

SECTION 3 MEDICAL FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Medical Fee Main Menu.

BATCH MAIN MENU

ACTIVE BATCH LISTING BY STATUS - prints active batches for one, many, or all batch statuses. The output is sorted alphabetically by batch status, and excludes all batches with a status of **VOUCHERED**.

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

BATCH STATUS FOR A RANGE OF BATCHES - allows you to enter a range of batches and list the current status, obligation number, and Fee Program.

CLOSE OUT BATCH - closes a Fee Basis batch. Once a batch is closed, no further payments may be added to it, and travel dollars and payment line count are tabulated.

DISPLAY OPEN BATCHES - allows you to display a list of all Fee Basis batches which have an **OPEN** status.

EDIT BATCH DATA - allows you to edit **DATE BATCH OPENED** and **OBLIGATION NUMBER**.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

OPEN A BATCH - used to create and open a new Fee Basis batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which was previously closed, and has a batch status of **CLOSED**. This allows additional payments to be entered into the batch.

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

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STATUS OF BATCH - displays all information available for the selected batch. If the batch status is **OPEN**, the only information available is date opened, clerk who opened, and batch type. If the batch status is **CLERK CLOSED**, the total dollars and payment line count are also displayed.

ENTER AUTHORIZATION - used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services.

OUTPUTS MAIN MENU

SUSPENSION LETTER PRINT - used to print the suspension letters that are sent to Fee Basis vendors.

INDIVIDUAL SUSPENSION LETTER PRINT - allows printing of suspension letters for an individual patient and/or vendor.

7079 PRINT FOR SELECTED PATIENT - used to print VA Form 10-7079, Request for Outpatient Services, for an individual veteran.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

DISPLAY ID CARD HISTORY FOR PATIENT - shows an ID Card history for a Fee Basis patient, including current ID card number and issue date. It also displays old card numbers, the reason for the change, and which user made the change.

GROUP 7079 PRINT - used to print VA Form 10-7079, Request for Outpatient Services for a specified date range.

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

OBSOLETE ID CARDS LIST - used to view a list of Fee Basis ID card numbers which have expired or have been deleted.

OUTPATIENT COST REPORT - generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the **DATE FINALIZED** field.

Overview

PAYMENT HISTORY DISPLAY - displays eligibility, disabilities, insurance information, authorizations, and medical payment information for a patient.

POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be able to be recovered.

PRINT REJECTED PAYMENT ITEMS - used to view those items which have been rejected for payment by the Central Fee System in Austin and have not yet been re-initiated.

PSA OUTPUT REPORT - used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital, and community nursing home payments for a selected date range.

RBRVS FEE SCHEDULE COST COMPARISON – used to generate a report of the estimated savings or cost from implementation of the Medicare RBRVS fee schedule.

VALID ID CARDS LIST - used to view a list of Fee Basis ID card numbers which are currently in effect and have not expired.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

PAYMENT MENU

C&P/MULTIPLE PATIENT PAYMENT ENTRY - used to enter a Compensation & Pension payment to a vendor.

CALCULATE PAYMENT AMOUNT – used to calculate a fee schedule amount without having to enter a payment.

DELETE PAYMENT ENTRY - used to delete a payment transaction. You must be the user who entered the payment.

EDIT PAYMENT - used to edit data for a previously entered medical fee payment.

ENTER PAYMENT - used to enter or edit a medical payment to a vendor.

Overview

INVOICE DISPLAY - used to view detailed line items associated with a selected medical invoice.

MULTIPLE PAYMENT ENTRY - used to enter identical medical payments for a specific patient and vendor (only the date of service may differ).

RE-INITIATE REJECTED PAYMENT ITEMS - used to re-initiate items that have been rejected by the Central Fee System and assign them to a new batch.

REIMBURSEMENT PAYMENT ENTRY - used to enter a reimbursement payment to a veteran for medical services when the veteran has paid the vendor directly.

TRAVEL PAYMENT ONLY - used to enter, edit, or delete a travel payment for a Fee Basis patient.

REGISTRATION MENU

AUTHORIZATION DISPLAY - used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

FEE PATIENT INQUIRY - used to display patient demographics and Fee Basis Authorizations.

PRINT REPORT OF CONTACT - generates a hard copy of a Fee Basis Patient Report of Contact in the format of VA FORM 119.

REPORT OF CONTACT - used to record contact between a vendor and the medical center or edit an existing Report of Contact.

SUPERVISOR MAIN MENU

ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200) when an Unauthorized Claim is submitted by another party (i.e., not the veteran or the vendor) whose name and address need to be entered.

CLERK LOOK-UP FOR AN AUTHORIZATION - allows the holder of the FBAASUPERVISOR security key to look up the last user to enter and/or edit a selected authorization.

DELETE REJECT FLAG - used to delete the reject flag previously entered for selected items in a batch, or for all items in a batch.

Overview

EDIT PHARMACY INVOICE STATUS - used to change the status of a pharmacy invoice.

ENTER/EDIT SUSPENSION LETTERS - used to enter a new suspension letter into the system, or edit an existing letter.

FEE SCHEDULE MAIN MENU

ADD/EDIT FEE SCHEDULE - used to enter a CPT code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid value in the Outpatient Medical program.

COMPILE FEE SCHEDULE - compiles the Fee Schedule data based on a specified date range.

PRINT FEE SCHEDULE - prints a report of the Fee Schedule for a specified fiscal year.

FINALIZE A BATCH - used to reject certain payment items and finalize the batch as correct.

LIST BATCHES PENDING RELEASE - displays batches that have been closed, but not yet finalized, by the supervisor.

MRA MAIN MENU

VENDOR MRA MAIN MENU

UPDATE FMS VENDOR FILE IN AUSTIN - creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin. Use of this option should update the FMS VENDOR file to reflect what is currently in the DHCP system. Information at all other VA Medical Centers using this vendor will also be updated.

DELETE VENDOR MRA - used to transmit a delete MRA transaction whenever a vendor becomes inactive, or cancels Fee Basis care.

REINSTATE VENDOR MRA - used to reactivate a vendor formerly in DELETE status.

Overview

MRA'S AWAITING AUSTIN APPROVAL - generates an output of the vendors that have an MRA action pending, and are still Awaiting Austin Approval.

VETERAN MRA MAIN MENU

ADD TYPE VETERAN MRA - creates an Add type Veteran MRA transaction to be sent to the centralized Fee System in Austin, which results in the creation of a new Patient entry in the CENTRAL PATIENT file.

CHANGE TYPE VETERAN MRA - creates a Change type patient MRA to be sent to the centralized Fee System in Austin, which changes the Patient Master Record on that system.

DELETE TYPE VETERAN MRA - creates a delete type patient MRA transaction, which deletes that Patient Master Record in the centralized Fee System in Austin.

REINSTATE TYPE VETERAN MRA - creates a Reinstate type patient MRA transaction, which reinstates a previously deleted patient in the centralized Fee System in Austin.

Use of the following two options changes the VETERAN MASTER file in Austin.

RE-TRANSMIT MRA'S - used to retransmit previously transmitted MRA's for a specific date. Veteran and Vendor MRAs are kept on file until the purge option is used to delete them. This option should be used in instances when, for some reason, Austin did not receive transmissions.

PURGE TRANSMITTED MRAS - used to purge all veteran and vendor MRAs on file in Austin which are PRIOR to the date specified. It should be used only after it is known that Austin has accepted your MRA transmissions. Once this option is run, you will not be able to re-transmit the purged MRAs.

PRICER BATCH RELEASE - used by the supervisor to review payments for contract hospital and mark them for transmission to the Austin Pricer for grouping and price.

Overview

PRINT REJECTED PAYMENT ITEMS - used to print those items which have been rejected for payment by the Central Fee System and have not yet been re-initiated.

QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Fee Basis payments and MRA's to Austin via electronic mail. The FBAASUPERVISOR security key is required to access this option.

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

RELEASE A BATCH - used to certify that a batch is ready to be released to Austin for payment.

REQUEST INFO FILE ENTER/EDIT - used to enter/edit data in the FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (# 162.93).

SITE PARAMETER ENTER/EDIT - used to enter/edit the site specific Fee Basis parameters. After one entry you may only edit and not add a second entry.

VOID PAYMENT MAIN MENU

CH DELETE VOID PAYMENT - searches all finalized CH payments that contain a VOID status for a specified patient and vendor. It provides a list of voided payments from which they may choose to cancel the void on one, many, or all.

CH VOID PAYMENT - searches all finalized CH payments that do not contain a VOID status for a specific patient and vendor. It provides a list of payments from which they may choose to void one, many, or all.

CNH DELETE VOID PAYMENT - searches all finalized CNH payments that contain a VOID status for a specific patient and vendor. It provides users with a list of voided payments from which they may choose to cancel the void on one, many, or all.

CNH VOID PAYMENT - searches all finalized CNH payments that do not contain a VOID status for a specific patient and vendor. It provides users with a list of payments from which they may choose to void one, many, or all.

MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the

Overview

appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.

MEDICAL VOID PAYMENT - allows the Fee Supervisor to void a payment that has already been finalized. It is useful when a check is returned by a vendor. It allows the Fee Supervisor to retain the payment history but flag the payment void(#). The dollars for the payment must be added back into the appropriate obligation using the appropriate IFCAP option.

PHARMACY DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP obligation.

PHARMACY VOID PAYMENT - allows the Fee Supervisor to void a payment to a Pharmacy vendor that has already been Finalized. Using this option, you can void the payment, but retain the payment history. The dollar amount must be added back to the obligation using the appropriate IFCAP option.

TERMINATE ID CARD - used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

VENDOR MENU

DISPLAY,ENTER,EDIT DEMOGRAPHICS - used to display vendor demographics, enter a new vendor into the system, or edit data on an existing vendor.

FPDS-ONLY VENDOR EDIT – used to edit the FPDS data fields of an existing vendor.

LIST VENDORS WITHOUT FPDS DATA – used to lists vendors that do not have a BUSINESS TYPE (FPDS) entered.

PAYMENT DISPLAY FOR PATIENT - used to view the payment record of a patient with a specific vendor.

PAYMENT LOOK-UP FOR MEDICAL VENDOR - used to view the payment history of a medical vendor for a specified time frame.

PHARMACY VENDOR PAYMENT LOOK-UP - used to view the payment history of a pharmacy vendor for a specified time frame.

Batch Main Menu
Active Batch Listing by Status

Introduction

The Active Batch Listing by Status option is used to view or print a list of batches according to their current status. You can include one, many, or all of the following statuses.

- CLERK CLOSED
- SUPERVISOR CLOSED
- OPEN
- TRANSMITTED
- FORWARDED TO PRICER
- ASSIGNED PRICE
- REVIEWED AFTER PRICER

Example

```

Do you want to print ALL Fee Basis Batch Status': No// <RET>

Select one of the following:

C      CLERK CLOSED
S      SUPERVISOR CLOSED
O      OPEN
T      TRANSMITTED
P      FORWARDED TO PRICER
A      ASSIGNED PRICE
R      REVIEWED AFTER PRICER

Select STATUS to print:  OPEN
Do you want to select another STATUS: No// <RET>

DEVICE: HOME//      FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
    
```

STATUS OF BATCHES			
BATCH #	BATCH TYPE	DATE OPENED	CLERK
STATUS: OPEN			
16	MEDICAL & STAT PAYMENTS	05/24/93	MARTIN, DENNIS
24	MEDICAL & STAT PAYMENTS	05/28/93	STELLA, KAREN H
25	CH/CNH	05/28/93	MARTIN, DENNIS
26	HOMETOWN PHARMACY PAYMENTS	05/28/93	MARTIN, DENNIS
28	MEDICAL & STAT PAYMENTS	05/28/93	MARTIN, DENNIS
34	CH/CNH	06/03/93	STELLA, KAREN H

Section 3 - Medical Fee Main Menu

Batch Main Menu
Active Batch Listing by Status

Example, cont.

35	MEDICAL & STAT PAYMENTS	06/08/93	ALLEN, MARCUS
36	CH/CNH	06/09/93	STELLA, KAREN H
Press RETURN to continue or '^' to exit: <RET>			

STATUS OF BATCHES			
BATCH #	BATCH TYPE	DATE OPENED	CLERK
37	MEDICAL & STAT PAYMENTS	06/11/93	STELLA, KAREN H
39	MEDICAL & STAT PAYMENTS	06/11/93	ALLEN, MARCUS
42	TRAVEL PAYMENTS	06/24/93	ALLEN, MARCUS
48	MEDICAL & STAT PAYMENTS	06/25/93	MARTIN, DENNIS
52	HOMETOWN PHARMACY PAYMENTS	06/25/93	ALLEN, MARCUS
54	TRAVEL PAYMENTS	06/25/93	STELLA, KAREN H
55	HOMETOWN PHARMACY PAYMENTS	06/25/93	STELLA, KAREN H
56	HOMETOWN PHARMACY PAYMENTS	06/25/93	STELLA, KAREN H
64	MEDICAL & STAT PAYMENTS	07/07/93	ALLEN, MARCUS
65	CH/CNH	07/08/93	STELLA, KAREN H
67	CH/CNH	07/08/93	STELLA, KAREN H
73	CH/CNH	07/30/93	ALLEN, MARCUS
77	CH/CNH	08/13/93	MARTIN, DENNIS

Batch Main Menu

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:  184          C93999

NUMBER: 184                      OBLIGATION NUMBER: C93999
TYPE: MEDICAL PAYMENTS          DATE OPENED: DEC 14, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500

STATUS: OPEN

Sure you want to DELETE this batch? No//  YES

Batch Deleted.

Select FEE BASIS BATCH NUMBER:

```

Batch Main Menu

Batch Status for a Range of Batches

Introduction

This option is used to generate a Fee Basis Batch List for a range of batch numbers. If you accept the default of FIRST as the start number, all batches will be included.

Example

```
Select Batch Main Menu Option:    BATCH status for a Range of Batches

ENTER BATCH NUMBER RANGE:
-----
START WITH NUMBER: FIRST//    <RET>
DEVICE:    FEE BASIS PRINTER    RIGHT MARGIN: 80//    <RET>

Sample Output

FEE BASIS BATCH LIST                MAY  7,1993  16:21    PAGE 1
BATCH  OBLIGATION
NUMBER  NUMBER      FEE PROGRAM          STATUS
-----
1      C90234      MEDICAL & STAT PAYMENTS  OPEN
4      C89211      MEDICAL & STAT PAYMENTS  SUPERVISOR CLOSED
```

Batch Main Menu

Close-out Batch



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



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

Introduction

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

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

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

Section 3 - Medical Fee Main Menu

Batch Main Menu
Close-out Batch

Example

```
Select FEE BASIS BATCH NUMBER:  39          C33003
Want to review batch? NO//  YES

Patient Name ('*' Reimbursement to Patient '+' Cancellation Activity)
                ('#' Voided Payment)                Batch #  Voucher Date
Vendor Name                Vendor ID  Invoice #    Date      Rec'd.
SVC DATE    CPT-MOD    CLAIMED    PAID    CODE  SERVICE PROVIDED
=====
ACKERLEY, DENNIS                078-46-0348          39
WELBY, MARCUS MD                987650000          169          9/29/93
  9/2/93    90040          12.00          12.00          OFFICE/OP VISIT, EST, BRIEF
JONES, JOHN                666-46-1234          39
TROY MEDICAL GROUP                987650000          169          9/20/93
  8/29/93    10080-20          20.00          20.00          DRAINAGE OF PILONIDAL CYST

                Invoice #: 169  Totals: $ 32.00
Do you still want to close Batch? YES//  <RET>

NUMBER: 39                OBLIGATION NUMBER: C33003
TYPE: MEDICAL PAYMENTS    DATE OPENED: JUN 11, 1993
CLERK WHO OPENED: KENDRICK, GAYE G    STATION NUMBER: 500
TOTAL DOLLARS: 32          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JAN 10, 1995

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Display Open Batches

Introduction

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

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
=====				
25	CH/CNH	05/28/93	MARTIN, 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

Edit Batch data

 FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER:  ??

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

Select FEE BASIS BATCH NUMBER:  1          C90234
Obligation Number: C90234//  <RET>
Do you want to change the Obligation Number? No//  Y YES
Select Obligation Number:  ??

CHOOSE FROM:
 500-C89211 -- 1358  Obligated - 1358
                   FCP: 020  $ 4800
 500-C89621 -- 1358  Ordered and Obligated
                   FCP: 999  $ 80000
 500-C89622 -- 1358  Obligated - 1358
                   FCP: 020  $ 80000
 500-C89699 -- 1358  Transaction Complete
                   FCP: 020  $ 30000
Select Obligation Number:  C89621  500-C89621  -- 1358  Ordered and Obligated
                   FCP: 999  $ 80000
NUMBER: 1//  (No Editing)
DATE OPENED: APR 10,1994//  T  (JUN 23, 1994)
```

Batch Main Menu
List Items in Batch



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

Introduction

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

Example

```
Select FEE BASIS BATCH NUMBER: 4 C89621
DEVICE: HOME// FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>
```

```
Patient Name ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch # Voucher Date
Vendor Name                                     Vendor ID Invoice # Date Rec'd.
SVC DATE CPT-MOD CLAIMED PAID CODE SERVICE PROVIDED
=====
PABON,PETER                                067-34-7404          4        6/4/93
SIRCO,LUCIO,MD                             345345345          38        5/27/90
5/20/90 10160          45.00      12.11   4 PUNCTURE DRAINAGE OF LESION

              Invoice #: 38 Totals: $ 12.11

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Open a Batch



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

Introduction

Fee Basis bills are paid in groups called batches. The Open a Batch option is used to create a new Medical batch. To enter, edit, or delete payment data in these batches, use the options in the Payment Menu.

The "Select CONTROL POINT:" prompt appears only if you are an authorized user for multiple control points.

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

Example

```
Select Batch Main Menu Option:  OPEN a Batch
Want to create a Medical batch? YES//  <RET>

Medical Batch number assigned is: 190

ARE YOU ADDING '190' AS A NEW FEE BASIS BATCH (THE 78TH)?      Y  (YES)
Select CONTROL POINT:    20  020 FEE
Select Obligation Number:  500-C89211      --  1358  Obligated - 1358
                        FCP: 020      $ 4800
```

Batch Main Menu

Re-open Batch



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

Introduction

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

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

Example

```

Select FEE BASIS BATCH NUMBER:   173           C89621

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

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:

```

Batch Main Menu

Release a Batch



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



FBAASUPERVISOR - required to access this option.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER:  276          C15004

NUMBER: 276          OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS          DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER, BARBARA          STATION NUMBER: 500
TOTAL DOLLARS: 10          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993

STATUS: CLERK CLOSED

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

Batch Main Menu
Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID  Invoice #   Date      Rec'd.
SVC DATE    CPT-MOD    CLAIMED    PAID     CODE    SERVICE PROVIDED
=====
MILLER,KERRY                321-65-4987        276
SIRCO,JOSEPH                111222333        493        6/21/93
  5/22/93   90020        10.00        5.00     4    OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

CHABOT,JOHN                456-43-5678        276
PUCK,HENRY                  567895411        495        6/21/93
*  5/1/93   90020         5.00         5.00    OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00

Do you want to Release Batch as Correct? NO//   y  YES

NUMBER: 276                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS    DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER,BARBARA  STATION NUMBER: 500
TOTAL DOLLARS: 10        PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993    DATE SUPERVISOR CLOSED: JUN 23, 1993
SUPERVISOR WHO CERTIFIED: GRAY,MARY ELLEN

STATUS: SUPERVISOR CLOSED

Batch has been Released!
  
```

Batch Main Menu

Status of Batch

Introduction

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

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

Batch Main Menu
Status of Batch

Example

```
Select Batch Main Menu Option:  STATUS of Batch

Select FEE BASIS BATCH NUMBER:  173           C89621

DEVICE: HOME//      FEE BASIS PRINTER      RIGHT MARGIN: 80//  <RET>

NUMBER: 173                OBLIGATION NUMBER: C89621
TYPE: MEDICAL PAYMENTS    DATE OPENED: NOV  4, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500
TOTAL DOLLARS: 125        PAYMENT LINE COUNT: 1

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

Enter Authorization



The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.



FBAA ESTABLISH VENDOR - required to enter new vendors.



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



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

Introduction

The Enter Authorization option is used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services. Before you can enter a Fee Basis authorization, the selected patient must be registered, and must have an eligibility status of either VERIFIED or PENDING VERIFICATION.

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

The PURPOSE OF VISIT CODE and TREATMENT TYPE CODE are required fields. Please refer to M-1, Part I, Chapter 18, for a detailed explanation of valid code entries.

Enter Authorization

Example

```

Select PATIENT NAME:      MOSS,JULIE S.      05-10-57      333399991      MILITARY
RETIREE MOSS,JULIE S.      Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS      DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC      TEL: Not on File
NEW YORK 10003      CLAIM #: Not on File
      COUNTY: NEW YORK

Primary Elig. Code: SC -- VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

Service-connected: NO
Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No//      <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
    
```

```

Patient Name: MOSS,JULIE S.      Pt.ID: 333-39-9991

Select FROM DATE:  JUN 1,1993
FROM DATE:  JUN 1,1993// <RET>
TO DATE:  DEC 31,1994
PRIMARY SERVICE FACILITY:  NEW YORK, NY
PURPOSE OF VISIT CODE:  OPT - SC 50% OR MORE
PATIENT TYPE CODE:  ?
CHOOSE FROM:
00      SURGICAL
10      MEDICAL
60      HOME NURSING SERVICE
85      PSYCHIATRIC-CONTRACT
86      PSYCHIATRIC
95      NEUROLOGICAL-CONTRACT
96      NEUROLOGICAL
PATIENT TYPE CODE:  85 PSYCHIATRIC-CONTRACT
TREATMENT TYPE CODE:  I.D. CARD STATUS
DX LINE 1:  PTSD
DX LINE 2:  <RET>
AUTHORIZATION REMARKS:
1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option:  <RET>
TYPE OF CARE:  OPT SC
    
```

Enter Authorization

Example, cont.

```
VENDOR: <RET>
ACCIDENT RELATED (Y/N):  N no
POTENTIAL COST RECOVERY CASE (Y/N):  N no
PRINT AUTHORIZATION (Y/N): YES//  <RET>
FEE ID CARD NUMBER:  7315264
FEE ID CARD ISSUE DATE:  JUN 1,1993

Want to Print 7079 for this patient now? No//  YES

      This report produces a 132 character output.

QUEUE TO PRINT ON
DEVICE: HOME//  A138-16/6/UP  7079 PRINTER          RIGHT MARGIN: 132//  <RET>

Requested Start Time: NOW//  <RET> (DEC 31, 1994@09:32:15)
REQUEST QUEUED
Task #: 36849

Select PATIENT NAME:
```

Enter Authorization

Example, cont.

Department of Veterans Affairs					ID Card Number: 7315264	
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
JULIE S. MOSS	333399991	FROM: 06/01/93 TO: 12/31/94				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/01/93	PTSD				
Name and Address of Fee Participant						
AUTHORIZATION #: 7170335-30						
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208				ID CARD STATUS - 3	FEMALE	
					(13) POW	
					NO	
TELEPHONE: 563-7788 OR 456-7766				APPROVED BY (Name and Title) (KHS)		
				HOWARD HUGHES CENTER DIRECTOR		
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
VA Form 10-7079				Date Printed: 06/29/93		

LTC Outpatient Active Authorizations Report

Introduction

This report identifies LTC authorizations that are active within a user -specified date range. An authorization is included in this report if either the Authorization From or the Authorization To da te falls within the date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “OUTPATIENT”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cu mulative 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.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPIRE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPIRE CARE IN ADHC
74	HOME HEALTH SERVICES (NON -NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPIRE CARE (OTHER)

LTC Outpatient Active Authorizations Report

Example

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient APR 09, 2003@09:13:58 page 1			
FROM Mar 01, 2003 TO Mar 31, 2003 FOR THE OUTPATIENT PROGRAM			
FOR ALL PURPOSE OF VISIT(S)			
VETERAN	Pt. ID	AUTHORIZATION	
		FROM DATE	TO DATE

POV: HOME HEALTH SERVICES (NON -NURSING PROFESSIONAL)			
Vendor: BLAIR HOUSE			
JONES,LARRY	123 -12-1234	Jul 06, 2001	Jul 05, 2004
DOB: JAN 23,1956			
REMARKS:			
Visits: 0	Paid Amt: \$0	Cum Visits: 0	Cum Paid Amt: \$0

Vendor Subtotal:	Count:	1	
=====			
POV Subtotal:	Count:	1	
2 Authorizations on report			

LTC Outpatient Ending Authorization Report

Introduction

This report identifies LTC authorizations that are due to expire within the user - specified date range. An authorization is included in this report if the Authorization To date falls within the user-specified date range.

Using this option, the "Select FEE BASIS PROGRAM NAME:" prompt will default to "OUTPATIENT". You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPIRE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPIRE CARE IN ADHC
74	HOME HEALTH SERVICES (NON -NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPIRE CARE (OTHER)

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire 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 Outpatient Ending Authorization Report

Example

```

ENDING AUTHORIZATIONS by POV, Vendor, Patient  APR 09, 2003@09:18:54  page 1
FROM Jan 01, 2003 TO Jan 31, 2003  FOR THE OUTPATIENT PROGRAM
FOR ALL PURPOSE OF VISIT(S)

VETERAN                Pt. ID                AUTHORIZATION
                        FROM DATE            TO DATE
-----
POV: HOME HEALTH NURSING SERVICES

Vendor: PROFESSIONAL EMERGENCY SERVICES

BENNY,ROBERT          199  -99-9991        Jan 15, 2000  Jan 14, 2003
DOB: FEB 1,1925      *** Patient Died on OCT 12, 2000@16:34:51
Visits: 0    Paid Amt: $0        Cum Visits: 1    Cum Paid Amt: $123
                        -----
Vendor Subtotal:      Count:      1
                        =====
POV Subtotal:         Count:      1

1 Authorization on report

```

Outputs Main Menu

Suspension Letter Print – Medical Format



New Prompt

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

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.” Two Adjustment Reasons can be used for each Medical Fee Outpatient claim.

Adjustment Reason Text: The narrative description associated with a specific Adjustment Reason code.

Remittance Remark: A remittance remark code provides non-financial information critical to understanding the adjudication of the claim. Two (2) Remittance Remarks can be used for each Medical Fee outpatient claim

Introduction

This option is used to print suspension letters that are sent to Fee Basis vendors to explain why the VA paid only a portion of the amount the vendor billed, and why the unpaid balance was suspended. You may print the letters for one, several, or all Fee Basis Programs, and for a specific letter and suspension code(s).

Example

```
Select Outputs Main Menu Option: Suspension Letter Print
**** Date Range Selection ****

Beginning DATE : 010103 (JAN 01, 2003)

Ending DATE : t (JAN 04, 2004)
Print Denials only? No// NO

Do you want to print letters for ALL Fee Basis programs? No// NO
Select one of the following:

I          INPATIENT PAYMENT
O          OUTPATIENT PAYMENT
P          PHARMACY PAYMENT
C          CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for: OUTPATIENT PAYMENT
Do you want to choose another Program? No// NO
```

Select FEE BASIS LETTER NAME: UNAUTHORIZED DISPOSITION
 For All Suspension codes? YES//

Only print letters for claims that were submitted via (EDI/NON-EDI/ALL):ALL// ?

Enter EDI to just print suspension letters for EDI claims from the FPPS system.
 Enter NON-EDI to just print suspension letters for claims that are not EDI.
 Enter ALL to print suspension letters for both EDI and NON-EDI claims.

Select one of the following:

- 1 EDI
- 2 NON-EDI
- 3 ALL

Only print letters for claims that were submitted via (EDI/NON-EDI/ALL):ALL//

ALPINE NURSING HOME
 8 PEABODY DRIVE
 DERRY NH 03038

January 4, 2004

We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:

PATIENT NAME	SSN	PATIENT ACCOUNT NUMBER			
SVC DATE CPT-MOD	UNITS				
AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMT	REMIT REMARKS	
=====					
MST B FEEPATIENT	604324567				
11/15/02 77300	1				
150.00	80.74	4,B13	50.00,19.26	MA125	
FPPS Claim ID: 32100		FPPS Line Item: 2			
MST B FEEPATIENT	604324567	FEEMSTBSJ			
11/1/02 10180-32	1				
300.00	144.07	18	155.93		
FPPS Claim ID: 4534637		FPPS Line Item: 2			

*Adjustment Code Text:

- (4) The procedure code is inconsistent with the modifier used or a required modifier is missing.
- (18) Duplicate claim/service.
- (B13) Previously paid. Payment for this claim/service may have been provided in a previous payment.

If you do not agree with the decision you have the right to appeal. Your appeal rights should be attached for your review, if your claim was not approved. If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.

Sincerely,

Chief, Medical Administration Service

Outputs Main Menu
Individual Suspension Letter Print – Medical Format



New Prompt

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

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.” Two (2) Adjustment Reasons can be used for each Medical Fee outpatient claim.

Adjustment Reason Text: The narrative description associated with a specific Adjustment Reason code.

Remittance Remark: A remittance remark code provides non-financial information critical to understanding the adjudication of the claim. Two (2) Remittance Remarks can be used for each Medical Fee outpatient claim

Introduction

This option allows printing of suspension letters for an individual patient and/or vendor. You can include one, several or all Fee Basis programs and/or suspension codes. Suspension letters may be entered/edited through the Enter/Edit Suspension Letters option.

This output must be queued to a printer.

Example

```
Select Outputs Main Menu Option: Individual Suspension Letter Print

**** Date Range Selection ****

    Beginning DATE : 010103  (JAN 01, 2003)

    Ending   DATE : t  (JAN 04, 2004)

Print Denials only? No//   NO
Do you want to print letters for ALL Fee Basis programs? No//   NO

    Select one of the following:

        I          INPATIENT PAYMENT
        O          OUTPATIENT PAYMENT
        P          PHARMACY PAYMENT
        C          CH NOTIFICATION/DENIAL

Select PROGRAM to print letter for: OUTPATIENT PAYMENT
```

Do you want to choose another Program? No// NO
 Select FEE BASIS LETTER NAME: UNAUTHORIZED DISPOSITION
 For All Suspension codes? YES//

Only print letters for claims that were submitted via (EDI/NON-EDI/ALL):ALL// ?

Enter EDI to just print suspension letters for EDI claims from the FPPS system.
 Enter NON-EDI to just print suspension letters for claims that are not EDI.
 Enter ALL to print suspension letters for both EDI and NON-EDI claims.

Select one of the following:

- 1 EDI
- 2 NON-EDI
- 3 ALL

Only print letters for claims that were submitted via (EDI/NON-EDI/ALL):ALL//

ALPINE NURSING HOME
 8 PEABODY DRIVE
 DERRY NH 03038

January 4, 2004

We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:

PATIENT NAME	SSN	PATIENT ACCOUNT NUMBER				
SVC DATE CPT-MOD	UNITS	AMT CLAIMED	AMT PAID	ADJ CODE	ADJ AMT	REMIT REMARKS
=====						
MST B FEEPATIENT	604324567					
11/15/02 77300	1	150.00	80.74	4,B13	50.00,19.26	MA125
		FPPS Claim ID: 32100		FPPS Line Item: 2		
MST B FEEPATIENT	604324567					
11/1/02 10180-32	1	300.00	144.07	18	155.93	
		FPPS Claim ID: 4534637		FPPS Line Item: 2		

*Adjustment Code Text:

- (4) The procedure code is inconsistent with the modifier used or a required modifier is missing.
- (18) Duplicate claim/service.
- (B13) Previously paid. Payment for this claim/service may have been provided in a previous payment.

If you do not agree with the decision you have the right to appeal. Your appeal rights should be attached for your review, if your claim was not approved.

If you have any questions concerning this matter, please contact us at the above address. A copy of this letter is being furnished to the provider(s) of care, if applicable.

Sincerely,

Chief, Medical Administration Service

Outputs Main Menu

7079 Print for Selected Patient



The heading on the VA Form 10-7079 has been changed to read, "Department of Veterans Affairs".

The Authorization Number has been added to the 7079 display.



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



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

Introduction

The 7079 Print for Selected Patient option is used to print VA Form 10-7079, Request for Outpatient Services, for a selected veteran. Before you use this option, the authorization must be entered into the system. Refer to the Enter Authorization section of this manual to see how this is done.

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

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Select Patient:  MOSS, JULIE S.      05-10-57      333399991      MILITARY RETIREE
MOSS, JULIE S.                Pt.ID: 333-39-9991
500 AVE OF THE AMERICAS      DOB: MAY 10, 1957
(AKA 6TH AVENUE)
NYC                            TEL: Not on File
NEW YORK 10003              CLAIM #: Not on File
                            COUNTY: NEW YORK
Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

Service-connected: NO
Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
```

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

```

Health Insurance: YES
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
AETNA              9487593465        49051456   SELF    1/1/94    12/31/94
Want to add NEW insurance data? No//      <RET>
Are there any discrepancies with insurance data on file? No//      <RET>

Fee ID Card #: 7315264                      Fee Card Issue Date: 06/01/93

Patient Name: MOSS,JULIE S.                  Pt.ID: 333-39-9991

AUTHORIZATIONS:
(1) FR: 06/01/93      VENDOR: Not Specified
    TO: 12/31/94
        Authorization Type: Outpatient - ID Card
    Purpose of Visit: OPT - SC 50% OR MORE
    DX: PTSD
    County: NEW YORK      PSA: NEW YORK, NY

REMARKS:
    GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X
    WEEK
Is this the correct Authorization period (Y/N)? Yes//      <RET>

This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//      FEE BASIS PRINTER      RIGHT MARGIN: 132//      <RET>

REQUESTED START TIME: NOW//      <RET>
REQUEST QUEUED!
Task #: 36849
    
```

Section 3 - Medical Fee Main Menu

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

Department of Veterans Affairs					ID Card Number: 7315264	
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
JULIE S. MOSS	333399991	FROM: 06/01/93 TO: 12/31/94				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/01/93	PTSD				
Name and Address of Fee Participant						
AUTHORIZATION #: 7170335-30						
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208					FEMALE	
				ID CARD STATUS - 3	(13) POW	
					NO	
				APPROVED BY (Name and Title) (KHS)		
TELEPHONE: 563-7788 OR 456-7766				HOWARD HUGHES CENTER DIRECTOR		
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
VA Form 10-7079				Date Printed: 06/29/93		

**Outputs Main Menu
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:  69243230
DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//  <RET>

                PAYMENT HISTORY FOR CHECK # 69243230
                -----
                                                    Page: 1

                FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-   Amount      Amount      Susp  Batch      Invoice
            MOD    Claimed      Paid       Code  Number      Number
=====
VENDOR:  RODNEY ROGERS, M.D.                VENDOR ID:  324100000A
Patient:  ARBY,ROBERT                        Patient ID:  123-12-1234
  4/1/94   10020      5.00        5.00        363        541
    >>>Check # 69243230  Date Paid:  8/29/94<<<

Press RETURN to continue or '^' to exit:
    
```

Outputs Main Menu Display ID Card History for Patient

Introduction

The Display ID Card History for Patient option shows the Fee Basis Identification Card history for an individual patient. A patient may have only one valid Fee ID Card number assigned at a given time.

Example

```
Select Outputs Main Menu Option:   DISPLAY ID Card History for Patient
Select FEE BASIS PATIENT NAME:    ROSEN,ARTHUR   10-2-16   124689432
Patient:  ROSEN,ARTHUR                SSN:  124-68-9432
      Current ID Card:  79876           Date Issued:  04/03/87
Date/Time Changed           Old Card #           Person Who Changed
Reason For Change
=====
04/15/86      3:58 PM           62398           MCGUIRE ,MARGARET
LOST CARD
12/10/86      9:20 AM           65432           MCGUIRE ,MARGARET
DOG CHEWED CARD
```

Outputs Main Menu

Group 7079 Print

Introduction

The Group 7079 Print option is used to print VA Forms 10-7079, Request for Outpatient Services, for a specified date range. Before you use this option, the authorization must be entered into the system (refer to the Enter Authorization section of this manual).

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Print 7079's for:
**** Date Range Selection ****
    Beginning Date :  1-1-94   (JAN 1, 1994)
    Ending   Date :  1-31-94  (JAN 31, 1994)
Want only those that have not yet been printed? YES//      NO
    This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 132//  <RET>
Requested Start Time: NOW//  <RET> (JUL 02, 1994@16:16:50)
REQUEST QUEUED
Task #: 34246
```

Section 3 - Medical Fee Main Menu

**Outputs Main Menu
Group 7079 Print**

Example, cont.

Veterans Administration					ID Card Number: 7315264
REQUEST FOR OUTPATIENT SERVICES					
(1) Veterans Name	(2) ID Number	Period of Validity			
JULIE S. MOSS	333399991	FROM: 01/31/94 TO: 01/31/94			
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)			
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/29/93	ABDOMINAL MUSCLE DAMAGE			
Name and Address of Fee Participant					
AUTHORIZATION #: 7168862-8					
AUTHORIZATION REMARKS					
WEEKLY VISITS					
FOR VA USE ONLY					
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE
36	061	85	57	9	10
STATION OF JURISDICTION				(11) CODE	(12) SEX
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208				ID CARD STATUS - 3	FEMALE
				(13) POW	NO
TELEPHONE: 563-7788 OR 456-7766				APPROVED BY (Name and Title) (KHS)	
				HOWARD HUGHES CENTER DIRECTOR	
Information On Veterans Administration Program					
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:					
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.					
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.					
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.					
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.					
V. FEES. Fees claimed may not exceed those made to the general public for like services.					
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.					
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.					
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.					
VA Form 10-7079				Date Printed: 06/29/93	

Outputs Main Menu
Invoice Display



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

Introduction

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

Example

```

Select Invoice Number:    45

Invoice Number: 45          Vendor Name: SECOND PATCH TEST
Date Received: 06/20/90
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE    BATCH NO. VOUCHER DATE
Other Suspension Description
=====
SMITH,VERN
 6/6/94  11971    $   25.00    $   10.00    1        10
SMITH,VERN
 6/10/94 10120    $   25.00    $   10.00    1        10
SMITH,VERN
 6/15/94 12005    $   25.00    $   10.00    1        10
Select Invoice Number:
    
```

Outputs Main Menu MST Report

Introduction

This option generates a report of veterans that have one or more outpatient authorizations with a purpose of visit equal to Military Sexual Trauma Services (MST) for a user-specified date range. You can print either a Summary or Detailed report.

Totals are provided by gender for:

- # Unique Patients - Count of patients that have one or more outpatient MST authorizations that overlap at least a portion of the reported period. For example, an authorization with From Date of 11/1/2000 and To Date of 2/28/2001 would be included on a report for 1/1/2001 through 3/31/2001.
- # Visits - Count is based on finalized payments that have a date of service within the reported period and are for a MST authorization. Payments for the same veteran and same date of service are counted as a single visit.
- Total Payments - Sum of the amount paid on the finalized payments.

If a detailed report is requested, the specific veteran, authorization, and payment data will be included in the output.

Since payments are reported based on the date of service, the number of visits and total payments for a given date range will increase over time as additional payments are finalized.

Outputs Main Menu MST Report

Example

```
From Date: Dec 01, 200 1// 1/1/01 (JAN 01, 2001)
To Date: Dec 31, 2001// T (JAN 25, 2002)

Select one of the following:

      S      Summary
      D      Detail

Summary or Detail Output: Summary// D Detail
DEVICE: HOME// <RET> UCX/TELNET Right Margin: 80// <RET>
```

```
MST Detailed Report                                JAN 25, 2002@09:30:22 page 1
For Jan 01, 2001 through Jan 25, 2002
-----
BRADLEY,JOHN                                     Patien t ID: 123 -57-8965   Gender: M
Authorization #: 7168869 -5   FR: 4/ 9/00   TO: 4/ 9/03
No finalized payments on file.
Authorization #: 7168869 -4   FR: 5/14/01   TO: 5/13/04
No finalized payments on file.
FEENEY,PATRICIA                                 Patient ID: 803 -94-5832   Gender: F
Authorization #: 7171854 -1   FR: 3/ 1/01   TO: 4/30/01
Svc Date: 3/ 7/01 CPT -MOD: 99214   DIAG: 995.83   AMT PAID: 73.77
Vendor: D M ROBERTSON   Vendor ID: 006521150
Enter RETURN to continue or '^' to exit:
```

Outputs Main Menu MST Report

Example, cont.

MST Detailed Report	JAN 25, 2002@09:30:22	page 2
For Jan 01, 2001 through Jan 25, 2002		

Patient: FEENEY,PATRICIA (continued)		
Authorization: 7171854 -1 (continued)		
Svc Date: 3/14/01 CPT -MOD: 11200	DIAG: 995.83	AMT PAID: 45.00
Vendor: PUCKETT LAB	Vendor ID: 640524893	
Svc Date: 3/14/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Svc Date: 3/21/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Svc Date: 3/22/01 CPT -MOD: 11200	DIAG: 995.83	AMT PAID: 50.00
Vendor: PUCKETT LAB	Vendor ID: 640524893	
Svc Date: 3/22/01 CPT -MOD: 11200 -22	DIAG: 995.83	AMT PAID: 20.51
	-23	
	-47	
Enter RETURN to continue or '^' to exit:		
MST Detailed Report	JAN 25, 2002@09:30:22	page 3
For Jan 01, 2001 through Jan 25, 2002		

Patient: FEENEY,PATRICIA (continued)		
Authorization: 7171854 -1 (continued)		
	-52	
	-54	
	-55	
Vendor: PUCKETT LAB	Vendor ID: 640524893	
Svc Date: 3/28/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Svc Date: 4/ 4/01 CPT -MOD: 9921 4	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Svc Date: 4/11/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Enter RETURN to continue or '^' to exit:		

Outputs Main Menu MST Report

Example, cont.

MST Detailed Report	JAN 25, 2002@09:30:22	page 4
For Jan 01, 2001 through Jan 25, 2002		

Patient: FEENEY,PATRICIA (continued)		
Authorization: 7171854 -1 (continued)		
Svc Date: 4/18/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Svc Date: 4/25/01 CPT -MOD: 99214	DIAG: 995.83	AMT PAID: 73.77
Vendor: D M ROBERTSON	Vendor ID: 006521150	
Authorization #: 7171854 -2 FR: 5/ 1/01 TO: 7/31/01		
No finalized payments on file.		
FIENSTIEN,HOWARD	Patient ID: 604 -32-4567	Gender: M
Enter RETURN to continue or '^' to exit:		
MST Detailed Report	JAN 25, 2002@09:30:22	page 5
For Jan 01, 2001 through Jan 25, 2002		

Patient: FIENSTIEN,HOWARD (continued)		
Authorization #: 7171855 -1 FR: 3/ 1/01 TO: 8/ 1/01		
Svc Date: 4/ 4/01 CPT -MOD: 99213	DIAG: 995.83	AMT PAID: 48.84
Vendor: ACUTE CARE SPECIALISTS INC	Vendor ID: 341339182	
Svc Date: 4/11/01 CPT -MOD: 99213 -52	DIAG: 995.83	AMT PAID: 20.00
Vendor: ACUTE CARE SPECIALISTS INC	Vendor ID: 341339182	
HAMWAY,NORMAN	Patient ID: 435 -01-9873	Gender: M
Authorization #: 7171517 -1 FR: 3/22/01 TO: 5/21/01		
Svc Date: 3/24/01 CPT -MOD: 99214 -77	DIAG: 995.83	AMT PAID: 76.30
Vendor: ACUTE CARE SPECIALISTS INC	Vendor ID: 341339182	
RABBITT,EDDIE	Patient ID: 123 -09-8765	Gender: M
Enter RETURN to continue or '^' to exit:		

Outputs Main Menu
MST Report

Example, cont.

MST Detailed Report JAN 25, 2002@09:30:22 page 6
For Jan 01, 2001 through Jan 25, 2002

Patient: RABBITT, EDDIE (continued)

Authorization #: 7169561 -2 FR: 8/15/98 TO: 8/14/01

No finalized payments on file.

REPORT SUMMARY

Gender	# Unique Patients	# Visits	Total Payments	Average Paid Per Patient	Average Paid Per Visit
Female	1	9	705.67	705.67	78.41
Male	4	3	145.14	36.29	48.38
Total	5	12	850.81	170.16	70.90

Enter RETURN to continue or '^' to exit:

MST Detailed Report JAN 25, 2002@09:30:22 page 7
For Jan 01, 2001 through Jan 25, 2002

-
- Notes: (1) # Unique Patients represents patients having one or more MST authorizations that overlap the period being reported.
(2) # Visits and Total Payments are obtained from any finalized payment(s) that are linked to the MST authorizations and have a date of service within the period being reported.

Outputs Main Menu Obsolete ID Cards List

Introduction

The Obsolete ID Cards List option is used to view a list of Fee Basis ID Card numbers which have expired or have been deleted. Reasons for deletion may include card lost or destroyed, veteran reestablished, etc. The list is shown in numerical order by ID card number.

Example

```
DEVICE: HOME//   FEE BASIS PRINTER   RIGHT MARGIN: 132//   <RET>
REQUESTED TIME TO RUN JOB: NOW//   <RET>
REQUEST QUEUED!

Old Card Patient Name          Pt.ID          Change Date
Number
Reason For Change
=====
34567   LARKIN,DOUGLAS C.          444-45-5555    04/15/94
RE-ESTABLISH

65666   SYMARD,THOMAS A.          333-22-1111    01/08/94
CARD DESTROYED IN FIRE

3434343 FRANKLIN,MARILYN          888-12-7777    12/12/94
DOG CHEWED CARD

5555555 HARPER,JONATHAN           123-45-6789    02/10/94
LOST CARD

5910392 HOFFMAN,BENJAMIN         412-90-0009    03/31/94
EXPIRATION
```

Outputs Main Menu
Outpatient Cost Report

Introduction

The Outpatient Cost Report option generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Example

```

**** Date Range Selection ****

Beginning DATE : 070194 (JUL 01, 1994)
Ending DATE : T (JUL 21, 1994)

DEVICE: HOME// FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>
    
```

OUTPATIENT COST REPORT				
07/01/94 THROUGH 07/21/94				

PATIENT NAME	PATIENT ID	TREATING SPECIALTY	CPT CODE	AMOUNT PAID
=====				
BACON, JOSEPH	4877	PSYCHIATRIC	ADDITIONAL CLEANSING	90.00
=====				
TOTAL PAYMENTS:		1	TOTAL PATIENTS:	1
AVE. PAID FOR A PAYMENT:		90.00	AVE. PAID FOR A PATIENT:	90.00

Outputs Main Menu Payment History Display

Introduction

The Payment History Display option is used to view all medical payment data for a selected patient. Payments are listed in inverse date order by service date.

Example

```
Select Fee Patient:      ABBOTT,JOHN A

ABBOTT,JOHN A          Pt.ID: 213-98-7756
672 MAIN ST           DOB: JUN 1,1943
TROY                  TEL: 518-271-2222
NEW YORK 22122        CLAIM #: Not on File
                      COUNTY: ALBANY

Primary Elig. Code: NSC -- VERIFIED JUL 31, 2001
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

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

*** Patient has Insurance Buffer entries ***
```

Outputs Main Menu

Payment History Display

Example, cont.

```

Patient Name: ABBOTT,JOHN A                               Pt.ID: 213-98-7756

AUTHORIZATIONS:
(1) FR: 06/26/01      VENDOR: CHESHIRE HOSPITAL - 020354549
    TO: 06/28/01
        Authorization Type: CIVIL HOSPITAL
    Purpose of Visit: INPATIENT 38 U.S.C. 1725
                    >> Unauthorized Claim <<
        DX: DIAG
    County: ALBANY           PSA: UNKNOWN

(2) FR: 06/16/01      VENDOR: ACUTE CARE SPECIALISTS INC - 341339182
    TO: 06/16/01
        Authorization Type: Outpatient - Short Term
    Purpose of Visit: OUTPATIENT 38 U.S.C. 1725
                    >> Unauthorized Claim <<
        DX: DIAG
    County: ALBANY           PSA: UNKNOWN

Patient Name: ABBOTT,JOHN A                               Pt.ID: 213-98-7756
Patient: ABBOTT,JOHN A                                     SSN: 213-98-7756
    ('*' 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      Amount      Amount      Susp      Batch Invoice Voucher
                          Claimed      Paid        Code       Num      Num      Date
=====
Vendor: ACUTE CARE SPECIALISTS INC      Vendor ID: 341339182      Obl.#: C95003
6/16/01      99282      120.00      29.90M      1      01324      1944 07/04/01
  
```

Outputs Main Menu

Potential Cost Recovery Report – Medical Format



New Prompts:

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

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." Two (2) Adjustment Reasons can be used for each Medical Fee outpatient claim.

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: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Two (2) Remittance Remarks can be used for each Medical Fee outpatient claim

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select 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)

DEVICE: HOME// 0;80;999 UCX/TELNET

                POTENTIAL COST RECOVERY REPORT
                Division: 1ALBANY
                1/1/90 - 1/9/04
                Page: 1
Patient: WAGNER,STEVE                Pat. ID: 333-55-5555 DOB: Jun 13, 1950

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

Health Insurance: YES
Insurance COB Subscriber ID Group Holder Effective Expires
=====
AETNA 61350 101 SELF 02/26/94
ALANS NEW 61350 NUMBER SELF 02/26/94 02/24/95
BRAND NEW 333555555 Ind. Plan SELF 03/01/94
PRUDENTIAL 333555555 230 SELF 03/11/94

                FEE PROGRAM: OUTPATIENT

Svc Date CPT-MOD Travel Paid Units Paid Batch No. Inv No. Voucher Date
Amt Claimed Amt Paid Adj Code Adj Amounts Remit Remark Patient Account No
=====
Vendor: ELLIOT,JOE HOSPITAL Vendor ID: 222665432A1
4/30/93 10000 00886 1262 1/25/94
23.00 18.00 3 5.00
Primary Dx: STENOSIS EAR D/T SU (380.52) S/C Condition? NO Obl.#: C93222

>>>Cost recover from means testing.
    
```

Outputs Main Menu
Print Rejected Payment Items



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

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment 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 payment items in that batch are listed.

Example

```

DEVICE: HOME//  FEE BASIS PRINTER  RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
    
```

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
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
MARCUS WELBY MD  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
BEN CASEY        567895411      497      6/21/93
4/5/93  10080-20  75.00      75.00      DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR
Old Batch #: 329
    
```

Outputs Main Menu PSA Output Report



New Prompt:

Select *FEE PROGRAM* -allows you to select which fee programs you wish to include.

Introduction

The PSA Output Report option is used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital and community nursing home payments for a selected time frame. This report may be run for one or all PSAs. One, several, or all Fee Programs may also be selected.

This report would be beneficial to a fee site that has not decentralized. The data could be used to bill other facilities for services rendered veterans from their PSAs.

Because this report may be lengthy, it is recommended that you queue it to print after normal hours.

Example

```
Do you want this report for all PSAs? YES// NO
PRIMARY SERVICE AREA: ALBANY, NY NEW YORK 1 500
Select FEE PROGRAM: ALL// OUTPATIENT
Select another FEE PROGRAM: <RET>

**** Date Range Selection ****

Beginning DATE : 1/1 (JAN 01, 1994)

Ending DATE : T (DEC 11, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB] TILASER RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 11, 1994@10:35:26)
REQUEST QUEUED
Task #: 273863
```

**Outputs Main Menu
PSA Output Report**

Example, cont.

OUTPATIENT MEDICAL PSA REPORT			
Patient Name Invoice #	Amount Paid	Obligation # Date Finalized	County Code PSA
AREL, RON -5980 541	50	C35001 8/29/94	MANATEE ALBANY, NY
CHABOT, JOHN -5678 518	75	C35001 7/20/94	RENSSELAER ALBANY, NY
ABBOTT, ANTHONY -9031 510	35	C15003 7/13/94	SCHENECTADY ALBANY, NY
RANDALL, WALTER-0748 508	40	C15003 7/13/94	ALBANY ALBANY, NY
CASEY JOHN -1857 504	35	C35001 7/6/94	LEON ALBANY, NY
Total Dollars spent by PSA for the dates of 1/1/94 to 12/11/94.			
PSA ----- ALBANY, NY	TOTAL AMOUNT PAID ----- \$ 235		

TOTALS DOLLAR AMOUNT BY PSA FOR ALL SELECTED PROGRAMS	
For Date Range: 1/1/94 to 12/11/94	
PSA ----- ALBANY, NY	TOTAL AMOUNT ----- \$ 235

Outputs Main Menu

RBRVS Fee Schedule Cost Comparison



Patch FB*3.5*4 Changes: New Option.

Introduction

The RBRVS Fee Schedule Cost Comparison option generates a report of the estimated savings or cost from use of the RBRVS Fee Schedule during a user-specified date range. The Date Finalized field is used to select the payments. The results are grouped and reported by CPT CODE-CPT MODIFIER(S) values. Additional detail is printed when the output device supports 130 characters per line. The report columns are described below:

Total Occurrences: The count and total amount paid for all payments.

Payments at RBRVS: The count and total amount paid for payments whose amount paid is equal to the RBRVS fee schedule amount that was calculated during payment entry.

Estimated Payment if RBRVS was not used: This column is only displayed when the output device supports 130 characters per line. It displays what the system believes might have been paid if the RBRVS fee schedule had not been implemented. If the service is covered by the VA 75th Percentile Fee schedule, then the system assumes that payment would have been made at that amount. Otherwise, the system assumes that the amount claimed is usual & customary and would have been paid.

Est. Savings from RBRVS: The estimated payment amounts minus the actual RBRVS payment amounts. Negative values are shown in parenthesis.

Example

```
**** Date Range Selection ****
  Beginning DATE : 6/1/99  (JUN 01, 1999)
  Ending    DATE : T  (JUN 24, 1999)
Include all CPT codes? YES// <RET>
Note: Additional data printed if device supports 130+ characters
DEVICE: HOME// <RET> UCX/TELNET   Right Margin: 80// <RET>
```

Outputs Main Menu
RBRVS Fee Schedule Cost Comparison

Example, cont.

CPT CODE-			Total Occurrences		Payments at RBRVS		Est. Savings
Modifier(s)	count	\$ amount	count	\$ amount	from RBRVS		
01922	1	300.00		0.00	0.00		
10080-52,79	2	109.18	2	109.18	290.82		
44950	1	508.33	1	508.33	91.67		
90801	1	119.86	1	119.86	0.00		
99211	4	61.72	4	61.72	48.28		
99212	1	28.81	1	28.81	1.19		
REPORT TOTALS	10	1,127.90	9	827.90	431.96		

Outputs Main Menu Valid ID Cards List

Introduction

The Valid ID Cards List option is used to view a list of Fee Basis ID Card numbers that are currently valid. A patient may have only one Fee ID Card number assigned to him/her at a given time.

Example

```
DEVICE: HOME//    QUEUE TO PRINT ON
DEVICE: HOME//    FEE BASIS PRINTER      RIGHT MARGIN: 132//    <RET>

REQUESTED TIME TO RUN JOB: NOW//    <RET>
REQUEST QUEUED!

Card No.    Patient Name          Patient SSN          Issue Date
=====
11072      DEMPSEY,PENNY        235-87-6908        07/26/86
11111      BAILEY,ADAM          222-00-9999        02/12/87
12343      BLEAU,ADRIENNE      233-44-4222        08/25/86
45734      BECKER,ROGER         111-90-6789        02/20/87
```

Output Menu

Vendor Payments Output



New Prompts:

Patient Account 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.

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." Two (2) Adjustment Reasons can be used for each Medical Fee outpatient claim.

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: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Two (2) Remittance Remarks can be used for each Medical Fee outpatient 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 OPTION NAME: FB PAY VENDOR          Vendor Payments Output
Vendor Payments Output

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 : 10/1/2003 (OCT 01, 2003)

Ending DATE : T (JAN 09, 2004)

Select FEE Program: ALL// OUTPATIENT

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//

DEVICE: HOME// 0;80;999 UCX/TELNET

VENDOR PAYMENT HISTORY										Page: 1
=====										
Vendor: ACUTE CARE SPECIALISTS					Vendor ID: 341339182					
FEE PROGRAM: OUTPATIENT										
(' ' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)										
(paid symbol: 'R' RBRVS 'F' 75th percentile 'C' contract 'M' Mill Bill										
'U' U&C)										
Svc Date	CPT-MOD	Rev Code	Units Paid	Batch No.	Inv No.	Voucher Date				
Amt Claimed	Amt Paid	Adj Code	Adj Amounts	Remit	Remark	Patient	Account	No		
=====										
Patient: APPLE,CHARLES					Patient ID: 135-98-4444					
12/1/03	H0038				01783	2480				
100.00	69.00U	50			31.00	135-98-4444				
Primary Dx: HEALTHY PERSON W S (V65.0)S/C Condition? NO Obl.#: A80019										
Patient: FEEPATIENT,FEE A					Patient ID: 405-34-5678					
12/3/03	10180-Q9	002			01751	2461				
11000.00	134.68R	18			10865.32	M15	FEEACUTEOP			
FPPS Claim ID: 4100 FPPS Line Item: 1-3										
Primary Dx: S/C Condition? NO Obl.#: C95003										
12/3/03	10021				01751	2461				
500.00	67.03R	19			432.97	M127	FEEACUTEOP			
Primary Dx: S/C Condition? NO Obl.#: C95003										
10/29/03	40830				01714	2425				
200.00	200.00U				0.00					
Primary Dx: SPINAL STENOSIS NO (724.00)S/C Condition? NO Obl.#: C95003										

Output Menu

Veteran Payments Output



New Prompts:

Patient Account 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.

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." Two (2) Adjustment Reasons can be used for each Medical Fee outpatient claim.

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: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Two (2) Remittance Remarks can be used for each Medical Fee outpatient 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 OPTION NAME: FB PAY VETERAN      Veteran Payments Output
Veteran Payments Output

Select Fee Patient: FEEPAT
  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      NSC VETERAN

  4  FEEPATIENT,MST B      5-4-30      604324567      SC VETERAN
CHOOSE 1-4: 1  FEEPATIENT,FEE A      3-15-40      405345678      SC VETERAN

**** Date Range Selection ****

Beginning DATE : 01/01/2000 (JAN 01, 2000)

Ending DATE : T (JAN 09, 2004)

Select FEE Program: ALL// OUT PATIENT
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//

DEVICE: HOME// 0;80;999 UCX/TELNET

```

VETERAN PAYMENT HISTORY															
=====															
Patient: FEEPATIENT,FEE A					Patient ID: 405-34-5678										
FEE PROGRAM: OUTPATIENT															
(* Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)															
(paid symbol: 'R' RBRVS 'F' 75th percentile 'C' contract 'M' Mill Bill 'U' U&C)															
Svc Date	CPT-MOD	Rev Code	Units Paid	Batch No.	Inv No.	Voucher	Date	Amt Claimed	Amt Paid	Adj Code	Adj Amounts	Remit	Remark	Patient	Account No
=====															
Vendor: ACUTE CARE SPECIALISTS					Vendor ID: 341339182										
12/3/03	10180-Q9	002			01751		2461								
11000.00		134.68R	18		10865.32	M15								FEEACUTEOP	
FPPS Claim ID: 341246				FPPS Line Item: 1				Primary Dx:				S/C Condition? NO Obl.#: C95003			
12/3/03	10021		003		01751		2461								
500.00		67.03R	19		432.97	M127								FEEACUTEOP	
FPPS Claim ID: 341246				FPPS Line Item: 2				Primary Dx:				S/C Condition? NO Obl.#: C95003			
10/29/03	40830				01714		2425								
200.00		200.00U			0.00										
FPPS Claim ID: 4040				FPPS Line Item: 3				Primary Dx: SPINAL STENOSIS NO (724.00)				S/C Condition? NO Obl.#: C95003			

Payment Menu

C&P/Multiple Patient Payment Entry

 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 Compensation and Pension (C&P) and multiple patient payments. The selected patient must be registered and have an open Fee Basis authorization. You may enter additional payments from a previous invoice 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.

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

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

Payment Menu C&P/Multiple Patient Payment Entry

Introduction, cont.

fiscal year by the site and is computed as the 75th percentile of the amount claimed if there were 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."

Example

```
Select FEE BASIS BATCH NUMBER: 928
Obligation #: C12794

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

*** 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>
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

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

Invoice # 2128 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 5/25 (MAY 25, 2001)

Enter Vendor Invoice Date: 5/5 (MAY 05, 2001)
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No// y YES

Date of Service: 5/3 (MAY 03, 2001)
Select Service Provided: 10140 DRAINAGE OF HEMATOMA/FLUID

Current list of modifiers: none
Select CPT MODIFIER: 76 REPEAT PROCEDURE BY SAME PHYSICIAN

Current list of modifiers: 76
Select CPT MODIFIER: <RET>

Major Category: SURGERY
Sub-Category: INTEGUMENTARY SYSTEM
Procedure: 10140 DRAINAGE OF HEMATOMA/FLUID
Modifiers: -76 REPEAT PROCEDURE BY SAME PHYSICIAN

Detail Description
=====
INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION
Is this correct? YES// <RET>
SITE OF SERVICE ZIP CODE: 44313// <RET> 44313

Select PLACE OF SERVICE: 11 OFFICE
Select TYPE OF SERVICE: 2 SURGERY
Payment is for a contracted service so fee schedule does not apply.
However, fee schedule amount is $105.48 from the 2001 RBRVS FEE SCHEDULE
Enter Amount Paid: $: 105.48

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)
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

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: 03/01/01 VENDOR: Not Specified
TO: 08/01/01

Authorization Type: Outpatient - Short Term
Purpose of Visit: MILITARY SEXUAL TRAUMA SERVICES
DX: DX LINE 1
DX LINE 2
DX LINE 2
County: NEWPORT NEWS (IC) PSA: MNTVBB.ISC-ALBANY.VA.GOV

REMARKS:
remarks

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

PRIMARY DIAGNOSIS: 620.1 CORPUS LUTEUM CYST

...OK? Yes// <RET> (Yes)

Payment Menu
C&P/Multiple Patient Payment Entry

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 #

* 10/01/01	10080	\$ 120.00	\$ 69.01 1 2105 1323
* 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>			
Payment Data Entered for Patient			
Invoice: 2128 Totals: \$ 105.48			
Select Patient:			

Payment Menu
Calculate Payment Amount



Patch FB*3.5*4 Changes: New option.

Introduction

This option is used to calculate a fee schedule amount for a service (CPT code) without having to actually enter a payment. If the date of service is after September 1st, 1999 the Medicare RBRVS fee schedule will be used. If the RBRVS amount is not greater than zero or if the date is prior to September 1999, the VA 75th Percentile fee schedule will be used to obtain an amount.

Example

```
Select Service Provided: 99201                OFFICE/OUTPATIENT VISIT, NEW

Current list of modifiers: none
Select CPT MODIFIER:

Major Category: EVALUATION AND MANAGEMENT SERVICES
Sub-Category: OFFICE OR OTHER OUTPATIENT SERVICES
Procedure: 99201  OFFICE/OUTPATIENT VISIT, NEW

                Detail Description
                =====
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF
A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM
FOCUSED HISTORY - A PROBLEM FOCUSED EXAMINATION - AND
STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR
COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED
CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR
FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEMS ARE SELF LIMITED OR
MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE
PATIENT AND/OR FAMILY.
Is this correct? YES//
Enter date of service: Jun 22, 1999//  (JUN 22, 1999)
Enter Fee Basis Vendor [optional]:
SITE OF SERVICE ZIP CODE: 23667
Select PLACE OF SERVICE: OFFICE  11      OFFICE
Amount to Pay: $ 33.16  from the 1999 RBRVS FEE SCHEDULE
```

Payment Menu
Delete Payment Entry



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



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



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



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

Introduction

The Delete Payment Entry option is used to delete a medical payment transaction. You may only delete a payment that you entered, and the batch must have an OPEN status.

The option provides a payment history display for the patient and vendor selected. You can refer to this display to insure correct entry of the date of service and service provided (CPT code) to be deleted.

The payments are listed in inverse date order. Reimbursements are represented by an asterisk (*).

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

Example

Select FEE BASIS BATCH NUMBER: 145	Obligation #: C89622
Select Patient: KIRKER, DENNIS	

Payment Menu
Delete Payment Entry

Example, cont.

KIRKER, DENNIS 32 SMYTH RD BOX 333 MANCHESTER NEW HAMPSHIRE 03102-1345	Pt.ID: 019-40-1234 DOB: FEB 22,1922 TEL: 1800FEE CLAIM #: 019401234 COUNTY: HILLSBOROUGH				
Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JAN 19, 1989 Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED					
SC Percent: 100% Rated Disabilities: NONE STATED					
Health Insurance: UNKNOWN					
Insurance Co.	Subscriber ID	Group	Holder	Effective	Expires
=====					
No Insurance Information					
Want to add NEW insurance data? No// <RET>					
Are there any discrepancies with insurance data on file? No// <RET>					

Fee ID Card #: A12346	Fee Card Issue Date: 01/01/93
Patient Name: KIRKER, DENNIS	Pt.ID: 019-40-1234
AUTHORIZATIONS:	
(1) FR: 08/04/94	VENDOR: MARCUS WELBY, MD - 495734995
TO: 08/03/97	
Authorization Type: Outpatient - ID Card	
Purpose of Visit: OPT - SC 50% OR MORE	
DX: ILL	
County: HILLSBOROUGH	PSA: ALBANY
Is this the correct Authorization period (Y/N)? Yes// <RET>	

Payment Menu

Delete Payment Entry

Example, cont.

```

Select VENDOR:  MARCUS WELBY, MD

Patient Name: KIRKER,DENNIS                SSN: 019401234

VENDOR: MARCUS WELBY, MD
        37 GOLDEN POND
        ROTTERDAM JCT, 36  12323
        ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE  CPT-MODIFIER          AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-----
05/10/94  D0470                  $   30.00  $   20.00  1      220      134
* 01/01/93 10180                  $  223.00  $  223.00          65      145

Date of Service:  1/1/93  JAN  1, 1993
Select SERVICE PROVIDED:  10180          COMPLEX DRAINAGE, WOUND

Are you sure you want to delete this payment record? No//      YES
Payment record Deleted!

Date of Service:  <RET>

Select VENDOR:  <RET>

Select Patient:  <RET>

Select FEE BASIS BATCH NUMBER:

```

Payment Menu

Edit Payment



FBAASUPERVISOR - allows you to edit payments from batches that have been released by a supervisor.

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.

You will be asked

if any line items in this invoice are for contracted services. Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt, "Is this line item for a contracted service?" appearing at the input of EACH line item. It allows you to indicate when an individual line item is for a contracted service.

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

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 were 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."

Payment Menu Edit Payment

Example

```
Select FEE BASIS PAYMENT PATIENT: DAY,DENNIS

Select VENDOR: DOOLY MEDICAL CENTER
Date of Service: 9-2-2001
Select SERVICE PROVIDED: 99243      CPT Modifier: 77
SERVICE PROVIDED: 99243// <RET>

Current list of modifiers: none
Select CPT MODIFIER: <RET>
SITE OF SERVICE ZIP CODE: 44313// <RET>
Is this line item for a contracted service? No// <RET>
PLACE OF SERVICE: INPATIENT HOSPITAL (21)// <RET>
AMOUNT CLAIMED: 120// <RET>
  Fee schedule amount is $76.30 from the 2001 RBRVS FEE SCHEDULE
AMOUNT PAID: 76.30// <RET>
AMOUNT SUSPENDED: 43.7// <RET>
SUSPEND CODE: D// <RET>
Exit ('^') allowed now
PRIMARY SERVICE FACILITY: ALBANY, NY// <RET>
OBLIGATION NUMBER: C35001// <RET>
DATE CORRECT INVOICE RECEIVED: SEP 17,2001// <RET>
VENDOR INVOICE DATE: SEP 15,2001// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS// <RET>
PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED. HOSP.
AT VA EXP.// <RET>
PRIMARY DIAGNOSIS: 111.8// <RET>
HCFA TYPE OF SERVICE: CONSULTATION (3)// <RET>
SERVICE CONNECTED CONDITION?: NO// YES

Select SERVICE PROVIDED:
```


Payment Menu

Enter Payment

 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 Payment option is used to enter medical payments. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required. Only medical payments can be entered through this option.

Payment Menu

Enter Payment

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.

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 will be asked if any line items in this invoice are for contracted services. Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt, "Is this line item for a contracted service?" appearing at the input of EACH line item. It allows you to indicate when an individual line item is for a contracted service.

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

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 were 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."

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

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 (+).

Payment Menu
Enter Payment

Example

```
Select FEE BASIS BATCH NUMBER: 928
Obligation #: C12794

Select Patient: FEENEY,PATRICK

FEENEY,PATRICK                                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

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: 405-34-5678

AUTHORIZATIONS:
(1) FR: 03/21/01      VENDOR: Not Specified
    TO: 05/20/01
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR
ALLIED BENE.)
      DX:
      County: HAMPTON (IC)                    PSA: ALBANY

(2) FR: 02/01/01      VENDOR: Not Specified
    TO: 02/28/01
      Authorization Type: Outpatient - Short Term
      Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR
ALLIED BENE.)
      DX:
      County: HAMPTON (IC)                    PSA: ALBANY
```

Payment Menu
Enter Payment

Example

```
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: FEELGOOD NURSING HOME 345223678 COMMUNITY NUR
SI
    456 MAIN STREET
    SALEM
    SALEM, NH 03160

Patient Name: FEENEY,PATRICK                Pt.ID: 405-34-5678

                *** VENDOR DEMOGRAPHICS ***

    Name: FEELGOOD NURSING HOME                ID Number: 345223678
    Address: 456 MAIN STREET                    Specialty:
Address [2]: SALEM
    City: SALEM                                Type: OTHER
    State: NEW HAMPSHIRE                        Participation Code: COMMUNITY NURSING
HOM
    ZIP: 03160                                  Medicare ID Number:
    County: ROCKINGHAM                           Chain:
    Phone:
    Fax:
    Type (FPDS):
    Austin Name: FEELGOOD NURSING HOME
    Last Change                                Last Change
    TO Austin: 12/17/93                         FROM Austin: 12/17/93
Enter RETURN to continue or '^' to exit: <RET>

    Name: FEELGOOD NURSING HOME                ID Number: 345223678
                >>> CNH INFORMATION <<<

    Total Beds: 50                               Inspected/Accredited: Inspect. & Accred.
    Contract #: V500P-5543                       Medicare/Medicaid: Cert. for both
    Effect. DT: 11/2/94                           Last Assessment: 11/1/93
    End Date: 11/2/95

    RATE 1:          $4.00
Enter RETURN to continue or '^' to exit: <RET>
```

Payment Menu
Enter Payment

Example

```
Vendor has no prior payments for this patient

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

Invoice # 2119 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 5/1 (MAY 01, 2001)

Enter Vendor Invoice Date: 4/20 (APR 20, 2001)

Will any line items in this invoice be for contracted services? No// <RET>
NO

Date of Service: 4/12 APR 12, 2001

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

SITE OF SERVICE ZIP CODE: 03160// <RET> 03160
Warning: 2001 GPCIs are not on file for this zip code.
Do you want to enter a different zip code? YES// <RET>
SITE OF SERVICE ZIP CODE: 03160// 12210

Select Service Provided: 10140 DRAINAGE OF HEMATOMA/FLUID

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

Major Category: SURGERY
Sub-Category: INTEGUMENTARY SYSTEM
Procedure: 10140 DRAINAGE OF HEMATOMA/FLUID

Detail Description
=====
INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION
Is this correct? YES// <RET>
DRAINAGE OF HEMATOMA/FLUID
Select PLACE OF SERVICE: 22 OUTPATIENT HOSPITAL
AMOUNT CLAIMED: 120
Fee schedule amount is $88.71 from the 2001 RBRVS FEE SCHEDULE
AMOUNT PAID: 88.71// <RET>
AMOUNT SUSPENDED: 31.29// <RET>
SUSPEND CODE: 1 Charge exceeds maximum payable
PRIMARY DIAGNOSIS: 380.31 380.31 HEMATOMA AURICLE/PINNA
...OK? Yes// <RET> (Yes)
```

Payment Menu
Enter Payment

Example

HCFA TYPE OF SERVICE: 1 MEDICAL CARE
SERVICE CONNECTED CONDITION?: y (YES)

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 2119 Totals \$ 88.71

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:

**Payment Menu
Invoice Display**



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

Introduction

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

Example

```

Select Invoice Number:    45

Invoice Number: 45          Vendor Name: ALBANY IMAGING SERVICES
Date Received: 06/18/94
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE    BATCH NO. VOUCHER DATE
Other Suspension Description
=====
SMITH,VERN
 6/6/94  11971    $  25.00    $  10.00    1        10
SMITH,VERN
 6/10/94 10120    $  25.00    $  10.00    1        10
SMITH,VERN
 6/15/94 12005    $  25.00    $  10.00    1        10
Select Invoice Number:
    
```

Payment Menu

Multiple Payment Entry

 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 Multiple Payment Entry option is used to enter identical medical payments (except for service date) for a patient. The option was designed to accommodate such services as home nursing where the patient may be seen daily by a visiting nurse. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

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 were 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."

When using the Multiple Payment 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

Payment Menu

Multiple Payment Entry

Introduction, cont.

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.

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.

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

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

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

Payment Menu

Multiple Payment Entry

Example

```
Select FEE BASIS BATCH NUMBER: 928
Obligation #: C12794

Select Patient: FEENEY, PATRICK

FEENEY, PATRICK                                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

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: 405-34-5678

AUTHORIZATIONS:
(1) FR: 03/21/01          VENDOR: Not Specified
    TO: 05/20/01
        Authorization Type: Outpatient - Short Term
    Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
    DX:
    County: HAMPTON (IC)          PSA: ALBANY

(2) FR: 02/01/01          VENDOR: Not Specified
    TO: 02/28/01
        Authorization Type: Outpatient - Short Term
    Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY
OR ALLIED BENE.)
    DX:
    County: HAMPTON (IC)          PSA: ALBANY
```

Payment Menu

Multiple Payment Entry

Example, cont.

```
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: FEENEY,PATRICK                                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>
```

Payment Menu

Multiple Payment Entry

Example, cont.

```
Patient Name: FEENEY,PATRICK                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
12/05/01  60001-55                   $  20.00   $  12.73 J      2050    1549
12/05/01  10080                   $ 150.00   $  48.31 1      2111    1323
* 10/01/01 10080                   $ 120.00   $  69.01 1      2115     49
06/15/01  33015                   $  30.00   $  30.00        1943    1376
03/21/01  90819                   $ 100.00   $ 100.00        1895    1175
Enter RETURN to continue or '^' to exit: <RET>

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

Invoice # 2124 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 5/15 (MAY 15, 2001)

Enter Vendor Invoice Date: 5/1 (MAY 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: 10140                DRAINAGE OF HEMATOMA/FLUID

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

Major Category: SURGERY
Sub-Category: INTEGUMENTARY SYSTEM
Procedure: 10140 DRAINAGE OF HEMATOMA/FLUID

Detail Description
=====
INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION
Is this correct? YES// <RET>
SITE OF SERVICE ZIP CODE: 03104// <RET> 03104

Select ICD DIAGNOSIS: 620.1 620.1            CORPUS LUTEUM CYST
...OK? Yes// <RET> (Yes)
```

Payment Menu Multiple Payment Entry

Example, cont.

```
Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE: 2           SURGERY

Service connected condition? y YES
Amount Claimed: $: 120

Is $120 correct for Amount Claimed? Yes// <RET> YES
  Fee schedule amount is $105.48 from the 2001 RBRVS FEE SCHEDULE
Amount Paid: $: 105.48// <RET> 105.48

Is $105.48 correct for Amount Paid? Yes// <RET> YES
Amount Suspended: $: 14.52// <RET> 14.52

Select FEE BASIS SUSPENSION CODE: 1      Charge exceeds maximum payable

Date of Service: 4/6 (APR 06, 2001)
Is 4/6/01 correct? Yes// <RET> YES

      DRAINAGE OF HEMATOMA/FLUID          ....OK, DONE....
Invoice: 2134 Totals: $ 105.48

Date of Service: 4/20 (APR 20, 2001)
Is 4/20/01 correct? Yes// <RET> YES

      DRAINAGE OF HEMATOMA/FLUID          ....OK, DONE....
Invoice: 2134 Totals: $ 210.96

Date of Service: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```


Payment Menu

Re-initiate Rejected Payment Items



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

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 Outpatient Medical 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.

Payment Menu
Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:    169          C46335
Select New Batch number:    999          C64838
Want line items listed? No//  YES
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch #  Voucher Date
Vendor Name                Vendor ID  Invoice #    Date      Rec'd.
SVC DATE    CPT-MOD    CLAIMED    PAID    CODE  SERVICE PROVIDED
=====
Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY

LENNON,MARCUS                381-05-0505
  BARNABY,JARED, M.D.                271172711  190
    12/15/94    90060    75.00    60.00    1      OFFICE VISIT,INTERMED
      Reject Reason:  BATCH OUT OF BALANCE

LENNON,MARCUS                381-05-0505
  BARNABY,JARED, M.D.                271172711  190
    12/30/94    90060    75.00    60.00    1      OFFICE VISIT,INTERMED
      Reject Reason:  BATCH OUT OF BALANCE

COURT,PATRICIA                234-23-4234
  PARKER,ALLISON, M.D.                341234143  198
    01/10/94    80908    50.00    50.00                CONSULTATION,BRIEF
      Reject Reason:  BATCH OUT OF BALANCE
-----
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

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

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Payment Menu

Reimbursement Payment Entry

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

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

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

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

Introduction

The Reimbursement Payment Entry option is used to enter a reimbursement payment to a veteran for medical service after the veteran has paid the vendor directly. At some stations, reimbursement payments are separate batches. At others, they are intermixed with the medical batches. You may only enter payments into those batches, which you opened. The system will assign a new invoice number to the reimbursement payment, if necessary.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be 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.

If the patient has reached the maximum payment amount allowed for the month of service, a warning will appear after you enter the date of service.

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

Payment Menu Reimbursement Payment Entry

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 were 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."

Example

```
Select FEE BASIS BATCH NUMBER: 928
  Obligation #: C12794

Select Patient: FEENEY, PATRICK

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
```

Payment Menu
Reimbursement Payment Entry

Example, cont.

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

AUTHORIZATIONS:

(1) FR: 03/01/01 VENDOR: Not Specified
 TO: 08/01/01

 Authorization Type: Outpatient - Short Term
Purpose of Visit: MILITARY SEXUAL TRAUMA SERVICES
DX: DX LINE 1
 DX LINE 2
 DX LINE 2
County: NEWPORT NEWS (IC) PSA: MNTVBB.ISC-ALBANY.VA.GOV

REMARKS:
 remarks

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

 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>

EDIT Option: <RET>

DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

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

Payment Menu
Reimbursement Payment Entry

Example, cont.

```

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>

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 #
-----
* 10/01/01 10080             $ 120.00  $ 69.01 1      2105 1323
   05/03/01 10140-76         $ 105.48  $ 105.48      2128 928
* 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 # 2129 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): t (JAN 29, 2002)

Enter Vendor Invoice Date: 12/1 (DEC 01, 2001)

Date of Service: 10/1 OCT 01, 2001

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

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

Payment Menu

Reimbursement Payment Entry

Example, cont.

```
Select Service Provided: 10140      DRAINAGE OF HEMATOMA/FLUID

Current list of modifiers: none
Select CPT MODIFIER: 76      REPEAT PROCEDURE BY SAME PHYSICIAN

Current list of modifiers: 76
Select CPT MODIFIER: <RET>

Major Category: SURGERY
  Sub-Category: INTEGUMENTARY SYSTEM
    Procedure: 10140  DRAINAGE OF HEMATOMA/FLUID
      Modifiers:      -76  REPEAT PROCEDURE BY SAME PHYSICIAN

                          Detail Description
                          =====
INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION
Is this correct? YES// <RET>
      DRAINAGE OF HEMATOMA/FLUID
Select PLACE OF SERVICE: 11      OFFICE
AMOUNT CLAIMED: 120
  Fee schedule amount is $105.48 from the 2001 RBRVS FEE SCHEDULE
AMOUNT PAID: 105.48// <RET>
AMOUNT SUSPENDED: 14.52// <RET>
SUSPEND CODE: 1      Charge exceeds maximum payable
PRIMARY DIAGNOSIS: 620.1      CORPUS LUTEUM CYST
  ...OK? Yes// <RET> (Yes)

HCFA TYPE OF SERVICE: 1      MEDICAL CARE
SERVICE CONNECTED CONDITION?: n (NO)

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 2129 Totals $ 105.48

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```


Payment Menu

Travel Payment Only



Insurance, authorization, and address data are now displayed. Insurance and address information may be edited.



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



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

Introduction

The Travel Payment Only option is used to enter/edit/delete a travel payment for a Fee Basis patient. Veterans authorized Fee Basis care may be provided payment for their travel expenses from their home to the fee provider. This is usually a cents-per-mile amount (set by VA Central Office) plus any toll or bridge fees.

Travel payment is not automatic and must be requested by the veteran. If approved, the travel information is added to the patient's Fee Basis authorization (under authorization remarks). The amount of the travel payment due should be entered through this option when a fee medical invoice is processed.

You are prompted for the travel batch number to which the payment will be assigned. Only travel batches with a status of OPEN (and opened by you) may be selected.

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

Section 3 - Medical Fee Main Menu

Payment Menu
Travel Payment Only

Example

```
Select Patient:  KIRKER,DENNIS

KIRKER,DENNIS                Pt.ID: 019-40-1234
32 SMYTH RD                  DOB: FEB 22,1922
BOX 333
MANCHESTER                   TEL: 1800FEE
NEW HAMPSHIRE 03102-1345     CLAIM #: 019409130
                               COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 100%
Rated Disabilities: NONE STATED

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

=====
No Insurance Information
Want to add NEW insurance data? No//      <RET>
Are there any discrepancies with insurance data on file? No//      <RET>
```

```
Fee ID Card #: A12346                Fee Card Issue Date: 01/01/93

Patient Name: KIRKER,DENNIS                Pt.ID: 019-40-1234

AUTHORIZATIONS:
(1) FR: 08/04/94      VENDOR: ADULT DAY CARE CENTER - 495734995
    TO: 08/03/97
        Authorization Type: Outpatient - ID Card
        Purpose of Visit: OPT - SC 50% OR MORE
        DX:
        County: HILLSBOROUGH                PSA: ALBANY

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

Payment Menu
Travel Payment Only

Example, cont.

```
Patient: KIRKER,DENNIS
Address Line 1: 32 SMYTH RD
Address Line 2: BOX 333
          City: MANCHESTER
          State: NEW HAMPSHIRE
          Zip: 03102-1345
          County: HILLSBOROUGH

Want to edit Address data? No// <RET>
AUTHORIZATION REMARKS:
  1> APPROVED FOR TRAVEL ALSO.
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

Select TRAVEL PAYMENT DATE:  9/1  SEP 1, 1994
TRAVEL PAYMENT DATE: SEP 1,1994// <RET>
TRAVEL BATCH NUMBER: 187// <RET>
TRAVEL AMOUNT: 18// 15

Select Patient:
```

Registration Menu Authorization Display



NEW OPTION



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



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

Introduction

This option is used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

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

Example

```
Enter Authorization Number: 7169701-2

KIRKER, DENNIS                Pt.ID: 019-40-1234
32 LAKE RD                    DOB: FEB 22, 1922
BOX 333
MANCHESTER                    TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345      CLAIM #: 019401234
                                COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 100%
Rated Disabilities: NONE STATED

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

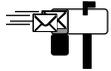
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

**Registration Menu
Authorization Display**

Example, cont.

Fee ID Card #: A12346	Fee Card Issue Date: 01/01/93
Patient Name: KIRKER,DENNIS	Pt.ID: 019-40-1234
AUTHORIZATIONS:	
(1) FR: 01/01/94	VENDOR: ADULT DAY CARE CENTER - 495734995
TO: 04/01/94	
	Authorization Type: Outpatient - Short Term
	Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
	>> Unauthorized Claim <<
Dx:	
County: HILLSBOROUGH	PSA: ALBANY
Enter Authorization Number:	

Registration Menu Fee Patient Inquiry



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



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

Introduction

The Fee Patient Inquiry option is used to display current Fee Basis patient information, such as insurance and authorization data.

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

Example

```
Select PATIENT NAME:  ACKERLEY, DENNIS      08-14-55      078460348      SC VETERAN
DEVICE: HOME//      <RET>      RIGHT MARGIN: 80//      <RET>

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>
```

Registration Menu
Fee Patient Inquiry

Example, cont.

```
Patient Name: ACKERLEY,DENNIS                                Pt.ID: 078-46-0348
AUTHORIZATIONS:
  (1) FR: 04/26/93      VENDOR: LES TEST - 987654329AA
      TO: 04/28/93
      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
      >> Unauthorized Claim <<
      DX: CAD
      County: GRAFTON          PSA: BAY PINES, FL
Select PATIENT NAME:
```

Registration Menu
Print Report of Contact



The Report of Contact, VA Form 119, may now be printed without forced queuing.

Introduction

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

Example

```
Select FEE BASIS PATIENT NAME:  ANDERSON, EUGENE G
Select REPORT OF CONTACT DATE OF CONTACT:  T  DEC 11, 1994
DEVICE: HOME//  <RET>  VIRTUAL TERMINAL  RIGHT MARGIN: 80//  <RET>
```

```
=====
>> REPORT OF CONTACT <<  VA Office  SSN #
                             VAMC ALBANY NY  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  Telephone
TROY, NY  32937
-----
Person Contacted  Telephone Number of
WELBY, MARCUS, MD  Person Contacted
                             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
```

Registration Menu

Report of Contact

Introduction

The Report of Contact option is used to enter a Report of Contact between a vendor and the medical center or edit an existing Report of Contact. It provides you with a way to write a narrative report concerning a personal visit or telephone conversation about a Fee Basis veteran, and gives you an opportunity to print the report. The vendor contacts recorded through this option will appear in many of the other Fee Basis options when the patient authorization information is displayed.

A patient must be registered in the FEE BASIS PATIENT file (#161) to be entered in this option.

Example

```

Select PATIENT NAME:      ACKERLEY,DENNIS      08-14-55      078460348      SC
VETERAN
Select DATE OF CONTACT:   SEP 15,1993
  DATE OF CONTACT: SEP 15,1993//  <RET>
  VENDOR/PROVIDER:  PRIVATE HOSPITAL
  VENDOR/PROVIDER TELEPHONE NO.:  334-5656
  NARRATIVE:
  1>DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. ACKERLEY.  CASE WILL BE REVIEWED BY DR. JONES.

EDIT Option:  <RET>
  INPUT DATE: TODAY//  <RET> (SEP 15, 1993)
  TYPE OF CONTACT:  T telephonic
Select DATE OF CONTACT:  <RET>
Want to print this Report of Contact? NO//  YES

DEVICE: HOME//  FEE BASIS PRINTER  RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y (YES)

Requested Start Time: NOW//  <RET> (SEP 15, 1993@12:05:20)
REQUEST QUEUED

Select PATIENT NAME:

```

**Registration Menu
Report of Contact**

Example, cont.

```

=====
                |VA Office      |SSN #
    >> REPORT OF CONTACT << |VAMC ALBANY NY | 078460348
                |-----|-----
    Name of Veteran      |Telephone No. of Vet. |Date of Contact
    ACKERLEY,DENNIS     |None on File         | 09/15/93
                |-----|-----
    Address of Veteran   |Type of Contact
    12 ANY ST.          |Telephone
    MANCHESTER,NH 12111 |
                |-----|-----
    Person Contacted     |Telephone Number of
    PRIVATE HOSPITAL    |Person Contacted
                       |334-5656
                |-----|-----
    Brief statement of information requested and given

    DR. BROWN CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
    SERVICE TO MR. ACKERLEY. CASE WILL BE REVIEWED BY DR. JONES.

                |-----|-----
    Division or Section  |Executed by(signature and title)
    FEE BASIS           |STELLA,KAREN H
    =====
    VA form 119
    
```

Supervisor Main Menu

Add New Person for Unauthorized Claim

 XUSPF200 - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, this option is used to enter the name and address of that party in the NEW PERSON file (#200). The name must be entered in uppercase.

Example

```

Enter NEW PERSON's name (LAST,FIRST MI):  DARSEY,MARCIE
  ARE YOU ADDING 'DARSEY,MARCIE' AS A NEW  NEW PERSON (THE 1891ST)?  Y (YES)
Checking SOUNDEX for matches.
  DARCY,RICHARD A.
Do you still want to add this entry: NO//  Y
Now for the Identifiers.
INITIAL:  MD
SSN:  985946534
SEX:  F FEMALE
STREET ADDRESS 1:  7425 OLYMPIC BLVD
STREET ADDRESS 2:  APT 9A
STREET ADDRESS 3:  <RET>
CITY:  BISMARCK
STATE:  ND NORTH DAKOTA
ZIP CODE:  67448-9938
SSN: 985946534//  <RET>

```

Supervisor Main Menu
Clerk Look-Up For An Authorization

Introduction

This option is used to identify the last user who entered/edited a selected authorization.

Example

```
Select FEE BASIS PATIENT NAME:  ADAMS, MICHAEL  06-17-48  552996543  
SC VETERAN
```

```
Select AUTHORIZATION FROM DATE:  1/1/88  JAN 1, 1988
```

```
The last user to enter/edit this Authorization was BLACK, JOHN.
```

Supervisor Main Menu
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. The batch must be finalized before you can delete the reject flag.

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:  141  328          C35001

NUMBER: 328                                OBLIGATION NUMBER: C35001
TYPE: MEDICAL PAYMENTS                     DATE OPENED: JUN 21, 1993
CLERK WHO OPENED: SIRCO,LUCIA              DATE SUPERVISOR CLOSED: JUN 21, 1993
SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA     STATION NUMBER: 500
TOTAL DOLLARS: 0                           INVOICE COUNT: 0
PAYMENT LINE COUNT: 0                      DATE FINALIZED: DEC  6, 1994
DATE CLERK CLOSED: JUN 21, 1993          DATE TRANSMITTED: JUN 21, 1993
PERSON WHO COMPLETED: GRAY,MARY ELLEN    REJECTS PENDING: YES

STATUS: VOUCHERED

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

Supervisor Main Menu Delete Reject Flag

Example, cont.

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name   Vendor ID  Invoice #   Date      Rec'd.
SVC DATE     CPT-MOD   CLAIMED   PAID    CODE  SERVICE PROVIDED
=====
Batch Number: 328   Voucher Date: 12/6/94   Voucherer: GRAY,MARY ELLEN

CHABOT,JOHN           456-43-5678           328
PAUL,ROCKEY           567895411           496           6/21/93
* 5/6/93   90020           2.00           2.00           OFFICE/OP VISIT, NEW, COMPRH
  Reject Reason: TESTING
  Old Batch #: 328
-----
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
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

Reject codes for all items have been deleted!
```

```
NUMBER: 328           OBLIGATION NUMBER: C35001
TYPE: MEDICAL PAYMENTS   DATE OPENED: JUN 21, 1993
CLERK WHO OPENED: SIRCO,LUCIA   DATE SUPERVISOR CLOSED: JUN 21, 1993
SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA   STATION NUMBER: 500
TOTAL DOLLARS: 2           INVOICE COUNT: 1
PAYMENT LINE COUNT: 1     DATE FINALIZED: DEC 6, 1994
DATE CLERK CLOSED: JUN 21, 1993   DATE TRANSMITTED: JUN 21, 1993
PERSON WHO COMPLETED: GRAY,MARY ELLEN

STATUS: VOUCHERED

Select FEE BASIS BATCH NUMBER:
```

Supervisor Main Menu Disapproval Reasons File Enter/Edit



FBAASUPERVISOR - required to access this option.

Introduction

This option is used to enter or edit data in the Fee Basis Unauthorized Disapproval Reasons file (#162.94). You may edit the description for an existing Disapproval Reason, or add a new Fee Basis Unauthorized Disapproval Reason. Descriptions contained in this file are printed on disposition letters.

Example

```
Select FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS NAME:      ??

Choose from:
1          NSC VETERAN
2          NSC CONDITION
3          NON -EMERGENT CARE
4          VA FACILITIES AVAILABLE
5          PREVIOUSLY AUTHORIZED
6          NOT TIMELY FILED
7          ADJUDICATION REQUESTED
8          NO VA TX, PAST 24 MTHS
9          VETERAN NOT ENROLLED
10         HAS OTHER INS. BENEFITS
11         NOT LIABLE FOR PAYMENT
12         1725 NON -EMERGENT CARE
13         1725 NOT TIMELY FILED
14         1725 INFO NOT RE C'D TIMELY
15         DENIAL OF TRAVEL

      You may enter a new FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS, if you wish
      This field contains the disapproval reason.

Select FEE BASIS UNAUTHORIZED DISAPPROVAL REASON      S NAME:  3  NON-EMERGENT CARE
NAME: NON -EMERGENT CARE//      (No Editing)
ACTIVE?: YES//  <RET>
DESCRIPTION:
  1>A medical emergency must have existed. Care and services were not rendered
  2>in a medical emergency of such nature that delay would have been haz      ardous
  3>to life or health.
EDIT Option:
```

Supervisor Main Menu Dispositions File Edit

 FBAASUPERVISOR - required to access this option.

Introduction

This option allows you to edit descriptions for FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS. These descriptions are used on disposition letters. There are three description fields contained in the Fee Basis Unauthorized Claims Dispositions file:

DESCRIPTION (#1) - Used when a non-Mill Bill claim is dispositioned.

1725 DESCRIPTION (#2) - A detailed description of the disposition. This description is used on the letter that prints when a Mill Bill claim is dispositioned.

ADDITIONAL DESCRIPTION (#3) - Additional text associated with the disposition that should be printed on disposition letters for both Mill Bill and non-Mill Bill claims. This optional text will be printed on a disposition letter immediately following the disapproval reasons.

Example

```
Select FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS:      ??

Choose from:
1          APPROVED
2          DISAPPROVED
3          CANCELLED/WITHDRAWN
4          APPROVED TO STABILIZATION
5          ABANDONED

Select FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS:      1  APPROVED
DESCRIPTION:
  1>Claim has been approved for authorization      of care and payment.
EDIT Option:  <RET>
1725 DESCRIPTION:
  1>Claim has been approved for authorization of care and payment.
EDIT Option:  <RET>
ADDITIONAL DESCRIPTION:
  1>If payment and/or reimbursement is received from any other resource
  2>(Medicare/ Medicare/ Trigon/Automobile Insurance/etc.) on the above claim,
  3>it is imperative that the Department of Veterans Affairs be notified
  4>within three working days following receipt. If payment is received from
  5>another source, the VA will seek reimbursement for the amounts paid by the
  6>Department of Veterans Affairs.
EDIT Option:
```

Supervisor Main Menu

Edit Pharmacy Invoice Status

Introduction

The Edit Pharmacy Invoice Status option is used to change the status of a pharmacy invoice. Following are the four pharmacy invoice statuses.

- **PENDING PHARMACY DETERMINATION** - All prescription data necessary for Pharmacy Service to make their review has been entered into the system. This includes patient name, drug name, drug strength, etc.
- **PENDING MAS COMPLETION** - Pharmacy Service has made their review, which includes a determination as to whether or not the prescription was for an authorized condition, whether or not it was emergent, and whether payment should be based on the generic drug price. Medical Administration Service (MAS) now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- **PENDING PAYMENT PROCESS** - The invoice is waiting to be assigned to a Pharmacy Fee Basis batch.
- **COMPLETED** - The invoice has been assigned to a batch.

At most facilities, both MAS and Pharmacy Services are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

NOTE: This option is used only when the invoice status does not coincide with the lowest line item status. This should only occur when there has been a machine failure.

Example

```

Select FEE BASIS PHARMACY INVOICE NUMBER:      37
INVOICE STATUS: PENDING PAYMENT PROCESS//      ?
  CHOOSE FROM:
    1          PENDING PHARMACY DETERMINATION
    2          PENDING MAS COMPLETION
    3          PENDING PAYMENT PROCESS
    4          COMPLETED
INVOICE STATUS:      4          COMPLETED

```

Supervisor Main Menu

Enter/Edit Suspension Letters

Introduction

The Enter/Edit Suspension Letters option is used to enter a new suspension letter into the system or edit an existing letter. If you are adding a new Fee Basis letter, the name must be 3-30 characters in length, not numeric or starting with punctuation. A suspension letter can also be deleted through this option.

Any time a Fee Basis payment is entered with a suspension code, it is flagged so that a suspension letter will be sent to the vendor. Suspension letters are sent to Fee Basis vendors to explain why a difference exists between the amount paid by the VA and the amount billed by the vendor. These letters are then printed through the Suspension Letter Print option. Both Medical and Pharmacy payments with suspension codes will generate suspension letters, unless the payment is for reimbursement to a patient.

Example

```
Select FEE BASIS LETTER NAME:  SAMPLE SUSPENSION
NAME: SAMPLE SUSPENSION//  <RET>
BEGINNING OF LETTER:  <RET>
  1>We recently processed your invoice(s) and for various reasons adjustments
  2>had to be made to line items. The following is a list of those items
  3>that were changed and the reasons why:
  4>
EDIT Option:  <RET>
END OF LETTER:
  1>Should you have any questions regarding this letter, feel free to contact
  2>us at the VA Medical Center. Thank you for your cooperation.
  3>                               Medical Center Director
  4>                               James A Jones, MD
EDIT Option:  <RET>

Select FEE BASIS LETTER NAME:
```

Supervisor Main Menu
Fee Schedule Main Menu
Add/Edit Fee Schedule



Version 3.5 Changes:

A CPT modifier (optional) can be entered allowing you to break down the services to the modifier level.



Patch FB*3.5*4 Changes: Modified Prompt:

The CPT CODE-MODIFIER field has been changed to allow more than one CPT Modifier to be entered with a CPT code. If more than one modifier is entered, the modifiers must be separated by commas. Three examples of valid entries would be 90201 and 90201-21 and 74020-26,32.



FBAASUPERVISOR - required to access this option.

Introduction

The Add/Edit Fee Schedule option is used to enter a Current Procedural Terminology (CPT) code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid in the Outpatient Medical program.

The system internally calculates and stores the seventy-fifth percentile dollar amount based on the amount claimed by the vendor for a specified CPT code. Usually eight occurrences are needed for this calculation. This option may be used in those instances where there were less than eight occurrences and you want to input your own seventy-fifth percentile.

This option will be used to edit the amount paid if you choose to pay more than the calculated seventy-fifth percentile for a selected CPT code for a specified fiscal year on a regular basis. You would also use this option to enter a new CPT code during the year where you wish to pay less than the calculated amount due to fiscal limitations.

Supervisor Main Menu
Fee Schedule Main Menu
Add/Edit Fee Schedule

Example

```
Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:    90040-77
ARE YOU ADDING '90040-77' AS A NEW FEE BASIS FEE SCHEDULE (THE 26TH)?    y
(YES)

Select FISCAL YEAR:    1994
ARE YOU ADDING '1994' AS A NEW FISCAL YEAR (THE 1ST FOR THIS FEE BASIS FEE
SCHEDULE)?    y (YES)
SEVENTY-FIFTH PERCENTILE:    25.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:    90040-77
CPT: OFFICE/OP VISIT, EST, BRIEF
MOD: REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Select FISCAL YEAR: 1994//    <RET>
FISCAL YEAR: 1994//    <RET>
SEVENTY-FIFTH PERCENTILE: 25.00//    50.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:
```

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule



The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.



FBAASUPERVISOR - required to access this option.

Introduction

The Compile Fee Schedule option is used to compile the site's fee schedule based on a specified date range or fiscal year. In order to be effective, at least one year of data should be on file. At the first prompt, Beginning Date, you may enter either the fiscal year you wish to run or the beginning date of a date range.

This option populates the FEE BASIS FEE SCHEDULE file (#163.99) and is used throughout the current fiscal year to obtain amount paid default values.

Once a year, usually on or right after October 1, this option should be run to compile the fee schedule for the upcoming fiscal year based on the data from the fiscal year just ended. Since this option reviews the FEE BASIS PAYMENT file (#162) for the specified date range and the compilation will be time consuming, it should be queued for off hours. This report will represent all CPT codes that had at least eight occurrences in the fiscal year/date range you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data displayed in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule

Example

```
*** DATE RANGE SELECTION ***  
  
Enter fiscal year or date range within fiscal year.  
  
Beginning Date : 1994 (1994)  
DEVICE: HOME// <RET> Decnet RIGHT MARGIN: 80// <RET>
```

```
**** REPORT OF FEE SCHEDULE ****  
  
For Fiscal Year 1994 Page 1  
=====
```

CPT-MOD	Total #	75 %	ile	Date Compiled	Date Range
10001-77		50.00		07/09/94	Add/Edit
DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN					
90040-57	10	30.00		12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY					
90050	8	30.00		12/11/93	10/1/93 - 9/30/94
OFFICE/OP VISIT, EST, LTD					

```
=====
```

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule



The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.



FBAASUPERVISOR - required to access this option.

Introduction

The Print Fee Schedule option is used to print a report of the fee schedule for a specified fiscal year. This report will represent all CPT codes that had at least eight occurrences in the fiscal year you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Because the output generated by this option may be lengthy and time consuming, it should be queued to print during off hours.

Section 3 - Medical Fee Main Menu

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule

Example

```
Select Fiscal Year:  1994  (1994)
DEVICE: HOME//  <RET>  Decnet  RIGHT MARGIN: 80//  <RET>
```

```

          **** REPORT OF FEE SCHEDULE ****
                    For Fiscal Year 1994
                                     Page 1
=====
CPT-MOD  Total #      75 % ile      Date Compiled      Date Range
Description
=====
10001-77          50.00          07/09/94          Add/Edit
  DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
-----
90040-57      10          30.00          12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
-----
90050          8          30.00          12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, LTD
-----
```

Supervisor Main Menu
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 Medical, Pharmacy, and Travel 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:    218    C75020

NUMBER: 218                        OBLIGATION NUMBER: C75020
TYPE: MEDICAL & STAT PAYMENTS      DATE OPENED: MAR  4, 1994
CLERK WHO OPENED: BARKER,HARRY     DATE SUPERVISOR CLOSED: MAR  9, 1994
SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK   TOTAL DOLLARS: 257.36
PAYMENT LINE COUNT: 5              DATE CLERK CLOSED: MAR  6, 1994
DATE TRANSMITTED: APR  2, 1994      STATION NUMBER: 500

STATUS: TRANSMITTED

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

Section 3 - Medical Fee Main Menu

Supervisor Main Menu
Finalize a Batch

Example, cont.

Patient Name		('*' Reimbursement to Patient		'+' Cancellation Activity)		Batch #	Voucher Date
Vendor Name		('#' Voided Payment)		Vendor ID	Invoice #	Date	Rec'd.
SVC DATE	CPT-MOD	CLAIMED	PAID	CODE	SERVICE PROVIDED		
=====							
DOUGLAS, PETER		202-09-9090					
COMMUNITY HEALTH CARE				777666555	267		
01/13/94	90887	102.12	54.00	1	SPECIAL FAMILY THERAPY		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	277		
01/29/94	91234	54.87	54.87		CONSULTATION		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	277		
02/04/94	90023	10.50	10.50		IMMUNIZATION		
FALKOWSKI, MARION		540-20-1019					
5TH ST. CLINIC				887656788	281		
02/12/94	90370	54.87	54.87		EXTENDED CARE VISIT		
TREMBLONSTY, IVAN		123-123-123					
PAUL, MARTIN M.D.				761238470	320		
01/31/94	90000	35.00	35.00		INTERMEDIATE VISIT		
Want to reject the entire Batch? No//				<RET>			
Want to reject any line items? No//				YES			
Select FEE BASIS PATIENT NAME:				FALKOWSKI, MARION 10-24-40 540201019			

**Supervisor Main Menu
Finalize a Batch**

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID Invoice #   Date   Rec'd.
SVC DATE     CPT-MOD   CLAIMED   PAID   CODE SERVICE PROVIDED
=====
FALKOWSKI,MARION           540-20-1019
  5TH ST. CLINIC           887656788      277
1) 01/29/94  91234      54.87      54.87      CONSULTATION
FALKOWSKI,MARION           540-20-1019
  5TH ST. CLINIC           887656788      277
2) 02/04/94  90023      10.50      10.50      IMMUNIZATION
FALKOWSKI,MARION           540-20-1019
  5TH ST. CLINIC           887656788      281
3) 02/12/94  90370      54.87      54.87      EXTENDED CARE VISIT

Want all line items rejected for this patient? Yes//      NO
Reject which line item:      2
Are you sure you want to reject item number: 2? No//      YES
Enter reason for rejecting:      NSC CONDITION
Item Rejected, want to reject another? Yes//      NO

Select FEE BASIS PATIENT NAME:      <RET>

NUMBER: 218                      OBLIGATION NUMBER: C75020
TYPE: MEDICAL & STAT PAYMENTS    DATE OPENED: MAR 4, 1994
CLERK WHO OPENED: BARKER,HARRY   DATE SUPERVISOR CLOSED: MAR 9, 1994
SUPERVISOR WHO CERTIFIED: KOTCH,PATRICK  TOTAL DOLLARS: 246.86
PAYMENT LINE COUNT: 4            DATE CLERK CLOSED: MAR 6, 1994
DATE TRANSMITTED: APR 2, 1994    STATION NUMBER: 500

STATUS: TRANSMITTED

Do you want to finalize Batch as Correct? No//      YES

Batch has been finalized!

Select FEE BASIS BATCH NUMBER:
    
```

Supervisor Main Menu List Batches Pending Release

Introduction

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

Example

```
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 80//  <RET>
```

FEE BATCHES PENDING RELEASE

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

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Update FMS Vendor File in Austin/Reinstate Vendor MRA

Because the Update FMS Vendor File in Austin and Reinstate Vendor MRA options work the same, the following documentation refers to both options.



Vendor demographics are displayed.

New Prompt:

Is this vendor information correct?- allows you to edit vendor information before updating the FMS VENDOR file.

Prompt has been reworded to read, " *Are you sure you want to update this Vendor in the FMS and Central Fee vendor files? NO/*"



FBAASUPERVISOR required to access this option.

FBAA ESTABLISH VENDOR - required to edit vendor demographics.

Introduction

The Update FMS Vendor File in Austin option creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin.

Use of this option should update the FMS VENDOR file in Austin to reflect what is currently in the DHCP system. For example, this should be used if:

- A vendor entry is correctly entered into the FEE BASIS VENDOR file (#161.2) in DHCP, but needs to be updated in the FMS VENDOR file with the appropriate information.
- The vendor does not yet exist on the FMS system.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly edit a vendor only when you are sure that the vendor information has changed, and add a vendor when you wish to designate a new office location in addition to what is already on file.

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Update FMS Vendor File in Austin/Reinstate Vendor MRA

Example

```
Select FEE BASIS VENDOR NAME:  ROGERS,RODNEY, M.D.      324100000A  DOCTOR OF M
EDICINE
      1 MAIN ST
      CLARKSVILLE, NY  12043
```

```
***  VENDOR DEMOGRAPHICS  ***

      Name:  ROGERS,RODNEY M.D.                ID Number: 324100000A
      Address: 1 MAIN ST                       Specialty: ENDOCRINOLOGY
      City:  CLARKSVILLE                       Type: PHYSICIAN
      State:  NEW YORK                          Participation Code: DOCTOR OF MEDICINE
      ZIP:  12043                               Medicare ID Number: 456789
      County: CLINTON                           Chain:
      Phone:
      Fax:
      Austin Name:  R  ROGERS
      Last Change                               Last Change
      TO Austin:  9/30/94                       FROM Austin:  9/30/94

Is this vendor information correct? No//  y YES

Are you sure you want to update this Vendor in the FMS and Central Fee vendor
files? NO//  y YES

Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Delete Vendor MRA



The "Are you sure you want to {delete this Vendor from/reinstate this Vendor in} the Central Fee file in Austin?" prompt has been reworded to, " *Are you sure you want to place this vendor in delete status?*

A delete MRA (Master Record Adjustment) is no longer transmitted to FMS and Central Fee vendor files.



FBAASUPERVISOR required to access these options.

Introduction

The Delete Vendor MRA option is used to place vendors in DELETE status on your system when they become inactive or cancel Fee Basis care. The vendor will remain in the CENTRAL FEE file until the end of the fiscal year, at which time the vendor may be purged from Central Fee System.

If the vendor is in DELETE status on your system, but no longer resides on the Central Fee System; or the vendor is in DELETE status on both your system and the Central Fee System; or a vendor which you are now adding to your system somehow already resides in DELETE status on the Central Fee System, use the Update FMS Vendor File in Austin option.

Example

```

Select FEE BASIS VENDOR NAME:  TROY HEALTH CENTER      555666888  COMMUNITY
NURSING HOM
      678 HEALTHY LA
      ALBANY, NY  12208

Are you sure you want to place this vendor in delete status? NO//      y  YES

Vendor flagged for deletion!

Select FEE BASIS VENDOR NAME:

```

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

MRA'S Awaiting Austin Approval

Introduction

The MRA'S Awaiting Austin Approval option displays vendors that have an MRA action pending which is still awaiting Austin approval. This option could be used to check the validity of certain error codes that may appear in MRA Server Mail Bulletins. (Refer to Appendix C for a sample MRA Server Bulletin. Refer to Appendix F for information about Vendor Error Codes.)

Records with no date transmitted indicate an MRA has been initiated, but the transmission has not left the local station yet.

Example

```
DEVICE: HOME// <RET> Decnet RIGHT MARGIN: 80// <RET>
```

FEE BASIS VENDORS AWAITING AUSTIN APPROVAL
12/15/94

VENDOR	ID	DATE TRANSMITTED TO AUSTIN
DRAPER DRUGS 2321 DRAPER AVE GUILDERLAND NY 12333	142358749	11/19/94
HARBOR RADIOLOGY 666 GULL RD ABERDEEN WA 98520	778990066	11/29/93

Supervisor Main Menu
MRA Main Menu
Veteran MRA Main Menu

Introduction

The Veteran MRA (Master Record Adjustment) Main Menu consists of the following four options:

1. Add type Veteran MRA
2. Change type Veteran MRA
3. Delete type Veteran MRA
4. Reinstate type Veteran MRA

Due to the similarity of these options, documentation has been combined. These options all work basically the same except for the action taken. Add and Change type adjustments are created automatically when you enter a new authorization or change data in an existing authorization (not including authorization remarks or diagnosis lines). These Veteran MRA options are to be used when automatic MRA fails. The Delete and Reinstate adjustments are not created automatically and any action would have to be accomplished through these options. Patient MRAs are not created for short term authorizations. There is no change to DHCP when these options are utilized.

When you choose one of the Veteran MRA options, an entry is made in the FEE BASIS PATIENT MRA file (#161.26) and when the Fee system automatically runs the program to send the transactions to Austin, the MRA transactions are created and sent with the payment data for that date.

Supervisor Main Menu
MRA Main Menu
Veteran MRA Main Menu

Example

Because all options within this menu have the same basic prompts, only one example is provided.

```
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>
```

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

AUTHORIZATIONS:
(1) FR: 04/26/93      VENDOR: LES TEST - 987654329AA
    TO: 04/28/93
          Authorization Type: CIVIL HOSPITAL
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                >> Unauthorized Claim <<
DX: CAD
County: GRAFTON          PSA: BAY PINES, FL

VENDOR CONTACTS:
(1) DATE: 09/15/93      VENDOR: PRIVATE HOSPITAL      PHONE: 334-5656
    NARRATIVE:
          CONTACTED BY MAXINE IN BILLING TO CONFIRM
          VETERAN'S ELIGIBILITY AND AUTHORIZATION.

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

Are you sure you want to create a 'Add' type MRA for this patient: Yes//      <RET>
Transaction Created!
```

Supervisor Main Menu
MRA Main Menu
Re-Transmit MRA's

 FBAASUPERVISOR - required to access this option.

Introduction

This option is used to retransmit MRAs for a specific date. This option is used when Austin does not receive the original transmission.

Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs are kept on file until a confirmation is received from the vendorizing unit. The purge option will not affect the vendor MRAs.

Example

```
Re-transmit MRA's for which date:  091593  (SEP 15, 1993)

                                Re-Transmitting

...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

Supervisor Main Menu
MRA Main Menu
Purge Transmitted MRAs



FBAASUPERVISOR - required to access this option.

Introduction

The Purge Transmitted MRAs option is used to purge all veteran MRAs on file which are prior to the date specified. Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs will be purged only if there is still an old reinstate or delete transaction in the FEE BASIS VENDOR CORRECTIONS file (#161.25). These entries would only exist from transactions prior to Fee Basis V. 3.0.

This option should only be used when you are certain Austin has accepted your MRA transmissions.

Example

```
Purge Veteran and Vendor MRA's transmitted PRIOR to:      6/5/94   (JUN 05, 1994)
                  Deleting....

                Total Veteran MRA's deleted: 46
                Total Vendor MRA's deleted: 38
```

**Supervisor Main Menu
Pricer Batch Release**



This option is no longer locked.

Introduction

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

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

Example

```

Select FEE BASIS BATCH NUMBER:    983                C77777

NUMBER: 983                        OBLIGATION NUMBER: C77777
TYPE: CH/CNH                       DATE OPENED: JUL 16, 1990
CLERK WHO OPENED: 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!
    
```

Supervisor Main Menu
Print Rejected Payment Items



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

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment 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 payment items in that batch are listed.

Example

```

DEVICE: HOME//  FEE BASIS PRINTER  RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
    
```

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
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

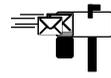
CHABOT,JOHN          456-43-5678          341
MARCUS WELBY MD      456765888  523  7/27/93
6/1/93  90010  52.00  52.00  OFFICE/OP VISIT, NEW, LTD
  Reject Reason: DUPLICATE PAYMENT
  Old Batch #: 341
Batch Number: 329  Voucher Date: 6/21/93  Voucherer: SIRCO,LUCIA

CHABOT,JOHN          456-43-5678          329
BEN CASEY            567895411  497  6/21/93
4/5/93  10080-20  75.00  75.00  DRAINAGE OF PILONIDAL CYST
  Reject Reason: WRONG VENDOR
  Old Batch #: 329
    
```

Supervisor Main Menu

Queue Data for Transmission

 FBAASUPERVISOR - required to access this option.

 This option creates MailMan messages which contain the batch data to be transmitted. The FEE mail group will receive confirmation messages and reports from Austin.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payment and MRA (master record adjustment) batches to the Central Fee System in Austin, Texas. All pending MRAs are batched automatically and transmitted. Only those payment batches that have been released by a supervisor can be transmitted.

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

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 MRAs ready to be transmitted to
Austin.
```

```
Are you sure you want to continue? No//      YES
```

```
The following Batches will be transmitted:
```

```
350
```

```
...SORRY, THIS MAY TAKE A FEW MOMENTS..
```

Supervisor Main Menu

Re-initiate Rejected Payment Items



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

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 Outpatient Medical 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.

Supervisor Main Menu
Re-initiate Rejected Payment Items

Example

```
Select Batch with Rejects:   169           C46335
Select New Batch number:   999           C64838
Want line items listed? No//   YES
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                Batch #  Voucher Date
Vendor Name                Vendor ID Invoice #      Date      Rec'd.
SVC DATE   CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED
=====
Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY

LENNON,MARCUS                381-05-0505
BARNABY,JARED, M.D.                271172711  190
12/15/94   90060   75.00   60.00   1      OFFICE VISIT,INTERMED
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16

LENNON,MARCUS                381-05-0505
BARNABY,JARED, M.D.                271172711  190
12/30/94   90060   75.00   60.00   1      OFFICE VISIT,INTERMED
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16

COURT,PATRICIA                234-23-4234
PARKER,ALLISON, M.D.                341234143  198
01/10/94   80908   50.00   50.00           CONSULTATION,BRIEF
Reject Reason: BATCH OUT OF BALANCE
Old Batch #: 16
-----
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

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

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Supervisor Main Menu

Release a Batch



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



FBAASUPERVISOR - required to access this option.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER:  276          C15004

NUMBER: 276          OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS          DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER, BARBARA          STATION NUMBER: 500
TOTAL DOLLARS: 10          PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993

STATUS: CLERK CLOSED

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

Supervisor Main Menu
Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID  Invoice #   Date      Rec'd.
SVC DATE    CPT-MOD    CLAIMED    PAID     CODE  SERVICE PROVIDED
=====
MILLER,KERRY                321-65-4987        276
SIRCO,JOSEPH                111222333        493        6/21/93
  5/22/93   90020        10.00        5.00     4  OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

CHABOT,JOHN                456-43-5678        276
PUCK,HENRY                  567895411        495        6/21/93
*  5/1/93   90020         5.00         5.00     OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00

Do you want to Release Batch as Correct? NO//   y  YES

NUMBER: 276                OBLIGATION NUMBER: C15004
TYPE: MEDICAL PAYMENTS    DATE OPENED: MAY 7, 1993
CLERK WHO OPENED: HENSLER,BARBARA  STATION NUMBER: 500
TOTAL DOLLARS: 10         PAYMENT LINE COUNT: 2
DATE CLERK CLOSED: JUN 21, 1993    DATE SUPERVISOR CLOSED: JUN 23, 1993
SUPERVISOR WHO CERTIFIED: GRAY,MARY ELLEN

STATUS: SUPERVISOR CLOSED

Batch has been Released!
    
```

Supervisor Main Menu Request Info File Enter/Edit

Introduction

The Request Info File Enter/Edit option is used to enter/edit data in the Fee Basis Unauthorized Requested Information file (# 162.93). Enter <??> at the "Select fee basis unauthorized requested information reason:" prompt for a list of existing reasons. You may edit an existing reason, or enter a new one.

Example

```
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:      INPATIENT RECORDS
MISSING
  ARE YOU ADDING 'INPATIENT RECORDS MISSING' AS
    A NEW FEE BASIS UNAUTHORIZED REQUESTED INFORMATION (THE 17TH)?      Y  (YES)
    FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NUMBER: 17//      <RET>
REASON: INPATIENT RECORDS MISSING  Replace      <RET>
ACTIVE?: YES
DESCRIPTION:
  1> Inpatient records missing for an episode of care.
  2> <RET>
EDIT Option:  <RET>

Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:
```

Supervisor Main Menu

Site Parameter Enter/Edit



FBAASUPERVISOR - required to access this option.

Introduction

The Site Parameter Enter/Edit option is used to enter or edit site specific Fee Basis parameters. After the data is entered, you may not add another site as only one entry (site) is allowed. You are able to edit the data for the existing site.

Following is a list of site configurable parameters with brief descriptions.

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

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

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

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

CITY: - The city in which the COJ receives its mail.

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

ZIP: - Zip code for the COJ.

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

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

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

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

Supervisor Main Menu

Site Parameter Enter/Edit

Introduction, cont.

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

PHARMACY PAYMNT VENDOR DISPLAY: - If answered YES, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

DEFAULT AUTH. TIME RANGE: - Number of days that is the usual long term authorization. Data entered here is added to the Authorization FROM DATE and that date will become the default TO DATE for the authorization. For example, if the normal long term authorization is one year, 365 should be entered.

ASK VENDOR DURING AUTH.: - If answered YES, a vendor is asked when using the Enter Authorization option.

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

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

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

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

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

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

Supervisor Main Menu Site Parameter Enter/Edit

Introduction, cont.

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

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

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

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

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

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

NUMBER OF COPIES: - The number of copies of a letter to be printed. Maximum number of copies allowed is five.

PRINT U/C ON LETTERHEAD?: - Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

Supervisor Main Menu Site Parameter Enter/Edit

Introduction, cont.

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

UC LETTER LINES AFTER CC: - Number of blank lines after the carbon copy address on a disposition letter. This value may be changed to adjust the spacing from the bottom of the page. If a number is not specified here, 0 is used as the default value.

Example

```
Select Site:  VA MEDICAL CENTER, BUFFALO, NY
ARE YOU ADDING 'VA MEDICAL CENTER, BUFFALO, NY' AS A NEW
FEE BASIS SITE PARAMETERS (THE 1ST)?  YES  (YES)
STATION OF JURISDICTION NAME: VA MEDICAL CENTER, BUFFALO, NY// <RET>
STATION ADDRESS LINE 1:  495 BAILEY AVENUE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY:  BUFFALO
STATE:  NEW YORK
ZIP:  14095
STATION TELEPHONE NUMBER:  607 456-2345
APPROVING OFFICIAL FOR 7079:  JAMES P. CARTWRIGHT
TITLE OF APPROVING OFFICIAL:  CHIEF, MAS.
MEDICAID DISPENSING FEE:  5.50
MEDICAL PAYMENT VENDOR DISPLAY:  YES
PHARMACY PAYMENT VENDOR DISPLAY:  YES
DEFAULT AUTH. TIME RANGE:  365
ASK VENDOR DURING AUTH:  YES
MAX # PAYMENT LINE ITEMS:  50
EDIT AUTH. DURING PAYMENT:  NO
*ASK PROGRAM SPECIFIC AUTH:  YES
APPROVING OFFICIAL FOR 7078:  JAMES P. CARTWRIGHT
TITLE 7078 APPROVING OFFICIAL:  CHIEF, MAS.
COPIES OF 7078 TO BE PRINTED:  1
PSA DEFAULT INSTITUTION:  BUFFALO
7078 DEFAULT AUTH SERVICE TEXT:
  1>Move to VAMC as soon as possible
EDIT Option: <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES// <RET>
'INITIAL ENTRY' STATUS FOR U/C: <RET>
UNAUTHORIZED CLAIM PRINTER: <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT// <RET>
NUMBER OF COPIES: 1// <RET>
PRINT U/C ON LETTERHEAD?: <RET>
STATION NAME (EDITABLE):  VAMC BUFFALO NY// <RET>
UC LETTER LINES AFTER CC: 0// 2
Select Site:
```

Supervisor Main Menu
Void Payment Main Menu
CH Delete Void 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 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." Only 1 Adjustment Reason can be used for each Civil Hospital claim.

Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

Introduction

The CH Delete Void Payment option is used to remove a void flag from a Civil Hospital payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```

Select FEE BASIS PATIENT NAME: FEE
1  FEEPATIENT,FIRST JR      3-15-40      405345678      YES      SC VET
ERAN
2  FEEPATIENT,FIRST NAME MIDNA IX      1-20-55      803945832      NO
   NSC VETERAN
3  FEEPATIENT,HANNA SR      5-4-30      604324567      YES      SC VETE
RAN
CHOOSE 1-3: 1  FEEPATIENT,FIRST JR      3-15-40      405345678      YES
   SC VETERAN

Select FEE BASIS VENDOR NAME: ALBANY  MED CENTER  141338307  NON-VA HOSPITAL
   PO BOX 619
   ALBANY, NY  12201

Patient Name: FEEPATIENT,FIRST JR      Pt.ID 405-34-5678

VENDOR: ALBANY MED CENTER
   ('*' Represents Reimbursement to Patient)
   ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
1) #6/30/00      7/1/00      DRG1      390.00      381.00      1881      1264
Reason:
   CHECK RETURNED BY VENDOR

2) #6/15/00      3/5/03      DRG20      300.00      200.00      2475      1763
   993      35      M13      FEEPATA
   FPPS Claim ID: 29835      FPPS Line Item: ALL
Reason:
   CHECK RETURNED BY VENDOR

Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-2): 2

Patient Name: FEEPATIENT,FIRST JR      Pt.ID 405-34-5678

VENDOR: ALBANY MED CENTER
   ('*' Represents Reimbursement to Patient)
   ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
# 6/15/00      3/5/03      DRG20      300.00      200.00      2475      1763
   993      35      M13      FEEPATA
   FPPS Claim ID: 29835      FPPS Line Item: ALL

Are you sure you want to Cancel the void on the payment(s)? No// YES
   Cancel Voided payment for FEEPATIENT,FIRST JR
You must adjust control point accordingly through IFCAP!
   .... Done.
    
```

Supervisor Main Menu
Void Payment Main Menu
CH Void 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 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." Only 1 Adjustment Reason can be used for each Civil Hospital claim.

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: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

Introduction

This option is used to void a Civil Hospital payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

1  FEEPATIENT,FEE A      3-15-40   405345678      SC VETERAN      2
FEEPATIENT,MST A      1-20-55   803945832      05-01-01      NSC VETERAN
3  FEEPATIENT,MST B      5-4-30   604324567      SC VETERAN
CHOOSE 1-3: 1  FEEPATIENT,FEE A      3-15-40   405345678      SC VETERAN

Select FEE BASIS VENDOR NAME: ALBANY  MED CENTER   141338307  NON-VA HOSPITAL
      PO BOX 619
      ALBANY, NY 12201

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

VENDOR: ALBANY MED CENTER
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE   TO DATE   DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
COV.DAYS    ADJ CODE    REMIT REMARKS      PATIENT CONTROL #
-----
1) 6/15/00   3/5/03   DRG20   300.00       200.00     2475       1763
    993      35      M13      FEEPATA
    FPPS Claim ID: 29835      FPPS Line Item: ALL

Which payment item(s) would you like to Void ?
Enter a list or range of numbers (1-1): 1

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

VENDOR: ALBANY MED CENTER
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE   TO DATE   DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
COV.DAYS    ADJ CODE    REMIT REMARKS      PATIENT CONTROL #
-----
    6/15/00   3/5/03   DRG20   300.00       200.00     2475       1763
    993      35      M13      FEEPATA
    FPPS Claim ID: 29835      FPPS Line Item: ALL

Are you sure you want to Void the payment(s)? No// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for FEEPATIENT,FEE A
You must adjust control point accordingly through IFCAP!
.... Done.

```

Supervisor Main Menu
Void Payment Main Menu
CNH Delete Void 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 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 CNH, 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." Only 1 Adjustment Reason can be used for each Community Nursing Home claim

Remittance Remark: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim.

Introduction

The CNH Delete Void Payment option is used to remove a void flag from a Community Nursing Home payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```

Select FEE BASIS PATIENT NAME: FEE
1  FEEPATIENT,FIRST JR      3-15-40      405345678      YES      SC VET
ERAN
2  FEEPATIENT,FIRST NAME MIDNA IX      1-20-55      803945832      NO
   NSC VETERAN
3  FEEPATIENT,HANNA SR      5-4-30      604324567      YES      SC VETE
RAN
CHOOSE 1-3: 1  FEEPATIENT,FIRST JR      3-15-40      405345678      YES
   SC VETERAN

Select FEE BASIS VENDOR NAME: GOOD TIME NURSING HOME      141338307  COMMUNITY NURSING
HOME
      PO BOX 619
      ALBANY, NY 12201

Patient Name: FEEPATIENT,FIRST JR      Pt.ID 405-34-5678

VENDOR: GOOD TIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
1) #7/01/00      7/31/00      3900.00      3900.00      1881      1264
   31
   Reason:
      CHECK RETURNED BY VENDOR

2) #8/01/00      8/31/00      3900.00      2100.00      2475      1763
   21      35      M13      HAPPY PATIENT
   FPPS Claim ID: 29835      FPPS Line Item: ALL
   Reason:
      CHECK RETURNED BY VENDOR

Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-2): 1

Patient Name: FEEPATIENT,FIRST JR      Pt.ID 405-34-5678

VENDOR: ALBANY MED CENTER
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
# 7/01/00      7/31/00      3900.00      3900.00      1881      1264
   993      35      M13      FEEPATA
   FPPS Claim ID: 29835      FPPS Line Item: ALL

Are you sure you want to Cancel the void on the payment(s)? No// YES
      Cancel Voided payment for FEEPATIENT,FIRST JR
You must adjust control point accordingly through IFCAP!
.... Done.
    
```

Supervisor Main Menu
Void Payment Main Menu
CNH Void 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 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." Only 1 Adjustment Reason can be used for each Community Nursing Home claim.

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: The remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Up to two (2) Remittance Remark codes can display.

Introduction

This option is used to void a Community Nursing Home payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

1  FEEPATIENT,MST C      1-20-55   803945832      05-01-01   NSC VETERAN
2  FEEPATIENT,MST A      3-15-40   405345678      SC VETERAN

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

Select FEE BASIS VENDOR NAME: GOODTIME NURSING HOME      141338307  COMMUNITY NURSING
HOME
      PO BOX 619
      ALBANY, NY 12201

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

VENDOR: GOODTIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
1) 6/15/03      6/25/03      1300.00      1200.00      475      1763
    10          35          M13          FEEPATA
    FPPS Claim ID: 29835      FPPS Line Item: ALL

Which payment item(s) would you like to Void ?
Enter a list or range of numbers (1-1): 1

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

VENDOR: GOODTIME NURSING HOME
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
COV.DAYS      ADJ CODE      REMIT REMARKS      PATIENT CONTROL #
-----
    6/15/03      06/25/03      1300.00      1200.00      2475      1763
    10          35          M13          FEEPATA
    FPPS Claim ID: 29835      FPPS Line Item: ALL

Are you sure you want to Void the payment(s)? No// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for FEEPATIENT,FEE A
You must adjust control point accordingly through IFCAP!
      .... Done.

```

Supervisor Main Menu
Void Payment Main Menu
Medical Delete Void Payment



New Prompts:

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

Introduction

The Medical Delete Void Payment option is used to remove a void flag from a Medical payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```

Select Patient: FEE
  1  FEEPATIENT,FIRST JR          3-15-40          405345678          YES          SC VET
ERAN
  2  FEEPATIENT,FIRST NAME MIDNA IX      1-20-55          803945832          NO
NSC VETERAN
  3  FEEPATIENT,HANNA SR          5-4-30          604324567          YES          SC VETE
RAN
CHOOSE 1-3: 3  FEEPATIENT,HANNA SR      5-4-30          604324567          YES
SC VETERAN

Select FEE BASIS VENDOR NAME: ALBANY ME
  1  ALBANY MED CENTER          141338307  NON-VA HOSPITAL
      PO BOX 619
      ALBANY, NY 12201

  2  ALBANY MED COLLEGE  ALBANY EMERGENCY MEDICINE GROUP  141338310  DOCTOR
OF MEDIC
      CONT OFFICE ELSMERE A29
      47 NEW SCOTLAND AVE
      ALABANY, NY 12208

CHOOSE 1-2: 1  ALBANY MED CENTER          141338307  NON-VA HOSPITAL
      PO BOX 619
      ALBANY, NY 12201

Patient Name: FEEPATIENT,HANNA SR          Pt.ID 604-32-4567
    
```

```

VENDOR: ALBANY MED CENTER
      ('*' Reimb. to Patient   '#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  INVOICE #  BATCH #  DATE PAID
-----
1) #12/14/03  11422-55 $  300.00 $   67.02    2468    1757
    FPPS Claim ID: 333331
    Reason:
      PAYMENT RECEIVED

Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-1): 1

Patient Name: FEEPATIENT,HANNA SR          Pt.ID 604-32-4567

VENDOR: ALBANY MED CENTER
      ('*' Reimb. to Patient   '#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  INVOICE #  BATCH #  DATE PAID
-----
12/14/03    11422-55   300.00    67.02    2468    1757
    FPPS Claim ID: 333331

Are you sure you want to Cancel the void on the payment(s)? NO// YES
      Cancel Voided payment for FEEPATIENT,HANNA SR
You must adjust control point accordingly through IFCAP!
      .... Done.
    
```

**Supervisor Main Menu
Void Payment Main Menu
Medical Void Payment**



New Prompts:

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

Introduction

This option is used to void a Medical payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```

Select Patient: fee
  1  FEEPATIENT,FEE A          3-15-40    405345678          SC VETERAN
  2  FEEPATIENT,MST A          1-20-55    803945832          05-01-01    NSC VET
ERAN
  3  FEEPATIENT,MST B          5-4-30     604324567          SC VETERAN
CHOOSE 1-3: 3  FEEPATIENT,MST B          5-4-30     604324567          SC VETERAN

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

Patient Name: FEEPATIENT,MST B          Pt.ID 604-32-4567
    
```

```

VENDOR: ACUTE CARE SPECIALISTS INC
      ('*' Reimb. to Patient  '#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  INVOICE #  BATCH #  DATE PAID
-----
1) 11/15/02  40830-26 $ 200.00 $ 129.66  2325  1692  07/14/03
    -53
    FPPS Claim ID: 50432
    >>>Check # CC212127 Date Paid: 7/14/03<<<
2) *04/11/01 99213-52 $ 20.00 $ 20.00  1901  1308  07/16/03
    >>>Check # 1212127 Date Paid: 7/16/03<<<

Which payment item(s) would you like to Void ?
Enter a list or range of numbers (1-2): 1

Patient Name: FEEPATIENT,MST B          Pt.ID 604-32-4567

VENDOR: ACUTE CARE SPECIALISTS INC
      ('*' Reimb. to Patient  '#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  INVOICE #  BATCH #  DATE PAID
-----
11/15/02  40830-26  200.00  129.66  2325  1692  07/14/03
    -53
    FPPS Claim ID: 50432

    >>>Check # CC212127 Date Paid: 7/14/03<<<
Are you sure you want to Void the payment(s)? NO// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
      Void payment for FEEPATIENT,MST B
You must adjust control point accordingly through IFCAP!
.... Done.
    
```

**Supervisor Main Menu
Void Payment Main Menu
Pharmacy Delete Void Payment**



New Prompts:

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

Introduction

The Pharmacy Delete Void Payment option is used to remove a void flag from a Pharmacy payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```

Select Invoice number: 64117
  FPPS Claim ID: 783642

Select Prescription #: 2311

PRESCRIPTION NUMBER: 2311          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: DEC 20, 2003
AMOUNT CLAIMED: 1                 PATIENT: FEEPATIENT,FIRST JR
RED BOOK COST: 1                  LINE ITEM STATUS: COMPLETED
GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                   QUANTITY: 05
PHARMACIST: JAIN,SACHIN           DATE OF DETERMINATION: DEC 30, 2003
AMOUNT PAID: 1                    BATCH NUMBER: 1760
OBLIGATION NUMBER: A80019         DATE CERTIFIED FOR PAYMENT: DEC 30, 2003
PAYMENT TYPE CODE: VENDOR        SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED       MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY  AUTHORIZATION POINTER: 71
FPPS LINE ITEM: 1

Is this the prescription you want to Cancel the void on ? NO// YES
  Cancel Voided payment for FEEPATIENT,FIRST JR
You must adjust control point accordingly through IFCAP!
  ... Done.

```

Supervisor Main Menu
Void Payment Main Menu
Pharmacy Void Payment



New Prompts:

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

Introduction

The Pharmacy Void Payment option is used to void a payment to a pharmacy vendor that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

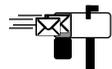
```
Select Invoice number: 2474
  FPPS Claim ID: 3981

Select Prescription #: 2311

PRESCRIPTION NUMBER: 2311          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: DEC 20, 2003
AMOUNT CLAIMED: 1                  PATIENT: FEEPATIENT,FEE A
RED BOOK COST: 1                   LINE ITEM STATUS: COMPLETED
GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                     QUANTITY: 05
PHARMACIST: JAIN,SACHIN             DATE OF DETERMINATION: DEC 30, 2003
AMOUNT PAID: 1                      BATCH NUMBER: 1760
OBLIGATION NUMBER: A80019           DATE CERTIFIED FOR PAYMENT: DEC 30, 2003
PAYMENT TYPE CODE: VENDOR           SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED          MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY    AUTHORIZATION POINTER: 71
FPPS LINE ITEM: 1

Is this the prescription you want to Void? NO// YES
REASON FOR VOIDED PAYMENT: PATIENT'S PRESCRIPTION CHANGED
  Void payment for FEEPATIENT,FEE A
You must adjust control point accordingly through IFCAP!
... Done.
```

Terminate ID Card



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



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

Introduction

The Terminate ID Card option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

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

Example

```

Select PATIENT NAME:  4877  BACON,JOSEPH      12-12-14   106104877   SC VETERAN

BACON,JOSEPH                Pt.ID: 106-10-4877
2344 HELP ST.                DOB: 12/12/14
RED CROSS CITY              TEL: Not on File
OKLAHOMA 11235             CLAIM #: Not on File
                           COUNTY: POTTAWATOMIE

Primary Elig. Code: SC LESS THAN 50%  --  PENDING VERIFICATION
Other Elig. Code(s): AID & ATTENDANCE
                       NSC, VA PENSION
                       HUMANITARIAN EMERGENCY
                       HOUSEBOUND

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: YES
Insurance Co.   Subscriber ID   Group       Holder   Effective Expires
=====
BLUE CROSS BLUE  282828282      12345      SELF    4/1/93    3/31/95
AETNA           29292277777    0987594    OTHER   1/1/94    12/31/94
Want to add NEW insurance data? No//  <RET>
Are there any discrepancies with insurance data on file? No//  <RET>

```

Terminate ID Card

Example, cont.

Fee ID Card #: 1346464	Fee Card Issue Date: 06/17/93
Patient Name: BACON,JOSEPH	Pt.ID: 106-10-4877
AUTHORIZATIONS:	
(1) FR: 04/16/94	VENDOR: Not Specified
TO: 04/19/94	
	Authorization Type: Outpatient - ID Card
	Purpose of Visit: OPT - SC LESS THAN 50%
DX: DEPRESSION	PTSD
County: POTTAWATOMIE	PSA: MUSKOGEE, OK
(2) FR: 07/01/93	VENDOR: ANOTHER TEST - 8759760657
TO: 06/30/96	
	Authorization Type: Outpatient - Short Term
	Purpose of Visit: COMPENSATION AND PENSION EXAM
DX: PTSD	
County: POTTAWATOMIE	PSA: NORTHAMPTON, MA
Fee ID Card #: 1346464	
Are you sure you want to terminate this ID Card? No// YES	
TERMINATION REASON: PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN. NEW CARD ISSUED.	

Vendor Menu

Display, Enter, Edit Demographics



Version 3.5 Changes:

The MEDICARE ID NUMBER: prompt now appears after the PRICER EXEMPT: prompt for Civil Hospital vendors.



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.



FBAE ESTABLISH VENDOR - required to enter a new vendor into the system or edit existing vendor data. It is not possible to delete a vendor from the FEE BASIS VENDOR file (#161.2).

Introduction

The Display, Enter, Edit Demographics option is used to display vendor demographics, enter a new vendor into the system or edit data on an existing vendor.

A vendor is any provider of care. Doctors, hospitals, clinics, pharmacies, nurses and physical therapists are typical vendors. The vendor must be entered into the system before any Fee Basis payments can be made.

The Fee Basis Vendor ID Number is usually the individual's social security number or the clinic's or hospital's tax ID number. A group of physicians may be in the system under one ID number if they are incorporated (i.e. Dermatology Assocs., P.C. or Capital District Urologists, P.C.). A pharmacy chain may have all their stores entered with the same ID number and then have the individual stores identified by up to a 4-digit chain store number.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

Vendor Menu
Display, Enter, Edit Demographics

Example

```
Select FEE BASIS VENDOR NAME:  CAPITAL DISTRICT PSYCHIATRIC CENTER
Are you adding 'CAPITAL DISTRICT PSYCHIATRIC CENTER' as
a new FEE BASIS VENDOR (the 1322ND)? No//  Y (Yes)
FEE BASIS VENDOR ID NUMBER:  123456789
FEE BASIS VENDOR TYPE OF VENDOR:  8 OTHER
FEE BASIS VENDOR PART CODE:  6 NON-VA HOSPITAL          06
FEE BASIS VENDOR CHAIN:  <RET>
NAME: CAPITAL DISTRICT PSYCHIATRIC CENTER Replace  <RET>
ID NUMBER: 123-45-6789//  <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'):  T TAX ID NUMBER
TYPE OF VENDOR: OTHER//  <RET>
BUSINESS TYPE (FPDS):  L LARGE BUSINESS
Select SOCIOECONOMIC  GROUP (FPDS):  LV          VETERAN-OWNED LARGE BUSINESS
Are you adding 'LV' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No//  Y
(Yes)
Select SOCIOECONOMIC GROUP (FPDS):  <RET>
PART CODE: NON-VA HOSPITAL//  <RET>
STREET ADDRESS:  123 SECOND ST
STREET ADDRESS 2:  <RET>
CITY:  TROY
STATE:  NY NEW YORK
ZIP CODE:  12180
COUNTY:  RENSSELAER          083
PHONE NUMBER:  518-271-1234
FAX NUMBER:  518-271-1200
PRICER EXEMPT :  Y (YES)
MEDICARE ID NUMBER:  191817
```

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

Name: CAPITAL DISTRICT PSYCHIATRIC C  ID Number: 123456789
Address: 123 SECOND ST                Specialty:
City: TROY                            Type: OTHER
State: NEW YORK                       Participation Code: NON-VA HOSPITAL
ZIP: 12180                             Medicare ID Number: 191817
County: RENSSELAER                    Chain:
Phone: 518-271-1234
Fax: 518-271-1200                     Pricer Exempt: Yes
Type (FPDS): LARGE BUSINESS           Group (FPDS): VETERAN-OWNED LARGE B
Austin Name:
Last Change                            Last Change
TO Austin:                             FROM Austin:
```

Vendor Menu
Display, Enter, Edit Demographics

Example, cont.

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

```
Select FEE BASIS VENDOR NAME:
```

Vendor Menu
FPDS-Only Vendor Edit



Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The FPDS-Only Vendor Edit option can only be used to edit existing vendors. Just two data fields can be changed. This new option is intended to give sites an easy way to enter the socio-economic data obtained from the mass mailing or from contacting an existing vendor.

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. This option can not be used to modify the socio-economic data for a vendor that is flagged "Vendor in Delete Status" or "Awaiting Austin Approval". Use the Display,Enter,Edit Demographics option to edit such a vendor.

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:  ALGER,J W      444444002AA  ALL OTHER INDIV
      338 MAIN ST
      PO BOX 568
      KEENE, NH  03431

BUSINESS TYPE (FPDS):  S  SMALL BUSINESS
Select SOCIOECONOMIC GROUP (FPDS):  N          SM DISADVANTAGED BUS
Are you adding 'N' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this FEE
B
ASIS VENDOR)? No//  Y
      (Yes)
Select SOCIOECONOMIC GROUP (FPDS):  <RET>

Select FEE BASIS VENDOR NAME:
```

Vendor Menu
List Vendors Without FPDS Data



Patch FB*3.5*9 Changes: New option.

INTRODUCTION

The List Vendors Without FPDS Data option is used to generate a list of vendors that don't have a value in the BUSINESS TYPE (FPDS) field. This option can be used to identify vendors who may need to be contacted to obtain their socio-economic characteristics.

EXAMPLE

```
Only check FPDS data for active vendors? YES//      <RET>
Consider vendor active when activity since:  Jan 01, 1998//      <RET>
Print detailed vendor demographic data? NO//      <RET>

DEVICE: HOME//  <RET> UCX/TELNET      Right Margin: 80//
.
```

```
FEE BASIS VENDOR'S WITH BLANK FPDS DATA           Jun 29, 1999@13:39:55  page 1
of those with activity since Jan 01, 1998
=====
ACUTE CARE SPECIALISTS INC                         ID: 341339182
ATLANTIC CARDIOLOGY                               ID: 020444574
GOOD TIME NURSING HOME INC                         ID: 141509755a
PHARMACY REMIT VENDOR 2                           ID: 111000000

TOTAL NUMBER OF VENDORS MISSING FPDS DATA: 4
```

Vendor Menu
Payment Display for Patient



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

Introduction

The Payment Display for Patient option is used to view the payment record of a patient with a specific vendor. The display also designates payments reimbursed to the patient, cancellation activity, and voided payments.

This option displays medical batch payments only. It does not display Travel or Pharmacy payment records.

Example

```
Select Patient:  DAY, DENNIS

Select FEE BASIS VENDOR NAME:  DOOLY MEDICAL CENTER      777999098  NON-VA
HOSPITAL
      123 FIRST ST
      TROY, NY 12190
```

```
Patient Name: DAY, DENNIS                      SSN: 409129012

VENDOR: DOOLY MEDICAL CENTER
      123 FIRST ST
      TROY, NY 12190
      ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
SVC DATE  CPT-MODIFIER      AMT CLAIMED AMT PAID  CODE  INVOICE # BATCH #
-----
+ 09/05/94 12018           $   5.00  $   5.00      556      369
  >>>Check cancelled on: 10/3/94  Reason:  WRONG PAYEE<<<
  Check WILL be re-issued.
+ 09/02/94 99243-77       $  11.00  $  10.00 D      555      369
  >>>Check # 11887576  Date Paid: 10/20/94<<<
  >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
  09/02/94 10020           $  15.00  $   5.00 1      555      369
  >>>Check # 37776200  Date Paid: 10/3/94<<<
Select FEE BASIS VENDOR NAME:
```

Vendor Menu
Payment Look-up for Medical Vendor



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

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical vendor for a specified time frame.

Example

```
Select Medical Vendor:  ALBIN KLEIN MD          120376584  DOCTOR OF OSTEO
                        31 NOWHERE CIRCLE
                        LOWELL, MA 01852-0123    TEL. #: 45441477

**** Date Range Selection ****

Beginning DATE :   6/1  (JUN 01, 1994)

Ending   DATE :   6/30 (JUN 30, 1994)

DEVICE: HOME// <RET> Decnet    RIGHT MARGIN: 80// <RET>
```

```
                ** VENDOR LOOK-UP **

                        Vendor:  ALBIN KLEIN MD
                        ('*' Reimb. to Patient '+' Cancel. Activity)
PATIENT            ('#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID  CODE INVOICE # BATCH #  DATE PAID
-----
SMITH, DENNIS
06/07/94 12018    $ 35.00 $ 32.00  1 230          145    06/29/94
    >>>Check # 37776200 Date Paid: 6/29/94<<<
06/07/94 99243-77 $ 52.00 $ 40.00  1 230          145    06/29/94
    >>>Check # 37776200 Date Paid: 6/29/94<<<
06/28/94 10020    $ 42.00 $ 42.00  206         234    NOT PAID

Select Medical Vendor:
```

Vendor Menu
Pharmacy Vendor Payment Look-Up



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

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment history for a pharmacy vendor for a specified time frame.

Example

```
Select Pharmacy Vendor:   BECK PHARMACY   886699554   PHARMACY

**** Date Range Selection ****

Beginning DATE:   5/1/94   (MAY 01, 1994)

Ending DATE:     T   (JUL 13, 1994)

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

```
                ** PHARMACY VENDOR LOOK-UP **

Vendor:  BECK PHARMACY                ID#: 886699554   Chain #:

          ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)

Patient          SSN
Fill Date      Drug Name      Strength      Quantity
Claimed      Paid   Code Invoice #  Batch #      Date Finalized
=====
ADAMS, MICHAEL                552996543

06/07/94
Rx: 6700          DEMEROL                2MG                10
  16.00    7.56   1   1172          974                07/12/94

06/01/94
Rx: 5603          MOTRIN                2MG                10
  25.00    25.00   1172          974                07/12/94
```