Department of Veterans Affairs
Decentralized Hospital Computer Program

FEE BASIS

USER MANUAL

Version 3.5

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Preface

The DHCP 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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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.

- Ability to create and edit State Home authorizations.

The DHCP 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) DHCP 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.

Orientation

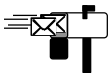
Package Operation

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.

The following icons are used to highlight key points in the option documentation.

Enhancements and functionality changes

Required security keys


Electronic Mail Messages/Bulletins

Integration points

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.

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.

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.

Overview

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

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

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.

Overview

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

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 by a supervisor to reject payment items within a batch when payment items have been rejected by Austin. You must hold the FBAASUPERVISOR security key to use this option.

Overview

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate rejected payment items and to assign them to a new batch.

DELETE REJECT FLAG - used by a supervisor to delete a reject flag previously entered for selected items in a batch. You must hold the FBAASUPERVISOR 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

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.

INVOICE DISPLAY - used to view and print a copy of a Contract Hospital invoice.

Overview

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 by the Central Fee System in Austin 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 - 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 - 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 - 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:  BACON,JOSEPH       00-00-14     106104877     SC VETERAN
```

```
BACON,JOSEPH                            106-10-4877              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>
```

```
BACON,JOSEPH                            106-10-4877              1914
==============================================================================


Status      : INACTIVE INPATIENT       Discharge Type : REGULAR

Admitted    : OCT 25,1985              Discharged     : NOV 1,1985@14:42
Ward        : 8C ORTHO SURG            Room-Bed       :
Provider    : LARKIN,RICK              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

...BACON,JOSEPH (106-10-4877)                                        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:   PRIVATE HOSPITAL    987678978  CONTRACT HOSPITAL
          923 ANY WAY
          ARGON,  NEW YORK  17165-9967
          TEL. #:  717-653-9366

Patient Name: BACON,JOSEPH                      Pt.ID: 106-10-4877

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  PRIVATE HOSPITAL                 ID Number: 987678978
     Address:  923 ANY WAY                      Specialty:
        City:  ARGON                                 Type:  PRIVATE HOSPITAL
       State:  NEW YORK               Participation Code: CONTRACT HOSPITAL
         ZIP:  17165-9967             Medicare ID Number: 126789
      County:  MONROE                              Chain:
       Phone:  717-653-9366                 Pricer Exempt: Yes
         Fax:  717-653-9300
 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:  MARIA BACON
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
ATTENDING PHYSICIAN:  <RET>

               REPORT OF CONTACT INFORMATION
TYPE OF CONTACT:  T  telephone
PHONE # OF PERSON CONTACTED:   645-3499
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:  LONG,HOWARD    05-06-53    456776990    SC VETERAN
     1     8-25-1990@08:00:00   MEMORIAL HOSPITAL     LONG,HOWARD
     2     8-13-1990@14:00:00   MEMORIAL HOSPITAL     LONG,HOWARD
CHOOSE 1-2:  1  8-25-1990@08:00:00
VENDOR: MEMORIAL HOSPITAL//    <RET>
PERSON WHO CALLED: DR BROWN//    <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>
ATTENDING PHYSICIAN: DR BROWN//    <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: DR BROWN//    <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: BLACK,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 set up 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:  KIRKER,DENNIS     1/1/55      101918171      NSC VETERAN
12-13-1994@07:34:36     DRAPER PHARMACY AND SURGICAL SUPPLY      KIRKER,DENNIS


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: DRAPER PHARMACY AND  497549564
  VETERAN: KIRKER,DENNIS                AUTHORIZATION FROM DATE: DEC 13, 1994
  AUTHORIZATION TO DATE: DEC 14, 1994   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 1500                USER ENTERING: GRAY,MARY ELLEN
  STATUS: INCOMPLETE                    DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: DEC 13, 1994
  DATE OF DISCHARGE: DEC 14, 1994


 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: DRAPER PHARMACY AND  497549564
  VETERAN: KIRKER,DENNIS                AUTHORIZATION FROM DATE: DEC 13, 1994
  AUTHORIZATION TO DATE: DEC 14, 1994   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 1500                USER ENTERING: GRAY,MARY ELLEN
  STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: DEC 13, 1994
  DATE OF DISCHARGE: DEC 14, 1994


 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

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:  BACON,JOSEPH          00-00-14     106104877     SC VETERAN
     1     8-12-1993@18:18:03      MAJOR RURAL MEDICAL CENTER     BACON,JOSEPH

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: MAJOR RURAL MEDICAL  49574568758
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: AUG 11, 1993
  AUTHORIZATION TO DATE: DEC 15, 1993   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 1500                USER ENTERING: GRAY,MARY ELLEN
  STATUS: INCOMPLETE                    DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
  DATE OF DISCHARGE: DEC 15, 1993


 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: MAJOR RURAL MEDICAL
49574568758
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: AUG 11, 1993
  AUTHORIZATION TO DATE: DEC 15, 1993   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 1500                USER ENTERING: GRAY,MARY ELLEN
  STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
  DATE OF DISCHARGE: DEC 15, 1993

 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
Display a Request/Notification

Introduction

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

Example

```
Select Patient:  KIRKER,DENNIS          02-22-22     019401234     SC VETERAN
  1  8-16-1994@15:42:54   BASIC GENERAL HOSPITAL     KIRKER,DENNIS
  2  12-13-1994@07:34:36   DRAPER PHARMACY AND SURGICAL SUPPLY   KIRKER,DENNIS
CHOOSE 1-2:  1  8-16-1994@15:42:54


DATE/TIME: AUG 16, 1994@15:42:54        VENDOR: TROY GENERAL HOSPITAL
  PERSON WHO CALLED: DAN ADAMS         VETERAN: KIRKER,DENNIS
  AUTHORIZED FROM DATE/TIME: AUG 14, 1994@15:43:31
  ADMITTING DIAGNOSIS: CHEST PAIN    ATTENDING PHYSICIAN: BROWN,JOHN,MD
  USER ENTERING NOTIFICATION: SMITH,MARY
  LEGAL ENTITLEMENT: YES
  DATE OF LEGAL DETERMINATION: AUG 16, 1994
  USER ENTERING LEGAL DETERM.: SMITH,MARY
  MEDICAL ENTITLEMENT: YES
  DATE OF MEDICAL DETERMINATION: AUG 16, 1994
  USER ENTERING MEDICAL DETERM.: SMITH,MARY
  REQUEST STATUS: COMPLETE              ASSOCIATED 7078: C93999.0010
  DATE/TIME OF ADMISSION: AUG 14, 1994@15:43:31


Select Patient:
```

Notification/Request Menu
Delete Notification/Request

FBAASUPERVISOR - 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:  BACON,JOSEPH           00-00-14     106104877     SC VETERAN
     1     8-12-1993@18:22:21       MAJOR RURAL MEDICAL CENTER
BACON,JOSEPH
     2     10-27-1993@08:00:00       AGAIN     BACON,JOSEPH
     3     10-28-1993@08:00:00       AGAIN     BACON,JOSEPH
CHOOSE 1-3:  1  8-12-1993@18:22:21


DATE/TIME: AUG 12, 1993@18:22:21        VENDOR: MAJOR RURAL MEDICAL CENTER
  PERSON WHO CALLED: ADMITTING CLERK    VETERAN: BACON,JOSEPH
  AUTHORIZED FROM DATE/TIME: AUG 12, 1993@14:00
  USER ENTERING NOTIFICATION: STELLA,KAREN H
  LEGAL ENTITLEMENT: YES
  DATE OF LEGAL DETERMINATION: OCT  5, 1993
  USER ENTERING LEGAL DETERM.: STELLA,KAREN H
  MEDICAL ENTITLEMENT: YES
  DATE OF MEDICAL DETERMINATION: OCT  5, 1993
  USER ENTERING MEDICAL DETERM.: STELLA,KAREN H
  REQUEST STATUS: COMPLETE
  DATE/TIME OF ADMISSION: AUG 12, 1993@14:00

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:   COREY,DONALD   11-04-19   467213886   SC VETERAN
   6-29-1990@08:00:00       MEMORIAL HOSPITAL     COREY,DONALD
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: DR BROWN//    <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: BLACK,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 - 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
==============================================================================


ABARE,LEONARD  -2386                                  08/09/93@13:09:22
      Field changed: LEGAL ENTITLEMENT     By: MORGAN,MATTHEW
           Date of Change: 06/10/93@12:55:29
BARE,GARY       -3094                                  08/05/93@14:07:58
      Field changed: LEGAL ENTITLEMENT     By: MORGAN,MATTHEW
           Date of Change: 06/06/93@10:05:02
PRITCHARD,ALAN  -4725                                  04/03/93@14:07:58
      Field changed: LEGAL ENTITLEMENT     By: MORGAN,MATTHEW
           Date of Change: 06/12/93@09:53:12
SANTOS,CARLOS  -3123                                  07/19/93@15:37:18
      Field changed: LEGAL ENTITLEMENT     By: MORGAN,MATTHEW
           Date of Change: 08/02/93@14:25:25
```

Notification/Request Menu
Print Report of Contact - CH

Output may now be printed to the screen.

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:   ANDERSON,EUGENE G
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   | 011249523
                                        |                 |
------------------------------------------------------------------------------
    Name of Veteran                     |Telephone No. of Vet.  |Date of Contact
                                        |                       |
   ANDERSON,EUGENE G                    |518-555-0987           |  12/11/94
------------------------------------------------------------------------------
    Address of Veteran                                          |Type of Contact
   391 MAPLE DR                                                 |
   TROY, NY         32937                                       |    Telephone
------------------------------------------------------------------------------
    Person Contacted                                            |Telephone Number of
                                                                |  Person Contacted
   WELBY,MARCUS,MD                                              |  518-555-1234
------------------------------------------------------------------------------
   Brief statement of information requested and given

         DR. WELBY CALLED TO REQUEST AUTHORIZATION TO PROVIDE
         OUTPATIENT SURGICAL SERVICES TO MR. ANDERSON.  CASE WILL BE
         REVIEWED BY DR. JONES.

------------------------------------------------------------------------------
      Division or Section               |   Executed by(signature and title)
          FEE BASIS                     |   MARY ELLEN GRAY
==============================================================================
VA form 119
```

Notification/Request Menu
Reconsider a Denied Request

FBAASUPERVISOR - 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:  MARGOLIN,MERVYN        02-03-35     213895467     MILITARY
RETIREE    8-11-1994@14:30:00       PINE VALLEY COMMUNITY HOSPITAL
MARGOLIN,MERVYN

DATE/TIME: NOV  3, 1994@08:00           VENDOR: PINE VALLEY COMMUNITY HOSPITAL
  PERSON WHO CALLED: Wiseman, Betty     VETERAN: MARGOLIN,MERVYN
  AUTHORIZED FROM DATE/TIME: NOV  1, 1994@08:00
  ADMITTING DIAGNOSIS: CHEST PAIN    ATTENDING PHYSICIAN: DR. FRANKS
  USER ENTERING NOTIFICATION: BUTLER,ROSCOE G
  LEGAL ENTITLEMENT: NO
  DATE OF LEGAL DETERMINATION: DEC 14, 1994
  USER ENTERING LEGAL DETERM.: GRAY,MARY ELLEN
  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

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     BACON,JOSEPH                    106104877
  Authorized From Date:   AUG  2,1993  15:30
  Admission Date:   AUG  2,1993  15:30

AUG  2,1993  19:00     BACON,JOSEPH                    106104877
  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:  COREY,DONALD     11-04-19   467213886   SC VETERAN
   6-29-1990@08:00:00      MEMORIAL HOSPITAL     COREY,DONALD
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:  BACON,JOSEPH         00-00-14     106104877     SC VETERAN
C90234.0029       PRIVATE HOSPITAL     BACON,JOSEPH     INCOMPLETE
AUTHORIZATION TO DATE:  082293  (AUG 22, 1993
DATE OF DISCHARGE:  082293  (AUG 22, 1993)
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:     FORT WAYNE, IN                          569
ACCIDENT RELATED (Y/N):  yes
POTENTIAL COST RECOVERY CASE: N//   yes
```

```
REFERENCE NUMBER: C90234.0029           VENDOR: PRIVATE HOSPITAL 987678978
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: JUL 27, 1993
  AUTHORIZATION TO DATE: AUG 22, 1993   AUTHORITY: PRESUMPTION OF SC
  ESTIMATED AMOUNT: 25                  USER ENTERING: STELLA,KAREN H
  STATUS: COMPLETE                      DATE OF ISSUE: AUG  4, 1993
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: JUL 27, 1993
  DATE OF DISCHARGE: AUG 22, 1993

 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
```

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:  BACON,JOSEPH     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:  bacon

     Searching for a FEE VENDOR
,JOSEPH           00-00-14     106104877     SC VETERAN
     1     C90234.0025       PUBLIC HOSPITAL     BACON,JOSEPH     CANCELLED
     2     C90234.0027       PRIVATE HOSPITAL     BACON,JOSEPH     COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-2:  1  C90234.0025


REFERENCE NUMBER: C90234.0025           VENDOR: PUBLIC HOSPITAL 987654345
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: JUL 21, 1993
  AUTHORIZATION TO DATE: AUG 10, 1993   AUTHORITY: PRESUMPTION OF SC
  ESTIMATED AMOUNT: 1400                USER ENTERING: STELLA,KAREN H
  STATUS: CANCELLED                     DATE OF ISSUE: AUG  4, 1993
  FEE PROGRAM: CIVIL HOSPITAL           USER WHO CANCELLED: GRAY,MARY ELLEN
  DATE CANCELLED: DEC 14, 1994          DATE OF ADMISSION: JUL 21, 1993
  DATE OF DISCHARGE: AUG 10, 1993


 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

The 1358 is updated.

FBAASUPERVISOR - required to access this option.

Introduction

The Cancel 7078 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 a VA Form 10-7078 is cancelled, you may enter the correct authorization by using the Set-up a 7078 option.

Example

```
Select Patient:   BACON,JOSEPH       00-00-14     106104877     SC VETERAN
       1     C90234.0025       PUBLIC HOSPITAL     BACON,JOSEPH     COMPLETE
      2     C90234.0026       PRIVATE HOSPITAL     BACON,JOSEPH     COMPLETE
CHOOSE 1-2:  2  C90234.0026
```

```
REFERENCE NUMBER: C90234.0026           VENDOR: PRIVATE HOSPITAL 987678978
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: AUG  1, 1993
  AUTHORIZATION TO DATE: AUG 15, 1993   AUTHORITY: PRESUMPTION OF SC
  ESTIMATED AMOUNT: 1500                USER ENTERING: STELLA,KAREN H
  STATUS: COMPLETE                      DATE OF ISSUE: AUG  4, 1993
  FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG  1, 1993
  DATE OF DISCHARGE: AUG 15, 1993


 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 - 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                 ABBOTT,JOHN A.     GOOD TIME NURSING HO 987561234
 JUN  9,1993   ALLEN,MARCUS                          JUN  9,1993

C89700.0004                 SMITH,FRED X             ST LUCIA'S HOSP 897653478
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993

C90234.0014                  MOSS,JULIE S.               SUNNY ACRES 225447788
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993

C90234.0015                  MOSS,JULIE S.               SUNNY ACRES 225447788
 JUL 28,1993   SMITH,SALLY R                        JUL 28,1993

C90234.0016                  MOSS,JULIE S.               SUNNY ACRES 225447788
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993

C90234.0017                  MOSS,JULIE S.               SUNNY ACRES 225447788
 JUL 28,1993   STELLA,KAREN H                        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:  SHAKE,MARY           06-12-55     606778899     SC VETERAN

     1     5-14-1993@17:03:55       GOOD TIME NURSING HOME     SHAKE,MARY
     2     5-17-1993@10:00:00       GOOD TIME NURSING HOME     SHAKE,MARY
     3     8-5-1993@08:00:00       PRIVATE HOSPITAL     SHAKE,MARY
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: PRIVATE HOSPITAL 987678978
  VETERAN: SHAKE,MARY                   AUTHORIZATION FROM DATE: AUG  5, 1993
  AUTHORIZATION TO DATE: DEC 14, 1994   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 900                 USER ENTERING: GRAY,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


 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: PRIVATE HOSPITAL 987678978
  VETERAN: SHAKE,MARY                   AUTHORIZATION FROM DATE: AUG  5, 1993
  AUTHORIZATION TO DATE: DEC 14, 1994   AUTHORITY: OBSERVATION & EXAMINATION
  ESTIMATED AMOUNT: 900                 USER ENTERING: GRAY,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


 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
```

CIVIL HOSPITAL
Payment Process Menu
Ancillary Contract Hospital Enter Ancillary Payment

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.

Is this an EDI Claim from the FPPS system?- 1-32 character text ID created by FPPS system. Answering NO indicates that all line items within the invoice will NOT be for an EDI (Electronic Data Interchange) Claim. Answering YES indicates that all of the line items within the invoice will be for an EDI Claim. Answering YES will result in an additional prompt appearing at the input of EACH line item.

FPPS Claim ID: 1-32 character text ID created by FPPS system.

FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.

Revenue Code: Revenue code is a 3-digit code associated with itemized charges on a UB92 billing invoice. A revenue code should be entered if a CPT/HCPCS code was not specified for the line item. If both revenue code and a CPT/HCPCS code have been entered for a line item, the revenue code will be considered the more accurate description of the service. During Phase One of the Fee Replacement project, both the Revenue Code and the CPT/HCPCS code must be entered when available.

Units Paid: Units of service being paid for this line item if any payment is being made for the line item. If payment is disapproved for the line item, enter the units of service that were billed Defaults to one (1) unit.

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.

Adjustment Group: The Adjustment Group Code pertains to the previously entered adjustment reason code. There are only 5 acceptable HIPAA Adjustment Group Codes to select from. This grouping code pertains to the previously entered adjustment reason code. One (1) Adjustment Group code must be associated with each Adjustment Reason code that is entered in VistA Fee Basis.

Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Civil Hospital inpatient claim.

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

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.

Only authorized Contract Hospital ancillary payments can be entered through this option. All other Fee Basis payments are entered through other payme nt 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 ba tch (set by the Max. # Payment Line Items site parameter).

Example

```
Select Payment menu Option: ENTER Payment


Select FEE BASIS BATCH NUMBER:   1591
  Obligation #: C95003




Select Patient: FEEP
   1   FEEPATIENT,FEE A        3  -15-40    405345678            SC VETERAN

   2   FEEPATIENT,FEE B        7  -15-40    000003424           NSC VETERAN

   3   FEEPATIENT,MST A        1  -20-55    803945832         05  -01-01     NSC VET
ERAN
   4   FEEPATIENT,MST B        5  -4-30    604 324567           SC VETERAN

CHOOSE 1-4: 1  FEEPATIENT,FEE A        3  -15-40    405345678           SC VETERAN




FEEPATIENT,FEE A                      Pt.ID: 405   -34-5678
1313 MOCKINGBIRD LN                     DOB: MAR 15,1940
HAMPTON                                  TEL: 555   -5555
VIRGINIA 23664                       CLAIM #: Not on File
                                      COUNTY: HAMPTON (IC)

Primary Elig. Code: SERVICE CONNECTED 50% to 100%     --  VERIFIED  SEP 05, 2000
Other Elig . Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 60%
 Rated Disabilities: NONE STATED

    Health Insurance: NO
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ========================================  ================================
    No Insurance Information

                 ***  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 A                        Pt.ID: 405   -34-5678
```

Example (Cont.)

```
AUTHORIZATIONS:
   (1) FR: 3/1/2003      VENDOR: Not Specified
       TO: 9/30/2003
                         Authorization Type: Unknown
           DX: test
                test2
               test3
       County: HAMPTON (IC)             PSA: Unknown

           REMARKS:
              TEST

   (2) FR: 2/9/2003      VENDOR: Not Specified
       TO: 5/20/2003
                         Authorization Type: Outpatient    - Short Term
           Purpose of Visit: CHIROPRACTIC CARE
           DX:
       County: HAMPTON (IC)             PSA: ALBANY

Enter RETURN to continue or '^' to exit: ^




Enter a number (1 -28): 2
AUTHORIZATION REMARKS:
  1>No remarks
EDIT Option:
DX LINE 1:
DX LINE 2:
DX LINE 3:


Select FEE BASIS VENDOR NAME: ACUTE   CARE SPECIALISTS INC    341339182  DOCTOR
OF MEDIC
          2620 RIDGEWOOD RD  100
          TEST
          AKRON, OH  44313    TEL. #:  1  -800-837-0703

                       ***  VENDOR DE  MOGRAPHICS  ***

        Name:  ACUTE CARE SPECIALISTS INC       ID Number: 341339182
     Address:  2620 RIDGEWOOD RD  100           Specialty: PHYSICIANS    -NONDIPLOM
 Address [2]:  TEST
        City:  AKRON                                 Type: PHYSICIAN
       State:  OHIO                     Participation Code: DOCTOR OF MEDICINE
         ZIP:  44313                    Medicare ID Number: 333333
      County:  ADAMS                                Chain:
       Phone:  1 -800-837-0703
         Fax:
 Type (FPDS):  SMALL BUSINESS
 Austin Name:  ACUTE CARE SPECIALISTS INC
 Last Change                                  Last Change by Station 500
   TO Austin:  5/18/99                          FROM Austin:  5/18/99
Want to Edit data? NO//
```

Example (Cont.)

```
Patient  Name: FEEPATIENT,FEE A            SSN: 405345678

  VENDOR: ACUTE CARE SPECIALISTS INC
     2620 RIDGEWOOD RD  100
     AKRON, OHIO   44313
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT -MODIFIER       AMT CLA IMED AMT PAID  CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------

  03/07/03  90819            $   10.00   $    9.00 1      2200      1600
  03/04/03  17304            $  100.00   $   90.00 1      21    78      1629
  03/04/03  10180            $   50.00   $   50.00        2178      1629
  03/03/03  11200 -50         $     .09   $     .09        2191      49
                  -51
                  -52
* 02/19/03  99284            $  150.00   $   86.62 1         2172      1629
  11/07/02  99284            $ 1000.00   $     .00 4      2168      1600
  08/27/02  99025            $   50.00   $   50.00        2162      1600
  08/26/02  G0153            $   20.00   $   20.00        2153      1591
  08/12/02  100 60-23         $    2.22   $    2.22        2171      1400
  08/12/02  10060 -23         $     .25   $     .00 4      2175      1400
  12/05/01  90801            $   20.00   $   20.00        2050      1549
  12/05/01  33315 -26         $   40.00   $   40.  00        2050      1549
Enter RETURN to continue or '^' to exit: ^

Want a new Invoice number assigned? YES//   <RET>

Invoice # 2214 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  T-2  (APR 27, 20 03)


Enter Vendor Invoice Date:  T-4  (APR 25, 2003)
PATIENT ACCOUNT NUMBER:  4753822
Is this an EDI Claim from the FPPS System?   YES
FPPS Claim ID:  1234

Will any line items in this invoice be for contracted services? No//     YES


Date of Service:  3/10/2003   MAR 10, 2003..

$ 3 for travel already entered for this date of service

Total already paid on ID Card for month:   $ 0   Maximum allowed: $ 125
Total already paid on All/Other for month: $ 140

SITE OF SERVICE ZIP CODE: 44313//   44313

Select Service Prov ided: 98940       CHIROPRACTIC MANIPULATION

Current list of modifiers: none
Select CPT MODIFIER:  <RET>

Major Category: MEDICINE
  Sub-Category: CHIROPRACTIC MANIPULATIVE TREATMENT
      Procedure: 98940   CHIROPRACTIC MANIPULATION
```

Example (Cont.)

```
                    Detail Description
                    ==================

CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS

CODE TEXT MAY BE INACCURATE
Is this correct? YES//  <RET>
       CHIROPRACTIC MANIPU  LATION
REVENUE CODE:  <RET>
UNITS: 1//  <RET>
FPPS LINE ITEM:  1
Is this line item for a contracted service? No//      NO
Select PLACE OF SERVICE:  11       OFFICE
AMOUNT CLAIMED:  25
  Fee schedule amount is $23.55 from the 2003 RBRVS FEE SCHEDULE
AMOUNT PAI D: 23.55//  <RET>
Up to 2 adjustment reasons can be specified.
Select ADJUSTMENT REASON:  119  Benefit maximum for this time period has been reached.
  ADJUSTMENT GROUP:  CO  Contractual Obligation
  ADJUSTMENT AMOUNT: 1.45//  1.00
Select ADJUSTMENT REASON:  42  Charges exceed our fee schedule or maximum allowable
amount.
  ADJUSTMENT GROUP:  CO  Contractual Obligation
  ADJUSTMENT AMOUNT: 0.45//  <RET>
PRIMARY DIAGNOSIS: 724.1  724.1     PAIN IN THORACIC SPINE
         ...OK? Yes//   (Yes)

HCFA TYPE OF SER VICE:  <RET>
SERVICE CONNECTED CONDITION?:   Y  (YES)
REMITTANCE REMARK:  MA125  Per legislation governing this program, payment constitutes
payment in full.
REMITTANCE REMARK:  <RET>

Select Service Provided:


Date of Service:

Invoice: 2214 Totals $ 23.55




Select Patient:


Select FEE BASIS BATCH NUMBER:
```

CIVIL HOSPITAL
Payment Process Menu
Complete a Payment

New Prompts:

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.

Adjustment Group: The Adjustment Group Code pertains to the previously entered adjustment reason code. There are only 5 acceptable HIPAA Adjustment Group Codes to select from. This grouping code pertains to the previously entered adjustment reason code. One (1) Adjustment Group code must be associated with each Adjustment Reason code that is entered in VistA Fee Basis.

Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Civil Hospital inpatient claim.

Required Prompt!

DRG Weight: DRG weight is not a new prompt; however, data entry of this field is now <u>required</u> to meet HIPAA regulations, instead of being optional as in previous releases of VistA Fee Basis.

To answer the prompt, type a number between 0 and 999.9999, using up to 4 decimal digits. Please note that the VistA Fee Basis System user must enter the decimal point – this is not automatically entered.

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.

Example

```
Select Payment Process Menu Option:   complete a Payment

Select FEE BASIS BATCH NUMBER:   22132       C27042
Would you like to reject any invoices from the pricer? NO// n  NO


Select Patient:  FeePatient, milES H    FEEPATIENT, MILES   H        7 -17-25    5612
82421    YES    40%    SC VETERAN    WL/LL/
 Enrollment Priority: GROUP 2    Category: IN PROCESS    End Date:
    64077                FEEPATIENT,MILES H


                                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
==============================================================================

FEEPATIENT,MILES H  56 1-28-2421                 Feemh092203
    CHARTER HOSPITAL OF CORONA               952685883        64077
    12345678      ALL              06/14/03   6/14/03    04/25/03   09/12/03
    14500.00     0.00        23                  0.00
    Dx:  670.04
    Proc: 98.03
    Associated 7078: C27042.0352
    Batch #: 22132                      Date Finalized:




NVH PRICER AMOUNT:  1233.24
AMOUNT PAID:  1202.44
Select ADJUSTMENT REASON:   42    Charges exceed our fee schedule or maximum
                allowable amount.
ADJUSTMENT GROUP:  oa    Other adjustments
ADJUSTMENT AMOUNT: 13297.56// 13297.56   <RET>
DISCHARGE DRG:  1  DRG1
DRG WEIGHT:  1.0234

Current list of Remittance Remarks: none

Select REMITTANCE REMARK:   ma125    Per legislation governing   this program, payment
                constitutes payment in full.

Current list of Remittance Remarks: MA125,

Select REMITTANCE REMARK:   <RET>

Select FEE BASIS BATCH NUMBER:    <RET>
```

Payment Process Menu
Delete Inpatient Invoice

New Prompts

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only required if the user answered YES to the above prompt during invoice entry. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: A remittance remark code to provide non-financial information critical to understanding the adjudication of the claim

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 FEE BASIS BATCH NUMBER: 1708       C95003

Select Invoice to delete: 2368



                              INVOICE DISPLAY
                             =================

Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
                         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: BETH ISRAEL HOSPITAL              Vendor ID: 042103881
  4/9/03           2368        4/9/03          4/9/03     123355432
      1.99         1.99  1          103                10.33   12,1
      FPPS Claim ID: 4100     FPPS Line Item: 1-3
  DX: 122.1    122.2    122.3    122.4
  PROC: 79.00    79.01    79.02    79.03
    Associated 7078: C95003.0079
    Batch #: 1708                       Date Finalized:


Sure you want to delete this invoice? No//
```

CIVIL HOSPITAL
Payment Process Menu
Edit Ancillary Payment

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.

Is this an EDI Claim from the FPPS system?- 1-32 character text ID created by FPPS system. Answering NO indicates that all line items within the invoice will NOT be for an EDI (Electronic Data Interchange) Claim. Answering YES indicates that all of the line items within the invoice will be for an EDI Claim. Answering YES will result in an additional prompt appearing at the input of EACH line item.

FPPS Claim ID: 1-32 character text ID created by FPPS system.

FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.

Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.

Adjustment Group: The Adjustment Group Code pertains to the previously entered adjustment reason code. There are only 5 acceptable HIPAA Adjustment Group Codes to select from. This grouping code pertains to the previously entered adjustment reason code. One (1) Adjustment Group code must be associated with each Adjustment Reason code that is entered in VistA Fee Basis.

Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Civil Hospital inpatient claim.

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

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 that have been transmitted cannot be edited.

Example

```
Select Payment menu Op tion: EDit Payment

Select FEE BASIS PAYMENT PATIENT:    FEEPATIENT,FEE A

Select VENDOR:     ACUTE CARE SPECIALISTS INC
Date of Service:  3/10/2003   MAR 10, 2003..
Select SERVICE PROVIDED: 98940       CHIROPRACTIC MANIPULATION
Service Provided:  98940//        CHIROPRACTIC MANIPULATION

Current list of modifiers: none
Select CPT MODIFIER:
REVENUE CODE:  <RET>
UNITS: 1//  <RET>
SITE OF SERVICE ZIP CODE: 44313//   <RET>
Is this line item for a contracted service? No//      NO
PLACE OF SERVICE: O FFICE (11)//  <RET>
AMOUNT CLAIMED: 25//  <RET>
  Fee schedule amount is $23.55 from the 2003 RBRVS FEE SCHEDULE
AMOUNT PAID: 23.55//  <RET>
Up to 2 adjustment reasons can be specified.
Select ADJUSTMENT REASON: 119//   <RET>
  ADJUSTMENT GROUP:  CO// <RET>
  AD JUSTMENT AMOUNT: 1.00//  <RET>
Select ADJUSTMENT REASON: 42//   <RET>
  ADJUSTMENT GROUP:  CO// <RET>
  ADJUSTMENT AMOUNT: 0.45//  <RET>
Is this an EDI Claim from the FPPS System? YES//    <RET>
FPPS Claim ID: 1234//  <RET>
FPPS LINE ITEM: 1//  <RET>
Exit ('^') allo wed now
PRIMARY SERVICE FACILITY: ALBANY//   <RET>
OBLIGATION NUMBER: C95003//   <RET>
DATE CORRECT INVOICE RECEIVED: APR 27,2003//    <RET>
VENDOR INVOICE DATE: APR 25,2003//   <RET>
PATIENT ACCOUNT NUMBER: 4753822//   <RET>
PATIENT TYPE CODE: MEDICAL//   <RET>
TREATM ENT TYPE CODE: SHORT TERM FEE STATUS//   <RET>
PURPOSE OF VISIT: CHIROPRACTIC CARE//   <RET>
PRIMARY DIAGNOSIS: 724.1//   <RET>
HCFA TYPE OF SERVICE:  <RET>
SERVICE CONNECTED CONDITION?: YES//   <RET>
REMITTANCE REMARK: MA125//   <RET>
REMITTANCE REMARK:  <RET>

Select SERVICE PROVIDED:


Select FEE BASIS PAYMENT PATIENT:
```

CIVIL HOSPITAL
Payment Process Menu
Enter Payment

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.

Is this an EDI Claim from the FPPS system?- 1-32 character text ID created by FPPS system. Answering NO indicates that all line items within the invoice will NOT be for an EDI (Electronic Data Interchange) Claim. Answering YES indicates that all of the line items within the invoice will be for an EDI Claim. Answering YES will result in an additional prompt appearing at the input of EACH line item.

FPPS Claim ID: 1-32 character text ID created by FPPS system.

FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.

Covered Days: This is the number of total number of In patient days that the Fee Staff has determined will be paid.

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 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.

Example

```
Select Payment Process Menu Option:   ENter Invoice/Payment


Select Patient:     FEEPATIENT,FEE A



FEEPATIENT,FEE A                       Pt.ID: 405   -34-5678
1313 MOCKINGBIRD LN                      DOB: MAR 15,1940
HAMPTON                                  TEL: 555   -5555
VIRGINIA 23664                       CLAIM #: Not    on File
                                      COUNTY: HAMPTON (IC)

Primary Elig. Code: SERVICE CONNECTED 50% to 100%     --  VERIFIED  SEP 05, 2000
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 60%
 Rated Disabilities: NO  NE STATED

    Health Insurance: NO
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ==========================================================================
    No Insurance Information
                 ***  Patient has In  surance 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 A                        Pt.ID: 405    -34-5678

AUTHORIZATIONS:
   (1) FR: 4/9/2003      VEN  DOR: BETH ISRAEL HOSPITAL   - 042103881
       TO: 4/9/2003
                         Authorization Type: CIVIL HOSPITAL
           Purpose of Visit: AUTHORIZED NON   -VA HOSPITAL CARE FOR SC COND.
           DX: ADMIT DIAF
       County: HAMPTON (IC)               PSA: ALBANY


           REMARKS:
              Hospitalization and Professional care necessary until
              the patients' condition is stabilized or improved
              enough to permit transfer without hazard to a VA or
              other Fe deral facility for continued treatment.

   (2) FR: 8/1/2002      VENDOR: MEMORIAL HOSPITAL    - 146002568A
       TO: 8/13/2002
                         Authorization Type: CIVIL HOSPITAL
           Purpose of Visit: AUTHORIZED NON   -VA HOSPITAL CARE FOR SC   COND.
           DX: DIAG
```

```
       County: HAMPTON (IC)            PSA: VISN 2
            >> DELETE MRA SENT TO AUSTIN ON    -  >>

Enter RETURN to continue or '^' to exit:   ^

Enter a number (1 -18): 1

Patient Name: FEEPATIENT,FEE A                    Pt.ID: 405 -34-5678

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  BETH ISRAEL HOSPITAL             ID Number: 042103881
     Address:  330 BROOKLINE AVE #207           Specialty:
        City:  BOSTON                                   Type: PRIVATE HOSPITAL
       State:  MASSACHUSETTS           Participation Code: NON    -VA HOSPITAL
         ZIP:  02215                   Medicare ID Number: 000000
      County:  MIDDLESEX                            Chain:
       Phone:  617 -7352000
         Fax:
 Type (FPDS):
 Austin Name:  BETH ISRAEL HOSP NUR SV
 Last Change                                 Last Change
   TO Austin:                                  FROM Austin:  11/18/93


Select FEE BASIS BATCH NUMBER:      1648     C95003

Invoice # 22 15 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  T-3  (APR 26, 2003)
Enter Vendor Invoice Date:  T-4  (APR 25, 2003)
PATIENT CONTROL NUMBER:  4737123
Is this an EDI Claim from the FPPS system?   YES
FPPS CLAIM ID:  2345
FPPS LINE ITEM:  ALL
Is this line item for a contracted service? No//      NO
DISCHARGE TYPE CODE:  ?
    Answer with FEE BASIS DISPOSITION CODE, or NUMBER, or NAME
   Choose from:
   1            TO HOME OR SELF CARE
   2            TO ANOT  HER SHORT -TERM FACILITY
   3            TO SKILLED NURSING FACILITY
   4            TO INTERMEDIATE NURSING FACILITY
   5            TO ANOTHER TYPE OF FACILITY
   6            TO HOME FOR HOME HEALTH SERVICES
   7            LEFT AGAINST MEDICAL ADVICE
   8            DIED
   9            STILL A PATIENT

DISCHARGE TYPE CODE:  1  TO HOME OR SELF CARE
COVERED DAYS: 1//  <RET>
BILLED CHARGES:  400
AMOUNT CLAIMED:  400
PAYMENT BY MEDICARE/FED AGENCY:   N  (NO)
ICD1:    724.1     PAIN IN THORACIC SPINE
         ...OK? Yes//    (Yes)
ICD2:
PROC1:
```

CIVIL HOSPITAL
Payment Process Menu
Edit Payment

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.

Is this an EDI Claim from the FPPS system?- 1-32 character text ID created by FPPS system. Answering NO indicates that all line items within the invoice will NOT be for an EDI (Electronic Data Interchange) Claim. Answering YES indicates that all of the line items within the invoice will be for an EDI Claim. Answering YES will result in an additional prompt appearing at the input of EACH line item.

FPPS Claim ID: 1-32 character text ID created by FPPS system.

FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.

Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.

Adjustment Group: The Adjustment Group Code pertains to the previously entered adjustment reason code. There are only 5 acceptable HIPA A Adjustment Group Codes to select from. This grouping code pertains to the previously entered adjustment reason code. One (1) Adjustment Group code must be associated with each Adjustment Reason code that is entered in VistA Fee Basis.

Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Civil Hospital inpatient claim.

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 finalized.

Example

```
Select Payment Process Menu Option:   invoice Edit

Select FEE BASIS BATCH NUMBER:   22097       C27042

Select FEE BASIS INVOICE NUMBER:    64075

                                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. Da   te  Fr Date    To Date
    Amt Claimed  Amt Paid    Cov.Days  Adj Code  Adj Amount     Remit Remark
===============================================================================

HAASEL,DANNY LEE   311  -58-5197                   hasdl0603
    CHARTER OAK  BHS                          95462347001      64075
    8765          ALL              06/14/03   6/14/03    01/02/03   09/05/03
    50000.00     457.82      246       35        49542.18       MA125,N1
    Dx: 250.02
    Proc: 34.03
    Associated 70 78: C27042.0147
    Batch #: 22097                      Date Finalized:

INVOICE DATE RECEIVED: JUN 14,2003//   <RET>
VENDOR INVOICE DATE: JUN 14,2003//   <RET>
PATIENT CONTROL NUMBER: hasdl0603//   <RET>
Is this an EDI Claim from the FPPS system? YES//    <RET>
FPPS CLAIM ID: 8765// 8765   <RET>
Does this VistA invoice cover all line items on the FPPS Claim? YES//     <RET>
Is this line item for a contracted service? No//   NO    <RET>
DISCHARGE TYPE CODE: TO HOME OR SELF CARE//    <RET>
COVERED DAYS: 246//  3
BILLED CHARGES:  56700//  <RET>
PAYMENT BY MEDICARE/FED AGENCY: NO//   <RET>
AMOUNT CLAIMED: 50000//   <RET>
AMOUNT PAID: 457.82//   <RET>
ADJUSTMENT REASON: 35// 35    Benefit maximum has been reached.      <RET>
ADJUSTMENT GROUP: CO// CO    Contractual Obligations     <RET>
ADJUSTMEN T AMOUNT: 49542.18// 49542.18     <RET>
ICD1: 250.02//  <RET>
ICD2:
PROC1: 34.03//  <RET>
PROC2:
Current list of Remittance Remarks: N1, MA125,

Select REMITTANCE REMARK:
```

Payment Process Menu
Multiple Ancillary Payments

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

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.

After the amount claimed is entered, two fee schedules for outpatient services are checked by the software. The system first checks the RBRVS (Resource Based Relative Value Scale) physician fee schedule. If the service is not covered by the RBRVS fee schedule, the system then checks the site-specific VA fee schedule. (This fee schedule is based on payments made during the previous fiscal year by the site and is computed as the 75th percentile of the amount claimed if there where eight or more payments made for that service.) If a fee schedule amount cannot be obtained from either of these fee schedules, you will see the message "Unable to determine a FEE schedule amount."

Introduction, cont.

When using this option, the service provided and the amount paid are entered prior to any dates of service. Therefore, the computer uses the date entered at the "Enter date to use for CPT checks and fee schedule calc: TODAY//" prompt to check if the CPT/HCPCS code is active and to calculate a fee schedule amount. Because the RBRVS (Resource Based Relative Value Scale) fee schedule is based on a calendar year and the VA fee schedule is based on a fiscal year, it is recommended that the date entered at this prompt be within the same calendar year and the same fiscal year as the dates of service. Each time a date of service is entered the computer will recheck the CPT code/modifier to ensure it is active on that date. It will also compute a fee schedule amount for that date and issue a warning when the dollar amount differs from the fee schedule amount initially calculated.

Payment Process Menu
Multiple Ancillary Payments

Example

```
Select FEE BASIS BATCH NUMBER:    49
  Obligation #: C89621


Select Patient: KIRKER,DENNIS


KIRKER,DENNIS                           Pt.ID: 405-34-5678
1313 MOCKINGBIRD LN                       DOB: MAR 15,1940
HAMPTON                                   TEL: 555-5555
VIRGINIA 23664                        CLAIM #: Not on File
                                       COUNTY: HAMPTON (IC)

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  SEP 05, 2000
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 100%
 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: KIRKER,DENNIS                            Pt.ID: 405-34-5678

AUTHORIZATIONS:
   (1) FR: 09/01/01      VENDOR: GOOD TIME,NURSING HOME INC. - 141509755a
       TO: 09/30/02
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX:
       County: HAMPTON (IC)             PSA: MNTVBB.ISC-ALBANY.VA.GOV

   (2) FR: 07/17/01      VENDOR: AMESBURY HOSPITAL - 046001067
       TO: 07/17/01
                         Authorization Type: CIVIL HOSPITAL
          Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
          DX: 100
       County: HAMPTON (IC)             PSA: ALBANY
```

Example, cont.

```
           REMARKS:
              Hospitalization and Professional care necessary until
              the patients' condition is stabilized or improved
              enough to permit transfer without hazard to a VA or
              other Federal facility for continued treatment.


Enter RETURN to continue or '^' to exit: <RET>


Enter a number (1-2): 1
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>


Select FEE BASIS VENDOR NAME: acute CARE SPECIALISTS INC    341339182  DOCTOR
OF MEDIC
          2620 RIDGEWOOD RD  100
          AKRON, OH  44313    TEL. #:  1-800-837-0703


Patient Name: KIRKER,DENNIS                  Pt.ID: 405-34-5678

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  ACUTE CARE SPECIALISTS INC       ID Number: 341339182
     Address:  2620 RIDGEWOOD RD  100           Specialty: PHYSICIANS
 Address [2]:
        City:  AKRON                                 Type: PHYSICIAN
       State:  OHIO                    Participation Code: DOCTOR OF MEDICINE
         ZIP:  44313                   Medicare ID Number: 333333
      County:  ADAMS                               Chain:
       Phone:  1-800-837-0703
         Fax:
 Type (FPDS):
 Austin Name:  ACUTE CARE SPECIALISTS INC
 Last Change                                Last Change by Station 500
   TO Austin:  5/18/99                        FROM Austin:  5/18/99
Enter RETURN to continue or '^' to exit: <RET>
```

Example, cont.

```
Patient Name: KIRKER,DENNIS                        SSN: 405345678

  VENDOR: ACUTE CARE SPECIALISTS INC
     2620 RIDGEWOOD RD  100
     AKRON, OHIO   44313
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------

  12/05/01  90801             $   20.00   $   20.00        2050      1549
* 06/15/01  99214             $  300.00   $   56.50 1      1943      1324
  06/15/01  G0154             $   20.00   $   20.00        1943      1368
  02/28/01  55040             $   20.00   $   20.00        1943      1377

Enter RETURN to continue or '^' to exit: <RET>
Want a new Invoice number assigned? YES// <RET>

Invoice # 2103 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 9/30  (SEP 30, 2001)

Enter Vendor Invoice Date: 9/1  (SEP 01, 2001)
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No// <RET>  NO

Enter date to use for CPT checks and fee schedule calc:  TODAY// 9/30/01
(SEP 30, 2001)

Select Service Provided: 10080       DRAINAGE OF PILONIDAL CYST

Current list of modifiers: none
Select CPT MODIFIER: <RET>

Major Category: SURGERY
  Sub-Category: INTEGUMENTARY SYSTEM
      Procedure: 10080   DRAINAGE OF PILONIDAL CYST

                     Detail Description
                     ==================
INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE
Is this correct? YES// <RET>
SITE OF SERVICE ZIP CODE: 44313// <RET> 44313

Select ICD DIAGNOSIS: 685.1  685.1     PILONIDAL CYST W/O ABSC
         ...OK? Yes// <RET>  (Yes)
```

Example, cont.

```
Select PLACE OF SERVICE: 22       OUTPATIENT HOSPITAL
Select TYPE OF SERVICE: 2       SURGERY

Service connected condition? n  NO
Amount Claimed:  $: 112.10

Is $112.1 correct for Amount Claimed? Yes// <RET>  YES
  Fee schedule amount is $69.01 from the 2001 RBRVS FEE SCHEDULE
Amount Paid: $: 69.01// <RET> 69.01

Is $69.01 correct for Amount Paid? Yes// <RET>  YES
Amount Suspended: $: 43.09// <RET> 43.09


Select FEE BASIS SUSPENSION CODE: 1       Charge exceeds maximum payable


Date of Service: 9/15  (SEP 15, 2001)
Is 9/15/01 correct? Yes// <RET>  YES


       DRAINAGE OF PILONIDAL CYST      ....OK, DONE....
Invoice: 2103 Totals: $ 69.01


Date of Service: 9/30  (SEP 30, 2001)
Is 9/30/01 correct? Yes// <RET>  YES


       DRAINAGE OF PILONIDAL CYST      ....OK, DONE....
Invoice: 2103 Totals: $ 138.02


Date of Service: <RET>


Select Patient: <RET>


Select FEE BASIS BATCH NUMBER:
```

Payment Process Menu
Patient Reimbursement for Ancillary Services

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 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.

The optional CPT MODIFIER prompt allows you to break down services provided to the modifier level.

After the amount claimed is entered, two fee schedules for outpatient services are checked by the software. The system first checks the RBRVS (Resource Based Relative Value Scale) physician fee schedule. If the service is not covered by the RBRVS fee schedule, the system then checks the site-specific VA fee schedule. (This fee schedule is based on payments made during the previous fiscal year by the site and is computed as the 75th percentile of the amount claimed if there where eight or more payments made for that service.) If a fee schedule amount cannot be obtained from either of these fee schedules, you will see the message "Unable to determine a FEE schedule amount."

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

Example

```
Select FEE BASIS BATCH NUMBER:    1323
  Obligation #: C95003


Select Patient: FEENEY,PATRICK    5-4-30    604324567           SC VETERAN





FEENEY,PATRICK                          Pt.ID: 604-32-4567
1000 WATERFRONT RD                        DOB: MAY 4,1930
NEWPORT NEWS                              TEL: Not on File
VIRGINIA 23660                        CLAIM #: Not on File
                                       COUNTY: NEWPORT NEWS (IC)

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  MAY 09, 2001
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 80%
 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: FEENEY,PATRICK                         Pt.ID: 604-32-4567

AUTHORIZATIONS:
   (1) FR: 10/01/01       VENDOR: GOOD TIME,NURSING HOME INC. - 141509755a
       TO: 09/01/02
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: CNH HOSPICE & PALLIATIVE CARE
           DX:
       County: NEWPORT NEWS (IC)        PSA: ABILENE


Is this the correct Authorization period (Y/N)? Yes// <RET>  YES
```

Example, cont.

```
            Patient:  FEENEY,PATRICK
            Address Line 1:  1000 WATERFRONT RD
                      City:  NEWPORT NEWS
                     State:  VIRGINIA
                       Zip:  23660
                    County:  NEWPORT NEWS (IC)

Want to edit Address data? No// <RET>  NO
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>


Select FEE BASIS VENDOR NAME:  ACUTE CARE SPECIALISTS INC  341339182  DOCTOR
 OF MEDIC
          2620 RIDGEWOOD RD  100
          AKRON, OH  44313    TEL. #:  1-800-837-0703





Patient Name: FEENEY,PATRICK                    Pt.ID: 604-32-4567

                       ***  VENDOR DEMOGRAPHICS  ***

        Name:  ACUTE CARE SPECIALISTS INC       ID Number: 341339182
     Address:  2620 RIDGEWOOD RD  100           Specialty: PHYSICIANS
 Address [2]:
        City:  AKRON                                 Type: PHYSICIAN
       State:  OHIO                    Participation Code: DOCTOR OF MEDICINE
         ZIP:  44313                   Medicare ID Number: 333333
      County:  ADAMS                                Chain:
       Phone:  1-800-837-0703
         Fax:
 Type (FPDS):
 Austin Name:  ACUTE CARE SPECIALISTS INC
 Last Change                                Last Change by Station 500
   TO Austin:  5/18/99                        FROM Austin:  5/18/99
Enter RETURN to continue or '^' to exit: <RET>
```

Example, cont.

```
Patient Name: FEENEY,PATRICK                  SSN: 604324567

  VENDOR: ACUTE CARE SPECIALISTS INC
     2620 RIDGEWOOD RD  100
     AKRON, OHIO   44313
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------

* 04/11/01  99213-52          $   20.00   $   20.00        1901      1308
* 04/04/01  99213             $   80.00   $   48.84 1      1901      1308

Enter RETURN to continue or '^' to exit: <RET>
Want a new Invoice number assigned? YES// <RET>

Invoice # 2105 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 11/1  (NOV 01, 2001)

Enter Vendor Invoice Date: 10/15  (OCT 15, 2001)


Date of Service: 10/1   OCT 01, 2001

SITE OF SERVICE ZIP CODE: 44313// <RET> 44313

Select Service Provided:  10080     DRAINAGE OF PILONIDAL CYST

Current list of modifiers: none
Select CPT MODIFIER: <RET>

Major Category: SURGERY
  Sub-Category: INTEGUMENTARY SYSTEM
      Procedure: 10080   DRAINAGE OF PILONIDAL CYST
```

Example, cont.

```
                    Detail Description
                    ==================
INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE
Is this correct? YES// <RET>
       DRAINAGE OF PILONIDAL CYST
Select PLACE OF SERVICE:  22     OUTPATIENT HOSPITAL
AMOUNT CLAIMED: 120
  Fee schedule amount is $69.01 from the 2001 RBRVS FEE SCHEDULE
AMOUNT PAID: 69.01// <RET>
AMOUNT SUSPENDED: 50.99// <RET>
SUSPEND CODE: 1     Charge exceeds maximum payable
HCFA TYPE OF SERVICE:  2     SURGERY
SERVICE CONNECTED CONDITION?: n  (NO)

Select Service Provided: <RET>


Date of Service: <RET>

Invoice: 2105 Totals $ 69.01
```

Payment Process Menu
Reimbursement for Inpatient Hospital Invoice

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

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.

Example

```
Select Patient:  MARGOLIN,MERVYN     02-03-35    213895467     MILITARY RETIREE

MARGOLIN,MERVYN                        Pt.ID: 213-89-5467
53 PINE VALLEY RD                        DOB: FEB 3,1935
PINE VALLEY                              TEL: 716-432-2148
NEW YORK 12947                        CLAIM #: 89569465
                                       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
   ---------                  --------              -------          -------
```

Payment Process Menu
Reimbursement for Inpatient Hospital Invoice

Example, cont.

```
   PRUDENTIAL                 98873498              UNKNOWN          APPLICANT
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

```
Patient Name: MARGOLIN,MERVYN                          Pt.ID: 213-89-5467

AUTHORIZATIONS:
   (1) FR: 08/11/94      VENDOR: PINE VALLEY COMMUNITY HOSPITAL - 037454564
       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: MARGOLIN,MERVYN                          Pt.ID: 213-89-5467

Is this the correct Authorization period (Y/N)? Yes//    <RET>
```

```
Patient:  MARGOLIN,MERVYN
            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, cont.

```
Patient Name: MARGOLIN,MERVYN                    Pt.ID: 213895467

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  PINE VALLEY COMMUNITY HOSPITAL   ID Number: 037454564
     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:                                Pricer Exempt: Yes
 Austin Name:  DR. BONNIE O'KEEFE
 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:
```

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.

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: 180


Select Obligation Number:   500-C93999    --  1358   Obligated - 1358
             FCP: 333     $ 9999999
```

Batch Main Menu - CH
Edit Batch data

FBAASUPERVISOR - 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 - 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
==============================================================================


KIRKER,DENNIS                      019-40-9130              156
   BASIC GENERAL HOSPITAL                  7463254956   250         8/15/94
    08/14/94 08/18/94   2.00       .00
    Dx: 100.0

*KIRKER,DENNIS                     019-40-9130              156
   BASIC GENERAL HOSPITAL                  7463254956   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: GRAY,MARY ELLEN     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 - 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: GRAY,MARY ELLEN      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
Pricer Batch Release

This option is no longer locked.

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: BLACK,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: BLACK,JOHN        DATE SUPERVISOR CLOSED: JUL 16, 1990
  SUPVR WHO CERTIFIED: DOE, 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

New Prompts:

Is this line item for a contracted service?- 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.

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:   KONROY,KERRY       10-23-56      114765990      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
==============================================================================
KONROY,KERRY   114-76-5990
   MEMORIAL HOSPITAL                          101280604      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 #:                              Date Finalized:
   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>
PROC1:  <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 - 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.

Example

```
Select FEE BASIS BATCH NUMBER:   284          C35001


NUMBER: 284                              OBLIGATION NUMBER: C35001
  TYPE: CH/CNH                           DATE OPENED: MAY 13, 1993
  CLERK WHO OPENED: SIRCO,LUCIA          DATE SUPERVISOR CLOSED: MAY 13, 1993
  SUPERVISOR WHO CERTIFIED: SIRCO,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
==============================================================================


MILLER,KERRY                       321-65-4987              284
   MEMORIAL HOSP                          654789435CN  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: SIRCO,LUCIA          DATE SUPERVISOR CLOSED: MAY 13, 1993
  SUPERVISOR WHO CERTIFIED: SIRCO,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

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 - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

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

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.

Example

```
Select FEE BASIS BATCH NUMBER:   917              C77777


NUMBER: 917                              OBLIGATION NUMBER: C77777
  TYPE: CN/CNH                           DATE OPENED: MAY 15, 1994
  CLERK WHO OPENED: BLACK,JOHN           DATE SUPERVISOR CLOSED: MAY 16, 1994
  SUPERVISOR WHO CERTIFIED: DOE,ED       STATION NUMBER: 500
     TOTAL DOLLARS: 8215                 INVOICE COUNT: 3
  PAYMENT LINE COUNT: 3                  DATE CLERK CLOSED: MAY 15, 1994
  DATE TRANSMITTED: MAY 17, 1994         BATCH EXEMPT: NO
CONTRACT HOSPITAL BATCH: YES


  STATUS: TRANSMITTED


Want line items listed? No//    Y
```

Batch Main Menu - CH
Finalize 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
==============================================================================


BROWN,CHESTER                     541-24-7978              834
   MEMORIAL HOSPITAL                        665776887    1040      2/1/94
    01-02-94    01-03-94  2300.00    2300.00
    DX: 103.9


ADAMS,MICHAEL                     598-27-7918              834
   GLENS FALLS HOSPITAL                     905776417    1041      3/28/94
    02/13/94    02/15/94  2815.00    2815.00
    DX: 103.9


CRANE,WENDELL                     540-26-7761              834
   SARATOGA HOSPITAL                        456980331    1042      4/30/94
    03/01/94    03/31/94  3100.00    3100.00
    DX: 103.9

Want to reject the entire Batch? No//    <RET>

Want to reject any line items? No//    Y

Select Patient:   BROWN,CHESTER      04-29-61    541247978   SC VETERAN
```

Batch Main Menu - CH
Finalize 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
==============================================================================

BROWN,CHESTER                     541-24-7978              834
   MEMORIAL HOSPITAL                        665776887    1040      2/1/94
1)  01/02/89 01/03/89  2300.00    2300.00

Want all line items rejected for this patient? Yes//     N
Reject which line item:   1
Are you sure you want to reject item number: 1 ? No//     Y
Enter reason for rejecting:   WRONG VENDOR

Item rejected. Want to reject another ? Yes//     N

NUMBER: 917                          OBLIGATION NUMBER: C77777
     TYPE: CH/CNH
  DATE OPENED: MAY 15, 1990             CLERK WHO OPENED: BLACK,JOHN
  DATE SUPERVISOR CLOSED: MAY 16, 1990  SUPERVISOR WHO CERTIFIED: DOE,ED
  STATION NUMBER: 500                   TOTAL DOLLARS: 5915
  INVOICE COUNT: 2                      PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: MAY 15, 1990       DATE TRANSMITTED: MAY 17, 1990
  REJECTS PENDING: YES                  BATCH EXEMPT: NO
  CONTRACT HOSPITAL BATCH: YES


  STATUS: TRANSMITTED



Do you want to Finalize Batch as Correct? No//     Y

 Batch has been Finalized!
```

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 (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

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

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Batch Main Menu - CH
Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:   80          C90234


New Batch for Rejects is: 211
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    SUSP CODE
==============================================================================

Batch Number: 80     Voucher Date: 1/10/95    Voucherer: GRAY,MARY ELLEN


MARGOLYN,MERVYN                     213-89-5467              80
   PINE VALLEY COMMUNITY HOSPITAL          037454564    98          9/2/93@11:
00
    08/11/93 08/31/93 533.00    525.00       4          Discharge DRG21
    Dx: 300.11
    Proc: 30.01
       Reject Reason: WRONG PAYEE
       Old Batch #: 80
------------------------------------------------------------------------------

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
...HMMM, JUST A MOMENT PLEASE...

All rejected items have been re-initiated!


Select Batch with Rejects:
```

Batch Main Menu - CH
Delete Reject Flag

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 - required to access this option.

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).

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error.

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

Example

```
Select FEE BASIS BATCH NUMBER:   164  375        C15005


NUMBER: 375                              OBLIGATION NUMBER: C15005
  TYPE: CH/CNH                           DATE OPENED: OCT 18, 1994
  CLERK WHO OPENED: HENSLER,BARBARA      DATE SUPERVISOR CLOSED: OCT 18, 1994
  SUPERVISOR WHO CERTIFIED: HENSLER,BARBARA
  STATION NUMBER: 500                    TOTAL DOLLARS: 0
  INVOICE COUNT: 0                       PAYMENT LINE COUNT: 0
  DATE FINALIZED: NOV 29, 1994           DATE CLERK CLOSED: OCT 18, 1994
  DATE TRANSMITTED: OCT 18, 1994         CONTRACT HOSPITAL BATCH: yes
  PERSON WHO COMPLETED: GRAY,MARY ELLEN REJECTS PENDING: YES
  BATCH EXEMPT: NO


  STATUS: VOUCHERED

Want line items listed? NO//   y  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    SUSP CODE
==============================================================================

Batch Number: 375    Voucher Date: 11/29/94   Voucherer: GRAY,MARY ELLEN

HOEHN,CARL P.                       057-38-2448              375
   ALBANY MED                               444444444    560         10/18/94
    10/17/94 10/18/94   1.00        1.00                  Discharge DRG492
    Dx: 271.3
       Reject Reason: wrong vendor
       Old Batch #: 375
------------------------------------------------------------------------------

Want to delete rejection codes for the entire Batch? NO//    <RET>
Want to delete rejection code for any line items? 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
==============================================================================

HOEHN,CARL P.                       057-38-2448              375
   ALBANY MED                               444444444    560         10/18/94
1)  10/17/94 10/18/94   1.00        1.00                  Discharge DRG183
    Dx: 271.3
Delete reject flag for which line item:  (1-1):    1
Are you sure you want to delete the reject on item number 1? NO//     y  YES
...Done
NUMBER: 375                             OBLIGATION NUMBER: C15005
  TYPE: CH/CNH                          DATE OPENED: OCT 18, 1994
  CLERK WHO OPENED: HENSLER,BARBARA     DATE SUPERVISOR CLOSED: OCT 18, 1994
  SUPERVISOR WHO CERTIFIED: HENSLER,BARBARA
  STATION NUMBER: 500                   TOTAL DOLLARS: 1
  INVOICE COUNT: 1                      PAYMENT LINE COUNT: 1
  DATE FINALIZED: NOV 29, 1994          DATE CLERK CLOSED: OCT 18, 1994
  DATE TRANSMITTED: OCT 18, 1994        CONTRACT HOSPITAL BATCH: yes
  PERSON WHO COMPLETED: GRAY,MARY ELLEN BATCH EXEMPT: NO

  STATUS: VOUCHERED

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.
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: MURRAY,CHARLENE      DATE SUPERVISOR CLOSED: NOV  9, 1990
  SUPERVISOR WHO CERTIFIED: CURLEY,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
==============================================================================


APOLLO,ARLENE                       494-09-2902              181
   SAMARITAN HOSP                           999876542    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 - 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.

Example

```
Select FEE BASIS BATCH NUMBER:    169        C90234


NUMBER: 169                              OBLIGATION NUMBER: C90234
  TYPE: CH/CNH                           DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: GRAY,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

The heading on the VA Form 10-7078 has been changes to read, "Department of Veterans Affairs". The form has also been modified to allow the second line address for both the vendor and the patient to 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:  WILSON,MORGAN    06-02-34     554678221    SC VETERAN

    C77777.0141          MEMORIAL HOSPITAL     WILSON,MORGAN    COMPLETE


REFERENCE NUMBER: C77777.0141            VENDOR: MEMORIAL HOSPITAL
  VETERAN: WILSON,MORGAN                 AUTHORIZATION FROM DATE: AUG 30, 1994
  AUTHORIZATION TO DATE: SEP 17, 1994    AUTHORITY: NON-VA FOR SC DISABILITY
  ESTIMATED AMOUNT: 1350                 USER ENTERING: BLACK,JOHN
  STATUS: COMPLETE                       DATE OF ISSUE: AUG 30, 1994
  FEE PROGRAM: CIVIL HOSPITAL


Is this the correct 7078? Yes//    <RET>
Approving Official for 7078: Walter Johnson 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, 1994@15:17)
REQUEST QUEUED
```

Output Menu
7078 Print

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------
     Department of Veterans Affairs                    AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES
-----------------------------------------------------------------------------------------------------------------
Issuing Office                                                  |1. Date of Issue
     VAMC ALBANY                                                |   08/30/94
     113 HOLLAND AVE                                            |---------------------------------------------
     ALBANY, NY  12208                                          |2. Veteran's Name
                                                                |   WILSON,MORGAN
-----------------------------------------------------------------------------------------------------------------
Name of Physician or Station                                    |3. Address
     MEMORIAL HOSPITAL                                          | 1 MAIN ST
     NEW SCOTLAND AVE                                           | Apt. 1B
     SUITE 301                                                  |
     ALBANY, NY  12209                                          | TROY, NY  12180
     ID#: 101280604                                             |---------------------------------------------
                                                                | 4. Veteran's Claim No.   | 4A. SSN
                                                                |  554678221               | 554-67-8221
                                                                |---------------------------------------------
                                                                |        5. Authorization Valid
                                                                |---------------------------------------------
                                                                |From                      |To
                                                                | 08/30/94                 | 09/17/94
-----------------------------------------------------------------------------------------------------------------
                                          PART 1. - SERVICES AUTHORIZED
-----------------------------------------------------------------------------------------------------------------
6. Services shown below are authorized for the period indicated in Item 5 above.                        |  7. Fee
            (See Special Provisions below.)                                                              |$
Move to VAMC ASAP
-----------------------------------------------------------------------------------------------------------------
8. Fee Schedule or Contract      |9. Authority                  |9A.                       |10. Estimated Amount
                                 | 17.45                        |                          | $500.00
-----------------------------------------------------------------------------------------------------------------
11. Fiscal Symbols                                              |12. Authorized by (Name and Title)
     360/10161.001 C77777.0141                                  | JAMES R REELGOOD 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.
-----------------------------------------------------------------------------------------------------------------
                All questions relating to this authorization should be referred to the issuing VA Office
-----------------------------------------------------------------------------------------------------------------
VA Form 10-7078
```

CIVIL HOSPITAL
Output Menu
Check Display

New Prompts:

FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjus tment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.
Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

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 us ing.

Example #1

```
                    PAYMENT HISTORY FOR CHECK # 35271790
                     ------------------------------------                Page: 1

                      FEE PROGRAM:  CIVIL HOSPITAL
 ('*' Reimbursement to Patient  '#' Voided Paymen   t  '+' Cancellation Activity)
   From Date   To Date                                   Batch #  Invoice #
   Amt Claimed   Amt Paid   Adj Code  Adj Amount
================================================================================

VENDOR:  MEMORIAL  HOSPITAL                VENDOR ID:  146002568A

Patient:  ALDRICH,JOHN D.                    Patient ID:  333    -33-3333
   4/13/90     4/18/90                                     669      147
        10.00       10.00             0.00
    >>>Check # 3527179 0  Date Paid:  8/26/94<<<
```

Example #2

```
Select Output Menu Option:   check Display

Select Check Number:  22836

DEVICE: HOME//   VIRTUAL CONNECTION    Right Margin: 80//


                    PAYMENT HISTORY FOR CHECK # 22836
                     ------------------------------                  Page: 1

                      FEE PROGRAM:  CIVIL HOSPITAL
 ('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   From Date   To Date                                   Batch #  Invoi    ce #
   Amt Claimed   Amt Paid   Adj Code  Adj Amount
==============================================================================

VENDOR:  CHARTER OAK BHS                  VENDOR ID:  95462347001

Patient:  HAASE,DENNIS LEE              Patient ID:     311-58-5197
   8/27/03     8/27/03                                   21901    63822
   267,000.00      267.00   42        266733.00
            FPPS Claim ID: 123          FPPS Line Item: ALL
    >>>Check # 22836  Date Paid:  9/7/03<<<


Enter RETURN to  continue or '^' to exit:

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
==============================================================================

PRIVATE HOSPITAL                       987678978  CONTRACT HOSP
          923 ANY WAY
          ARGON, NY  17165-9967  TEL. #:  717-653-9366

     BACON,JOSEPH              01/31/55  106-10-4877    569       07/27/94

PINE VALLEY COMMUNITY HOSPITAL         037454564  CONTRACT HOSP
          RR#2
          PINE VALLEY, NY  12943  TEL. #:  716-984-3355

     MARGOLIN,MERVYN           02/03/35  213-89-5467    670       08/11/93


PUBLIC HOSPITAL                       987678978  CONTRACT HOSP
          9 SKY WAY
          FREON, NY  17165-9967  TEL. #:  518-869-9999

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
==============================================================================
     BACON,JOSEPH                00/14     106-10-4877    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
ADAMS,JOHN            339-33-9339     C90234.0057        4.44**
SHAKE,MARY            606-77-8899     C90234.0008        5.00        18      2

     TREATING SPECIALTY:  SURGICAL
MARGOLYN,MERVYN       213-89-5467     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  MARTIN,MICHAEL                  C33003

26     Pharmacy 05/28/93  MARTIN,MICHAEL                  C93004

28     Medical  05/28/93  MARTIN,MICHAEL                  C33003

33     Medical  06/02/93  STELLA,KAREN H                  C33003

34     CH/CNH   06/03/93  STELLA,KAREN H                  C33003

35     Medical  06/08/93  STELLA,KAREN H                  C33003
```

CIVIL HOSPITAL
Payment Menu
Invoice Display

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.

FPPS Claim ID: 1-32 character text ID created by FPPS system.

FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.

Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." Only 1 Adjustment Reason can be used for each Civil Hospital inpatient claim. Adjustment Reason code is now asked before the Adjustment Amount.

Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.

Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Civil Hospital inpatient claim.

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.

EXAMPLE #1

```
                                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
========================= ========================================================

DOUGLAS,BOB  123 -23-2323                        TESTPCN1
    GOOD TIME,NURSING HOME INC.              141509755a       2315
                                   07/08/03   7/8/03     06/01/03   06/30/0    3
    100.00       30.00       29        6         70.00          MA125,N45

    Associated 7078: X95003.0004
    Batch #: 1675                        Date Finalized:
```

EXAMPLE #2

```
                                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
==============================================================================

FEEPATIENT,FEE A  405 -34-5678                    TESTPCN
    BETH ISRAEL HOSPITAL                     042103881        2314
    4300          1 -5              07/08/03   7/8/03     04/09/03   04/09/03
    100.00       50.00       1         B13       50.00          MA125
    Dx: 724.1
    As sociated 7078: C95003.0079
    Batch #: 1678                        Date Finalized:
```

EXAMPLE #3

```
                                INVOICE DISPLAY
                               =================

Veteran's Name                                   Patient Contro    l 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 P aid    Cov.Days  Adj Code  Adj Amount     Remit Remark
==============================================================================

BEE,BUMBLE  343 -22-2999
    SEAL POINT MEDICAL CNH                   444444005Z       1499
                                   10/02/93   10/1/93    09/01/93   09/05/93
    40.00        30.00                4         10.00

    >>>Check # 102  Date Paid:  5/23/94  Interest: 0.88<<<
    Associated 7078: C00009.0045
*    Batch #: 966                         Date Finalized:
```

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      STELLA,KAREN H               333-C33003       3295.00

29         06/01/93      STELLA,KAREN H               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         PRIVATE HOSPITAL
          3         FEDERAL HOSPITAL

Enter response:  2  PRIVATE HOSPITAL

     This option will calculate the PRIVATE HOSPITAL 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.

```
                    PRIVATE HOSPITAL ACTIVITY REPORT
                    --------------------------------
 For the month of: JUL 1993
==============================================================================

MEDICINE
--------
                                        PATIENTS      DAYS OF      DAYS OF
 ADMISSIONS    DISCHARGES     DEATHS    REMAINING       CARE       UNAUTH CARE
------------------------------------------------------------------------------
   1             0                0           1           4             0

SURGERY
-------
                                        PATIENTS      DAYS OF      DAYS OF
 ADMISSIONS    DISCHARGES     DEATHS    REMAINING       CARE       UNAUTH CARE
------------------------------------------------------------------------------
     0               0            0            0            0              0

PSYCHIATRY
----------
                                        PATIENTS      DAYS OF      DAYS OF
 ADMISSIONS    DISCHARGES     DEATHS    REMAINING       CARE       UNAUTH CARE
------------------------------------------------------------------------------
     0               0            0            0            0              0
```

Output Menu
Pending Pricer Rejects Report

New Prompts:

FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code." .

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

```
                    CIVIL HOSPITAL REJECTED PAYMENT HISTORY
                  ----------------------------------------

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

Vendor: ALBANY MED CENTER                Vendor ID: 141338307
Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
   9/12/02              1000.00      0.00       2154    9/1/02   9/3/02
   DX: 754.31
   Associated 7078:
   Rejects Pending!    Reject Reason: TEST
   Old Batch #: 520

Vendor: ELLIOT,JOE HOSPITAL              Vendor ID: 222665432
Patient: DOUGLAS,BOB                     Patient ID: 123-23-2323
   6/11/93                22.00      0.00       1052    6/8/93   6/13/93
   DX: 214
   Associated 7078: C93222.0010
   Rejects Pending!    Reject Reason: 093
   Old Batch #: 240
```

```
Vendor: ELLIOT,JOE HOSPITAL              Vendor ID: 222665432
Patient: WAGNER,STEVE                    Patient ID: 333-55-5555
   4/30/93                21.00      0.00       909    9/1/92   9/3/92
   FPPS Claim ID: 4100     FPPS Line Item: 1-3
   DX: 380.52
   Associated 7078:
   Rejects Pending!    Reject Reason: TEST
   Old Batch #: 235
```

Outputs Main Menu
Potential Cost Recovery Report – CH and CNH Format

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended."
Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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 OPTION NAME: FB PCR       Potential Cost Recovery Report
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//

**** Date Range Selection ****

   Beginning DATE : 01/01/90  (JAN 01, 1990)

   Ending    DATE : T  (JAN 09, 2004)
```

```
                          POTENTIAL COST RECOVERY REPORT
                                Division:  1ALBANY
                               1/1/90 - 1/9/04
                                                                    Page: 1
Patient: DOUGLAS,BOB              at. ID:123-23-2323  DOB: Jan 01, 1950

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

    Health Insurance: YES
 Insurance   COB Subscriber ID     Group    Holder  Effective  Expires
  ==================================================================
   ABC INSURA      1234567890123456  1234567890  SELF    02/10/91
   AETNA           099999130         00123       SELF
   HEALTH INS      D23455342323      3255        SPOUSE  01/01/91 12/31/92
   APPLE           019409130         321         SELF    01/21/94 01/16/95

                ***  Patient has Insurance Buffer entries  ***

                       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: BOSTON CITY HOSPITAL             Vendor ID: 987652758
# 10/27/93         1199        6/30/93
     10.00         2.00             1                      0
  DX: 380.52
  PROC: 78.93
     >>>Cost recover from means testing.
```

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
=====================================================================


!  WILSON,MORGAN                   MEMORIAL HOSPITAL            JUN 5,1990
   CARSON,GLEN                     GLENS FALLS HOSPITAL         JUN 8,1990
!  CASEY,BENJAMIN                  WARREN HOSPITAL              JUN 9,1990
   ADAMS,MICHAEL                   MEMORIAL HOSPITAL            JUL 3,1990
   RANDALL,NED                     SOUTH HOSPITAL               JUL 5,1990
   COREY,DONALD                    SOUTH HOSPITAL               JUL 11,1990
   KONROY,KERRY                    WARREN HOSPITAL              JUL 14,1990
   CANE,HARRY                      MEMORIAL HOSPITAL            JUL 20,1990
+  WARREN,WADE                     GLENS FALLS HOSPITAL         JUL 23,1990
+  SANDERS,NELSON                  KENT HOSPITAL                JUL 24,1990

Total Requests: 10
# of Requests Denied: 2
# of Request Pending: 2
```

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
SHAKIM,RAJID          606-77-8899     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

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only displayed if an EDI Claim line item number is indicated for each service paid or denied. With EDI claims, every line item must eventually be accounted for. For CH, the display of ALL indicates that the payment accounts for all lines.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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

```
Select Fee Vendor: ACUTE CARE SPECIALISTS INC    341339182  DOCTOR OF MEDIC
          2620 RIDGEWOOD RD  100
          TEST
          AKRON, OH  44313    TEL. #:  1-800-837-0703
**** Date Range Selection ****
   Beginning DATE : 01/01/2003  (JAN 01, 2003)
   Ending    DATE : T  (JAN 09, 2004)
Select FEE Program: ALL// CIVIL HOSPITAL
Select another FEE Program:

     Select one of the following:

          M         MILL BILL (38 U.S.C. 1725)
          N         NON-MILL BILL
          A         ALL
```

```
Enter response: ALL//

                        VENDOR PAYMENT HISTORY
                         ========================          Page: 1
                                             Date Range: 1/1/03 to 1/9/04
Vendor: ACUTE CARE SPECIALISTS           Vendor ID: 341339182
                           FEE PROGRAM: CIVIL HOSPITAL
('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
(paid symbol: 'R' RBRV '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 Code  Adj Amounts  Remit Remarks
=======================================================================

Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
  12/16/03         2459        12/1/03         12/3/03   FEEACUTECH
  14500.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 1
  DX: 102.6
  PROC: 10.99
  12/16/03         2460        12/1/03         12/3/03   FEEACUTECH2
    400.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 2
  DX: 100.0
  PROC: 20.01

Patient: FEEPATIENT,MST B                Patient ID: 604-32-4567
  12/18/03         2463        12/5/03         12/7/03   PATFEEACCH
    200.00         0.00  2          35                200.00
     FPPS Claim ID: 1000001    FPPS Line Item: 1
  DX: 100.81
  PROC: 10.0
  12/18/03         2464        12/5/03         12/7/03   PATFEEACCH2
    100.00         0.00  2          B13                50.00
     FPPS Claim ID: 1000001    FPPS Line Item: 2
  DX: 100.81
  PROC: 10.0
                         VENDOR PAYMENT HISTORY
                        ========================                Page: 2
Vendor: ACUTE CARE SPECIALISTS           Vendor ID: 341339182
                           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
AmtClaimed Amt Paid Adj Code Adj Amounts Remit Remark PatientAccount No
=======================================================================

Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
                     >>> 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
=========================================================================

Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
  2/28/01  55040     002                   01377         1943
 20.00        20.00U                      0.00
    Primary Dx:                          S/C Condition? NO     Obl.#: C95003
-------------------------------------------------------------------------

Vendor: ALBANY MED CENTER                Vendor ID: 141338307
  12/16/03         2456        8/16/03         8/22/03   FEESGJ
    400.00         0.00  6
     FPPS Claim ID: 22222222    FPPS Line Item: ALL
  DX: 200.00
  PROC: 30.01
```

Output Menu
Veteran Payments Output

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only displayed if an EDI Claim line item number is indicated for each service paid or denied. With EDI claims, every line item must eventually be accounted for. For CH, the display of ALL indicates that the payment accounts for all lines.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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.

Example

```
Select Fee Patient: FEEPATIENT,FEE A,FEE,FEE A  FEEPATIENT,FEE A     3-15-40
   405345678       SC VETERAN

**** Date Range Selection ****

   Beginning DATE : 01/01/2001  (JAN 01, 2001)

   Ending    DATE : T  (JAN 09, 2004)

Select FEE Program: ALL// CIVIL   HOSPITAL
Select another FEE Program:
```

```
     Select one of the following:
          M         MILL BILL (38 U.S.C. 1725)
          N         NON-MILL BILL
          A         ALL

Enter response: ALL//

                         VETERAN PAYMENT HISTORY
                        ========================          Page: 1
Date Range: 1/1/01 to 1/9/04
Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
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: ACUTE HOSPITAL                   Vendor ID: 341339182
  12/16/03         2459        12/1/03         12/3/03   FEEACUTECH
  14500.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 1
  DX: 102.6
  PROC: 10.99
  12/16/03         2460        12/1/03         12/3/03   FEEACUTECH2
    400.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 2
  DX: 100.0
  PROC: 20.01
  9/11/01          1971        2/28/01         3/2/01
    100.00        50.00             1                      50
  DX: 995.83
  PROC: 15.3
  9/5/01           1961        2/28/01         3/2/01
    290.00       110.00             1                     180
  DX: 995.83
  PROC: 15.3
  9/5/01           1962        2/28/01         3/2/01
    290.00       100.00             1                     190
  DX: 995.83
  PROC: 15.3
```

CIVIL HOSPITAL
Output Menu
FPPS Claim Inquiry

New Prompts:

FPPS Claim ID: 1-32 character text ID created by FPPS system.

Introduction:

This is a new inquiry function, which can be used to cross reference FP PS Claim ID numbers to the corresponding VistA Fee Invoice Number.

EXAMPLE

```
Select Output Main Menu  – CH Option:  FPPS Claim Inquiry
FPPS CLAIM ID:  9809

FPPS Claim Inquiry for ID: 9809                          SEP 11,2003
Page 1
--------------------------- -------------------------------------------------------
Inpatient (CH) Invoice: 63757
Enter RETURN to continue or ^ to exit:   ^
```

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:  ABBOTT,JOHN A.         01-01-01     411010101P     NSC
VETERAN
Want to select a vendor from DHCP Fee Basis Vendor file? Yes//    <RET>
Select FEE BASIS VENDOR NAME:   GOOD TIME NURSING HOME      987561234
COMMUNITY NURSING HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477
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: STELLA,KAREN H  in 'IN' basket.   Page 1
-------------------------------------------------------------------------------

P411010101 08041993500   21ABBOTT
JAM0101190100105000053000005300AV000000
Y
P411010101 08041993500   22006777N                            08041993MA4011

P411010101 08041993500   23                            8969


Select MESSAGE Action: IGNORE (in   IN basket)//
```

Queue Data for Transmission

FBAASUPERVISOR - 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.

Please 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.

Example

```
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 Main Menu.

AUTHORIZATION MAIN MENU - CNH

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.

Overview

BATCH MAIN MENU - CNH

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 a reject flag previously entered for selected items in a batch.

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 reject payment items within 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

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.

Overview

MOVEMENT MAIN MENU - CNH

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

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.

Overview

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 by the Central Fee System in Austin 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.

Overview

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

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

VENDOR ENTER/EDIT - used to enter or edit information for a Community Nursing Home vendor.

Authorization Main Menu
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
Enter CNH Authorization

Introduction, cont.

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 primary service facility is the VA medical center which has responsibility for the patient. This default value is set by the PSA DEFAULT INSTITUTION site parameter.

Example

```
Select CONTROL POINT:  020 FEE
Select Obligation Number:  C89622  500-C89622    --  1358   Obligated - 1358
             FCP: 020     $ 80000


Select PATIENT NAME:  SMITH,FRED X        05-12-51     330569812     SC VETERAN
```

```
SMITH,FRED X                            Pt.ID: 330-56-9812
123 EASY STREET                           DOB: MAY 12,1951
ALBANY                                    TEL: 345-1234
NEW YORK 12202-0987                   CLAIM #: 383838383
                                       COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

    Health Insurance: YES
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires

==========================================================================
    GHI               3424234           Ind. Plan   SELF    01/01/90  01/01/95
    AETNA             8849043093247     00229/9984  SPOUSE  01/01/93  12/31/93
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Authorization Main Menu
Enter CNH Authorization

Example, cont.

```
Fee ID Card #: 357491                    Fee Card Issue Date: 07/16/93

Patient Name: SMITH,FRED X                              Pt.ID: 330-56-9812

AUTHORIZATIONS:
   (1) FR: 07/28/93      VENDOR: SUNNY ACRES - 225447788
       TO: 08/19/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX: DEMENTIA
       County: ALBANY                    PSA: SEATTLE, WA

   (2) FR: 09/01/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       TO: 09/02/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX:
       County: ALBANY                    PSA: BOSTON, MA

   (3) FR: 12/01/94      VENDOR: ADULT DAY CARE CENTER - 495734995
       TO: 12/31/94
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
           DX:
       County: ALBANY                    PSA: ALBANY

   (4) FR: 08/20/93      VENDOR: SUNNY ACRES - 225447788
       TO: 08/31/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
           DX: NEUROLOGICAL
       County: ALBANY                    PSA: ALBANY

           REMARKS:


Patient Name: SMITH,FRED X                              Pt.ID: 330-56-9812

Select FROM DATE:  090393  (SEP 03, 1993)
Select TO DATE:  093093  (SEP 30, 1993)

Select FEE BASIS VENDOR NAME:   SUNNY ACRES       225447788  COMMUNITY NURSI
          1616 SHADY LN
          TACOMA, WA  98506
```

Authorization Main Menu
Enter CNH Authorization

Example, cont.

```
                         VENDOR RATE SELECTION


          1)      $2.00                 2)     $22.00
          3)     $17.00                 4)     $20.00
          5)      $5.49

Enter a number (1-5):  4
PRIMARY SERVICE FACILITY:     ALBANY    NEW YORK                    500
PATIENT TYPE CODE:  96  NEUROLOGICAL
PURPOSE OF VISIT CODE:   41  COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
41
AUTHORIZATION REMARKS:
  1><RET>
POTENTIAL COST RECOVERY CASE:   N  (NO)
DX LINE 1:  <RET>
ADMITTING AUTHORITY:  6  BEC & RETIREES            17.46(b)(2)

 434.00  Posted to 1358
Approving Official for 7078: Dr.Samuel Smythe//   <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> (DEC 14, 1994@14:23:52)
REQUEST QUEUED
Task #: 33761
Do you want to Admit Patient to CNH now? YES//   <RET>

Enter Admission Date/Time:  T@11AM    (SEP 03, 1993@11:00)

     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, THIS MAY TAKE A FEW MOMENTS
...Non-VA PTF Record Created.
```

Authorization Main Menu
Enter CNH Authorization

Example, cont.

```
-----------------------------------------------------------------------------------------------
                                Veterans Administration
                AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES
-----------------------------------------------------------------------------------------------
Issuing Office                                                    | 1. Date of Issue
     VAMC ALBANY NY                                               |   07/22/93
     128 HOLLAND AVE                                              |------------------------------
     ALBANY, NY 12208                                             | 2. Veteran's Name
                                                                          |   Smith,Fred X
-----------------------------------------------------------------------------------------------
Name of Physician or Station                                      | 3. Address
     SUNNY ACRES                                                  | 123 MAIN ST
     1616 SHADY LN                                                |
     TACOMA, WA 98506                                             |
     ID#: 225447788                                               | SALEM, NEW YORK 12233
                                                                  |------------------------------
                                                                  | 4. Veteran's
                                                                  |    Claim No.   | 4A. SSN
                                                                  |    3457890     |      330-56-9812
                                                                  |----------------------------
                                                                  | 5. Authorization Valid
                                                                  |------------------------------
                                                                  | From               | To
                                                                  | 09/03/93           | 09/30/93
-----------------------------------------------------------------------------------------------
                               PART 1. - SERVICES AUTHORIZED
-----------------------------------------------------------------------------------------------
6. Services shown below are authorized for the period indicated in Item 5 above.|  7. Fee
            (See Special Provisions below.)                                     |$

-----------------------------------------------------------------------------------------------
8. Fee Schedule or Contract      |9. Authority                    |9A.       |10.Estimated Amount
     V-8897                      | 17.33                          |          | $20.00
-----------------------------------------------------------------------------------------------
11. Fiscal Symbols                                                |12. Authorized by (Name and
                                                                  |                  Title)
     3600160.001 C89622.0021                                      | Dr. Samuel Smythe
                                                                  | Assoc. Chief of Staff
-----------------------------------------------------------------------------------------------
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 authoriza-
tion 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.
-----------------------------------------------------------------------------------------------
All questions relating to this authorization should be referred to the issuing VA Office
-----------------------------------------------------------------------------------------------
VA Form 10-7078
```

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

```
Select Patient:  CARDILLO,GEORGE X        12-25-45     012678904     SC
VETERAN

CARDILLO,GEORGE X                      Pt.ID: 012-67-8904
123 MAIN ST                              DOB: DEC 25,1945
SALEM                                    TEL: Not on File
NEW YORK 12233                       CLAIM #: 3457890
                                      COUNTY: RENSSELAER
```

Authorization Main Menu
Edit CNH Authorization

Example, cont.

```
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>
```

```
Patient Name: CARDILLO,GEORGE X                        Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 07/22/93      VENDOR: SUNNY ACRES - 225447788
       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>
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. Somewhat Smart//    <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
```

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 - 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:  SMITH,FRED X

     Searching for a FEE VENDOR
           05-12-51     330569812     SC VETERAN
     1     C90234.0012       SUNNY ACRES     SMITH,FRED X     COMPLETE
     2     C90234.0032       GOOD TIME NURSING HOME     SMITH,FRED X
     3     C89621.0004       ADULT DAY CARE CENTER     SMITH,FRED X
COMPLETE
     4     C89621.0005       SUNNY ACRES     SMITH,FRED X     COMPLETE
     5     C89622.0041       SUNNY ACRES     SMITH,FRED X     COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5:  <RET>
     6     C89622.0044       SUNNY ACRES     SMITH,FRED X     COMPLETE
CHOOSE 1-6:  6  C89622.0044
REFERENCE NUMBER: C89622.0044           VENDOR: SUNNY ACRES 225447788
  VETERAN: SMITH,FRED X                 AUTHORIZATION FROM DATE: SEP  3, 1993
  AUTHORIZATION TO DATE: SEP 30, 1993   AUTHORITY: BEC & RETIREES
  ESTIMATED AMOUNT: 434                 USER ENTERING: STELLA,KAREN H
  STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CONTRACT NURSING HOME



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

```
Select Fee Basis Patient:  CARDILLO,GEORGE X        12-25-45     012678904
SC VETERAN


    CARDILLO,GEORGE X                       Pt.ID: 012-67-8904
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 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, cont.

```
Patient Name: CARDILLO,GEORGE X                        Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 07/22/93      VENDOR: SUNNY ACRES - 225447788
       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 CARDILLO,GEORGE X


     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 CARDILLO,GEORGE X

     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, cont.

```
                    CURRENT RATE INFORMATION FOR CARDILLO,GEORGE X

     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>
```

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:  bacon

     Searching for a FEE VENDOR
,JOSEPH           00-00-14     106104877     SC VETERAN
     1     C93999.0002       GER'S HOME FOR WAYWARD STRANGERS     BACON,JOSEPH
   COMPLETE
     2     C93999.0003       GER'S HOME FOR WAYWARD STRANGERS     BACON,JOSEPH
   COMPLETE
     3     C90234.0025       PUBLIC HOSPITAL     BACON,JOSEPH     COMPLETE
     4     C90234.0026       PRIVATE HOSPITAL     BACON,JOSEPH     CANCELLED
     5     C90234.0027       PRIVATE HOSPITAL     BACON,JOSEPH     COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5:  1  C93999.0002


REFERENCE NUMBER: C93999.0002           VENDOR: GER'S HOME FOR WAYWA 090909090
  VETERAN: BACON,JOSEPH                 AUTHORIZATION FROM DATE: MAY  1, 1993
  AUTHORIZATION TO DATE: AUG 31, 1993   AUTHORITY: COMMUNITY NURSING HOME CARE
  ESTIMATED AMOUNT: 310                 USER ENTERING: MARTER,GERRY D
  STATUS: COMPLETE                      DATE OF ISSUE: MAY 27, 1993
  FEE PROGRAM: CONTRACT NURSING HOME


 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:  GOOD TIME NURSING HOME      987561234  COMMUNITY NURSING
HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477


Patient: ABBOTT,JOHN A.                 SSN: 411-01-0101P
     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

```
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                 ABBOTT,JOHN A.     GOOD TIME NURSING HO 987561234
 JUN  9,1993   ALLEN,MARCUS                          JUN  9,1993

C89700.0004                 SMITH,FRED X            ST LUCIA'S HOSP 897653478
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993

C90234.0014                  MOSS,JULIE S.              SUNNY ACRES 225447788
 JUL 28,1993                                         JUL 28,1993

C90234.0015                  MOSS,JULIE S.              SUNNY ACRES 225447788
 JUL 28,1993   SMITH,SALLY R                         JUL 28,1993

C90234.0016                  MOSS,JULIE S.              SUNNY ACRES 225447788
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993

C90234.0017                  MOSS,JULIE S.              SUNNY ACRES 225447788
 JUL 28,1993   STELLA,KAREN H                        JUL 28,1993
```

Batch Main Menu - CNH
Batch Delete

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

Introduction

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

Total Dollars equal to zero
Invoice Count equal zero
Payment Line Count equal zero
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.

Example

```
Select FEE BASIS BATCH NUMBER:   169        C90234


NUMBER: 169                              OBLIGATION NUMBER: C90234
  TYPE: CH/CNH                           DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: GRAY,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 - 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
==============================================================================


ABBOTT,JOHN A.                      411-01-0101P            36
   GOOD TIME NURSING HOME                987561234    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: ALLEN,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

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 - required to access this option.

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error.

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.

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 FEE BASIS BATCH NUMBER:   58        C93999


NUMBER: 58                              OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                          DATE OPENED: JUN 29, 1993
  CLERK WHO OPENED: NIEMIEC,LESLIE P    DATE SUPERVISOR CLOSED: JUN 29, 1993
  SUPERVISOR WHO CERTIFIED: NELLIGAN,JOHN
  STATION NUMBER: 500                   TOTAL DOLLARS: 0
  INVOICE COUNT: 0                      PAYMENT LINE COUNT: 0
  DATE FINALIZED: AUG 10, 1993          DATE CLERK CLOSED: JUN 29, 1993
  DATE TRANSMITTED: JUL  2, 1993        PERSON WHO COMPLETED: GRAY,MARY ELLEN
  REJECTS PENDING: YES


  STATUS: VOUCHERED


Want line items listed? NO//   YES
```

Batch Main Menu - CNH
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    SUSP CODE
==============================================================================

Batch Number: 58     Voucher Date: 8/10/93  Voucherer: GRAY,MARY ELLEN


KAGAN,PETER                   606-77-8899              58
   SUNNY ACRES                              225447788    24          6/29/93
    04/01/93 04/30/93  1556.00   1556.00

       Reject Reason: WRONG AMOUNT
       Old Batch #: 58
------------------------------------------------------------------------------

Want to delete rejection codes for the entire Batch? NO//    YES
Are you sure you want to delete reject code for all rejected items in this
batch? NO//  YES
...SORRY, THIS MAY TAKE A FEW MOMENTS...

Reject codes for all items have been deleted!


NUMBER: 58                              OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                          DATE OPENED: JUN 29, 1993
  CLERK WHO OPENED: NIEMIEC,LESLIE P    DATE SUPERVISOR CLOSED: JUN 29, 1993
  SUPERVISOR WHO CERTIFIED: NELLIGAN,JOHN
  STATION NUMBER: 500                   TOTAL DOLLARS: 56
  INVOICE COUNT: 1                      PAYMENT LINE COUNT: 1
  DATE FINALIZED: AUG 10, 1993          DATE CLERK CLOSED: JUN 29, 1993
  DATE TRANSMITTED: JUL  2, 1993        PERSON WHO COMPLETED: GRAY,MARY ELLEN


  STATUS: VOUCHERED




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  MARTIN,MICHAEL                   C33003

26      Pharmacy 05/28/93  MARTIN,MICHAEL                   C93004

28      Medical  05/28/93  MARTIN,MICHAEL                   C33003

33      Medical  06/02/93  STELLA,KAREN H                   C33003

34      CH/CNH   06/03/93  STELLA,KAREN H                   C33003

35      Medical  06/08/93  STELLA,KAREN H                   C33003
```

Batch Main Menu - CNH
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, 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

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 - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize CNH batches.

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.

Example

```
Select FEE BASIS BATCH NUMBER:   112          C89622


NUMBER: 112                              OBLIGATION NUMBER: C89622
  TYPE: CH/CNH                           DATE OPENED: SEP 27, 1993
  CLERK WHO OPENED: NORTON,EDWARD        DATE SUPERVISOR CLOSED: SEP 27, 1993
  SUPERVISOR WHO CERTIFIED: ROGERS,REBECCA
  STATION NUMBER: 500                    TOTAL DOLLARS: 2500
  INVOICE COUNT: 2                       PAYMENT LINE COUNT: 2
  DATE FINALIZED: SEP 27, 1993           DATE CLERK CLOSED: SEP 27, 1993
  DATE TRANSMITTED: SEP 27, 1993         PERSON WHO COMPLETED: NORTON,EDWARD


  STATUS: VOUCHERED


Want line items listed? NO//   YES
```

Batch Main Menu - CNH
Finalize 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
==============================================================================

BARRY,GEORGE                       199-99-9991              112
   GOOD TIME NURSING HOME                  987561234    149         9/1/93
    08/01/93 08/31/93 1336.00    1300.00     4

CARDILLO,ADAM                      097-13-3307              112
   VAN RENSSELAER MANOR NURSING H          658767876    978         8/28/93
    08/01/93 08/15/93 1200.00    1200.00

Want to reject the entire Batch? NO//   <RET>
Want to reject any line items? NO//   YES

Select Patient:  BARRY,GEORGE          02-01-25     199999991     NSC VETERAN
```

```
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
==============================================================================

BARRY,GEORGE                       199-99-9991              112
   GOOD TIME NURSING HOME                  987561234    149         9/1/93
1)  08/01/93 08/31/93 1336.00    1300.00       4

Want all line items rejected for this patient? YES//    <RET>
Reason for rejecting:  WRONG VENDOR
...DONE!

Select FEE BASIS PATIENT NAME:   <RET>

NUMBER: 112                            OBLIGATION NUMBER: C89622
  TYPE: CH/CNH                         DATE OPENED: SEP 27, 1993
  CLERK WHO OPENED: NORTON,EDWARD      DATE SUPERVISOR CLOSED: SEP 27, 1993
  SUPERVISOR WHO CERTIFIED: ROGERS,REBECCA
  STATION NUMBER: 500                  TOTAL DOLLARS: 1300
  INVOICE COUNT: 1                     PAYMENT LINE COUNT: 1
  DATE FINALIZED: SEP 27, 1993         DATE CLERK CLOSED: SEP 27, 1993
  DATE TRANSMITTED: SEP 27, 1993       PERSON WHO COMPLETED: NORTON,EDWARD

  STATUS: VOUCHERED

Do you want to Finalize Batch as Correct? NO//   YES

 Batch has been Finalized!
```

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      STELLA,KAREN H               333-C33003       3295.00

29         06/01/93      STELLA,KAREN H               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
==============================================================================


KIRKER,DENNIS                      019-40-9130             181
   GOOD TIME NURSING HOME                  987561234    326         2/1/94
    12/01/94 12/31/94 1900.00   1700.00      1


CARDILLO,GEORGE X                  012-67-8904             181
   SUNNY ACRES                             495734995    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.

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: 68


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 (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign to a new batch, payment items that have been rejected through the Finalize a Batch option.

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.

You can re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

Example

```
Select Batch with Rejects:  58          C93999


Select New Batch number:  212          C93999
Want line items listed? NO//  YES
```

Batch Main Menu - CNH
Re-initiate Rejected Payment Items

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
==============================================================================

Batch Number: 58     Voucher Date: 1/10/95  Voucherer: GRAY,MARY ELLEN


SHAKE,MARY                          606-77-8899              58
   SUNNY ACRES                             225447788    24          6/29/93
    04/01/93 04/30/93  56.00

       Reject Reason: WRONG AMOUNT
       Old Batch #: 58
------------------------------------------------------------------------------

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
...HMMM, I'M WORKING AS FAST AS I CAN...

All rejected items have been re-initiated!


Select Batch with Rejects:
```

Batch Main Menu - CNH
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 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 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: GRAY,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 - 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.

Example

```
Select FEE BASIS BATCH NUMBER:   73          C93999


NUMBER: 73                              OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                          DATE OPENED: JUL 30, 1993
  CLERK WHO OPENED: KENDRICK,GAYE G     STATION NUMBER: 500
  TOTAL DOLLARS: 169                    INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2                 DATE CLERK CLOSED: OCT 14, 1994


  STATUS: CLERK CLOSED


Want line items listed? NO//   y  YES
```

Batch Main Menu - CNH
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
==============================================================================


MAGOO,MARTIN                           123-44-4321              73
   GOOD TIME NURSING HOME                   987561234    73          7/31/93
    07/29/93 07/31/93 100.00     25.35       1


MAGOO,MARTIN                           123-44-4321              73
   GOOD TIME NURSING HOME                   987561234    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: KENDRICK,GAYE G     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.
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: GRAY,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
==========================================================================

       BACON,JOSEPH         106-10-4877   GER'S HOME FOR WAYWA  30      270.00
       CARDILLO,GEORGE X    012-67-8904   SUNNY ACRES           30      465.00
       JONES,LADALE         123-12-1234   SUNNY ACRES           13      221.00
       MARGOLIN,MERVYN      213-89-5467   GOOD TIME NURSING HO  3        28.50
       MOSS,JULIE S.        333-39-9991   SUNNY ACRES           30       60.00
       SHAKIM,RAJID         606-77-8899   GOOD TIME NURSING HO  31      713.00
       SMITH,FRED X         330-56-9812   SUNNY ACRES           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    ABBOTT,JOHN A.                  411-01-0101P         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 remaks 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 uthorization 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              AUTHORIZATI    ON
                                                     FROM DATE     TO DATE
-------------------------------------------------------------------------------

POV: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)

  Vendor: GOOD TIME,NURSING HOME INC.

    SMIT H,DENNIS M               099  -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 remaks 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 uthorization 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: V AN RENSSELAER MANOR

    THOMAS,STANLEY A             123  -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
                                  ----
  Vendo r 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

```
Select Patient:  ACKERLEY,DENNIS         08-14-55     078460348     SC VETERAN
ACKERLEY,DENNIS                        Pt.ID: 078-46-0348
12 ANY ST.                               DOB: AUG 14,1955
MANCHESTER                               TEL: Not on File
NEW HAMPSHIRE 12111                  CLAIM #: 078460348
                                      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, cont.

```
Patient Name: ACKERLEY,DENNIS                          Pt.ID: 078-46-0348

AUTHORIZATIONS:
   (1) FR: 07/28/93      VENDOR: SUNNY ACRES - 225447788
       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:
```

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:  BELL,KERWIN    12-21-19    262524222   NSC VETERAN


Select Admission Date/Time:   NOW  JAN 01, 1989.144         BELL,KERWIN

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:  JONES,WALTER    12-22-46    132423470   SC VETERAN

Select Discharge Date/Time:   4/30/88@1300   APR 30, 1988.13       JONES,WALTER
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:   JONES,WALTER   12-22-46   132423470   SC VETERAN

Select Transfer Date/Time:  2/1/88@0800  FEB 01, 1988.08       JONES,WALTER
TRANSFER
Are you sure you want to delete this transfer?? No//     YES


Select Patient:
```

Movement Main Menu
Discharge from CNH

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 Discharge from CNH option is used to discharge a patient from a Community Nursing Home. Only those patients that have an active admission on file may be discharged.

Once a discharge date is entered, the admission date is no longer considered active, and the authorization to date is updated to become the discharge date.

Example

```
Select Patient:     SMITH,FRED X

SMITH,FRED X                            Pt.ID: 330-56-9812
123 EASY STREET                           DOB: MAY 12,1951
ALBANY                                    TEL: 345-1234
NEW YORK 12202-0987                   CLAIM #: 383838383
                                       COUNTY: ALBANY

Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

   Health Insurance: YES
    Insurance Co.     Subscriber ID    Group       Holder  Effective Expires
==============================================================================
    PRUDENTIAL        3424234          UNKNOWN     SELF    01/01/94  01/01/95
    AETNA             8849043093247    00229/9984  SPOUSE  05/05/94  05/05/95
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Movement Main Menu
Discharge from CNH

Example, cont.

```
Fee ID Card #: 357491                    Fee Card Issue Date: 07/16/93

Patient Name: SMITH,FRED X                              Pt.ID: 330-56-9812

AUTHORIZATIONS:
   (1) FR: 07/28/94      VENDOR: SUNNY ACRES - 225447788
       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: SMITH,FRED X                SSN: 330-56-9812
     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:
```

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:  ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select Admission Date/Time:  06/01/90@0900   JUN 01, 1990.09     ADAMS,MICHAEL
ADMISSION

Veteran: ADAMS,MICHAEL                     SSN: 552-99-6543

     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:  ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select Admission Date/Time:  1/1/88@0800   JAN 01, 1988.08     ADAMS,MICHAEL
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:  SMITH,FRED X
Select Discharge Date/Time:  ??

CHOOSE FROM:
   26              08-19-1993 @ 13:00        SMITH,FRED X     DISCHARGE
   41              09-02-1993 @ 08:00        SMITH,FRED X     DISCHARGE

Select Discharge Date/Time:  41  9-2-1993@08:00:00     SMITH,FRED X   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:  GARDINER,WILLIAM  10-03-43  533406810  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

```
Select Patient:     CARDILLO,GEORGE X

CARDILLO,GEORGE X                      Pt.ID: 012-67-8904
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 Co.     Subscriber ID     Group       Holder  Effective Expires
==============================================================================
    No Insurance Information
Want to add NEW insurance data? No//   <RET>
```

Movement Main Menu
Transfer Movement

Example, cont.

```
Are there any discrepancies with insurance data on file? No//    <RET>


Patient Name: CARDILLO,GEORGE X                        Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 07/22/94      VENDOR: SUNNY ACRES - 225447788
       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: CARDILLO,GEORGE X          SSN: 012-67-8904
     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:
```

Output Main Menu - CNH
7078 Print

The heading on the VA Form 10-7078 has been changes to read, "Department of Veterans Affairs". The form has also been modified to allow the second line address for both the vendor and the patient to 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:  WILSON,MORGAN    06-02-34     554678221    SC VETERAN

    C77777.0141          MEMORIAL NURSING HOME     WILSON,MORGAN    COMPLETE


REFERENCE NUMBER: C77777.0141            VENDOR: MEMORIAL NURSING HOME
  VETERAN: WILSON,MORGAN                 AUTHORIZATION FROM DATE: AUG 30, 1994
  AUTHORIZATION TO DATE: SEP 17, 1994    AUTHORITY: NON-VA FOR SC DISABILITY
  ESTIMATED AMOUNT: 1350                 USER ENTERING: BLACK,JOHN
  STATUS: COMPLETE                       DATE OF ISSUE: AUG 30, 1994
  FEE PROGRAM: CONTRACT NURSING HOME     DATE OF ADMISSION: AUG 30, 1994
  DATE OF DISCHARGE: AUG 31, 1994


Is this the correct 7078? Yes//    <RET>
Approving Official for 7078: Walter Johnson 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, 1994@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                                                      |1. Date of Issue
     VAMC ALBANY                                                    |   08/30/94
     113 HOLLAND AVE                                                |-----------------------------------------------
     ALBANY, NY  12208                                              |2. Veteran's Name
                                                                    |   WILSON,MORGAN
-----------------------------------------------------------------------------------------------------------------------
Name of Physician or Station                                        |3. Address
     MEMORIAL HOSPITAL                                              | 1 MAIN ST
     NEW SCOTLAND AVE                                               | Apt. 1B
     SUITE 301                                                      |
     ALBANY, NY  12209                                              | TROY, NY  12180
     ID#: 101280604                                                 |-----------------------------------------------
                                                                    | 4. Veteran's Claim No.   | 4A. SSN
                                                                    |  554678221               | 554-67-8221
                                                                    |-----------------------------------------------
                                                                    |        5. Authorization Valid
                                                                    |-----------------------------------------------
                                                                    |From                      |To
                                                                    | 08/30/94                 | 09/17/94
-----------------------------------------------------------------------------------------------------------------------
                                              PART 1. - SERVICES AUTHORIZED
-----------------------------------------------------------------------------------------------------------------------
6. Services shown below are authorized for the period indicated in Item 5 above.                        |  7. Fee
            (See Special Provisions below.)                                                              |$
Move to VAMC ASAP
-----------------------------------------------------------------------------------------------------------------------
8. Fee Schedule or Contract      |9. Authority                      |9A.                        |10. Estimated Amount
                                 | 17.45                            |                           | $500.00
-----------------------------------------------------------------------------------------------------------------------
11. Fiscal Symbols                                                  |12. Authorized by (Name and Title)
     360/10161.001 C77777.0141                                      | JAMES R REELGOOD 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.
-----------------------------------------------------------------------------------------------------------------------
                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
==============================================================================

* ABBOTT,JOHN A. -0101P                 GOOD TIME NURSING HOME -1234
   06/09/93@09:99:01          ADMISSION  -  ALL OTHER

  BACON,JOSEPH -4877                    GER'S HOME FOR WAYWARD STRANGERS -9090
   05/28/93@10:99:01          DISCHARGE  -  DEATH

  BACON,JOSEPH -4877                    GER'S HOME FOR WAYWARD STRANGERS -9090
   05/27/93@12:99:01          ADMISSION  -  TRANSFER FROM OTHER CNH

  BACON,JOSEPH -4877                    GER'S HOME FOR WAYWARD STRANGERS -9090
   05/27/93@11:29:01          DISCHARGE  -  TRANSFER FROM OTHER CNH

  BACON,JOSEPH -4877                    GER'S HOME FOR WAYWARD STRANGERS -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

**   MAGOO,MARTIN                       123-44-4321         12/31/93

** indicates movement problem from the prior month that is affecting
the balancing segment.
```

Output Main Menu - CNH
Check Display

NEW OPTION

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:  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:  EDEN PARK NURSING HOME          VENDOR ID:  898989899

Patient:  ADAMS,OTIS                    Patient ID:  321-56-1023
   6/1/94   6/30/94     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 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
==============================================================================

GOOD TIME NURSING HOME                   987561234  COMMUNITY NUR
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  45441477

     ACKERLEY,DENNIS               02/22/22  019-40-9130    523       01/01/93
     MAGUIRE,MARK                  01/01/40  123-44-4321    523       07/29/93


SUNNY ACRES                              225447788  COMMUNITY NUR
          1616 SHADY LN
          TACOMA, WA  98506

     MARGOLIN,MERVYN               02/03/35  213-89-5467    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
==============================================================================
SHAKIM,RAJID      606-77-8899   M  04/01/93     118  SUNNY ACRES

     ***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.
================================================================================
GOOD TIME NURSING HOME                       987561234  V500-1234     03/31/93
LUCIA CNH                                    897653478  500-6789      05/30/93
LUCIA CNH                                    897653478  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
SHAKIM,RAJID         606-77-8899     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:  ADAMS,MICHAEL   06-17-48   552996543   SC VETERAN

Select Admission Date/Time:  06/01/90@0900   JUN 01, 1990.09     ADAMS,MICHAEL
ADMISSION

Veteran: ADAMS,MICHAEL                     SSN: 552-99-6543

     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
==============================================================================

BALON,GRACE V  001-44-1920
    LEISURELAND NURSING HOME                 888888888        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

NEW OPTION

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 LOCATED        ALBANY
 [4] STATE CODE WHERE NURSING HOME IS LOCATED          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                    ADULT DAY CARE CENTER
 [3] NAME OF CITY WHERE NURSING HOME IS LOCATED        ROTTERDAM JCT
 [4] STATE CODE WHERE NURSING HOME IS LOCATED          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 - GECO
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: END OF THE LINE
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: 2930100
AUTOMATIC TERMINATOR: $

TRANSMITTED CODE SHEET FOR ID# 3-95 WILL BE AS FOLLOWS:
....+....1....+....2....+....3....+....4....+....5....+....6....+....7....+...
.
CNH500SHADY ACRES           END OF THE LINE36001050B00200040010193$
```

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 - GECO
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: ADULT DAY CARE CENTER
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....+...
.
CNH500ADULT DAY CARE CENTER  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
================================================================

CARE WEST NURSING HOME                             999225555
        BELL,KERWIN                   262534222     6000.00
                                                    -------
                                   Vendor Total:    6000.00

SIRCO NURSING HOME                                 123555658
        ADAMS,MICHAEL                 543778902     3000.00
        CANADAY,JOHN                  518467387     3000.00
                                                    -------
                                   Vendor Total:    6000.00

MORGAN REST HOME                                   665776887
        BROWN,CHESTER                 345326778     3100.00
        GARDINER,WILLIAM              147895761     3100.00
                                                    -------
                                   Vendor Total:    6200.00

Grand Total Dollars:   18200.00
```

Output Main Menu - CNH
Potential Cost Recovery Report – CH and CNH Format

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended."
Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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 OPTION NAME: FB PCR       Potential Cost Recovery Report
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//

**** Date Range Selection ****

   Beginning DATE : 01/01/90  (JAN 01, 1990)

   Ending    DATE : T  (JAN 09, 2004)


                         POTENTIAL COST RECOVERY REPORT
                               Division:  1ALBANY
                              1/1/90 - 1/9/04
                                                                Page: 1
Patient: DOUGLAS,BOB              at. ID:123-23-2323  DOB: Jan 01, 1950

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

    Health Insurance: YES
 Insurance   COB Subscriber ID     Group    Holder  Effective  Expires
  ====================================================================
   ABC INSURA      1234567890123456  1234567890  SELF     02/10/91
   AETNA           099999130         00123       SELF
   HEALTH INS      D23455342323      3255        SPOUSE  01/01/91 12/31/92
   APPLE           019409130         321         SELF    01/21/94 01/16/95

                ***  Patient has Insurance Buffer entries  ***

                       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: BOSTON CITY HOSPITAL             Vendor ID: 987652758
# 10/27/93         1199        6/30/93
     10.00         2.00             1                      0
  DX: 380.52
  PROC: 78.93
     >>>Cost recover from means testing.
```

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 by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payments items in that batch are listed.

Example

```
DEVICE: HOME//  CNH 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: SIRCO,LUCIA

CHABOT,JOHN                         456-43-5678           341
   TANNER REST HOME                         456765888    523         7/27/93
    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: SIRCO,LUCIA

CHABOT,JOHN                         456-43-5678           329
   LEISURELAND                              567895411    497         6/21/93
    4/5/93    12345       33.00     32.00    D   SELIUM
       Reject Reason: WRONG VENDOR
       Old Batch #: 329
```

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
                       -----------------------------


ABBOTT,JOHN A.                   411-01-0101P    NSC
 ADMISSION DATE: 06/09/93@1:00    ADMISSION TYPE: ALL OTHER
        GOOD TIME NURSING HOME          987561234
        31 NOWHERE CIRCLE
        LOWELL   MASSACHUSETTS  01852-0123
        Phone #: 413-454-1477

SHAKIM,RAJID                     606-77-8899     SERVICE CONNECTED 50% to 100%
 ADMISSION DATE: 07/01/93@1:00    ADMISSION TYPE: ALL OTHER
        SUNNY ACRES                     225447788
        1616 SHADY LN
        TACOMA   WASHINGTON  98506
        Phone #: 834-2109


CARDILLO,GEORGE X                012-67-8904     SC LESS THAN 50%
 ADMISSION DATE: 07/22/93@08:00   ADMISSION TYPE: AFTER RE-HOSPITALIZATION >15
        SUNNY ACRES                     225447788
        1616 SHADY LN
        TACOMA   WASHINGTON  98506
        Phone #: 773-2594
```

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
                   --------------------------------
VENDOR NAME                                         VENDOR ID
    VETERAN NAME                      VETERAN ID      ADMIT DT    AUTH TO DATE

-------------------------------------------------------------------------------

GOOD TIME NURSING HOME                              987561234
    ABBOTT,JOHN A.                    411-01-0101P    06/09/93     12/31/99

SUNNY ACRES                                         225447788
    CARDILLO,GEORGE X                 012-67-8904     07/22/93     07/31/93
    MOSS,JULIE S.                     333-39-9991     07/28/93     07/31/93
    SMITH,FRED X                      330-56-9812     07/28/93     11/30/93
```

Output Menu
Vendor Payments Output

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only displayed if an EDI Claim line item number is indicated for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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

```
Select Fee Vendor: GOOD TIME NURSING HOME   341339182 COMMUNITY NURSING
          2620 RIDGEWOOD RD  100
          TEST
          AKRON, OH  44313    TEL. #:  1-800-837-0703
**** Date Range Selection ****
   Beginning DATE : 01/01/2003  (JAN 01, 2003)
   Ending    DATE : T  (JAN 09, 2004)
Select FEE Program: ALL// COMMUNITY NURSING HOME
Select another FEE Program:
```

```
     Select one of the following:

          M         MILL BILL (38 U.S.C. 1725)
          N         NON-MILL BILL
          A         ALL

Enter response: ALL//

                       VENDOR PAYMENT HISTORY
                        ========================          Page: 1
                                             Date Range: 1/1/03 to 1/9/04
Vendor: GOOD TIME NURSING HOME           Vendor ID: 341339182
                          FEE PROGRAM: COMMUNITY NURSING HOME
 ('*' 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: FEEPATIENT,FEE A                Patient ID: 405-34-5678
  12/16/03         2459        12/1/03         12/3/03   FEEACUTECH
  14500.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 1
  DX: 102.6
  PROC: 10.99
  12/16/03         2460        12/1/03         12/3/03   FEEACUTECH2
    400.00         0.00  2
     FPPS Claim ID: 341245    FPPS Line Item: 2
  DX: 100.0
  PROC: 20.01

Patient: FEEPATIENT,MST B                Patient ID: 604-32-4567
  12/18/03         2463        12/5/03         12/7/03   PATFEEACCH
    200.00         0.00  2          35                200.00
     FPPS Claim ID: 1000001    FPPS Line Item: 1
  DX: 100.81
  PROC: 10.0
  12/18/03         2464        12/5/03         12/7/03   PATFEEACCH2
    100.00         0.00  2          B13                50.00
     FPPS Claim ID: 1000001    FPPS Line Item: 2
  DX: 100.81
  PROC: 10.0
```

Output Menu
Veteran Payments Output

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only displayed if an EDI Claim line item number is indicated for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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.

Example

```
Select Fee Patient: FEEPATIENT,FEE A,FEE,FEE A  FEEPATIENT,FEE A  3-15-40
   405345678       SC VETERAN

**** Date Range Selection ****

   Beginning DATE : 01/01/2001  (JAN 01, 2001)

   Ending    DATE : T  (JAN 09, 2004)

Select FEE Program: ALL// CIVIL   HOSPITAL
Select another FEE Program:

     Select one of the following:
          M         MILL BILL (38 U.S.C. 1725)
          N         NON-MILL BILL
          A         ALL

Enter response: ALL//

                         VETERAN PAYMENT HISTORY
                        ========================          Page: 1
Date Range: 1/1/01 to 1/9/04
Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
FEE PROGRAM: COMMUNITY NURSING HOME
'*' 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: HAPPY VALLEY NURSING HOME                   Vendor ID: 357339182
  12/16/03         2459        12/1/03         12/13/03   HAPPYFEE
  14500.00         0.00  0        45           14500.00
     FPPS Claim ID: 341245    FPPS Line Item: 1
  DX: 102.6
  PROC:
  12/31/03         2460        12/21/03         12/31/03  SLEEPYFEE
    14000.00    1100.00       11    45         12900.00
     FPPS Claim ID: 341245    FPPS Line Item: 2
  DX: 100.0
  PROC:
```

Payment Process Menu
Delete Inpatient Invoice

New Prompts

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only required if the user answered YES to the above prompt during invoice entry. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended."
Remittance Remark: A remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

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 FEE BASIS BATCH NUMBER: 1708       C95003

Select Invoice to delete: 2368

                              INVOICE DISPLAY
=================
Patient: FEEPATIENT,FEE A                Patient ID: 405-34-5678
```

```
                          FEE PROGRAM: COMMUNITY NURSING
   ('*' 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: BETH'S HAPPY NURSING HOME                    Vendor ID: 042103881
  4/9/03           2368        4/19/03          4/9/03     123355432
      1000.00    1000.00     10                                M118
      FPPS Claim ID: 4100     FPPS Line Item: ALL

    Associated 7078: C95003.0079
    Batch #: 1708                       Date Finalized:


Sure you want to delete this invoice? No//
```

Payment Main Menu
Edit CNH Payment

New Prompts:

Patient Control Number - This could be either the Patient Identification Number or Patient Account Number from the vendor's invoice.
FPPS Claim ID: 1-32 character text ID created by FPPS system.
FPPS Line Item: Only asked if the user answered YES to the above prompt. It allows you to indicate the EDI Claim line item number for each service paid or denied. With EDI claims, every line item must eventually be accounted for. For CNH, the user can account for all lines by answering YES.
Covered Days: This is the number of total number of Inpatient days that the Fee Staff has determined will be paid.
Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term "Adjustment Reason" replaces the VistA Fee term "Suspend Code."
Adjustment Amount: Enter the dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term "Adjustment Amount" replaces the VistA Fee term "Amount Suspended." Adjustment Amount is now asked after the Adjustment Reason.
Remittance Remark: Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

FBAASUPERVISOR - 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.

You may edit or delete the entire invoice, or individual data items. You cannot edit payments in batches that have been transmitted. You may not delete the data in required fields.

Example

```
Edit CNH Payment
Select FEE BASIS BATCH NUMBER: 21883       C27042

Select Invoice Number: 63756

                                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
==============================================================================

GABSALOT,HAPPY J  123-27-4567                     gabby
    RIVERSIDE NURSING HOME                   730757719        63756
    99999         ALL              06/01/03   6/1/03     05/01/03   05/31/03
    2000.00      1860.00     31        26        140.00

    Associated 7078: C27042.0083
    Batch #: 21883                      Date Finalized:


Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): JUN 1,2003//
VENDOR INVOICE DATE: MAY 31,2003//
```

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

```
Select FEE BASIS BATCH NUMBER:   178        C93999

Payments for which Month/Year:   6/93  (JUN 1993)



Select Patient:  ABBOTT,JOHN A.
```

Payment Main Menu - CNH
Enter CNH Payment

Example, cont.

```
ABBOTT,JOHN A.                          Pt.ID: 411-01-0101P
124 SMITH ROAD                            DOB: JAN 1,1901
SMITH                                     TEL: Not on File
IDAHO 12456                           CLAIM #: 411010101P
                                       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      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: ABBOTT,JOHN A.                          Pt.ID: 411-01-0101P

AUTHORIZATIONS:
   (1) FR: 06/09/93      VENDOR: GOOD TIME NURSING HOME - 987561234
       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, cont.

```
Veteran: ABBOTT,JOHN A.             SSN: 411-01-0101P
     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:
```

Queue Data for Transmission

FBAASUPERVISOR - 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.

Please 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.

Example

```
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:  SUNNY ACRES      225447788  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

Version 3.5 Changes:
FAX NUMBER: - allows you to enter a FAX number for the vendor.

Patch FB*3.5*9 Changes: New Prompts:
BUSINESS TYPE (FPDS): Business type for FPDS reporting purposes.
Select SOCIOECONOMIC GROUP (FPDS): Socioeconomic group for FPDS reporting purposes. More than one value can be entered at this prompt.

FBAA ESTABLISH VENDOR - 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).

Example

```
Select FEE BASIS VENDOR NAME:   SHADES OF GRAY NURSING HOME
  Are you adding 'SHADES OF GRAY NURSING HOME' as
    a new FEE BASIS VENDOR (the 1321ST)? No//    Y  (Yes)
   FEE BASIS VENDOR ID NUMBER:   977788666
   FEE BASIS VENDOR TYPE OF VENDOR:   8  OTHER
   FEE BASIS VENDOR PART CODE  : 5  COMMUNITY NURSING HOME        05
   FEE BASIS VENDOR CHAIN:   <RET>
NAME: SHADES OF GRAY NURSING HOME  Replace   <RET>
ID NUMBER: 977-78-8666//   <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):   L  LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS):   LW          WOMAN-OWNED LARGE BUSINESS
  Are you adding 'LW' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No//  Y
  (Yes)
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
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:  2/1  (FEB 01, 1999)

Select FEE BASIS CNH CONTRACT NUMBER:   <RET>
```

Vendor Enter/Edit

Example, cont.

```
***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
     Address:  222 BLOOMING GROVE DR            Specialty:
        City:  TROY                                  Type: OTHER
.       State:  NEW YORK                Participation Code: COMMUNITY NURSING
HOM
         ZIP:  12180                   Medicare ID Number: 777555
      County:  RENSSELAER                           Chain:
       Phone:  518-555-1234
         Fax:  518-555-1200
 Type (FPDS):  LARGE BUSINESS                Group (FPDS): WOMAN-OWNED LARGE
BUS
 Austin Name:
 Last Change                                Last Change
   TO Austin:                                 FROM Austin:
Enter RETURN to continue or '^' to exit:   <RET>
```

```
 Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
                       >>> CNH INFORMATION <<<

  Total Beds:  100                   Inspected/Accredited: Inspect. & Accred.

Want to edit data? No//  <RET>  NO

Select FEE BASIS VENDOR NAME:
```