROM THE ABOVE GROUP? YES
DO YOU WANT TO AUTOMATICALLY LINK THIS CLAIM WITH ANOTHER GROUP? NO
```


UTILITIES FOR UNAUTHORIZED CLAIMS

DELETE UNAUTHORIZED CLAIM

Introduction

The Delete Unauthorized Claim option allows you to delete unauthorized claims which have not been dispositioned. Dispositioned claims should be edited to a disposition status of CANCELED/WITHDRAWN; you cannot delete them. (Refer to Appendix B for more information about statuses.) If an unauthorized claim is deleted, any pending information on file for that claim is also deleted. If you delete a primary claim, the first secondary then becomes the primary, and all other remaining associated claims will point to the new primary.

Example

```

SELECT UNAUTHORIZED CLAIM: V.FEEVENDR,ONESPITAL      000000000AA  CONTRACT HOSP
      123 ANYWHERE AVE
      NEWTOWN, WI 09876-1265   TEL. #: 5551212

SELECT FROM THE FOLLOWING:

1  FEEVENDOR,ONE  FEEPATIENT,ONE  CIVIL HOSPIT  05/27/93  INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93  PRIMARY CLAIM: //

2  FEEVENDOR,ONE  FEEPATIENT,ONE  OUTPATIENT      09/09/93  INCOMPLETE UNAUT
   TREATMENT FROM: 09/07/93  TREATMENT TO: 09/07/93

ENTER SELECTION:  (1-2): 1

1  FEEVENDOR,ONE  FEEPATIENT,ONE  CIVIL HOSPIT  05/27/93  INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93
ARE YOU SURE YOU WISH TO DELETE? Y// YES
DELETING CLAIM...

```

UTILITIES FOR UNAUTHORIZED CLAIMS RETURN ADDRESS DISPLAY/EDIT

Introduction

This option is used to display and/or edit the return address which will appear on unauthorized claim letters when letterhead is not used.

Example

```
VAMC ALBANY NY
128 HOLLAND AVE
ALBANY NEW YORK 12208

DO YOU WISH TO EDIT? NO// YES

STATION NAME (EDITABLE): VAMC ALBANY NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// 113 HOLLAND AVE
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: NEW YORK// <RET>
ZIP: 12208// <RET>

DO YOU WISH TO DISPLAY RETURN ADDRESS? YES// <RET>

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

VAMC ALBANY NY
113 HOLLAND AVE
ALBANY NEW YORK 12208

DO YOU WISH TO EDIT? NO// <RET>

PRESS RETURN TO CONTINUE...
```


Section 7: STATE HOME MAIN MENU

OVERVIEW

Following is a brief description of each option contained in the State Home Main Menu.

ENTER NEW STATE HOME AUTHORIZATION

***NOTE:** This option is located on the STATE HOME MAIN MENU.*

This option is used to enter a new State Home authorization for a patient.

CHANGE A STATE HOME AUTHORIZATION

***NOTE:** This option is located on the STATE HOME MAIN MENU.*

This option is used to edit an existing State Home authorization for a patient. This option should be used to update the TO DATE of an authorization when a patient is discharged.

DELETE A STATE HOME AUTHORIZATION

***NOTE:** This option is located on the STATE HOME MAIN MENU.*

This option is used to delete an existing State Home authorization that was entered in error.

REINSTATE STATE HOME AUTHORIZATION

***NOTE:** This option is located on the STATE HOME MAIN MENU.*

This option is used to reinstate a previously deleted State Home authorization for a patient.

ACTIVE AUTHORIZATION REPORT

***NOTE:** This option is located on the STATE HOME MAIN MENU.*

This option generates a report of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. If the STATE HOME program is selected, a count of authorization days that fall within the user-specified date range will be shown. Note that the authorization TO DATE is not included in the count of days.

STATE HOME MAIN MENU ENTER NEW STATE HOME AUTHORIZATION

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding new Insurance Data/reporting Discrepancies to MCCR."

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

STATE HOME MAIN MENU

ENTER NEW STATE HOME AUTHORIZATION

Example

```

SELECT PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                PT.ID: 000-67-8904
123 MAIN ST                    DOB: DEC 25,1945
SALEM                          TEL: NOT ON FILE
NEW YORK 12233                 CLAIM #: 3457890
                                COUNTY: RENSSELAER

PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED OCT 1984
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC PERCENT: 30%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: NO
INSURANCE   COB   SUBSCRIBER ID   GROUP   HOLDER   EFFECTIVE   EXPIRES
=====
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

```

```

PATIENT NAME: FEEPATIENT,ONE      PT.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 12/01/98                 VENDOR: NOT SPECIFIED
    TO: 01/15/99

AUTHORIZATION TYPE: STATE HOME
PURPOSE OF VISIT: STATE HOME ADHC
          DX:                 REF:
REF NPI:

COUNTY: RENSSELAER PSA: UNKNOWN

REMARKS:
TEST REMARKS.

ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>

```

STATE HOME MAIN MENU ENTER NEW STATE HOME AUTHORIZATION

Example, cont.

```
ENTER FROM DATE: 1/15/99 (JAN 15, 1999)
ENTER TO DATE: 9/20/2001 (SEP 20, 2001)

AUTHORIZATION PURPOSE OF VISIT CODE: STATE HOME NH 89

VENDOR: BAYSIDE STATE NH          541991111 ALL OTHER PARTI
1211 WATER ST                     (AWAITING AUSTIN APPROVAL)
ANYWHERE, VA 23669                TEL. #: 555-5555

AUTHORIZATION REMARKS:
NO EXISTING TEXT
EDIT? NO// <RET>
```


STATE HOME MAIN MENU CHANGE A STATE HOME AUTHORIZATION

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

STATE HOME MAIN MENU

CHANGE A STATE HOME AUTHORIZATION

Example

```
SELECT PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                PT.ID: 000-67-8904
123 MAIN ST                   DOB: DEC 25,1945
SALEM                         TEL: NOT ON FILE
NEW YORK 12233                CLAIM #: 3457890
                               COUNTY: RENSSELAER

PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED OCT 1984
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC PERCENT: 30%
RATED DISABILITIES: NONE STATED

HEALTH INSURANCE: NO
INSURANCE COB SUBSCRIBER ID GROUP HOLDER EFFECTIVE EXPIRES
=====
NO INSURANCE INFORMATION

WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
PATIENT NAME: FEEPATIENT,ONE                PT.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99                VENDOR: BAYSIDE STATE NH - 541991111
    TO: 09/20/01

        AUTHORIZATION TYPE: STATE HOME
PURPOSE OF VISIT: STATE HOME NH
        DX:                    REF:
        REF NPI:

COUNTY: RENSSELAER                PSA: UNKNOWN

(2) FR: 12/01/98                VENDOR: NOT SPECIFIED
    TO: 01/15/99

        AUTHORIZATION TYPE: STATE HOME
PURPOSE OF VISIT: STATE HOME ADHC
        DX:                    REF:
        REF NPI:

COUNTY: RENSSELAER PSA: UNKNOWN

REMARKS:
TEST REMARKS.

ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

STATE HOME MAIN MENU

CHANGE A STATE HOME AUTHORIZATION

Example, cont.

Patient Name: FEEPATIENT,ONE	Pt.ID: 000-67-8904
Enter a number (1-2): 1	
FROM DATE: Jan 15, 1999 (No Editing)	
Enter TO DATE: Sep 20, 2001// T (FEB 09, 1999)	
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>	
VENDOR: BAYSIDE STATE NH// <RET>	
AUTHORIZATION REMARKS:	
No existing text	
Edit? NO// <RET>	

STATE HOME MAIN MENU

DELETE A STATE HOME AUTHORIZATION

FBAE ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete a State Home Authorization option is used to delete a State Home authorization that was entered in error. A deleted authorization is retained on the local system with a status of AUSTIN DELETED. However, Central FEE in Austin will completely remove the deleted authorization from its database. Since a deleted authorization will be treated as if it never existed, this option should only be used to delete an authorization whose FROM DATE is incorrect.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

STATE HOME MAIN MENU

DELETE A STATE HOME AUTHORIZATION

FBAE ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

Example

```
Select PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                Pt.ID: 000-67-8904
123 MAIN ST                   DOB: DEC 25,1945
SALEM                         TEL: Not on File
NEW YORK 12233                CLAIM #: 3457890
                               COUNTY: RENSSELAER

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance      COB   Subscriber ID   Group   Holder   Effective   Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET> NO
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: FEEPATIENT,ONE                Pt.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99                VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99

      Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME NH
      REF:

      DX:
      REF NPI:

      County: RENSSELAER                PSA: Unknown

(2) FR: 12/01/98 VENDOR: Not Specified
    TO: 01/15/99

      Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME ADHC
      DX:
      REF NPI:

      County: RENSSELAER PSA: Unknown
      >> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

Enter a number (1-2): 1
OK to DELETE the 1/15/99-2/9/99 authorization? YES
```

STATE HOME MAIN MENU REINSTATE STATE HOME AUTHORIZATION FBAA ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reinstatement State Home Authorization is used to reinstate a previously deleted State Home authorization. All information except the FROM DATE can be changed when a previously deleted authorization is reinstated.

STATE HOME MAIN MENU

REINSTATE STATE HOME AUTHORIZATION

FBAA ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

Example

```

SELECT PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                PT.ID: 000-67-8904
123 MAIN ST                   DOB: DEC 25,1945
SALEM                         TEL: NOT ON FILE
NEW YORK 12233                CLAIM #: 3457890
                               COUNTY: RENSSELAER

PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED OCT 1984
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC PERCENT: 30%
RATED DISABILITIES: NONE STATED

        HEALTH INSURANCE: NO
INSURANCE   COB SUBSCRIBER ID   GROUP   HOLDER   EFFECTIVE   EXPIRES
=====
NO INSURANCE INFORMATION

WANT TO ADD NEW INSURANCE DATA? NO// <RET> NO
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET> NO

```

```

PATIENT NAME: FEEPATIENT,ONE                PT.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99 VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99
AUTHORIZATION TYPE: STATE HOME
PURPOSE OF VISIT: STATE HOME NH
DX:                REF:
REF NPI:

COUNTY: RENSSELAER PSA: UNKNOWN
>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// YES

FROM DATE: JAN 15, 1999 (NO EDITING)
ENTER TO DATE: FEB 10, 1999// <RET> (FEB 10, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>
VENDOR: BAYSIDE STATE NH// <RET>
AUTHORIZATION REMARKS:
    NO EXISTING TEXT
    EDIT? NO// <RET>

```

STATE HOME MAIN MENU ACTIVE AUTHORIZATION REPORT

Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by Vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME// <RET>
For ALL Purpose of Visits? Y/N? YES// <RET>
From Date: Jan 01, 1999// <RET> (JAN 01, 1999)
To Date: Jan 31, 1999// <RET> (JAN 31, 1999)
Print authorization remarks? NO// <RET>
DEVICE: HOME// <RET> UCX/TELNET RIGHT MARGIN: 80// <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 1
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)
```

VETERAN	Pt. ID	DAYS	AUTHORIZATION FROM DATE TO DATE

POV: STATE HOME ADHC			
Vendor: not specified			
FEEPATIENT,ONE DOB: DEC 25,1945	000-67-8904	14	Dec 01, 1998 Jan 15, 1999
Vendor Subtotal:	Count: 1	Days: 14	
POV Subtotal:	Count: 1	Days: 14	

```
Enter RETURN to continue or '^' to exit: <RET>
```


ACTIVE AUTHORIZATION REPORT

Example, cont.

```

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient   FEB 23, 1999@13:23:23 page 2
FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)

  VETERAN                Pt. ID        DAYS        AUTHORIZATION
                        FROM DATE TO DATE
-----
POV: STATE HOME NH

Vendor: BAYSIDE STATE NH

  FEEPATIENT,TWO        000-10-4877    31        Dec 15, 1998 Feb 09, 1999
    DOB: 1914
  FEEPATIENT,ONE        000-67-8904    17        Jan 15, 1999 Feb 10, 1999
    DOB: DEC 25,1945
                        ----
Vendor Subtotal:      Count: 2        Days: 48
Enter RETURN to continue or '^' to exit: <RET>
    
```

```

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient   FEB 23, 1999@13:23:23 page 3
FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)

  VETERAN                Pt. ID        DAYS        AUTHORIZATION
                        FROM DATE TO DATE
-----
POV:STATE HOME NH (continued)

Vendor: not specified

  FEEPATIENT,THREE      000-89-6666    31        Dec 09, 1998 Feb 01, 1999
    DOB: MAY 5,1955
                        ----
Vendor Subtotal:      Count: 1        Days: 31
                        =====
POV Subtotal:        Count: 3        Days: 79

4 Authorizations on report
Enter RETURN to continue or '^' to exit: <RET>
    
```

(This page included for two-sided copying.)

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 Appeal
C&P	Compensation and Pension
CARC	Claim Adjustment Reason Code
COJ	Clinic of Jurisdiction
COVA	Court of Veterans Appeal
DoD	Department of Defense
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
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.
IPAC	Intra-Governmental Payment and Collection
JCAHO	Joint Commission on Accreditation of Healthcare 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. See chart at the end of the Glossary for a conversion table.
MRA	Master record adjustment
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 assigned by Fiscal Service representing

Glossary

Numbers	fee monies (long term, short term, travel, etc.) against which fee basis batches are paid.
PBM	Pharmacy Benefits Manager
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
RARC	Remittance Advice Remark Code
<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.)

Military Time Conversion Table

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

(This page included for two-sided copying.)

Appendix A: Adding New Insurance Data/Reporting Discrepancies to MCCR

New insurance data can be entered through several Fee Basis options by answering YES at the "Want to add NEW insurance data?" prompt. Following is an example of the prompts that will appear on your screen and a sample mail bulletin. A double question mark <??> can be entered at most prompts for an explanation of what is required and, when applicable, a list of possible responses. As in other screen examples, user responses are shown in boldface type.

```
WANT TO ADD NEW INSURANCE DATA? NO// YES
COVERED BY HEALTH INSURANCE?: NO// Y YES
SELECT INSURANCE COMPANY: BLUE CROSS/BLUE SHIELD          PO BOX 660175          DALLAS
TEXAS                Y
EACH INSURANCE POLICY ENTRY FOR A PATIENT MUST BE ASSOCIATED WITH A
GROUP INSURANCE PLAN FOR THE INSURANCE COMPANY YOU JUST SELECTED.
YOU WILL BE GIVEN A CHOICE OF SELECTING PREVIOUSLY ENTERED GROUP PLANS OR
YOU MAY ENTER A NEW ONE.  IF YOU ENTER A NEW GROUP INSURANCE PLAN YOU
MUST ENTER WHETHER OR NOT THIS IS A GROUP OR INDIVIDUAL PLAN.
SELECT GROUP INSURANCE PLAN: AMERICAN AIRLINES  BLUE CROSS/BLUE SHIELD          GROUP
POLICY          GROUP NAME: AMERICAN AIRLINES          GROUP NO: 38-22-36          PO BOX 660175
DALLAS          TEXAS                Y
...OK? YES// <RET>
NOW YOU MAY ENTER THE PATIENT SPECIFIC POLICY INFORMATION.
MOST OF THESE FIELDS WILL BE FAMILIAR TO EXPERIENCED USERS.  THE FIELD
'SUBSCRIBER ID' USED TO BE CALLED 'INSURANCE NUMBER' AND
HAS BEEN MODIFIED TO ALLOW ENTERING JUST 'SS' TO RETRIEVE
THE PATIENTS SSN.  THIS FIELD IS THE IDENTIFIER FOR THE POLICY OR PATIENT
THAT THE CARRIER USES.  SEE THE NEW HELP.
INSURANCE TYPE: BLUE CROSS/BLUE SHIELD// <RET>
EFFECTIVE DATE OF POLICY: 1/1/94 (JAN 01, 1994)
INSURANCE EXPIRATION DATE: 12/31/94 (DEC 31, 1994)
WHOSE INSURANCE: VETERAN FEEPATIENT,ONE          03-01-44          000456789          NSC VETERAN
SUBSCRIBER ID: SS 000000000
SOURCE OF INFORMATION: INTERVIEW// <RET>
YOU CAN NOW EDIT INFORMATION SPECIFIC TO THE GROUP PLAN.  REMEMBER, UPDATING
PLAN INFORMATION WILL AFFECT ALL PATIENTS WITH THIS PLAN, NOT JUST
THE CURRENT PATIENT.
GROUP NAME: AMERICAN AIRLINES// (NO EDITING)
GROUP NUMBER: 38-22-36// (NO EDITING)
TYPE OF PLAN: MAJOR MEDICAL EXPENSE INSURANCE// <RET>
IS UTILIZATION REVIEW REQUIRED: YES// <RET>
IS PRE-CERTIFICATION REQUIRED?: YES// <RET>
EXCLUDE PRE-EXISTING CONDITION: YES// <RET>
BENEFITS ASSIGNABLE?: YES// <RET>
```

Adding New Insurance Data/Reporting Discrepancies to MCCR

```
SELECT INSURANCE COMPANY: <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// YES
ENTER DESCRIPTION OF CHANGE: DIFFERENCE IN ADDRESS - P.O. BOX 606175
```

Sample Mail Bulletin:

```
SUBJ: FEE NOTIFICATION OF INSURANCE CHANGE [#51138] 12 JAN 95 10:55 5 LINES
FROM: MARY ELLEN          IN 'IN' BASKET.    PAGE 1
```

```
-----
THERE APPEARS TO BE A CHANGE OF INSURANCE INFORMATION
FOR FEEPATIENT,ONE      WITH PT.ID OF 000-45-6789.
THE EXPLANATION OF CHANGE IS AS FOLLOWS:
```

```
    DIFFERENCE IN ADDRESS - P.O. BOX 606175
```

```
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```


Appendix B: Table of Fee Basis Unauthorized Claims Statuses

STATUS ORDER	STATUS NAME	ACTIVE ?	DESCRIPTION	DAYS PRIOR EXPIRATION
5	INITIAL ENTRY	YES	The unauthorized claim has been received at the facility, but is pending review to determine if the claim is complete, in which case it would progress to COMPLETE/PENDING REVIEW status. If further information is required, it would progress to INCOMPLETE status. A claim in the INITIAL ENTRY status is not currently being acted upon. A parameter in the FEE BASIS SITE PARAMETERS file (#161.4) determines if this status is used.	
10*	INCOMPLETE UNAUTHORIZED CLAIM*	YES	The unauthorized claim is not complete, and therefore invalid. The claim is considered incomplete and cannot proceed to the next status, COMPLETE/PENDING REVIEW, until all the requested information has been received.	366
20	PENDING - REASON UNKNOWN	NO	Prior to version 3 of FEE, unauthorized claims could have been pending for either additional information from the requestor, medical review, or other reason. Any unauthorized claim having this inactive status should be updated to an active status.	
30	COMPLETE/PENDING REVIEW	YES	The unauthorized claim is pending disposition upon completion of legal/medical/PSA review. A claim is updated to this status if it is received as complete or edited, and no requested information is outstanding.	
40*	DISPOSITIONED*	YES	The unauthorized claim has been dispositioned.	366
50	APPEAL/NOTICE OF DISAGREE RECV	YES	The disposition of the unauthorized claim is being appealed. The Notice of Disagreement letter has been received by the submitter of the appeal. The statement of the case must be issued, and a response received, before the appeal can be complete for review. The appeal application is incomplete. Entry of NOTICE OF DISAGREEMENT RECV'D will trigger this status.	

*When a claim goes through this status, a letter will be generated.

Table of Fee Basis Unauthorized Claims Statuses

STATUS ORDER	STATUS NAME	ACTIVE ?	DESCRIPTION	DAYS PRIOR EXPIRATION
55	APPEAL/ISSUED STATEMENT OF CASE	YES	The statement of the case has been issued to the submitter. A response must be submitted within the appropriate time frame for the appeal to be considered. The appeal is considered incomplete for review until the response is received. Entry of STATEMENT OF THE CASE ISSUED will trigger this status.	366
60	APPEAL COMPLETE/PENDING REVIEW	YES	The appeal to the unauthorized claim is complete and pending review. Entry of DATE SUBSTANTIVE APPEAL RECV'D will trigger this status.	
70*	APPEAL DISPOSITIONED*	YES	The appeal to the unauthorized claim has been dispositioned. Entry of DATE APPEAL DISPOSITIONED will trigger this status.	121
80	COVA APPEAL	YES	The decision by the Board of Veterans Appeals (BVA) is being appealed. Entry of DATE APPEALED TO COVA will trigger this status.	
90*	COVA DISPOSITION*	YES	The decision by the Court of Veterans Appeals (COVA) has been made, and the COVA appeal has been dispositioned. Entry of DATE COVA APPEAL DISPOSITIONED will trigger this status.	

*When a claim goes through this status, a letter will be generated.

Appendix C: Fee Basis Mail Bulletins

The following is an example of a MRA Server bulletin:

```
Subj: Server Request Notice [#4739656] 10 Nov 93 09:29 EDT 42 Lines
From: <POSTMASTER@INDIANAPOLIS.VA.GOV> in 'IN' basket. Page 1
-----
Nov. 10, 1993 9:29 AM

A request for execution of a server option has been received.

Sender: POSTMASTER@FOC-AUSTIN.VA.GOV
Option name: FBAA MRA SERVER
Subject: FEE/LSU #932161548108467
Message #: 2446861

Comments: No errors detected by the Menu System.

This is the server bulletin XQSERVER
Total Vendor MRA's Received: 11 Processed: 4 Errors: 7
ADDS: 4
CHANGES: 7
UNSOLICITED ADDS: 0
```

```
Subj: Server Request Notice [#4739656] Page 2
-----
*** 7 Errors detected by FEE while processing the above server message. ***

===> ERROR CODE 1: Invalid Vendor ID
Action necessary. Refer to the Vendor Error Code documentation.

TESTING DMK T99873764
TEST 4 CNH 98765432A

===> ERROR CODE 2: Invalid Record Length
Action necessary. Refer to the Vendor Error Code documentation.

1C516 876351098 05CNH TEST REASON ROAD
NASHUA NH000000000 015BTYC000000005161241$

===> ERROR CODE 3: Invalid Station Number
Action may be necessary. Refer to the Vendor Error Code documentation.
```

```
Subj: Server Request Notice [#4739656] Page 3
-----
FEEVENDOR, ONE 000778665 8766
TAKE 5 000789809 0000

===> ERROR CODE 4.1: Vendor not found in file or in DELETE status.
Information only. Refer to the Vendor Error Code documentation.

FEEVENDOR, ONE 000555556
FEEVENDOR, TWO 000555556

Select MESSAGE Action: IGNORE (in IN basket)//
```

NOTE: Vendor Error Code documentation is located in Appendix F of this manual.

(This page included for two-sided copying.)

Appendix D: Multiple Rates for CNH Vendors

The existence of two rates (Intermediate and Skilled) for a Community Nursing Home (CNH) Vendor no longer exists. Now, a facility may negotiate as many rates per contract as is necessary. VISTA will handle this by allowing you to enter as many rates as is necessary when entering a contract for a Fee Basis Vendor. All previous skilled and intermediate rates have been populated into the new rate structure for existing contracts.

When entering rates for vendors, use the option Update Vendor Contract/Rates - CNH, which is under the Community Nursing Home Main Menu. This option is not locked with the supervisor key; therefore, it may be used by any Fee Basis user. If you make an error entering rates, you may delete the rates by using the Delete CNH Rate option, which is under the Authorization Main Menu - CNH. This option will only allow deletion of a CNH rate if no payments have been associated with the rate at the time of deletion.

When entering a CNH authorization, a corresponding entry is made in the FEE BASIS CNH RATE file (#161.22) for the rate chosen. The time frame associated with the rate begins with the AUTHORIZATION FROM DATE and extends to the authorization TO DATE OR the CONTRACT EXPIRATION DATE, whichever is earlier. If the rate covers the entire authorization, no further action is necessary.

If the rate is only established for the duration of the Vendor's contract, payments for that authorization will not be possible once the contract has expired. When VISTA is updated after extending a Vendor's contract or negotiating a new contract, you will need to extend the rates for all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. To do this, you must run the Enter Veteran Rates under new Vendor Contract option, which is under the Authorization Main Menu - CNH. This option will prompt you to select the Vendor, and it will, in turn, find all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. It will display each veteran and allow you to choose a rate from the new contract to associate with the new time frame. If the new rate established does not cover the remaining portion of the authorization, this step will be repeated when the rate is again extended, or a new contract is negotiated.

Multiple Rates for CNH Vendors, cont.

At times, it becomes necessary to change the rate associated with an authorization, due to changes in the complexity levels of care for a given patient. To do this, you may run the Change Existing Contract Rate for a Patient option, which is under the Authorization Main Menu - CNH. This option will display all rates associated with a particular authorization. If a change is necessary, the option will prompt for an effective date for the change, as well as a new rate for the time frame. It will then create a new rate entry in the FEE BASIS CNH RATE file (#161.22), beginning with the effective date, and going to the next rate assigned OR the rate ending date, whichever is earlier. The new rates will again be displayed on your screen after the changes have been made.

Appendix E: Fee Basis/FMS Vendorizing Overview

Introduction

Prior to V. 3.0 of VISTA Fee Basis, there were three Vendor files with which Fee users worked. These Vendor files reside at:

- Austin Finance Center (CALM)
- Austin Automation Center (Central Fee)
- Local site (FEE BASIS VENDOR file (#161.2), also known as Local Fee)

There were options in the Fee Basis package which allowed you to affect any of these files. The Add type Vendor MRA or the Change type Vendor MRA affected both the CALM and Central Fee files. You would use these if your local file was correct and you wished to update both of the other files. The Fee Only Vendor Add MRA or Fee Only Vendor Change MRA were used if your local file and CALM were correct and you wished to update **only** the Central Fee file. Also, any edit you made to your local file would automatically get saved and transmitted to the Central Fee file whenever you queued data for transmission to Austin. Whenever you added a Vendor, you normally signed into TSO and into CALM to verify the Vendor ID, and then sent in your request via FAX to the Vendorizing Unit.

Having 173 different Vendor files (each file at the medical station plus the two in Austin) often resulted in inconsistent data among the various files. As the CALM system was being phased into FMS system, it was an opportune time to consolidate both the files and the update of the files.

Vendorizing

The current methods of vendorizing should reduce the number of payment rejects, as well as eliminate the need for dialing into Austin prior to adding a new Vendor. Faxes will also be eliminated.

If you wish to add a new Vendor to or edit an existing Vendor in the FEE BASIS VENDOR file (#161.2) you should use the Display,Enter,Edit Demographics option in the Vendor Menu. As in previous versions, you must have the appropriate security key and the site parameters must be set accordingly. If your FEE BASIS VENDOR file (#161.2) is correct, but you wish to update the FMS VENDOR file (now used by both CALM and Central Fee), you should use the Update FMS Vendor File in Austin option, located on the Vendor MRA Main Menu.

Fee Basis/FMS Vendorizing Overview, CONT.

The Update FMS Vendor File in Austin option replaces the following options that were used in prior versions of the Fee Basis software:

- Add type Vendor MRA
- Change type Vendor MRA
- Fee Only Vendor Add MRA
- Fee Only Vendor Change MRA

Use of the Display,Enter,Edit Demographics or Update FMS Vendor File in Austin options will result in the Vendor information being transmitted to Austin whenever you use the Queue Data for Transmission option, as well as anywhere in the package which allows entering a Vendor or editing Vendor data (e.g., prompts that ask, "ARE YOU ADDING {Vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.).

Highlights Of Fee Basis Vendorizing

- Austin will receive an **Add** transaction if you entered a new Vendor into your FEE BASIS VENDOR file (#161.2). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you added a new entry on the VISTA system, Austin will pass back the information to you, in some instances changing the information that you sent (including the Vendor ID base nine and/or suffix). (If you sent down a new Vendor at street address yyy, and a nine digit Vendor ID, it may come back with a suffix to the Vendor ID to indicate an alternate address, because the original Vendor ID already exists for that same Vendor at street address xxx.)
- Austin will receive a **Change** if you used the Update FMS Vendor File in Austin option. Use this update option **only** when the existing Vendor information is on your system, but **not** in the FMS system, **or** the information is **incorrect** on the FMS system. The information on the existing Vendor entry is sent to Austin (no new Vendor is created in the FEE BASIS VENDOR file [#161.2]). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you updated the FMS VENDOR file, Austin will pass back the information to you, in some instances changing the information that you sent (including the Vendor ID base nine and/or suffix). Due to some inexplicable reason, the accurate Vendor information which exists on your system is either missing from the FMS and/or CENTRAL FEE files, or is inaccurate on the FMS and CENTRAL FEE files. This option provides a mechanism for updating the FMS and CENTRAL FEE files with the accurate information from your file.

Fee Basis/FMS Vendorizing Overview, CONT.

- If you have edited the Vendor information, a new entry is created in your FEE BASIS VENDOR file (#161.2), but Austin will receive a **Change** transaction. The current Vendor information is transmitted to Austin. Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If Austin simply changes its file with the information which you sent, the **same** information will be passed back to you. The new entry in your FEE BASIS VENDOR file (#161.2) will be deleted, and anything pointing to the new entry (such as payments) will be re-pointed to the pre-existing Vendor. If Austin changes either the base nine of the Vendor ID or the suffix, you will receive an **Unsolicited Add** from Austin. This means that the new entry which was added to your Vendor file will remain.
- All transactions returned by Austin occur automatically through the use of a server option (FBAA MRA SERVER). The server processes the messages returned by Austin and delivers a server request bulletin message to the FEE Mail Group. (Refer to Appendix C for examples.) There is no need to retain these messages, unless the comments portion indicates that an error has occurred, or that a task needs to be scheduled. Whenever your Server Request Bulletin contains this information, you should notify your IRM representative **immediately**.
- Until what you have transmitted to Austin has been returned by Austin and successfully processed, you will see a message "Awaiting Austin Approval" as part of the Vendor identifiers whenever you access that Vendor with the Fee Basis package. You will not be able to release a batch for payment which contains a Vendor in such a status, and therefore will not be able to process a payment. The turnaround time from the time you transmit your request to the time you receive it back from Austin should be 24 hours. You should contact the Vendorizing Unit in Austin if it has been longer than 24 hours, especially if it hampers a payment.

WARNING: Any changes which you make to a Vendor will affect all other sites which have this Vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly edit a Vendor only when you are sure that the Vendor information has changed, and add a Vendor when you wish to designate a new office location in addition to what is already on file.

(This page included for two-sided copying.)

Appendix F: Vendor Error Codes

You may see the following error codes in your MRA Server Bulletins:

ERROR CODE 1	INVALID VENDOR ID
ERROR CODE 2	INVALID RECORD LENGTH
ERROR CODE 3	INVALID STATION NUMBER
ERROR CODE 4	VENDOR NAMES DO NOT MATCH
ERROR CODE 4.1	VENDOR CHANGE FROM ANOTHER STATION NOT FOUND IN FILE
ERROR CODE 5	VENDOR CHANGE ALREADY PROCESSED

The following information includes explanations of the above codes, and how they can be resolved:

ERROR CODE 1 INVALID VENDOR ID
***** ACTION NECESSARY *****

EXPLANATION: **The first nine characters of a Fee Basis Vendor ID must be numeric only.** It is possible for FMS to send back an invalid ID, as they have vendors on their system with the first nine characters alphanumeric. They picked up these invalid Vendor IDs from the CALM system, which had been modified from all numeric to alphanumeric. The FMS system does not allow modification of the Vendor ID.

RESOLUTION: Contact the FMS Help Desk at (512) 389-5109 to let them know what you received.

Note the date on which you transmitted the Vendor record to Austin. When all other Vendor records have been received (the date does not appear on the output of MRA's Awaiting Austin Approval), then re-transmit MRAs for that date.

Vendor Error Codes, Cont.

ERROR CODE 2 INVALID RECORD LENGTH ***** ACTION NECESSARY *****

EXPLANATION: A Medical Vendor and a Pharmacy Vendor have two different record lengths. The record length for each is a fixed length. Medical or Pharmacy Vendor records which deviate from their fixed length cannot be processed, since the position of the data may have shifted. This may lead to corruption of the data.

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** They may be able to re-transmit the server message. If the message which they sent was bad, or they no longer have the message to send, re-transmit that Vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

ERROR CODE 3 INVALID STATION NUMBER ***** ACTION MAY BE NECESSARY *****

EXPLANATION: This error is only possible if you are receiving an **Add** transaction from Austin and the station number on the **Add** transaction differs from the station number indicated by the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4).

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** If the Vendor transactions should not have been sent to you, then you can ignore this problem. If what was sent is accurate, check the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4). If the site parameter is correct, contact the ISC; further analysis is needed. If it is incorrect, request that the server message be re-transmitted. If they no longer have the message to send, re-transmit that Vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

Vendor Error Codes, Cont.

ERROR CODE 4 **VENDOR NAMES DO NOT MATCH**
 ***** INFORMATION ONLY *****

EXPLANATION: This message is only likely to occur during the upload. It is possible for two vendors to exist with the same Vendor ID. For one Vendor, it may be a Tax ID number; for the other, an SSN. For changes made by another station, the Vendor ID is used to locate the Vendor on your system. It's possible that the change is for the Vendor with this number as a Tax ID number, but your file only contains the Vendor with this number as an SSN.

Example: Test Hospital Tax ID: 000456789
 Dr. Test SSN: 000456789

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 4.1 **VENDOR NOT FOUND IN FILE OR IN DELETE STATUS**
 ***** INFORMATION ONLY *****

EXPLANATION: If a change is made to a Vendor at another station, the change is routed to your station if it is believed that you also use that Vendor. The Vendor ID is used to locate the Vendor on your system. If the Vendor does not exist on your system, or the Vendor ID has been changed, or the Vendor is in DELETE status, the Vendor in your FEE BASIS VENDOR file (#161.2) is not updated.

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 5 **VENDOR CHANGE ALREADY PROCESSED**
 ***** INFORMATION ONLY *****

EXPLANATION: When a change to a Vendor is made or a new Vendor added, the Vendor is temporarily added into the FEE BASIS VENDOR CORRECTION file (#161.25). It is deleted from this file once Austin returns a transaction containing that Vendor, and no other errors are found. If no entry is found in this file, nothing can be processed. It is most likely that it has already been processed.

RESOLUTION: Informative message only. No further action is necessary.

(This page included for two-sided copying.)

Appendix G: MRA and Payment Messages

Following are samples of the type of mail messages automatically generated when a Vendor or veteran record is adjusted or when the Queue Data for Transmission option is used to transmit payment batches. Please refer to the attachment following these samples for a description of record layout and content.

Medical Vendor MRA - Batch Type C1

```
SUBJ: FEE BASIS MESSAGE # 1 [#120201] 04 JAN 95 08:43 3 LINES
FROM: MARY ELLEN (ALBANY ISC) IN 'MRA' BASKET. PAGE 1
-----
FEEC1010495500 00193$
1A500 000929292 1 02FEEVENDOR,ONE 111
TROY NY111110000 083BTYC000
000000500107$
1A500 000333333 1 06FEEVENDOR,TWO
TROY NY222220000 083BTYC000
000000500108$
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```

Veteran MRA - Batch Type C2

```
SUBJ: FEE BASIS MESSAGE # 2 [#120206] 04 JAN 95 13:55 2 LINES
FROM: MARY ELLEN (ALBANY ISC) IN 'MRA' BASKET. PAGE 1
-----
FEEC2010495500 00200$
CA500 000456789 ONE FEEPATIENT 32 SMYTH RD MANCHESTER NH03
102134501019402019401102222241 012000000 2$
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```

Pharmacy Vendor MRA - Batch Type C4

```
SUBJ: FEE BASIS MESSAGE # 3 [#120212] 04 JAN 95 16:08 2 LINES
FROM: MARY ELLEN (ALBANY ISC) IN 'IN' BASKET. PAGE 1
-----
FEEC4010495500 00208$
4C500 00045678900001FEEVENDOR,ONE 123 MAIN AVE
TROY NY121800000 083BTYC0000000
00050021$
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```

IPAC Agreement MRA – Batch Type C8

```

Subj: FEE BASIS MESSAGE # 1 [#388379] 05/02/14@09:07 8 lines
From: JOHN DOE In 'IN' basket. Page 1 *New*
-----
FEEC805022014442 14566$
8C442 128 830168636 2014SECOND IPAC AGREEMENT FOR U S AIR FORCE HOSP
ITAL 012345678901234567890123I~
00008522 097 X8097000 C 03620142014 0160000 CFSN45678ODN456789
01234567~
STATION CONTACT NAME 23456789012345678901234567890123456789 555-555-5555 X123VA
LID.EMAIL.ADDRESS@WHERE.ORG
~
COMPLETE LINE OF ACCOUNTING 90123456789012345678901234567890~
DESC. OF GOODS & SERVICES 7890123456789012345678901234567890123456789
012345678901234567890123456789012345678901234567890123456789012345678
90123456789012345678901234567890~
This is testing some shorter MISC INFO #1
~
For the Misc Info #1 field I reduced the size of the field.
~$
Enter message action (in IN basket): Ignore//

```

MRA and Payment Messages, cont.

Inpatient Medical Payment - Batch Type B9

```

SUBJ: FEE BASIS MESSAGE # 4 [#5253724] 18 JAN 95 10:54 EST 2 LINES
FROM: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> IN 'IN' BASKET. PAGE 1 **N*
-----
FEEB9011895500 003640000002200C3 $
9500 012126522 VF TEST 000000000 000022005003 3010121994122594011795
000000619543222FA1033370800005000 401.1
000000000000000000000619123094 00002200000030
00 46 $
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//

```

Outpatient Medical Payment - Batch Type B3

```

SUBJ: FEE BASIS MESSAGE # 5 [#5253744] 18 JAN 95 11:04 EST 2 LINES
FROM: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> IN 'IN' BASKET. PAGE 1 **N*
-----
FEEB3011895500 004240000001000C3 $
3500 012126522 VF TEST 987098098 000010005003H0310011095101189500000
0621FA1033370800005001010011 401.10 000000000000000000448^13^2^1011
695$
SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//

```

Travel Payment - Batch Type BT

```

SUBJ: FEE BASIS MESSAGE # 6 [#5253753] 18 JAN 95 11:06 EST 2 LINES
FROM: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> IN 'IN' BASKET. PAGE 1 **N*
-----

```



```

FEEBT011895500 004250000001000C3 $
T500 012126522 TF TEST 0000100050030112950 000000000000000000000000
00448^1011295$

```

```

SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//

```

Pharmacy Payment - Batch Type B5

```

SUBJ: FEE BASIS MESSAGE # 3 [#5254070] 18 JAN 95 14:51 EST 2 LINES
FROM: <BARBARA@VERITG.ISC-ALBANY.VA.GOV> IN 'IN' BASKET. PAGE 1 **N*
-----

```

```

FEEB5011895500 004460000000200C3 $
5500 012126522 VF TEST 987098000456789000200 5003 01089500L38333
011895000000627FA1033370800005000 000000000000000000000000627^1011595$

```

```

SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//

```

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Appendix H: List Manager

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality.

- browse through the list
- select items that need action
- take action against those items
- select other List Manager actions without leaving the option

You can select an action and entry number by using an equal's sign (=), for example:

LB=1 will process entry 1 for list batch
LB=3 4 5 will process entries 3, 4, 5 for list batch
LB=1-3 will process entries 1, 2, 3 for list batch

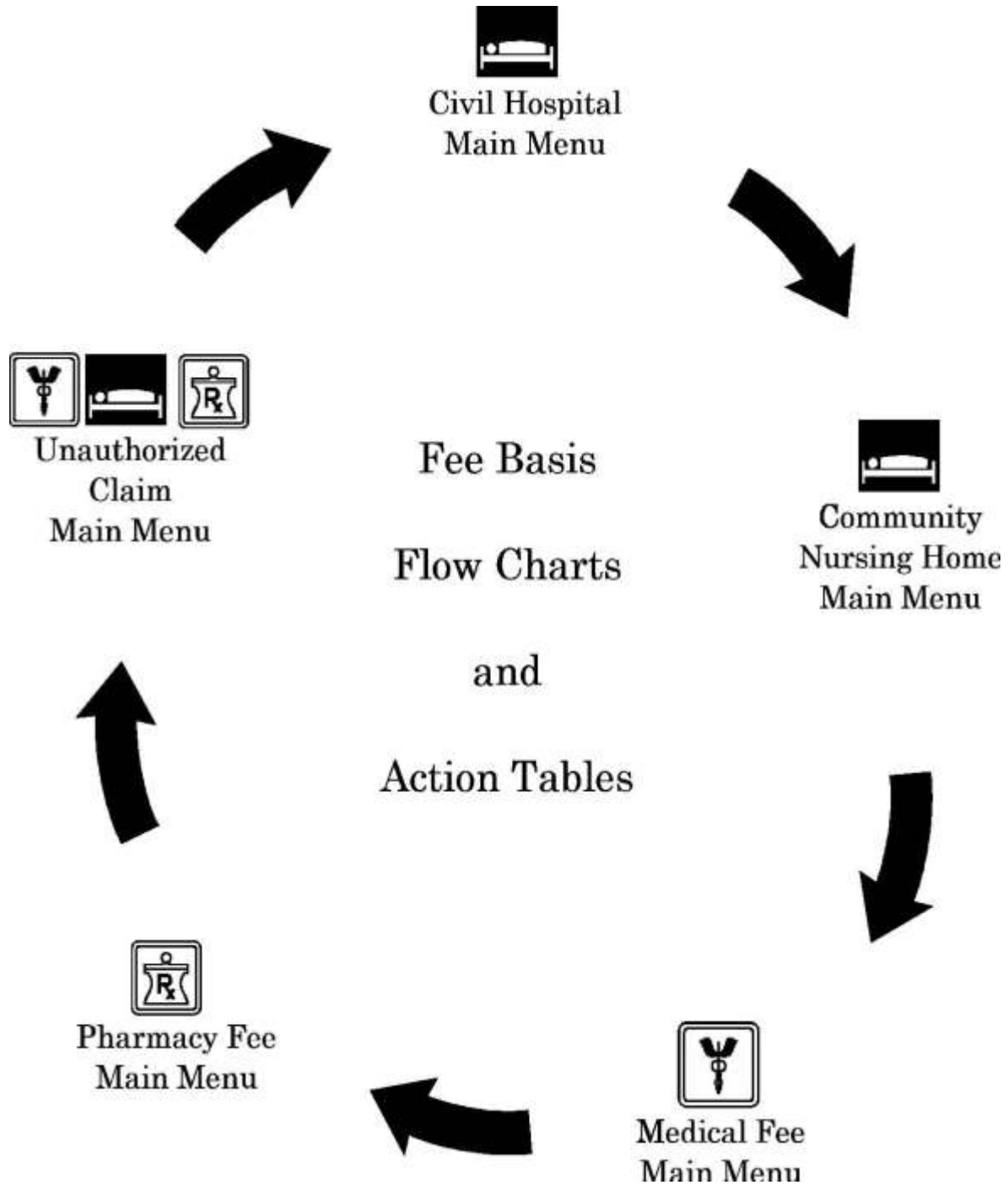
In addition to the various actions that may be available specific to the option you are working in, List Manager provides generic actions applicable to any List Manager screen. You may enter double question marks (??) at the "Select Action" prompt for a list of all actions available.

On the following page is a list of basic List Manager actions with a brief description. The list may have been altered by the specific package you are working in. The mnemonic for each action is shown in brackets [] following the action name. Entering the mnemonic is the quickest way to select an action.

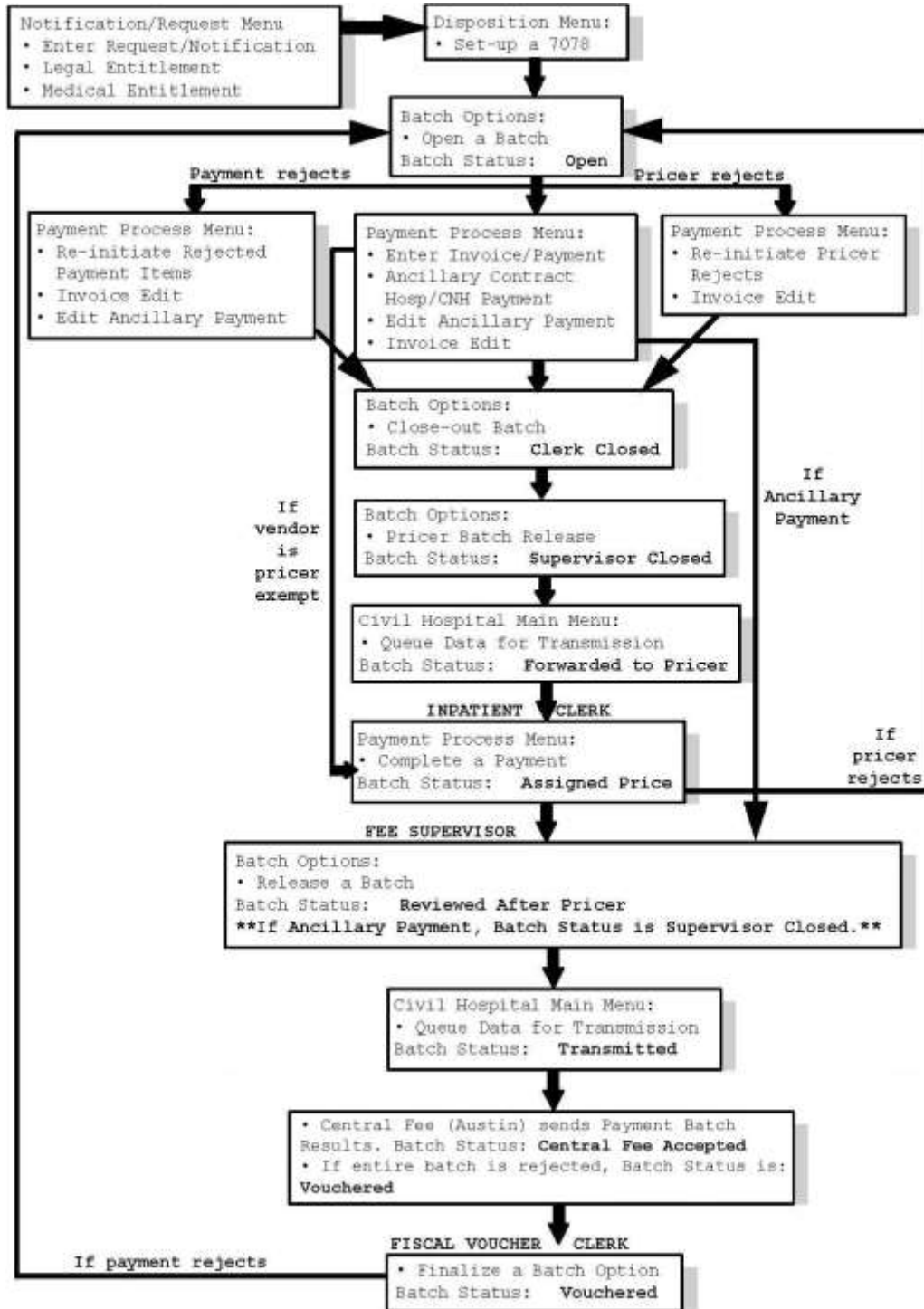
List Manager, cont.

Action	Description
Next Screen [+]	move to the next screen
Previous Screen [-]	move to the previous screen
Up a Line [UP]	move up one line
Down a Line [DN]	move down one line
Shift View to Right [>]	move the screen to the right if the screen width is more than 80 characters
Shift View to Left [<]	move the screen to the left if the screen width is more than 80 characters
First Screen [FS]	move to the first screen
Last Screen [LS]	move to the last screen
Go to Page [GO]	move to any selected page in the list
Re Display Screen [RD]	redisplay the current screen
Print Screen [PS]	prints the header and the portion of the list currently displayed
Print List [PL]	prints the list of entries currently displayed
Search List [SL]	finds selected text in list of entries
Auto Display(On/Off) [ADPL]	toggles the menu of actions to be displayed/not displayed automatically
Quit [QU]	exits the screen

Appendix I: Fee Basis Flow Charts and Action Tables



CIVIL HOSPITAL MAIN MENU INPATIENT CLERK FLOW CHART



CIVIL HOSPITAL MAIN MENU TABLE OF ACTION

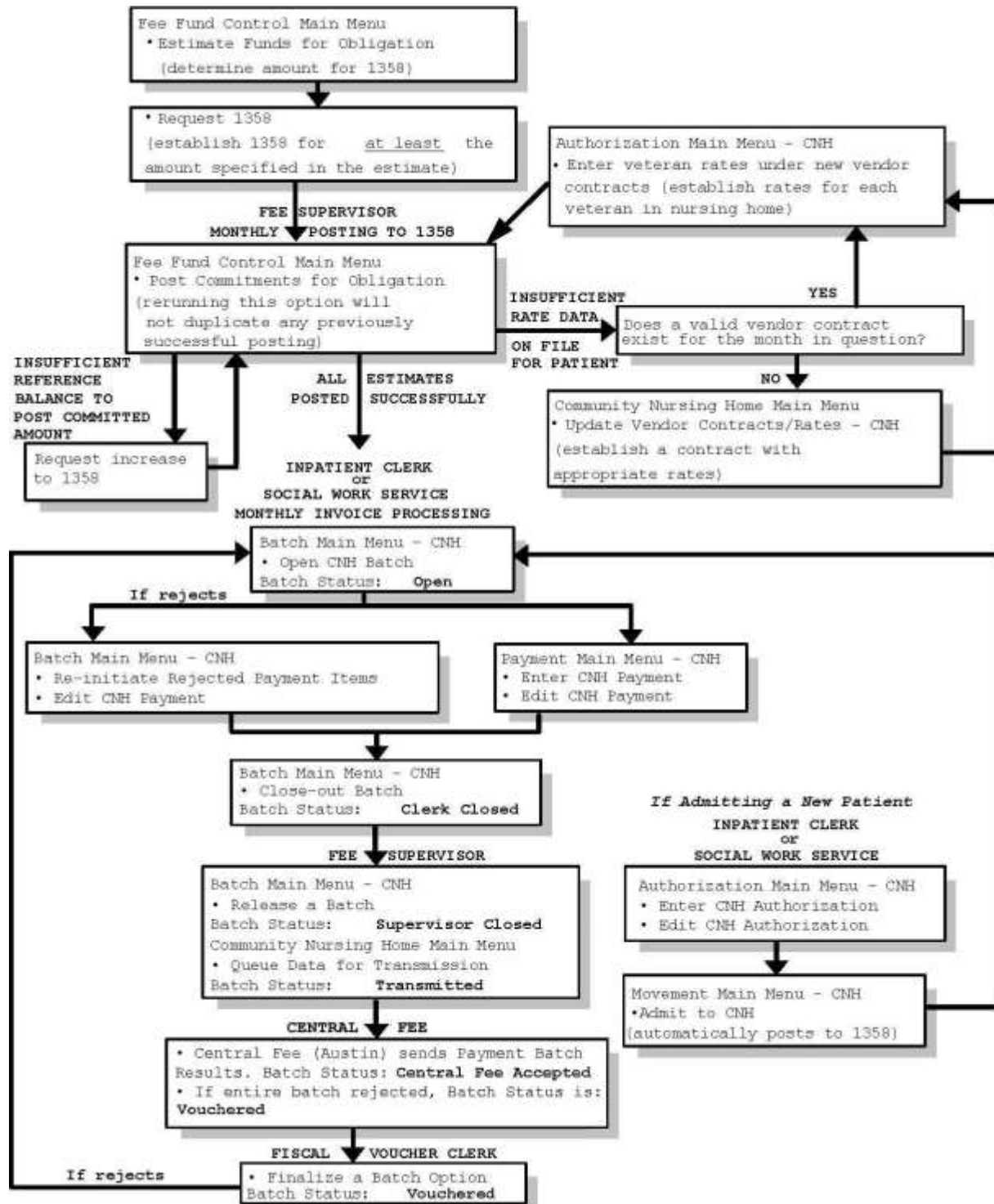


VISTA USER	OPTION USED	RESULTING BATCH STATUS
Inpatient Clerk	Open a Batch	Open
Inpatient Clerk	Enter Invoice/Payment	Open
Inpatient Clerk	Close-out Batch	Clerk Closed
Inpatient Clerk	Pricer Batch Release	Supervisor Closed
Inpatient Supervisor	Queue Data for Transmission	Forwarded to Pricer
Inpatient Clerk	Complete a Payment	Assigned Price
Inpatient Supervisor	Release a Batch	Reviewed after Pricer
Inpatient Supervisor	Queue Data for Transmission	Transmitted
Central Fee (Austin)	Payment Batch Results Message	Central Fee Accepted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

COMMUNITY NURSING HOME MAIN MENU FLOW CHART



Inpatient Clerk or Social Work Service Flow Chart

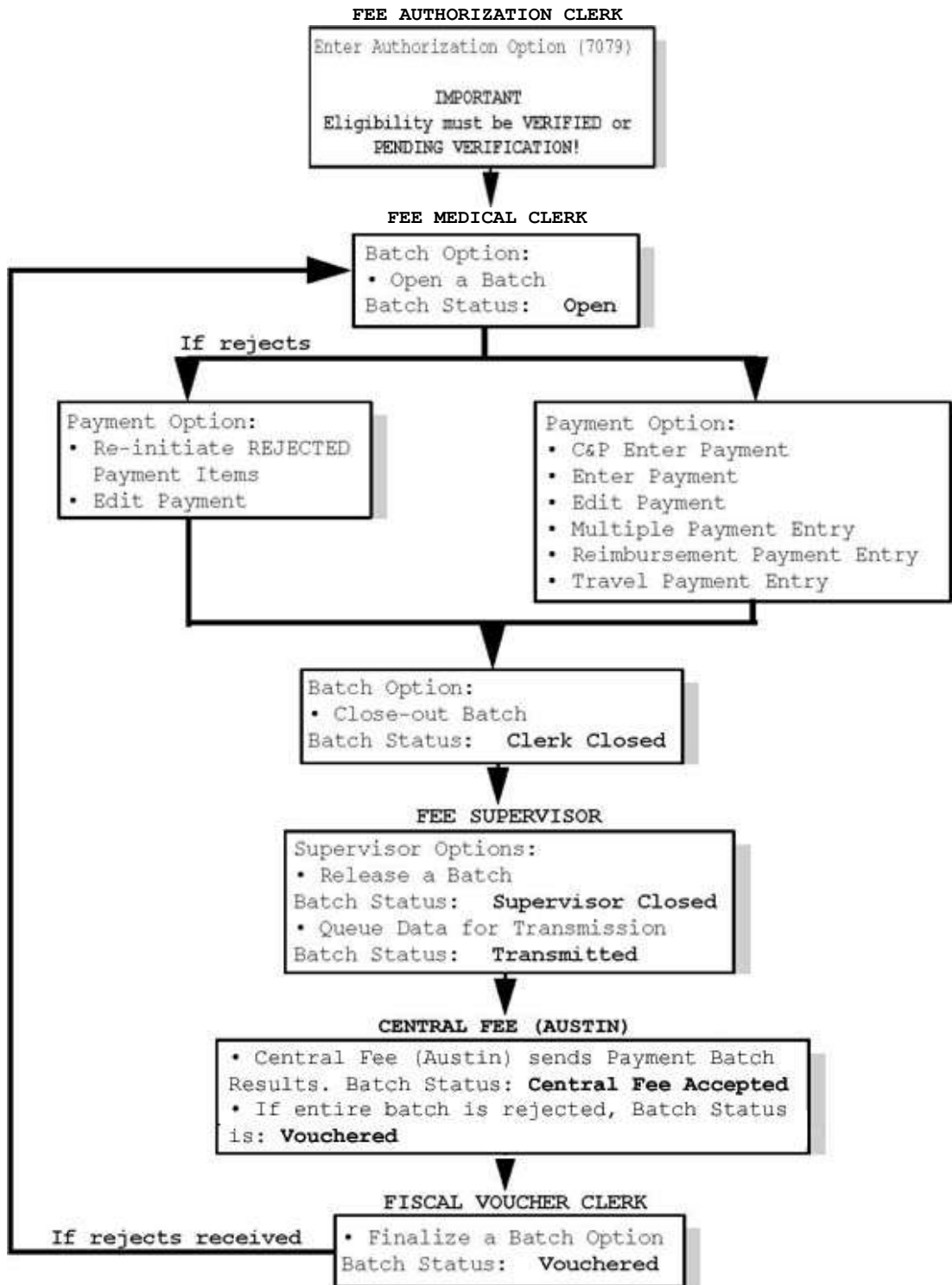


COMMUNITY NURSING HOME MAIN MENU TABLE OF ACTION



VISTA USER	OPTION USED	RESULTING BATCH STATUS
Inpatient Clerk or Social Work Service	Enter CNH Authorization (7078)	N/A
Inpatient Clerk	Open CNH Batch	Open
Inpatient Clerk	Close-out Batch	Clerk Closed
Inpatient Supervisor	Release a Batch	Supervisor Closed
Inpatient Supervisor	Queue Data for Transmission	Transmitted
Central Fee (Austin)	Payment Batch Results message	Central Fee Accepted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

MEDICAL FEE MAIN MENU FLOW CHART



MEDICAL FEE MAIN MENU TABLE OF ACTION



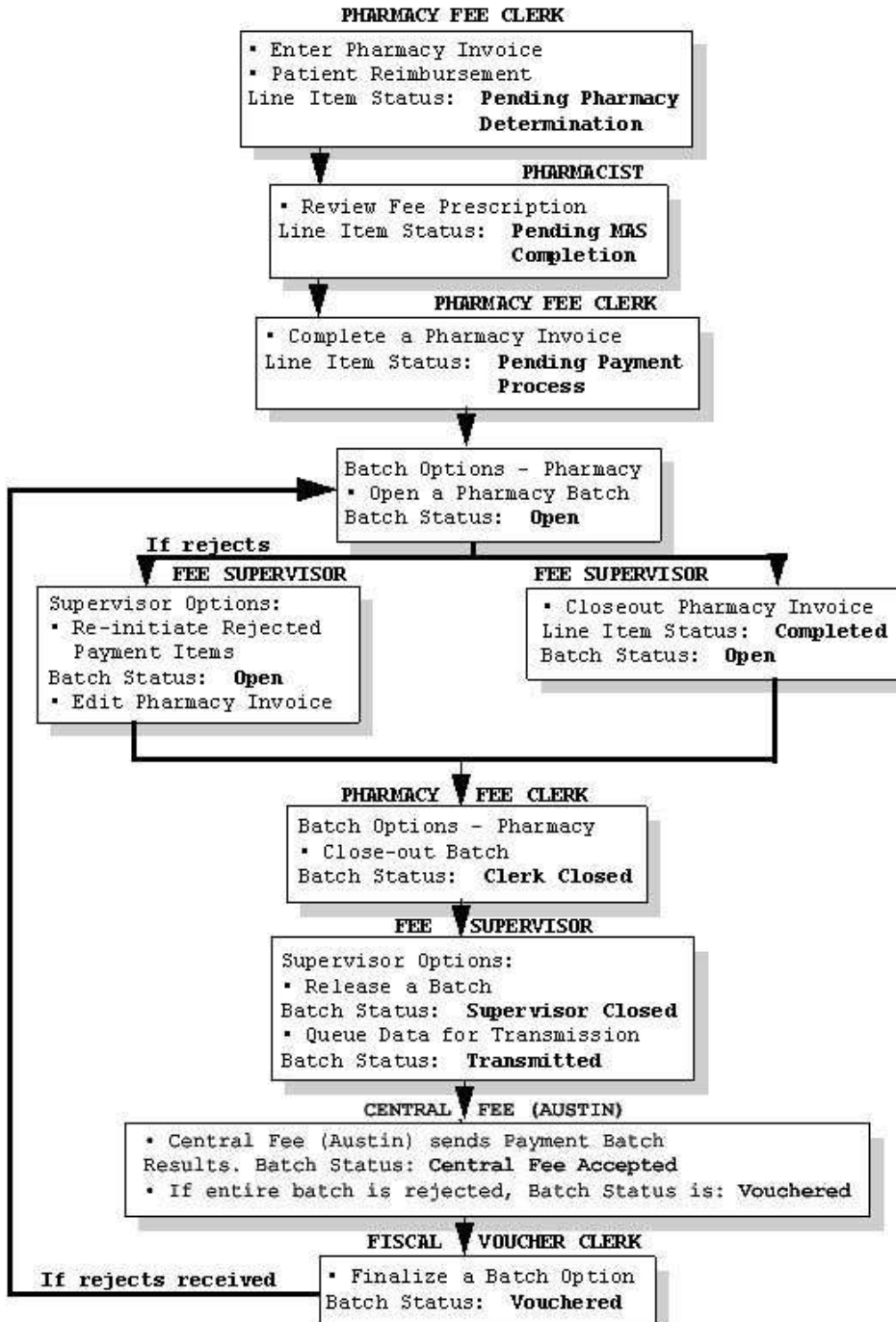
TABLE OF ACTION

VISTA USER	OPTION USED	RESULTING BATCH STATUS
Fee Medical Clerk	Open a Batch	Open
Fee Medical Clerk	Close a Batch	Clerk Closed
Fee Supervisor	Release a Batch	Supervisor Closed
Fee Supervisor	Queue Data for Transmission	Transmitted
Central Fee (Austin)	Payment Batch Results message	Central Fee Accepted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

PHARMACY FEE MAIN MENU FLOW CHART



FLOW CHART



PHARMACY FEE MAIN MENU



TABLE OF ACTION

VISTA USER	OPTION USED	RESULTING STATUS		
		1LINE ITEM	1INVOICE	BATCH
Pharmacy Fee Clerk	² Enter Pharmacy Invoice	Pending Pharmacy Determination	Pending Pharmacy Determination	N/A
Pharmacist	Review Fee Prescription	Pending MAS Completion	Pending MAS Completion	N/A
Pharmacy Fee Clerk	Complete Pharmacy Invoice	Pending Payment Process	Pending Payment Process	N/A
Pharmacy Fee Clerk	³ Closeout Pharmacy Invoice	Completed	Completed	Open
Pharmacy Fee Clerk	Close-out Batch	N/A	N/A	Clerk Closed
Fee Supervisor	Release a Batch	N/A	N/A	Supervisor Closed
Fee Supervisor	Queue Data for Transmission	N/A	N/A	Transmitted
Central Fee (Austin)	Payment Batch Results message	N/A	N/A	Central Fee Accepted
Fiscal Voucher Clerk	Finalize a Batch	N/A	N/A	Vouchered

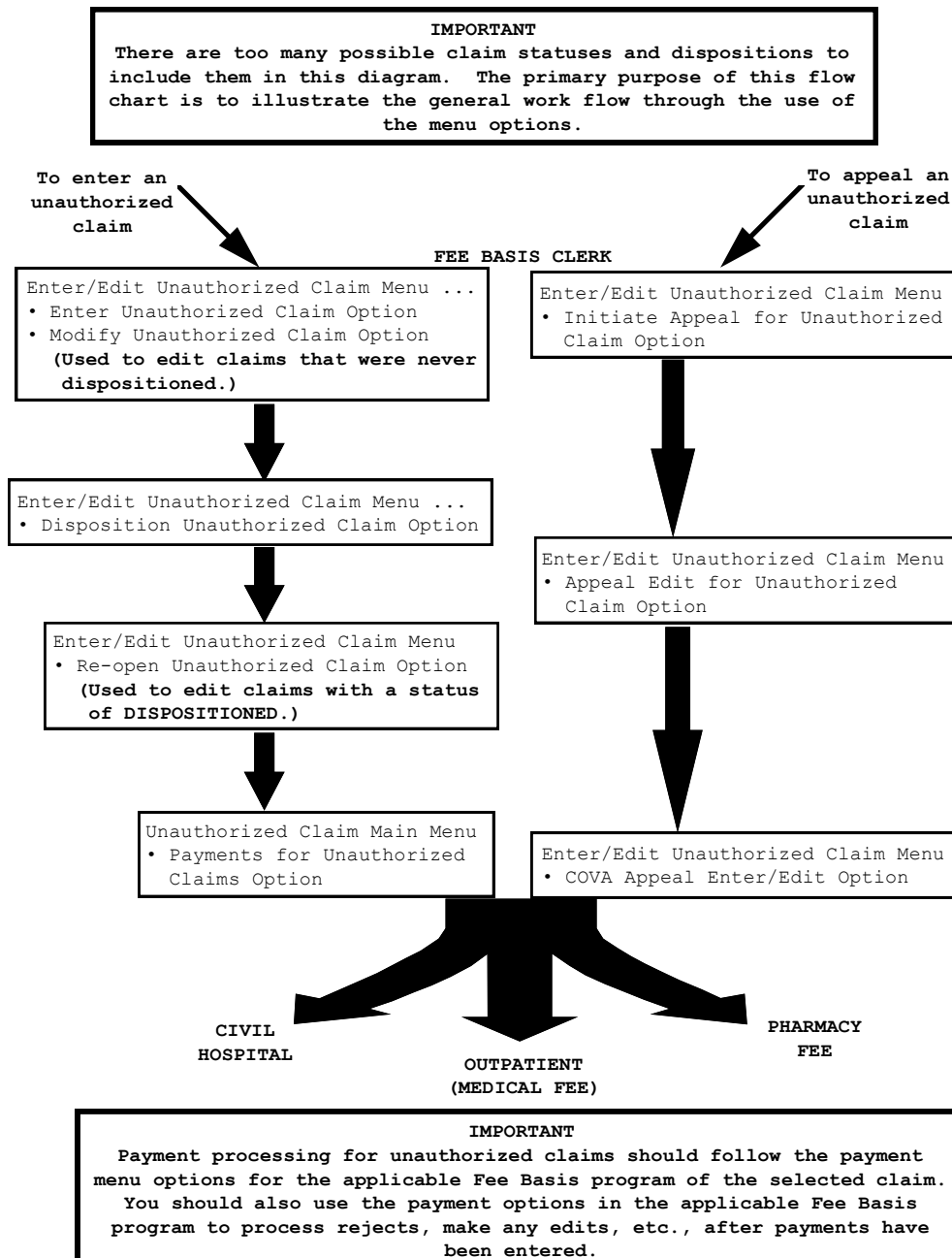
¹You should closely monitor both the Line Item Status and the Invoice Status while entering Pharmacy invoices, because an invoice can contain multiple line items. The Invoice Status should never be greater than the lowest Line item Status within that invoice. If there is only one line item on an invoice, the Line Item Status will equal the Invoice Status. The following is a numeric ranking of possible Line Item/Invoice Statuses:

1. Pending Pharmacy Determination
2. Pending MAS Completion
3. Pending Payment Process
4. Completed

²We recommend that the clerk write the computer-generated invoice number on the Pharmacy invoice as it is being processed.

³The Pharmacy Fee Clerk can use this option to close an invoice only when the invoice and all of the line items within that invoice have reached the PENDING PAYMENT PROCESS status.

UNAUTHORIZED CLAIM MAIN MENU FLOW CHART



UNAUTHORIZED CLAIM MAIN MENU TABLE OF ACTION



TABLE OF ACTION

VISTA USER	OPTION USED	RESULTING CLAIM STATUS
Fee Basis Clerk	Enter Unauthorized Claim	Complete/Pending Review
Fee Basis Clerk	Disposition Unauthorized Claim	Dispositioned (to APPROVED [AP] or APPROVED TO STABILIZATION [AS])
Fee Basis Clerk	Payments for Unauthorized Claims	Dispositioned

(This page included for two-sided copying.)

Appendix J: Fee Invoice Acceptance Date Controls

Introduction

Patch FB*3.5*124 modifies Fee Basis to fully enforce the long-standing requirement that Invoices may not be approved for payment of medical services which have not yet been rendered. I.e. no valid Fee Basis invoice may include charges for services on a date later than the date the invoice was received by the VA.

Previously, enforcement of this requirement was dependent largely on the Fee Basis Clerk recognizing such a condition when entering the invoice data, which was difficult since often only one of the dates was visible on the screen during data entry.

Note:

The dates collectively referred to below as “Date of Service” refer to various fields, depending on the type of invoice. In addition to “Date of Service”, such fields include Treatment Date (or Treatment To Date), Admission or Discharge Date, and Prescription Filled Date.

This patch adds more sophisticated, and more complete, date-validation checks in multiple places where various types of invoices are entered or edited. It will refuse to allow entry of a Date of Service which is later than the Invoice Received Date, or of an Invoice Received Date which is earlier than the latest Date of Service on the invoice.

The areas where the new date checks have been introduced are identified above, in the list of Menu Options affected, in Section 2.2.2 Patch Installation. For invoices which may include a range of dates – such as Civil Hospital Inpatient or Nursing Home, the Invoice Date is compared to the last Date of Service, i.e. the Treatment To date. For Invoices which may include multiple charges on different dates, such as different prescriptions filled on different days, the Invoice Received Date is compared to the date of the latest charge included on the invoice. Whenever an invalid date is detected, the date just entered will be rejected, and the user must either re-enter a valid date (if there is one), or exit the invoice. This will ensure that data-entry mistakes are caught, and can be corrected, immediately. It will also ensure that invoices submitted for invalid dates will be reliably identified during Fee Basis data entry. And in both cases, it will ensure that no invoices for invalid dates are approved and sent to Central Fee for payment.

Examples of the new Invoice Acceptance Date Controls by Menu Option:

Enter Payment (Medical)	[FBAA ENTER PAYMENT]
Reimbursement Payment Entry (Medical)	[FBAA MEDICAL REIMBURSEMENT]
Multiple Payment Entry (Medical)	[FBAA MULTIPLE PAYMENT ENTRY]
Ancillary Contract Hosp/CNH Payment	[FBCH ANCILLARY PAYMENT]
Patient Reimbursement for Ancillary Services	[FBCH ANCILLARY REIMBURSEMENT]
Multiple Ancillary Payments	[FBCH MULTIPLE PAYMENTS]

When a new Medical or Ancillary invoice is entered, the Invoice Received Date is entered first. Since the user is not allowed to return to this field and change its value, the date comparison is not performed until the Date of Service is entered further down. If a mistake was made when entering the Invoice Received Date, the incomplete invoice must be deleted, and a new one entered with the correct Invoice Received Date, since the Invoice Received Date cannot be changed in this option once it has been entered. The example

below illustrates what will occur if a Date of Service is entered which is after the Invoice Received Date for a Medical invoice:

Want a new Invoice number assigned? YES//

Invoice # 2653 assigned to this Invoice

**Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/1/11 (AUG 01, 2011)**

***** Invoice Received Date cannot be earlier than
Patient's Authorization Date!!! (08/05/11) ← Rejected**

Enter Vendor Invoice Date: 8/27 (AUG 27, 2011) ← Accepted

PATIENT ACCOUNT NUMBER: 4321

Is this an EDI Claim from the FPPS system? NO

The answer to the following will apply to all payments entered via this option.

Are payments for contracted services? No// NO

Date of Service: 8/7/11 AUG 07, 2011

***** Date of Service cannot be later than
Invoice Received Date (08/06/11) !!! ← Rejected**
??

Date of Service: 8/4/11 AUG 04, 2011

***** Date of Service cannot be prior to
Authorization period (08/05/11) !!! ← Rejected**
??

Date of Service: 8/4/11 AUG 06, 2011

***** Date of Service cannot be later than
Authorization period (08/05/11) !!! ← Rejected**
??

Date of Service: 8/5/11 AUG 05, 2011 ← Accepted

Total already paid on ID Card for month: \$ 48.08 Maximum allowed: \$ 125

Edit Payment (Medical)

[FBAA EDIT PAYMENT]

When an existing Medical invoice is edited, the Date of Service is used, along with the Patient and Vendor Names, to select the invoice to be edited. The Date of Service cannot be change in this option, but the Invoice Received Date, can. So the Invoice Acceptance Date check is implemented only after the user changes the Invoice Received Date. The example below illustrates what will happen if the Invoice Received Date is changed to a value later that the Date of Service:

Date of Service: ?

Answer with INITIAL TREATMENT DATE:

1 AUG 05, 2011

Date of Service: 1 8-5-2011

. . . (Fields not relevant to the illustrated date check omitted)

DATE CORRECT INVOICE RECEIVED: AUG 7,2011// 8/3 (AUG 03, 2011) ←
Change to Invalid Date

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ← Rejected

DATE CORRECT INVOICE RECEIVED: AUG 3,2011// ← Hit <ENTER> & leave
invalid date unchanged

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ← Rejected

DATE CORRECT INVOICE RECEIVED: AUG 3,2011// 8/8 (AUG 08, 2011) ←
Change to valid date; accepted
VENDOR INVOICE DATE: AUG 5,2011//

Edit Ancillary Payment

[FBCH EDIT ANCILLARY PAYMENT]

When an invoice for an Ancillary Payment is edited, the Invoice Received Date can be changed but the Date of Service cannot. So the new Fee Invoice Acceptance Date Control check only executes if the Invoice Received Date is changed. The example below illustrates the action of this date check if the Invoice Received Date is changed to a date later than the Date of Service for the selected invoice:

Date of Service: ??

Choose from:

- | | |
|---|--------------|
| 1 | JUL 22, 2011 |
| 2 | AUG 05, 2011 |

Date of Service: 2 8-5-2011

. . . (Several fields not involved in the date check omitted from the example)

DATE CORRECT INVOICE RECEIVED: AUG 9,2011// 8/1 (AUG 01, 2011) ← Changed to
invalid Date

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ← Rejected

DATE CORRECT INVOICE RECEIVED: AUG 1,2011// ← Invalid date unchanged

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ← Still Rejected

DATE CORRECT INVOICE RECEIVED: AUG 1,2011// 9/10 (SEP 10, 2011) ← Changed to
valid Date - input accepted; move to next field

VENDOR INVOICE DATE: AUG 5,2011// ^DATE CORRECT INVOICE RECEIVED ← Go back
to Invoice Received Date field again

DATE CORRECT INVOICE RECEIVED: SEP 10,2011// 8/5 (AUG 05, 2011) ← Enter INV
Date = DOS: Also accepted

VENDOR INVOICE DATE: AUG 5,2011//

Enter Pharmacy Invoice

[FBAA ENTER PHARMACY INVOICE]

Patient Re-imburement (Pharmacy)**[FBAA REIMBURSEMENT PHARMACY]**

When entering a new Pharmacy invoice, the Invoice Received Date is entered before the Prescription Filled Date, and cannot be changed after it has been entered. So the Invoice Acceptance Date check is implemented only after the Prescription Filled Date is entered. The example below illustrates the action taken by the Invoice Acceptance Date check if the Date Prescription Filled is after the Invoice Received Date:

Date Correct Invoice Received: 8/31 (AUG 31, 2011)
 ... (Numerous non-date fields removed for clarity of the example)
 Want to review fee pharmacy payment history? No// NO

DATE PRESCRIPTION FILLED: 9/1 (SEP 01, 2011) ← Date is after Inv Rcv'd Date

***** Date Prescription Filled cannot be later than Invoice Received Date (08/31/11) !!! ← Rejected**
DATE PRESCRIPTION FILLED: 8/27 (AUG 27, 2011) ← Enter valid date-Accepted.
 Select PRESCRIPTION NUMBER: ^DATE CO ← Cannot return to edit Inv Rcv'd Date
 Select PRESCRIPTION NUMBER: ^DATE P ← Cannot return to edit RX Fill Date either
 Select PRESCRIPTION NUMBER:

Edit Pharmacy Invoice INVOICE]**[FBAA EDIT PHARMACY**

Once a pharmacy Invoice# is entered, the Prescription Fill Dates are determined, and cannot be edited. If the Invoice Received Date is changed, the Invoice Acceptance Date check examines all of the RX#'s on the invoice, and compares the new Invoice Received Date to the latest Prescription Fill Date. If the Invoice Received Date is before the last Prescription Fill Date, it is rejected, and the user must re-enter a valid Invoice Received Date, as illustrated in the example below.

Select Invoice #: 2643
 DATE CORRECT INVOICE RECV'D: SEP 1,2011// 5/1 (MAY 01, 2011) ←
Invalid Date is rejected

***** Invoice Received Date cannot be prior to the last Prescription Filled Date on the Invoice (08/10/11 for RX# 3645) !!!**
 DATE CORRECT INVOICE RECV'D: MAY 1,2011// ← Invalid Date not changed, still rejected

***** Invoice Received Date cannot be prior to the last Prescription Filled Date on the Invoice (08/10/11 for RX# 3645) !!!**
 DATE CORRECT INVOICE RECV'D: MAY 1,2011// 8/15 (AUG 15, 2011) ← Valid Date is accepted
 VENDOR INVOICE DATE: AUG 10,2011//

Enter Invoice/Payment (Civil Hospital)**[FBCH ENTER PAYMENT]**

**Reimbursement for Inpatient Hospital Invoice
INVOICE]**

[FBCH REIMBURSEMENT

When entering a new Civil Hospital Invoice, the Invoice Received Date is compared to the Authorization TO Date. The Authorization TO Date is entered to select the invoice to be edited, and cannot be edited. In the example below, the Authorization To Date selected is **8/30/2011**. The example below illustrates the action of the Fee Invoice Acceptance Date Control check if the Invoice Received Date entered is earlier than the Authorization To Date:

AUTHORIZATIONS:

(1) **FR: 8/5/2011** **VENDOR: VENDTEST - 123456789**
TO: 8/10/2011

Authorization Type: CIVIL HOSPITAL

Invoice # 2670 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/1/11 (AUG 01, 2011)

***** Invoice Received Date cannot be before the**
Treatment TO Date!!! (08/10/11) ← Rejected
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/7 (AUG 07, 2011) ← Change to a different
invalid date

***** Invoice Received Date cannot be before the**
Treatment TO Date!!! (08/10/11) ← Rejected
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/11 (AUG 11, 2011) ← Accepted

Enter Vendor Invoice Date:

Invoice Edit (Civil Hospital)

[FBCH EDIT PAYMENT]

When an inpatient invoice is edited, the Authorization To Date cannot be changed, but the Invoice Received Date can. The example below illustrates the action of the Fee Invoice Acceptance Date Control check if the Invoice Received Date is changed to a value earlier than the Authorization To Date:

INVOICE DISPLAY
 =====

```

Veteran's Name                               Patient Control Number
('*'Reimbursement to Veteran '+' Cancellation Activity) '#' Voided
Payment)
Vendor Name                               Vendor ID      Invoice #
FPPS Claim ID FPPS Line Item   Date Rec.  Inv. Date  Fr Date  To Date
Amt Claimed  Amt Paid    Cov.Days  Adj Code  Adj Amount  Remit Remark
=====
=
TESTONE, PATIENT A  101-00-1011
  JMTEST                               123456789      2639
                                09/01/11    8/10/11    08/05/11    08/10/11
1000.00      23.00      5          45          977.00
Admit Dx: 301.10
DX/POA: 301.3/Y
Associated 7078: C95003.0102
Batch #: 1979                               Date Finalized:
    
```

INVOICE DATE RECEIVED: SEP 01,2011// 8/09/11 (AUG 09, 2011) ← *Change Inv Rcvd date before To Date*

*** Invoice Received Date cannot be before
 Treatment TO Date (08/10/11) !!! ← Rejected
 INVOICE DATE RECEIVED: AUG 9,2011// 8/9/11 (AUG 09, 2011)

(NOTE: If there is a Treatment FROM Date, but no Treatment TO Date, the comparison is made to the Treatment FROM Date. If this comparison reveals a problem, then the following message displayed.)

INVOICE DATE RECEIVED: AUG 9,2011// 8/02/11 (AUG 02, 2011)
 *** Invoice Received Date cannot be before
 Treatment FROM Date (08/05/11) !!! ← Rejected
 INVOICE DATE RECEIVED: AUG 2,2011// 8/11/11 (AUG 11, 2011) ← Accepted

VENDOR INVOICE DATE: AUG 10,2011//

Edit CNH Payment

[FBCNH EDIT PAYMENT]

When a Contract Nursing Home invoice is edited, both the Dates of Service and the Invoice Received Date may be changed. Thus the Fee Invoice Acceptance Date Control check is executed after either of these dates is changed. The examples below illustrate the action of this date check when the Date of Service is changed to a date earlier than the Invoice Received Date, and when the Invoice Received Date is changed to a date later than the Treatment To date of service:

Example 1:

Enter Date Correct Invoice Received or Last Date of Service

(whichever is later): SEP 5,2011//

VENDOR INVOICE DATE: AUG 31,2011//

PATIENT CONTROL NUMBER:

Is this an EDI Claim from the FPPS system? NO//

VENDOR: vendtest,V//

VETERAN: patient,test A//

TREATMENT FROM DATE: AUG 5,2011// 8/15/11 (AUG 15, 2011)

*** Treatment FROM Date cannot be after
 Invoice Received Date (08/11/11) !!! ← Accepted
 TREATMENT FROM DATE: AUG 15,2011// 8/5/11 (AUG 5, 2011)
 TREATMENT TO DATE: AUG 10,2011// 9/1/11 (SEP 01, 2011)

*** Treatment TO Date cannot be after
 Invoice Received Date (08/11/11) !!! ← Accepted
 TREATMENT TO DATE: SEP 1,2011// 8/11/11 (AUG 11, 2011)
 COVERED DAYS: 5//

Example 2:

Invoice Date	Invoice No.	From Date	To Date	Patient Control #
Amt Claimed	Amt Paid	Cov Days	Adj Codes	Adj Amounts
		Remit	Remarks	
Vendor: VEND,OR			Vendor ID: 001429850	
11/1/11	2637	8/1/11	8/10/11	

(This page included for two-sided copying.)

Appendix K: Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments

System Overview

The VistA Fee Basis application supports the Veterans Health Administration's (VHA) Fee for Service program. This program authorizes care for veterans who are legally eligible and in need of care that cannot feasibly be provided by VA facilities. A VA medical facility, unable to meet the patient care requirements of a veteran, may authorize fee basis services for short-term inpatient care, ongoing outpatient care, or home health care from non-VA health care facilities. Civil Hospitals (CH) or Community Nursing Homes (CNH) submits bills for service to the authorizing VA facility. The VA facility reviews the bills and transmits payment messages to Central Fee.

Central Fee is a national system located at the Austin Information Technology Center (AITC). Central Fee receives payment messages from VistA Fee and upon approval sends the payments to downstream systems such as the Financial Management System (FMS). FMS transmits data to the Department of the Treasury that results in payment by check or EFT and an explanation of benefits (EOB). Central Fee also makes fee payment data available to other enterprise systems.

Interface Overview

VistA Fee Basis transmits payment data to Central Fee for payments that should be made to veterans or veterans for purchased case services. Central Fee returns information to VistA Fee Basis concerning the status of these payments.

Transaction Types

The payment interface between VistA Fee Basis and Central Fee consists of six different transaction types which are described below in the next table.

Transaction Description

Transaction Type	Direction	Description
Payment Batch	VistA Fee to Central Fee	This transaction contains a batch of one or more payment line items. The batch is released by the Fee Supervisor. Each line item describes a payment for a purchased care service that includes a description of the service, the 1358 obligation and payment amount, and the non-VA provider

Transaction Type	Direction	Description
		and veteran.
Payment Batch Results	Central Fee to VistA Fee	This transaction provides the results from Central Fee receipt and processing of a new payment batch including the reason for any rejected line items.
Voucher Batch	VistA Fee to Central Fee	This transaction contains a list of any line items that were locally rejected in VistA and provides Central Fee with finance staff approval to release the remainder of the batch to downstream systems for payment.
Voucher Batch Acknowledgement	Central Fee to VistA Fee	This transaction is an application acknowledgement to a Voucher Batch message.
Post Voucher Reject	Central Fee to VistA Fee	This transaction reports rejects for line items that were rejected by Central Fee or a downstream payment system after those line items were released by the Voucher Batch transaction.
Payment Confirmation/Cancellation	Central Fee to VistA Fee	This transaction reports payment confirmation (date paid, check number, disbursed amount) or payment cancellation data for one or more line items.

Transaction Trigger Events

Transaction Type	Trigger Event
Payment Batch	User executes the Queue Data for Transmission option in VistA Fee Basis. A message is generated for each batch with an appropriate status. The Release a Batch option assigns a status that result in transmission. The Reprocess Overdue Batch option can assign a status that result in transmission.
Payment Batch Results	Central Fee processes a Payment Batch transaction sent from VistA. The National Service Desk Austin resends the message upon request.
Voucher Batch	User completes a batch using the Finalize a Batch option in VistA Fee Basis. User selects a batch using the Resend Completed Batch option in VistA Fee Basis.
Voucher Batch Acknowledgement	Central Fee processes a Voucher Batch transaction sent from VistA. The National Service Desk Austin resends the message upon request.
Post Voucher Reject	A payment line item(s) fails an edit check when Central Fee is preparing to transmit it to a downstream payment system such as FMS. A downstream payment system such as FMS or FASPAC rejects a

Transaction Type	Trigger Event
	<p>payment line item(s) back to Central I Fee.</p> <p>The National Service Desk Austin resends the message upon request.</p>
<p>Payment Confirmation/Cancellation</p>	<p>A downstream payment system such as FMS or the purchase card system provides payment confirmation or payment cancellation to Central Fee for a payment line item(s).</p> <p>The National Service Desk Austin resends the message upon request.</p>

(This page included for two-sided copying.)

Appendix L: Newborn Services Authorizations

The Caregivers and Veteran's Omnibus Health Services Act of 2010, Public Law 111-163, Section 206, codified at 38 U.S.C. § 1786, authorizes VA to pay, from the date of birth plus seven calendar days, for post-delivery care for the newborn of women Veterans, who are:

- Enrolled in the VA Health Care System (HCS)
- Receiving maternity care furnished by the VA or authorized by the VA

Newborn Eligibility Criteria

Enrollment Coordinator and Women's Health Veteran's Coordinator

The VA routinely provides maternity care for eligible women Veterans through non-VA medical care arrangements. When the Non-VA Medical Care Office receives notice that a woman Veteran requires pre-natal care, the Non-VA Medical Care Office coordinates with the Women's Health Veteran's Coordinator (WVC) to ensure the woman Veteran understands VA policy on the newborn medical care processes and requirements.

A woman Veteran and her newborn must meet the newborn eligibility criteria in order for the newborn to qualify for Newborn Medical Services.

Note: Non-VA facilities may provide delivery services under VA pre authorization, in accordance with a non-VA medical care arrangement related to the newborn's birth.

Authorizations

In order for an authorization to be entered, the newborn must be registered under the woman Veteran (in VistA) and must have an eligibility status of either "Verified" or "Pending Verification."

- Post-natal routine care for the newborn from the date of birth plus seven calendar days

Routine medical care from the newborn's date of birth plus seven days should be authorized under a separate authorization under the newborn's registration.

Authorization Forms

VA uses VA Form 10-7078 and VA Form 10-7079 to process a newborn care authorization under 38 U.S.C. § 1786. The following information is required to process the authorization:

- Female Veteran's Full Name
- Newborn's Full Name
- Newborn's Date of Birth
- Local Point of Contact Phone Number and Address
- Patient Type

- Purpose of Visit (POV)
- Admitting Authority Codes

Note: The procedure below was written for a national audience. Please check with the local facility supervisors for any local customization of this procedure, as well as other changes and updates.

Inpatient Authorization/Notification in Vista

Vista MUST BE USED for this process. DO NOT use FBCS.

1. Select the **INPATIENT SERVICE CODES** below when entering newborn care authorizations for inpatient health care:

Admitting Authority Code	Bed Section/Treating Specialty	POV Code
17.38 NON-VA FOR FEMALE VET + NEWBORN	00-Surgical 10-Medical	29 – Inpatient Newborn Care

2. Select Fee Basis Main Menu [FBAA MAIN MENU] Option: **Civil Hospital Main Menu [FBCH MAIN MENU]**.
3. Select Civil Hospital Main Menu [FBCH MAIN MENU] Option: **Notification/Request Menu [FBCH NOTIFICATION MENU]**.
4. Select Notification/Request Menu [FBCH NOTIFICATION MENU] Option: **Enter a Request/Notification [FBCH ENTER REQUEST]**.
5. Select PATIENT NAME: Newborn’s **Last Name, First Name** (example: **FEEPATIENT,ONENB**). Press <ENTER> to continue.
6. Navigate through the COORDINATING MASTER OF RECORD and verify the data is accurate.
7. Press <ENTER> to continue.
8. Vista will ask: “Is the patient currently being followed in a clinic for the same condition?” Enter **Y** for **YES** or **N** for **NO**.
9. Vista will ask: “Is the patient to be examined in the medical center today? Yes//” Enter **Y** for **YES** or **N** for **NO**.

All items not followed by an asterisk can be edited at this time. If these

```

Items are not corrected at this time, a bulletin will be sent to the
Appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? YES// N (NO)
Do you wish to return to screen #15 to enter sponsor information? Yes// no

Last notification message was sent 'AUG 28, 2013'      [TODAY]

No new message sent since it's been less than 7 days since last message
And no new inconsistencies were found..

Is the patient currently being followed in a clinic for the same condition? N (No)

Is the patient to be examined in the medical center today? Yes// N (No)

REGISTRATION LOGIN DATE/TIME: NOW//      (AUG 28,2013@13:16)
TYPE OF BENEFIT APPLIED FOR:  1  HOSPITAL
TYPE OF CARE APPLIED FOR:    5  ALL OTHER
FACILITY APPLYING TO:  YOUR FACILITY
REGISTRATION ELIGIBILITY CODE: COLLATERAL OF VET.
//

```

10. Answer the following questions populated in VistA:

Registration login date/time: NOW// Press the <ENTER> key.
TYPE OF BENEFIT APPLIED FOR: 1 HOSPITAL
TYPE OF CARE APPLIED FOR: 5 ALL OTHER
FACILITY APPLYING TO: ENTER FACILITY
REGISTRATION ELIGIBILITY CODE: COLLATERAL OF VET

```

All items not followed by an asterisk can be edited at this time. If these
Items are not corrected at this time, a bulletin will be sent to the
Appropriate hospital personnel.

DO YOU WANT TO UPDATE THESE INCONSISTENCIES NOW? YES// N (NO)
Do you wish to return to screen #15 to enter sponsor information? Yes// no

Last notification message was sent 'AUG 28, 2013'      [TODAY]

No new message sent since it's been less than 7 days since last message
And no new inconsistencies were found..

Is the patient currently being followed in a clinic for the same condition? N (No)

Is the patient to be examined in the medical center today? Yes// N (No)

Registration login date/time: NOW//      (AUG 28,2013@13:16)
TYPE OF BENEFIT APPLIED FOR:  1  HOSPITAL
TYPE OF CARE APPLIED FOR:    5  ALL OTHER
FACILITY APPLYING TO:  YOUR FACILITY
REGISTRATION ELIGIBILITY CODE: COLLATERAL OF VET.
//

```

NEED RELATED TO AN ACCIDENT: Enter **Y** for **YES** or **N** for **NO**
 NEED RELATED TO OCCUPATION: Enter **Y** for **YES** or **N** for **NO**
 PRINT 10-10EZ? YES// Enter **Y** for **YES** or **N** for **NO**
 PRINT DRUG PROFILE? Yes// Enter **Y** for **YES** or **N** for **NO**
 PRINT HEALTH SUMMARY? Yes// Enter **Y** for **YES** or **N** for **NO**
 ROUTING SLIP? Yes// Enter **Y** for **YES** or **N** for **NO**

11. Select FEE NOTIFICATION/REQUEST DATE/TIME: Enter **NOTIFICATION DATE, REQUEST DATE AND TIME** (or **NOW**).

```

Is the patient currently being followed in a clinic for the same condition?  N  (No)
Is the patient to be examined in the medical center today?  Yes//  N  (No)

Registration login date/time:  NOW//      (AUG 28,2013@13:16)
TYPE OF BENEFIT APPLIED FOR :    1  HOSPITAL
TYPE OF CARE APPLIED FOR:      5  ALL OTHER
FACILITY APPLYING TO:  CHEYENNE VAMROC//      442
REGISTRATION ELGIBILITY CODE:  COLLATERAL OF VET.
//                               2      2      NON-VETERAN

Updating eligibility status for this registration...

      NEED RELATED TO AN ACCIDENT:  N  NO
      NEED RELATED TO OCCUPATION:  N  NO
PRINT 10-10EZ?  YES//      NO
PRINT DRUG PROFILE?  Yes//  N  (No)
PRINT HEALTH SUMMARY?  Yes//  N  (No)
ROUTING SLIP?  Yes//  N  (No)

Select FEE NOTIFICATION/REQUEST DATE/TIME:  NOW
    
```

12. Select FEE BASIS VENDOR NAME: Enter **VENDOR NAME**.

13. VistA will populate: **VENDOR DEMOGRAPHICS**. Review the information.

14. VistA will ask: “Is this the correct Vendor? YES//” Enter **Y** for **YES** or **N** for **NO**.

```

***      VENDOR DEMOGRAPHICS      ***
Name:FLORIDA PHYSICIANS INC          ID Number: 123456789
                                     Billing Prov NPI: 87654321M
                                     Billing Prov Taxonomy code:
Address: 123 HAPPY TREE              Specialty: PHYSICIAN-NONDIPLM
  City: SUNNY                        Type: PHYSICIAN
  State: FLORIDA                     Participation Code: DOCTOR OF MEDICINE
  ZIP: 12345-6789                   Medicare ID Number:
County: GATOR                        Chain:
Phone:
Fax:
Type (FPDS):      SMALL BUSINESS     Group (FPDS): NONE OF THE OTHER CAT
Austin Name: FLORIDA PHYS INC
    
```


Last Change TO Austin: 6/23/98	Last Change by Non-Fee User FROM Austin: 3/22/05
Is this the correct Vendor? YES//	
DATE/TIME: AUG 28, 2013@13:16:50//	
PERSON WHO CALLED:	
DATE/TIME OF ADMISSION: T@0600 (AUG 28, 2013@06:00:00)	
AUTHORIZED FROM DATE/TIME: AUG 28,2013@06:00// T-1	

15. ENTER the following information (if available):

DATE/TIME: Enter Current **DATE** and **TIME** (Space Bar - Enter)
PERSON WHO CALLED: Enter Person **CALLED/NOTIFIED** (if able)
DATE/TIME OF ADMISSION: Enter **DATE** and **TIME**
AUTHORIZATION FROM DATE/TIME: Enter the **DATE OF BIRTH** (example:
month, day, and year, 08282013, 82813, 08/28/13, etc.).

16. Answer the following if able, if unable, press <ENTER> to navigate:

ADMITTING DIAGNOSIS:
REFERRING PROVIDER:
ATTENDING PHYSICIAN:
TYPE OF CONTACT:
PHONE # OF PERSON CONTACTED:
STREET ADDRESS[1] OF CONTACT:
STREET ADDRESS[2] OF CONTACT:
CITY OF CONTACT:
STATE OF CONTACT:
ZIP CODE OF CONTACT:
VETERAN HAVE OTHER INSURANCE:
MODE OF TRANSPORTATION:
APPROVING OFFICIAL:
NARRATIVE:

Select Notification/Request Menu [FBCH NOTIFICATION MENU] Option: **Legal Entitlement [FBCH LEGAL ENTITLEMENT]**
Select Patient: Enter the **NEWBORN'S NAME**
LEGAL ENTITLEMENT: Enter **Y** for **YES**
Do you want to determine Medical Entitlement now? YES// press the <ENTER> key.
MEDICAL ENTITLEMENT: Enter **Y** for **YES**
Do you want to setup a 7078 now? NO// Enter **Y** for **YES**
AUTHORIZATION TO DATE: Enter newborn's **DATE OF BIRTH + 7 DAYS** (ex. DOB AUG 28, 2013 + 7 DAYS is: 9/4/13// SEP 04, 2013)

Medical Entitlement Display a Request/Notification Delete Notification/Request
--

```

Edit Report of Contact -
Print Entitlement Audit
Print Report of Contact -
Reconsider a Denied Request
Requests Pending Entitlement
Update Report of Contact -

Select Notification/Request Menu Option: Legal Entitlement

Select Patient: FEEPATIENT, TWONB

LEGAL ENTITLEMENT:   Y      (YES)
Do you want to determine Medical Entitlement now?  YES//

MEDICAL ENTITLEMENT: Y      (YES)
Do you want to setup a 7078 now?  NO//   YES

AUTHORIZATION TO DATE:  9/4/13//
    
```

DATE OF DISCHARGE: Enter **DATE OF DISCHARGE** (must not exceed 7 days following the newborn's date of birth)

***ADMITTING AUTHORITY:** Enter **17.38 NON-VA FOR FEMALE VET + NEWBORN**

Duplicates may populate if you enter only 17.38 (for example):

- 1 17.38 HOSP/NH IN PHILLIPINES (NONVA) 17.38
- 2 17.38 NON-VA FOR FEMALE VET+NEWBORN 17.38

Duplicates: **Enter 2 - NON-VA FOR FEMALE VET+NEWBORN 17.38**
(see screen example below):

```

LEGAL ENTITLEMENT:   Y      (YES)
Do you want to determine Medical Entitlement now?  YES//

MEDICAL ENTITLEMENT:   Y      (YES)
Do you want to setup a 7078 now?  No//   YES

AUTHORIZATION TO DATE: 9/4/13//T+8      (SEP 05, 2013)

      Patient is a newborn. Authorization To Date must not be more than 7 days after
      the Date of Birth

DATE OF DISCHARGE:  9/4/13//      (SEP 04, 2013)
ADMITTING AUTHORITY: 17.38
      1      17.38  HOSP/NH IN PHILLIPINES (NONVA)      17.38
      2      17.38  NON-VA FOR FEMALE VET+NEWBORN      17.38
CHOOSE 1 - 2:  2  NON-VA FOR FEMALE VET + NEWBORN  17.38
ESTIMATE AMOUNT:
    
```

ESTIMATED AMOUNT: Enter ESTIMATED AMOUNT.

***BEDSECTION/TREATING SPECIALTY: Enter 00 SURGICAL or 10 MEDICAL.**

```

DATE OF DISCHARGE:  9/4/13//      (SEP 04,  2013)
ADMITTING AUTHORITY:  17.38
      1      17.38  HOSP/NH IN PHILLIPINES (NONVA)      17.38
      2      17.38  NON-VA FOR FEMALE VET+NEWBORN      17.38
CHOOSE 1 - 2:  2  NON-VA FOR FEMALE VET + NEWBORN    17.38
ESTIMATE AMOUNT:   1.99
BEDSECTION/TREATING SPECIALTY:   ??

```

Select one of the following:

```

      '00'  FOR SURGICAL
      '10'  FOR MEDICAL
      '86'  FOR PSYCHIATRY

```

Select one of the following:

```

      00      SURGICAL
      10      MEDICAL
      86      PSYCHIATRY

```

BEDSECTION/TREATING SPECIALTY: **00 SURGICAL**

Select Obligation Number:

17. VistA will ask: "Is this Correct? NO//". Enter **Y** for **YES** or **N** for **NO**.

18. VistA will acknowledge: "Non-VA PTF Created".

19. Enter the following information:

CONTRACT: press the <ENTER> key.

DISCHARGE TYPE: 4 DISCHARGE

***PURPOSE OF VISIT CODE: Enter 29 NEWBORN CARE FOR THE
FIRST 7 DAYS AFTER BIRTH**

```

ESTIMATED AMOUNT:  1.99                      USER ENTERING:
STATUS:  INCOMPLETE                      DATE OF ISSUE:  AUG 28,  2013
FEE PROGRAM:  CIVIL HOSPITAL                DATE OF ADMISSION:  AUG 28,  2013
DATE OF DISCHARGE:  SEP 04,  2013

```

AUTHORIZED SERVICES: Hospitalization and professional care necessary until the patient's condition is stabilized or improved enough to permit a transfer without hazard to a VA or other Federal facility for continued treatment. Discharge Summary must accompany all requests for payment. Payment by VA constitutes payment-in-full.

```

Is this Correct?  NO//  YES
...Posting to 1358

```

```

...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
...EXCUSE ME, I'M WORKING AS FAST AS I CAN...
      Non-VA PTF Record Created.
CONTRACT:
DISCHARGE TYPE:      4      DISCHARGE
PURPOSE OF VISIT CODE: 29 NEWBORN CARE FOR THE FIRST 7 DAYS AFTER BIRTH.
PRIMARY SERVICE AREA:
    
```

PRIMARY SERVICE AREA: Enter the Primary Service Location Authorized.
 ACCIDENT RELATED (Y/N): Enter **Y** for **YES** or **N** for **NO**.
 POTENTIAL COST RECOVERY CASE: Enter **Y** for **YES** or **N** for **NO**.

Outpatient Authorization in VistA

VistA MUST BE USED for this process. DO NOT use FBCS.

1. Select the **OUTPATIENT SERVICE CODES** below when entering Newborn Care authorizations for outpatient healthcare services. The POV, Patient Type, and Treatment Type Codes are required fields when entering an outpatient Newborn Care authorization:

Treatment Type Code	Patient Type Code	POV Code
1 - Short Term	00- Surgical 10- Medical	66 - Outpatient Newborn Care

2. Select Civil Hospital Main Menu [FBCH MAIN MENU] Option: **ENTER AUTHORIZATION**.
3. Select PATIENT NAME: Newborn's **Last Name, First Name** (example: **FEPATIENT, ONENB**). Press <**ENTER**> to continue.
4. Verify data is correct on the **PATIENT DEMOGRAPHIC DATA SCREEN**.
5. VistA will ask: "Want to add NEW Insurance data? No//?". Enter **N** for **No** or **Y** for **YES**.
6. Answer the following questions populated in VistA:

Select FROM DATE: Enter the **FROM DATE**

Select TO DATE: Enter the **TO DATE**

Note: This is a Newborn, FROM DATE and TO Date must be between DOB and DOB+7

PRIMARY SERVICE FACILITY: Enter Service Location Authorized

REFERRING PROVIDER: Press the <**ENTER**> key

*PURPOSE OF VISIT CODE: Enter **66 NEWBORN CARE FOR THE FIRST 7 DAYS AFTER BIRTH**

*PATIENT TYPE CODE: Enter **00 SURGICAL** or **10 MEDICAL**

*TREATMENT TYPE CODE: Enter **1 SHORT TERM FEE STATUS**

DX LINE 1: Enter Diagnosis (if able)
TYPE OF CARE: Enter 2 OPT NSC

```
REFERRING PROVIDER:  
PURPOSE OF VISIT CODE: 66 NEWBORN CARE FOR THE FIRST 7 DAYS AFTER BIRTH.  
  
PATIENT TYPE CODE: 00 SURGICAL  
TREATMENT TYPE CODE: 1 SHORT TERM FEE STATUS  
DX LINE 1:  
AUTHORIZATION REMARKS:  
1>  
TYPE OF CARE: 2 OPT NSC
```

VENDOR: Enter VENDOR NAME
ACCIDENT RELATED (Y/N): Enter Y for YES or N for NO
POTENTIAL COST RECOVERY CASE: Enter Y for YES or N for NO
PRINT AUTHORIZATION (Y/N): YES// Enter Y for YES or N for NO

Veteran's Newborn Authorization Letter

The Non-VA Medical Care Office issues the Veteran's newborn authorization letter to inform the woman Veteran of:

- Newborn care medical coverage
- Title 38 U.S.C. § 1786, Care for Newborns of Women Veterans receiving maternity care authorizing VA to pay for routine medical care for their newborn
- Care is limited to date of birth plus seven calendar days
- Veteran's obligation to contact the Social Security Administration (SSA) and apply for a SSN for their newborn
- Requirement for newborn's full legal name, SSN, and date of birth to fully process medical claims
- Requirement to provide the Non-VA Medical Care Office with a copy of the newborn's SSN card and birth certificate (when available)

Veterans Newborn Authorization Letter

<Name of Veteran>

<Veteran Last Name, First Name>

<Street Address>

<City, State, Zip Code>

The purpose of this letter is to inform you of the newborn care medical coverage. 38 U.S.C. 1786, Care for Newborn Children of Woman Veterans Receiving Maternity Care, authorizes VA to pay for routine medical care for your newborn from the date of birth, plus seven calendar days. The Non-VA-Medical Care Office, Women's Health, and Enrollment Coordinators stand ready to assist you and your newborn with all your health care and enrollment needs.

After the birth of your newborn, immediately contact the Social Security Administration and apply for a Social Security Number (SSN) for your newborn. Your newborn's full name, SSN and date of birth are required to fully process the newborn medical claims. Upon receipt of the SSN, please provide the Non-VA-Medical Care Office with a copy of the card.

If you require assistance, please contact us at _____.

Provider's Newborn Authorization Letter

The Non-VA Medical Care Office issues the provider's newborn authorization letter to inform the provider that VA:

- Approved payment for all authorized post-delivery care services to include routine medical care for the newborn of a woman Veteran
- Enclosed an authorization form that approves payment for the hospital and professional care provided to the newborn and Veteran
- Requires the provider to submit all claims on a CMS 1500 or CMS 1450/UB04

Provider's Newborn Authorization Letter

<Name of Provider>

<Veteran Last Name, First Name>

<Street Address>

<City, State, Zip Code>

The purpose of this letter is to inform you that Title 38 U.S.C. 1786, Care for Newborn Children of Women Veterans Receiving Maternity Care authorizes VA to pay for authorized routine medical care for the newborn of a women Veteran. The newborn medical coverage is for not more than seven consecutive days after the birth of the child, if medically necessary.

Enclosed is Department of Veterans Affairs (VA) authorization, VA Form 10-7078 to provide hospital and professional care to the newborn of the above named Veteran. Please mail all claims pertaining to the newborn and Veteran with a copy of the enclosed VA authorization to _____.

For VA payment, please submit claims on a CMS 1500 or CMS 1450, including all applicable medical documentation. Please do not send the medical bills to the Veteran.

Acceptance of this authorization is agreement to accept VA payment as payment in full for care provided to newborn within the 7 day authorization period. By Federal regulation VA is the primary and exclusive payer for medical care it authorizes. As such, you may not bill the Veteran or any other party for any portion of the care authorized by VA. Federal law also prohibits payment by more than one federal agency for the same episode of care; consequently, Medicare, or any other Federal agency must be refunded to the payer by your facility.]

If you have any questions or require assistance, please contact us at

Cc: <Veteran Last Name, Veteran First Name>

<Veteran's Address>

(This page included for two-sided copying.)

Appendix M: ERA Compliance

The vendor file and vendor maintenance functionality, Veterans Health Information Systems and Technology Architecture (VistA) Fee is compliant with Committee on Operating Rules for Information Exchange (CORE[®]) Level III Electronic Funds Transfer (EFT) standards for beneficiary-related transactions.

Managing CARCs and RARCs

This CORE rule conforms with and builds upon the v5010 X12 835 by specifying that health plans or their Pharmacy Benefits Manager (PBM) agents use a uniform set of Claim Adjustment Group Codes (CAGCs), CARCs, RARCs and National Council for Prescription Drug Programs (NCPDP) Reject Codes for specified CORE-defined Claim Adjustment/Denial Business Scenarios. The scope of this rule is limited to the detail level, Loop ID 2100 and Loop ID 2110.

The CARC, RARC and NCPDP Reject Code codes sets are used to report payment adjustments and denials in the v5010 X12 835. The CARC, RARC and NCPDP Reject Codes are maintained by organizations external to the ASC X12 Standards Committee. As such, these code lists are subject to revision and maintenance three or more times a year.

VistA Fee allows up to five CAGC/CARC/RARC combinations per line on a payment. The functionality also allows two RARCs to be selected per CARC at the line level.

These selections are available for new payments and editing existing payments for medical, professional, and pharmacy line items.

Select Batch Main Menu <TEST ACCOUNT> Option:

```

KIDS  Kernel Installation & Distribution System ...
NTEG  Build an 'NTEG' routine for a package
PG    Programmer mode
      Calculate and Show Checksum Values
      Delete Unreferenced Options
      Error Processing ...
      List Global
      Map Pointer Relations
      Number base changer
      Routine Management Menu ...
      Routine Tools ...
      Test an option not in your menu
      Verifier Tools Menu ...

```

Select Programmer Options <TEST ACCOUNT> Option: test an option not in your menu

Option entry to test: enter payment FBAA ENTER PAYMENT Enter Payment

```

Select FEE BASIS BATCH NUMBER: 22823
  Obligation #: 5SM010

```

Appendix M

Select Patient: fb

1	FBCSAAA,SKMKNTHK	8-28-45	xxxxx4444	YES	SC VETERAN
2	FBCSAAB,MWLYSSK A	9-23-44	xxxxx539	YES	SC VETERAN
CD					
3	FBCSAAD,MKRTRN	*SENSITIVE*	*SENSITIVE*	YES	EMPLOYEE
4	FBCSAAE,KWLLRW	6-16-66	xxxxx8989	YES	SC VETERAN
5	FBCSAAF,BABYBOY	9-15-15	102121014P	**Pseudo SSN**	NO

NE

WBORN OF VETERAN

ENTER '^' TO STOP, OR

CHOOSE 1-5: 1 FBCSAAA,SKMKNTHK 8-28-45 666554444 YES SC

VETER

AN

Enrollment Priority: GROUP 1 Category: IN PROCESS End Date:

FBCSAAA,SKMKNTHK
726 PINE STREET
PALM BCH GDNS
FLORIDA 33418

Pt.ID: 666-55-4444
DOB: AUG 28,1945
TEL: Not on File
CLAIM #: Not on File
COUNTY: PALM BEACH

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED APR 01, 2014

Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 50%

Rated Disabilities: NONE STATED

Health Insurance: NO

Insurance	COB	Subscriber ID	Group	Holder	Effective	Expires
-----------	-----	---------------	-------	--------	-----------	---------

=====

No Insurance Information

Want to add NEW insurance data? No// NO

Patient Name: FBCSAAA,SKMKNTHK

Pt.ID: 666-55-4444

AUTHORIZATIONS:

(1) FR: 6/21/2016 VENDOR: TRIWEST HEALTHCARE ALLIANCE CORP - 860813402
TO: 9/1/2016

Authorization Type: Outpatient - Short Term

Purpose of Visit: OPT - SC 50% OR MORE

DX: F10.10

REF:

REF NPI:

County: PALM BEACH

PSA: ST. LOUIS MO VAMC-JC DIVISION

(2) FR: 10/15/2015 VENDOR: H B MAGRUDER MEMORIAL - 344441792
TO: 11/15/2015

Authorization Type: Outpatient - Short Term

Purpose of Visit: OPT - SC 50% OR MORE

DX: M54.5
REF NPI:

REF:

County: PALM BEACH

PSA: TAMPA VAMC

Enter a number (1-18): 1

Select FEE BASIS VENDOR NAME: p

- | | | | |
|---|-------------------------|-------------|-----------------|
| 1 | P DANIELS | 52966197701 | DOCTOR OF MEDIC |
| | 1595 HWY 150 SOUTH STEG | | |
| | EVANSTON, WY 82930-5360 | | |
| 2 | P RINNE | 223841299 | DOCTOR OF MEDIC |
| | PO BOX 20167 | | |
| | CHEYENNE, WY 82003-7004 | TEL. #: | (307) 632-9163 |
| 3 | P RORK | 149364550 | DOCTOR OF MEDIC |
| | 555 E BROADWAY | | |
| | PO BOX 3537 | | |
| | JACKSON, WY 83001-3537 | TEL. #: | 307-733-9798 |
| 4 | P SLATER | 830218424 | DOCTOR OF MEDIC |
| | P O BOX 20935 | | |
| | CHEYENNE, WY 82003 | TEL. #: | 307-638-8987 |
| 5 | P E RORK | 830293490 | DOCTOR OF MEDIC |
| | PO BOX 3537 | | |
| | JACKSON, WY 83001 | TEL. #: | 307/733-3900 |

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: ^

Select FEE BASIS VENDOR NAME: pr

- | | | | |
|---|----------------------------|-------------|---------------------------|
| 1 | PRAIRIE HAVEN HOSPICE | 391904975 | ALL OTHER INDIV |
| | 2 W 42ND ST STE 2300 | | |
| | SCOTTSBLUFF, NE 69361-0615 | TEL. #: | 308-630-1149 |
| 2 | PRAIRIE HOME HEALTH | 83023409706 | HOME HEALTH SER |
| | PO Box 3011 | | |
| | GILLETTE, WY 82717-3011 | | |
| 3 | PRAIRIE HOME HEALTH | 83023409706 | HOME HEALTH SER |
| | PO Box 3011 | | (Vendor in Delete Status) |
| | Gillette, WY 82717-3011 | | |
| 4 | PREFERRED HOME HEALTH | 841082859 | HOME HEALTH SER |
| 5 | PREFERRED MOBILE NURSES | 84108265902 | HOME HEALTH SER |
| | 777 S WADSWORTH BLVD | | (Vendor in Delete Status) |
| | Lakewood, CO 80226-4300 | | |

Appendix M

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1 PRAIRIE HAVEN HOSPICE 391904975 ALL OTHER INDIV
2 W 42ND ST STE 2300
SCOTTSDLUFF, NE 69361-0615 TEL. #: 308-630-1149

Patient Name: FBCSAAA,SKMKNTHK Pt.ID: 666-55-4444

*** VENDOR DEMOGRAPHICS ***

Name: PRAIRIE HAVEN HOSPICE ID Number: 391904975
Billing Prov NPI:
Billing Prov Taxonomy code:
Address: 2 W 42ND ST STE 2300 Specialty:
City: SCOTTSDLUFF Type: OTHER
State: NEBRASKA Participation Code: ALL OTHER
INDIVIDUAL
ZIP: 69361-0615 Medicare ID Number:
County: SCOTTSDLUFF Chain:
Phone: 308-630-1149
Fax:
Type (FPDS): OTHER ENTITIES
Austin Name: PRAIRIE HAVEN HOSPICE
Last Change Last Change by Non-Fee User
TO Austin: 5/27/05 FROM Austin: 2/18/09
Enter RETURN to continue or '^' to exit:

Vendor has no prior payments for this patient

Want a new Invoice number assigned? YES//

Invoice # 111802 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/15/16 (AUG 15, 2016)

Enter Vendor Invoice Date: 8/15/16 (AUG 15, 2016)
PATIENT ACCOUNT NUMBER: 666554444
Is this an EDI Claim from the FPPS system? y YES
FPPS CLAIM ID: 1234567

Select the Claim Type:

P - Professional, D - Dental, N - Non-Standard

Enter response: p P
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No// NO

Date of Service: 8/15/16 AUG 15, 2016

Total already paid on ID Card for month: \$ 0 Maximum allowed: \$ 125
 Total already paid on All/Other for month: \$ 0

SITE OF SERVICE ZIP CODE: 69361// 69361
 Warning: 2015 GPCIs are not on file for this zip code.
 Do you want to enter a different zip code? YES// n NO

Select Service Provided: 10030 GUIDE CATHET FLUID DRAINAGE

Current list of modifiers: none
 Select CPT MODIFIER:

Major Category: SURGERY
 Sub-Category: INTEGUMENTARY SYSTEM
 Procedure: 10030 GUIDE CATHET FLUID DRAINAGE

Detail Description
 =====

IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS,
 HEMATOMA, SEROMA, LYMPHOCELE, CYST), SOFT TISSUE (EG, EXTREMITY,
 ABDOMINAL WALL, NECK), PERCUTANEOUS

Is this correct? YES//
 GUIDE CATHET FLUID DRAINAGE
 REVENUE CODE:
 UNITS PAID: 1//
 FPPS LINE ITEM: 1
 Select PLACE OF SERVICE: 11 OFFICE
 AMOUNT CLAIMED: 300
 Unable to determine a FEE schedule amount.

AMOUNT PAID: 50

Current list of Adjustments: none
 Select ADJUSTMENT REASON: ??

Choose from:

- 4 The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 5 The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 6 The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 7 The procedure/revenue code is inconsistent with

- the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 8 The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 10 The diagnosis is inconsistent with the patient's gender. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 11 The diagnosis is inconsistent with the procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 12 The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 13 The date of death precedes the date of service.
- 14 The date of birth follows the date of service.
- 15 The authorization number is missing, invalid, or does not apply to the billed services or provider.
- 16 Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCP DP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 18 Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
- 19 Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.
- 20 Claim denied because this injury/illness is covered by the liability carrier.
- 21 This injury/illness is the liability of the no-fault carrier.
- 23 The impact of prior payer(s) adjudication including payments and/or adjustments.
- 26 Expenses incurred prior to coverage.
- 29 The time limit for filing has expired.
- 31 Patient cannot be identified as our insured.
- 34 Insured has no coverage for newborns.
- 40 Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835

- Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use group Codes PR or CO depending upon liability).
- 49 These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 54 Multiple physicians/assistants are not covered in this case. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 55 Procedure/treatment is deemed experimental/investigational by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 58 Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 60 Charges for outpatient services are not covered when performed within a period of time prior to or after inpatient services.
- 78 Non-Covered days/Room charge adjustment.
- 89 Professional fees removed from charges.
- 95 Plan procedures not followed.
- 96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 100 Payment made to patient/insured/responsible party.
- 114 Procedure/product not approved by the Food and Drug Administration.
- 116 The advance indemnification notice signed by the patient did not comply with requirements.
- 119 Benefit maximum for this time period has been reached.
- 122 Psychiatric reduction.

Appendix M

- 125 Submission/billing error(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)
- 131 Claim specific negotiated discount.
- 133 The disposition of this claim/service is pending further review.
^

Adjustment reason codes explain why the amount paid differs from the amount claimed.

Select a HIPAA Adjustment (suspense) Reason Code

Select ADJUSTMENT REASON: 163 Attachment referenced on the claim was not received.

Current list of Remittance Remarks: none

Select REMITTANCE REMARK: ??

Choose from:

- M127 Missing/incomplete/invalid patient medical record for this service.
- M135 Missing/incomplete/invalid plan of treatment.
- M141 Missing/incomplete/invalid physician certified plan of care.
- M19 Missing/incomplete/invalid oxygen certification/re-certification.
- M23 Missing oxygen certification/re-certification.
- M29 Missing operative note/report.
- M30 Missing pathology report.
- M31 Missing radiology report.
- M60 Missing Certificate of Medical Necessity.
- N146 Missing screening document.
- N214 Missing/incomplete/invalid history of the related initial surgical procedure(s).
- N221 Missing Admitting History and Physical report.
- N223 Missing documentation of benefit to the patient during initial treatment period.
- N26 Missing itemized bill/statement.
- N391 Missing emergency department records.
- N393 Missing progress notes/report.
- N395 Missing laboratory report.
- N4 Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
- N40 Missing radiology film(s)/image(s).
- N42 Missing mental health assessment.
- N451 Missing Admission Summary Report.
- N678 Missing post-operative images/visual field results.
- N680 Missing/Incomplete/Invalid date of previous dental extractions.
- N681 Missing/Incomplete/Invalid full arch series.
- N682 Missing/Incomplete/Invalid history of prior

periodontal therapy/maintenance.
 N683 Missing/Incomplete/Invalid prior treatment
 documentation.
 N685 Missing/Incomplete/Invalid Prosthesis, Crown or
 Inlay Code.
 N706 Missing documentation.
 N708 Missing orders.
 N710 Missing notes.
 ^

Select a remittance remark code to provide non-financial
 information critical to understanding the adjudication of the claim.
 Select a HIPAA Remittance Remark Code.

Select REMITTANCE REMARK: M127 Missing/incomplete/invalid patient medical
 rec
 ord
 for this service.

Current list of Remittance Remarks: M127,

Select REMITTANCE REMARK: M710
 Answer with REMITTANCE REMARK CODE
 Do you want the entire REMITTANCE REMARK List?

Select a remittance remark code to provide non-financial
 information critical to understanding the adjudication of the claim.
 Select a HIPAA Remittance Remark Code.

Select REMITTANCE REMARK: N710 Missing notes.

Current list of Remittance Remarks: M127, N710,

Select REMITTANCE REMARK:
 ADJUSTMENT GROUP: ??

Choose from:

CO Contractual Obligations
 PI Payor Initiated Reductions

ADJUSTMENT GROUP: co
 ADJUSTMENT AMOUNT: 250.00// 50

Current list of Adjustments: Code: 163 Group: CO Amount: \$50.00

Select ADJUSTMENT REASON: 250 The attachment/other documentation that was
 received was the incorrect attachment/document.
 The expected attachment/document is still
 missing. At least one Remark Code must be
 provided (may be comprised of either the NCPDP
 Reject Reason Code, or
 Remittance Advice Remark Code that is not an
 ALERT).

Current list of Remittance Remarks: none

Select REMITTANCE REMARK: ??

Choose from:

- M127 Missing/incomplete/invalid patient medical record for this service.
- M131 Missing physician financial relationship form.
- M132 Missing pacemaker registration form.
- M135 Missing/incomplete/invalid plan of treatment.
- M141 Missing/incomplete/invalid physician certified plan of care.
- M19 Missing/incomplete/invalid oxygen certification/re-certification.
- M23 Missing oxygen certification/re-certification.
- M29 Missing operative note/report.
- M30 Missing pathology report.
- M31 Missing radiology report.
- M60 Missing Certificate of Medical Necessity.
- MA04 Secondary payment cannot be considered without the identity of or payment information from the primary payer. The information was either not reported or was illegible.
- MA92 Missing plan information for other insurance.
- N146 Missing screening document.
- N170 "A new/revised/renewed certificate of medical necessity is needed."
- N206 "The supporting documentation does not match the information sent on the claim."
- N214 Missing/incomplete/invalid history of the related initial surgical procedure(s).
- N221 Missing Admitting History and Physical report.
- N223 Missing documentation of benefit to the patient during initial treatment period.
- N26 Missing itemized bill/statement.
- N391 Missing emergency department records.
- N393 Missing progress notes/report.
- N395 Missing laboratory report.
- N4 Missing/Incomplete/Invalid prior Insurance Carrier(s) EOB.
- N40 Missing radiology film(s)/image(s).
- N42 Missing mental health assessment.
- N451 Missing Admission Summary Report.
- N590 Missing independent medical exam detailing the cause of injuries sustained and medical necessity of services rendered.
- N678 Missing post-operative images/visual field results.
- N680 Missing/Incomplete/Invalid date of previous dental extractions.
- N681 Missing/Incomplete/Invalid full arch series.
- N682 Missing/Incomplete/Invalid history of prior periodontal therapy/maintenance.
- N683 Missing/Incomplete/Invalid prior treatment

documentation.
 N706 Missing documentation.
 N708 Missing orders.
 N710 Missing notes.
 N712 Missing summary.
 N714 Missing report.
 N716 Missing chart.
 N729 Missing patient medical/dental record for this
 service.
 N80 Missing/incomplete/invalid prenatal screening
 information.

Select a remittance remark code to provide non-financial
 information critical to understanding the adjudication of the claim.
 Select a HIPAA Remittance Remark Code.

Select REMITTANCE REMARK: N729 Missing patient medical/dental record for
 this
 service.

Current list of Remittance Remarks: N729,

Select REMITTANCE REMARK: N80 Missing/incomplete/invalid prenatal
 screening
 information.

Current list of Remittance Remarks: N729, N80,

Select REMITTANCE REMARK:
 ADJUSTMENT GROUP: ??

Choose from:

CO Contractual Obligations
 PI Payor Initiated Reductions

ADJUSTMENT GROUP: pi
 ADJUSTMENT AMOUNT: 200.00// 50

Current list of Adjustments: Code: 163 Group: CO Amount: \$50.00
 Code: 250 Group: PI Amount: \$50.00

Select ADJUSTMENT REASON: ??

Choose from:

116 The advance indemnification notice signed by the
 patient did not comply with requirements.
 163 Attachment referenced on the claim was not
 received.
 250 The attachment/other documentation that was
 received was the incorrect attachment/document.
 The expected attachment/document is still
 missing. At least one Remark Code must be
 provided (may be comprised of either the NCPDP

251 Reject Reason Code, or
Remittance Advice Remark Code that is not an
ALERT).
The attachment/other documentation that was
received was incomplete or deficient. The
necessary information is still needed to process
the claim. At least one Remark Code must be
provided (may be comprised of either the NCPDP
Reject Reason Code,
or Remittance Advice Remark Code that is not an
ALERT).

Adjustment reason codes explain why the amount paid differs
from the amount claimed.

Select a HIPAA Adjustment (suspense) Reason Code

Select ADJUSTMENT REASON: 116 The advance indemnification notice signed by
the
e

patient did not comply with requirements.

Current list of Remittance Remarks: none

Select REMITTANCE REMARK: ??

Choose from:

- M1 X-ray not taken within the past 12 months or near
enough to the start of treatment.
- M11 DME, orthotics and prosthetics must be billed to
the DME carrier who services the patient's zip
code.
- M115 This item is denied when provided to this patient
by a non-contract or non-demonstration supplier.
- M118 Letter to follow containing further information.
- M119 Missing/incomplete/invalid/ deactivated/withdrawn
National Drug Code (NDC).
- M12 Diagnostic tests performed by a physician must
indicate whether purchased services are included
on the claim.
- M121 We pay for this service only when performed with
a covered cryosurgical ablation.
- M122 Missing/incomplete/invalid level of subluxation.
- M123 Missing/incomplete/invalid name, strength, or
dosage of the drug furnished.
- M126 Missing/incomplete/invalid individual lab codes
included in the test.
^

Select a remittance remark code to provide non-financial
information critical to understanding the adjudication of the claim.
Select a HIPAA Remittance Remark Code.

Select REMITTANCE REMARK: m1

- 1 M1 X-ray not taken within the past 12 months or near enough to the start of treatment.
- 2 M11 DME, orthotics and prosthetics must be billed to the DME carrier who services the patient's zip code.
- 3 M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.
- 4 M118 Letter to follow containing further information.
- 5 M119 Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: 1 M1 X-ray not taken within the past 12 months or near enough to the start of treatment.

Current list of Remittance Remarks: M1,

Select REMITTANCE REMARK: M115 This item is denied when provided to this patient

ent by a non-contract or non-demonstration supplier.

Current list of Remittance Remarks: M1, M115,

Select REMITTANCE REMARK:
ADJUSTMENT GROUP: ??

Choose from:

CO Contractual Obligations
PI Payor Initiated Reductions

ADJUSTMENT GROUP: co
ADJUSTMENT AMOUNT: 150.00// 150.00

Current list of Remittance Remarks (CARCless RARCs): none

Select additional REMITTANCE REMARK: ??

Choose from:

M1 X-ray not taken within the past 12 months or near enough to the start of treatment.

M11 DME, orthotics and prosthetics must be billed to the DME carrier who services the patient's zip code.

M115 This item is denied when provided to this patient by a non-contract or non-demonstration supplier.

M118 Letter to follow containing further information.

M119 Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).

M12 Diagnostic tests performed by a physician must indicate whether purchased services are included on the claim.

M121 We pay for this service only when performed with a covered cryosurgical ablation.

M122 Missing/incomplete/invalid level of subluxation.

Appendix M

- M123 Missing/incomplete/invalid name, strength, or dosage of the drug furnished.
- M126 Missing/incomplete/invalid individual lab codes included in the test.
- M127 Missing/incomplete/invalid patient medical record for this service.
- M129 Missing/incomplete/invalid indicator of x-ray availability for review.
- M13 No more than one initial visit may be covered per specialty per medical group. Visit may be rebilled with an established visit code.
- M131 Missing physician financial relationship form.
- M132 Missing pacemaker registration form.
- M133 Claim did not identify who performed the purchased diagnostic test or the amount you were charged for the test.
- M134 Performed by a facility/supplier in which the provider has a financial interest.
- M135 Missing/incomplete/invalid plan of treatment.
- M136 Missing/incomplete/invalid indication that the service was supervised or evaluated by a physician.
- M14 No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.

Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Select a HIPAA Remittance Remark Code.

Select additional REMITTANCE REMARK: M14

- 1 M14 No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.
 - 2 M141 Missing/incomplete/invalid physician certified plan of care.
 - 3 M144 Pre-/post-operative care payment is included in the allowance for the surgery/procedure.
- CHOOSE 1-3: 1 M14 No separate payment for an injection administered during an office visit, and no payment for a full office visit if the patient only received an injection.

Current list of Remittance Remarks (CARCless RARCs): M14,

Select additional REMITTANCE REMARK:
PRIMARY DIAGNOSIS: pain

27 matches found

- 1. F45.- Somatoform disorders (10)

- 2. G50.- Disorders of trigeminal nerve (4)
- 3. G54.- Nerve root and plexus disorders (10)
- 4. G89.- Pain, not elsewhere classified (10)
- 5. G90.- Disorders of autonomic nervous system (18)
- 6. H57.- Other disorders of eye and adnexa (16)
- 7. I70.- Atherosclerosis (246)
- 8. I83.- Varicose veins of lower extremities (57)

Press <RETURN> for more, "^" to exit, or Select 1-8:

- 9. M25.- Other joint disorder, not elsewhere classified (219)
- 10. M54.- Dorsalgia (31)
- 11. M79.- Other and unspecified soft tissue disorders, not elsewhere classified (49)
- 12. N53.- Other male sexual dysfunction (7)
- 13. R07.- Pain in throat and chest (7)
- 14. R10.- Abdominal and pelvic pain (29)
- 15. R14.- Flatulence and related conditions (4)
- 16. R30.- Pain associated with micturition (3)

Press <RETURN> for more, "^" to exit, or Select 1-16: 1

10 matches found

- 1. F45.0 Somatization Disorder
- 2. F45.1 Undifferentiated Somatoform Disorder
- 3. F45.20 Hypochondriacal Disorder, unspecified
- 4. F45.21 Hypochondriasis
- 5. F45.22 Body Dysmorphic Disorder
- 6. F45.29 Other Hypochondriacal Disorders
- 7. F45.41 Pain Disorder Exclusively Related to Psychological Factors
- 8. F45.42 Pain Disorder with Related Psychological Factors

Press <RETURN> for more, "^" to exit, or Select 1-8: 1

ICD Diagnosis code: F45.0
ICD Diagnosis description: Somatization Disorder

(This page included for two-sided copying.)

Index

7

7078 PRINT, 20, 115, 212
7079 PRINT, 255, 293

A

ACTIVE AUTHORIZATION REPORT, 567, 579
ACTIVE BATCH LISTING BY STATUS, 254, 264
ACTIVITY REPORT FOR CNH, 156, 214
ADD NEW PERSON FOR UNAUTHORIZED CLAIM, 257, 372, 513, 560
ADD TYPE VETERAN MRA, 399
ADD TYPE VETERAN MRA, 260
ADD/EDIT FEE SCHEDULE, 258, 385
ADDING NEW INSURANCE DATA/REPORTING DISCREPANCIES TO MCCR, 569, 572, 575
ADDING NEW INSURANCE DATA/REPORTING DISCREPANCIES TO MCCR, 586
ADMISSION DELETE, 155, 201
ADMISSION EDIT, 155, 199, 207
ADMIT TO CNH, 155, 199
ALL CLAIMS BY VENDOR/VETERAN/OTHER, 512, 540
AMIS 349 PRINT, 156, 215
ANCILLARY CONTRACT HOSP/CNH PAYMENT, 50, 536
APPEAL EDIT FOR UNAUTHORIZED CLAIM, 511, 521, 523
APPENDICES
A, ADDING NEW INSURANCE DATA/REPORTING DISCREPANCIES TO MCCR, 586
B, Table of Fee Basis Unauthorized Claims Statuses, 588
C, Fee Basis Mail Bulletins, 590
D, Multiple Rates for CNH Vendors AUTHORIZATION MAIN MENU - CNH, 592
E, Fee Basis/FMS Vendorizing Overview Highlights Of Fee Basis Vendorizing, 595 Vendorizing, 594
F, Vendor Error Codes, 598
G, MRA and Payment Messages
Inpatient Medical Payment - Batch Type B9, 604
IPAC Agreement MRA - Batch Type C4, 604
Medical Vendor MRA - Batch Type C1, 602
Outpatient Medical Payment - Batch Type B3, 604

Pharmacy Payment - Batch Type B5, 605
Pharmacy Vendor MRA - Batch Type C4, 602
Travel Payment - Batch Type BT, 605
Veteran MRA - Batch Type C2, 602
H, List Manager, 607
I, Fee Basis Flow Charts and Action Tables
Civil Hospital Main Menu, 609
CIVIL HOSPITAL MAIN MENU
INPATIENT CLERK FLOW CHART, 610
Table of Action, 611
COMMUNITY NURSING HOME MAIN MENU FLOW CHART, 613
COMMUNITY NURSING HOME MAIN MENU TABLE OF ACTION, 615
MEDICAL FEE MAIN MENU FLOW CHART, 616
MEDICAL FEE MAIN MENU TABLE OF ACTION, 618
Pharmacy Fee Main Menu, 621
Pharmacy Fee Main Menu Flow Chart, 619
UNAUTHORIZED CLAIM MAIN MENU FLOW CHART, 622
UNAUTHORIZED CLAIM MAIN MENU TABLE OF ACTION, 623
J, Fee Invoice Acceptance Date Controls, 625
K, Interface Between VistA Fee Basis and Central Fee Prevents Duplicate ICN Payments
Interface Overview, 633
System Overview, 633
Transaction Description, 634
Transaction Trigger Events, 634
Transaction Types, 633
L, Fee Basis Purchased Care - Newborn Services
Authorizations
Eligibility Criteria, 637, 649
Forms, 637
Inpatient Authorization and Notification, 638
Outpatient Authorization, 644
Provider's Newborn Authorization Letter, 647
ASC X12 STANDARDS COMMITTEE, 649
ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY, 513, 561
AUTHORIZATION DISPLAY, 364
AUTHORIZATION MAIN MENU - CNH, 153, 159, 592
B
BATCH DELETE, 113, 153, 170, 254, 266, 449, 453
BATCH MAIN MENU, 254
BATCH MAIN MENU - CH, 19
BATCH MAIN MENU - CNH, 154, 170

BATCH MENU - PHARMACY, 449
 BATCH PRINT LETTERS, 428, 511, 531
 BATCH STATUS, 19, 56, 91, 93, 110, 611, 618
 BATCH STATUS FOR A RANGE OF BATCHES,
 267
 BATCH STATUS IS CLERK CLOSED, 171
 BATCH STATUS OF CLOSED, 154

C

CAGCS, 649
 CANCEL 7078 ENTERED IN ERROR, 46
 CANCEL AUTHORIZATION ENTERED IN
 ERROR, 162
 CARC, *II*, 61, 64, 332, 335, 469, 471, 582, 649
 CARCS, 649
 CENTRAL FEE ACCEPTED, 110, 138, 150, 154,
 173, 179, 191, 234, 246, 258, 277, 320, 375, 389,
 408, 410, 463, 618
 CH DELETE VOID PAYMENT, 432
 CH VOID PAYMENT, 433
 CHANGE A STATE HOME AUTHORIZATION,
 567, 572
 CHANGE EXISTING CONTRACT RATE FOR A
 PATIENT, 163
 CHECK DISPLAY, 117, 299, 449, 465, 492, 493,
 542
 CIVIL HOSPITAL CENSUS REPORT, 118
 CIVIL HOSPITAL MAIN MENU
 BATCH MAIN MENU - CH
 BATCH DELETE, 113
 CLOSE-OUT BATCH, 91
 DELETE REJECT FLAG, 106
 EDIT BATCH DATA, 90
 FINALIZE A BATCH, 100
 LIST ITEMS IN BATCH, 112
 OPEN A BATCH, 89
 OPEN ANCILLARY PAYMENT BATCH,
 114
 PRICER BATCH RELEASE, 94
 RE-INITIATE PRICER REJECTED ITEMS,
 95
 RE-INITIATE REJECTED PAYMENT
 ITEMS, 104
 RELEASE A BATCH, 97
 RE-OPEN BATCH, 93
 STATUS OF BATCH, 110
 BATCH MAIN MENU – CH, 19
 DISPOSITION MENU
 ANCILLARY CONTRACT HOSP/CNH
 PAYMENT, 50
 CANCEL 7078 ENTERED IN ERROR, 46
 COMPLETE 7078/AUTHORIZATION, 43
 DISPLAY 7078/AUTHORIZATION, 45
 EDIT COMPLETED 7078, 44
 PRINT LIST OF CANCELLED 7078, 47

 SET UP A 7078, 48
 DISPOSITION MENU, 18
 GENERIC PRICER INTERFACE, 21, 148
 INPATIENT CLERK FLOW CHART, 610
 NOTIFICATION/REQUEST MENU
 DELETE NOTIFICATION/REQUEST, 36
 DISPLAY A REQUEST/NOTIFICATION, 35
 EDIT REPORT OF CONTACT - CH, 37
 ENTER A REQUEST/NOTIFICATION, 23
 LEGAL ENTITLEMENT, 28
 MEDICAL ENTITLEMENT, 31
 NOTIFICATION/REQUEST EDIT, 27
 PRINT ENTITLEMENT AUDIT, 38
 PRINT REPORT OF CONTACT - CH, 39
 RECONSIDER A DENIED REQUEST, 40
 REQUESTS PENDING ENTITLEMENT, 41
 UPDATE REPORT OF CONTACT - CH, 42
 NOTIFICATION/REQUEST MENU, 17
 OUTPUT MENU
 7078 PRINT, 115
 CHECK DISPLAY, 117
 CIVIL HOSPITAL CENSUS REPORT, 118
 COST REPORT FOR CIVIL HOSPITAL, 120
 DISPLAY OPEN BATCHES, 122
 INVOICE DISPLAY, 123
 LIST BATCHES PENDING RELEASE, 124,
 125, 127, 129, 306, 307, 309, 494, 495, 497
 NON-VA HOSPITAL ACTIVITY REPORT,
 130
 PAYMENT AGING REPORT, 132
 PENDING PRICER REJECTS, 133
 POTENTIAL COST RECOVERY REPORT,
 134
 PRINT REJECTED PAYMENT ITEMS, 138
 REQUEST STATISTICS, 141
 UNAUTHORIZED CLAIMS COST REPORT
 FOR CIVIL HOSPITAL, 142
 VENDOR PAYMENTS OUTPUT, 144
 VETERAN PAYMENTS OUTPUT, 146
 OUTPUT MENU, 20
 PAYMENT PROCESS MENU
 COMPLETE A PAYMENT, 56
 DELETE INPATIENT INVOICE, 59
 EDIT ANCILLARY PAYMENT, 61
 ENTER INVOICE/PAYMENT, 64
 INVOICE EDIT, 69
 MULTIPLE ANCILLARY PAYMENTS, 74
 PATIENT REIMBURSEMENT FOR
 ANCILLARY SERVICES, 80
 REIMBURSEMENT FOR INPATIENT
 HOSPITAL INVOICE, 85
 PAYMENT PROCESS MENU, 18
 QUEUE DATA FOR TRANSMISSION, 21, 150
 CIVIL HOSPITAL MAIN MENU
 Table of Action, 611
 CLAIM ADJUSTMENT GROUP CODES, 649

- CLAIM ADJUSTMENT/DENIAL BUSINESS SCENARIOS, 649
- CLERK LOOK-UP FOR AN AUTHORIZATION, 373
- CLOSE-OUT BATCH, 91, 171, 268, 454
- CLOSEOUT PHARMACY INVOICE, 449, 466
- CNH CENSUS REPORT, 219
- CNH DELETE VOID PAYMENT, 434
- CNH STAYS IN EXCESS OF 90 DAYS, 221
- CNH VOID PAYMENT, 435
- COMMUNITY NURSING HOME MAIN MENU AUTHORIZATION MAIN MENU - CNH, 153, 159
- BATCH MAIN MENU – CNH
- BATCH DELETE, 170
- BATCH MAIN MENU - CNH, 154
- FEE FUND CONTROL MAIN MENU – CNH ESTIMATE FUNDS FOR OBLIGATION, 193
- POST COMMITMENTS FOR OBLIGATION, 194
- FEE FUND CONTROL MAIN MENU - CNH, 155
- LTC CNH ACTIVE AUTHORIZATIONS REPORT, 155, 195, 197
- LTC CNH ENDING AUTHORIZATIONS REPORT, 155
- MOVEMENT MAIN MENU – CNH
- ADMIT TO CNH, 199
- Delete Movement Menu, 201
- DISCHARGE FROM CNH, 204
- DISPLAY EPISODE OF CARE, 206
- EDIT MOVEMENT MENU, 207
- TRANSFER MOVEMENT, 210
- OUTPUT MAIN MENU – CNH
- 7078 PRINT, 212
- ACTIVITY REPORT FOR CNH, 214, 215
- CHECK DISPLAY, 218
- CNH CENSUS REPORT, 219
- CNH STAYS IN EXCESS OF 90 DAYS, 221
- CONTRACT EXPIRATION LIST, 222
- COST REPORT FOR CONTRACT NURSING HOME, 223
- DISPLAY EPISODE OF CARE, 225
- INVOICE DISPLAY, 226
- NURSING HOME 10-0168 REPORT, 227
- PAYMENT & TOTALS REPORT - CNH, 231
- POTENTIAL COST RECOVERY REPORT, 232
- REPORT OF ADMISSIONS/DISCHARGES FOR CNH, 236
- ROSTER PRINT, 237
- VENDOR PAYMENTS OUTPUT, 238
- VETERAN PAYMENTS OUTPUT, 239
- OUTPUT MAIN MENU – CNH, 156
- Overview, 153
- PAYMENT MAIN MENU – CNH
- DELETE INPATIENT INVOICE, 240
- EDIT CNH PAYMENT, 241
- ENTER CNH PAYMENT, 243
- PAYMENT MAIN MENU - CNH, 157
- QUEUE DATA FOR TRANSMISSION, 157, 246
- UPDATE VENDOR CONTRACT/RATES - CNH, 249
- VENDOR ENTER/EDIT, 250
- COMMUNITY NURSING HOME MAIN MENU FLOW CHART, 613
- COMMUNITY NURSING HOME MAIN MENU TABLE OF ACTION, 615**
- COMPILE FEE SCHEDULE, 385
- COMPLETE 7078/AUTHORIZATION, 43
- COMPLETE A PAYMENT, 56
- COMPLETE PHARMACY INVOICE, 450, 467
- CONTRACT EXPIRATION LIST, 222
- CONTRACT FILE ENTER/EDIT, 374
- CORE, 649
- COST REPORT FOR CIVIL HOSPITAL, 120
- COST REPORT FOR CONTRACT NURSING HOME, 223
- COVA APPEAL ENTER/EDIT, 525
- D**
- DELETE A STATE HOME AUTHORIZATION, 575
- DELETE A STATE HOME AUTHORIZATION, 567
- DELETE CNH RATE, 166
- DELETE INPATIENT INVOICE, 59, 240
- DELETE MOVEMENT MENU, 201
- DELETE NOTIFICATION/REQUEST, 36
- DELETE PAYMENT ENTRY, 329
- DELETE REJECT FLAG, 20, 106, 154, 173, 375
- DELETE UNAUTHORIZED CLAIM, 564
- DELETE VENDOR MRA, 397
- DISASSOCIATE AN UNAUTHORIZED CLAIM, 563
- DISCHARGE DELETE, 202
- DISCHARGE FROM CNH, 204
- DISPLAY 7078/AUTHORIZATION, 45, 167
- DISPLAY A REQUEST/NOTIFICATION, 35
- DISPLAY EPISODE OF CARE, 206
- DISPLAY ID CARD HISTORY FOR PATIENT, 300
- DISPLAY OPEN BATCHES, 122, 270, 456
- DISPLAY PHARMACY INVOICE, 450, 468
- DISPLAY UNAUTHORIZED CLAIM, 513, 543, 556
- DISPLAY, ENTER, EDIT DEMOGRAPHICS, 442
- DISPOSITION MENU, 18
- DISPOSITION UNAUTHORIZED CLAIM, 518
- DISPOSITION/STATUS STATISTICS
- DISPLAY/PRINT, 545

E

EDIT ANCILLARY PAYMENT, 61
 EDIT BATCH DATA, 90, 178, 271, 457
 EDIT CNH AUTHORIZATION, 160
 EDIT CNH PAYMENT, 241
 EDIT COMPLETED 7078, 44
 EDIT MOVEMENT MENU, 207
 EDIT PAYMENT, 332
 EDIT PHARMACY INVOICE, 450, 469
 EDIT PHARMACY INVOICE STATUS, 379
 EDIT REPORT OF CONTACT - CH, 37
 ENTER A REQUEST/NOTIFICATION, 23
 ENTER AUTHORIZATION, 255, 279
 ENTER CNH PAYMENT, 243
 ENTER INVOICE/PAYMENT, 64
 ENTER NEW STATE HOME AUTHORIZATION,
 567, 569
 ENTER PAYMENT, 335
 ENTER PHARMACY INVOICE, 450, 471
 ENTER UNAUTHORIZED CLAIM, 514
 ENTER VETERAN RATES UNDER NEW
 VENDOR CONTRACT, 168
 ENTER/EDIT SUSPENSION LETTERS, 380
 ENTER/EDIT UNAUTHORIZED CLAIM MAIN
 MENU, 510
 ENTITLEMENT
 Medical, Newborn, 33
 ERROR CODES, 598
 EXPIRATION DISPLAY/PRINT, 547

F

FBAA ESTABLISH VENDOR - REQUIRED TO
 ENTER NEW VENDORS., 575
 FBAAFINANCE, 19, 154, 258, 389
 FBAAREJECT, 19, 106, 154, 258, 389
 FEE BASIS 1358 SEGREGATION OF DUTY
 REPORT, 381
 FEE BASIS FLOW CHARTS AND ACTION
 TABLES, 609
 FEE BASIS MAIL BULLETINS, 590
 FEE BASIS/FMS VENDORIZING OVERVIEW,
 594
 FEE FUND CONTROL MAIN MENU - CNH, 155,
 193
 FEE INVOICE ACCEPTANCE DATE
 CONTROLS, 625
 FEE PATIENT INQUIRY, 366
 FEE SCHEDULE MAIN MENU, 383
 FINALIZE A BATCH, 19, 100, 389

G

G.FEE, 150, 180, 246, 390
 G.FEE FINANCE, 150, 180, 246, 390

GENERIC PRICER INTERFACE, 21, 148
 GLOSSARY, 582
 GROUP 7079 PRINT, 301

H

HIGHLIGHTS OF FEE BASIS VENDORIZING,
 595
**HISTORICAL AUTHORIZATION DATA
 REPORT, 303**

I

INDIVIDUAL SUSPENSION LETTER PRINT, 291
 INITIATE APPEAL FOR UNAUTHORIZED
 CLAIM, 521
 INPATIENT CLERK FLOW CHART, 613
 INPATIENT MEDICAL PAYMENT, 604
 INTERFACE BETWEEN VISTA FEE BASIS AND
 CENTRAL FEE PREVENTS DUPLICATE ICN
 PAYMENTS, 633
 INTERFACE OVERVIEW, 633
 INTRODUCTION, 9
 INVOICE DISPLAY, 123, 226, 305, 343
 INVOICE EDIT, 69
 IPAC AGREEMENT MRA, 604
 IPAC AGREEMENT MRA MAIN MENU, 260, 404
 IPAC VENDOR AGREEMENT MENU, 447
 IPAC VENDOR REPORTS, 492
 IPAC VENDOR REPORTS MENU, 124, 306, 494

L

LEGAL ENTITLEMENT, 28
 Newborn, 30
 LETTERS FOR UNAUTHORIZED CLAIM, 511,
 513
 LIST BATCHES PENDING RELEASE, 124, 125,
 127, 129, 183, 306, 307, 309, 394, 494, 495, 497
 LIST INVOICES PENDING MAS COMPLETION,
 450, 475
 LIST ITEMS IN BATCH, 112, 184, 272, 458
 LIST MANAGER, 607
 LIST PHARMACY HISTORY, 450, 476
 LOOP ID 2100, 649
 LOOP ID 2110, 649
 LTC CNH ACTIVE AUTHORIZATIONS REPORT,
 155, 195
 LTC CNH ENDING AUTHORIZATIONS
 REPORT, 155, 197
 LTC OUTPATIENT ACTIVE AUTHORIZATIONS
 REPORT, 255, 285
 LTC OUTPATIENT ENDING AUTHORIZATION
 REPORT, 255, 287

M

- MEDICAL DELETE VOID PAYMENT, 436
- MEDICAL ENTITLEMENT
 - Newborn, 33
- MEDICAL ENTITLEMENT, 31
- MEDICAL FEE MAIN MENU
 - BATCH MAIN MENU
 - ACTIVE BATCH LISTING BY STATUS, 264
 - BATCH DELETE, 266
 - BATCH STATUS FOR A RANGE OF BATCHES, 267
 - CLOSE-OUT BATCH, 268
 - DISPLAY OPEN BATCHES, 270
 - EDIT BATCH DATA, 271
 - LIST ITEMS IN BATCH, 272
 - OPEN A BATCH, 273
 - RELEASE A BATCH, 275
 - RE-OPEN BATCH, 274
 - STATUS OF BATCH, 277
 - BATCH MAIN MENU, 254
 - ENTER AUTHORIZATION, 255, 279
 - LTC OUTPATIENT ACTIVE
 - AUTHORIZATIONS REPORT, 255, 285
 - LTC OUTPATIENT ENDING
 - AUTHORIZATION REPORT, 255, 287
 - Outputs Main Menu
 - DISPLAY ID CARD HISTORY FOR PATIENT, 300
 - GROUP 7079 PRINT, 301
 - HISTORICAL AUTHORIZATION DATA REPORT, 303
 - INVOICE DISPLAY, 305
 - OBSOLETE ID CARDS LIST, 311
 - OUTPATIENT COST REPORT, 312
 - PAYMENT AGING REPORT, 313
 - POTENTIAL COST RECOVERY REPORT, 317
 - PRINT REJECTED PAYMENT ITEMS, 320
 - PSA OUTPUT REPORT, 322
 - VALID ID CARDS LIST, 324
 - VENDOR PAYMENTS OUTPUT, 325
 - VETERAN PAYMENTS OUTPUT, 327
 - OUTPUTS MAIN MENU
 - 7079 Print FOR SELECTED PATIENT, 293
 - CHECK DISPLAY, 299
 - INDIVIDUAL SUSPENSION LETTER PRINT, 291
 - PAYMENT HISTORY DISPLAY, 314
 - SUSPENSION LETTER PRINT, 289
 - OUTPUTS MAIN MENU, 255
 - Overview, 254
 - PAYMENT MENU
 - AUTHORIZATION DISPLAY, 364
 - DELETE PAYMENT ENTRY, 329
 - EDIT PAYMENT, 332
 - ENTER PAYMENT, 335
 - INVOICE DISPLAY, 343
 - MULTIPLE PAYMENT ENTRY, 345
 - REIMBURSEMENT PAYMENT ENTRY, 355
 - RE-INITIATE REJECTED PAYMENT ITEMS, 352
 - TRAVEL PAYMENT ONLY, 360
- PAYMENT MENU, 256
- REGISTRATION MENU
 - FEE PATIENT INQUIRY, 366
 - PRINT REPORT OF CONTACT, 368
 - REPORT OF CONTACT, 369
- REGISTRATION MENU, 257
- SUPERVISOR MAIN MENU, 257
- SUPERVISOR MAIN MENU
 - ADD NEW PERSON FOR UNAUTHORIZED CLAIM, 372
 - CLERK LOOK-UP FOR AN AUTHORIZATION, 373
 - Contract File Enter/Edit, 374
 - DELETE REJECT FLAG, 375
 - EDIT PHARMACY INVOICE STATUS, 379
 - ENTER/EDIT SUSPENSION LETTERS, 380
 - FEE BASIS 1358 SEGREGATION OF DUTY REPORT, 381
 - FEE SCHEDULE MAIN MENU, 383
 - FINALIZE A BATCH, 389
 - LIST BATCHES PENDING RELEASE, 394
 - MRA MAIN MENU, 395
 - PRICER BATCH RELEASE, 407
 - PRINT REJECTED PAYMENT ITEMS, 408
 - QUEUE DATA FOR TRANSMISSION, 410
 - RE-INITIATE REJECTED PAYMENT ITEMS, 413
 - RELEASE A BATCH, 416
 - REPROCESS OVERDUE BATCH, 418
 - REQUEST INFO FILE ENTER/EDIT, 424
 - RESEND COMPLETED BATCH, 422
 - SITE PARAMETER ENTER/EDIT, 425
 - Unauthorized Claims File Menu, 430
 - VOID PAYMENT MAIN MENU, 432
- TERMINATE ID CARD, 262, **440**
- VENDOR MENU, 263
- VENDOR MENU
 - DISPLAY, ENTER, EDIT DEMOGRAPHICS, 442
 - PAYMENT DISPLAY FOR PATIENT, 444
 - PAYMENT LOOK-UP FOR MEDICAL VENDOR, 445
 - PHARMACY VENDOR PAYMENT LOOK-UP, 446
- MEDICAL FEE MAIN MENU FLOW CHART, 616
- MEDICAL FEE MAIN MENU TABLE OF ACTION, 618
- MEDICAL VENDOR MRA, 602

MEDICAL VOID PAYMENT, 437
 MILITARY TIME CONVERSION TABLE, 584
 MODIFY UNAUTHORIZED CLAIM, 517
 MOVEMENT MAIN MENU – CNH, 155
 LTC CNH ENDING AUTHORIZATIONS
 REPORT, 155
 UPDATE VENDOR CONTRACT/RATES –
 CNH, 158
 VENDOR ENTER/EDIT, 158
 MRA AND PAYMENT MESSAGES, 602
 MRA MAIN MENU, 395
 MRA'S AWAITING AUSTIN APPROVAL, 398
 MULTIPLE ANCILLARY PAYMENTS, 74
 MULTIPLE PAYMENT ENTRY, 345
 MULTIPLE RATES FOR CNH VENDORS, 592

N

NATIONAL COUNCIL FOR PRESCRIPTION
 DRUG PROGRAMS (NCPDP) REJECT CODES,
 649
 NEWBORN AUTHORIZATIONS
 Provider's Newborn Authorization Letter, 647
 NEWBORN CARE AUTHORIZATIONS
 Forms, 637
 Inpatient Authorization and Notification, 638
 Outpatient Authorization, 644
 Veteran's Newborn Authorization Letter, 646
 NEWBORN CLAIMS ENHANCEMENT, 30
NEWBORN SERVICES AUTHORIZATIONS,
 637
 Eligibility Criteria, 637, 649
 NON-VA HOSPITAL ACTIVITY REPORT, 130
 NOTIFICATION/REQUEST EDIT, 27
 NOTIFICATION/REQUEST MENU, 17
 NURSING HOME 10-0168 REPORT, 227

O

OBSOLETE ID CARDS LIST, 311
 OPEN A BATCH, 89
 OPEN A PHARMACY BATCH, 459
 OPEN ANCILLARY PAYMENT BATCH, 114
 OPEN BATCH STATUS, 171
 OPEN CNH BATCH, 185
 ORIENTATION, 11
 OUTPATIENT COST REPORT, 312
 OUTPATIENT MEDICAL PAYMENT, 604
 OUTPUT MAIN MENU - CNH, 212
 OUTPUT MAIN MENU – CNH, 156
 OUTPUT MENU, 20
 OUTPUTS FOR UNAUTHORIZED CLAIMS, 512
 OUTPUTS MAIN MENU, 255

P

PACKAGE MANAGEMENT, 13
 PACKAGE OPERATION, 15
 PATIENT RE-IMBURSEMENT, 451, 477
 PATIENT REIMBURSEMENT FOR ANCILLARY
 SERVICES, 80
 PAYMENT & TOTALS REPORT - CNH, 231
 PAYMENT AGING REPORT, 132, 313
 PAYMENT DISPLAY FOR PATIENT, 444
 PAYMENT HISTORY DISPLAY, 314
 PAYMENT LISTING FOR VENDOR/VETERAN,
 492, 499
 PAYMENT LOOK-UP FOR MEDICAL VENDOR,
 445
 PAYMENT MAIN MENU - CNH, 157
 PAYMENT MENU, 256
 PAYMENT PROCESS MENU, 18
 PAYMENTS FOR UNAUTHORIZED CLAIMS,
 512, 535
 PENDING PRICER REJECTS, 133, 422
PHARMACY DELETE VOID PAYMENT, 438
 PHARMACY FEE MAIN MENU, 621
 PHARMACY FEE MAIN MENU
 BATCH MENU - PHARMACY, 449
 BATCH DELETE, 453
 CLOSE-OUT BATCH, 454
 DISPLAY OPEN BATCHES, 456
 EDIT BATCH DATA, 457
 LIST ITEMS IN BATCH, 458
 OPEN A PHARMACY BATCH, 459
 RELEASE A BATCH, 461
 RE-OPEN BATCH, 460
 STATUS OF BATCH, 463
 CHECK DISPLAY, 449, 465
 CLOSEOUT PHARMACY INVOICE, 466
 COMPLETE PHARMACY INVOICE, 450, 467
 DISPLAY PHARMACY INVOICE, 450, 468
 EDIT PHARMACY INVOICE, 450, 469
 ENTER PHARMACY INVOICE, 471
 LIST INVOICES PENDING MAS
 COMPLETION, 450, 475
 LIST PHARMACY HISTORY, 450, 476
 Overview, 449
 PATIENT RE-IMBURSEMENT, 451, 477
 PHARMACY INVOICE STATUS, 451, 481
 POTENTIAL COST RECOVERY REPORT, 451,
 482
 PRESCRIPTIONS PENDING PHARMACY
 REVIEW, 451, 484
 REVIEW FEE PRESCRIPTION, 451, 485
 VENDOR PAYMENTS OUTPUT, 451, 488
 VETERAN PAYMENTS OUTPUT, 452, 490
 PHARMACY FEE MAIN MENU FLOW CHART,
 619
 PHARMACY INVOICE STATUS, 451, 481

PHARMACY PAYMENT, 605
 PHARMACY VENDOR MRA, 602
 PHARMACY VENDOR PAYMENT LOOK-UP,
 446
 POST COMMITMENTS FOR OBLIGATION, 194
 POTENTIAL COST RECOVERY REPORT, 134,
 232, 317, 451, 482
 PREFACE, VI
 PRESCRIPTIONS PENDING PHARMACY
 REVIEW, 451, 484
 PRICER BATCH RELEASE, 94, 407
 PRINT ENTITLEMENT AUDIT, 38
 PRINT FEE SCHEDULE, 387
 PRINT LIST OF CANCELLED 7078, 47, 169
 PRINT REJECTED PAYMENT ITEMS, 138, 320,
 408
 PRINT REPORT OF CONTACT, 368
 PRINT REPORT OF CONTACT - CH, 39
 PROVIDER'S NEWBORN CARE
 AUTHORIZATIONS LETTER, 647
 PSA OUTPUT REPORT, 322
 PURGE TRANSMITTED MRAS, 403, 404, 405,
 406

Q

QUEUE DATA FOR TRANSMISSION, 21, 157,
 246, 410

R

RARC, *II*, 61, 64, 332, 335, 469, 471, 583, 649
 RARCS, 649
 RECEIVE REQUESTED INFORMATION, 511
 RECONSIDER A DENIED REQUEST, 40
 REGISTRATION MENU, 257
 REIMBURSEMENT FOR INPATIENT HOSPITAL
 INVOICE, 85
 REIMBURSEMENT PAYMENT ENTRY, 355
 RE-INITIATE PRICER REJECTED ITEMS, 95
 RE-INITIATE REJECTED PAYMENT ITEMS,
 104, 186, 352, 413
 REINSTATE STATE HOME AUTHORIZATION,
 567, 577
 REINSTATE VENDOR MRA, 395
 RELEASE A BATCH, 97, 189, 275, 416, 461
 REMITTANCE REMARKS, 58, 342, 655, 656, 657
 REMITTANCE REMARKS, 342, 655, 656, 657
 RE-OPEN BATCH, 93, 188, 274, 460
 RE-OPEN UNAUTHORIZED CLAIM, 519
 REPORT OF ADMISSIONS/DISCHARGES FOR
 CNH, 236
 REPORT OF CONTACT, 369
 REPRINT LETTER(S), 533
 REPROCESS OVERDUE BATCH, 418
 REQUEST INFO FILE ENTER/EDIT, 424

REQUEST INFORMATION ON UNAUTHORIZED
 CLAIM, 511, 527
 REQUEST STATISTICS, 141
 REQUESTS PENDING ENTITLEMENT, 41
 RESEND COMPLETED BATCH, 422
 RE-TRANSMIT MRA'S, 402
 RETURN ADDRESS DISPLAY/EDIT, 565
 REVIEW FEE PRESCRIPTION, 451, 485
REVISION HISTORY, II
 ROSTER PRINT, 237

S

SET UP A 7078, 48
 SITE PARAMETER ENTER/EDIT, 425
 SOCIAL WORK SERVICE FLOW CHART, 613
 STATE HOME MAIN MENU
 ACTIVE AUTHORIZATION REPORT, 567, 579
 CHANGE A STATE HOME
 AUTHORIZATION, 567, 572
 DELETE A STATE HOME AUTHORIZATION,
 567, 575
 ENTER NEW STATE HOME
 AUTHORIZATION, 567, 569
 Overview, 567
 REINSTATE STATE HOME
 AUTHORIZATION, 567, 577
 STATUS DISPLAY/PRINT OF UNAUTHORIZED
 CLAIMS, 548
 STATUS OF BATCH, 110, 191, 277, 463
 SUPERVISOR MAIN MENU, 257
 SUSPENSION LETTER PRINT, 289

T

TABLE OF CONTENTS, 1
 TABLE OF FEE BASIS UNAUTHORIZED
 CLAIMS STATUSES, 588
 TELEPHONE INQUIRY MENU
 Overview, 492
 TELEPHONE INQUIRY MENU
 CHECK DISPLAY, 492, 493
 PAYMENT LISTING FOR
 VENDOR/VETERAN, 492, 499
 VENDOR PAYMENTS OUTPUT, 492, 506
 VETERAN PAYMENTS OUTPUT, 492, 507
 TERMINATE ID CARD, 262, **440**
 TRANSACTION DESCRIPTION, 634
 TRANSACTION TRIGGER EVENTS, 634
 TRANSACTION TYPES, 633
 TRANSFER DELETE, 203
 TRANSMITTED, 246
 TRAVEL PAYMENT, 605
 TRAVEL PAYMENT ONLY, 360

U

UNAUTHORIZED CLAIM MAIN MENU
 DISPLAY UNAUTHORIZED CLAIM, 513, 556
 ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU
 APPEAL EDIT FOR UNAUTHORIZED CLAIM, 523
 COVA appeal enter/edit, 525
 DISPOSITION UNAUTHORIZED CLAIM, 518
 ENTER UNAUTHORIZED CLAIM, 514
 INITIATE APPEAL FOR UNAUTHORIZED CLAIM, 521
 MODIFY UNAUTHORIZED CLAIM, 517
 RE-OPEN UNAUTHORIZED CLAIM, 519
 ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU, 510
 Letters for Unauthorized Claim, 511, 513
 ADD NEW PERSON FOR UNAUTHORIZED CLAIM, 560
 ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY, 561
 BATCH PRINT LETTERS, 531
 DELETE UNAUTHORIZED CLAIM, 564
 DISASSOCIATE AN UNAUTHORIZED CLAIM, 563
 Reprint Letter(s), 533
 RETURN ADDRESS DISPLAY/EDIT, 565
UPDATE DATE LETTER SENT, 530
 VENDOR ENTER/EDIT, 558
 Outputs for Unauthorized Claims
 ALL CLAIMS BY
 VENDOR/VETERAN/OTHER, 540
 CHECK DISPLAY, 542
 DISPLAY UNAUTHORIZED CLAIM, 543
 DISPOSITION/STATUS STATISTICS
 DISPLAY/PRINT, 545
 EXPIRATION DISPLAY/PRINT, 547
 Status Display/Print of Unauthorized Claims, 548
 UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL, 550
 VENDOR PAYMENTS OUTPUT, 552
 VETERAN PAYMENTS OUTPUT, 554

Outputs for Unauthorized Claims, 512
 Overview, 510
 PAYMENTS FOR UNAUTHORIZED CLAIMS, 512, 535
 RECEIVE REQUESTED INFORMATION, 511, 529
 REQUEST INFORMATION ON UNAUTHORIZED CLAIM, 511, 527
 UNAUTHORIZED CLAIM MAIN MENU FLOW CHART, 622
 UNAUTHORIZED CLAIM MAIN MENU TABLE OF ACTION, 623
 UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL, 142, 550
 UNAUTHORIZED CLAIMS FILE MENU, 430
UPDATE DATE LETTER SENT, 530
 UPDATE FMS VENDOR FILE IN AUSTIN/, 395
 UPDATE REPORT OF CONTACT - CH, 42
 UPDATE VENDOR CONTRACT/RATES - CNH, 249
 UPDATE VENDOR CONTRACT/RATES - CNH, 158

V

V5010 X12 835, 649
 VAF 10-7078, 20
 VALID ID CARDS LIST, 324
 VENDOR ENTER/EDIT, 158, 250, 558
 VENDOR ERROR CODES, 598
 VENDOR MENU, 263
 VENDOR MRA MAIN MENU, 395
 VENDOR PAYMENTS OUTPUT, 144, 238, 325, 451, 488, 492, 506, 552
 VENDORIZING, 594
 VETERAN MRA, 602
 VETERAN MRA MAIN MENU, 399
 VETERAN PAYMENTS OUTPUT, 146, 239, 327, 452, 490, 492, 507, 554
 VETERAN'S NEWBORN AUTHORIZATION LETTER, 646
 VOID PAYMENT MAIN MENU, 432
 VOUCHERED, 138, 150, 173, 179, 234, 246, 320, 375, 389, 408, 410