

## **SECTION 4 PHARMACY FEE MAIN MENU**

### **Overview**

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

#### **BATCH MENU - PHARMACY**

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

**CLOSE-OUT BATCH** - used to close a Fee Basis batch.

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

**EDIT BATCH DATA** - used to edit certain portions of Fee Basis batches.

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

**OPEN A PHARMACY BATCH** - used to create a Pharmacy batch.

**RE-OPEN BATCH** - used to reopen a Fee Basis batch which has a batch status of CLOSED.

**RELEASE A BATCH** - used by the Supervisor to release a Fee Basis batch for payment. This option is locked with the FBAASUPERVISOR key.

**STATUS OF BATCH** - used to obtain the current status of a Fee Basis batch.

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

**CLOSEOUT PHARMACY INVOICE** - used to assign a Pharmacy invoice to a batch.

**COMPLETE PHARMACY INVOICE** - used to enter the remaining payment data after the invoice has been reviewed by Pharmacy Service.

**DISPLAY PHARMACY INVOICE** - used to view all the items in a Pharmacy invoice.

## **Overview**

**EDIT PHARMACY INVOICE** - used to edit the data on a previously entered Pharmacy invoice.

**ENTER PHARMACY INVOICE** - used to enter the initial portion of the Pharmacy invoice into the system for payment.

**LIST INVOICES PENDING MAS COMPLETION** - lists all invoices that have been entered, reviewed by Pharmacy Service and are now awaiting completion by Medical Administration Service.

**LIST PHARMACY HISTORY** - lists the Fee Basis prescriptions for a selected patient.

**PATIENT RE-IMBURSEMENT** - used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly.

**PHARMACY INVOICE STATUS** - used to display the status of a Pharmacy invoice. These include **PENDING PHARMACY DETERMINATION**, **PENDING MAS COMPLETION**, **PENDING PAYMENT PROCESS**, and **COMPLETED**.

**POTENTIAL COST RECOVERY REPORT** - identifies costs for Fee Basis services which may be able to be recovered. Data is sorted by division, patient, Fee Basis program, vendor, and date.

**PRESCRIPTIONS PENDING PHARMACY REVIEW** - allows Pharmacy Service to print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

**REVIEW FEE PRESCRIPTION** - allows Pharmacy Service to review a Fee Basis prescription and determine whether payment should be based on a generic drug.

**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.

## Batch Menu - Pharmacy

### 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:  147          C15004

NUMBER: 147                                OBLIGATION NUMBER: C15004
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: OCT 31, 1990
CLERK WHO OPENED: MURRAY, CHARLENE        STATION NUMBER: 500

STATUS: OPEN

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

Batch Deleted.

Select FEE BASIS BATCH NUMBER:
```

## **Batch Menu - Pharmacy**

### **Close-out Batch**



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



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

### **Introduction**

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

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

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

**Batch Menu - Pharmacy  
Close-out Batch**

**Example**

```

Select FEE BASIS BATCH NUMBER:  189          C93999
Want to review batch? NO//  YES

Patient Name ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                Batch #  Voucher Date
Vendor Name                Vendor ID  Invoice #      Date Rec'd.
RX  DATE  RX #      CLAIMED      PAID  CODE  DRUG NAME
=====
GRAY,EBBO                098-00-0000                189
FAY'S DRUGS                987561234      148      9/27/93
5/5/93  75847638      31.00      29.95  I  anymycin
                Invoice #: 148  Totals: $ 29.95

JONES,LEONARD                123-12-1234                189
DRAPER PHARMACY AND SURGICAL SUPPLY  497549564      168      9/29/93
9/29/93  123      15.00      12.95  I
                Invoice #: 168  Totals: $ 12.95

Do you still want to close Batch? YES//  <RET>

NUMBER: 189                OBLIGATION NUMBER: C93999
TYPE: HOMETOWN PHARMACY PAYMENTS  DATE OPENED: DEC 16, 1994
CLERK WHO OPENED: GRAY,MARY ELLEN  STATION NUMBER: 500
TOTAL DOLLARS: 42.90        INVOICE COUNT: 2
PAYMENT LINE COUNT: 2      DATE CLERK CLOSED: JAN 9, 1995

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:
    
```

**Batch Menu - Pharmacy**  
**Display Open Batches**

**Introduction**

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

**Example**

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	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 Menu - Pharmacy**  
**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 can only edit batches that you opened unless you hold the FBAASUPERVISOR security key.

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

If you are a control point user for multiple control points, you will be prompted for a control point prior to an obligation number.

**Example**

```

Select FEE BASIS BATCH NUMBER:  ??

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

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

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

**Batch Menu - Pharmacy**  
**List Items in Batch**



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

**Introduction**

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

**Example**

```
Select FEE BASIS BATCH NUMBER: 11          C93004
DEVICE: HOME//      FEE BASIS PRINTER    RIGHT MARGIN: 80//  <RET>
```

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch #  Voucher Date
Vendor Name                Vendor ID  Invoice #    Date Rec'd.
RX  DATE  RX #    CLAIMED      PAID  CODE  DRUG NAME
=====
MOORE,PETER                585-14-7544          11          6/4/94
  FAY'S DRUGS                234324323          8          3/12/94
  3/13/94  12312333    25.00    23.00    4  ELAVIL
                Invoice #: 8  Totals: $ 23.00

MOSS,JAMES                132-88-9999          11          6/4/94
  GREEN DRUGS                112112112          21          4/1/94
  1/4/94   100          50.00    33.00    A  IBUPRO
                Invoice #: 21  Totals: $ 33.00

Select FEE BASIS BATCH NUMBER:
```

## Batch Menu - Pharmacy

### Open a Pharmacy Batch



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

### Introduction

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

### Example

```

Want to create a Pharmacy Batch? YES//  <RET>

Pharmacy Batch number assigned is: 101

ARE YOU ADDING '101' AS A NEW FEE BASIS BATCH (THE 41ST)?  Y  (YES)

Select CONTROL POINT:  ?
ANSWER WITH CONTROL POINT NAME NUMBER
CHOOSE FROM:
    20                020 FEE
    999                999 FEE CIVIL HOSP

Select CONTROL POINT:  20  020 FEE
Select Obligation Number:  ??

CHOOSE FROM:
    500-C89211  --  1358  Obligated - 1358
                   FCP: 020    $ 4800
    500-C89621  --  1358  Ordered and Obligated
                   FCP: 020    $ 80000
    500-C89622  --  1358  Obligated - 1358
                   FCP: 020    $ 80000
    500-C89699  --  1358  Transaction Complete
                   FCP: 020    $ 30000

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

## Batch Menu - Pharmacy

### Re-open Batch

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

### Introduction

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

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

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

### Example

```
Select FEE BASIS BATCH NUMBER:  11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: GRAY,MARY ELLEN       TOTAL DOLLARS: 161
  INVOICE COUNT: 4                        PAYMENT LINE COUNT: 13
  STATUS: OPEN

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:
```

## Batch Menu - Pharmacy

### Release a Batch



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



FBAASUPERVISOR - required to access this option.

### Introduction

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

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

### Example

```
Select FEE BASIS BATCH NUMBER:  11          123456

NUMBER: 11                                OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS          DATE OPENED: NOV 1, 1990
CLERK WHO OPENED: HENSLER, BARBARA        STATION NUMBER: 500
INVOICE COUNT: 3                          TOTAL DOLLARS: 78
DATE CLERK CLOSED: NOV 6, 1990           PAYMENT LINE COUNT: 4

STATUS: CLERK CLOSED

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

Section 4 - Pharmacy Fee Main Menu

**Batch Menu - Pharmacy  
Release a Batch**

**Example, cont.**

```

Patient Name  ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID Invoice #   Voucher Date
RX DATE     RX #   CLAIMED   PAID   CODE DRUG NAME   Date Rec'd.
=====
MONK,CRAFTON                585-14-7544                11
  FAYS DRUGS                234324323B  8                3/12/89
  3/13/89  12312333  25.00   23.00   4   ELAVIL
              Invoice #: 8   Totals: $ 23.00

MOSS,JULIE                132-88-9999                11
  GREEN DRUGS                112112112  12                4/1/89
*  1/4/89   101        50.00   50.00           HYD
              Invoice #: 12  Totals: $ 43.00

SRAY,PETER                523-84-4518                11
  GREEN DRUGS                112112112  25                3/8/90
  3/8/90   FDSAD        10.00    2.00   I   MOTRIN

SRAY,PETER                523-84-4518                11
  GREEN DRUGS                112112112  25                3/8/90
  1/1/90   DSFASDF    10.00   10.00           MOTRIN
              Invoice #: 25  Totals: $ 12.00
Do you want to Release Batch as Correct? NO//  y YES

NUMBER: 11                OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS    DATE OPENED: NOV 1, 1990
CLERK WHO OPENED: HENSLER, BARBARA  TOTAL DOLLARS: 78
SUPERVISOR WHO CERTIFIED: SIRCO, LUCIA
STATION NUMBER: 500            DATE SUPERVISOR CLOSED: NOV 8, 1990
INVOICE COUNT: 3                PAYMENT LINE COUNT: 4
DATE CLERK CLOSED: NOV 6, 1990

STATUS: SUPERVISOR CLOSED

Batch has been Released!
  
```

## Batch Menu - Pharmacy

### Status of Batch

#### Introduction

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

<b>STATUS</b>	<b>FEE PROGRAM</b>	<b>EXPLANATION OF STATUS</b>
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.

## Section 4 - Pharmacy Fee Main Menu

### **Batch Menu - Pharmacy Status of Batch**

#### **Example**

```
Select FEE BASIS BATCH NUMBER:  11          123456
DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

NUMBER: 11                                OBLIGATION NUMBER: 123456
TYPE: HOMETOWN PHARMACY PAYMENTS         DATE OPENED: APR 17, 1989
CLERK WHO OPENED: GRAY,MARY ELLEN       TOTAL DOLLARS: 161
INVOICE COUNT: 4                         PAYMENT LINE COUNT: 13

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

## 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:  12333091
DEVICE: HOME// <RET>  LAT TERMINAL    RIGHT MARGIN: 80// <RET>

                          PAYMENT HISTORY FOR CHECK # 12333091
                          -----
                                                                Page: 1

                          FEE PROGRAM:  PHARMACY
('*' Reimbursement to Patient '#' Voided Payment '+' Cancellation Activity)
  Fill Dt  RX #    Amount      Amount      Susp  Batch      Invoice
          Claimed      Paid      Code  Number      Number
=====
VENDOR:  GREEN DRUGS                                VENDOR ID:  112112112

Patient:  CALDWELL,J G                                Patient ID:  065-01-7747
+ 1/5/95  L12321      15.00          5.00      I    385          584
  >>>Check # 12333091
  >>>Check cancelled on: 1/9/95  Reason:  MIS-SPELLED NAME<<<
      Check WILL NOT be replaced.
    
```

## Closeout Pharmacy Invoice

### Introduction

The Closeout Pharmacy Invoice option must be used to assign a batch number to a Pharmacy invoice prior to payment being sent to Austin. Only open batches may be assigned. The invoice must have an invoice status of PENDING PAYMENT PROCESS.

### Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:    195

Select Batch for this Invoice:    269
Obligation #: C93033
...EXCUSE ME, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

Invoice Closed out!!

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

## Complete Pharmacy Invoice

### Introduction

The Complete Pharmacy Invoice option is used to enter the remaining payment data for those items within the invoice which required a determination by Pharmacy service. (MAS must enter the remaining data prior to closeout). These items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

### Example

```

Select FEE BASIS PHARMACY INVOICE NUMBER:    234

Vendor: GRETLE PHARMACY      Vendor ID: 888888888
Patient: TUTTLE, BARBARA    Patient ID: 090-90-0090

Drug Name                    RX #    Strength    Qty    Amt Claimed
=====
VALIUM                       987      25MG       30     20
MEDICAID DISPENSING FEE: $3.25//  <RET> 3.25

RED BOOK COST:  12.00 // <RET>
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:   1    Charge exceeds maximum payable

Invoice is Complete          Totals $15.25

Select FEE BASIS PHARMACY INVOICE NUMBER:
    
```

## Display Pharmacy Invoice



Display now includes disbursed amount, date paid, and cancellation information, when applicable.

### Introduction

This option is used to view all the items in a Pharmacy invoice. The amount of data displayed will depend on the status of the invoice and the prescriptions on that invoice.

### Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER: 599

DEVICE: HOME// <RET> VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

NUMBER: 599
DATE CORRECT INVOICE RECV'D: NOV 30, 1994
DATA ENTRY CLERK: GRAY,MARY ELLEN    VENDOR: CVS
INVOICE STATUS: PENDING PHARMACY DETERMINATION
TOTAL AMOUNT CLAIMED: 65              TOTAL AMOUNT PAID: 0
DATE INVOICE ENTERED: DEC 12, 1994    TOTAL LINE COUNT: 1
VENDOR INVOICE DATE: NOV 25, 1994

PRESCRIPTION NUMBER: 12345            DRUG NAME: VALIUM
DATE PRESCRIPTION FILLED: NOV 15, 1994
AMOUNT CLAIMED: 65.00                PATIENT: DAY,DENNIS
LINE ITEM STATUS: PENDING PHARMACY DETERMINATION
STRENGTH: 50MG                      QUANTITY: 100
PAYMENT TYPE CODE: VENDOR            MANUFACTURER: DOW
PRIMARY SERVICE FACILITY: ALBANY, NY  AUTHORIZATION POINTER: 3

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

## Edit Pharmacy Invoice



New Prompts:

*Vendor Invoice Date:* - allows you to enter/edit the vendor's invoice date.



**FBAASUPERVISOR** - required to edit payments from batches that have been released by a supervisor.

**FBAE ESTABLISH VENDOR** - required to enter a new vendor.

### Introduction

The Edit Pharmacy Invoice option is used to edit data from a previously entered Pharmacy invoice. All data contained on the invoice may be edited (with the exception of the invoice number). Payments from batches that have been finalized cannot be edited.

### Example

```
Select Invoice #: 38
DATE CORRECT INVOICE RECV'D: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 14,1994// <RET>
VENDOR: BARNABY DRUGS// <RET>
INVOICE STATUS: PENDING PAYMENT PROCESS// <RET>
Select PRESCRIPTION NUMBER: 55303 DATE RX FILLED: 05/01/94

PRESCRIPTION NUMBER: 55303// <RET>
DRUG NAME: VALIUM// <RET>
STRENGTH: 5MG// 10MG
QUANTITY: 30// 20
AMOUNT CLAIMED: 21// <RET>
RED BOOK COST: 15// <RET>
AMOUNT PAID: 18.25// <RET>
AMOUNT SUSPENDED: 2.75// <RET>
SUSPEND CODE: 1// I Payment made for Generic drug
LINE ITEM STATUS: PENDING PAYMENT PROCESS// <RET>

Select Invoice #:
```

## Enter Pharmacy Invoice



New Prompts:

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



**FBAA ESTABLISH VENDOR** - required to enter new vendors.



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 Enter Pharmacy Invoice option is used to enter Pharmacy invoices into the system for payment. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. Each invoice is made up of individual prescriptions. The prescription data, including date prescription filled, prescription number, drug name, strength, and quantity is entered separately for each prescription. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

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

Duplicate entry of prescription numbers filled on the same date for the same vendor will not be allowed. The system will alert you to the duplicate entry.

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

### Enter Pharmacy Invoice

#### Example

```

Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 599

Select FEE BASIS VENDOR NAME:   CVS       345658976  CHAIN #: 101  PHARMACY
                                123 MAIN AVE      (Awaiting Austin Approval)
                                TROY, NY 12180   TEL. #: 518-272-0987

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

Name: CVS                               ID Number: 345658976
Address: 123 MAIN AVE                   Specialty:
City: TROY                               Type: PHARMACY
State: NEW YORK                          Participation Code: PHARMACY
ZIP: 12180                                Medicare ID Number: 181818
County: RENSSELAER                       Chain: 101
Phone: 518-272-0987
Fax: 518-272-0900
Austin Name:
Last Change                               Last Change
TO Austin: 11/21/94                       FROM Austin:

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

Date Correct Invoice Received: 11/30 (NOV 30, 1994)

Vendor Invoice Date: 11/25 (NOV 25, 1994)

```

```

Select Patient: DAY, DENNIS             07-21-50   409129012   NSC VETERAN

DAY, DENNIS                             Pt.ID: 409-12-9012
129 BROWNDYKE ROAD                       DOB: JUL 21, 1950
COHOES                                    TEL: 518-261-8911
NEW YORK 12901                            CLAIM #: Not on File
                                           COUNTY: COLUMBIA

Primary Elig. Code: NSC -- PENDING VERIFICATION JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

```

Section 4 - Pharmacy Fee Main Menu

**Enter Pharmacy Invoice**

**Example, cont.**

Patient Name: DAY,DENNIS	Pt.ID: 409-12-9012
AUTHORIZATIONS:	
(1) FR: 08/30/94	VENDOR: DOOLY MEDICAL CENTER - 777999098
TO: 09/17/94	
Authorization Type: CIVIL HOSPITAL	
Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED . HOSP. AT VA EXP.	
DX:	
County: COLUMBIA	PSA: ALBANY, NY
REMARKS:	
7078 DEFAULT AUTH SERVIC TEXT	
(2) FR: 11/01/94	VENDOR: CVS - 345658976
TO: 12/31/94	
Authorization Type: Outpatient - Short Term	
Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION	
DX:	
County: COLUMBIA	PSA: ALBANY, NY
Enter a number (1-3): 2	

Want to review fee pharmacy payment history? No//	<RET>
DATE PRESCRIPTION FILLED: 11/15 (NOV 15, 1994)	
Select PRESCRIPTION NUMBER: 12345	
AMOUNT CLAIMED: 65.00	
DRUG NAME: VALIUM	
MANUFACTURER: ROCHE	
STRENGTH: 5MG	
QUANTITY: 100	
Prescription referred to Pharmacy Service for determination.	
Select Patient: <RET>	
Invoice No.: 599 Completed!	
Want to enter another Invoice? No//	<RET>

## List Invoices Pending MAS Completion

### Introduction

The List Invoices Pending MAS Completion option lists the invoices that have been entered into the system, have had a Pharmacy determination made, and are now awaiting completion by Medical Administration Service. The option then provides the opportunity to complete these invoices. The completion items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

### Example

```

Pharmacy Invoices Pending MAS Completion
Invoice No: 234 has 1 line items to be completed
Invoice No: 280 has 2 line items to be completed

Want to complete one of them now? Yes//  <RET>

Select FEE BASIS PHARMACY INVOICE NUMBER:  234

Vendor: GRETLE PHARMACY      Vendor ID: 888888888
Patient: TUTTLE, BARBARA    Patient ID: 090-90-0090

Drug Name                    RX #    Strength    Qty    Amt Claimed
=====
VALIUM                       987     25MG       30     20

Generic Drug Substituted: DIAZEPAM

MEDICAID DISPENSING FEE:  $3.25//  <RET>

RED BOOK COST:  12
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:  1    Charge exceeds maximum payable

Invoice is Complete
Select FEE BASIS PHARMACY INVOICE NUMBER:
    
```

## List Pharmacy History



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

### Introduction

The List Pharmacy History option is used to display or print a list of all the Fee Basis prescriptions for a selected patient. These are listed in reverse chronological order, with the most recent date first. Reimbursements to the patient, voided payments, and cancellation activity are indicated.

### Example

```

Select FEE BASIS PATIENT NAME:  TERRANTON,ADAM  10-18-20  111111111
DEVICE: HOME//  <RET>  RIGHT MARGIN: 80//  <RET>

Patient: TERRANTON,ADAM  SSN: 111111111  DOB: 10/18/20
      ('*' Re-imburement to Patient  '+' Cancellation Activity)
      ('#' Voided Payment)

Vendor Name  ID #  Chain #
  Fill Date

Claimed  Drug Name  Strength  Quantity
  Paid  Code  Invoice #  Batch #  Date Certified
=====
VACHON PHARMACY  878787878
  04/01/94
Rx: 900  LASIX  250MG  30
  12.00  10.00  1  352  109
VACHON PHARMACY  878787878
  03/23/94
Rx: 509  VALIUM  10MG  15
  6.00  6.00  352  109
FAYS DRUGS  123987789  309
  12/02/93
Rx: 321  MEPROBAMATE  400MG  30
  13.00  13.00  265  98  01/21/87
FAYS DRUGS  123987789  309
  10/01/94
Rx: 109  CODEINE  50MG  10
  20.00  16.00  1  243  89  11/30/86
    
```

## Patient Re-imburement



New Prompt:

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



FBAE ESTABLISH VENDOR - required to enter new vendors.



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



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

## Introduction

The Patient Re-imburement option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly. Prescriptions should routinely be obtained from the VA medical centers and only purchased at local pharmacies in an emergency situation.

Each Pharmacy invoice is made up of individual prescriptions. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

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

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

## Patient Re-imburement

### Example

```
Are you sure you want to enter a new invoice? Yes// <RET>

Invoice # assigned is: 600

Select FEE BASIS VENDOR NAME:  CVS          345658976  CHAIN #: 101  PHARMACY
                               123 MAIN AVE          (Awaiting Austin Approval)
                               TROY, NY 12180      TEL. #: 518-272-0987

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

Name:  CVS                      ID Number: 345658976
Address: 123 MAIN AVE          Specialty:
City:  TROY                      Type: PHARMACY
State:  NEW YORK                Participation Code: PHARMACY
ZIP: 12180                      Medicare ID Number: 181818
County:  RENSSELAER            Chain: 101
Phone: 518-272-0987
Fax: 518-272-0900
Austin Name:
Last Change                               Last Change
TO Austin: 11/21/94                      FROM Austin:

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

```
Date Correct Invoice Received: 11/30 (NOV 30, 1994)

Vendor Invoice Date: 11/15 (NOV 15, 1994)

Select Patient: DAY,DENNIS
```

**Patient Re-imburement**

**Example, cont.**

```

DAY,DENNIS                                Pt.ID: 409-12-9012
129 BROWNDYKE ROAD                        DOB: JUL 21,1950
COHOES                                    TEL: 518-261-8911
NEW YORK 12901                            CLAIM #: Not on File
                                           COUNTY: COLUMBIA

Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

Service Connected: NO
Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No//  <RET>
Are there any discrepancies with insurance data on file? No//  <RET>

```

```

Patient Name: DAY,DENNIS                    Pt.ID: 409-12-9012

AUTHORIZATIONS:
(1) FR: 08/30/94      VENDOR: DOOLY MEDICAL CENTER - 777999098
    TO: 09/17/94
        Authorization Type: CIVIL HOSPITAL
    Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
    DX:
    County: COLUMBIA                PSA: ALBANY, NY

REMARKS:
    7078 DEFAULT AUTH SERVIC TEXT

(2) FR: 11/01/94      VENDOR: CVS - 345658976
    TO: 12/31/94
        Authorization Type: Outpatient - Short Term
    Purpose of Visit: OPT TO OBTIATE THE NEED FOR HOSP. ADMISSION
    DX:
    County: COLUMBIA                PSA: ALBANY, NY

Enter a number (1-3):  2

```

## Patient Re-imburement

### Example, cont.

```
Patient: DAY,DENNIS
Address Line 1: 129 BROWNDYKE ROAD
City: COHOES
State: NEW YORK
Zip: 12901
County: COLUMBIA

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

Want to review fee pharmacy payment history? No// <RET>

DATE PRESCRIPTION FILLED: 11/1 (NOV 01, 1994)
Select PRESCRIPTION NUMBER: 10191
AMOUNT CLAIMED: 40.00
DRUG NAME: valium
MANUFACTURER: Roche
STRENGTH: 5mg
QUANTITY: 50

Prescription referred to Pharmacy Service for determination.

Select Patient: <RET>

Invoice No.: 600 Completed!

Want to enter another Invoice? No//
```

## Pharmacy Invoice Status

### Introduction

This option is used to display the status of a pharmacy invoice. The status of the invoice will depend on the status of the prescriptions in that invoice. For example, if an invoice contained four prescriptions, three of which have been reviewed by Pharmacy Service, and one which is awaiting review, the status of the entire invoice would be PENDING PHARMACY DETERMINATION. Following are the four Pharmacy invoice statuses:

- PENDING PHARMACY DETERMINATION - all prescription data necessary for Pharmacy Service to review has been entered into the system.
- PENDING MAS COMPLETION - reviewed by Pharmacy Service including a determination as to whether or not the prescription was for an authorized condition, whether it was emergent, and whether payment should be based on the generic drug price. MAS now needs to complete the Red Book cost, amount paid, amount suspended, etc.
- PENDING PAYMENT PROCESS - waiting to be assigned to a Pharmacy Fee Basis batch.
- COMPLETED - The invoice has been assigned to a batch.

### Example

```

Select FEE BASIS PHARMACY INVOICE NUMBER:      14

NUMBER: 14
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN,MICHAEL          VENDOR: ANN ARBOR DRUG
  INVOICE STATUS: PENDING MAS COMPLETION
  TOTAL AMOUNT CLAIMED: 1                    TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: MAY 28, 1993        TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:      15

NUMBER: 15
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN,MICHAEL G        VENDOR: ANN ARBOR DRUG
  INVOICE STATUS: COMPLETED                  TOTAL AMOUNT CLAIMED: 1
  TOTAL AMOUNT PAID: 1                        DATE INVOICE ENTERED: MAY 28, 1993
  TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:

```

## Potential Cost Recovery Report



### New Prompts:

*Adjustment Reason:* Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term “Adjustment Reason” replaces the VistA Fee term “Suspend Code.”

*Adjustment Amount:* The dollar amount that is not being paid for this charge per the adjustment reason. The HIPAA term “Adjustment Amount” replaces the VistA Fee term “Amount Suspended.”

*Remittance Remark:* Select a remittance remark code to provide non-financial information critical to understanding the adjudication of the claim. Only one (1) Remittance Remark can be used for each Pharmacy 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 Primary Service Facility: ALL// <RET>

**** Date Range Selection ****

    Beginning DATE : 010104  (JAN 01, 2004)

    Ending   DATE : T  (JAN 09, 2004)

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

Requested Start Time: NOW// <RET> (JAN 09, 2004@16:08:33)
REQUEST QUEUED
```

**Example**

```
Select Primary Service Facility: ALL//  Oklahoma City VAMC
Select another Primary Service Facility: <RET>
Include (P)atient Co -pays / (I)nsurance / (B)oth: Both//  <RET>
Include (M)eans Test Co -pays /(L)TC Co -pays /(B)oth: Both//  <RET>
**** Date Range Selection ****
    Beginning DATE :  8/5/02  (AUG 05, 2002)
    Ending   DATE :  8/8/02  (AUG 08 , 2002)
QUEUE TO PRINT ON
DEVICE: HOME//  CIVIL HOSPITAL PRINTER      RIGHT MARGIN: 80//  <RET>
Requested Start Time: NOW//  <RET> (AUG 08, 2002@16:08:33)  REQUEST QUEUED
Task #: 46411
```

```
POTENTIAL COST RECOVERY REPORT
Division: 635 OKLAHOMA CITY VAMC
      8/5/02   - 8/8/02
Page: 1
Patient: SMITH, JANE          Pat. ID: 123   -01-0123  DOB: Sep 03, 1946
('' Represents Reimbursement to Patient   '#' Represents Voided Payment)
=====
Health Insurance: YES
Insurance  COB Subscriber ID      Group      Holder  Effective  Expires
=====
MAILHANDLE  p  585205875          451 OR 452  SELF    09/05/93
MAILHANDLE  p  585205875          451 OR 452  SELF    09/05/93  08/01/98
PCS HEALTH  p  585205875          451 OR 452  SELF    08/01/98  12/31/02
=====
FEE PROGRAM: OUTPATIENT
Svc Date CPT -MOD      Amount      Amount  Susp  Travel  Batch Invoice Voucher
          Claimed    Paid      Code    Paid   Num   Num   Date
=====
Vendor: BREAST CENTER          Vendor ID: 730795295
7/1/02  76075 -GA  109.64  109.64          21875  36677 8/6/02
Primary Dx: RADIOLOGICAL EXAM N (V72.5)   S/C Condition? NO  Obl.#: C23552
>>>Cost recover from means testing and insurance.
7/1/02  76076 -GA  33.88   33.88          21875  36677 8/6/02
Primary Dx: RADIOLOGICAL EXAM N (V72.5)   S/C Condition? NO  Obl.#: C23552
>>>Co st recover from means testing and insurance.
```



**Pharmacy Fee  
Prescriptions Pending Pharmacy Review**



**New Prompts:**

*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.

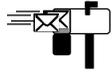
**Introduction**

The Prescriptions Pending Pharmacy Review option will allow Pharmacy to view/print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

**Example**

INVOICE #	VENDOR	STRENGTH	QUANTITY	VENDOR ID	FPPS CLAIM ID	FPPS LINE ITEM
-----						
PATIENT: FEEPATIENT, FEE A						
Pt.ID: 405-34-5678						
2190	BILL'S DRUG STORE			555-55-5002		
	Date Filled: FEB 10, 2003			RX #: 495633		
AMOX		11		12		
2422	BILL'S DRUG STORE			555-55-5002		
	Date Filled: OCT 27, 2003			RX #: 543215		
AMOX				30		
2423	BILL'S DRUG STORE			555-55-5002		
	Date Filled: OCT 30, 2003			RX #: 4321	500000	
AMOX				10	1	
	Date Filled: NOV 3, 2003			RX #: 44343	8459333	
AMOX				10	ALL	

## Review Fee Prescription



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



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

## Introduction

The Review Fee Prescription option allows review of a fee basis prescription by Pharmacy Service. This review is to determine if the prescription was for a service-connected disability, if it was required in an emergent situation, and whether or not payment should be based on the generic drug price. The review is usually made by a pharmacist. If the drug was not prescribed for an authorized condition in an emergent situation, it will be disapproved for payment, and the vendor will be notified through a suspension letter.

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

It should be noted that if the VA generic drug equivalent is not entered when reviewing a prescription, the system will act as if that prescription has not been reviewed. The prescription will remain in a PENDING PHARMACY DETERMINATION status.

## Example

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

There are 2 Fee Prescription(s) Pending Pharmacy review

Want to review some now? Yes//      <RET>
Select FEE BASIS PHARMACY INVOICE NUMBER:      199

JONES,MICKEY                                Pt.ID: 606-77-8899
2233 LOOKOUT RD                             DOB: JUN 12,1955
TACOMA                                       TEL: Not on File
WASHINGTON 98493                           CLAIM #: 5557788
                                             COUNTY: THURSTON

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED MAY 14, 1993
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

### Review Fee Prescription

#### Example, cont.

```

      SC Percent: 100%
Rated Disabilities: PSYCHOSIS (50%-SC)
                   SEIZURE DISORDER (40%-SC)
                   ARTERIOSCLEROSIS (30%-SC)
                   TINNITUS (0%-SC)

Health Insurance: NO
Insurance Co.      Subscriber ID      Group      Holder      Effective Expires
=====
No Insurance Information
Want to add NEW insurance data? No//  <RET>
Are there any discrepancies with insurance data on file? No//  <RET>

```

```

Fee ID Card #: 777777              Fee Card Issue Date: 11/15/92

Patient Name: JONES, MICKEY        Pt.ID: 606-77-8899

AUTHORIZATIONS:
(1) FR: 07/01/93      VENDOR: SUNNY ACRES - 225447788
    TO: 07/15/94
      Authorization Type: CONTRACT NURSING HOME
      Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
      DX:
      County: THURSTON          PSA: TACOMA (AMERICAN LAKE), WA

REMARKS:

Want to review fee pharmacy payment history? No//  <RET>
-----

Vendor: BROOKS PHARMACY

Prescription #: 346056      Drug: IBUPROFEN

Fill Date: 07/13/93      Strength: 350MG Qty: 30
Is Prescription for an Authorized Condition? Yes//  <RET>
Was a Generic Drug issued to patient? Yes//  <RET>
Enter VA Generic Drug equivalent:  diazepam
  1  DIAZEPAM 10MG S.T.
  2  DIAZEPAM 10MG SYRINGE          10-24-82
  3  DIAZEPAM 2MG S.T.
  4  DIAZEPAM 5MG TAB
  5  DIAZEPAM 5MG/ML 10ML MDV      N/F
TYPE '^' TO STOP, OR
CHOOSE 1-5: 4
Is this an emergency medication? Yes//  <RET>

```

## Review Fee Prescription

### Example, cont.

```
Optional Pharmacy Remarks:  MEDICATION LOST IN MAIL
-----
                >>>  PRESCRIPTION REVIEW  <<<
Rx for Authorized condition: Yes      Emergency Medication: Yes
Generic Drug Issued: Yes              Generic Drug Name: DIAZEPAM
Optional Pharmacy Remarks: MEDICATION LOST IN MAIL
Want to edit prior to release? No//   <RET>
Want to review another Prescription? Yes//   NO
```

## Vendor Payments Output



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 now annotated with a plus sign (+).

### Introduction

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

### Example

```

Select Fee Vendor:  BROOKS PHARMACY          897548654  CHAIN #: 044  PHARMACY
                   2300 RET 146
                   GUILDERLAND, NY 12424    TEL. #:  518-353-0976

**** Date Range Selection ****

Beginning DATE :  1/1/94  (JAN 1, 1994)

Ending   DATE :  T  (FEB 28, 1994)

Select FEE Program: ALL//  PHARMACY
Select another FEE Program:  <RET>

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

```

                                VENDOR PAYMENT HISTORY
                                =====
Vendor: BROOKS PHARMACY          Vendor ID: 897548654  Chain #: 044
                                FEE PROGRAM: PHARMACY
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Fill Date
Drug Name          Strength      Quantity
Claimed  Paid  Code Invoice #  Batch #      Date Certified
=====
Patient: KIRKER, DENNIS          Patient ID: 019-40-9130 DOB: 2/22/22
12/13/94
Rx: 929292  VALIUM              5mg              30
   90.00   2.95  1   312          196              1/4/95
   >>>Check # 11887576  Date Paid:  1/20/94<<<

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

## Vendor Payments Output

### Example, cont.

VENDOR PAYMENT HISTORY							Page: 2
=====							
Vendor: BROOKS PHARMACY			Vendor ID: 897548654		Chain #: 044		
FEE PROGRAM: PHARMACY							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
Fill Date							
Claimed	Paid	Code	Invoice #	Batch #	Strength	Quantity	
Date Certified							
=====							
Patient: SMITH, FRED X			Patient ID: 330-56-9812 DOB: 5/12/51				
12/28/93							
Rx: 4596056		NAMBUTEROL		500MG		20	
12.35	8.95	1	50	52	9/16/93		
>>>Check # 19889988 Date Paid: 2/12/94<<<							
Select Fee Vendor:							

## Veteran Payments Output



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 now annotated with a plus sign (+).

### Introduction

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

### Example

```
Select Fee Patient: KIRKER,DENNIS      02-22-22      019409123      SC VETERAN
**** Date Range Selection ****

  Beginning DATE :  11/1/94  (NOV 1, 1994)

  Ending   DATE :  T  (JAN 09, 1995)

Select FEE Program: ALL//  PHARMACY
Select another FEE Program:  <RET>

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

**Veteran Payments Output**

**Example, cont.**

VETERAN PAYMENT HISTORY							Page: 1
Patient: KIRKER, DENNIS							Patient ID: 019-40-9123 DOB: 2/22/22
FEE PROGRAM: PHARMACY							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
Fill Date							
Claimed	Paid	Drug Name	Code	Invoice #	Batch #	Strength	Quantity
					Date Certified		
Vendor: BROODS PHARMACY							Vendor ID: 897548654 Chain #: 043
11/16/94							
Rx: K2345	90.00	VALIUM	1	182	325	5mg	30
>>>Check # 11887576 Date Paid: 12/20/94<<<							
>>>Check cancelled on: 1/3/95 Reason: WRONG PAYEE<<<							
Check WILL be re-issued.							
Vendor: BROOKS PHARMACY							Vendor ID: 897548654 Chain #: 044
11/15/94							
Rx: 929292	90.00	VALIUM	1	182	496	5mg	30
>>>Check # 18765890 Date Paid: 1/4/95<<<							
Select Fee Patient:							

## **SECTION 5 TELEPHONE INQUIRY MENU**

### **Overview**

Following is a brief description of each option contained in the Telephone Inquiry Menu.

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

**PAYMENT LISTING FOR VENDOR/VETERAN** - allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

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

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

## Telephone Inquiry Menu Check Display



*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 on the Fee Basis program you are using.

### Example

```
Select Check Number: 69243230
DEVICE: HOME// <RET> VIRTUAL TERMINAL RIGHT MARGIN: 80// <RET>

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

FEE PROGRAM: OUTPATIENT
('' Reimbursement to Patient '#' Voided Payment '+' Cancellation Activity)
  Svc Date CPT- Amount Amount Susp Batch Invoice
          MOD Claimed Paid Code Number Number
=====
VENDOR: 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:
```

## Telephone Inquiry Menu

### Payment Listing for Vendor/Veteran



#### New Prompt

*Adjustment Reason:* Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term “Adjustment Reason” replaces the VistA Fee term “Suspend Code.” Only 1 Adjustment Reason can be used for each Civil Hospital inpatient or Community Nursing Home claim. Up to 2 Adjustment Reasons can show for other types of claims including Pharmacy and Medical.



**FBAE ESTABLISH VENDOR** - required to edit existing vendors when using the **DISPLAY VENDOR** action in this option.



When viewing outpatient payments through the **DISPLAY AUTH/7078/583** action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.



New insurance information may be uploaded into IB files through the **DISPLAY AUTH/7078/583** action in this option.

## Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

**Example**

```

Payments Listing for Vendor/Veteran (outpatient/Ancillary, Pharmacy, CH/CNH)
[FB VENDOR/VETERAN PAYMENTS]

Select OPTION NAME: FB VENDOR/VETERAN PAYMENTS           Payment Listing for Vendor/
Veteran
Payment Listing for Vendor/Veteran
Select FEE BASIS VENDOR: ALBANY
  1  ALBANY EMERGENCY MEDICINE GROUP      141338310  DOCTOR OF MEDIC
      CONT OFFICE ELSMERE A29
      47 NEW SCOTLAND AVE
      ALABANY, NY 12208

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

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

Payments for veteran: FEEPATIENT,FEE A,FEE A  FEEPATIENT,FEE A      3-15-40
405345678      SC VETERAN

LC LOOKUP CPT/MODIFIER  DA  DISPLAY AUTH/7078/583

PAYMENT HISTORY           Jan 09, 2004@14:21:01           Page: 1 of 2
VENDOR: ALBANY MED CENTER           Patient Name: FEEPATIENT,FEE A
ID: 141338307                       SSN: 405-34-5678
'*' Reimb. to Patient '+' Cancel Activity '#' Voided Payment '&' Addnl Codes
SERVICE DATES      SERVICE              AMT CL      AMT PD  ADJ COD  INV  BATCH
1  11/02/03 - 11/04/03              320.00      0.00      2458  1747
2  08/16/03 - 08/22/03              400.00      0.00      2456  1746
3  08/16/03 - 08/22/03              300.00      0.00      2457  1747
4  07/06/03          CPT: 90937          113.87      113.87      2299  1656
5  06/18/03          CPT: 90937          200.00      113.87  4      2300  1656      6
06/17/03          CPT: 90937          200.00      113.87  4      2300  1656
7  06/16/03          CPT: 90937          200.00      113.87  4      2300  1656      8
06/08/03          CPT: 98940          50.00      21.32  1      2278  1656  9
06/06/03 - 06/08/03              100.00      0.00      2279  1665  10
05/08/03          CPT: 90937          300.00      113.87  4&      2285  1656
11 05/07/03          CPT: 98940-26       100.00      25.14  4&      2283  1656
12 05/07/03          CPT: 90937          200.00      113.87  6&      2285  1656
+      Enter ?? for more actions
BS BATCH STATUS      EV EXPAND VIEW      DV DISPLAY VENDOR
LB LIST BATCH        CP CHANGE PATIENT   DC DISPLAY CHECK
ID INVOICE DISPLAY   CV CHANGE VENDOR
LC LOOKUP CPT/MODIFIER  DA  DISPLAY AUTH/7078/583
Select Action:Next Screen//
    
```

PAYMENT HISTORY		Jan 09, 2004@14:21:49		Page: 2 of 2	
VENDOR: ALBANY MED CENTER		Patient Name: FEEPATIENT,FEE A			
ID: 141338307		SSN: 405-34-5678			
'*'	Reimb. to Patient	'+'	Cancel. Activity	'#'	Voided Payment
+	SERVICE DATES	SERVICE	AMT CL	AMT PD	ADJ COD INV BATCH
13	05/03/03	CPT: 90937	120.00	100.00	4 2297 1656
14	05/01/03	CPT: 90937	0.00	0.00	
15	03/01/03	CPT: 64475	300.00	215.77	4& 2286 1656
16	11/04/02	CPT: 64580	100.00	100.00	2158 1600
17	09/01/02 - 09/03/02		1,000.00	0.00	2154
18	08/10/02	CPT: 90937	130.00	118.89	6& 2306 1656
19#	06/30/00 - 07/01/00		390.00	381.00	1 1881 1264
20#	06/15/00 - 03/05/03		300.00	200.00	35 2475 1763
Enter ?? for more actions					
BS	BATCH STATUS	EV	EXPAND VIEW	DV	DISPLAY VENDOR
LB	LIST BATCH	CP	CHANGE PATIENT	DC	DISPLAY CHECK
ID	INVOICE DISPLAY	CV	CHANGE VENDOR		
LC	LOOKUP CPT/MODIFIER	DA	DISPLAY AUTH/7078/583		
Select Action:Quit//					

## Telephone Inquiry Menu Vendor Payments Output



### Version 3.5 Changes:

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 now annotated with a plus sign (+).



Patch FB\*3.5\*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

## Introduction

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

## Example

```
Select Fee Basis Vendor:  SAMARITAN HOSPITAL      987561234  SAMARITAN HOSPITAL
                        31 BURDETT AVENUE
                        TROY, NEW YORK 12180-0123
                        TEL. #: 518-272-2000

**** Date Range Selection ****

Beginning DATE :  6/24  (JUN 24, 1993)

Ending   DATE :  6/24  (JUN 24, 1993)

Select FEE BASIS Program: ALL//  OUTPATIENT
Select another FEE BASIS Program:  <RET>
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  <RET>  (NO)
```

**Telephone Inquiry Menu  
Vendor Payments Output**

**Example, cont.**

VENDOR PAYMENT HISTORY							Page: 1
=====							
Vendor: DOCTOR			Vendor ID: 000000001				
FEE PROGRAM: OUTPATIENT							
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)							
(paid symbol: 'R' RBRVS 'F' 75 <sup>th</sup> percentile 'C' contract 'U' U&C)							
Svc Date	CPT Code	Amount Claimed	Amount Paid	Susp Code	Batch Num	Invoice Num	Voucher Date
=====							
Patient: BACON,JOSEPH			Patient ID: 106-10-4877				
07/09/93	90050(C&P)	25.00	25.00F		00037	43	
	Primary Dx: NEUROTIC DEPRESSION			S/C Condition? -			Obl.#: C89211
07/07/93	90050(C&P)	25.00	25.00F		00037	43	
	Primary Dx: NEUROTIC DEPRESSION			S/C Condition? -			Obl.#: C89211

(This Page Intentionally Left Blank)

## Telephone Inquiry Menu

### Veteran Payments Output



#### Version 3.5 Changes:

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 now annotated with a plus sign (+).



Patch FB\*3.5\*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:

'R' - Amount paid equals the RBRVS fee schedule amount.

'F' - Amount paid equals the VA 75th Percentile fee schedule amount.

'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.

'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

### 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 Outputs for Unauthorized Claims Option:  VETERAN Payments Output
Select Fee Basis Patient:  SMITH, FRED          12-25-45      330569812      SC
VETERAN
**** Date Range Selection ****

Beginning DATE :  062493 (JUN 24, 1993)

Ending   DATE :  062493 (JUN 24, 1993)

Select FEE BASIS Program: ALL//  OUTPATIENT
Select another FEE BASIS Program:  <RET>
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  <RET> (NO)
```

**Telephone Inquiry Menu  
Veteran Payments Output**

**Example, cont.**

VETERAN PAYMENT HISTORY								Page: 1
=====								
Patient: BACON,JOSEPH				Patient ID: 106-10-4877				
FEE PROGRAM: OUTPATIENT								
('' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)								
(paid symbol: 'R' RBRVS 'F' 75 <sup>th</sup> percentile 'C' contract 'U' U&C)								
Svc Date	CPT Code	Amount Claimed	Amount Paid	Susp Code	Batch Num	Invoice Num	Voucher Date	
=====								
Vendor: DOCTOR				Vendor ID: 000000001				
07/09/93	90050(C&P)	25.00	25.00F		00037	43		
	Primary Dx: NEUROTIC DEPRESSION			S/C Condition? -			Obl.#: C89211	
07/07/93	90050(C&P)	25.00	25.00F		00037	43		
	Primary Dx: NEUROTIC DEPRESSION			S/C Condition? -			Obl.#: C89211	
07/05/93	90050(C&P)	25.00	25.00F		00037	43		
	Primary Dx: NEUROTIC DEPRESSION			S/C Condition? -			Obl.#: C89211	

## **SECTION 6 UNAUTHORIZED CLAIM MAIN MENU**

### **Overview**

Following is a brief description of each option contained in the Unauthorized Claim Main Menu.

### **ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU**

The following applies to all options on this menu. For quick access when selecting a claim, enter one of the following:

- p.patient name - to select a patient
- v.vendor name - to select a vendor
- o.other party name - to select an other party

To see the entries in any particular file, type <Prefix.?.>. If you simply enter a name, the system will search each of the following files: FEE BASIS PATIENT (#161), FEE BASIS VENDOR (#161.2), and NEW PERSON (#200) for the name you have entered. You can speed processing by using the following syntax to select an entry:

<Prefix>.<entry name>  
<Message>.<entry name>  
<File Name>.<entry name>

**ENTER UNAUTHORIZED CLAIM** - used to enter a new unauthorized claim. A claim is considered complete when a VA Form 10-583 and all required documentation has been received in order to determine legal and medical entitlement.

**MODIFY UNAUTHORIZED CLAIM** - used to edit an unauthorized claim. Only claims which were never dispositioned may be edited.

**DISPOSITION UNAUTHORIZED CLAIM** - used to disposition an unauthorized claim. Only a user who holds the FBAASUPERVISOR security key may change the disposition.

**RE-OPEN UNAUTHORIZED CLAIM** - used to reopen a claim which has been dispositioned. Selection is limited to claims with a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

## **Overview**

**INITIATE APPEAL FOR UNAUTHORIZED CLAIM** - used to initiate an appeal to the Board of Veterans Appeals (BVA). Selection of claims is limited to those claims which have a status of **DISPOSITIONED**. (Refer to Appendix B for more information about statuses.)

**APPEAL EDIT FOR UNAUTHORIZED CLAIM** - used to edit a claim which has been appealed to the Board of Veterans Appeals (BVA). Selection of claims is limited to those which have a status of **APPEAL/NOTICE OF DISAGREE RECV**, **APPEAL/ISSUED STATEMENT OF CASE**, **APPEAL COMPLETE/PENDING REVIEW** or **APPEAL DISPOSITIONED**. (Refer to Appendix B for more information about statuses.)

**COVA APPEAL ENTER/EDIT** - used to enter or edit an appeal to the Court of Veterans Affairs (COVA). Selection of claims is limited to those claims which have a status of **APPEAL DISPOSITIONED**, **COVA APPEAL** or **COVA DISPOSITION**.

**REQUEST INFORMATION ON UNAUTHORIZED CLAIM** - used to request information on an unauthorized claim. Selection of claims is limited to those claims which have a status of **INCOMPLETE UNAUTHORIZED CLAIM**, **PENDING - REASON UNKNOWN**, **COMPLETE/PENDING REVIEW**, **APPEAL/NOTICE OF DISAGREE RECV** or **APPEAL/ISSUED STATEMENT OF CASE**. (Refer to Appendix B for more information about statuses.)

**RECEIVE REQUESTED INFORMATION** - used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of **INCOMPLETE UNAUTHORIZED CLAIM**, **APPEAL/NOTICE OF DISAGREE RECV** or **APPEAL/ISSUED STATEMENT OF CASE**. (Refer to Appendix B for more information about statuses.)

## **LETTERS FOR UNAUTHORIZED CLAIM**

**UPDATE DATE LETTER SENT** - used if you are not generating your letters. It will update the date the letter was sent.

**BATCH PRINT LETTERS** - batches print letters which have been flagged for printing, but for some reason could not be printed.

**REPRINT LETTER(S)** - allows you to reprint letters which were already printed, provided that the current status of the unauthorized claim involves a letter. (Refer to Appendix B for more information about statuses.)

## Overview

**PAYMENTS FOR UNAUTHORIZED CLAIMS** - used to enter payments for an unauthorized claim which has been dispositioned to approved or approved to stabilization.

## OUTPUTS FOR UNAUTHORIZED CLAIMS

**ALL CLAIMS BY VENDOR/VETERAN/OTHER** - allows the user to display/print all unauthorized claims for a single vendor, veteran, or other party.

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

**DISAPPROVED EDI CLAIM REPORT** – displays a list of EDI claims that have been disapproved, abandoned or cancelled/withdrawn. You can then use this claim information to complete a deny the EDI claim directly in the Fee Payment Processing System (FPPS).

**DISPLAY UNAUTHORIZED CLAIM** - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

**DISPOSITION/STATUS STATISTICS DISPLAY/PRINT** - provides a statistical report on unauthorized claims within a selected date range.

**EXPIRATION DISPLAY/PRINT** - displays/prints those unauthorized claims which will expire within the selected time frame.

**STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS** - displays/prints unauthorized claims by PSA and status. You have the option to sort by either vendor or veteran for the primary sort.

**UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL** - generates an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range.

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

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

## **Overview**

**DISPLAY UNAUTHORIZED CLAIM** - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

## **UTILITIES FOR UNAUTHORIZED CLAIMS**

**VENDOR ENTER/EDIT** - used to enter/edit vendor demographics.

**ADD NEW PERSON FOR UNAUTHORIZED CLAIM** - allows entry to the NEW PERSON file (#200).

**ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY** - used when you wish to associate unauthorized claims to a primary claim.

**DISASSOCIATE AN UNAUTHORIZED CLAIM** - allows you to disassociate an unauthorized claim which has been associated to others.

**DELETE UNAUTHORIZED CLAIM** - deletes unauthorized claims which have not been dispositioned.

**RETURN ADDRESS DISPLAY/EDIT** - displays the return address which will appear on an Unauthorized Claim letter, if letterhead is not used. You can also edit the return address using this option.

## Letters for Unauthorized Claim Batch Print Letters



New Prompts:

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

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term “Adjustment Reason” replaces the VistA Fee term “Suspend Code”.

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

### Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

### Example

```
Enter NUMBER OF COPIES for each letter : 1// <RET> 1
QUEUE TO PRINT ON DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

## **Enter/Edit Unauthorized Claim Menu**

### **Enter Unauthorized Claim**

#### **Introduction, cont.**

You can associate the new claim with an existing claim. If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you are asked if you wish to disposition the new

claim to the same disposition. When claims are associated, they are displayed with the primary claim on lookup, and, in certain instances, you have the ability to update all the claims in the group at the same time.

If the DATE CLAIM RECEIVED is more than 90 days after the TREATMENT TO DATE for a claim being considered under Millennium Act, a message "Warning: Claim > 90 days" will be displayed to indicate that the claim may not have been filed timely.

## Enter/Edit Unauthorized Claim Menu

### Enter Unauthorized Claim

### Example

```
Select VETERAN: FEENEY, PATRICK          5-4-30    604324567          SC VETERAN
Select FEE VENDOR: ACUTE CARE SPECIALISTS INC  341339182  DOCTOR OF MEDIC
                2620 RIDGEWOOD RD  100
                AKRON, OH  44313    TEL. #:  1-800-837-0703

Select FEE BASIS PROGRAM NAME: CIVIL HOSPITAL
Is this claim being considered under Millennium Act 38 U.S.C. 1725 (Y/N)? y YES
ADMISSION DATE: 5/15 (MAY 15, 2001)
DISCHARGE DATE: 5/18 (MAY 18, 2001)
Is the unauthorized claim complete for the FEE PROGRAM? y YES
Checking for potential duplicates...

Checking eligibility...

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

Are you sure you wish to enter a new unauthorized claim? y YES
CLAIM SUBMITTED BY: P. FEENEY, PATRICK          5-4-30    604324567          SC VETERAN

    ...OK? Yes// <RET> (Yes)
DATE CLAIM RECEIVED: JAN 29, 2002// 7/2/01 (JUL 02, 2001)
DIAGNOSIS: <RET>
PRIMARY SERVICE FACILITY: ALBANY          NY VAMC          500          INACTIVE Jul 01, 2000
AMOUNT CLAIMED: 2500
TREATING SPECIALTY: 00 SURGICAL
DISPOSITION: 1 APPROVED
DISPOSITION REMARKS:
  1> <RET>
AUTHORIZED FROM DATE: MAY 15, 2001// <RET> (MAY 15, 2001)
AUTHORIZED TO DATE: MAY 18, 2001// <RET> (MAY 18, 2001)
DISCHARGE TYPE: DISCHARGE// <RET> DISCHARGE
Entering authorization...

    No: 578          Treatment From: 5/15/01  Treatment To: 5/18/01
    ACCIDENT RELATED (Y/N): n (NO)
    POTENTIAL COST RECOVERY CASE: n (NO)

Select VETERAN:
```

## Enter/Edit Unauthorized Claim Menu

### Modify Unauthorized Claim

 FBAASUPERVISOR - required to change the disposition to a non-approved status.

### Introduction

The Modify Unauthorized Claim option is used to edit only those unauthorized claims that were never dispositioned. To modify an unauthorized claim, you must first identify the submitter. The submitter may differ from the vendor or veteran involved with the claim. In such cases the submitter is considered an "other party".

### Example

```
Select unauthorized claim: P.SMITH,FRED X SMITH,FRED X 05-12-51 330569812
SC VETERAN

Select from the following:

1 SMITH,FRED X GOOD SAMARITAN CIVIL HOSPIT 8/9/01 INCOMPLETE UNAUT
TREATMENT FROM: 7/15/01 TREATMENT TO: 7/16/01

Enter selection: (1-1): 1
DATE CLAIM RECEIVED: JUL 23,2001// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
38 U.S.C. 1725: YES// N
VENDOR: PRIVATE HOSPITAL// <RET>
VETERAN: SMITH,FRED X// <RET>
CLAIM SUBMITTED BY: SMITH,FRED X// <RET>
TREATMENT FROM DATE: JUL 16,2001// 071801 (JUL 18, 2001)
TREATMENT TO DATE: JUL 16,2001// 072101 (JUL 21, 2001)
DIAGNOSIS: PTSD// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: 1 APPROVED
DISPOSITION REMARKS:
1> <RET>
AUTHORIZED FROM DATE: JUL 16,2001// 071801 (JUL 18, 2001)
AUTHORIZED TO DATE: JUL 16,2001// 072101 (JUL 21, 2001)

"Editing authorization..."

No: 172 Treatment From: 7/16/01 Treatment To: 7/16/01
ACCIDENT RELATED (Y/N): N (NO)
POTENTIAL COST RECOVERY CASE: N (NO)
```

## Enter/Edit Unauthorized Claim Menu Disposition Unauthorized Claim

 **FBAASUPERVISOR** - required to change the disposition to a non-approved status.

### Introduction

This option is used to disposition an unauthorized claim. Any claim may be selected. You may select the claim by entering the vendor, veteran, or other party. If the disposition reason is changed from APPROVED to a reason other than APPROVED, and payments have been made, only a user who holds the supervisor's security key may change the disposition.

Special remarks pertaining to a disposition can be entered. The prompt for these remarks will be either DISPOSITION REMARKS, APPEAL DISPOSITION REMARKS, or COVA DISPOSITION REMARKS depending on the status of the claim. If remarks are entered they will be printed on the disposition letter that is sent to the claimant.

### Example

```
Select unauthorized claim: KAGAN,PETER

      Searching for a Patient
KAGAN,PETER      3-15-40      405345678      SC VETERAN

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

      Select from the following:

1  KAGAN,PETER      ACUTE CARE S      CIVIL HOSPIT      1/23/02      COMPLETE/PENDING
   TREATMENT FROM: 1/1/02      TREATMENT TO: 1/2/02

2  KAGAN,PETER      ACUTE CARE S      CONTRACT NUR      1/23/02      DISPOSITIONED
   TREATMENT FROM: 1/1/02      TREATMENT TO: 1/23/02
Enter selection: (1-2): 1
DISPOSITION: 1 APPROVED
DISPOSITION REMARKS:
  1> <RET>
AUTHORIZED FROM DATE: JAN 1,2002// <RET>
AUTHORIZED TO DATE: JAN 2,2002// <RET>
DISCHARGE TYPE: DISCHARGE// <RET> DISCHARGE
Entering authorization...

      No: 568      Treatment From: 1/1/02      Treatment To: 1/2/02
      ACCIDENT RELATED (Y/N): n (NO)
      POTENTIAL COST RECOVERY CASE: n (NO)
```

## Enter/Edit Unauthorized Claim Menu Re-open Unauthorized Claim

 FBAASUPERVISOR - required to change the disposition to a non-approved status.

### Introduction

The Re-Open Unauthorized Claim option is used to reopen a claim that has been dispositioned. This is essentially the same as the Modify Unauthorized Claim option, except selection is limited to claims with a status of DISPOSITIONED, and the date the claim was reopened is entered by the system. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party.

### Example

```
Select unauthorized claim: P.SMITH,FRED X SMITH,FRED X 05-12-51 330569812
SC VETERAN

Select from the following:

1 SMITH,FRED X MARCUS WELBY OUTPATIENT 6/24/01 DISPOSITIONED
TREATMENT FROM: 6/23/01 TREATMENT TO: 6/24/01

Enter selection: (1-1): 1
DATE CLAIM RECEIVED: JUL 23,2001// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
38 U.S.C. 1725: YES// Y
VENDOR: PRIVATE HOSPITAL// <RET>
CLAIM SUBMITTED BY: SMITH,FRED X// <RET>
TREATMENT FROM DATE: JUN 23,2001// <RET>
TREATMENT TO DATE: JUN 25,2001// JUN 24,2001
DIAGNOSIS: OSTEOCARCINOMA// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: APPROVED// <RET>
DISPOSITION REMARKS:
1> <RET>
AUTHORIZED FROM DATE: JUN 23,2001// <RET>
AUTHORIZED TO DATE: JUN 24,2001// <RET>
Editing authorization...

ACCIDENT RELATED (Y/N): NO// <RET>
POTENTIAL COST RECOVERY CASE: NO// <RET>
```

## **Enter/Edit Unauthorized Claim Menu Initiate Appeal for Unauthorized Claim**

### **Introduction**

The Initiate Appeal for Unauthorized Claim option is used to initiate an appeal of the VA's decision on a claim to the Board of Veterans Appeal (BVA). During this stage of the unauthorized claims appeal process, the claim must have a status of DISPOSITIONED to be selected with this option. (Refer to Appendix B for more information about statuses.)

Following are the prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECD:" - Enter the date that the VA Form 21-4138 was received.

"DATE STATEMENT OF THE CASE ISSUED:" - Enter the date on which the Statement of the Case was issued.

\*"DATE SUBSTANTIVE APPEAL RECD:" - Enter the date on which the Substantive Appeal was received.

\*"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

\*"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

APPEAL DISPOSITION REMARKS: - Special remarks regarding the disposition of the appeal that should be included on a disposition letter to the claimant. (Optional)

\*"Select REASON FOR DISAPPROVAL:" - Enter the reason why the claim was not approved. Entering <??> will generate a list from which you may choose.

\*In most instances, data will be entered into these fields through the use of the Appeal Edit for Unauthorized Claim option after the BVA has issued its decision.

**Enter/Edit Unauthorized Claim Menu**  
**Initiate Appeal for Unauthorized Claim**

**Example**

Select unauthorized claim: P.AIELLO,FRANK AIELLO,FRANK 04-23-13  
134097714 NSC VETERAN

Select from the following:

- |   |                         |              |                       |         |               |
|---|-------------------------|--------------|-----------------------|---------|---------------|
| 1 | AIELLO,FRANK            | BROOKS PHARM | PHARMACY              | 9/30/93 | DISPOSITIONED |
|   | TREATMENT FROM: 9/28/93 |              | TREATMENT TO: 9/28/93 |         |               |
| 2 | AIELLO,FRANK            | MARCUS WELBY | OUTPATIENT            | 9/5/94  | DISPOSITIONED |
|   | TREATMENT FROM: 9/1/94  |              | TREATMENT TO: 9/3/94  |         |               |

Enter selection: (1-2): **2**

DATE NOTICE OF DISAGREEMENT RECV'D: **12/5** (DEC 05, 1994)

DATE STATEMENT OF THE CASE ISSUED: **12/9** (DEC 09, 1994)

DATE SUBSTANTIVE APPEAL RECV'D: **12/11** (DEC 11, 1994)

DATE APPEAL DISPOSITIONED: **T** (DEC 16, 1994)

DISPOSITION: DISAPPROVED// **1** APPROVED

APPEAL DISPOSITION REMARKS:

1> **<RET>**

AUTHORIZED FROM DATE: SEP 1,1994// **<RET>**

AUTHORIZED TO DATE: SEP 3,1994// **<RET>**

Entering authorization...

No: 109 Treatment From: 9/1/93 Treatment To: 9/3/93

ACCIDENT RELATED (Y/N): **N** (NO)

POTENTIAL COST RECOVERY CASE: **Y** (YES)

## **Enter/Edit Unauthorized Claim Menu Appeal Edit for Unauthorized Claim**

### **Introduction**

The Appeal Edit for Unauthorized Claim option is used to edit a claim, which has already been appealed to the Board of Veterans Appeal (BVA). During this stage of the Unauthorized Claims process, the claim may have one of the following active statuses:

APPEAL/NOTICE OF DISAGREE RECV  
APPEAL/ISSUED STATEMENT OF CASE  
APPEAL COMPLETE/PENDING REVIEW  
APPEAL DISPOSITIONED

You may select claims with any of the above statuses with this option. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

APPEAL DISPOSITION REMARKS: - Special remarks regarding the disposition of the appeal that should be included on a disposition letter to the claimant. (Optional)

If the disposition of an unauthorized claim changes from APPROVED to DISAPPROVED, the applicable authorization is deleted.

## Enter/Edit Unauthorized Claim Menu Appeal Edit for Unauthorized Claim

### Example

```
Select unauthorized claim: P.AIELLO,FRANK  AIELLO,FRANK  04-23-33
134097714  NSC VETERAN

Select from the following:

1  AIELLO,FRANK  BROOKS PHARM  PHARMACY  9/30/00  DISPOSITIONED
   TREATMENT FROM: 9/28/00  TREATMENT TO: 9/28/00

2  AIELLO,FRANK  MARCUS WELBY  OUTPATIENT  9/5/01  DISPOSITIONED
   TREATMENT FROM: 9/1/01  TREATMENT TO: 9/3/01

Enter selection: (1-2): 2
DATE NOTICE OF DISAGREEMENT RECV'D: 121001 (DEC 10, 2001)
DATE STATEMENT OF THE CASE ISSUED: 121401 (DEC 14, 2001)
DATE SUBSTANTIVE APPEAL RECV'D: 122101 (DEC 21, 2001)
DATE APPEAL DISPOSITIONED: T (DEC 26, 2001)
DISPOSITION: ABANDONED// 3 CANCELLED/WITHDRAWN
APPEAL DISPOSITION REMARKS:
  1> <RET>
Select REASON FOR DISAPPROVAL: ??

Reason why claim was not approved.

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

Select REASON FOR DISAPPROVAL: 6 NOT TIMELY FILED
Select REASON FOR DISAPPROVAL: <RET>
```

## **Enter/Edit Unauthorized Claim Menu COVA Appeal Enter/Edit**

### **Introduction**

The COVA Appeal Enter/Edit option is used to enter or edit an appeal to the Court of Veterans Affairs (COVA). This is an appeal of the Board of Veterans Appeals (BVA) decision. Selection of claims is limited to those claims, which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

You may select claims with any of the above statuses. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief description.

"DATE APPEALED TO COVA:" - Enter the date on which the Board of Veterans Appeal decision was appealed. A timely appeal must be initiated within 120 days of the BVA decision.

"DATE COVA APPEAL DISPOSITIONED:" - Enter the date on which a decision to a COVA appeal was rendered.

"DISPOSITION:" - An active disposition is selected. If the disposition has been APPROVED or APPROVED TO STABILIZATION, and payments have been made, the disposition cannot be changed except by those holding the FBAASUPERVISOR key.

COVA DISPOSITION REMARKS: - Special remarks regarding the disposition of a COVA appeal that should be included on a disposition letter to the claimant. (Optional)

## Enter/Edit Unauthorized Claim Menu COVA Appeal Enter/Edit

### Example

```
Select unauthorized claim: P.AIELLO,FRANK      04-23-13      134097714
NSC VETERAN

      Select from the following:

1  AIELLO,FRANK  DOCTORS HOSP  CIVIL HOSPIT  2/2/93  COVA
DISPOSITION
      TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93      PRIMARY CLAIM: 2/2/93

2  AIELLO,FRANK  MARCUS WELBY  OUTPATIENT  1/2/93  APPEAL
DISPOSITI
      TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93
Enter selection: (1-2): 1

DATE APPEALED TO COVA: T (JUL 27, 1993)
DATE COVA APPEAL DISPOSITIONED: 6/12 (JUN 12, 1993)
DISPOSITION: CANCELLED/WITHDRAWN// 5 ABANDONED
COVA DISPOSITION REMARKS:
1> <RET>
Select REASON FOR DISAPPROVAL: ADJUDICATION REQUESTED
// 4 VA FACILITIES AVAILABLE
Select REASON FOR DISAPPROVAL: <RET>
```

## **Request Information on Unauthorized Claim**

### **Introduction**

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims that have one of the following statuses:

INITIAL ENTRY  
INCOMPLETE UNAUTHORIZED CLAIM  
PENDING - REASON UNKNOWN  
COMPLETE/PENDING REVIEW  
APPEAL/NOTICE OF DISAGREE RECV  
APPEAL/ISSUED STATEMENT OF CASE

A letter will print or be flagged for printing (depending upon your parameter set-up) if the request causes the status to change, or requests additional information. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you are prompted to select from a list of items for which you may wish to request information. You can select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

## Request Information on Unauthorized Claim

### Example

Select unauthorized claim: **P.AIELLO,FRANK** AIELLO,FRANK 04-23-13 134097714  
NSC VETERAN

Select from the following:

- 1 AIELLO,FRANK DOCTOR'S HOSP CIVIL HOSPIT 2/2/01 APPEAL/NOTICE OF  
TREATMENT FROM: 1/1/01 TREATMENT TO: 2/1/01
- 2 DOCTOR'S HOSP CIVIL HOSPIT 6/23/01 APPEAL/NOTICE OF <7/2/01>

Enter selection: (1-2): 1

Select from the following:

- 1 MISSING FORM 10-583
- 2 ITEM 1 NAME/SSN/ADDRESS on 583
- 3 ITEM 2 NAME/SSN/ADDRESS on 583
- 4 ITEM 3 CIRCUMSTANCES on 583
- 5 ITEM 4 AMOUNT CLAIMED on 583
- 6 ITEM 5A SIGNATURE OF PROVIDER
- 7 ITEM 5B SIGNATURE OF PAYER
- 8 ORIGINAL PAID RECEIPT
- 9 ITEMIZED ORIGINAL BILL REQUIRE
- 10 MEDICAL RECORDS NEEDED
- 11 SIGNATURE FOR RELEASE
- 12 DIAGNOSTIC/PROCEDURE CODE(S)
- 13 OTHER
- 14 SIGNED STATEMENT FROM CLAIMANT

Enter selection: (1-14): 14 SIGNED STATEMENT FROM CLAIMANT

14 SIGNED STATEMENT FROM CLAIMANT

You have selected the above. OK? YES// <RET>

Print 38 CFR 17.1002 and 17.1003 text on letter? YES// ?

Enter NO if the text of the regulations should not be printed on the  
letter that requests additional information from the claimant.

Enter either 'Y' or 'N'.

Print 38 CFR 17.1002 and 17.1003 text on letter? YES// <RET>

Select unauthorized claim:

## Receive Requested Information

### Introduction

The Receive Requested Information option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you will be prompted to select from a list of items for which information was requested. You may select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

### Example

```
Select unauthorized claim:  P.AIELLO,FRANK  AIELLO,FRANK      04-23-13
134097714      NSC VETERAN

  Select from the following:

1  AIELLO,FRANK  ST MARY'S H  CIVIL HOSPIT      2/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
2  DOCTOR'S HOSP  CIVIL HOSPIT  6/23/93  APPEAL/NOTICE OF  <7/2/93>

Enter selection:  (1-2):

  Select from the following:

1  SIGNATURE FOR RELEASE

Enter selection:  (1-1):  1

1  SIGNATURE FOR RELEASE
You have selected the above.  OK? YES//  <RET>
Receiving SIGNATURE FOR RELEASE
```

## Letters for Unauthorized Claim Update Date Letter Sent

### Introduction

The Update Date Letter Sent option is used to enter the date that manually generated letters for unauthorized claims were sent.

Once you have selected one or more claims, you are prompted for the date you wish to enter as the date the letter was sent. Once a new date is entered, the DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7).

### Example

```
Select from the following :

1  ACKER,DON      ST MARY'S HO  CIVIL HOSPITAL  05/27/93
INCOMPLETE UNAUT
2  ADAMS,JOHN    SAMARITAN HO  CIVIL HOSPITAL  05/27/93
DISPOSITIONED
3  CULLIGAN,STE  ALBANY MEDIC  CIVIL HOSPITAL  05/27/93
DISPOSITIONED
4  AGOSTINO,DOM  S T PETER'S H  OUTPATIENT      05/22/93
DISPOSITIONED

Enter selection: (1 -4): 2
DATE LETTER SENT: T (JUN 23, 1993)
```

## Letters for Unauthorized Claim Batch Print Letters



New Prompts:

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

Adjustment Reason: Adjustment reason codes explain why the amount paid differs from the amount claimed. The HIPAA term “Adjustment Reason” replaces the VistA Fee term “Suspend Code”.

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

### Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

### Example

```
Enter NUMBER OF COPIES for each letter : 1// <RET> 1
QUEUE TO PRINT ON DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

December 30, 2003

500/136

ACUTE CARE SPECIALISTS INC  
2620 RIDGEWOOD RD 100  
AKRON OH 44313

FEEPATIENT,MST B  
604-32-4567

REGARDING: VETERAN: MST B FEEPATIENT  
VENDOR: ACUTE CARE SPECIALISTS INC  
FEE PROGRAM: CIVIL HOSPITAL  
EPISODE OF CARE: Dec 05, 2003 to Dec 07, 2003

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

Claim has been approved for authorization of care and payment.  
Authorized from: Dec 05, 2003 Authorized to: Dec 07, 2003  
Amount approved: Itemized list follows:

Patient Control Number: PATFEEACCH

Admission Date	Discharge Date	Amt Claimed	Amt Approved	Adj Code*
-----	-----	-----	-----	-----
Dec 05, 2003	Dec 07, 2003	\$200.00	\$0.00	35
FPPS Claim ID: 1000001		FPPS Line Item: 1		

\*Adjustment Code Text:  
(35) Benefit maximum has been reached.

If payment and/or reimbursement is received from any other resource (Medicare/ Medicaid/ Trigon/Automobile Insurance/etc.) on the above claim, it is imperative that the Department of Veterans Affairs be notified within three working days following receipt. If payment is received from another source, the VA will seek reimbursement for the amounts paid by the Department of Veterans Affairs.

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

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

Sincerely,

Chief, Medical Administration Service

**Letters for Unauthorized Claim  
Batch Print Letters**

**Example, cont.**

In Reply Refer To: 500/136  
FEENEY, PATRICK  
405 -34-5678

REGARDING: VETERAN: FEENEY, PATRICK  
VENDOR: CHESHIRE HOSPITAL  
FEE PROGRAM: CIVIL HOSPITAL  
EPISODE OF CARE: Jun 27, 2001 to Jun 30, 2001

I hereby certify that this claim meets all of the conditions for payment by VA for emergency medical services under 38 CFR 17.1002 and 17.1003. I am aware that 38 CFR U.S.C. 6102(b) provides that one who obtains payment without being entitled to it and with intent to defraud the United States shall be fined in accordance with Title 18, United States Code, or imprisoned not more than one year, or both.

-----  
Signature

38 CFR 17.1002 Substantive conditions for payment or reimbursement.  
-----

Payment or reimbursement under 38 U.S.C. 1725 for emergency services may be made only if all of the following conditions are met:

(a) The emergency services were provided in a hospital emergency department or a similar facility held out as providing emergency care to the public;  
(b) The claim for payment or reimbursement for the initial evaluation and treatment is for a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health (this standard would be met if there were an emergency medical condition manifesting itself by acute symptoms of sufficient severity

(including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part);

(c) A VA or other Federal facility/provider was not feasibly available and an attempt to use them beforehand would not have been considered reasonable by a prudent layperson (as an example, these conditions would be met by evidence establishing that a veteran was brought to a hospital in an ambulance and the ambulance personnel determined that the nearest available appropriate level of care was at a non-VA medical center);

## Letters for Unauthorized Claim Batch Print Letters

### Example, cont.

REGARDING: VETERAN: FEENEY, PATRICK  
VENDOR: CHESHIRE HOSPITAL  
FEE PROGRAM: CIVIL HOSPITAL  
EPISODE OF CARE: Jun 27, 2001 to Jun 30, 2001

(d) The claim for payment or reimbursement for any medical care beyond the initial emergency evaluation and treatment is for a continued medical emergency of such a nature that the veteran could not have been safely transferred to a VA or other Federal facility (the medical emergency lasts only until the time the veteran becomes stabilized);

(e) At the time the emergency treatment was furnished, the veteran was enrolled in the VA health care system and had received medical services under authority of 38 U.S.C. chapter 17 within the 24 -month period preceding the furnishing of such emergency treatment;

(f) The veteran is financially liable to the provider of emergency treatment for that treatment;

(g) The veteran has no coverage under a health -plan contract for payment or reimbursement, in whole or in part, for the emergency treatment (this condition cannot be met if the veteran has coverage under a health -plan contract but payment is barred because of a failure by the veteran or the provider to comply with the provisions of that health -plan contract, e.g., failure to submit a bill or medical records within specified time limits, or failure to exhaust appeals of the denial of payment);

(h) If the condition for which the emergency treatment was furnished was caused by an accident or work -related injury, the claimant has exhausted without success all claims and remedies reasonably available to the veteran or provider against a third party for payment of such treatment; and the veteran has no contractual or legal recourse against a third party that could reasonably be pursued for the purpose of extinguishing, in whole or in part, the veteran's liability to the provider; and

(i) The veteran is not eligible for reimbursement under 38 U.S.C. 1728 for the emergency treatment provided (38 U.S.C. 1728 authorizes VA payment or reimbursement for emergency treatment to a limited group of veterans, primarily those who receive emergency treatment for a service -connected disability).

(Authority: 38 U.S.C. 1725)

38 CFR 17.1003 Emergency transportation.

-----  
Notwithstanding the provisions of Sec. 17.1002, payment or reimbursement under 38 U.S.C. 1725 for ambulance services, including air ambulance services, may be made for transporting a veteran to a facility only if the following conditions are met:

(a) Payment or reimbursement is authorized under 38 U.S.C. 1725 for emergency treatment provided at such facility (or payment or reimbursement could have been authorized under 38 U.S.C. 1725 for emergency treatment if death had not occurred before emergency treatment could be provided);

(b) The veteran is financially liable to the provider of the emergency transportation;

(c) The veteran has no coverage under a health -plan contract for reimbursement or payment, in whole or in part, for the emergency transportation or any emergency treatment authorized under 38 U.S.C. 1728 (this condition is not met if the veteran has coverage under a health -plan contract but payment is barred because of a failure by the veteran or the provider to comply with the provisions of that health -plan contract); and

## Letters for Unauthorized Claim Batch Print Letters

### Example, cont.

REGARDING: VETERAN: FEE A FEEPATIENT  
VENDOR: CHESHIRE HOSPITAL  
FEE PROGRAM: CIVIL HOSPITAL  
EPISODE OF CARE: Jun 27, 2001 to Jun 30, 2001

(d) If the condition for which the emergency transportation was furnished was caused by an accident or work -related injury, the claimant has exhausted without success all claims and remedies reasonably available to the veteran or provider against a third party for payment of such transportation; and the veteran has no contractual or legal recourse against a third party that could reasonably be pursued for the purpose of extinguishing, in whole or in part, the veteran's liability to the provider.

(Authority: 38 U.S.C. 1725)

## **Letters for Unauthorized Claim Reprint Letter(s)**



### **New Prompts:**

**FPPS Claim ID:** 1-32 character text ID created by FPPS system for EDI claims.  
**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 and Community Nursing Home claim. Up to 2 Adjustment Reasons can be used for each Medical and Pharmacy claim.  
**Adjustment Reason Text:** The narrative description associated with a specific adjustment reason code.

### **Introduction**

The Reprint Letter(s) option can be used to reprint letters that were printed but never mailed or, in some cases, never received by the party submitting the claim. You may reprint letters for a selected date range (date letter printed) or you may reprint a specific letter. Individual letters are selected by entering the name of the submitter. The submitter may be someone other than the vendor or veteran involved in the claim.

You may select the claim by entering the vendor, veteran, or other party.

Failure to provide the requested information within one year will also result in an automatic disapproval. Therefore, the expiration date may be updated when a letter is reprinted.

**Example**

```
Do you wish to reprint letters for a date range? NO
Select unauthorized claim: GOOD TIME NURSING HOME    987561234

  Select from the following:
1  GOOD TIME NU   CARDILLO,GEO   CIVIL HOSPIT   06/22/93   APPEAL/NOTICE OF
   TREATMENT FROM: 06/22/93   TREATMENT TO: 06/22/93
2  GOOD TIME NU   GRAY,EBBO     CONTRACT NUR   06/22/93   COVA DISPOSITION
   TREATMENT FROM: 06/22/93   TREATMENT TO: 06/22/93
3  GOOD TIME NU   MARTIN,DENNI   CONTRACT NUR   06/24/93   DISPOSITIONED
   TREATMENT FROM: 06/22/93   TREATMENT TO: 06/24/93
4  GOOD TIME NU   GRAY,EBBO     CONTRACT NUR   06/30/93   DISPOSITIONED
   TREATMENT FROM: 05/06/93   TREATMENT TO: 05/16/93
5  GOOD TIME NU   FEEPATIENT,B   CONTRACT NUR   12/05/03   APPEAL/NOTICE OF
   TREATMENT FROM: 12/05/03   TREATMENT TO: 12/07/03

Enter RETURN for more, or Select:  (1-5): 1
Should the expiration date be updated? No// <RET>
Enter NUMBER OF COPIES for each letter: 1// <RET>
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

GOOD TIME NURSING HOME  
 2620 RIDGEWOOD RD 100  
 TEST  
 AKRON OH 44313

January 4, 2004

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

PATIENT NAME	SSN	ADMISSION DATE
PATIENT CONTROL #	DISCHARGE DATE	AMOUNT CLAIMED
ADJUSTMENT CODE	ADJUSTMENT AMOUNT	MEDICARE REMITTANCE REMARK
MST B FEEPATIENT	604324567	December 5, 2003
PATFEEACCH	December 7, 2003	\$ 200
35	\$ 200.00	\$ 0
FPPS Claim ID: 1000001	FPPS Line Item: 1	

\*Adjustment Code Text:  
 (35) Benefit maximum has been reached.

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

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

Sincerely,

Chief, Medical Administration Service

## Payments for Unauthorized Claims



FBAA ESTABLISH VENDOR - required to edit established vendors.

### Introduction

The Payments for Unauthorized Claims option should be used to enter payments for unauthorized claims, which have been dispositioned to APPROVED, or APPROVED TO STABILIZATION.

Payment may be made to either a patient or a vendor; however, only the vendor pertaining to the submitted claim may be paid. You cannot add a new vendor through this option. An open batch for the applicable Fee Basis program must exist for the unauthorized claim selected. Further processing of the payment should follow the payment menu options for the applicable Fee Basis program. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen, the claims will be presented for payment in the same sequence in which they were selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis program. The following chart is provided indicating which option documentation to refer to for further examples of payment entry.

<b>Fee Program</b>	<b>Refer To</b>
Civil Hospital	Ancillary Contract Hosp/CNH Payment (for ancillary payments) or Enter Invoice/Payment
Outpatient	Enter Payment option
Pharmacy	Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

## Payments for Unauthorized Claims

### Example

```
Select one of the following:

      1          PATIENT
      2          VENDOR

Select to whom payment should be made: 2 VENDOR
Select VETERAN: FEENEY, PATRICK          3-15-40      405345678          SC VETERAN
Select FEE VENDOR: ACUTE CARE SPECIALISTS INC 341339182 DOCTOR OF MEDIC
                2620 RIDGEWOOD RD 100
                AKRON, OH 44313      TEL. #: 1-800-837-0703

Select from the following:

1 FEENEY, PATRICK ACUTE CARE S OUTPATIENT      12/7/01      DISPOSITIONED
  TREATMENT FROM: 12/5/01      TREATMENT TO: 12/5/01

Enter selection: (1-1): 1
Enter RETURN to continue or '^' to exit: <RET>

                < UNAUTHORIZED CLAIM >

DATE CLAIM RECEIVED: DEC 07, 2001      FEE PROGRAM: OUTPATIENT
VENDOR: ACUTE CARE SPECIALISTS INC      VETERAN: FEENEY, PATRICK
TREATMENT FROM DATE: DEC 05, 2001      TREATMENT TO DATE: DEC 05, 2001
PRIMARY SERVICE FACILITY: MNTVBB.ISC-ALBANY.VA.GOV
DATE VALID CLAIM RECEIVED: DEC 07, 2001
AMOUNT CLAIMED: 100                      PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED                    DATE OF DISPOSITION: DEC 07, 2001
AUTHORIZED FROM DATE: DEC 05, 2001      AUTHORIZED TO DATE: DEC 05, 2001
AMOUNT APPROVED: 72.73                  ENTERED/LAST EDITED BY: BAUMANN, SCOTT
DATE ENTERED/LAST EDITED: DEC 07, 2001
DATE LETTER SENT: DEC 07, 2001          MASTER CLAIM: DEC 07, 2001
DATE OF ORIGINAL DISPOSITION: DEC 07, 2001
CLAIM SUBMITTED BY: ACUTE CARE SPECIALISTS INC
STATUS: DISPOSITIONED                    DATE OF CURRENT STATUS: DEC 07, 2001
EXPIRATION DATE OF CLAIM: DEC 08, 2002
AUTHORIZATION: 53                        38 U.S.C. 1725: YES
DIAGNOSIS: DIAG

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

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

# Payments for Unauthorized Claims

## Example, cont.

```
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: DIAG// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>
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>

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  33315-26         $   40.00   $   40.00      2050      1549
      -55

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

Invoice # 2111 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 1/1 (JAN 01, 2002)

Enter Vendor Invoice Date: 12/15 (DEC 15, 2001)

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

## Payments for Unauthorized Claims

### Example, cont.

```
Date of Service: 12/5   DEC 05, 2001

Total already paid on ID Card for month:   $ 0   Maximum allowed: $ 125
Total already paid on All/Other for month: $ 72.73

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

Select Service Provided: 10080           DRAINAGE OF PILONIDAL CYST

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

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

                Detail Description
                =====
INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE
Is this correct? YES// <RET>
                DRAINAGE OF PILONIDAL CYST
Select PLACE OF SERVICE: 22           OUTPATIENT HOSPITAL
AMOUNT CLAIMED: 150
    Fee schedule amount is $69.01 from the 2001 RBRVS FEE SCHEDULE
    **Payment is for emergency treatment under 38 U.S.C. 1725.
    Therefore, fee schedule amount reduced to $48.31 (70%).
AMOUNT PAID: 48.31// <RET>
AMOUNT SUSPENDED: 101.69// <RET>
SUSPEND CODE: 1           Charge exceeds maximum payable
HCFA TYPE OF SERVICE: 2           SURGERY
SERVICE CONNECTED CONDITION?: n   (NO)

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 2111 Totals $ 48.31

    Select one of the following:

        1           PATIENT
        2           VENDOR

Select to whom payment should be made: <RET>
```

## Outputs for Unauthorized Claims All Claims by Vendor/Veteran/Other

### Introduction

The All Claims by Vendor/Veteran/Other option is used to display/print all unauthorized claims for a single vendor, veteran, or other party. The output is sorted by episode of care, grouping claims that are associated with one another. One claim may be associated with another if the veteran and episode of care are the same. Since the primary claim may not be the first to display, the secondaries are flagged with an asterisk (\*). If you select a vendor, the output will display by veteran; otherwise, it will display by vendor. You can include only 38 U.S.C. 1725 (Mill Bill) claims, only non-Mill Bill claims, or both.

### Example

```
Select unauthorized claim: P.ABBOTT ABBOTT,JOHN A      6-1-43      213987756
07-18-00      NSC VETERAN
Enrollment Priority:      Category: NOT ENROLLED      End Date: 07/18/2000

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

Select one of the following:

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

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

```
VETERAN: ABBOTT,JOHN A      Page: 1

Vendor      Fee Program      Status      Code
-----
ALBANY MED CENTER      OUTPATIENT      DISPOSITIONED      AP
Treatment From: 9/26/00      Treatment To: 9/26/00

ACUTE CARE SPECIALISTS INC      OUTPATIENT      DISPOSITIONED      AP
Treatment From: 6/15/01      Treatment To: 6/15/01

ACUTE CARE SPECIALISTS INC      OUTPATIENT      DISPOSITIONED      DA
Treatment From: 6/24/01      Treatment To: 6/24/01
```

## Outputs for Unauthorized Claims 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 for Unauthorized Claims Display Unauthorized Claim

### Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim. You can display only 38 U.S.C. 1725 (Mill Bill) claims, only non-Mill Bill claims, or both for selection.

### Example

```
Select unauthorized claim: ABBOTT,JOHN A 6-1-43 213987756 07-18-00 NSC VETERAN
Enrollment Priority: Category: NOT ENROLLED End Date: 07/18/2000

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

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

1 ABBOTT,JOHN ALLEN,F R OUTPATIENT 6/21/01 INCOMPLETE UNAUT
TREATMENT FROM: 6/18/01 TREATMENT TO: 6/18/01

2 ABBOTT,JOHN CHESHIRE HOS CIVIL HOSPIT 7/2/01 DISPOSITIONED
TREATMENT FROM: 6/26/01 TREATMENT TO: 6/29/01

Select the claim that you would like to display: (1-2): 2

DATE CLAIM RECEIVED: JUL 02, 2001 FEE PROGRAM: CIVIL HOSPITAL
VENDOR: CHESHIRE HOSPITAL VETERAN: ABBOTT,JOHN A
TREATMENT FROM DATE: JUN 26, 2001 TREATMENT TO DATE: JUN 29, 2001
PRIMARY SERVICE FACILITY: ALBANY VAMC
DATE VALID CLAIM RECEIVED: JUL 02, 2001
AMOUNT CLAIMED: 2000 PATIENT TYPE CODE: MEDICAL
DISPOSITION: APPROVED TO STABILIZATION
DATE OF DISPOSITION: JUL 02, 2001 AUTHORIZED FROM DATE: JUN 26, 2001
AUTHORIZED TO DATE: JUN 28, 2001 AMOUNT APPROVED: 1000
ENTERED/LAST EDITED BY: GRAY,MARY ELLEN
DATE ENTERED/LAST EDITED: DEC 13, 2001
DATE LETTER SENT: JUL 05, 2001 MASTER CLAIM: JUL 02, 2001
REOPEN CLAIM DATE: JUL 02, 2001
DATE OF ORIGINAL DISPOSITION: JUL 02, 2001
CLAIM SUBMITTED BY: CHESHIRE HOSPITAL
STATUS: DISPOSITIONED DATE OF CURRENT STATUS: DEC 13, 2001
EXPIRATION DATE OF CLAIM: DEC 14, 2002
AUTHORIZATION: 2 38 U.S.C. 1725: YES
DISPOSITION REMARKS: Veteran was transferred from VA Medical Center to Memorial
Hospital. Federal Law prohibits payment for temporary detention orders. Payment
started on date of involuntary commitment.
DIAGNOSIS: DIAG
DISCHARGE TYPE (c): TRANSFER TO VA

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

## Outputs for Unauthorized Claims Disposition/Status Statistics Display/Print

### Introduction

The Disposition/Status Statistics Display/Print option provides a statistical report on unauthorized claims within a selected date range. You can display only 38 U.S.C. 1725 (Mill Bill) claims, only non-Mill Bill claims, or both. It provides totals of dispositioned unauthorized claims by disposition type (APPROVED, DISAPPROVED, etc.), as well as disposition status. (Refer to Appendix B for more information about statuses.) The report also supplies the total of unauthorized claims that have not been dispositioned, with a subtotal breakdown by claim status. Total approved dollars by primary service area are also provided.

### Example

```

UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
-----

Select one of the following:

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

**** Date Range Selection ****

Beginning DATE : T-10 (NOV 26, 2001)

Ending   DATE : T (DEC 06, 2001)

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

UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
-----
for 38 U.S.C. 1725 Claims
Date Range Selected: 11/26/01 to 12/06/01
-----

TYPE OF DISPOSITION          # OF CLAIMS          CATEGORY OF DISPOSITION
                              INITIAL          APPEAL          COVA APPEAL
-----
APPROVED                      1                1                0                0
DISAPPROVED                   0                0                0                0

```

**Outputs for Unauthorized Claims  
Disposition/Status Statistics Display/Print**

**Example, cont.**

CANCELLED/WITHDRAWN	0	0	0	0
APPROVED TO STABILIZATION	0	0	0	0
ABANDONED	0	0	0	0
	-----	-----	-----	-----
TOTAL DISPOSITIONED	1	1	0	0
TOTAL NOT DISPOSITIONED	1			
	-----			
TOTAL CLAIMS	2			
UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS				
-----				
for 38 U.S.C. 1725 Claims				
Date Range Selected: 11/26/01 to 12/06/01				
-----				
STATUS OF CLAIMS NOT DISPOSITIONED				
STATUS	# OF CLAIMS			
INCOMPLETE UNAUTHORIZED CLAIM	0			
PENDING - REASON UNKNOWN	0			
COMPLETE/PENDING REVIEW	1			
APPEAL/NOTICE OF DISAGREE RECV	0			
APPEAL/ISSUED STATEMENT OF CASE	0			
APPEAL COMPLETE/PENDING REVIEW	0			
COVA APPEAL	0			
UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS				
-----				
for 38 U.S.C. 1725 Claims				
Date Range Selected: 11/26/01 to 12/06/01				
-----				
TOTAL DOLLARS APPROVED BY PSA:				
ALBANY	\$0.00			
	-----			
	\$0.00			

## Outputs for Unauthorized Claims Expiration Display/Print

### Introduction

The Expiration Display/Print option displays/prints those unauthorized claims which will expire within the selected time frame. You can display only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both.

There are two types of expirations involved with unauthorized claims. The first is based on the status of the claim. Certain statuses have expiration dates that, once passed, prohibit the submitter from any further action on the claim. (Refer to Appendix B for more information about statuses.) The other refers to information VA has requested from the submitter. The submitter has x # of days to respond or the claim is considered abandoned. The number of days is calculated from the date the letter was mailed.

### Example

```
Select the date range within which an unauthorized claim will expire.

Select one of the following:

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)
Select the date range within which an unauthorized claim will expire.****
Date Range Selection ****

Beginning DATE : 1/1/01 (JAN 01, 2001)

Ending DATE : T (DEC 06, 2001)

DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
```

```
Unauthorized Mill Bill (1725) Claims Due to Expire between 1/1/00 and 12/6/01
```

Veteran	Vendor	Treatment FROM	Treatment TO	Status
ABBOTT, JOHN A	ALLEN, F R	6/18/01	6/18/01	INCOMPLE
BAKER, FRED	SUNNY ACRES	7/03/01	7/28/01	INCOMPLE
DONNELLY, SEAN	ACUTE CARE SVC	8/01/01	8/8/01	INCOMPLE

## Outputs for Unauthorized Claims Millennium Act Emergency Care Summary Report

### Introduction

This option generates a report of summary statistics for 38 U.S.C. 1725 emergency care unauthorized claims that were entered into the system for a user specified date range. The purpose of this report is to automate the development of emergency care claim summary statistics that sites must report to the Chief Business Office (CBO) on a monthly basis. These statistics are used to prepare the Millennium Act Emergency Care Report, required by congress.

Totals and dollar amounts are provided for claims received, claimants, claims paid, suspended, rejected, and pending.

Following is a chart showing how the claims are sorted by disposition.

<b>Disposition</b>	<b>Category</b>
Approved Approved to Stabilization	Total Claims/Dollars Paid
Abandoned Cancelled/Withdrawn Disapproved	Total Number/Dollars Claims Rejected
Not Dispositioned	Total Number/Dollars Claims Pending

For rejected claims, the reason for denial is also provided. If there are multiple reasons on file for a claim, only the first reason is shown on this report. Following are valid reasons for denial.

1725 INFO NOT REC'D TIMELY  
 1725 NON-EMERGENT CARE  
 1725 NOT TIMELY FILED  
 ADJUDICATION REQUESTED  
 DENIAL OF TRAVEL  
 HAS OTHER INS. BENEFITS  
 NO VA TX, PAST 24 MTHS  
 NON-EMERGENT CARE  
 NOT LIABLE FOR PAYMENT  
 NOT TIMELY FILED  
 NSC CONDITION  
 NSC VETERAN  
 PREVIOUSLY AUTHORIZED  
 VA FACILITIES AVAILABLE  
 VETERAN NOT ENROLLED

**Outputs for Unauthorized Claims  
Millennium Act Emergency Care Summary Report**

**Example**

MILLENNIUM ACT EMERGENCY CARE	
SUMMARY REPORT	
MAY 29, 2000 THROUGH JUN 30, 2003	
RUN DATE: AUG 01, 2003	
Total Number Claims Received:	4,662
Total Dollars Claims Received:	\$5,878,644.19
Total Claimants:	581
Total Claims Paid:	1,509
Total Dollars Claims Paid:	\$561,656.78
Total Dollars Suspended:	\$1,570,667.89
Total Number Claims Rejected:	2,656
Total Dollars Claims Rejected:	\$3,071,722.82
REASONS REJECTED	
1725 INFO NOT REC'D TIMELY:	172
1725 NON -EMERGENT CARE:	268
1725 NOT TIMELY FILED:	70
ADJUDICATION REQUESTED:	1
HAS OTHER INS. BENEFITS:	1,508
NO VA TX, PAST 24 MTHS:	111
NON -EMERGENT CARE:	97
NOT LIABLE FOR PAYMENT:	7
NOT TIMELY FILED:	14
NSC CONDITION:	16
NSC VETERAN:	3
OTHER:	67
VA FACILITIES AVAILABLE:	294
VETERAN NOT ENROLLE D:	28
	-----
	2,656
Total Number Claims Pending:	4 97
Total Dollars Claims Pending:	\$674,596.70
Average Processing Time: 161.84 Days	

## Outputs for Unauthorized Claims Status Display/Print of Unauthorized Claims

### Introduction

This option displays/prints unauthorized claims by primary service facility and status. You may include one, many, or all statuses, and sort by either vendor or veteran for the primary sort. You can also include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both. The output subtotals the number of claims within a status, and displays the expiration date, if one exists. If the unauthorized claim is due to expire within thirty days of the date the output was generated, an asterisk (\*) will follow the expiration date.

NOTE: The disposition code will only display if the unauthorized claim has a status of either DISPOSITIONED, APPEAL DISPOSITIONED or COVA DISPOSITION. (Refer to Appendix B for more information about statuses.)

### Example

```
Select one of the following:

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

Select one of the following:

      1      PATIENT
      2      VENDOR

Sort by: 1 PATIENT

Select from the following:

1  INITIAL ENTRY
2  INCOMPLETE UNAUTHORIZED CLAIM
3  PENDING - REASON UNKNOWN
4  COMPLETE/PENDING REVIEW
5  DISPOSITIONED
6  APPEAL/NOTICE OF DISAGREE RECV
7  APPEAL/ISSUED STATEMENT OF CASE
8  APPEAL COMPLETE/PENDING REVIEW
9  APPEAL DISPOSITIONED
10 COVA APPEAL
11 COVA DISPOSITION
```

## Outputs for Unauthorized Claims Status Display/Print of Unauthorized Claims

### Example, cont.

```

Enter selection: (1-11): 2
START WITH DATE CLAIM RECEIVED: FIRST// <RET>
DEVICE: <RET> UCX/TELNET Right Margin: 80// <RET>
  
```

```

STATUS LISTING OF MILL BILL (1725) CLAIMS      DEC 6,2001  13:25  PAGE 1
VETERAN              VENDOR              STATUS              EXPIRES
  
```

-----

PRIMARY SERVICE FACILITY: ALBANY

```

ABBOTT,JOHN A      ST. ELIGIUS      INCOMPLETE UNAU  AUG 2,2001
FEENY,PATRICK      ACUTE CARE SPECIALIS  INCOMPLETE UNAU  JAN 6,2002
-----
SUBCOUNT              2
-----
SUBCOUNT              2
  
```

```

STATUS LISTING OF MILL BILL (1725) CLAIMS      DEC 6,2001  13:25  PAGE 2
VETERAN              VENDOR              STATUS              EXPIRES
  
```

-----

PRIMARY SERVICE FACILITY: TROY

```

ABBOTT,JOHN A      ACUTE CARE SPECIALIS  INCOMPLETE UNAU  JAN 5,2002*
ADAMS,BAILEY      ACUTE CARE SPECIALIS  INCOMPLETE UNAU  JAN 6,2002
KANE,STEVE        ABC MEDICAL          INCOMPLETE UNAU  DEC 17,2001*
-----
SUBCOUNT              3
-----
SUBCOUNT              3
-----
COUNT                8
  
```

## Outputs for Unauthorized Claims

### Unauthorized Claims Cost Report for Civil Hospital

#### Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range. You can include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

#### Example

```

**** Date Range Selection ****

Beginning DATE : 010101 (JAN 01, 2001)

Ending DATE : T (DEC 06, 2001)

Select one of the following:

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

Enter response: ALL// m MILL BILL (38 U.S.C. 1725)

Select one of the following:

D          DETAILED REPORT
S          SUMMARY ONLY   Select one of the following:

Choose Report Type: S// DETAILED REPORT

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

Requested Start Time: NOW// <RET>

```

```

MILL BILL (1725) UNAUTHORIZED CLAIMS
COST REPORT FOR CIVIL HOSPITAL
1/1/01 THROUGH 12/6/01
-----
PATIENT NAME          PATIENT ID          DT CLAIM REC          AMT PAID          FINAL DRG          LOS
=====
TREATING SPECIALTY:  MEDICAL
ABBOTT,JOHN A          803-94-1111          6/28/01          800.00          2          3

```

## Outputs for Unauthorized Claims Vendor Payments Output

### Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You can include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both. You may print the history for one, several, or all Fee Basis programs.

### Example

```
Select Fee Vendor: ACUTE CARE SPECIALISTS INC  341339182  DOCTOR OF MEDIC
                2620 RIDGEWOOD RD
                AKRON, OH  44313      TEL. #:  1-800-837-0703

**** Date Range Selection ****

Beginning DATE : 10/1  (OCT 01, 2001)

Ending   DATE : T  (DEC 06, 2001)

Select FEE Program: ALL// <RET>

    Select one of the following:

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

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

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

## Outputs for Unauthorized Claims Vendor Payments Output

### Example, cont.

VENDOR PAYMENT HISTORY for 38 U.S.C. 1725 Claims							
=====							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	Amount Claimed	Amount Paid	Susp Code	Batch Num	Invoice Num	Voucher Date
=====							
Patient: FRANK, BRUCE				Patient ID: 222-11-2222			
*10/1/01	94060	100.00	44.44M	J	01391	1993	
Primary Dx:				S/C Condition? NO		Obl.#: C95003	
Patient: JONES, Larry				Patient ID: 123-12-1234			
10/28/01	90801	200.00	200.00C		01400	2024	
Primary Dx: CONGEN HIP DISLOC, (754.31)				S/C Condition? NO		Obl.#: C95003	
10/28/01	90801	200.00	102.26M	J	01400	2024	
Primary Dx: CONGEN HIP DISLOC, (754.31)				S/C Condition? NO		Obl.#: C95003	

## Outputs for Unauthorized Claims Veteran Payments Output

### Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You can include only 38 U.S.C. 1725 (Mill Bill) claims; only non-Mill Bill claims, or both. You may choose to print the history for one, several, or all Fee Basis programs.

### Example

```
Select Fee Patient: ABBOTT,JOHN A

**** Date Range Selection ****

Beginning DATE : 1/1 (JAN 01, 2001)

Ending DATE : T (DEC 06, 2001)

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// MILL BILL (38 U.S.C. 1725)
DEVICE: HOME// <RET> UCX/TELNET Right Margin: 80// <RET>
```

```
VETERAN PAYMENT HISTORY for 38 U.S.C. 1725 Claims
=====
Patient: ABBOTT,JOHN A Patient ID: 213-98-7756 Page: 1
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 Amount Amount Susp Batch Invoice Voucher
Claimed Paid Code Num Num Date
=====
Vendor: ACUTE CARE SPECIALISTS Vendor ID: 341339123
6/15/01 G0154 20.00 20.00M 01368 1943 9/11/01
Primary Dx: S/C Condition? NO Obl.#: C95003
6/15/01 33015 30.00 30.00U 01376 1943
Primary Dx: S/C Condition? NO Obl.#: C95003
3/21/01 90819 100.00 100.00C 01175 1895
Primary Dx: LUMBAR SPINAL CORD (952.2)S/C Condition? YES Obl.#: C95003
```

**Output Menu**  
**Disapproved EDI Claim Report**



NEW OPTION

**Introduction**

The Disapproved EDI Claim Report is a new report. The purpose of the report is to capture all disapproved EDI claims for a user selected time period. Disapproved EDI claims can include claims that were disapproved, cancelled, withdrawn or abandoned. The Fee User can use this information provided by the report to direct enter the denial of the EDI claim into the Fee Payment Processing System (FPPS).

**Example**

```
Select Outputs for Unauthorized Claims Option: Dis
  1   Disapproved EDI Claim Report
  2   Display Unauthorized Claim
  3   Disposition/Status Statistics Display/Print

CHOOSE 1-3: 1 Disapproved EDI Claim Report
  Beginning Date: Jan 01, 2004// 040103 (JAN 01, 2003)
  Ending Date: Jan 04, 2004// t (JAN 28, 2004)
UNAUTHORIZED EDI CLAIMS THAT WERE NOT APPROVED                               1/28/04
From Date: 4/1/03      To Date: 1/28/04                                     Page: 1
Date of Disposition   Disposition           FPPS Claim ID      Fee Program  Veteran
Vendor
Treatment From           Treatment To           Amt Claimed
=====7/30/03
ABANDONED                282828289             CIVIL HOSPITAL    FEEPATIENT,FEEA
RIVERSIDE MEMORIAL HOSPITAL
  4/13/03                 4/16/03                9978.00
Reason for Disapproval: VA FACILITIES AVAILABLE
8/4/03                   CANCELLED/WITHDRAWN   2828280           CIVIL HOSPITAL
FEEPATIENT,FEEB         OAKPOST COMMUNITY HOSPITAL
  7/7/03                  7/10/03                2650.00
Reason for Disapproval: HAS OTHER INS. BENEFITS
```

## Utilities for Unauthorized Claims Vendor Enter/Edit



Version 3.5 Changes:

*FAX NUMBER:*

*MEDICARE ID NUMBER:*



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 or edit an existing vendor.

### Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

**WARNING:** If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

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

**Example**

```

Select FEE BASIS VENDOR NAME:  SHADES OF GRAY NURSING HOME
Are you adding 'SHADES OF GRAY NURSING HOME' as
a new FEE BASIS VENDOR (the 1321ST)? No//  Y  (Yes)
FEE BASIS VENDOR ID NUMBER:  977788666
FEE BASIS VENDOR TYPE OF VENDOR:  8  OTHER
FEE BASIS VENDOR PART CODE:  5  COMMUNITY NURSING HOME          05
FEE BASIS VENDOR CHAIN:  <RET>
NAME: SHADES OF GRAY NURSING HOME  Replace  <RET>
ID NUMBER: 977-78-8666//  <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'):  T  TAX ID NUMBER
TYPE OF VENDOR: OTHER//  <RET>
BUSINESS TYPE (FPDS):  L  LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS):  LW          WOMAN-OWNED LARGE BUSINESS
Are you adding 'LW' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No//  Y
(Yes)
Select SOCIOECONOMIC GROUP (FPDS):  <RET>
PART CODE: COMMUNITY NURSING HOME//  <RET>
STREET ADDRESS:  222 BLOOMING GROVE DR
STREET ADDRESS 2:  <RET>
CITY:  TROY
STATE:  NY  NEW YORK
ZIP CODE:  12180
COUNTY:  RENSSELAER          083
PHONE NUMBER:  518-555-1234
FAX NUMBER:  518-555-1200
MEDICARE ID NUMBER:  777555
NUMBER OF CNH BEDS:  100
INSPECTED/ACCREDITED:  B  BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID:  4  CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT:  2/1  (FEB 01, 1999)

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

**Utilities for Unauthorized Claims  
Vendor Enter/Edit**

**Example, cont.**

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

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

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

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

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

      Select FEE BASIS VENDOR NAME:
```

**Section 6 - Unauthorized Claim Main Menu**

## Utilities for Unauthorized Claims

### 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, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

### Example

```
Enter NEW PERSON's name (LAST,FIRST MI):  KAGAN,PETER S
ARE YOU ADDING 'KAGAN,PETER S' AS A NEW NEW PERSON (THE 1884TH)?    Y  (YES)
Checking SOUNDEX for matches.
      KAGAN,JOSEPH
      KAGAN,STEPHEN
Do you still want to add this entry: NO//    Y
Now for the Identifiers.
INITIAL:  PSJ
SSN:  888777999
SEX:  M  MALE
STREET ADDRESS 1:  123 MAIN ST
STREET ADDRESS 2:  < RET>
STREET ADDRESS 3:  < RET>
CITY:  TROY
STATE:  NY  NEW YORK
ZIP CODE:  12180
SSN:  888777999// < RET>
```

## **Utilities for Unauthorized Claims**

### **Associate an Unauthorized Claim to a Primary**

#### **Introduction**

This option is used to associate unauthorized claims to a primary unauthorized claim. Associated claims will be displayed with the primary on a lookup.

In order for claims to be associated, they must be for the same veteran and episode of care. A primary claim **without** associated claims may be associated with another primary claim. A primary claim **with** associated claims may not be associated to another primary.

Once the submitter is entered, all claims for that submitter for the same patient and episode of care are displayed. Next, you are prompted to choose the claim which you want to associate (secondary), then the claim to which it should be associated (primary). You can select one, many, or all when you select the secondary.

If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you will also be asked if you wish to disposition the new claim to the same disposition as the claim to which it is associated. When claims are associated, they are displayed with the primary claim on lookup, and in certain instances, you have the ability to update all the claims in the group at the same time.

**Utilities for Unauthorized Claims**  
**Associate an Unauthorized Claim to a Primary**

**Example**

```

Select unauthorized claim:  p.KAGAN,PETER      01-16-55      098000000
SC VETERAN

      Select from the following:

1  KAGAN,PETER      SAMARITAN HO      CIVIL HOSPIT      06/22/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

2  KAGAN,PETER      SAMARITAN HO      CIVIL HOSPIT      05/12/93      DISPOSITIONED
   TREATMENT FROM: 04/21/93      TREATMENT TO: 04/22/93

3  KAGAN,PETER      SAMARITAN HO      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

4  KAGAN,PETER      CVS PHARMACY      PHARMACY          06/30/93      DISPOSITIONED
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/01/93

5  KAGAN,PETER      SAMARITAN HO      CIVIL HOSPIT      06/22/93      INCOMPLETE UNAUT
   TREATMENT FROM: 06/01/93      TREATMENT TO: 06/04/93

Enter selection: (1-5):  1
Select the unauthorized claim to which this one should be associated:  6/22
JUN 22, 1993
  1      6-22-1993  KAGAN,PETER      SAMARITAN HOS      CIVIL HOSPITAL
DISPOSITIONED      TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

  2      6-22-1993  KAGAN,PETER      SAMARITAN HOS      CIVIL HOSPITAL
INCOMPLETE UNAUT  TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

  3      6-22-1993  KAGAN,PETER      SAMARITAN HOS      CIVIL HOSPITAL
INCOMPLETE UNAUT  TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

CHOOSE 1-3:  2
At least one other claim in this group has been dispositioned.
Would you like this claim to be dispositioned to APPROVED TO STABILIZATION?  NO
    
```

## Utilities for Unauthorized Claims

### Disassociate an Unauthorized Claim

#### Introduction

This option allows you to disassociate an unauthorized claim which has been associated to others.

#### Example

```

Select unauthorized claim:  P.AIE  AIELLO,FRANK          04-23-13      134097714
NSC VETERAN

Select from the following:

1  AIELLO,FRANK  BROOKS PHARM  PHARMACY          9/30/93      APPEAL DISPOSITI
   TREATMENT FROM: 9/28/93      TREATMENT TO: 9/28/93

2  AIELLO,FRANK  MARCUS WELBY  CIVIL HOSPIT      7/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
3  DOCTOR        CIVIL HOSPIT  6/23/93  APPEAL/NOTICE OF  <7/2/93>
4  DOCTOR        CIVIL HOSPIT  7/2/93   COVA DISPOSITION  <7/2/93>

5  AIELLO,FRANK  MARCUS WELBY  CONTRACT NUR      7/2/93      APPEAL COMPLETE/
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

6  AIELLO,FRANK  MARCUS WELBY  OUTPATIENT        7/2/93      APPEAL DISPOSITI
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

7  AIELLO,FRANK  MARCUS WELBY  OUTPATIENT        7/2/93      DISPOSITIONED
   TREATMENT FROM: 1/1/93      TREATMENT TO: 1/1/93

Enter RETURN for more, or Select:  (1-7):  2

2  AIELLO,FRANK  MARCUS WELBY  CIVIL HOSPIT      7/2/93      APPEAL/NOTICE OF
   TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93

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

71  AIELLO,FRANK  MARCUS WELBY  CIVIL HOSPIT      6/23/93      APPEAL/NOTICE OF
    TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
    DISPOSITIONED: DISAPPROVED
73  AIELLO,FRANK  MARCUS WELBY  CIVIL HOSPIT      7/2/93      COVA DISPOSITION
    TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
    DISPOSITIONED: ABANDONED

Do you wish to disassociate claim from the above group?  YES
Do you want to automatically link this claim with another group?  NO

```

## Utilities for Unauthorized Claims

### Delete Unauthorized Claim

#### Introduction

The Delete Unauthorized Claim option allows you to delete unauthorized claims which have not been dispositioned. Dispositioned claims should be edited to a disposition status of CANCELED/WITHDRAWN; you cannot delete them. (Refer to Appendix B for more information about statuses.) If an unauthorized claim is deleted, any pending information on file for that claim is also deleted. If you delete a primary claim, the first secondary then becomes the primary, and all other remaining associated claims will point to the new primary.

#### Example

```
Select unauthorized claim:  V.SAMARITAN HOSPITAL  987654329AA  CONTRACT HOSP
                          123 ANYWHERE AVE
                          NEWTOWN, WI  09876-1265  TEL. #:  5551212

Select from the following:

1  SAMARITAN HO  ACKERLEY,DEN  CIVIL HOSPIT  05/27/93  INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93  PRIMARY CLAIM: //

2  SAMARITAN HO  ACKERLY,DENN  OUTPATIENT  09/09/93  INCOMPLETE UNAUT
   TREATMENT FROM: 09/07/93  TREATMENT TO: 09/07/93

Enter selection:  (1-2):  1

1  SAMARITAN HO  ACKERLEY,DEN  CIVIL HOSPIT  05/27/93  INCOMPLETE UNAUT
   TREATMENT FROM: 04/26/93  TREATMENT TO: 04/28/93
Are you sure you wish to delete? Y//  YES
Deleting claim...
```

## Utilities for Unauthorized Claims

### Return Address Display/Edit

#### Introduction

This option is used to display and/or edit the return address which will appear on unauthorized claim letters when letterhead is not used.

#### Example

```

                                VAMC ALBANY NY
                                128 HOLLAND AVE
                                ALBANY NEW YORK 12208

Do you wish to edit? No//  YES

STATION NAME (EDITABLE): VAMC ALBANY NY//  <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE//  113 HOLLAND AVE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY: ALBANY//  <RET>
STATE: NEW YORK//  <RET>
ZIP: 12208//  <RET>

Do you wish to display return address? Yes//  <RET>

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

                                VAMC ALBANY NY
                                113 HOLLAND AVE
                                ALBANY NEW YORK 12208

Do you wish to edit? No//  <RET>

Press RETURN to continue...

```

## Extension for Incomplete Mill Bill (1725) Claim



FBA SUPERVISOR Security Key - required to access this option.

### Introduction

This option is used by supervisors to enter an extension for an incomplete claim submitted under the provisions of 38 U.S.C. 1725 (Mill Bill). The normal expiration date for these claims is 31 days after the request information letter was sent. However, if an extension has been entered for a claim, the extension date will be used as the expiration date if that date is later than the calculated date.

Only the most recently entered extension for a claim is considered at the time the expiration date is calculated.

### Example

```
Select Utilities for Unauthorized Claims Option:  Extension for Incomplete
Mill Bill (1725) Claim
Select unauthorized claim:  ABBOTT,JOH

      Searching for a Patient
ABBOTT,JOHN A      6 -1-43      213987756      07 -18-00      NSC VETERAN

Enrollment Priority:      Category: NOT ENROLLED  End Date: 07/18/2000

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

Select from the following:

1  ABBOTT,JOHN  ACUTE CARE S  OUTPATIENT      6/16/00  INCOMPLETE UNAUT
      TREATMENT FROM: 6/15/00  TREATMENT TO: 6/15 /00

Enter selection:  (1 -1):  1
EXTENSION DATE:  1/31/02 (JAN 31, 2002)
Confirm entry of Jan 31, 2002 as the new extension date for the claim?  YES
COMMENTS:  <RET>
```

## **SECTION 7**

### **STATE HOME MAIN MENU**

#### **Overview**

Following is a brief description of each option contained in the State Home Main Menu.

**ENTER NEW STATE HOME AUTHORIZATION** – used to enter a new State Home authorization for a patient.

**CHANGE A STATE HOME AUTHORIZATION** – used to edit an existing State Home authorization for a patient. This option should be used to update the **TO DATE** of an authorization when a patient is discharged.

**DELETE A STATE HOME AUTHORIZATION** – used to delete an existing State Home authorization that was entered in error.

**REINSTATE STATE HOME AUTHORIZATION** – used to reinstate a previously deleted State Home authorization for a patient.

**ACTIVE AUTHORIZATION REPORT** – generates a report of authorizations whose **FROM DATES** and **TO DATES** overlap any portion of a user-specified date range. If the **STATE HOME** program is selected, a count of authorization days that fall within the user-specified date range will be shown. Note that the authorization **TO DATE** is not included in the count of days.

## Enter New State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



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



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

### Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

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

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

### Enter New State Home Authorization

#### Example

```

Select PATIENT NAME:  CARDILLO, GEORGE X

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

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
Insurance   COB Subscriber ID      Group      Holder Effective Expires
=====
      No Insurance Information
Want to add NEW insurance data? No//      <RET>
Are there any discrepancies with insurance data on file? No//      <RET>

```

```

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

AUTHORIZATIONS:
(1) FR: 12/01/98      VENDOR: Not Specified
    TO: 01/15/99

      Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME ADHC
      DX:
      County: RENSSELAER      PSA: Unknown

      REMARKS:
      test remarks.

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

```

## Enter New State Home Authorization

### Example, cont.

```
Enter FROM DATE:  1/15/99                (JAN 15, 1999)
Enter TO DATE:   9/20/2001              (SEP 20, 2001)

AUTHORIZATION PURPOSE OF VISIT CODE:  STATE HOME NH      89

VENDOR:  BAYSIDE STATE NH                541991111 ALL OTHER PARTI
1211 WATER ST                            (Awaiting Austin Approval)
ANYWHERE, VA 23669                       TEL. #: 555-5555

AUTHORIZATION REMARKS:
No existing text
Edit? NO//  <RET>
```

## Change a State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



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



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

### Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

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

## Change a State Home Authorization

### Example

```
Select PATIENT NAME:  CARDILLO,GEORGE X

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

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
Insurance   COB Subscriber ID      Group      Holder Effective Expires
=====
      No Insurance Information
Want to add NEW insurance data? No//  <RET>
Are there any discrepancies with insurance data on file? No//  <RET>
```

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

AUTHORIZATIONS:
(1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111
    TO: 09/20/01
        Authorization Type: STATE HOME
        Purpose of Visit: STATE HOME NH
        DX:
        County: RENSSELAER          PSA: Unknown

(2) FR: 12/01/98      VENDOR: Not Specified
    TO: 01/15/99
        Authorization Type: STATE HOME
        Purpose of Visit: STATE HOME ADHC
        DX:
        County: RENSSELAER          PSA: Unknown

      REMARKS:
        test remarks.

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

## Change a State Home Authorization

### Example, cont.

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

Enter a number (1-2):  1

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Sep 20, 2001//    T (FEB 09, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH//    <RET>
VENDOR: BAYSIDE STATE NH// < RET>
AUTHORIZATION REMARKS:
    No existing text
    Edit? NO// <RET>
```

## Delete a State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



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



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

### Introduction

The Delete a State Home Authorization option is used to delete a State Home authorization that was entered in error. A deleted authorization is retained on the local system with a status of AUSTIN DELETED. However, Central FEE in Austin will completely remove the deleted authorization from its database. Since a deleted authorization will be treated as if it never existed, this option should only be used to delete an authorization whose FROM DATE is incorrect.

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

**Delete a State Home Authorization**

**Example**

```

Select PATIENT NAME:  CARDILLO,GEORGE X

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

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
Insurance   COB Subscriber ID      Group      Holder Effective Expires
=====
      No Insurance Information
Want to add NEW insurance data? No//      <RET> NO
Are there any discrepancies with insurance data on file? No//      <RET>
    
```

```

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

AUTHORIZATIONS:
(1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99
      Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME NH
      DX:
      County: RENSSELAER      PSA: Unknown

(2) FR: 12/01/98      VENDOR: Not Specified
    TO: 01/15/99
      Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME ADHC
      DX:
      County: RENSSELAER      PSA: Unknown
      >> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

Enter a number (1-2):  1
OK to DELETE the 1/15/99-2/9/99 authorization?  YES
    
```

## Reinstate State Home Authorization



FBAA ESTABLISH VENDOR - required to enter new vendors.



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



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

## Introduction

The Reinstate State Home Authorization is used to reinstate a previously deleted State Home authorization. All information except the FROM DATE can be changed when a previously deleted authorization is reinstated.

### Reinstate State Home Authorization

#### Example

```

Select PATIENT NAME:  Cardillo, George X

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

Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

      SC Percent: 30%
Rated Disabilities: NONE STATED

      Health Insurance: NO
Insurance   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: CARDILLO,GEORGE X                Pt.ID: 012-67-8904

AUTHORIZATIONS:
  (1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111
      TO: 02/10/99
Authorization Type: STATE HOME
Purpose of Visit: STATE HOME NH
DX:
County: RENSSELAER          PSA: Unknown
>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

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

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Feb 10, 1999//      <RET> (FEB 10, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH//      <RET>
VENDOR: BAYSIDE STATE NH//      <RET>
AUTHORIZATION REMARKS:
  No existing text
  Edit? NO//      <RET>

```

## Active Authorization Report

### Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

### Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME// <RET>
For ALL Purpose of Visits? Y/N? YES// <RET>
From Date: Jan 01, 1999// <RET> (JAN 01, 1999)
To Date: Jan 31, 1999// <RET> (JAN 31, 1999)
Print authorization remarks? NO// <RET>
DEVICE: HOME// <RET> UCX/TELNET RIGHT MARGIN: 80// <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 1
FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM
FOR ALL PURPOSE OF VISIT(S)
```

VETERAN	Pt. ID	DAYS	AUTHORIZATION	
			FROM DATE	TO DATE
-----				
POV: STATE HOME ADHC				
Vendor: not specified				
CARDILLO,GEORGE X DOB: DEC 25,1945	012-67-8904	14	Dec 01, 1998	Jan 15, 1999
Vendor Subtotal:	Count:	1	Days:	14
		----		----
		====		====
POV Subtotal:	Count:	1	Days:	14
Enter RETURN to continue or '^' to exit: <RET>				

**Active Authorization Report**

**Example, cont.**

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 2  
 FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM  
 FOR ALL PURPOSE OF VISIT(S)

VETERAN	Pt. ID	DAYS	AUTHORIZATION	
			FROM DATE	TO DATE
-----				
POV: STATE HOME NH				
Vendor: BAYSIDE STATE NH				
BACON, JOSEPH DOB: 1914	106-10-4877	31	Dec 15, 1998	Feb 09, 1999
CARDILLO, GEORGE X DOB: DEC 25, 1945	012-67-8904	17	Jan 15, 1999	Feb 10, 1999
Vendor Subtotal:	Count: 2	Days: 48		
Enter RETURN to continue or '^' to exit: <RET>				

ACTIVE AUTHORIZATIONS by POV, Vendor, Patient FEB 23, 1999@13:23:23 page 3  
 FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM  
 FOR ALL PURPOSE OF VISIT(S)

VETERAN	Pt. ID	DAYS	AUTHORIZATION	
			FROM DATE	TO DATE
-----				
POV: STATE HOME NH (continued)				
Vendor: not specified				
ANDREW, ANNA DOB: MAY 5, 1955	425-89-6666	31	Dec 09, 1998	Feb 01, 1999
Vendor Subtotal:	Count: 1	Days: 31		
POV Subtotal:	Count: 3	Days: 79		
4 Authorizations on report				
Enter RETURN to continue or '^' to exit: <RET>				

(This page is intentional left blank.)

# Glossary

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

## Glossary

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

**MILITARY TIME CONVERSION TABLE**

<b>STANDARD</b>	<b>MILITARY</b>
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

## Glossary

## ADDING NEW INSURANCE DATA/ REPORTING DISCREPANCIES TO MCCR

New insurance data can be entered through several Fee Basis options by answering YES at the "Want to add NEW insurance data?" prompt. Following is an example of the prompts that will appear on your screen and a sample mail bulletin. A double question mark <??> can be entered at most prompts for an explanation of what is required and, when applicable, a list of possible responses. As in other screen examples, user responses are shown in boldface type.

```

Want to add NEW insurance data? No//  YES
COVERED BY HEALTH INSURANCE?: NO// Y  YES
Select INSURANCE COMPANY:  BLUE CROSS/BLUE SHIELD      PO BOX 660175
DALLAS      TEXAS      Y

```

Each Insurance policy entry for a patient must be associated with a Group Insurance Plan for the Insurance company you just selected. You will be given a choice of selecting previously entered Group Plans or you may enter a new one. If you enter a new Group Insurance Plan you must enter whether or not this is a group or individual plan.

```

Select GROUP INSURANCE PLAN:  AMERICAN AIRLINES BLUE CROSS/BLUE SHIELD
Group Policy      Group Name: AMERICAN AIRLINES      Group No: 38-22-36      PO
BOX 660175      DALLAS      TEXAS      Y
      ...OK? YES//  <RET>

```

Now you may enter the patient specific policy information. Most of these fields will be familiar to experienced users. The field 'SUBSCRIBER ID' used to be called 'INSURANCE NUMBER' and has been modified to allow entering just 'SS' to retrieve the patients SSN. This field is the identifier for the policy or patient that the carrier uses. See the new help.

```

INSURANCE TYPE: BLUE CROSS/BLUE SHIELD//  <RET>
EFFECTIVE DATE OF POLICY:  1/1/94 (JAN 01, 1994)
INSURANCE EXPIRATION DATE:  12/31/94 (DEC 31, 1994)
WHOSE INSURANCE:  VETERAN SMITH,ALICE      03-01-44      009123456      NSC
VETERAN
SUBSCRIBER ID:  SS 009123456
SOURCE OF INFORMATION: INTERVIEW//  <RET>

```

You can now edit information specific to the Group PLAN. Remember, updating PLAN information will affect all patients with this plan, not just the current patient.

```

GROUP NAME: AMERICAN AIRLINES//  (No Editing)
GROUP NUMBER: 38-22-36//  (No Editing)
TYPE OF PLAN: MAJOR MEDICAL EXPENSE INSURANCE//  <RET>
IS UTILIZATION REVIEW REQUIRED: YES//  <RET>
IS PRE-CERTIFICATION REQUIRED?: YES//  <RET>
EXCLUDE PRE-EXISTING CONDITION: YES//  <RET>
BENEFITS ASSIGNABLE?: YES//  <RET>

```

## **ADDING NEW INSURANCE DATA/ REPORTING DISCREPANCIES TO MCCR**

```
Select INSURANCE COMPANY: <RET>
Are there any discrepancies with insurance data on file? No//   YES
Enter description of change:  Difference in address - P.O. Box 606175
```

### **Sample Mail Bulletin**

```
Subj: FEE NOTIFICATION OF INSURANCE CHANGE [#51138] 12 Jan 95 10:55 5 Lines
From: GRAY,MARY ELLEN in 'IN' basket. Page 1
-----
```

There appears to be a change of insurance information  
for TAYLOR,LYNN with PT.ID of 309-12-9045.  
The explanation of change is as follows:

Difference in address - P.O. Box 606175

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

**TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES**

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
5	INITIAL ENTRY	YES	The unauthorized claim has been received at the facility, but is pending review to determine if the claim is complete, in which case it would progress to COMPLETE/PENDING REVIEW status. If further information is required, it would progress to INCOMPLETE status. A claim in the INITIAL ENTRY status is not currently being acted upon.  A parameter in the FEE BASIS SITE PARAMETERS file (#161.4) determines if this status is used.	
10*	INCOMPLETE UNAUTHORIZED CLAIM*	YES	The unauthorized claim is not complete, and therefore invalid. The claim is considered incomplete and cannot proceed to the next status, COMPLETE/PENDING REVIEW, until all the requested information has been received.	366
20	PENDING - REASON UNKNOWN	NO	Prior to version 3 of FEE, unauthorized claims could have been pending for either additional information from the requestor, medical review, or other reason. Any unauthorized claim having this inactive status should be updated to an active status.	
30	COMPLETE/PENDING REVIEW	YES	The unauthorized claim is pending disposition upon completion of legal/medical/PSA review. A claim is updated to this status if it is received as complete or edited, and no requested information is outstanding.	
40*	DISPOSITIONED*	YES	The unauthorized claim has been dispositioned.	366
50	APPEAL/NOTICE OF DISAGREE RECV	YES	The disposition of the unauthorized claim is being appealed. The Notice of Disagreement letter has been received by the submitter of the appeal. The statement of the case must be issued, and a response received, before the appeal can be complete for review. The appeal application is incomplete.  Entry of NOTICE OF DISAGREEMENT RECV'D will trigger this status.	

\*When a claim goes through this status a letter will be generated. However, disposition letters for a claim assigned a disposition of approved or approved to stabilization are held until there is at least one payment entered for the claim and all payments associated with that claim have been released by a supervisor using the Release a Batch [FBAA SUPERVISOR RELEASE] option.

**TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES**

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
55	APPEAL/ISSUED STATEMENT OF CASE	YES	The statement of the case has been issued to the submitter. A response must be submitted within the appropriate time frame for the appeal to be considered. The appeal is considered incomplete for review until the response is received.  Entry of STATEMENT OF THE CASE ISSUED will trigger this status.	366
60	APPEAL COMPLETE/PENDING REVIEW	YES	The appeal to the unauthorized claim is complete and pending review.  Entry of DATE SUBSTANTIVE APPEAL RECV'D will trigger this status.	
70*	APPEAL DISPOSITIONED*	YES	The appeal to the unauthorized claim has been dispositioned.  Entry of DATE APPEAL DISPOSITIONED will trigger this status.	121
80	COVA APPEAL	YES	The decision by the Board of Veterans Appeals (BVA) is being appealed.  Entry of DATE APPEALED TO COVA will trigger this status.	
90*	COVA DISPOSITION*	YES	The decision by the Court of Veterans Appeals (COVA) has been made, and the COVA appeal has been dispositioned.  Entry of DATE COVA APPEAL DISPOSITIONED will trigger this status.	

\*When a claim goes through this status a letter will be generated. However, disposition letters for a claim assigned a disposition of approved or approved to stabilization are held until there is at least one payment entered for the claim and all payments associated with that claim have been released by a supervisor using the Release a Batch [FBAA SUPERVISOR RELEASE] option.

**FEE BASIS MAIL BULLETINS**

The following is an example of a MRA Server bulletin:

```
Subj: Server Request Notice [#4739656] 10 Nov 93 09:29 EDT 42 Lines
From: <POSTMASTER@INDIANAPOLIS.VA.GOV> in 'IN' basket. Page 1
```

-----

Nov. 10, 1993 9:29 AM

A request for execution of a server option has been received.

Sender: POSTMASTER@FOC-AUSTIN.VA.GOV  
Option name: FBAA MRA SERVER  
Subject: FEE/LSU #932161548108467  
Message #: 2446861

Comments: No errors detected by the Menu System.

This is the server bulletin XQSERVER  
Total Vendor MRA's Received: 11 Processed: 4 Errors: 7  
ADDS: 4  
CHANGES: 7  
UNSOLICITED ADDS: 0

```
Subj: Server Request Notice [#4739656] Page 2
```

-----

\*\*\* 7 Errors detected by FEE while processing the above server message. \*\*\*

====> ERROR CODE 1: Invalid Vendor ID  
Action necessary. Refer to the Vendor Error Code documentation.

TESTING DMK	T99873764
TEST 4 CNH	98765432A

====> ERROR CODE 2: Invalid Record Length  
Action necessary. Refer to the Vendor Error Code documentation.

1C516	876351098	05CNH TEST	REASON ROAD
		NASHUA	NH000000000 015BTYC000000005161241\$

====> ERROR CODE 3: Invalid Station Number  
Action may be necessary. Refer to the Vendor Error Code documentation.

```
Subj: Server Request Notice [#4739656] Page 3
```

-----

KAPLON PHARMACY	345778665 8766
TAKE 5	876789809 0000

====> ERROR CODE 4.1: Vendor not found in file or in DELETE status.  
Information only. Refer to the Vendor Error Code documentation.

TEST AUTHO VENDOR	55555556
TEST AUTHO VENDOR	55555556

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

**NOTE: Vendor Error Code documentation is located in Appendix F of this manual.**

## **MULTIPLE RATES FOR CNH VENDORS**

The existence of two rates (Intermediate and Skilled) for a Community Nursing Home (CNH) vendor no longer exists. Now, a facility may negotiate as many rates per contract as is necessary. DHCP will handle this by allowing you to enter as many rates as is necessary when entering a contract for a Fee Basis vendor. All previous skilled and intermediate rates have been populated into the new rate structure for existing contracts.

When entering rates for vendors, use the option Update Vendor Contract/Rates - CNH, which is under the Community Nursing Home Main Menu. This option is not locked with the supervisor key; therefore, it may be used by any Fee Basis user. If you make an error entering rates, you may delete the rates by using the Delete CNH Rate option, which is under the Authorization Main Menu - CNH. This option will only allow deletion of a CNH rate if no payments have been associated with the rate at the time of deletion.

When entering a CNH authorization, a corresponding entry is made in the FEE BASIS CNH RATE file (#161.22) for the rate chosen. The time frame associated with the rate begins with the AUTHORIZATION FROM DATE and extends to the authorization TO DATE OR the CONTRACT EXPIRATION DATE, whichever is earlier. If the rate covers the entire authorization, no further action is necessary.

If the rate is only established for the duration of the vendor's contract, payments for that authorization will not be possible once the contract has expired. When DHCP is updated after extending a vendor's contract or negotiating a new contract, you will need to extend the rates for all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. To do this, you must run the Enter Veteran Rates under new Vendor Contract option, which is under the Authorization Main Menu - CNH. This option will prompt you to select the vendor, and it will, in turn, find all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. It will display each veteran and allow you to choose a rate from the new contract to associate with the new time frame. If the new rate established does not cover the remaining portion of the authorization, this step will be repeated when the rate is again extended, or a new contract is negotiated.

**MULTIPLE RATES FOR CNH VENDORS, cont.**

At times, it becomes necessary to change the rate associated with an authorization, due to changes in the complexity levels of care for a given patient. To do this, you may run the Change Existing Contract Rate for a Patient option, which is under the Authorization Main Menu - CNH. This option will display all rates associated with a particular authorization. If a change is necessary, the option will prompt for an effective date for the change, as well as a new rate for the time frame. It will then create a new rate entry in the FEE BASIS CNH RATE file (#161.22), beginning with the effective date, and going to the next rate assigned OR the rate ending date, whichever is earlier. The new rates will again be displayed on your screen after the changes have been made.

## **FEE BASIS/FMS VENDORIZING OVERVIEW**

### Introduction

Prior to V. 3.0 of DHCP Fee Basis, there were three vendor files with which Fee users worked. These vendor files reside at:

- Austin Finance Center (CALM)
- Austin Automation Center (Central Fee)
- Local site (FEE BASIS VENDOR file (#161.2), also known as Local Fee)

There were options in the Fee Basis package which allowed you to affect any of these files. The Add type Vendor MRA or the Change type Vendor MRA affected both the CALM and Central Fee files. You would use these if your local file was correct and you wished to update both of the other files. The Fee Only Vendor Add MRA or Fee Only Vendor Change MRA were used if your local file and CALM were correct and you wished to update **only** the Central Fee file. Also, any edit you made to your local file would automatically get saved and transmitted to the Central Fee file whenever you queued data for transmission to Austin. Whenever you added a vendor, you normally signed into TSO and into CALM to verify the vendor ID, and then sent in your request via FAX to the Vendorizing Unit.

Having 173 different vendor files (each file at the medical station plus the two in Austin) often resulted in inconsistent data among the various files. As the CALM system was being phased into FMS system, it was an opportune time to consolidate both the files and the update of the files.

### Vendorizing

The current methods of vendorizing should reduce the number of payment rejects, as well as eliminate the need for dialing into Austin prior to adding a new vendor. Faxes will also be eliminated.

If you wish to add a new vendor to or edit an existing vendor in the FEE BASIS VENDOR file (#161.2) you should use the Display,Enter,Edit Demographics option in the Vendor Menu. As in previous versions, you must have the appropriate security key and the site parameters must be set accordingly. If your FEE BASIS VENDOR file (#161.2) is correct, but you wish to update the FMS VENDOR file (now used by both CALM and Central Fee), you should use the Update FMS Vendor File in Austin option, located on the Vendor MRA Main Menu.

## **FEE BASIS/FMS VENDORIZING OVERVIEW, cont.**

The Update FMS Vendor File in Austin option replaces the following options that were used in prior versions of the Fee Basis software:

- Add type Vendor MRA
- Change type Vendor MRA
- Fee Only Vendor Add MRA
- Fee Only Vendor Change MRA

Use of the Display, Enter, Edit Demographics or Update FMS Vendor File in Austin options will result in the vendor information being transmitted to Austin whenever you use the Queue Data for Transmission option, as well as anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.).

### **HIGHLIGHTS OF FEE BASIS VENDORIZING**

- Austin will receive an **Add** transaction if you entered a new vendor into your FEE BASIS VENDOR file (#161.2). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you added a new entry on the DHCP system, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). (If you sent down a new vendor at street address yyy, and a nine digit vendor ID, it may come back with a suffix to the vendor ID to indicate an alternate address, because the original vendor ID already exists for that same vendor at street address xxx.)
- Austin will receive a **Change** if you used the Update FMS Vendor File in Austin option. Use this update option **only** when the existing vendor information is on your system, but **not** in the FMS system, **or** the information is **incorrect** on the FMS system. The information on the existing vendor entry is sent to Austin (no new vendor is created in the FEE BASIS VENDOR file [#161.2]). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you updated the FMS VENDOR file, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). Due to some inexplicable reason, the accurate vendor information which exists on your system is either missing from the FMS and/or CENTRAL FEE files, or is inaccurate on the FMS and CENTRAL FEE files. This option provides a mechanism for updating the FMS and CENTRAL FEE files with the accurate information from your file.

## **FEE BASIS/FMS VENDORIZING OVERVIEW, cont.**

- If you have edited the vendor information, a new entry is created in your FEE BASIS VENDOR file (#161.2), but Austin will receive a **Change** transaction. The current vendor information is transmitted to Austin. Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If Austin simply changes its file with the information which you sent, the **same** information will be passed back to you. The new entry in your FEE BASIS VENDOR file (#161.2) will be deleted, and anything pointing to the new entry (such as payments) will be re-pointed to the pre-existing vendor. If Austin changes either the base nine of the vendor ID or the suffix, you will receive an **Unsolicited Add** from Austin. This means that the new entry which was added to your vendor file will remain.
- All transactions returned by Austin occur automatically through the use of a server option (FBAA MRA SERVER). The server processes the messages returned by Austin and delivers a server request bulletin message to the FEE Mail Group. (Refer to Appendix C for examples.) There is no need to retain these messages, unless the comments portion indicates that an error has occurred, or that a task needs to be scheduled. Whenever your Server Request Bulletin contains this information, you should notify your IRM representative **immediately**.
- Until what you have transmitted to Austin has been returned by Austin and successfully processed, you will see a message "Awaiting Austin Approval" as part of the vendor identifiers whenever you access that vendor with the Fee Basis package. You will not be able to release a batch for payment which contains a vendor in such a status, and therefore will not be able to process a payment. The turnaround time from the time you transmit your request to the time you receive it back from Austin should be 24 hours. You should contact the Vendorizing Unit in Austin if it has been longer than 24 hours, especially if it hampers a payment.

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

## VENDOR ERROR CODES

You may see the following error codes in your MRA Server Bulletins:

ERROR CODE	1	INVALID VENDOR ID
ERROR CODE	2	INVALID RECORD LENGTH
ERROR CODE	3	INVALID STATION NUMBER
ERROR CODE	4	VENDOR NAMES DO NOT MATCH
ERROR CODE	4.1	VENDOR CHANGE FROM ANOTHER STATION NOT FOUND IN FILE
ERROR CODE	5	VENDOR CHANGE ALREADY PROCESSED

The following information includes explanations of the above codes, and how they can be resolved:

ERROR CODE 1 INVALID VENDOR ID  
 \*\*\*\*\* ACTION NECESSARY \*\*\*\*\*

**EXPLANATION:** **The first nine characters of a Fee Basis Vendor ID must be numeric only.** It is possible for FMS to send back an invalid ID, as they have vendors on their system with the first nine characters alphanumeric. They picked up these invalid vendor IDs from the CALM system, which had been modified from all numeric to alphanumeric. The FMS system does not allow modification of the vendor ID.

**RESOLUTION:** Contact the FMS Help Desk at (512) 389-5109 to let them know what you received.

Note the date on which you transmitted the vendor record to Austin. When all other vendor records have been received (the date does not appear on the output of MRA's Awaiting Austin Approval), then re-transmit MRAs for that date.

**VENDOR ERROR CODES, cont.**

**ERROR CODE 2 INVALID RECORD LENGTH**

\*\*\*\*\* ACTION NECESSARY \*\*\*\*\*

**EXPLANATION:** A Medical vendor and a Pharmacy vendor have two different record lengths. The record length for each is a fixed length. Medical or Pharmacy vendor records which deviate from their fixed length cannot be processed, since the position of the data may have shifted. This may lead to corruption of the data.

**RESOLUTION:** **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** They may be able to re-transmit the server message. If the message which they sent was bad, or they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

**ERROR CODE 3 INVALID STATION NUMBER**

\*\*\*\*\* ACTION MAY BE NECESSARY \*\*\*\*\*

**EXPLANATION:** This error is only possible if you are receiving an **Add** transaction from Austin and the station number on the **Add** transaction differs from the station number indicated by the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4).

**RESOLUTION:** **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** If the vendor transactions should not have been sent to you, then you can ignore this problem. If what was sent is accurate, check the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4). If the site parameter is correct, contact the ISC; further analysis is needed. If it is incorrect, request that the server message be re-transmitted. If they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

**VENDOR ERROR CODES, cont.**

**ERROR CODE 4 VENDOR NAMES DO NOT MATCH**  
**\*\*\*\*\* INFORMATION ONLY \*\*\*\*\***

**EXPLANATION:** This message is only likely to occur during the upload. It is possible for two vendors to exist with the same vendor ID. For one vendor, it may be a Tax ID number; for the other, an SSN. For changes made by another station, the Vendor ID is used to locate the vendor on your system. It's possible that the change is for the vendor with this number as a Tax ID number, but your file only contains the vendor with this number as an SSN.

<b>Example:</b>	<b>General Hospital</b>	<b>Tax ID:</b>	<b>123456789</b>
	<b>Dr. Smith</b>	<b>SSN:</b>	<b>123456789</b>

**RESOLUTION:** Informative message only. No further action is necessary.

**ERROR CODE 4.1 VENDOR NOT FOUND IN FILE OR IN DELETE STATUS**  
**\*\*\*\*\* INFORMATION ONLY \*\*\*\*\***

**EXPLANATION:** If a change is made to a vendor at another station, the change is routed to your station if it is believed that you also use that vendor. The Vendor ID is used to locate the vendor on your system. If the vendor does not exist on your system, or the Vendor ID has been changed, or the vendor is in DELETE status, the vendor in your FEE BASIS VENDOR file (#161.2) is not updated.

**RESOLUTION:** Informative message only. No further action is necessary.

**ERROR CODE 5 VENDOR CHANGE ALREADY PROCESSED**  
**\*\*\*\*\* INFORMATION ONLY \*\*\*\*\***

**EXPLANATION:** When a change to a vendor is made or a new vendor added, the vendor is temporarily added into the FEE BASIS VENDOR CORRECTION file (# 161.25). It is deleted from this file once Austin returns a transaction containing that vendor, and no other errors are found. If no entry is found in this file, nothing can be processed. It is most likely that it has already been processed.

**RESOLUTION:** Informative message only. No further action is necessary.

## MRA AND PAYMENT MESSAGES

Following are samples of the type of mail messages automatically generated when a vendor or veteran record is adjusted or when the Queue Data for Transmission option is used to transmit payment batches. Please refer to the attachment following these samples for a description of record layout and content.

### Medical Vendor MRA - Batch Type C1

```
Subj: FEE BASIS MESSAGE # 1 [#120201] 04 Jan 95 08:43 3 Lines
From: GRAY,MARY ELLEN (ALBANY ISC) in 'MRA' basket. Page 1
-----
FENC1010495500 00193$
1A500 292929292 1 02CORNER DRUG 111
                                TROY NY111110000 083BTYC000
000000500107$
1A500 333333333 1 06TROY MEDICAL GROUP
                                TROY NY222220000 083BTYC000
000000500108$

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

### Veteran MRA - Batch Type C2

```
Subj: FEE BASIS MESSAGE # 2 [#120206] 04 Jan 95 13:55 2 Lines
From: GRAY,MARY ELLEN (ALBANY ISC) in 'MRA' basket. Page 1
-----
FENC2010495500 00200$
CA500 019409130 D KIRKER 32 SMYTH RD MANCHESTER NH03
102134501019402019401102222241 012000000 2$

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

### Pharmacy Vendor MRA - Batch Type C4

```
Subj: FEE BASIS MESSAGE # 3 [#120212] 04 Jan 95 16:08 2 Lines
From: GRAY,MARY ELLEN (ALBANY ISC) in 'IN' basket. Page 1
-----
FENC4010495500 00208$
4C500 12345678900001CORNER DRUG 123 MAIN AVE
                                TROY NY121800000 083BTYC0000000
00050021$

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

MRA AND PAYMENT MESSAGES, cont.

**Inpatient Medical Payment - Batch Type B9**

Subj: FEE BASIS MESSAGE # 4 [#5253724] 18 Jan 95 10:54 EST 2 Lines  
 From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 \*\*N\*

-----  
 FENB9011895500 003640000002200C3 \$  
 9500 012126522 VF MABEL 777999098 000022005003 3010121994122594011795  
 000000619543222FA1033370800005000 401.1  
 0000000000000000000000619123094 00002200000030  
 00 46 \$

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

**Outpatient Medical Payment - Batch Type B3**

Subj: FEE BASIS MESSAGE # 5 [#5253744] 18 Jan 95 11:04 EST 2 Lines  
 From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 \*\*N\*

-----  
 FENB3011895500 004240000001000C3 \$  
 3500 012126522 VF MABEL 987098098 000010005003H0310011095101189500000  
 0621FA1033370800005001010011 401.10 00000000000000000000448^13^2^1011  
 695\$

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

**Travel Payment - Batch Type BT**

Subj: FEE BASIS MESSAGE # 6 [#5253753] 18 Jan 95 11:06 EST 2 Lines  
 From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 \*\*N\*

-----  
 FENBT011895500 004250000001000C3 \$  
 T500 012126522 TF MABEL 0000100050030112950 000000000000000000000000  
 00448^1011295\$

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

**Pharmacy Payment - Batch Type B5**

Subj: FEE BASIS MESSAGE # 3 [#5254070] 18 Jan 95 14:51 EST 2 Lines  
 From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV> in 'IN' basket. Page 1 \*\*N\*

-----  
 FENB5011895500 004460000000200C3 \$  
 5500 012126522 VF MABEL 987098098000000000200 5003 01089500L38333  
 011895000000627FA1033370800005000 000000000000000000000000627^1011595\$

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

## Appendices

## LIST MANAGER

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality.

- browse through the list
- select items that need action
- take action against those items
- select other List Manager actions without leaving the option

You can select an action and entry number by using an equals sign (=), for example:

LB=1            will process entry 1 for list batch  
LB=3 4 5       will process entries 3, 4, 5 for list batch  
LB=1-3         will process entries 1, 2, 3 for list batch

In addition to the various actions that may be available specific to the option you are working in, List Manager provides generic actions applicable to any List Manager screen. You may enter double question marks (??) at the "Select Action" prompt for a list of all actions available.

On the following page is a list of basic List Manager actions with a brief description. The list may have been altered by the specific package you are working in. The mnemonic for each action is shown in brackets [ ] following the action name. Entering the mnemonic is the quickest way to select an action.

## Appendices

### LIST MANAGER, cont.

<b>Action</b>	<b>Description</b>
Next Screen [+]	move to the next screen
Previous Screen [-]	move to the previous screen
Up a Line [UP]	move up one line
Down a Line [DN]	move down one line
Shift View to Right [>]	move the screen to the right if the screen width is more then 80 characters
Shift View to Left [<]	move the screen to the left if the screen width is more then 80 characters
First Screen [FS]	move to the first screen
Last Screen [LS]	move to the last screen
Go to Page [GO]	move to any selected page in the list
Re Display Screen [RD]	redisplay the current screen
Print Screen [PS]	prints the header and the portion of the list currently displayed
Print List [PL]	prints the list of entries currently displayed
Search List [SL]	finds selected text in list of entries
Auto Display(On/Off) [ADPL]	toggles the menu of actions to be displayed/not displayed automatically
Quit [QU]	exits the screen