FEE BASIS

USER MANUAL

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Veterans Affairs
Product Development (PD)

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Preface

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

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Introduction

A veteran is authorized Fee Basis care if s/he is legally eligible for such care and VA facilities are not feasibly available to meet the patient's medical needs. The authorization may be for non-VA hospitalization, community nursing home care, short term care, ID card status for ongoing outpatient care, or for home health services which authorize home health visits only. Veterans authorized Fee Basis care may be reimbursed for:

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

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

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

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

Following are the main features of the Fee Basis package.

- Ability to perform the entire fee for service process from entering patient authorizations and vendors to transmitting completed batch data to Austin for payment.

- Quick, easy, and accurate access to a patient's payment history.

- Completion of previously repetitive actions.

- Efficient administration of the Hometown Pharmacy program.

- Ability to set up authorizations for Community Nursing Home and Contract Hospital, and process payments for services provided.

- Processing of payments ancillary to Contract Hospital and unauthorized inpatient claims.

- Establishing a fee schedule and a Pricer check for payment of medical claims.

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

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

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

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

Orientation

Package Operation

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

User Responses

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

List Manager

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

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Package Management

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

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Package Operation

On-line Help

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

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

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

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

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

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

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

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Section 1: CIVIL HOSPITAL MAIN MENU

Overview

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

NOTIFICATION/REQUEST MENU

ENTER A REQUEST/NOTIFICATION - used to enter a request for Contract Hospital services.

NOTIFICATION/REQUEST EDIT - used to edit a previously entered request/notification that is incomplete.

LEGAL ENTITLEMENT - used to determine the patient's legal entitlement based on his eligibility for VA benefits.

MEDICAL ENTITLEMENT - used by the VA physician reviewing the case to determine medical entitlement for Contract Hospital services.

DISPLAY A REQUEST/NOTIFICATION - used to view the information on a VA Form 10-7078.

DELETE NOTIFICATION/REQUEST - allows you to delete a request/ notification as long as there is not a VA Form 10-7078 set up for the request. In order to delete a request, you must be the person who entered the request, or you must hold the FBAASUPERVISOR security key.

EDIT REPORT OF CONTACT - CH - used to edit a previously entered Contract Hospital Report of Contact.

PRINT ENTITLEMENT AUDIT - allows the Fee Basis Supervisor to print out the audit of requests which were previously denied but have been reconsidered. You must hold the FBAASUPERVISOR security key to use this option.

PRINT REPORT OF CONTACT - CH - used to print a selected Report of Contact for Contract Hospital.

RECONSIDER A DENIED REQUEST - allows the supervisor to reconsider a previously denied request. There is an audit on the Legal and Medical Entitlement fields. You must hold the FBAASUPERVISOR security key to use this option.

Overview

REQUESTS PENDING ENTITLEMENT - allows you to generate a list of requests/notifications that are still pending legal or medical entitlement.

UPDATE REPORT OF CONTACT - CH - used to update information on a previously entered Report of Contact for Contract Hospital.

DISPOSITION MENU

COMPLETE 7078 AUTHORIZATION - used to enter the discharge date if it was not entered at the time medical entitlement was determined.

EDIT COMPLETED 7078 - used to edit a previously entered VA Form 10-7078 Authorization.

DISPLAY 7078 AUTHORIZATION - used to view the information on a VA Form 10-7078.

CANCEL 7078 ENTERED IN ERROR - allows you to cancel a VA Form 10-7078 that was entered in error. When used, the estimated dollars will be freed up on the 1358. You must hold the FBAASUPERVISOR security key to use this option.

PRINT LIST OF CANCELLED 7078 - prints those VA Form 10-7078s cancelled by a holder of the FBAASUPERVISOR security key.

SET-UP A 7078 - used to set up a VA Form 10-7078 Contract Hospital authorization which has a status of COMPLETE.

PAYMENT PROCESS MENU

ANCILLARY CONTRACT HOSP/CNH PAYMENT - used to enter payments for ancillary services incurred by a patient while in a Contract Hospital.

COMPLETE A PAYMENT - used to enter the amount paid for a Contract Hospital bill after it has been received from the Austin Pricer.

DELETE INPATIENT INVOICE - allows you to delete an invoice entered in error. The invoice must be in a batch that has not been released for payment.

EDIT ANCILLARY PAYMENT - used to edit certain portions of a previously entered ancillary payment.

Overview

ENTER INVOICE/PAYMENT - used to enter a Contract Hospital payment.

INVOICE EDIT - used to edit the dollar amount, as well as any diagnostic and/or procedure codes, for a previously entered payment.

MULTIPLE ANCILLARY PAYMENTS - used to enter identical ancillary services incurred while in a Non-VA Hospital for a specified patient and vendor. Only the date of service may differ.

PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES - used to reimburse a patient for ancillary services paid for by the patient.

REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE - used to enter a patient reimbursement for an inpatient hospital stay. The payment will be sent through the Austin Pricer just like a direct vendor invoice, and the patient is reimbursed the same as the private facility.

BATCH MAIN MENU - CH

OPEN A BATCH - used to create a Contract Hospital batch.

EDIT BATCH DATA - used to edit certain portions of Contract Hospital batches.

CLOSE-OUT BATCH - used to close a Contract Hospital batch.

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

PRICER BATCH RELEASE - used by a supervisor to review payments and mark them for transmission to the Austin Pricer.

RE-INITIATE PRICER REJECTED ITEMS - used to re-initiate rejects from the Austin Pricer system.

RELEASE A BATCH - used by a supervisor to release a batch for payment. You must hold the FBAASUPERVISOR security key to use this option.

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

Overview

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

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

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

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

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

OPEN ANCILLARY PAYMENT BATCH - used to open a batch used for entering ancillary payments associated with a Contract Hospital admission.

OUTPUT MENU

7078 PRINT - generates the VAF 10-7078.

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

CIVIL HOSPITAL CENSUS REPORT - generates an output of all CH active inpatients (based on the Authorization FROM and TO dates in Section 5 of VA Form 10-7078) as of a specified census date.

COST REPORT FOR CIVIL HOSPITAL - generates the Cost Report for Civil Hospital sorted by PATIENT TYPE CODE. The outputs include total cases, average amount paid, and average length of stay on total report.

DISPLAY OPEN BATCHES - used to display information for batches with a status of OPEN.

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

Overview

LIST BATCHES PENDING RELEASE - used to display batches that have been closed, but not yet certified, by a supervisor for release to Austin.

NON-VA HOSPITAL ACTIVITY REPORT - used to generate a report showing admissions, discharges, patients remaining, and the number of days of care for Contract Hospital.

PENDING PRICER REJECTS - prints pending rejects from the Austin Pricer.

POTENTIAL COST RECOVERY REPORT - used to identify costs for fee services which may be possible to recover. Data is sorted by division, patient, fee program, vendor, and date.

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

REQUEST STATISTICS - used to generate a Contract Hospital report showing total number of requests, number denied, and the number still pending for a specified date range.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates a report to display the unauthorized claims payments for Civil Hospital for a specified date range.

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

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

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

QUEUE DATA FOR TRANSMISSION - used by the supervisor to transmit Contract Hospital payments and MRAs to Austin. The FBAASUPERVISOR security key is required to access this option.

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NOTIFICATION/REQUEST MENU
ENTER A REQUEST/NOTIFICATION

FBAA ESTABLISH VENDOR key - required to enter new vendors.

Introduction

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

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

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

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

NOTIFICATION/REQUEST MENU
ENTER A REQUEST/NOTIFICATION

Example:

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

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

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



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

```
FEEPATIENT, ONE                            000-45-6789              1914
==============================================================================


Status      : INACTIVE INPATIENT       Discharge Type : REGULAR

Admitted    : OCT 25,1985              Discharged     : NOV 1,1985@14:42
Ward        : 8C ORTHO SURG            Room-Bed       :
Provider    : FEEprovider,One          Specialty      : CARDIOLOGY
Attending   :

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

Future Appointments: NONE

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

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

Select Admitting Area: ALBANY ADMITTING
```

NOTIFICATION/REQUEST MENU
ENTER A REQUEST/NOTIFICATION

Example, cont.

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

Checking data for consistency...

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

===> 1 inconsistency filed in 0 seconds

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

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

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

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

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

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

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

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

NOTIFICATION/REQUEST MENU
ENTER A REQUEST/NOTIFICATION

Example, cont.

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

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

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

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  FEEVENDOR,ONE                    ID Number: 000456789
     Address:  923 ANY WAY                      Specialty:
        City:  ARGON                                 Type:  FEEVENDOR,ONE
       State:  NEW YORK                Participation Code: CONTRACT HOSPITAL
         ZIP:  17165-9967              Medicare ID Number: 123456
      County:  MONROE                               Chain:
       Phone:  717-555-9366                 Pricer Exempt: Yes
         Fax:  717-555-9300
 Austin Name:                                Last Change
 Last Change  07/27/93                       FROM Austin:  07/29/93
   TO Austin:
Is this the correct vendor? YES// <RET>
```

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

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

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

ATTENDING PHYSICIAN: <RET>

               REPORT OF CONTACT INFORMATION

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

NOTIFICATION/REQUEST MENU
NOTIFICATION/REQUEST EDIT

Introduction

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

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

Example

```
SELECT PATIENT: FEEPATIENT, ONE    05-06-53    000456789    SC VETERAN
     1     8-25-1990@08:00:00   FEEVENDOR,ONE     FEEPATIENT, ONE
     2     8-13-1990@14:00:00   FEEVENDOR,ONE     FEEPATIENT, ONE
CHOOSE 1-2: 1  8-25-1990@08:00:00
VENDOR: FEEVENDOR,ONE//  <RET>
PERSON WHO CALLED: DOCTOR//  <RET>
DATE/TIME OF ADMISSION: AUG 24,1990@09:00//  <RET>
AUTHORIZED FROM DATE/TIME: AUG 24,1990@09:00// <RET>
ADMITTING DIAGNOSIS: CHEST PAIN//  <RET>
REFERRING PROVIDER: FEEPROVIDER,TWO//  <RET>
REFERRING PROVIDER NPI: 1111111112
ATTENDING PHYSICIAN: DOCTOR//  <RET>
TYPE OF CONTACT: TELEPHONE//  <RET>
PHONE # OF PERSON CONTACTED: 555-9867//  555-9847
STREET ADDRESS[1] OF CONTACT: 4 WAYNE ST//  <RET>
STREET ADDRESS[2] OF CONTACT:  <RET>
CITY OF CONTACT: TROY//  <RET>
STATE OF CONTACT: NEW YORK//  <RET>
ZIP CODE OF CONTACT: 12182//  12180
ATTENDING PHYSICIAN: DOCTOR// <RET>
ATTEND. PHYSICIAN TELEPHONE NO.: 555-9847//  <RET>
VETERAN HAVE OTHER INSURANCE: YES//  <RET>
INSURANCE TYPE: AETNA//  <RET>
MODE OF TRANSPORTATION: POV//  <RET>
APPROVING OFFICIAL: JOHN//  <RET>
SELECT DATE/TIME OF CONTACT: AUG 25,1990@08:00//  <RET>
  DATE/TIME OF CONTACT: AUG 25,1990@08:00//  <RET>
  NARRATIVE:
  1> VETERAN ADMITTED THRU EMERGENCY ROOM.
EDIT OPTION:  <RET>
```

NOTIFICATION/REQUEST MENU
LEGAL ENTITLEMENT

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

Introduction

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

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

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

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

Example:

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

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

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

AUTHORIZATION TO DATE: T  (DEC 14, 1994)
```

NOTIFICATION/REQUEST MENU
LEGAL ENTITLEMENT

Example, cont.

```
DATE OF DISCHARGE: 12/14/94// <RET> (DEC 14, 1994)
ADMITTING AUTHORITY: 4  OBSERVATION & EXAMINATION     17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00  SURGICAL
SELECT OBLIGATION NUMBER: C93999  500-C93999    --  1358   OBLIGATED - 1358
             FCP: 333     $ 9999999
AUTHORIZED SERVICES:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT OPTION: <RET>
```

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

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

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

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

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

NOTIFICATION/REQUEST MENU
LEGAL ENTITLEMENT

Example, cont.

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


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

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

NOTIFICATION/REQUEST MENU
MEDICAL ENTITLEMENT

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

Introduction

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

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

Example:

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

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


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


DATE OF DISCHARGE: 12/15/93// <RET> (DEC 15, 1993)
ADMITTING AUTHORITY: 4  OBSERVATION & EXAMINATION     17.45
ESTIMATED AMOUNT: 1500.00
BEDSECTION/TREATING SPECIALTY: 00  SURGICAL
SELECT OBLIGATION NUMBER: C93999  500-C93999    --  1358   OBLIGATED - 1358
             FCP: 333     $ 9999999
AUTHORIZED SERVICES:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT OPTION: <RET>
```

NOTIFICATION/REQUEST MENU
MEDICAL ENTITLEMENT

Example, cont.

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


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

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


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

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

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


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


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

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

NOTIFICATION/REQUEST MENU
DISPLAY A REQUEST/NOTIFICATION

Introduction

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

Example

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


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

SELECT PATIENT:
```

NOTIFICATION/REQUEST MENU
DELETE NOTIFICATION/REQUEST

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

Introduction

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

Example

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


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

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

NOTIFICATION/REQUEST MENU
EDIT REPORT OF CONTACT - CH

Introduction

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

Example

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

NOTIFICATION/REQUEST MENU
PRINT ENTITLEMENT AUDIT

FBAASUPERVISOR Key - required to access this option.

Introduction

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

Example

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

   BEGINNING DATE : 060193  (JUN 01, 1993)

   ENDING    DATE : T  (AUG 03, 1993)

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

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

PATIENT NAME                                        DATE/TIME OF NOTIFICATION
     FIELD CHANGED                          SUPERVISOR
==============================================================================


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

NOTIFICATION/REQUEST MENU
PRINT REPORT OF CONTACT - CH

Introduction

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

Example:

```
SELECT FEE BASIS PATIENT NAME: FEEPATIENT, ONE
SELECT REPORT OF CONTACT DATE OF CONTACT: T   DEC 11, 1994

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

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



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

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

NOTIFICATION/REQUEST MENU
RECONSIDER A DENIED REQUEST

FBAASUPERVISOR Key - required to access this option.

Introduction

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

Example

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

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

IS THIS THE CORRECT REQUEST? YES// Y  YES


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

NOTIFICATION/REQUEST MENU
REQUESTS PENDING ENTITLEMENT

Introduction

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

Example:

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

FEE NOTIFICATION/REQUEST PENDING ENTITLEMENT   AUG  4,1993  09:13    PAGE 1
DATE OF REQUEST        PATIENT NAME                   PT.ID
                    DATE/TIME OF
                    ADMISSION
-------------------------------------------------------------------------------


        REQUEST STATUS: PENDING ENTITLEMENT

AUG  3,1993  10:55     FEEPATIENT, ONE                    000456789
  AUTHORIZED FROM DATE:   AUG  2,1993  15:30
  ADMISSION DATE:   AUG  2,1993  15:30

AUG  2,1993  19:00     FEEPATIENT, ONE                    000456789
  AUTHORIZED FROM DATE:   JUL 27,1993  20:55
  ADMISSION DATE:   JUL 27,1993  20:55
```

NOTIFICATION/REQUEST MENU
UPDATE REPORT OF CONTACT - CH

Introduction

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

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

Example

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

DISPOSITION MENU
COMPLETE 7078/AUTHORIZATION

Introduction

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

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

Example:

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

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

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


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


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

DISPOSITION MENU
EDIT COMPLETED 7078

Introduction

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

Example

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

DISCHARGE TYPE: DISCHARGE// <RET>
BEDSECTION/TREATING SPECIALTY: MEDICAL// <RET>
PURPOSE OF VISIT CODE: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
         // <RET>
AUTHORIZATION REMARKS:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT OPTION: <RET>
ACCIDENT RELATED (Y/N): YES// N  (NO)
POTENTIAL COST RECOVERY CASE: YES// N  (NO)
PRIMARY SERVICE AREA: ALBANY MEDICAL CENTER// <RET>


SELECT PATIENT:
```

DISPOSITION MENU
DISPLAY 7078/AUTHORIZATION

Introduction

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

Example:

```
SELECT PATIENT: FEEpatient,ONE

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


REFERENCE NUMBER: C90234.0025           VENDOR: PUBLIC HOSPITAL 000456789
  VETERAN: FEEPATIENT, ONE             AUTHORIZATION FROM DATE: JUL 21, 1993
  AUTHORIZATION TO DATE: AUG 10, 1993   AUTHORITY: PRESUMPTION OF SC
  ESTIMATED AMOUNT: 1400                USER ENTERING: KAREN
  STATUS: CANCELLED                     DATE OF ISSUE: AUG  4, 1993
  FEE PROGRAM: CIVIL HOSPITAL           USER WHO CANCELLED: PRCCLERK
  DATE CANCELLED: DEC 14, 1994          DATE OF ADMISSION: JUL 21, 1993
  DATE OF DISCHARGE: AUG 10, 1993       REFERRING PROVIDER: FEEPROVIDER,TWO
  REFERRING PROVIDER NPI (C): 1111111112


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

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


SELECT PATIENT:
```

DISPOSITION MENU
CANCEL 7078 ENTERED IN ERROR

Introduction

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

The FBAASUPERVISOR Security Key is required to access this option.

Example:

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

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


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

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



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

DISPOSITION MENU
PRINT LIST OF CANCELLED 7078

FBAASUPERVISOR Key - required to access this option.

Introduction

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

Example:

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


CANCELLED 7078S                                AUG  4,1993  10:28    PAGE 1
       7078                   PATIENT NAME                              VENDOR
   FROM DATE   CLERK ENTERING 7078               DATE CANCELLED
-------------------------------------------------------------------------------


C33003.0002                 FEEPATIENT, ONE       FEEVENDOR,ONE 000456789
 JUN  9,1993   JOHN                        JUN  9,1993

C89700.0004                 FEEPATIENT, TWO       FEEVENDOR,TWO 000456789
 JUL 28,1993   KAREN                      JUL 28,1993

C90234.0014                 FEEPATIENT, THREE     FEEVENDOR,THREE 000456789
 JUL 28,1993   KAREN                      JUL 28,1993

C90234.0015                  FEEPATIENT, FOUR     FEEVENDOR,THREE 000456789
 JUL 28,1993   JOHN                       JUL 28,1993

C90234.0016                  FEEPATIENT, FIVE     FEEVENDOR,THREE 000456789
 JUL 28,1993   KAREN                      JUL 28,1993

C90234.0017                  FEEPATIENT, SIX      FEEVENDOR,THREE 000456789
 JUL 28,1993   KAREN                      JUL 28,1993
```

DISPOSITION MENU
SET UP A 7078

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

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

Introduction

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

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

Example

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

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


AUTHORIZATION TO DATE: T  (DEC 14, 1994)


DATE OF DISCHARGE: 12/14/94// <RET>  (DEC 14, 1994)
ADMITTING AUTHORITY: OBSERVATION & EXAMINATION     17.45
ESTIMATED AMOUNT: 900
BEDSECTION/TREATING SPECIALTY: 10  MEDICAL
SELECT OBLIGATION NUMBER: 500-C93999    --  1358   OBLIGATED - 1358
             FCP: 333     $ 9999999
AUTHORIZED SERVICES:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT OPTION: <RET>
```

DISPOSITION MENU
SET UP A 7078

Example, cont.

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


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

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


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

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

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

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


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

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

PAYMENT PROCESS MENU
ANCILLARY CONTRACT HOSP/CNH PAYMENT

New Prompts:
Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.
Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

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

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

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

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

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

Introduction

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

PAYMENT PROCESS MENU
ANCILLARY CONTRACT HOSP/CNH PAYMENT

Introduction, cont.

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

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

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

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER:    24
  OBLIGATION #: C33003

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

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

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

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

PAYMENT PROCESS MENU
ANCILLARY CONTRACT HOSP/CNH PAYMENT

Example, cont.

```
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
Patient Name: FEEPATIENT, ONE                          Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 04/26/94      VENDOR: FEEVENDOR,ONE- 000654329AA
       TO: 04/28/94
                         Authorization Type: CIVIL HOSPITAL
           Purpose of Visit: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
           DX: CAD       County: GRAFTON                  PSA: BAY PINES, FL

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

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

Select FEE BASIS VENDOR NAME: FEEvendor,One  000654329AA  CONTRACT HOSPITAL
          123 ANYWHERE AVE
          NEWTOWN,  WISCONSIN  09876-1265
          TEL. #:  5551212
```

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

                      ***  VENDOR DEMOGRAPHICS  ***

        Name:  FEEVENDOR,ONE                     ID Number: 000456789
     Address:  123 ANYWHERE AVE                  Specialty:
        City:  NEWTOWN                                Type:  PUBLIC HOSPITAL
       State:  WISCONSIN               Participation Code: CONTRACT HOSPITAL
         ZIP:  09876-1265              Medicare ID Number: 098356
      County:  CHIPPEWA                              Chain:
       Phone:  5551212
        Fax:   5551200                      Pricer Exempt: Yes
Austin Name:  TEST
 Last Change                                Last Change
   TO Austin:  04/27/94                       FROM Austin:  04/29/94
Want to Edit data? NO// <RET>

Vendor has no prior payments for this patient
Want a new Invoice number assigned? YES// <RET>

Invoice # 77 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): T-2  (MAY 2, 1994)
```

PAYMENT PROCESS MENU
ANCILLARY CONTRACT HOSP/CNH PAYMENT

Example, cont.

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

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

DATE OF SERVICE: 042794   APR 27, 1994

SELECT SERVICE PROVIDED: 01922          ANESTH, CAT OR MRI SCAN

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

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

SELECT SERVICE PROVIDED: <RET>

DATE OF SERVICE: <RET>

INVOICE: 77  TOTALS $ 23.00
```

PAYMENT PROCESS MENU
COMPLETE A PAYMENT

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

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

Introduction

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

PAYMENT PROCESS MENU
COMPLETE A PAYMENT

Example:

```
SELECT FEE BASIS BATCH NUMBER:  901          C77777

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


SELECT PATIENT: FEEPATIENT, ONE      01-01-50   000456789    SC VETERAN
         1006   FEEPATIENT, ONE
VETERAN'S NAME   ('*'REIMBURSEMENT TO VETERAN   '+' CANCELLATION ACTIVITY)
                 ('#' VOIDED PAYMENT)
   VENDOR NAME                                     VENDOR ID  INVOICE #
   FR DATE    TO DATE    CLAIMED   PAID    SUS CODE         INVOICE DATE
=========================================================================

FEEPATIENT, ONE  000-45-6789
    FEEVENDOR,ONE                          000456789        1006
    03/01/90  03/03/90    1400.00  0.00                        05/01/90
    DX: 017.30  DX: 011.21
    ASSOCIATED 7078: C77777.0010
    BATCH #: 901                          DATE FINALIZED:


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

PAYMENT PROCESS MENU
DELETE INPATIENT INVOICE

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

Introduction

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 36          C33003

SELECT INVOICE TO DELETE: 20


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


PATIENT: FEEPATIENT, ONE                  PATIENT ID: 000-45-6789
                       FEE PROGRAM: CONTRACT NURSING HOME
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  INV DATE             AMOUNT     AMOUNT  SUSP  INVOICE     FROM        TO
                       CLAIMED     PAID   CODE      NUM     DATE      DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                    VENDOR ID: 000456789
 06/09/93                94.00     94.00             20    06/09/93  06/30/93
    ASSOCIATED 7078: C33003.0003
    BATCH #: 36                        DATE FINALIZED:


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

PAYMENT PROCESS MENU
EDIT ANCILLARY PAYMENT

New Prompts:
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
PROMPT PAY TYPE: - allows input of money management indicator, if service provided was contracted for. This field is optional.

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

Introduction

The Edit Ancillary Payment option is used to edit data for a previously entered invoice for ancillary services rendered to a Contract Hospital patient.

Payments from batches which have been transmitted cannot be edited.

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

Example:

```
SELECT FEE BASIS PAYMENT PATIENT:  FEEPATIENT, ONE    06-02-34      000456789
SC VETERAN

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

         ...OK? YES//  <RET>
DATE OF SERVICE:  6/20/94  JUN 20, 1994
SELECT SERVICE PROVIDED:  10120     REMOVE FOREIGN BODY
SERVICE PROVIDED: 10120//  <RET>
CPT MODIFIER: 77//  <RET>
AMOUNT CLAIMED: 50.00//  <RET>
AMOUNT PAID:  40.00//  <RET>
AMOUNT SUSPENDED:  10.00//  <RET>
SUSPEND CODE:  4//  <RET>
DESCRIPTION OF SUSPENSION:
1> BILLED SERVICES NOT PERFORMED
EDIT OPTION:  <RET>
PRIMARY SERVICE FACILITY: BAY PINES, FL// <RET>
OBLIGATION NUMBER: C77777//  <RET>
DATE CORRECT INVOICE RECEIVED: JUL 1,1994//  <RET>
VENDOR INVOICE DATE: JUN 15,1994//  <RET>
```

PAYMENT PROCESS MENU
EDIT ANCILLARY PAYMENT

Example, cont.

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


SELECT SERVICE PROVIDED:  <RET>


SELECT FEE BASIS PAYMENT PATIENT:
```

PAYMENT PROCESS MENU
ENTER INVOICE/PAYMENT

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

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

Introduction

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

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

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

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

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

PAYMENT PROCESS MENU
ENTER INVOICE/PAYMENT

Example:

```
SELECT PATIENT:    FEEPATIENT, ONE

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

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

```
         SC PERCENT: 45%
 RATED DISABILITIES: NONE STATED

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

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

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

AUTHORIZATIONS:
   (1) FR: 08/01/94      VENDOR: FEEVENDOR,ONE    - 000456789
       TO: 08/09/94
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
           DX:
       COUNTY: POTTAWATOMIE             PSA: FORT WAYNE, IN

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

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

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

PAYMENT PROCESS MENU
ENTER INVOICE/PAYMENT

Example, cont.

```
PATIENT NAME: FEEPATIENT, ONE                              PT.ID: 000-45-6789
   (2) FR: 08/10/94      VENDOR: FEEVENDOR,ONE    - 000456789
       TO: 08/22/94
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
           DX:
       COUNTY: POTTAWATOMIE             PSA: FORT WAYNE, IN

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

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

   (3) FR: 08/23/94      VENDOR: FEEVENDOR,ONE    - 987678978
       TO: 08/31/94
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
           DX:
       COUNTY: POTTAWATOMIE             PSA: TAMPA, FL

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

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

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

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

ENTER A NUMBER (1-3): 3
```

PAYMENT PROCESS MENU
ENTER INVOICE/PAYMENT

Example, cont.

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

                        ***  VENDOR DEMOGRAPHICS  ***

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

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

```
SELECT FEE BASIS BATCH NUMBER: 77          C90234

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

ENTER VENDOR INVOICE DATE: 9/1/94  (SEP 1, 1994)
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO// <RET>
DISCHARGE TYPE CODE: 9  STILL A PATIENT
BILLED CHARGES: 497
AMOUNT CLAIMED: 497
PAYMENT BY MEDICARE/FED AGENCY: NO
ATTENDING PROV NAME:  FBPROVIDER,ONE
ATTENDING PROV NPI: 123123123A
ATTENDING PROV TAXONOMY CODE: 123456789A
OPERATING PROV NAME:  FBPROVIDER,TWO
OPERATING PROV NPI: 123123123O
RENDERING PROV NAME: FBPROVIDER, THREE
RENDERING PROV NPI: 123123123R
RENDERING PROV TAXONOMY CODE: 123456789R
SERVICING PROV NAME: FBPROVIDER FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS: 100 MAIN ST
SERVICING FACILITY CITY: BURLINGTON
SERVICING FACILITY STATE: VT VERMONT
SERVICING FACILITY ZIP: 05403
REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X
ICD1: 200.00   200.00        RETICULOSARCOMA UNSPEC      COMPLICATION/COMORBI
 200.00
ICD2: <RET>
```

```
PROC1: 14.19  14.19        DX PROC POST SEG NEC      OTHER DIAGNOSTIC
PROCEDURES
 ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER
         ...OK? YES// <RET>  (YES)
PROC2: <RET>
ENTER LINE ITEM NUMBER: 1
LINE ITEM RENDERING PROV NAME: FBPROVIDER, SIX
LINE ITEM RENDERING PROV NPI: 123123123L
LINE ITEM RENDERING PROV TAXONOMY CODE: 123456789L
ENTER ANOTHER LINE ITEM RENDERING PROVIDER? NO//
ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>


SELECT PATIENT:
```

PAYMENT PROCESS MENU
INVOICE EDIT

New Prompts:
Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

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

FBAASUPERVISOR - required to edit payments from batches that have been released by a supervisor. (NOTE: Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.)

Introduction

The Invoice Edit option is used to edit data for a previously entered Contract Hospital invoice. This option cannot be used to enter new payments.

Payments from batches which have been transmitted cannot be edited. It should be noted that even though other batches may be accessed, you should edit only invoices contained in batches that you opened.

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

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

PAYMENT PROCESS MENU
INVOICE EDIT

Example

```
SELECT FEE BASIS BATCH NUMBER: 414         C45001

SELECT FEE BASIS INVOICE NUMBER: 514

INVOICE DISPLAY
                              ===============
                            PROVIDER INFORMATION

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

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

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

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

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


ENTER RETURN TO CONTINUE OR '^' TO EXIT:

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

VETERAN'S NAME                                   PATIENT CONTROL NUMBER
('*'REIMBURSEMENT TO VETERAN   '+' CANCELLATION ACTIVITY)   '#' VOIDED
PAYMENT)
    VENDOR NAME                              VENDOR ID     INVOICE #
    FPPS CLAIM ID FPPS LINE ITEM   DATE REC.  INV. DATE  FR DATE    TO DATE
    AMT CLAIMED  AMT PAID    COV.DAYS  ADJ CODE  ADJ AMOUNT     REMIT REMARK
==============================================================================
==

FBCSTESTPT,ONE  666-77-7888
    JUNO BEACH HOSPITAL                      666661111        514
                                   11/02/11   11/2/11    08/01/11   08/15/11
    220.00       0.00        1                  0.00
    DX: 200.00
    ASSOCIATED 7078: C45001.0048
    BATCH #: 414                        DATE FINALIZED

INVOICE DATE RECEIVED: NOV 2,2011//
VENDOR INVOICE DATE: NOV 2,2011//
PATIENT CONTROL NUMBER:
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO//
```

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

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

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

*NOTE THAT LINE ITEM RENDERING PROVIDER DATA IS NOT DISPLAYS ON OUTPATIENT
INVOICE DISPLAY, HOWEVER THE DATA CAN BE VIEWED AND EDITED UNDER THE LINE ITEM
RENDERING PROVIDER FIELDS.
```

PAYMENT PROCESS MENU
MULTIPLE ANCILLARY PAYMENTS

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

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

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

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

Introduction

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

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 145
  OBLIGATION #: C89622


SELECT PATIENT: FEEPATIENT, ONE
```

PAYMENT PROCESS MENU
MULTIPLE ANCILLARY PAYMENTS

Example, cont.

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

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

         SC PERCENT: 100%
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: UNKNOWN
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES

==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

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

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

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

           REMARKS:
              TEST

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

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

PAYMENT PROCESS MENU
MULTIPLE ANCILLARY PAYMENTS

Example, cont.

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

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

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


ENTER A NUMBER (1-2): 2
AUTHORIZATION REMARKS:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS.  PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF CARE
EDIT OPTION: <RET>
DX LINE 1: ILL// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>

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



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

                      ***  VENDOR DEMOGRAPHICS  ***

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

PAYMENT PROCESS MENU
MULTIPLE ANCILLARY PAYMENTS

Example, cont.

```
VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

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

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

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

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

SELECT SERVICE PROVIDED: 10080        DRAINAGE OF PILONIDAL CYST

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

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

CPT MODIFIER: 20        MICROSURGERY
AMOUNT CLAIMED:  $: 200

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

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

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


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

PAYMENT PROCESS MENU
MULTIPLE ANCILLARY PAYMENTS

Example, cont.

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


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

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


DATE OF SERVICE: <RET>

SELECT PATIENT: <RET>


SELECT FEE BASIS BATCH NUMBER:
```

PAYMENT PROCESS MENU
PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

New Prompts:
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

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

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

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

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

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

Introduction

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

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

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

PAYMENT PROCESS MENU
PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example

```
SELECT FEE BASIS BATCH NUMBER:    24
  OBLIGATION #: C33003

SELECT PATIENT:    FEEPATIENT, ONE
```

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

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

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

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

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

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

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

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


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

PAYMENT PROCESS MENU
PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example, cont.

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

                      ***  VENDOR DEMOGRAPHICS  ***

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

```
PATIENT NAME: FEEPATIENT, ONE              SSN: 000456789

  VENDOR: FEEVENDOR,ONE
     123 ANYWHERE AVE
     NEWTOWN, 55   09876-1265
         ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY   '#' VOIDED PAYMENT)
SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID   CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------
 04/27/94  90050             $   23.00   $   23.00         77        24
      >>>CHECK # 37776200  DATE PAID:  6/3/94<<<
*04/27/94  90040             $   27.00   $   25.00  1      79        24

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

INVOICE # 325 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 4/15  (APR 15, 1994)
```

PAYMENT PROCESS MENU
PATIENT REIMBURSEMENT FOR ANCILLARY SERVICES

Example, cont.

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


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

SELECT SERVICE PROVIDED: 01922          ANESTH, CAT OR MRI SCAN

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

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

SELECT SERVICE PROVIDED: <RET>

DATE OF SERVICE: <RET>

INVOICE: 79  TOTALS $ 43.00
```

PAYMENT PROCESS MENU
REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

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

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

Introduction

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

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

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

Example:

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

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

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

         SC PERCENT: 60%
 RATED DISABILITIES: NONE STATED

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

PAYMENT PROCESS MENU
REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

Example, cont.

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

AUTHORIZATIONS:
   (1) FR: 08/11/94      VENDOR: FEEVENDOR,ONE - 000456789
       TO: 08/31/94
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: AUTHORIZED NON-VA HOSPITAL CARE FOR SC COND.
           DX: SEVERE PAIN LEFT ABDOMINAL AREA
       COUNTY: HAMILTON                PSA: SYRACUSE, NY

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

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

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

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

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

```
PATIENT:  FEEPATIENT, ONE
            ADDRESS LINE 1:  53 PINE VALLEY RD
            ADDRESS LINE 2:  RR#2
                      CITY:  PINE VALLEY
                     STATE:  NEW YORK
                       ZIP:  12947
                    COUNTY:  HAMILTON

WANT TO EDIT ADDRESS DATA? NO// <RET>
```

PAYMENT PROCESS MENU
REIMBURSEMENT FOR INPATIENT HOSPITAL INVOICE

Example, cont.

```
PATIENT NAME: FEEPATIENT, ONE                    PT.ID: 000456789

                      ***  VENDOR DEMOGRAPHICS  ***

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

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

SELECT FEE BASIS BATCH NUMBER: 80          C90234

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

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

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


SELECT PATIENT:
```

BATCH MAIN MENU - CH
OPEN A BATCH

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

Introduction

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

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

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

Example:

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

BATCH NUMBER ASSIGNED IS: 180


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

BATCH MAIN MENU - CH
EDIT BATCH DATA

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

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

Introduction

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
   1      C90234
   4      C89211
   5      C89211
   10      C90234
   11      C90234
   13      C89622
   14      C89211
   15      C89622
   16      C93999
   '^' TO STOP: ^
SELECT FEE BASIS BATCH NUMBER: 1          C90234
SELECT CONTROL POINT: 999  999 FEE CIVIL HOSP
OBLIGATION NUMBER:  C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y  YES
SELECT OBLIGATION NUMBER:  C89621  500-C89621  --  1358 ORDERED AND OBLIGATED
             FCP: 999     $ 80000
SELECT CONTROL POINT: 999  999 FEE CIVIL HOSP
NUMBER: 1//   (NO EDITING)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

BATCH MAIN MENU - CH
CLOSE-OUT BATCH

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

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

Introduction

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

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

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

BATCH MAIN MENU - CH
CLOSE-OUT BATCH

Example:

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


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


FEEPATIENT, ONE                      000-45-6789             156
   FEEVENDOR,ONE                          000456789   250         8/15/94
    08/14/94 08/18/94   2.00       .00
    DX: 100.0

*FEEPATIENT, ONE                     000-45-6789             156
   FEEVENDOR,ONE                          000456789   263         8/15/94
    08/14/94 08/18/94  50.00       .00
    DX: 300.11  DX: 300.11

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


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


  STATUS: CLERK CLOSED



BATCH CLOSED


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH
RE-OPEN BATCH

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

Introduction

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 173          C89621


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

BATCH HAS BEEN RE-OPENED!


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU
PRICER BATCH RELEASE

Introduction

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER:  983           C77777


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

  STATUS: CLERK CLOSED



WANT LINE ITEMS LISTED? NO//  <RET>

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

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


  STATUS: SUPERVISOR CLOSED


BATCH HAS BEEN RELEASED!
```

BATCH MAIN MENU - CH
RE-INITIATE PRICER REJECTED ITEMS

Introduction

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

Example:

```
SELECT BATCH WITH PRICER REJECTS:  990       C77777


SELECT NEW BATCH NUMBER:  1014          C77777

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

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

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

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

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

BATCH MAIN MENU - CH
RE-INITIATE PRICER REJECTED ITEMS

Example, cont.

```
INVOICE DATE RECEIVED: AUG 5,1994// <RET>
VENDOR INVOICE DATE: 07/27/94  (JUL 27, 1994)
IS THIS LINE ITEM FOR A CONTRACTED SERVICE? NO//  <RET>
DISCHARGE TYPE CODE: TO HOME SELF CARE//  <RET>
BILLED CHARGES: 3125.00//  3120.00
PAYMENT BY MEDICARE/FED AGENCY: NO//  <RET>
AMOUNT CLAIMED: 3125.00//  3120.00
ICD1: 116.0//  <RET>
ICD2:  <RET>
PROC1:  <RET>
```

BATCH MAIN MENU - CH
RELEASE A BATCH

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

FBAASUPERVISOR Key - required to access this option.

Introduction

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

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

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

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 284          C35001


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


  STATUS: ASSIGNED PRICE


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

BATCH MAIN MENU - CH
RELEASE A BATCH

Example, cont.

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


FEEPATIENT, ONE                          000-45-6789              284
   FEEVENDOR,ONE                         000456789CN  387         5/13/93
    04/20/93 04/28/93   5.00     10.00                  DISCHARGE DRG20
    DX: 121.3
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y  YES

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

  STATUS: SUPERVISOR CLOSED


BATCH HAS BEEN RELEASED!
```

BATCH MAIN MENU - CH
FINALIZE A BATCH

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

FBAASUPERVISOR Key - required to access this option.

Introduction

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

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 917              C77777


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


  STATUS: TRANSMITTED


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

BATCH MAIN MENU - CH
FINALIZE A BATCH

Example, cont.

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


FEEPATIENT, ONE                    000-45-6789              834
   FEEVENDOR,ONE                            000456789    1040      2/1/94
    01-02-94    01-03-94  2300.00  2300.00
    DX: 103.9


FEEPATIENT, TWO                    000-45-6789              834
   FEEVENDOR,TWO                            000456789    1041      3/28/94
    02/13/94    02/15/94  2815.00  2815.00
    DX: 103.9


FEEPATIENT, THREE                    000-45-6789              834
   FEEVENDOR,THREE                           000456789    1042      4/30/94
    03/01/94    03/31/94  3100.00  3100.00
    DX: 103.9

WANT TO REJECT THE ENTIRE BATCH? NO//  <RET>

WANT TO REJECT ANY LINE ITEMS? NO//  Y

SELECT PATIENT:  FEEPATIENT, ONE       04-29-61    000456789   SC VETERAN
```

BATCH MAIN MENU - CH
FINALIZE A BATCH

Example, cont.

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

FEEPATIENT, ONE                    000-45-6789              834
   FEEVENDOR,ONE                          000456789    1040      2/1/94
1)  01/02/89 01/03/89  2300.00  2300.00

WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES//  N
REJECT WHICH LINE ITEM:  1
ARE YOU SURE YOU WANT TO REJECT ITEM NUMBER: 1 ? NO//  Y
ENTER REASON FOR REJECTING:  WRONG VENDOR

ITEM REJECTED. WANT TO REJECT ANOTHER ? YES//  N

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


  STATUS: TRANSMITTED



DO YOU WANT TO FINALIZE BATCH AS CORRECT? NO//  Y

 BATCH HAS BEEN FINALIZED!
```

BATCH MAIN MENU - CH
RE-INITIATE REJECTED PAYMENT ITEMS

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

Introduction

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

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

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

Example:

```
SELECT BATCH WITH REJECTS: 80          C90234


NEW BATCH FOR REJECTS IS: 211
WANT LINE ITEMS LISTED? NO// YES

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

BATCH NUMBER: 80     VOUCHER DATE: 1/10/95  VOUCHERER: PRCCLERK


FEEPATIENT, ONE                    000-45-6789             80
   FEEVENDOR,ONE                          000456789    98        9/2/93@11:00
    08/11/93 08/31/93 533.00    525.00       4          DISCHARGE DRG21
    DX: 300.11
    PROC: 30.01
       REJECT REASON: WRONG PAYEE
       OLD BATCH #: 80
------------------------------------------------------------------------------

WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO// YES
ARE YOU SURE YOU WANT TO RE-INITIATE ALL LINE ITEMS IN THIS BATCH? NO// YES
...HMMM, JUST A MOMENT PLEASE...

ALL REJECTED ITEMS HAVE BEEN RE-INITIATED!


SELECT BATCH WITH REJECTS:
```

BATCH MAIN MENU - CH
DELETE REJECT FLAG

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

FBAASUPERVISOR Key - required to access this option.

When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Introduction

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

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

Example:

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


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


  STATUS: VOUCHERED


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

BATCH MAIN MENU - CH
DELETE REJECT FLAG

Example, cont.

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

BATCH NUMBER: 375    VOUCHER DATE: 11/29/94 VOUCHERER: MARY ELLEN

FEEPATIENT, ONE                      000-45-6789             375
   FEEVENDOR,ONE                            000444444    560         10/18/94
    10/17/94 10/18/94   1.00      1.00                 DISCHARGE DRG492
    DX: 271.3
       REJECT REASON: WRONG VENDOR
       OLD BATCH #: 375
--------------------------------------------------------------------------------

WANT TO DELETE REJECTION CODES FOR THE ENTIRE BATCH? NO// <RET>
WANT TO DELETE REJECTION CODE FOR ANY LINE ITEMS? NO// Y  YES

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

FEEPATIENT, ONE                      FEEPATIENT, ONE              375
   FEEVENDOR,ONE                           000444444    560         10/18/94
1)  10/17/94 10/18/94   1.00      1.00                 DISCHARGE DRG183
    DX: 271.3
DELETE REJECT FLAG FOR WHICH LINE ITEM:  (1-1): 1
ARE YOU SURE YOU WANT TO DELETE THE REJECT ON ITEM NUMBER 1? NO// Y  YES
...DONE

NUMBER: 375                             OBLIGATION NUMBER: C15005
  TYPE: CH/CNH                          DATE OPENED: OCT 18, 1994
  CLERK WHO OPENED: BARBARA             DATE SUPERVISOR CLOSED: OCT 18, 1994
  SUPERVISOR WHO CERTIFIED: BARBARA
  STATION NUMBER: 500                   TOTAL DOLLARS: 1
  INVOICE COUNT: 1                      PAYMENT LINE COUNT: 1
  DATE FINALIZED: NOV 29, 1994          DATE CLERK CLOSED: OCT 18, 1994
  DATE TRANSMITTED: OCT 18, 1994        CONTRACT HOSPITAL BATCH: YES
  PERSON WHO COMPLETED: MARY ELLEN BATCH EXEMPT: NO


  STATUS: VOUCHERED


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH
STATUS OF BATCH

Introduction

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

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

BATCH MAIN MENU - CH
STATUS OF BATCH

Example:

```
SELECT FEE BASIS BATCH NUMBER: 181          C15005

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


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


  STATUS: TRANSMITTED




SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH
LIST ITEMS IN BATCH

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

Introduction

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

Example:

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

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


FEEPATIENT, ONE                     000-45-6789              181
   FEEVENDOR,ONE                          000456789    198         11/8/90
    10/30/90 11/09/90 100.00     50.00       1      DISCHARGE DRG423
    DX: 103.2
    PROC: 01.01


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH
BATCH DELETE

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

Introduction

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER:    169        C90234


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


  STATUS: ASSIGNED PRICE


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

     BATCH DELETED.


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CH
OPEN ANCILLARY PAYMENT BATCH

Introduction

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

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

Example:

```
WANT TO CREATE AN ANCILLARY PAYMENT MEDICAL BATCH? YES//  <RET>

MEDICAL BATCH NUMBER ASSIGNED IS:  1011


   ARE YOU ADDING '1011' AS A NEW FEE BASIS BATCH (THE NTH)?  Y

SELECT OBLIGATION NUMBER: C77777  500-C77777    -- 1358  OBLIGATED - 1358
            FCP: 777     $ 9999999
```

OUTPUT MENU
7078 PRINT

Introduction

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

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

Example:

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

    C77777.0141          FEEVENDOR,ONE     FEEPATIENT, ONE    COMPLETE


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


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

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

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

OUTPUT MENU
7078 PRINT

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------
     Department of Veterans Affairs                    AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES
-----------------------------------------------------------------------------------------------------------------
Issuing Office                                         |1. Date of Issue
     VAMC ALBANY                                       |   08/30/06
     113 HOLLAND AVE                                   |-----------------------------------------------
     ALBANY, NY  12208                                 |2. Veteran's Name
                                                       |   FEEpatient, ONE
-----------------------------------------------------------------------------------------------------------------
Name of Physician or Station                           |3. Address
     FEEvendor,One                                     | 1 MAIN ST
     NEW SCOTLAND AVE                                  | Apt. 1B
     SUITE 301                                         |
     ALBANY, NY  12209                                 | TROY, NY  12180
     ID#: 111111111                                    |-----------------------------------------------
                                                       | 4. Veteran's Claim No.   | 4A. SSN
                                                       |  000456789               | XXX-XX-6789
                                                       |-----------------------------------------------
                                                       |        5. Authorization Valid
                                                       |-----------------------------------------------
Name of VA Referring Provider                          |From                      |To
     FEEprovider,Two                        NPI: 1111111112 | 08/30/06                 | 09/17/06
-----------------------------------------------------------------------------------------------------------------
                                          PART 1. - SERVICES AUTHORIZED
-----------------------------------------------------------------------------------------------------------------
6. Services shown below are authorized for the period indicated in Item 5 above.                        |  7. Fee
            (See Special Provisions below.)                                                              |$
Move to VAMC ASAP
-----------------------------------------------------------------------------------------------------------------
8. Fee Schedule or Contract      |9. Authority                |9A.                       |10. Estimated Amount
                                 | 17.45                      |                          | $500.00
-----------------------------------------------------------------------------------------------------------------
11. Fiscal Symbols                                     |12. Authorized by (Name and Title)
     360/10161.001 C77777.0141                         | JAMES ME  Clinical Director
-----------------------------------------------------------------------------------------------------------------
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:

1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF
   CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING
   TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.

2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to
   the VA in excess of usual and customary charges to the general public for similar services.

3. Payment by the VA is payment in full for authorized services rendered.

4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this
   authorization.  If services are not initiated for any reason, return a copy of the authorization to the issuing
   office with a brief explanation.

5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major
   surgery.

6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the
   release of the patient from the hospital.

7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner,
   and the NPI and Taxonomy Code of your organization.  If, under the HIPAA NPI Final Rule
   [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing
   services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and
   is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.
-----------------------------------------------------------------------------------------------------------------
                All questions relating to this authorization should be referred to the issuing VA Office
-----------------------------------------------------------------------------------------------------------------
VA Form 10-7078
```

OUTPUT MENU
CHECK DISPLAY

Introduction

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

Example:

```
SELECT CHECK NUMBER: 18729310

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


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

                      FEE PROGRAM:  CIVIL HOSPITAL
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
   FROM     TO         AMOUNT     AMOUNT   SUSP        BATCH       INVOICE
   DATE     DATE       CLAIMED     PAID    CODE        NUMBER      NUMBER
==============================================================================

VENDOR:  FEEVENDOR,ONE           VENDOR ID:  000111111

PATIENT:  FEEPATIENT, ONE               PATIENT ID:  XXX-XX-6789
   6/1/06   6/30/06     6,100.00   6,000.00    D         378         583
    >>>CHECK # 18729310  DATE PAID:  1/9/95<<<


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

SELECT CHECK NUMBER:
```

OUTPUT MENU
CIVIL HOSPITAL CENSUS REPORT

Introduction

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

Example:

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

   CENSUS DATE:  072994  (JUL 29, 1994)

DISPLAY ADDRESS FOR VENDORS? NO// Y  YES

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

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

VENDOR NAME                            VENDOR ID
     VETERAN NAME              DOB       VETERAN ID     PSA    AUTH FROM DATE
================================================================================

FEEVENDOR,ONE                          000456789  CONTRACT HOSP
          923 ANY WAY
          ARGON, NY  17165-9967  TEL. #:  717-555-9366

     FEEPATIENT, ONE         01/31/55 000-45-6789    569       07/27/94

FEEVENDOR,ONE                            000456789  CONTRACT HOSP
          RR#2
          PINE VALLEY, NY  12943  TEL. #:  716-555-3355

     FEEPATIENT, ONE         02/03/35  000-45-6789    670       08/11/93


FEEVENDOR,TWO                             000456789  CONTRACT HOSP
          9 SKY WAY
          FREON, NY  17165-9967  TEL. #:  518-555-9999

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

OUTPUT MENU
CIVIL HOSPITAL CENSUS REPORT

Example, cont.

```
                    FEE BASIS CIVIL HOSPITAL CENSUS
                              08/15/93
                        --------------------------

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

OUTPUT MENU
COST REPORT FOR CIVIL HOSPITAL

Introduction

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

Example

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

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

   ENDING    DATE : T  (DEC 14, 1994)


     SELECT ONE OF THE FOLLOWING:

          D         DETAILED REPORT
          S         SUMMARY ONLY

CHOOSE REPORT TYPE: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP  KYOCERA    RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 14, 1994@13:57:15)
REQUEST QUEUED
TASK #: 33752

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

PATIENT NAME          PATIENT ID     ASSOC 7078     AMT PAID   FINAL DRG  LOS
==============================================================================

     TREATING SPECIALTY:  MEDICAL
FEEPATIENT, ONE      000-45-6789     C90234.0057        4.44**
FEEPATIENT, TWO      000-45-6789     C90234.0008        5.00        18      2

     TREATING SPECIALTY:  SURGICAL
FEEPATIENT, THREE    000-45-6789     C90234.0031      525.00        21     20


                      ** INDICATES AN ANCILLARY PAYMENT
```

OUTPUT MENU
COST REPORT FOR CIVIL HOSPITAL

Example, cont.

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

                                  SUMMARY

                     LOS                # CASES              AVE. AMT. PAID
==============================================================================

     TREATING SPECIALTY:  MEDICAL
                       2                   1                      5.00

     TREATING SPECIALTY:  SURGICAL
                      20                   1                    525.00

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

    TOTAL CASES:  2     AVERAGE AMOUNT PAID:  265.00    AVERAGE LOS:  11.00

    TOTAL ANCILLARY PAYMENTS:      1    AVERAGE AMOUNT PAID:        4.44
```

OUTPUT MENU
DISPLAY OPEN BATCHES

Introduction

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

Example

```
Batch #  Type    Dt Open   Clerk Who Opened                Obligation #
==============================================================================

25      CH/CNH   05/28/93  MICHAEL                         C33003

26      Pharmacy 05/28/93  MICHAEL                         C93004

28      Medical  05/28/93  MICHAEL                         C33003

33      Medical  06/02/93  KAREN                           C33003

34      CH/CNH   06/03/93  KAREN                           C33003

35      Medical  06/08/93  KAREN                           C33003
```

OUTPUT MENU
INVOICE DISPLAY

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

Introduction

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

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

Example

```
Select FEE BASIS INVOICE NUMBER: 164

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


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

Veteran's Name   ('*'Reimbursement to Veteran   '+' Cancellation Activity)
                 ('#' Voided Payment)
   Vendor Name                                Vendor ID     Invoice #
   Fr Date    To Date  Claimed   Paid    Sus Code          Dt. Rec.  Inv. Date
==============================================================================

FEEPATIENT, ONE  000-45-6789
    FEEVENDOR,ONE                             000888888        164
    10/23/94  10/31/94  1800.00  1800.00                    11/6/94  11/1/94
    DX: 747.3                              Discharg DRG: 136

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


Select FEE BASIS INVOICE NUMBER:
```

OUTPUT MENU
LIST BATCHES PENDING RELEASE

Introduction

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

Example

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

                      FEE BATCHES PENDING RELEASE

Batch #   Date Closed    Clerk Who Opened            FCP-Obligation #  Total $
==============================================================================

33         08/19/93      KAREN                       333-C33003       3295.00

29         06/01/93      KAREN                       999-C90234       1500.00
```

OUTPUT MENU
NON-VA HOSPITAL ACTIVITY REPORT

Introduction

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

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

Example

```
                  NON-VA HOSPITAL ACTIVITY REPORTS
                 ----------------------------------

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

Enter response: 2  FEEVENDOR,ONE

     This option will calculate the FEEVENDOR,ONE    Activity Report.


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

OUTPUT MENU
NON-VA HOSPITAL ACTIVITY REPORT

Example, cont.

```
                    FEEVENDOR,ONE    ACTIVITY REPORT
                    ----------------------------------
 For the month of: JUL 1993
==============================================================================

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

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

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

OUTPUT MENU
PENDING PRICER REJECTS

Introduction

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

Example

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


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

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

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


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

Select Output Menu Option:

   1(022,028)
```

OUTPUT MENU
POTENTIAL COST RECOVERY REPORT

Introduction

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

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

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

Example

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


Select Primary Service Facility: ALL//



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



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


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

**** Date Range Selection ****

   Beginning DATE : T  (NOV 02, 2011)

   Ending    DATE : T  (NOV 02, 2011)

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

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


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

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


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


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

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

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

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


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


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

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

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


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

OUTPUT MENU
PRINT REJECTED PAYMENT ITEMS

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

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

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

Example

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

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

```
Patient Name ('*' Reimbursement to Veteran   '+' Cancellation Activity)
             ('#' Voided Payment)                          Batch Number
   Vendor Name                              Vendor ID   Invoice #  Dt Inv Rec'd
   FR DATE    TO DATE  CLAIMED   PAID    SUSP CODE
==============================================================================

Batch Number: 341    Voucher Date: 8/10/93  Voucherer: LUCIA


FEEPATIENT, ONE                        000-45-6789           341      6/31/93
   FEEVENDOR,ONE                           000888888         523      7/27/93
    6/1/93  6/3/93     1552.00   1552.00
    Dx: 214.0
       Reject Reason: DUPLICATE PAYMENT
       Old Batch #: 341
```

OUTPUT MENU
REQUEST STATISTICS

Introduction

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

Example

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

   BEGINNING DATE: 6/1/90  (JUN 01, 1990)

   ENDING    DATE: T  (JUL 27, 1990)

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

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


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

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

OUTPUT MENU
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Introduction

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

Example

```
**** Date Range Selection ****

   Beginning DATE : 010194  (JAN 01, 1994)

   Ending    DATE : T  (AUG 09, 1994)


     Select one of the following:

          D         DETAILED REPORT
          S         SUMMARY ONLY

Choose Report Type: S// DETAILED REPORT

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

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

```
                              UNAUTHORIZED CLAIMS
                          COST REPORT FOR CIVIL HOSPITAL
                             01/01/94 THROUGH 08/09/94
                          ------------------------------


PATIENT NAME          PATIENT ID     DT CLAIM REC   AMT PAID   FINAL DRG  LOS
==============================================================================

     TREATING SPECIALTY:  MEDICAL
FEEPATIENT, ONE     000-45-6789     05/17/94           2.00        45      3
                       ** Indicates an Ancillary Payment
```

OUTPUT MENU
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Example, cont.

```
                         UNAUTHORIZED CLAIMS
                    COST REPORT FOR CIVIL HOSPITAL
                       01/01/94 THROUGH 08/09/94
                    ------------------------------


                              SUMMARY

                    LOS                # CASES              AVE. AMT. PAID
==============================================================================

     TREATING SPECIALTY:  MEDICAL
                       3                   1                     2.00

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

    TOTAL CASES:  1     AVERAGE AMOUNT PAID:  2.00      AVERAGE LOS:  3.00
```

OUTPUT MENU
VENDOR PAYMENTS OUTPUT

Introduction

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

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

Example

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

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 0101  (JAN 01, 2006)

   ENDING    DATE : 0630  (JUN 30, 2006)

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

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

OUTPUT MENU
VENDOR PAYMENTS OUTPUT

Example, cont.

```
                          VENDOR PAYMENT HISTORY
                         ========================                      Page: 1
                                                     Date Range: 1/1/06 to 6/30/06
Vendor: FEEvendor,One           Vendor ID: 000444444
                          FEE PROGRAM: CIVIL HOSPITAL
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  Inv Date             Amount     Amount  Susp   Invoice     From        To
                       Claimed     Paid   Code       Num     Date      Date
==============================================================================

Patient: FEEpatient,One            Patient ID: XXX-XX-6789
  1/11/06                10.00      0.00            531    11/5/06   11/15/06
  DX: 103.0

Patient: FEEpatient,Two            Patient ID: XXX-XX-1234
  5/18/06                 87.00     81.00            560    4/17/06   4/18/06
  DX: 271.3
     >>>Check # 1111111  Date Paid:  6/20/06<<<
     >>>Amount paid altered to $83.00 on the Fee Payment Voucher document.<<<
```

OUTPUT MENU
VETERAN PAYMENTS OUTPUT

Introduction

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

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

Example

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

    **** Date Range Selection ****

   Beginning DATE : 010106  (JAN 01, 2006)

   Ending    DATE : 063006  (JUN 30, 2006)

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

OUTPUT MENU
VETERAN PAYMENTS OUTPUT

Example, cont.

```
                          VETERAN PAYMENT HISTORY
                         ========================                      PAGE: 1
                                                   DATE RANGE: 1/1/06 TO 6/30/06
PATIENT: FEEPATIENT, ONE                          PATIENT ID: XXX-XX-6789
                                                   FEE PROGRAM: CIVIL HOSPITAL
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  INV DATE             AMOUNT     AMOUNT  SUSP   INVOICE     FROM        TO
                      CLAIMED       PAID  CODE       NUM     DATE      DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                     VENDOR ID: 000777777
  1/27/06              115.00    100.00     1     554    11/30/06   12/17/06
  DX: 100.89
  PROC: 10.99
       >>>CHECK # 11887576  DATE PAID:  2/20/06<<<

                    >>> ANCILLARY SERVICE PAYMENTS <<<

  SVC DATE CPT CODE    AMOUNT    AMOUNT  SUSP           BATCH INVOICE VOUCHER
                       CLAIMED    PAID   CODE            NUM   NUM     DATE
------------------------------------------------------------------------------

VENDOR: FEEVENDOR,ONE                    VENDOR ID: 000777777
+4/5/06     12018       35.00     35.00                 00369     556
    PRIMARY DX:                         S/C CONDITION? NO        OBL.#: C35001
       >>>CHECK CANCELLED ON: 6/3/06   REASON:  WRONG PAYEE<<<
          CHECK WILL BE RE-ISSUED.
------------------------------------------------------------------------------
```

GENERIC PRICER INTERFACE

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

Introduction

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

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

Example

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

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

GENERIC PRICER INTERFACE

Example, cont.

Sample Mail Message

```
SUBJ: FEE NON-VA HOSP TO PRICER MESSAGE # 1  [#112091] 04 AUG 93 18:52  3
LINES
FROM: KAREN  IN 'IN' BASKET.   PAGE 1
-------------------------------------------------------------------------------

P411010101 08041993500   21ONE      TES01011901001050000530000005300AV000000
Y
P411010101 08041993500   22006777N                            08041993MA4011

P411010101 08041993500   23                            8969


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

QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Key - required to access this option.

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

Introduction

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

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

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

Example

```
THIS OPTION WILL TRANSMIT ALL BATCHES AND MRA'S READY TO BE TRANSMITTED TO
AUSTIN

ARE YOU SURE YOU WANT TO CONTINUE? NO// Y

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

Section 2: COMMUNITY NURSING HOME MAIN MENU

Overview

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

AUTHORIZATION MAIN MENU - CNH

ENTER CNH AUTHORIZATION - used to enter a Community Nursing Home authorization.

EDIT CNH AUTHORIZATION - used to edit a previously entered Community Nursing Home authorization.

CANCEL AUTHORIZATION ENTERED IN ERROR - used when an authorization has been set up, and it has been determined that it was entered in error. Once cancelled, you can reenter the correct authorization by using the Enter CNH Authorization option.

CHANGE EXISTING CONTRACT RATE FOR A PATIENT - allows you to see all rates associated with an authorization, and change the existing contract rate for a specified patient. (Refer to Appendix D for information about multiple rates.)

DELETE CNH RATE - allows the deletion of a CNH Rate, only if the rate has not been used by a patient yet (i.e., found in the FEE BASIS CNH AUTHORIZATION RATE file [#161.23]). (Refer to Appendix D for information about multiple rates.)

DISPLAY 7078/AUTHORIZATION - used to view the information on a VA Form 10-7078.

ENTER VETERAN RATES UNDER NEW VENDOR CONTRACT - allows you to choose a vendor who may have a new contract. (Refer to Appendix D for information about multiple rates.)

PRINT LIST OF CANCELLED 7078 - prints those VA Form 10-7078s cancelled by a holder of the FBAASUPERVISOR security key.

Overview

BATCH MAIN MENU - CNH

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

CLOSE-OUT BATCH - used to close a Community Nursing Home batch.

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

DISPLAY OPEN BATCHES - used to display information for batches with a status of OPEN.

EDIT BATCH DATA - used to edit certain portions of Community Nursing Home batches.

FINALIZE A BATCH - used to reject payment items within a batch.

LIST BATCHES PENDING RELEASE - used to display batches that have been closed but not yet certified by a supervisor.

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

OPEN CNH BATCH - used to create a Community Nursing Home batch.

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

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

RELEASE A BATCH - used by a supervisor to release a batch for payment.

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

FEE FUND CONTROL MAIN MENU - CNH

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

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

Overview

LTC CNH ACTIVE AUTHORIZATIONS REPORT – a list of active CNH LTC Authorizations.

LTC CNH ENDING AUTHORIZATIONS REPORT – a list of CNH LTC Authorizations that are due to expire.

MOVEMENT MAIN MENU - CNH

ADMIT TO CNH - used to admit a veteran to a Community Nursing Home.

DELETE MOVEMENT MENU

ADMISSION DELETE - used to delete an admission.

DISCHARGE DELETE - used to delete a discharge.

TRANSFER DELETE - used to delete a transfer movement.

DISCHARGE FROM CNH - used to enter a discharge from a Community Nursing Home.

DISPLAY EPISODE OF CARE - used to display admission, discharge, and transfer information for one episode of care in a Community Nursing Home.

EDIT MOVEMENT MENU

ADMISSION EDIT - used to edit admission data.

DISCHARGE EDIT - used to edit discharge data in the MOVEMENT file.

TRANSFER EDIT - used to edit transfer data.

TRANSFER MOVEMENT - used to transfer a veteran to or from ASIH within the Community Nursing Home program.

OUTPUT MAIN MENU - CNH

7078 PRINT - prints VA Form 10-7078.

ACTIVITY REPORT FOR CNH - used to print an output which includes all activity (admissions, transfers, and discharges) that fall within a selected date range.

AMIS 349 PRINT - calculates and prints the 349 AMIS report.

Overview

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

CNH CENSUS REPORT - lists all Contract Nursing Home patients for a user specified census date. The output includes the vendor name and participation code, veteran name, DOB, SSN, and the authorization from date.

CNH STAYS IN EXCESS OF 90 DAYS - displays the Length of Stay (LOS) for all records for a selected date.

CONTRACT EXPIRATION LIST - used to list nursing homes with contracts that will expire within 90 days of the current month.

COST REPORT FOR CONTRACT NURSING HOME - generates the Cost Report for Contract Nursing Home, sorted by DATE FINALIZED and PATIENT TYPE CODE. The output includes total cases found, average amount paid, and average LOS for total report.

DISPLAY EPISODE OF CARE - used to display admission, discharge, and transfer information for one episode of care in a Community Nursing Home.

INVOICE DISPLAY - used to view and print a copy of a Community Nursing Home invoice.

NURSING HOME 10-0168 REPORT - prints the data for the Community Nursing Home Code sheet 10-0168 (formerly the RCS 18-3 report) for a specified fiscal quarter and year, and allows you to generate the code sheets for the nursing homes included.

PAYMENT & TOTALS REPORT - CNH - displays and prints individual payments and total payment dollars for a vendor for a specified month/year.

POTENTIAL COST RECOVERY REPORT - intended to identify costs for fee services which may be able to be recovered. Data is sorted by division, patient, fee program, vendor, and date.

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

Overview

REPORT OF ADMISSIONS/DISCHARGES FOR CNH - generates an output report listing admissions to and discharges from a Contract Nursing Home within a user specified date range.

ROSTER PRINT - prints a list of Community Nursing Homes and currently admitted Fee Basis veteran patients.

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

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

PAYMENT MAIN MENU - CNH

DELETE INPATIENT INVOICE - deletes invoices entered in error. The invoice must be in a batch that has not been released for payment.

EDIT CNH PAYMENT - used to edit data for a previously entered Community Nursing Home payment.

ENTER CNH PAYMENT - used to enter a payment for a Community Nursing Home vendor.

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

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

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

AUTHORIZATION MAIN MENU - CNH
ENTER CNH AUTHORIZATION

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

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

The amount posted to the 1358 is automatically calculated by this option. The calculation is done for the month, not for the total authorization period.

If the patient is admitted, a Non-VA PTF record is created.

Introduction

The Enter CNH Authorization option is used to enter a new authorization for a patient admitted to a community nursing home under VA contract. In order to enter a CNH authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION.

This option **cannot** be used to edit a previously entered authorization. An authorization can be edited through the Edit CNH Authorization option.

VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services, is the authorization form. Information provided includes but is not limited to:

- Patient name, address, and social security number
- Name and ID number of the care provider
- Date of issue and the validity dates for the authorization

It should be noted that the information entered at the "AUTHORIZATION REMARKS" prompt will appear in Item 6 of the printed VA Form 10-7078. Any authorized services that you wish to show on the authorization form must be entered at this prompt.

A vendor must first be entered through the Vendor Enter/Edit option, and must have current contract data on file before an authorization can be entered through this option for the selected vendor.

AUTHORIZATION MAIN MENU
EDIT CNH AUTHORIZATION

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

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

Introduction

The Edit CNH Authorization option is used to edit a previously entered Community Nursing Home authorization.

If you edit the FROM or TO dates for the authorization, you may have to manually adjust the 1358. This will be done only if the payment for the month you are editing has been posted to the 1358. Editing does not automatically make adjustments to the 1358.

It should be noted that the information entered at the "AUTHORIZATION REMARKS" prompt will appear in Item 6 of the printed VA Form 10-7078. Any authorized services that you wish to show on the authorization form must be entered at this prompt.

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

Example

```
SELECT PATIENT: FEEPATIENT, ONE         12-25-45     000456789     SC VETERAN

FEEPATIENT, ONE                       PT.ID: 000-45-6789
123 MAIN ST                              DOB: DEC 25,1945
SALEM                                    TEL: NOT ON FILE
NEW YORK 12233                       CLAIM #: 3333333
                                      COUNTY: RENSSELAER
```

AUTHORIZATION MAIN MENU
EDIT CNH AUTHORIZATION

Example, cont.

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

         SC Percent: 30%
 Rated Disabilities: NONE STATED

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

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

AUTHORIZATIONS:
   (1) FR: 07/22/93      VENDOR: FEEVENDOR,ONE        - 000222222
       TO: 07/31/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
           DX:
       County: RENSSELAER               PSA: SEATTLE, WA

Is this the correct Authorization period (Y/N)? Yes// <RET>
Select FROM DATE: JUL 22,1993// <RET>
Select TO DATE: JUL 31,1993// <RET>
PATIENT TYPE CODE: NEUROLOGICAL// 86  PSYCHIATRIC
PURPOSE OF VISIT CODE: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
         // <RET>
AUTHORIZATION REMARKS:
  1><RET>
DX LINE 1: SCHIZOPHRENIA <RET>
DX LINE 2: <RET>
PRIMARY SERVICE AREA: SEATTLE, WA// <RET>
REFERRING PROVIDER: FEEprovider,Two // <RET>
POTENTIAL COST RECOVERY CASE: no// <RET>
AUTHORITY: ACTIVE PSYCHOSIS// <RET>
ESTIMATED AMOUNT: 20// <RET>
Want to Queue 7078 for printing? Yes// <RET>
Approving Official for 7078: Dr. John// <RET>
Title of Approving Official: Assoc. Chief of Staff  Replace <RET>
# of copies of 7078:  (1-5): 1// <RET>

QUEUE TO PRINT ON
DEVICE:   CNH PRINTER    RIGHT MARGIN: 80// <RET>
Requested Start Time: NOW// <RET> (AUG 19, 1993@16:08:33)
REQUEST QUEUED
Task #: 33762
```

AUTHORIZATION MAIN MENU
CANCEL AUTHORIZATION ENTERED IN ERROR

If you respond "YES" at the "Are you sure you want to cancel? No//" prompt, the authorization is cancelled, and the 1358 is automatically updated.

FBAASUPERVISOR Key - required to access this option.

Introduction

The Cancel Authorization Entered in Error option should be used when an authorization has been set up, and it has been determined that it was entered in error. Once cancelled, you can reenter the correct authorization by using the Enter CNH Authorization option.

Example

```
Select Patient: FEEPATIENT, ONE

     Searching for a FEE VENDOR
           05-12-51     000456789     SC VETERAN
     1     C90234.0012       FEEVENDOR,ONE     FEEPATIENT, ONE     COMPLETE
     2     C90234.0032       FEEVENDOR,TWO     FEEPATIENT, ONE
     3     C89621.0004       FEEVENDRO,THREE   FEEPATIENT, ONE     COMPLETE
     4     C89621.0005       FEEVENDOR,ONE     FEEPATIENT, ONE     COMPLETE
     5     C89622.0041       FEEVENDOR,ONE     FEEPATIENT, ONE     COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5: <RET>
     6     C89622.0044       FEEVENDOR,ONE     FEEPATIENT, ONE     COMPLETE
CHOOSE 1-6: 6  C89622.0044
REFERENCE NUMBER: C89622.0044           VENDOR: FEEVENDOR,ONE        000222222
  VETERAN: FEEPATIENT, ONE             AUTHORIZATION FROM DATE: SEP  3, 1993
  AUTHORIZATION TO DATE: SEP 30, 1993   AUTHORITY: BEC & RETIREES
  ESTIMATED AMOUNT: 434                 USER ENTERING: KAREN
  STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
  FEE PROGRAM: CONTRACT NURSING HOME    REFERRING PROVIDER: FEEprovider,Two



Are you sure you want to cancel? No// YES...


Authorization cancelled.  Now updating 1358.
...  Finished
```

AUTHORIZATION MAIN MENU
CHANGE EXISTING CONTRACT RATE FOR A PATIENT

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

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

Introduction

The Change Existing Contract Rate for a Patient option allows you to see all rates associated with a selected patient and authorization. If you wish to change the rate for this patient, you are prompted to enter the effective date of the rate change, and to choose a new rate. You will see the new rates for this authorization upon completion of the change. If the rates are the same, the change will not take effect. (Refer to Appendix D for information about multiple rates.)

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

Example

```
Select Fee Basis Patient: FEEPATIENT, ONE         12-25-45     000456789
SC VETERAN


FEEPATIENT, ONE                        Pt.ID: 000-45-6789
123 MAIN ST                               DOB: DEC 25,1945
SALEM                                     TEL: Not on File
NEW YORK 12233                        CLAIM #: 333333
                                       COUNTY: RENSSELAER

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

        SC Percent: 30%
 Rated Disabilities: NONE STATED

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

AUTHORIZATION MAIN MENU
CHANGE EXISTING CONTRACT RATE FOR A PATIENT

Example, cont.

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

AUTHORIZATIONS:
   (1) FR: 07/22/93      VENDOR: FEEVENDOR,ONE        - 000222222
       TO: 09/30/93                  Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
           DX: SCHIZOPHRENIA
       County: RENSSELAER               PSA: SEATTLE, WA


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

```
                    CURRENT RATE INFORMATION FOR FEEPATIENT, ONE


     FROM DATE           TO DATE        RATE           CONTRACT #
_____________________________________________________________________

     07/28/93            09/30/93       $     2.00     V-8897

Enter effective date of rate change: 080193  (AUG 01, 1993)

          1)      $2.00                 2)     $22.00
          3)     $17.00                 4)     $15.50

Enter a number (1-4): 3
```

```
                    CURRENT RATE INFORMATION FOR FEEPATIENT, ONE

     FROM DATE           TO DATE        RATE           CONTRACT #
_____________________________________________________________________
     07/28/93            07/31/93       $     2.00     V-8897
     08/01/93            09/30/93       $    17.00     V-8897


Do you want to change other rates associated with this Authorization? No// Y
YES

Enter effective date of rate change: 090193  (SEP 01, 1993)

          1)      $2.00                 2)     $22.00
          3)     $17.00                 4)     $15.50

Enter a number (1-4): 2
```

AUTHORIZATION MAIN MENU
CHANGE EXISTING CONTRACT RATE FOR A PATIENT

Example, cont.

```
                    CURRENT RATE INFORMATION FOR FEEPATIENT, ONE

     FROM DATE           TO DATE        RATE           CONTRACT #
_____________________________________________________________________________

     07/28/93            07/31/93       $     2.00     V-8897
     08/01/93            08/31/93       $    17.00     V-8897
     09/01/93            09/30/93       $    22.00     V-8897


Do you want to change other rates associated with this Authorization? No// <RET>
```

AUTHORIZATION MAIN MENU
DELETE CNH RATE

Introduction

The Delete CNH Rate option allows you to delete a CNH Rate **only** if the rate has not been used by a patient yet. Refer to Appendix D for information about multiple rates.

Example

```
Select Contract: V500-1234

              1)    $500.00

Enter a number (1-1): 1

Rate Deleted.
```

AUTHORIZATION MAIN MENU
DISPLAY 7078/AUTHORIZATION

Introduction

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

Example

```
Select Patient: ONE,

     Searching for a FEE VENDOR
JOSEPH           00-00-14     000456789     SC VETERAN
   1     C93999.0002  FEEVENDOR,TWO        FEEPATIENT, ONE
 COMPLETE
   2     C93999.0003  FEEVENDOR,TWO        FEEPATIENT, ONE
 COMPLETE
   3     C90234.0025  FEEVENDOR,THREE      FEEPATIENT, ONE     COMPLETE
   4     C90234.0026  FEEVENDOR,ONE        FEEPATIENT, ONE     CANCELLED
   5     C90234.0027  FEEVENDOR,ONE        FEEPATIENT, ONE     COMPLETE
TYPE '^' TO STOP, OR
CHOOSE 1-5: 1  C93999.0002


REFERENCE NUMBER: C93999.0002           VENDOR: FEEVENDOR,TWO  000909090
  VETERAN: FEEPATIENT, ONE              AUTHORIZATION FROM DATE: MAY  1, 1993
  AUTHORIZATION TO DATE: AUG 31, 1993   AUTHORITY: COMMUNITY NURSING HOME CARE
  ESTIMATED AMOUNT: 310                 USER ENTERING: GERRY
  STATUS: COMPLETE                      DATE OF ISSUE: MAY 27, 1993
  FEE PROGRAM: CONTRACT NURSING HOME    REFERRING PROVIDER: FEEprovider,Two
  REFERRING PROVIDER NPI (c): 1111111112


 AUTHORIZED SERVICES:   Authorized skilled level of care with physical therapy
 three time per week for four weeks.  No additional exceptions.


Select Patient:
```

AUTHORIZATION MAIN MENU
ENTER VETERAN RATES UNDER NEW VENDOR CONTRACT

Introduction

The Enter Veteran Rates under new Vendor Contract option allows you to update patient rates when new vendor contracts are entered, or when contract expiration dates are extended, and there are authorizations for veterans that need to have rates entered. (Refer to Appendix D for more information about multiple rates.)

Example

```
Select CNH Vendor: FEEVENDOR,ONE             000999999  COMMUNITY NURSING HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477


Patient: FEEPATIENT, ONE                 SSN: 000-45-6789
     Rate must be entered for the following period: 01/02/94 - 03/31/94
          1)      $8.45                 2)      $9.50
          3)     $12.00                 4)     $15.00
          5)     $23.00

Enter a number (1-5): 5
```

AUTHORIZATION MAIN MENU
PRINT LIST OF CANCELLED 7078

Introduction

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

Example

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


CANCELLED 7078s                                AUG  4,1993  10:28    PAGE 1
       7078                   PATIENT NAME                                VENDOR
   FROM DATE   CLERK ENTERING 7078              DATE CANCELLED
-------------------------------------------------------------------------------


C33003.0002                FEEPATIENT, ONE    FEEVENDOR,TWO       000999999
 JUN  9,1993   MARCUS                            JUN  9,1993

C89700.0004                FEEPATIENT, ONE    FEEVENDOR,THREE     000888888
 JUL 28,1993   KAREN                             JUL 28,1993

C90234.0014                FEEPATIENT, ONE    FEEVENDOR,ONE        000222222
 JUL 28,1993                                     JUL 28,1993

C90234.0015                FEEPATIENT, ONE    FEEVENDOR,ONE        000222222
 JUL 28,1993   SALLY                             JUL 28,1993

C90234.0016                FEEPATIENT, ONE    FEEVENDOR,ONE        000222222
 JUL 28,1993   KAREN                             JUL 28,1993

C90234.0017                FEEPATIENT, ONE    FEEVENDOR,ONE        000222222
 JUL 28,1993   KAREN                             JUL 28,1993
```

BATCH MAIN MENU - CNH
BATCH DELETE

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

Introduction

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

Total Dollars equal to zero
Invoice Count equal zero
Payment Line Count equal zero
Rejects Pending flag not set to "YES"

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

Example

```
Select FEE BASIS BATCH NUMBER: 169        C90234


NUMBER: 169                             OBLIGATION NUMBER: C90234
  TYPE: CH/CNH                          DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: MARY ELLEN          STATION NUMBER: 500


  STATUS: OPEN


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

     Batch Deleted.


Select FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
CLOSE-OUT BATCH

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

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

Introduction

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

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

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

BATCH MAIN MENU - CNH
CLOSE-OUT BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 36          C33003
WANT TO REVIEW BATCH? NO// Y  YES

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


FEEPATIENT, ONE                     000-45-6789             36
   FEEVENDOR,ONE                        000999999    20         06/09/93
    06/09/93 06/30/93  3406.00   3406.00

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


NUMBER: 36                              OBLIGATION NUMBER: C33003
  TYPE: CH/CNH                          DATE OPENED: JUN  9, 1993
  CLERK WHO OPENED: MARCUS              STATION NUMBER: 500
  TOTAL DOLLARS: 94                     PAYMENT LINE COUNT: 1
  DATE CLERK CLOSED: JUL  8, 1993


  STATUS: CLERK CLOSED



BATCH CLOSED


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
DELETE REJECT FLAG

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

FBAASUPERVISOR Key - required to access this option.

Introduction

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

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

When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example

```
SELECT FEE BASIS BATCH NUMBER: 58        C93999


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


  STATUS: VOUCHERED


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

BATCH MAIN MENU - CNH
DELETE REJECT FLAG

Example, cont.

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

BATCH NUMBER: 58     VOUCHER DATE: 8/10/93  VOUCHERER: MARY ELLEN


FEEPATIENT, ONE              000-45-6789              58
   FEEVENDOR,ONE                                    000222222     24
6/29/93
    04/01/93 04/30/93  1556.00   1556.00

       REJECT REASON: WRONG AMOUNT
       OLD BATCH #: 58
------------------------------------------------------------------------------

WANT TO DELETE REJECTION CODES FOR THE ENTIRE BATCH? NO// YES
ARE YOU SURE YOU WANT TO DELETE REJECT CODE FOR ALL REJECTED ITEMS IN THIS
BATCH? NO// YES
...SORRY, THIS MAY TAKE A FEW MOMENTS...

REJECT CODES FOR ALL ITEMS HAVE BEEN DELETED!


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


  STATUS: VOUCHERED




SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
DISPLAY OPEN BATCHES

Introduction

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

Example

```
BATCH #  TYPE   DT OPEN   CLERK WHO OPENED                OBLIGATION #
==============================================================================

25     CH/CNH   05/28/93  MICHAEL                        C33003

26     PHARMACY 05/28/93  MICHAEL                        C93004

28     MEDICAL  05/28/93  MICHAEL                        C33003

33     MEDICAL  06/02/93  KAREN                          C33003

34     CH/CNH   06/03/93  KAREN                          C33003

35     MEDICAL  06/08/93  KAREN                          C33003
```

BATCH MAIN MENU - CNH
EDIT BATCH DATA

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

Introduction

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
   1      C90234
   4      C89211
   5      C89211
   10      C90234
   11      C90234
   13      C89622
   14      C89211
   15      C89622
   16      C93999
   '^' TO STOP: ^
SELECT FEE BASIS BATCH NUMBER: 1          C90234
OBLIGATION NUMBER:  C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y  YES
SELECT OBLIGATION NUMBER:  ??

CHOOSE FROM:
   500-C89211  --  1358   OBLIGATED - 1358
             FCP: 020     $ 4800
   500-C89699  --  1358   OBLIGATED - 1358
             FCP: 020     $ 30000

SELECT OBLIGATION NUMBER:  C89699  500-C89699  --  1358 ORDERED AND OBLIGATED
             FCP: 020     $ 80000
NUMBER: 1//   (NO EDITING)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

BATCH MAIN MENU - CNH
FINALIZE A BATCH

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

FBAASUPERVISOR Key - required to access this option.

Introduction

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

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

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: 112          C89622


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


  STATUS: VOUCHERED


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

BATCH MAIN MENU - CNH
FINALIZE A BATCH

Example, cont.

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

FEEPATIENT, ONE                      000-45-6789             112
   FEEVENDOR,ONE                         000999999    149         9/1/93
    08/01/93 08/31/93 1336.00    1300.00     4

FEEPATIENT, TWO                      000-45-6789             112
   FEEVENDOR,TWO                         000666666    978         8/28/93
    08/01/93 08/15/93 1200.00    1200.00

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

SELECT PATIENT: FEEPATIENT, ONE       02-01-25     000999991     NSC VETERAN
```

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

FEEPATIENT, ONE                              000-45-6789             112
   FEEVENDOR,ONE                         000999999    149         9/1/93
1)  08/01/93 08/31/93 1336.00    1300.00       4

WANT ALL LINE ITEMS REJECTED FOR THIS PATIENT? YES// <RET>
REASON FOR REJECTING: WRONG VENDOR
...DONE!

SELECT FEE BASIS PATIENT NAME: <RET>

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

  STATUS: VOUCHERED

DO YOU WANT TO FINALIZE BATCH AS CORRECT? NO// YES

 BATCH HAS BEEN FINALIZED!
```

BATCH MAIN MENU - CNH
LIST BATCHES PENDING RELEASE

Introduction

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

Example

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

                      FEE BATCHES PENDING RELEASE

Batch #   Date Closed    Clerk Who Opened            FCP-Obligation #  Total $
==============================================================================

33         08/19/93      KAREN                      333-C33003       3295.00

29         06/01/93      KAREN                      999-C90234       1500.00
```

BATCH MAIN MENU - CNH
LIST ITEMS IN BATCH

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

Introduction

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

Example

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

```
PATIENT NAME ('*' REIMBURSEMENT TO VETERAN   '+' CANCELLATION ACTIVITY)
             ('#' VOID PAYMENT)                           BATCH NUMBER
   VENDOR NAME                            VENDOR ID   INVOICE #  DT INV REC'D
   FR DATE    TO DATE  CLAIMED   PAID    SUSP CODE
==============================================================================


FEEPATIENT, ONE                  000-45-6789              181
   FEEVENDOR,ONE                            000999999    326         2/1/94
    12/01/94 12/31/94 1900.00   1700.00      1


FEEPATIENT, ONE                  000-45-6789              181
   FEEVENDOR,ONE                            000444444    327         1/1/95
    12/01/94 12/31/94 1800.00   1700.00      1



SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
OPEN CNH BATCH

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

Introduction

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

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

You will be prompted for a control point only if you are a user in multiple control points.

Example

```
WANT TO CREATE A COMMUNITY NURSING HOME BATCH? YES// <RET>

BATCH NUMBER ASSIGNED IS: 68


SELECT CONTROL POINT: 999 CNH
SELECT OBLIGATION NUMBER: C89701  500-C89701    --  1358   OBLIGATED - 1358
               FCP: 999     $ 10000
```

BATCH MAIN MENU - CNH
RE-INITIATE REJECTED PAYMENT ITEMS

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

Introduction

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

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

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

Example

```
SELECT BATCH WITH REJECTS: 58          C93999


SELECT NEW BATCH NUMBER: 212          C93999
WANT LINE ITEMS LISTED? NO// YES
```

BATCH MAIN MENU - CNH
RE-INITIATE REJECTED PAYMENT ITEMS

Example, cont.

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

BATCH NUMBER: 58     VOUCHER DATE: 1/10/95  VOUCHERER: MARY ELLEN


FEEPATIENT, ONE                      000-45-6789          58
   FEEVENDOR,ONE                            000222222     24          6/29/93
    04/01/93 04/30/93  56.00

       REJECT REASON: WRONG AMOUNT
       OLD BATCH #: 58
------------------------------------------------------------------------------

WANT TO RE-INITIATE ALL REJECTED ITEMS IN THE BATCH? NO// YES
ARE YOU SURE YOU WANT TO RE-INITIATE ALL LINE ITEMS IN THIS BATCH? NO// YES
...HMMM, I'M WORKING AS FAST AS I CAN...

ALL REJECTED ITEMS HAVE BEEN RE-INITIATED!


SELECT BATCH WITH REJECTS:
```

BATCH MAIN MENU - CNH
RE-OPEN BATCH

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

Introduction

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

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: 73          C93999


NUMBER: 73                              OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                          DATE OPENED: JUL 30, 1993
  CLERK WHO OPENED: MARY ELLEN          STATION NUMBER: 500
  TOTAL DOLLARS: 169                    INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2                 STATUS: OPEN

BATCH HAS BEEN RE-OPENED!


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
RELEASE A BATCH

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

FBAASUPERVISOR Key - required to access this option.

Introduction

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

When a batch is released for Community Nursing Home, individual line item payments are posted to authorizations on the 1358. All successfully posted line items will be released in the batch. If a line item payment exceeds the dollar amount on the obligation, then the payment will be held and put into a new batch.

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

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

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

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

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 73          C93999


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

BATCH MAIN MENU - CNH
RELEASE A BATCH

Example, cont.

```
  STATUS: CLERK CLOSED


WANT LINE ITEMS LISTED? NO// Y  YES
PATIENT NAME ('*' REIMBURSEMENT TO VETERAN   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                          BATCH NUMBER
   VENDOR NAME                              VENDOR ID   INVOICE #  DT INV REC'D
   FR DATE    TO DATE  CLAIMED   PAID    SUSP CODE
==============================================================================


FEEPATIENT, ONE                           000-45-6789              73
   FEEVENDOR,ONE                            000999999    73          7/31/93
    07/29/93 07/31/93 100.00     25.35       1


FEEPATIENT, ONE                           000-45-6789              73
   FEEVENDOR,ONE                            000999999    74          8/23/93
    08/01/93 08/31/93 143.65    143.65

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

...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...


NUMBER: 73                                OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                            DATE OPENED: JUL 30, 1993
  CLERK WHO OPENED: KEN
  DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
  SUPERVISOR WHO CERTIFIED: LUCIA         STATION NUMBER: 500
  TOTAL DOLLARS: 169                      INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2                   DATE CLERK CLOSED: OCT 14, 1994


  STATUS: SUPERVISOR CLOSED



 BATCH HAS BEEN RELEASED!



SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU - CNH
STATUS OF BATCH

Introduction

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

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

BATCH MAIN MENU - CNH
STATUS OF BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 178          C93999

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>


NUMBER: 178                              OBLIGATION NUMBER: C93999
  TYPE: CH/CNH                           DATE OPENED: DEC  7, 1994
  CLERK WHO OPENED: MARY ELLEN           STATION NUMBER: 500


  STATUS: OPEN
```

FEE FUND CONTROL MAIN MENU - CNH
ESTIMATE FUNDS FOR OBLIGATION

Introduction

This option is used to estimate funds needed for a specified future month/year. The system reviews the authorizations in the VA FORM 10-7078 file (#162.4) and calculates the estimated amount needed for the specified month/year. An estimate for a prior month/year can be viewed through this option.

Example

```
CALCULATE COMMITMENTS FOR WHICH MONTH/YEAR: 0893  (AUG 1993)

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

```
          C O M M U N I T Y   N U R S I N G   H O M E   R E P O R T
         ------------------------------------------------------------
     ESTIMATED FUNDS FOR: AUG 93

       VETERAN              SSN           VENDOR                DAYS     TOTAL
==========================================================================

       FEEPATIENT, ONE     000-45-6789   FEEVENDOR,TWO         30     270.00
       FEEPATIENT, TWO     000-45-6789   FEEVENDOR,ONE                  30
465.00
       FEEPATIENT, THREE   000-45-6789   FEEVENDOR,ONE                  13
221.00
       FEEPATIENT, FOUR    000-45-6789   GOOD TIME NURSING HO  3        28.50
       FEEPATIENT, FIVE    000-45-6789   FEEVENDOR,ONE                  30
60.00
       FEEPATIENT, SIX     000-45-6789   GOOD TIME NURSING HO  31     713.00
       FEEPATIENT,  SEVEN  000-45-6789   FEEVENDOR,ONE         18     306.00

          TOTAL ESTIMATED:   3162.45             TOTAL DAYS: 248
```

FEE FUND CONTROL MAIN MENU - CNH
POST COMMITMENTS FOR OBLIGATION

Data is automatically passed to the IFCAP system 1358 module.

Introduction

The Post Commitments for Obligation option is used to post commitments for a specified month/year to the Community Nursing Home obligation assigned to that month/year. The system checks the data previously entered in the VA FORM 10-7078 file (#162.4) and calculates the commitments for the specified month/year.

Data is automatically passed to the IFCAP system 1358 module. The commitments are deducted from the 1358 for the specified month/year.

This option MUST be used in order to make payments.

Example

```
SELECT CONTROL POINT: 999 FEE CNH
SELECT OBLIGATION NUMBER: 500-C90234      --  1358   OBLIGATED - 1358
               FCP: 999     $ 30000
POST COMMITMENTS FOR WHICH MONTH/YEAR: JUN, 1993  (JUN 1993)

DEVICE: HOME//   CNH PRINTER    RIGHT MARGIN: 80// <RET>


          C O M M U N I T Y   N U R S I N G   H O M E   R E P O R T
         ------------------------------------------------------------
     POSTINGS FOR OBLIGATION NUMBER: C90234

REF #   VETERAN                           SSN             DAYS        TOTAL
==============================================================================

0023    FEEPATIENT, ONE                 000-45-6789          22        46.00

          TOTAL POSTED:      46.00                TOTAL DAYS: 22
```

LTC CNH ACTIVE AUTHORIZATIONS REPORT

Introduction

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

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

Following are the POV codes for CNH.

CODE	DESCRIPTION
40	COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
41	COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
42	COMMUNITY NURSING HOME FOR ACTIVE DUTY PERSONNEL
43	CNH HOSPICE
44	CNH RESPITE CARE

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC CNH ACTIVE AUTHORIZATIONS REPORT

Example

```
ACTIVE AUTHORIZATIONS BY POV, VENDOR, PATIENT   APR 09, 2003@09:21:38  PAGE 1
  FROM MAR 01, 2003 TO MAR 31, 2003  FOR THE CONTRACT NURSING HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

    VETERAN                        PT. ID              AUTHORIZATION
                                                     FROM DATE     TO DATE
-------------------------------------------------------------------------------

POV: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)

  VENDOR: FEE NURSING HOME INC.

    FEEPATIENT,ONE                000-99-1234       JAN 01, 2003  JAN 01, 2004
      DOB: FEB 22,1952
      REMARKS:

      VISITS: 0    PAID AMT: $0        CUM VISITS: 0    CUM PAID AMT: $0
                                 ----
  VENDOR SUBTOTAL:       COUNT:    1
                                 ====
POV SUBTOTAL:            COUNT:    1

1 AUTHORIZATION ON REPORT
```

LTC CNH ENDING AUTHORIZATIONS REPORT

Introduction

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

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

Following are the POV codes for CNH.

CODE	DESCRIPTION
40	COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
41	COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
42	COMMUNITY NURSING HOME FOR ACTIVE DUTY PERSONNEL
43	CNH HOSPICE
44	CNH RESPITE CARE

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC CNH ENDING AUTHORIZATIONS REPORT

Example

```
ENDING AUTHORIZATIONS BY POV, VENDOR, PATIENT   APR 09, 2003@09:25:47  PAGE 1
  FROM NOV 01, 2002 TO NOV 30, 2002  FOR THE CONTRACT NURSING HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

    VETERAN                        PT. ID               AUTHORIZATION
                                                      FROM DATE     TO DATE
-------------------------------------------------------------------------------

POV: CNH HOSPICE

  VENDOR: VAN RENSSELAER MANOR

    FEEPATIENT,ONE                000-05-1234       NOV 01, 2002  NOV 01, 2002
      DOB: NOV 25,1918
      REMARKS:

      VISITS: 0    PAID AMT: $0        CUM VISITS: 0    CUM PAID AMT: $0
                                 ----
  VENDOR SUBTOTAL:       COUNT:    1
                                 ====
POV SUBTOTAL:            COUNT:    1

1 AUTHORIZATION ON REPORT
```

MOVEMENT MAIN MENU -CNH
ADMIT TO CNH

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

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

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

Introduction

The Admit To CNH option is used to admit a patient to a Community Nursing Home. The patient must have an active authorization on file for the period of admission. Only one active admission will be allowed for a patient.

If you select a patient who already has an active admission on file, you will be able to view that admission information through this option. However, you must use the Admission Edit option of the Edit Movement Menu to edit the data.

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

Example

```
SELECT PATIENT: FEEPATIENT, ONE         08-14-55     000456789     SC VETERAN
FEEPATIENT, ONE                        PT.ID: 000-45-6789
12 ANY ST.                               DOB: AUG 14,1955
MANCHESTER                               TEL: NOT ON FILE
NEW HAMPSHIRE 12111                  CLAIM #: 7777777
                                      COUNTY: GRAFTON

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

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

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

MOVEMENT MAIN MENU -CNH
ADMIT TO CNH

Example, cont.

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

AUTHORIZATIONS:
   (1) FR: 07/28/93      VENDOR: FEEVENDOR,ONE        - 000222222
       TO: 11/30/93
                         AUTHORIZATION TYPE: CONTRACT NURSING HOME
           PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX: MULTIPLE SCLEROSIS
           COUNTY: SEATTLE                  PSA: SEATTLE, WA


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

ENTER ADMISSION DATE/TIME: 7/28/93@0800   (JUL 28,  1993@08:00)

     SELECT ONE OF THE FOLLOWING:

          1         AFTER RE-HOSPITALIZATION >15 DAYS
          2         TRANSFER FROM OTHER CNH
          3         FROM ASIH <15 DAYS
          4         ALL OTHER

ENTER ADMISSION TYPE: 4  ALL OTHER
...EXCUSE ME, JUST A MOMENT PLEASE...
NON-VA PTF RECORD CREATED.



SELECT PATIENT:
```

MOVEMENT MAIN MENU -CNH
DELETE MOVEMENT MENU
ADMISSION DELETE

Introduction

The Admission Delete option is used to delete an admission to a Community Nursing Home. This option should only be used if an admission date or a patient name was entered in error.

You may only delete the current active admission. You may not delete an admission date if there are other movements (e.g., discharges or transfers) associated with it on file.

Example

```
Select Patient: FEEPATIENT, ONE    12-21-19    000456789   NSC VETERAN


Select Admission Date/Time: NOW  JAN 01, 1989.144  FEEPATIENT, ONE  ADMISSION
Are you sure you want to delete this admission?? No// YES
     ...deleted

Select Patient:
```

MOVEMENT MAIN MENU -CNH
DELETE MOVEMENT MENU
DISCHARGE DELETE

Introduction

The Discharge Delete option is used to delete a discharge from a Community Nursing Home. This option should only be used if a discharge date or a patient name was entered in error.

Only the last discharge date can be deleted. The system will not allow deletion of a discharge date if a new subsequent admission has been entered.

Example

```
SELECT PATIENT: FEEPATIENT, ONE    12-22-46    000456789   SC VETERAN

SELECT DISCHARGE DATE/TIME: 4/30/88@1300   APR 30, 1988.13   FEEPATIENT, ONE
DISCHARGE

ARE YOU SURE YOU WANT TO DELETE THIS DISCHARGE?? NO// YES
     ... DELETED

IT WILL BE NECESSARY TO ADJUST THE 'TO DATE' OF THIS PATIENT'S AUTHORIZATION
USING THE 'EDIT CNH AUTHORIZATION' OPTION.



SELECT PATIENT:
```

MOVEMENT MAIN MENU -CNH
DELETE MOVEMENT MENU
TRANSFER DELETE

Introduction

The Transfer Delete option is used to delete a transfer movement. Only transfers for Community Nursing Home patients to ASIH (Absence Sick in Hospital), Authorized Absence, or Unauthorized Absence should be deleted through this option.

Example

```
SELECT PATIENT:  FEEPATIENT, ONE    12-22-46   000456789   SC VETERAN

SELECT TRANSFER DATE/TIME: 2/1/88@0800   FEB 01, 1988.08    FEEPATIENT, ONE
TRANSFER
ARE YOU SURE YOU WANT TO DELETE THIS TRANSFER?? NO//  YES


SELECT PATIENT:
```

MOVEMENT MAIN MENU
DISCHARGE FROM CNH

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

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

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

Introduction

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

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

Example

```
Select Patient:    FEEPATIENT, ONE

FEEPATIENT, ONE                           Pt.ID: 000-45-6789
123 EASY STREET                          DOB: MAY 12,1951
ALBANY                                   TEL: 555-1234
NEW YORK 12202-0987                  CLAIM #: 000000000
                                      COUNTY: ALBANY

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

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

   Health Insurance: YES
    Insurance Co.     Subscriber ID    Group       Holder  Effective Expires
==========================================================================
    PRUDENTIAL        3333333          UNKNOWN     SELF    01/01/94  01/01/95
    AETNA             0008888888888    00229/9984  SPOUSE  05/05/94  05/05/95
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

MOVEMENT MAIN MENU
DISCHARGE FROM CNH

Example, cont.

```
FEE ID CARD #: 333333                    FEE CARD ISSUE DATE: 07/16/93

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

AUTHORIZATIONS:
   (1) FR: 07/28/94      VENDOR: FEEVENDOR,ONE        - 000222222
       TO: 11/30/94
                         AUTHORIZATION TYPE: CONTRACT NURSING HOME
           PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX: PTSD
       COUNTY: ALBANY                    PSA: ALBANY, NY


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

VETERAN: FEEPATIENT, ONE               SSN: 000-45-6789
     DATE/TIME           TRANSACTION      TYPE

JULY 28, 1994  14:40      ADMISSION     TRANSFER FROM OTHER CNH
ENTER DISCHARGE DATE/TIME:  T@1PM  (AUG 19, 1994@13:00)
```

```
     SELECT ONE OF THE FOLLOWING:

          1         REGULAR
          2         DEATH
          3         TRANSFER TO OTHER CNH
          6         REGULAR - PRIVATE PAY

ENTER DISCHARGE TYPE:  : 1  REGULAR


SELECT PATIENT:
```

MOVEMENT MAIN MENU
DISPLAY EPISODE OF CARE

Introduction

The Display Episode of Care option is used to display all admission, transfer, and discharge movements for one specified episode of care in a Community Nursing Home. A double question mark <??> entered at the date/time prompt will produce a list of admission dates for the selected patient.

Example

```
SELECT PATIENT: FEEPATIENT, ONE    06-17-48   000456789   SC VETERAN

SELECT ADMISSION DATE/TIME: 06/01/90@0900   JUN 01, 1990.09   FEEPATIENT, ONE
ADMISSION

VETERAN: FEEPATIENT, ONE                    SSN: 000-45-6789

     DATE/TIME           TRANSACTION     TYPE

JUNE 1, 1990 09:00        ADMISSION      ALL OTHER
JULY 31, 1990 08:00       DISCHARGE      TRANSFER TO OTHER CNH
```

MOVEMENT MAIN MENU
EDIT MOVEMENT MENU
ADMISSION EDIT

Introduction

The Admission Edit option is used to edit admission data on file for a specific patient. This option can be used to edit data for either a current or past admission date. You may edit the admission type and the nursing home to which the patient was admitted.

Example

```
SELECT PATIENT: FEEPATIENT, ONE    06-17-48   000456789   SC VETERAN

SELECT ADMISSION DATE/TIME: 1/1/88@0800    JAN 01, 1988.08  FEEPATIENT, ONE
ADMISSION
ADMISSION TYPE: ALL OTHER// 3  FROM ASIH < 15 DAYS
NURSING HOME: WALTON ADULT HOME//  <RET>
```

MOVEMENT MAIN MENU
EDIT MOVEMENT MENU
Discharge Edit

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

Introduction

The Discharge Edit option is used to edit the type of discharge for a specific patient.

Following are the current discharge types.

- Regular
- Death
- Transfer to other CNH
- ASIH
- Death while ASIH
- Regular - private pay

Example

```
SELECT PATIENT: FEEPATIENT, ONE
SELECT DISCHARGE DATE/TIME: ??

CHOOSE FROM:
   26              08-19-1993 @ 13:00        FEEPATIENT, ONE     DISCHARGE
   41              09-02-1993 @ 08:00        FEEPATIENT, ONE     DISCHARGE

SELECT DISCHARGE DATE/TIME: 41  9-2-1993@08:00:00     FEEPATIENT, ONE
DISCHARGE

     SELECT ONE OF THE FOLLOWING:

          1         REGULAR
          2         DEATH
          3         TRANSFER TO OTHER CNH
          6         REGULAR - PRIVATE PAY

DISCHARGE TYPE: : 1// <RET>  REGULAR
```

MOVEMENT MAIN MENU
EDIT MOVEMENT MENU
Transfer Edit

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

Introduction

The Transfer Edit option is used to edit transfer movements for a specified inpatient during an active admission.

You may edit only the transfer type through this option. Following are the current transfer types.

- To authorized absence
- To unauthorized absence
- To ASIH (absent sick in hospital)
- From authorized absence
- From unauthorized absence
- From ASIH < 15 days

Example

```
Select Patient: FEEPATIENT, ONE   10-03-43  000456789  SC VETERAN
Select Transfer Date/Time: 06/15/94@0900
TRANSFER TYPE: TO AUTHORIZED ABSENCE//  TO ASIH
```

MOVEMENT MAIN MENU
TRANSFER MOVEMENT

The software now checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

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

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

Introduction

The Transfer Movement option is used to transfer a patient to ASIH (Absent Sick in Hospital) or from ASIH within the Community Nursing Home program. This option is also used to place a patient on or return a patient from authorized or unauthorized absence.

Only patients who have an active admission to a Community Nursing Home may be transferred through this option.

Example

```
Select Patient:    FEEPATIENT, ONE

FEEPATIENT, ONE                       Pt.ID: 000-45-6789
123 MAIN ST                               DOB: DEC 25,1945
SALEM                                     TEL: Not on File
NEW YORK 12233                        CLAIM #: 3333333
                                       COUNTY: RENSSELAER

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

         SC Percent: 30%
 Rated Disabilities: NONE STATED

    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires
==============================================================================
    No Insurance Information
Want to add NEW insurance data? No// <RET>
```

MOVEMENT MAIN MENU
TRANSFER MOVEMENT

Example, cont.

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


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

AUTHORIZATIONS:
   (1) FR: 07/22/94      VENDOR: FEEVENDOR,ONE        - 000222222
       TO: 07/31/94
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)
           DX: SCHIZOPHRENIA
       County: RENSSELAER               PSA: SEATTLE, WA


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

Veteran: FEEPATIENT, ONE          SSN: 000-45-6789
     Date/Time           Transaction      Type

July 22, 1994  08:00      Admission     After Re-hospitalization > 15 Days

Select Transfer Date/Time: 073094@0900  (JUL 30, 1994@09:00)

     Select one of the following:

          1         TO AUTHORIZED ABSENCE
          2         TO UN-AUTHORIZED ABSENCE
          3         TO ASIH

Enter Transfer Type: 1  TO AUTHORIZED ABSENCE


Select Patient:
```

OUTPUT MAIN MENU - CNH
7078 PRINT

Introduction

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

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

Example

```
Select Veteran: FEEpatient, One    06-02-34     000456789    SC VETERAN

    C77777.0141        MEMORIAL NURSING HOME     FEEpatient, One    COMPLETE


REFERENCE NUMBER: C77777.0141            VENDOR: FEEvendor,One
  VETERAN: FEEpatient,One              AUTHORIZATION FROM DATE: AUG 30, 2006
  AUTHORIZATION TO DATE: SEP 17, 2006    AUTHORITY: NON-VA FOR SC DISABILITY
  ESTIMATED AMOUNT: 1350                 USER ENTERING: FeeUser
  STATUS: COMPLETE                       DATE OF ISSUE: AUG 30, 2006
  FEE PROGRAM: CONTRACT NURSING HOME     DATE OF ADMISSION: AUG 30, 2006
  DATE OF DISCHARGE: AUG 31, 2006        REFERRING PROVIDER: FEEprovider,Two


Is this the correct 7078? Yes//  <RET>
Approving Official for 7078: Walter MD//  <RET>
Title of Approving Official: Clinical Director//  <RET>
# of copies of 7078? 1//  <RET>

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

Requested Start Time: NOW//  <RET>  (DEC 12, 2006@15:17)
REQUEST QUEUED
```

OUTPUT MAIN MENU - CNH
7078 PRINT

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------
     Department of Veterans Affairs                    AUTHORIZATION AND INVOICE FOR MEDICAL AND HOSPITAL SERVICES
-----------------------------------------------------------------------------------------------------------------
Issuing Office                                                |1. Date of Issue
     VAMC ALBANY                                              |   08/30/06
     113 HOLLAND AVE                                          |-----------------------------------------------
     ALBANY, NY  12208                                        |2. Veteran's Name
                                                              |   FEEpatient, ONE
-----------------------------------------------------------------------------------------------------------------
Name of Physician or Station                                  |3. Address
     FEEvendor,One                                            | 1 MAIN ST
     NEW SCOTLAND AVE                                         | Apt. 1B
     SUITE 301                                                |
     ALBANY, NY  12209                                        | TROY, NY  12180
     ID#: 111111111                                           |-----------------------------------------------
                                                              | 4. Veteran's Claim No.   | 4A. SSN
                                                              |  000456789               | XXX-XX-6789
                                                              |-----------------------------------------------
                                                              |        5. Authorization Valid
                                                              |-----------------------------------------------
Name of VA Referring Provider                                 |From                      |To
     FEEprovider,Two                              NPI: 1111111112 | 08/30/06                 | 09/17/06
-----------------------------------------------------------------------------------------------------------------
                                              PART 1. - SERVICES AUTHORIZED
-----------------------------------------------------------------------------------------------------------------
6. Services shown below are authorized for the period indicated in Item 5 above.                        |  7. Fee
            (See Special Provisions below.)                                                              |$
Move to VAMC ASAP
-----------------------------------------------------------------------------------------------------------------
8. Fee Schedule or Contract      |9. Authority                    |9A.                       |10. Estimated Amount
                                 | 17.45                          |                          | $500.00
-----------------------------------------------------------------------------------------------------------------
11. Fiscal Symbols                                            |12. Authorized by (Name and Title)
     360/10161.001 C77777.0141                                | JAMES ME  Clinical Director
-----------------------------------------------------------------------------------------------------------------
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:

1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF
   CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING
   TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.

2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to
   the VA in excess of usual and customary charges to the general public for similar services.

3. Payment by the VA is payment in full for authorized services rendered.

4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this
   authorization.  If services are not initiated for any reason, return a copy of the authorization to the issuing
   office with a brief explanation.

5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major
   surgery.

6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the
   release of the patient from the hospital.

7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner,
   and the NPI and Taxonomy Code of your organization.  If, under the HIPAA NPI Final Rule
   [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing
   services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and
   is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.
-----------------------------------------------------------------------------------------------------------------
               All questions relating to this authorization should be referred to the issuing VA Office
-----------------------------------------------------------------------------------------------------------------
VA Form 10-7078
```

OUTPUT MAIN MENU - CNH
ACTIVITY REPORT FOR CNH

Introduction

The Activity Report for CNH option generates an output which includes all activity (admissions transfers and discharges) that falls within a specified date range.

Example

```
                    COMMUNITY NURSING HOME REPORT
                   -------------------------------


**** Date Range Selection ****

   Beginning DATE : 010193  (JAN 01, 1993)

   Ending    DATE : 063093  (JUN 30, 1993)


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

```
                    COMMUNITY NURSING HOME REPORT
                   -------------------------------
                  ('*' Represents ACTIVE ADMISSION)
PATIENT NAME                                    VENDOR
   ACTIVITY DATE              ACTIVITY TYPE
==============================================================================

* FEEPATIENT, ONE -6789P                    FEEVENDOR,ONE          -1234
   06/09/93@09:99:01          ADMISSION  -  ALL OTHER

  FEEPATIENT, ONE -6789                     FEEVENDOR,TWO -0000
   05/28/93@10:99:01          DISCHARGE  -  DEATH

  FEEPATIENT, ONE -6789                     FEEVENDOR,TWO -0000
   05/27/93@12:99:01          ADMISSION  -  TRANSFER FROM OTHER CNH

  FEEPATIENT, ONE -6789                     FEEVENDOR,THREE -9090
   05/27/93@11:29:01          DISCHARGE  -  TRANSFER FROM OTHER CNH

  FEEPATIENT, ONE -6789                     FEEVENDOR,TWO -9090
   05/15/93@10:99:01          TRANSFER  -  FROM ASIH <15 DAYS

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

OUTPUT MAIN MENU - CNH
AMIS 349 PRINT

The report now includes an AMIS BALANCING SEGMENT. If there is a problem found in balancing, the report also includes a NOTICE OF INCOMPLETE PATIENT MOVEMENTS AFFECTING AMIS TOTALS with instructions on how to correct the out of balance and obtain an accurate AMIS.

The report now allows users to print the data validation with the AMIS.

Introduction

The AMIS 349 Print option is used to calculate and print the Community Nursing Home Care Activity - AMIS 349 report. This report includes data for a specified month. The report represents gains and losses activity within the Community Nursing Home program for the month selected.

Example:

```
CALCULATE AMIS FOR WHICH MONTH/YEAR: 1/94  (JAN 1994)

DO YOU WANT DATA VALIDATION WITH THIS OUTPUT? NO// <RET>
QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP  FEE BASIS PRINTER   RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 07, 1994@11:30:00)
REQUEST QUEUED
TASK #: 27445
```

OUTPUT MAIN MENU - CNH
AMIS 349 PRINT

Example, cont.

```
                                                        DEC 7,1994@11:22:08
               COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349
                     1/1/94  THRU  1/31/94

                              >>>NOTICE<<<
     >>>INCOMPLETE PATIENT MOVEMENTS AFFECT THE AMIS TOTALS BELOW<<<
                        >>>REFER TO LAST PAGE FOR DETAILS<<<
G A I N S
---------
    ADMISSIONS

          01  AFTER REHOSP > 15 DAYS        0
          02  ALL OTHER                     0

    TRANSFERS IN

          03  FROM OTHER CNH                0
          04  FROM ASIH                     0

L O S S E S
-----------
    DISCHARGES & DEATHS

          05  DISCHARGES                    0
          06  DEATHS                        0

    TRANSFERS OUT

          07  TO OTHER CNH                  0
          08  TO ASIH                       0

R E M A I N I N G
-----------------

          09  BED OCCUPANTS                 2
          10  ABSENT BED OCCUPANTS          0
          11  ABSENT SICK IN HOSP.          0
          12  FEMALE BED OCCUPANTS          2

L O S S E S    F R O M    A S I H
---------------------------------

          13  DISCHARGES                    0
          14  DEATHS                        0

M I S C    T O T A L S
----------------------

          15  PATIENT DAYS OF CARE         62
          16  SC PLACEMENTS                 0
```

OUTPUT MAIN MENU - CNH
AMIS 349 PRINT

Example, cont.

```
PAGE 2                                                DEC 7,1994@11:22:43
               COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349
                     1/1/94  THRU  1/31/94



AMIS BALANCING SEGMENT
----------------------

     PRIOR MONTH FIELDS 09 AND 10                                  3
     + CURRENT MONTH FIELDS 01, 02, 03 AND 04                     +0
     - CURRENT MONTH FIELDS 05, 06, 07 AND 08                     -0
                                                             ------
     = CURRENT MONTH FIELDS 09 AND 10            2  <======>      3
**PROBLEM FOUND IN BALANCING (SEE LAST PAGE FOR DETAILS)

PAGE 3                                                DEC 7,1994@11:22:50
               COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349
                     1/1/94  THRU  1/31/94


     >>>NOTICE OF INCOMPLETE PATIENT MOVEMENTS AFFECTING AMIS TOTALS<<<


THE FOLLOWING PATIENT(S) HAVE MET OR EXCEEDED THEIR AUTHORIZATIONS, AND HAVE
NOT BEEN DISCHARGED.  THIS WILL RESULT IN INACCURATE AMIS 349 CALCULATIONS
FOR THE CURRENT MONTH'S AMIS, AND WILL AFFECT THE BALANCING SEGMENT FOR
SUBSEQUENT MONTHS!!

TO OBTAIN AN ACCURATE AMIS, YOU MUST EITHER DISCHARGE THE PATIENT,
OR EXTEND THEIR AUTHORIZATION TO DATE.  ONCE THE DATA HAS BEEN CORRECTED,
YOU MAY RUN THE AMIS 349 AGAIN TO OBTAIN ACCURATE FIGURES.

          PATIENT                            PT. ID     AUTHORIZATION TO DATE

**   FEEPATIENT, ONE                     000-45-6789         12/31/93

** INDICATES MOVEMENT PROBLEM FROM THE PRIOR MONTH THAT IS AFFECTING
THE BALANCING SEGMENT.
```

OUTPUT MAIN MENU - CNH
CHECK DISPLAY

Introduction

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

Example:

```
SELECT CHECK NUMBER: 11111111

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


                    PAYMENT HISTORY FOR CHECK # 11111111
                    ------------------------------------              PAGE: 1

                      FEE PROGRAM:  COMMUNITY NURSING HOME
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
   FROM     TO         AMOUNT     AMOUNT   SUSP        BATCH       INVOICE
   DATE     DATE       CLAIMED     PAID    CODE        NUMBER      NUMBER
==============================================================================

VENDOR:  FEEVENDOR,ONE          VENDOR ID:  000888888

PATIENT:  FEEPATIENT, ONE            PATIENT ID:  XXX-XX-6789
   6/1/06   6/30/06     6,100.00   6,000.00    D         378         583
    >>>CHECK # 11111111  DATE PAID:  1/9/95<<<


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

SELECT CHECK NUMBER:
```

OUTPUT MAIN MENU - CNH
CNH CENSUS REPORT

Introduction

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

Your response to the "Display Address for Vendors? No//" prompt determines what appears in the output. If you accept the "No" default, the following information is displayed on your screen:

- Vendor name and ID number
- Veteran name, DOB, and Veteran ID
- PSA
- Authorized FROM date

If your response is "YES", the output will also include the following information:

- Vendor name, address, and telephone number
- Vendor participation code

Example

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

   CENSUS DATE:  T  (SEP 21, 1993)

DISPLAY ADDRESS FOR VENDORS? NO// Y  YES

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

OUTPUT MAIN MENU - CNH
CNH CENSUS REPORT

Example, cont.

```
                    FEE BASIS CONTRACT NURSING HOME CENSUS
                              09/21/93
                      --------------------------

VENDOR NAME                                VENDOR ID
     VETERAN NAME                 DOB     VETERAN ID     PSA    AUTH FROM DATE
==============================================================================

FEEVENDOR,ONE                              000999999  COMMUNITY NUR
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  45441477

     FEEPATIENT, ONE              02/22/22  000-45-6789    523       01/01/93
     FEEPATIENT, TWO              01/01/40  000-45-6789    523       07/29/93


FEEVENDOR,ONE                                      000222222   COMMUNITY NUR
          1616 SHADY LN
          TACOMA, WA  98506

     FEEPATIENT, ONE              02/03/35  000-45-6789    500       10/01/93
```

OUTPUT MAIN MENU - CNH
CNH STAYS IN EXCESS OF 90 DAYS

Introduction

The CNH Stays in Excess of 90 Days option prompts you for an effective date, which should be representative of the day you wish to see all ACTIVE CNH stays for a patient that meet or exceed 90 days, and a device. The Length of Stay (LOS) will be displayed for all records that meet this criteria. It should be noted that the Length of Stay is as of the effective date only.

Example

```
Use of this option will provide you with all 'ACTIVE' stays that are in excess
of 90 days.  The active stays are as of the date you choose.

Enter Effective Date : 072893  (JUL 28, 1993)

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

```
                       ACTIVE CNH STAYS IN EXCESS OF 90 DAYS
                                 AS OF 07/28/93
                       ------------------------------------

                              MARITAL
VETERAN             Pt. ID    ST.  ADM. DATE    LOS         VENDOR
==============================================================================
FEEPATIENT, ONE    000-45-6789   M  04/01/93     118  FEEVENDOR,ONE

     ***LOS = Length of Stay as of 07/28/93

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

OUTPUT MAIN MENU - CNH
CONTRACT EXPIRATION LIST

Introduction

The Contract Expiration List option is used to list nursing homes with contracts that will expire within the date range you specify.

Example:

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

   BEGINNING DATE : 010193  (JAN 01, 1993)

   ENDING    DATE : 063093  (JUN 30, 1993)

THIS OPTION WILL LIST NURSING HOMES WITH CONTRACTS EXPIRING BETWEEN 01/01/93
AND 06/30/93.

ARE YOU SURE YOU WANT TO CONTINUE? YES// <RET>

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

```
             CNH CONTRACTS EXPIRING BETWEEN 01/01/93 AND 06/30/93
             ====================================================
VENDOR NAME                                  VENDOR ID  CONTRACT #    EXP. DT.
==============================================================================
FEEVENDOR,ONE                                  000999999  V500-1234
03/31/93
FEEVENDOR,TWO                                  000888888  500-6789
05/30/93
FEEVENDOR,TWO                                  000888888  V608-987
03/31/93

PRESS RETURN TO CONTINUE:
```

OUTPUT MAIN MENU - CNH
COST REPORT FOR CONTRACT NURSING HOME

Introduction

This option generates the Cost Report for Contract Nursing Home sorted by DATE FINALIZED and PATIENT TYPE CODE. You can print either a detailed report or summary only. (The detailed report also includes a summary.)

Example:

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

   BEGINNING DATE : 010193  (JAN 01, 1993)

   ENDING    DATE : 072993  (JUL 29, 1993)

     SELECT ONE OF THE FOLLOWING:
          D         DETAILED REPORT
          S         SUMMARY ONLY

CHOOSE REPORT TYPE: S// DETAILED REPORT

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

REQUESTED START TIME: NOW// <RET> (AUG 19, 1993@16:08:33)
REQUEST QUEUED
```

```
                      COST REPORT FOR CONTRACT NURSING HOME
                            01/01/93 THROUGH 07/29/93
                      -------------------------------------
PATIENT NAME             PATIENT ID     ASSOC 7078     AMT PAID   FINAL DRG  LOS
================================================================================

     TREATING SPECIALTY:  MEDICAL
FEEPATIENT, ONE     000-45-6789     C89622.0015       54.00               27
                      ** INDICATES AN ANCILLARY PAYMENT



                      COST REPORT FOR CONTRACT NURSING HOME
                            01/01/93 THROUGH 07/29/93
                      -------------------------------------

                                   SUMMARY

                      LOS               # CASES             AVE. AMT. PAID
================================================================================

     TREATING SPECIALTY:  MEDICAL
                       27                  1                    54.00

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

    TOTAL CASES:  1     AVERAGE AMOUNT PAID:  54.00     AVERAGE LOS:  27.00
```

OUTPUT MAIN MENU - CNH
DISPLAY EPISODE OF CARE

Introduction

The Display Episode of Care option is used to display all admission, transfer, and discharge movements for one specified episode of care in a Community Nursing Home. A double question mark <??> entered at the date/time prompt will produce a list of admission dates for the selected patient.

Example

```
SELECT PATIENT: FEEPATIENT, ONE    06-17-48   000456789   SC VETERAN

SELECT ADMISSION DATE/TIME: 06/01/90@0900    JUN 01, 1990.09  FEEPATIENT, ONE
ADMISSION

VETERAN: FEEPATIENT, ONE                SSN: 000-45-6789

     DATE/TIME           TRANSACTION     TYPE

JUNE 1, 1990 09:00        ADMISSION      ALL OTHER
JULY 31, 1990 08:00       DISCHARGE      TRANSFER TO OTHER CNH
```

OUTPUT MAIN MENU - CNH
INVOICE DISPLAY

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

Introduction

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

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

Example

```
SELECT FEE BASIS INVOICE NUMBER: 164

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


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

VETERAN'S NAME   ('*'REIMBURSEMENT TO VETERAN   '+' CANCELLATION ACTIVITY)
                 ('#' VOIDED PAYMENT)
   VENDOR NAME                                VENDOR ID     INVOICE #
   FR DATE    TO DATE  CLAIMED   PAID    SUS CODE          DT. REC.  INV. DATE
===============================================================================

FEEPATIENT, ONE  000-45-6789
    FEEVENDOR,ONE                             000888888        164
    10/23/94  10/31/94  1800.00  1800.00                   11/6/94  11/1/94

    BATCH #: 267                         DATE FINALIZED: 11/25/94
    REJECTS PENDING!     REJECT REASON: WRONG OBLIGATION
    OLD BATCH #: 267


SELECT FEE BASIS INVOICE NUMBER:
```

OUTPUT MAIN MENU - CNH
NURSING HOME 10-0168 REPORT

Introduction

This option prints the data for the Community Nursing Home Code sheet 10-0168 (formerly the RCS 18-3 report) for a specified fiscal quarter and year, and allows you to generate the code sheets for the nursing homes included, if you are running Generic Code Sheet V. 2.0.

WARNING: If your site has negotiated a contract with a nursing home, and other VA facilities have placed veterans in that nursing home against your contract, you need to edit the code sheet that is created for that home. You will need to modify the field titled, "Number of Veterans in Home" to reflect the TOTAL number of veterans placed in the nursing home under that contract. This information is available to you through the social workers at your facility. Once you edit any necessary code sheets (done through the generic code sheet options), you may use the Generic Code Sheet Menu to batch and transmit your code sheets to Austin.

Example:

```
                  COMMUNITY NURSING HOME REPORT 10-0168



     SELECT ONE OF THE FOLLOWING:

          1         FIRST QUARTER
          2         SECOND QUARTER
          3         THIRD QUARTER
          4         FOURTH QUARTER

ENTER RESPONSE: 3  THIRD QUARTER
FISCAL YEAR: :  94  (1994)
DO YOU WANT TO GENERATE CODE SHEETS FOR THESE NURSING HOMES?
ENTER YES OR NO: NO// YES

THE CNH 10-0168 (RCS 18-3) WILL BE COMPILED FOR THE FOLLOWING DATE RANGE:
     FROM DATE: 4/1/94    TO DATE: 6/30/94
WANT TO CONTINUE? YES// <RET>

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

OUTPUT MAIN MENU - CNH
NURSING HOME 10-0168 REPORT

Example, cont.

```
                  COMMUNITY NURSING HOME 10-0168 (18-3) REPORT
                    FROM DATE: 4/1/94    TO DATE: 6/30/94
                >>> NOTE: FIELDS 7, 10, 12 ARE CURRENT DATA <<<
                 ==============================================


 [1] THREE DIGIT STATION NUMBER                        500
 [2] NAME OF COMMUNITY NURSING HOME                    SHADY ACRES
 [3] NAME OF CITY WHERE NURSING HOME IS LOCATED        ALBANY
 [4] STATE CODE WHERE NURSING HOME IS LOCATED          36
 [5] COUNTY WHERE NURSING HOME IS LOCATED              001
 [6] NUMBER OF BEDS IN NURSING HOME (SKILLED)          50
 [7] NURSING HOME INSPECTED OR ACCREDITED              B
 [8] PER DIEM RATE (HIGH)                              002
 [9] PER DIEM RATE (LOW)                               000
[10] CERTIFIED FOR MEDICARE/MEDICAID                   4
[11] NUMBER OF VETERANS IN HOME                        001
[12] DATE OF LAST ASSESSMENT                           0193
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>

                  COMMUNITY NURSING HOME 10-0168 (18-3) REPORT
                    FROM DATE: 4/1/94    TO DATE: 6/30/94
                >>> NOTE: FIELDS 7, 10, 12 ARE CURRENT DATA <<<
                 ==============================================


 [1] THREE DIGIT STATION NUMBER                        500
 [2] NAME OF COMMUNITY NURSING HOME                    FEEVENDOR,TWO
 [3] NAME OF CITY WHERE NURSING HOME IS LOCATED        ROTTERDAM JCT
 [4] STATE CODE WHERE NURSING HOME IS LOCATED          36
 [5] COUNTY WHERE NURSING HOME IS LOCATED              093
 [6] NUMBER OF BEDS IN NURSING HOME (SKILLED)          15
 [7] NURSING HOME INSPECTED OR ACCREDITED              I
 [8] PER DIEM RATE (HIGH)                              001
 [9] PER DIEM RATE (LOW)                               000
[10] CERTIFIED FOR MEDICARE/MEDICAID                   2
[11] NUMBER OF VETERANS IN HOME                        000
[12] DATE OF LAST ASSESSMENT
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

OUTPUT MAIN MENU - CNH
NURSING HOME 10-0168 REPORT

Example, cont.

```
STATION: ALBANY  (#500)
BATCH TYPE: FEE BASIS - GECO
TRANSACTION TYPE: 18-3

THIS CODE SHEET HAS BEEN ASSIGNED IDENTIFICATION NUMBER: 3-95
STUFFING DATA INTO THE FOLLOWING FIELDS:
SYSTEM IDENTIFIER: CNH
STATION NUMBER: 500
NAME OF COMMUNITY NH: SHADY ACRES
CITY OF COMMUNITY NH: ALBANY
STATE CODE OF CNH: 36
COUNTY CODE OF CNH: 001
NUMBER OF BEDS IN CNH: 50
NH INSPECTED/ACCREDITED: B
PER DIEM RATE (HIGH): 002
PER DIEM RATE (LOW): 000
CERT.MEDICARE/MEDICAID: 4
TOTAL NUMBER OF VETS IN NH: 003
DATE OF LAST ASSESSMENT: 060195
AUTOMATIC TERMINATOR: $

TRANSMITTED CODE SHEET FOR ID# 3-95 WILL BE AS FOLLOWS:
....+....1....+....2....+....3....+....4....+....5....+....6....+....7....+...
.
CNH500SHADY ACRES            ALBANY36001050B00200040010193$
```

OUTPUT MAIN MENU - CNH
NURSING HOME 10-0168 REPORT

Example, cont.

```
     ** CODE SHEET NUMBER: 4-95 **

CODE SHEET AUTOMATICALLY MARKED FOR BATCHING !

Station: ALBANY  (#500)
Batch Type: FEE BASIS - GECO
Transaction Type: 18-3

This code sheet has been assigned IDENTIFICATION NUMBER: 4-95
Stuffing data into the following fields:
SYSTEM IDENTIFIER: CNH
STATION NUMBER: 500
NAME OF COMMUNITY NH: FEEVENDOR,TWO
CITY OF COMMUNITY NH: ROTTERDAM JCT
STATE CODE OF CNH: 36
COUNTY CODE OF CNH: 093
NUMBER OF BEDS IN CNH: 15
NH INSPECTED/ACCREDITED: I
PER DIEM RATE (HIGH): 001
PER DIEM RATE (LOW): 000
CERT.MEDICARE/MEDICAID: 2
TOTAL NUMBER OF VETS IN NH: 005
DATE OF LAST ASSESSMENT: -1
AUTOMATIC TERMINATOR: $

TRANSMITTED CODE SHEET FOR ID# 4-95 WILL BE AS FOLLOWS:
....+....1....+....2....+....3....+....4....+....5....+....6....+....7....+...
.
CNH500FEEVENDOR,TWO          ROTTERDAM JCT  36093015I00100020001$
```

OUTPUT MAIN MENU - CNH
PAYMENT & TOTALS REPORT - CNH

Introduction

The Payment & Totals Report - CNH option is used to print a report showing individual payments to a Community Nursing Home vendor and the total amount paid to that vendor for a specified month/year.

Payment totals for the month are based on the date batches are finalized; therefore, only payment data from finalized batches will be included in this report.

Example

```
Community Nursing Home Payment List for which Month/Year: 8/94
(AUG 1994)
DEVICE: HOME//  CNH PRINTER   RIGHT MARGIN: 80//  <RET>
```

```
Community Nursing Home Payment List & Totals for: August 1994
          Processed: AUG 21,1994@13:02:02
Vendor Name                                       Vendor ID
        Veteran Name                       SSN      Amount Paid
=================================================================

FEEVENDOR, ONE                                    000225555
        FEEPATIENT, ONE              000456789    6000.00
                                                  -------
                                 Vendor Total:    6000.00

FEEVENDOR, TWO                                    000123123
        FEEPATIENT, TWO              000456789    3000.00
        FEEPATIENT, THREE            000456789    3000.00
                                                  -------
                                 Vendor Total:    6000.00

FEEVENDOR, THREE                                  000665665
        FEEPATIENT, FOUR             000456789    3100.00
        FEEPATIENT, FIVE               000456789    3100.00
                                                  -------
                                 Vendor Total:    6200.00

Grand Total Dollars:   18200.00
```

OUTPUT MAIN MENU - CNH
POTENTIAL COST RECOVERY REPORT

Introduction

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

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

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

Example

```
Select Primary Service Facility: ALL// Oklahoma City VAMC

Select another Primary Service Facility: <RET>

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

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

**** Date Range Selection ****

   Beginning DATE : 8/5/02  (AUG 05, 2002)

   Ending    DATE : 8/8/02  (AUG 08, 2002)

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

Requested Start Time: NOW// <RET> (AUG 08, 2002@16:08:33)   REQUEST QUEUED
Task #: 46411
```

```
                          POTENTIAL COST RECOVERY REPORT
                         Division: 635 OKLAHOMA CITY VAMC
                               8/5/02 - 8/8/02
                                                                    Page: 1
Patient: Feepatient,One                Pat. ID: 666-00-0123  DOB: Sep 03, 1946

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


    Health Insurance: YES
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ==========================================================================
   MAILHANDLE   p  000205875         451 OR 452  SELF    09/05/93
   MAILHANDLE   p  000205875         451 OR 452  SELF    09/05/93   08/01/98
   PCS HEALTH   p  000205875         451 OR 452  SELF    08/01/98   12/31/02


                             FEE PROGRAM: OUTPATIENT

  Svc Date CPT-MOD     Amount     Amount  Susp  Travel  Batch Invoice Voucher
                       Claimed     Paid   Code   Paid    Num   Num     Date
==============================================================================

Vendor: Feevendor, One                    Vendor ID: 000795295
  7/1/02    76075-GA   109.64    109.64                  21875   36677 8/6/02
   Primary Dx: RADIOLOGICAL EXAM N (V72.5)   S/C Condition? NO  Obl.#: C23552
     >>>Cost recover from means testing and insurance.
  7/1/02    76076-GA    33.88     33.88                  21875   36677 8/6/02
   Primary Dx: RADIOLOGICAL EXAM N (V72.5)   S/C Condition? NO  Obl.#: C23552
     >>>Cost recover from means testing and insurance.
```

OUTPUT MAIN MENU - CNH
PRINT REJECTED PAYMENT ITEMS

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

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

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

Example

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

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

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

Batch Number: 341    Voucher Date: 7/27/93  Voucherer: LUCIA

FEEPATIENT, ONE                 000-45-6789           341
   FEEVENDOR,ONE                            000456456    523         7/27/93
    6/1/93    90010       52.00     52.00        OFFICE/OP VISIT, NEW, LTD
       Reject Reason: DUPLICATE PAYMENT
       Old Batch #: 341

Batch Number: 329    Voucher Date: 6/21/93  Voucherer: LUCIA

FEEPATIENT, ONE                  000-45-6789           329
   FEEVENDOR,TWO                            000567567    497         6/21/93
    4/5/93    12345       33.00     32.00    D   SELIUM
       Reject Reason: WRONG VENDOR
       Old Batch #: 329
```

OUTPUT MAIN MENU - CNH
REPORT OF ADMISSIONS/DISCHARGES FOR CNH

Introduction

The Report of Admissions/Discharges for CNH option generates an output report listing admissions to and discharges from a Contract Nursing Home within a specified date range.

Example

```
**** Date Range Selection ****

   Beginning DATE : 060193  (JUN 01, 1993)

   Ending    DATE : T  (JUL 30, 1993)

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

```
                      CNH ADMISSIONS AND DISCHARGES
                        06/01/93 THROUGH 07/30/93
                      -----------------------------


FEEPATIENT, ONE                 000-45-6789     NSC
 ADMISSION DATE: 06/09/93@1:00    ADMISSION TYPE: ALL OTHER
        FEEVENDOR,ONE                  000999999
        31 NOWHERE CIRCLE
        LOWELL   MASSACHUSETTS  01852-0123
        Phone #: 413-555-1477

FEEPATIENT, TWO                 000-45-6789     SERVICE CONNECTED 50% to 100%
 ADMISSION DATE: 07/01/93@1:00    ADMISSION TYPE: ALL OTHER
        FEEVENDOR,ONE                            000222222
        1616 SHADY LN
        TACOMA   WASHINGTON  98506
        Phone #: 555-2109


FEEPATIENT, THREE               000-45-6789     SC LESS THAN 50%
 ADMISSION DATE: 07/22/93@08:00   ADMISSION TYPE: AFTER RE-HOSPITALIZATION >15
        FEEVENDOR,ONE                            000222222
        1616 SHADY LN
        TACOMA   WASHINGTON  98506
        Phone #: 555-2594
```

OUTPUT MAIN MENU - CNH
ROSTER PRINT

Introduction

The Roster Print option is used to print a list of Community Nursing Homes and currently admitted Fee Basis veteran patients.

Example:

```
THIS OPTION WILL PRINT NURSING HOME ROSTERS.

ARE YOU SURE YOU WANT TO CONTINUE? NO// YES

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

```
                    NURSING HOME ROSTER - 07/30/93
                   --------------------------------
NAME                                        VENDOR ID
    VETERAN NAME                      VETERAN ID      ADMIT DT    AUTH TO DATE

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

FEEVENDOR,ONE                                       000999999
    FEEPATIENT, ONE                  000-45-6789     06/09/93     12/31/99

FEEVENDOR,ONE                                       000222222
    FEEPATIENT, ONE                  000-45-6789     07/22/93     07/31/93
    FEEPATIENT, TWO                  000-45-6789     07/28/93     07/31/93
    FEEPATIENT, THREE                000-45-6789     07/28/93     11/30/93
```

OUTPUT MAIN MENU - CNH
VENDOR PAYMENTS OUTPUT

Introduction

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

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

Example:

```
SELECT FEE VENDOR: FEEVENDOR,ONE                000999999  COMMUNITY NURSI
          31 NOWHERE CIRCLE             (AWAITING AUSTIN APPROVAL)
          LOWELL, MA  01852-0123    TEL. #:  555-1477


**** DATE RANGE SELECTION ****

   BEGINNING DATE : 010106  (JAN 01, 2006)

   ENDING    DATE : T  (JUN 30, 2006)

SELECT FEE PROGRAM: ALL// CONTRACT NURSING HOME
SELECT ANOTHER FEE PROGRAM: <RET>

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

                         VENDOR PAYMENT HISTORY
                        ========================                      PAGE: 1
                                                   DATE RANGE: 1/1/06 TO 6/30/06
VENDOR: FEEVENDOR,ONE                     VENDOR ID: 000999999
                       FEE PROGRAM: CONTRACT NURSING HOME
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  INV DATE             AMOUNT     AMOUNT  SUSP   INVOICE     FROM       TO
                       CLAIMED     PAID   CODE       NUM     DATE     DATE
===============================================================================

PATIENT: FEEPATIENT, ONE                  PATIENT ID: XXX-XX-6789
  1/11/06               800.00       .00            105    11/5/06  11/15/06

PATIENT: FEEPATIENT, TWO                  PATIENT ID: XXX-XX-1234
  5/18/06               900.00    800.00  4         305    4/17/06   4/18/06
    >>>CHECK # 11887576  DATE PAID:  6/20/06<<<
    >>>AMOUNT PAID ALTERED TO $800.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
```

OUTPUT MAIN MENU - CNH
VETERAN PAYMENTS OUTPUT

Introduction

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

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

Example:

```
SELECT FEE PATIENT: FEEPATIENT, ONE     02-22-22     000456789     SC VETERAN

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 8/1/06  (AUG 01, 2006)

   ENDING    DATE : 8/30/06  (AUG 30, 2006)

SELECT FEE PROGRAM: ALL// CONTRACT NURSING HOME
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// CNH PRINTER  DECNET    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)

                         VETERAN PAYMENT HISTORY
                        ========================                      PAGE: 1
PATIENT: FEEPATIENT, ONE                   PATIENT ID: XXX-XX-6789
                       FEE PROGRAM: CONTRACT NURSING HOME
   ('*' REIMB. TO PATIENT   '+' CANCEL. ACTIVITY   '#' VOIDED PAYMENT)
  SVC DATE CPT-MOD     AMOUNT     AMOUNT  SUSP          BATCH INVOICE VOUCHER
                       CLAIMED     PAID   CODE            NUM   NUM     DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                     VENDOR ID: 000999999
 8/17/06    90040-20    800.00   800.00                  00035     236
    PRIMARY DX:                         S/C CONDITION? YES     OBL.#: C33003
      >>>CHECK # 11887576  DATE PAID:  9/20/06<<<
 8/15/06    90040-20    650.00   650.00                  00035     254
    PRIMARY DX:                         S/C CONDITION? YES     OBL.#: C33003
      >>>CHECK # 13999976  DATE PAID:  9/15/06<<<


SELECT FEE PATIENT:
```

PAYMENT MAIN MENU - CNH
DELETE INPATIENT INVOICE

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

Introduction

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

Example:

```
SELECT FEE BASIS BATCH NUMBER: 36          C33003

SELECT INVOICE TO DELETE: 20


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


PATIENT: FEEPATIENT, ONE                  PATIENT ID: 000-45-6789
                       FEE PROGRAM: CONTRACT NURSING HOME
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  INV DATE             AMOUNT     AMOUNT  SUSP  INVOICE     FROM        TO
                       CLAIMED     PAID   CODE      NUM     DATE      DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                    VENDOR ID: 000999999
 06/09/93                94.00     94.00             20    06/09/93  06/30/93
    ASSOCIATED 7078: C33003.0003
    BATCH #: 36                        DATE FINALIZED:


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

PAYMENT MAIN MENU - CNH
EDIT CNH PAYMENT

New Prompt: *Enter Vendor Invoice Date*

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

FBAASUPERVISOR Key - required to edit payments in batches that have been released by a supervisor; or payments entered by other users.

Introduction

The Edit CNH Payment option is used to edit data for a previously entered Community Nursing Home payment. Payments can only be entered by using the Enter CNH Payment option.

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

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

PAYMENT MAIN MENU - CNH
EDIT CNH PAYMENT

Example

```
SELECT FEE BASIS BATCH NUMBER: 159        C15003

SELECT INVOICE NUMBER: 330


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

PATIENT: FEEPATIENT, ONE                PATIENT ID: 000-45-6789
                        FEE PROGRAM: CONTRACT NURSING HOME
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  INV DATE             AMOUNT     AMOUNT  SUSP   INVOICE     FROM        TO
                       CLAIMED     PAID   CODE       NUM     DATE      DATE
==============================================================================

VENDOR: FEEVENDOR, ONE               VENDOR ID: 000222222
  12/1/94                 12.00     12.00            330    10/1/94   11/1/94
  ASSOCIATED 7078: C90622.0107
    BATCH #: 159                        DATE FINALIZED:



ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): DEC 5,1994// <RET>
VENDOR INVOICE DATE: DEC 1,1994// <RET>
VENDOR: FEEVENDOR, ONE// <RET>
VETERAN: FEEPATIENT, ONE// <RET>
TREATMENT FROM DATE: OCT 1,1994// <RET>
TREATMENT TO DATE: NOV 1,1994// <RET>
AMOUNT CLAIMED: 12// <RET>
AMOUNT PAID: 12// <RET>
BATCH NUMBER: 159// <RET>
PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR NSC DISABILITY(IES)// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
PRIMARY SERVICE FACILITY: ALBANY ISC// <RET>
```

PAYMENT MAIN MENU - CNH
ENTER CNH PAYMENT

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

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

Introduction

The Enter CNH Payment option is used to enter Community Nursing Home payments. Only Community Nursing Home payments can be entered through this option. All other Fee Basis payments must be entered through other menus. Only batches opened by you and having a current status of OPEN may be entered.

You cannot enter new vendors with this option. If you wish to enter a new vendor, use the Vendor Enter/Edit option on the Community Nursing Home Main Menu.

The system calculates the amount to be paid based on data in the CNH ACTIVITY file. The system will automatically assign invoice numbers to each payment. There is a separate invoice number for each payment line.

The system will not accept payments for a period that is not within the patient's authorized dates.

Example

```
SELECT FEE BASIS BATCH NUMBER: 178        C93999

PAYMENTS FOR WHICH MONTH/YEAR: 6/93  (JUN 1993)



SELECT PATIENT: FEEPATIENT, ONE
```

PAYMENT MAIN MENU - CNH
ENTER CNH PAYMENT

Example, cont.

```
FEEPATIENT, ONE                          Pt.ID: 000-45-6789
124 SMITH ROAD                            DOB: JAN 1,1901
SMITH                                     TEL: Not on File
IDAHO 12456                            CLAIM #: 000000000
                                        COUNTY: ADAMS

Primary Elig. Code: SC  --  PENDING VERIFICATION  AUG 10, 1992
Other Elig. Code(s):

  Service Connected: NO
 Rated Disabilities: NONE STATED

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

==============================================================================
    AETNA             252525             201        SPOUSE            12/31/85
    GHI               12345             123         SELF    01/01/91
    HEALTH INSURANCE                    OPD-45      SELF    01/01/94
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

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

AUTHORIZATIONS:
   (1) FR: 06/09/93      VENDOR: FEEVENDOR,ONE          - 000999999
       TO: 06/10/93
                         Authorization Type: CONTRACT NURSING HOME
           Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX:
       County: ADAMS                     PSA: BAY PINES, FL

           REMARKS:
              NURSING HOME


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

PAYMENT MAIN MENU - CNH
ENTER CNH PAYMENT

Example, cont.

```
VETERAN: FEEPATIENT, ONE             SSN: 000-45-6789
     DATE/TIME           TRANSACTION      TYPE

JUNE  9, 1993  10:00      ADMISSION     ALL OTHER
JUNE 10, 1993  10:00      DISCHARGE     REGULAR


AMOUNT BASED ON 1 DAYS OF CARE.

    TOTAL AMOUNT CALCULATED IS: $   94.00

WANT TO CONTINUE WITH PAYMENT ENTRY? YES// <RET>

INVOICE # 293 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 6/15/93  (JUN 15, 1993)

ENTER VENDOR INVOICE DATE: 6/11/93  (JUN 11, 1993)
AMOUNT CLAIMED: 100
AMOUNT PAID: 94
AMOUNT SUSPENDED: 6// <RET>
SUSPEND CODE: 4          OTHER
DESCRIPTION OF SUSPENSION:
  1>VENDOR BILLED JULY RATE FOR THE MONTH OF JUNE
  2> <RET>
EDIT OPTION: <RET>



SELECT PATIENT:
```

QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Key - required to access this option.

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

Introduction

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

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

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

Example

```
THIS OPTION WILL TRANSMIT ALL BATCHES AND MRA'S READY TO BE TRANSMITTED TO
AUSTIN

ARE YOU SURE YOU WANT TO CONTINUE? NO// Y

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

UPDATE VENDOR CONTRACT/RATES - CNH

Introduction

This option allows you to enter/edit Community Nursing Home vendor contracts and rates. It can be used to add new contract numbers, effective dates, expiration dates, and nursing home rates for the selected vendor; or to edit the data currently on file. You cannot add a new vendor with this option.

Since Fee Basis nursing home rates may be negotiated per patient, you may enter an unlimited number of rates per contract at the "Enter Nursing Home Rate:" prompt. (Refer to Appendix D for more information about multiple rates.) This prompt will repeat until you enter an up-arrow <^>, which will return you to the "Select FEE BASIS VENDOR NAME:" prompt.

Example

```
Select FEE BASIS VENDOR NAME: FEEvendor,One    000222222  COMMUNITY NUR
          1616 SHADY LN
          TACOMA, WA  98506


Select FEE BASIS CNH CONTRACT NUMBER: 500-CNH-01-94
  ARE YOU ADDING '500-CNH-01-94' AS
    A NEW FEE BASIS CNH CONTRACT? Y  (YES)
   FEE BASIS CNH CONTRACT EFFECTIVE DATE: 010194  (JAN 01, 1994)
   FEE BASIS CNH CONTRACT EXPIRATION DATE: 053194  (MAY 31, 1994)
NUMBER: 500-CNH-01-94// <RET>
EFFECTIVE DATE: JAN 1,1994// <RET>
EXPIRATION DATE: MAY 31,1994// <RET>

Enter Nursing Home Rate: 22

Enter Nursing Home Rate: 28

Enter Nursing Home Rate: 34

Enter Nursing Home Rate: ^

Select FEE BASIS VENDOR NAME:
```

VENDOR ENTER/EDIT

FBAA ESTABLISH VENDOR Key - required to enter a new or edit an existing vendor.

Introduction

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

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

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

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

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

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

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

VENDOR ENTER/EDIT

Example

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR, ONE
  ARE YOU ADDING 'FEEVENDOR, ONE' AS
    A NEW FEE BASIS VENDOR (THE 74TH)? Y  (YES)
   FEE BASIS VENDOR ID NUMBER: 000999999
   FEE BASIS VENDOR TYPE OF VENDOR: 8  OTHER
   FEE BASIS VENDOR PART CODE: 5  COMMUNITY NURSING HOME        05
   FEE BASIS VENDOR CHAIN: <RET>
   FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR, ONE  REPLACE <RET>
NUMBER: 999-99-9999// <RET>
IS THE ID NUMBER A TAX # OR SSN?
TAX ID/SSN (ENTER 'T' OR 'S'): T  TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
SELECT SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899
MEDICARE ID NUMBER: 777555777
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B  BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4  CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1  (AUG 01, 1994)

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

VENDOR ENTER/EDIT

Example, cont.

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

        NAME:  FEEVENDOR,ONE                  ID NUMBER: 000999999
                                    BILLING PROV NPI: 1234567899
     ADDRESS:  222 BLOOMING GROVE DR          SPECIALTY:
        CITY:  TROY                                TYPE: OTHER
       STATE:  NEW YORK               PARTICIPATION CODE: COMMUNITY NURSING HOM
         ZIP:  12180                  MEDICARE ID NUMBER: 000000000
      COUNTY:  RENSSELAER                          CHAIN:
       PHONE:  518-555-1234
         FAX:  518-555-1200
 TYPE (FPDS):
 AUSTIN NAME:
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:                                FROM AUSTIN:
                      >>> CNH INFORMATION <<<

  TOTAL BEDS:  100                    INSPECTED/ACCREDITED: INSPECT. & ACCRED.
WANT TO EDIT DATA? NO// <RET>

SELECT FEE BASIS VENDOR NAME:
```

Section 3: MEDICAL FEE MAIN MENU

Overview

BATCH MAIN MENU

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

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

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

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

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

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

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

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

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

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

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

Overview

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

LTC OUTPATIENT ACTIVE AUTHORIZATIONS REPORT – a list of active outpatient LTC Authorizations.

LTC OUTPATIENT ENDING AUTHORIZATIONS REPORT – a list of outpatient LTC Authorizations that are due to expire.

OUTPUTS MAIN MENU

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

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

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

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

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

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

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

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

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

Overview

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

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

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

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

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

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

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

PAYMENT MENU

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

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

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

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

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

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

Overview

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

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

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

REGISTRATION MENU

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

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

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

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

SUPERVISOR MAIN MENU

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

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

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

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

Overview

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

FEE BASIS 1358 SEGREGATION OF DUTY REPORT - used to report fee invoice certification events and identify any 1358 segregation of duty violations.

FEE SCHEDULE MAIN MENU

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

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

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

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

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

MRA MAIN MENU

VENDOR MRA MAIN MENU

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

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

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

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

Overview

VETERAN MRA MAIN MENU

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

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

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

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

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

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

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

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

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

Overview

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

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

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

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

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

VOID PAYMENT MAIN MENU

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

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

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

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

MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.

Overview

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

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

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

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

VENDOR MENU

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

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

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

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

BATCH MAIN MENU
ACTIVE Batch Listing by Status

Introduction

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

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

Example:

```
DO YOU WANT TO PRINT ALL FEE BASIS BATCH STATUS':  NO// <RET>

     SELECT ONE OF THE FOLLOWING:

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

SELECT STATUS TO PRINT: OPEN
DO YOU WANT TO SELECT ANOTHER STATUS:  NO// <RET>

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

```
                              STATUS OF BATCHES
                              -----------------

 BATCH #    BATCH TYPE              DATE OPENED        CLERK
================================================================================

STATUS:  OPEN

  16     MEDICAL & STAT PAYMENTS      05/24/93    DENNIS
  24     MEDICAL & STAT PAYMENTS      05/28/93    KAREN
  25     CH/CNH                       05/28/93    DENNIS
  26     HOMETOWN PHARMACY PAYMENTS   05/28/93    DENNIS
  28     MEDICAL & STAT PAYMENTS      05/28/93    DENNIS
  34     CH/CNH                       06/03/93    KAREN
  35     MEDICAL & STAT PAYMENTS      06/08/93    MARCUS
  36     CH/CNH                       06/09/93    KAREN
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

BATCH MAIN MENU
ACTIVE BATCH LISTING BY STATUS

Example, cont.

```
                              STATUS OF BATCHES
                              -----------------


 BATCH #    BATCH TYPE                DATE OPENED        CLERK
==============================================================================

  37     MEDICAL & STAT PAYMENTS      06/11/93    KAREN
  39     MEDICAL & STAT PAYMENTS      06/11/93    MARCUS
  42     TRAVEL PAYMENTS              06/24/93    MARCUS
  48     MEDICAL & STAT PAYMENTS      06/25/93    DENNIS
  52     HOMETOWN PHARMACY PAYMENTS   06/25/93    MARCUS
  54     TRAVEL PAYMENTS              06/25/93    KAREN
  55     HOMETOWN PHARMACY PAYMENTS   06/25/93    KAREN
  56     HOMETOWN PHARMACY PAYMENTS   06/25/93    KAREN
  64     MEDICAL & STAT PAYMENTS      07/07/93    MARCUS
  65     CH/CNH                       07/08/93    KAREN
  67     CH/CNH                       07/08/93    KAREN
  73     CH/CNH                       07/30/93    MARCUS
  77     CH/CNH                       08/13/93    DENNIS
```

BATCH MAIN MENU
BATCH DELETE

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

Introduction

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

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: 184          C93999


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


  STATUS: OPEN


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

     BATCH DELETED.


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU
BATCH STATUS FOR A RANGE OF BATCHES

Introduction

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

Example:

```
SELECT BATCH MAIN MENU OPTION:  BATCH STATUS FOR A RANGE OF BATCHES

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

SAMPLE OUTPUT

FEE BASIS BATCH LIST                          MAY  7,1993  16:21    PAGE 1
BATCH   OBLIGATION
NUMBER  NUMBER      FEE PROGRAM                STATUS
-------------------------------------------------------------------------

1       C90234      MEDICAL & STAT PAYMENTS    OPEN
4       C89211      MEDICAL & STAT PAYMENTS    SUPERVISOR CLOSED
```

BATCH MAIN MENU
CLOSE-OUT BATCH

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

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

Introduction

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

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

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

BATCH MAIN MENU
CLOSE-OUT BATCH

Example

```
SELECT FEE BASIS BATCH NUMBER: 39          C33003
WANT TO REVIEW BATCH? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                       BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================


FEEPATIENT,ONE                    000-45-6789          39
   FEEVENDOR,ONE                          000999999    169         9/29/93
    9/2/93    90040       12.00     12.00        OFFICE/OP VISIT, EST, BRIEF

FEEPATIENT,TWO                    000-45-6789          39
   FEEVENDOR,TWO                          000000000    169         9/20/93
    8/29/93   10080-20    20.00     20.00        DRAINAGE OF PILONIDAL CYST

               INVOICE #: 169   TOTALS: $ 32.00
DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>


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


  STATUS: CLERK CLOSED



BATCH CLOSED


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU
DISPLAY OPEN BATCHES

Introduction

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

Example

```
Batch #  Type    Dt Open   Clerk Who Opened                Obligation #
==============================================================================

25      CH/CNH   05/28/93  MARTIN                          C33003

26      Pharmacy 05/28/93  MARTIN                          C93004

28      Medical  05/28/93  MARTIN                          C33003

33      Medical  06/02/93  KAREN                           C33003

34      CH/CNH   06/03/93  KAREN                           C33003

35      Medical  06/08/93  KAREN                           C33003
```

BATCH MAIN MENU
EDIT BATCH DATA

FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

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

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

Example

```
SELECT FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
   1      C90234
   4      C89211
   5      C89211
   10      C90234
   11      C90234
   13      C89622
   14      C89211
   15      C89622
   16      C93999
   '^' TO STOP: ^
SELECT FEE BASIS BATCH NUMBER: 1          C90234
OBLIGATION NUMBER:  C90234// <RET>
DO YOU WANT TO CHANGE THE OBLIGATION NUMBER? NO// Y  YES
SELECT OBLIGATION NUMBER:  ??

CHOOSE FROM:
   500-C89211  --  1358   OBLIGATED - 1358
             FCP: 020     $ 4800
   500-C89621  --  1358   ORDERED AND OBLIGATED
             FCP: 999     $ 80000
   500-C89622  --  1358   OBLIGATED - 1358
             FCP: 020     $ 80000
   500-C89699  --  1358   TRANSACTION COMPLETE
             FCP: 020     $ 30000

SELECT OBLIGATION NUMBER:  C89621  500-C89621  --  1358 ORDERED AND OBLIGATED
             FCP: 999     $ 80000
NUMBER: 1//   (NO EDITING)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

BATCH MAIN MENU
LIST ITEMS IN BATCH

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

Introduction

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

Example

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

```
PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                              VENDOR ID  INVOICE #     DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================


FEEPATIENT,ONE                     000-45-6789          4        6/4/93
   FEEVENDOR,ONE                         000333333    38         5/27/90
    5/20/90   10160       45.00     12.11    4   PUNCTURE DRAINAGE OF LESION

              INVOICE #: 38   TOTALS: $ 12.11


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU
OPEN A BATCH

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

Introduction

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

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

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

Example

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

Medical Batch number assigned is: 190


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

BATCH MAIN MENU
RE-OPEN BATCH

FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You may reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

Example

```
SELECT FEE BASIS BATCH NUMBER: 173          C89621


NUMBER: 173                              OBLIGATION NUMBER: C89621
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: MARY                 STATION NUMBER: 500
  TOTAL DOLLARS: 876                     PAYMENT LINE COUNT: 8
  STATUS: OPEN

BATCH HAS BEEN RE-OPENED!


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MAIN MENU
RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

Segregation of duties error message example:

```
SELECT MEDICAL FEE MAIN MENU OPTION: SUPERVISOR MAIN MENU

          ADD NEW PERSON FOR UNAUTHORIZED CLAIM
          CLERK LOOK-UP FOR AN AUTHORIZATION
          DELETE REJECT FLAG
          DISAPPROVAL REASONS FILE ENTER/EDIT
          DISPOSITIONS FILE EDIT
          EDIT PHARMACY INVOICE STATUS
          ENTER/EDIT SUSPENSION LETTERS
          FEE BASIS 1358 SEGREGATION OF DUTY REPORT
          FEE SCHEDULE MAIN MENU ...
          FINALIZE A BATCH
          FPPS UPDATE & TRANSMIT MENU ...
          LIST BATCHES PENDING RELEASE
          MRA MAIN MENU ...
          PRICER BATCH RELEASE
          PRINT REJECTED PAYMENT ITEMS
          QUEUE DATA FOR TRANSMISSION
          RE-INITIATE REJECTED PAYMENT ITEMS
          RELEASE A BATCH
          REQUEST INFO FILE ENTER/EDIT
          SITE PARAMETER ENTER/EDIT
          VOID PAYMENT MAIN MENU ...

SELECT SUPERVISOR MAIN MENU OPTION: RELEASE A BATCH
```

BATCH MAIN MENU

RELEASE A BATCH

Example, cont.

```
SELECT FEE BASIS BATCH NUMBER: 14230       C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.

SELECT SUPERVISOR MAIN MENU OPTION:
```

Successful batch release example:

```
SELECT FEE BASIS BATCH NUMBER: 276          C15004

NUMBER: 276                              OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: BARBARA              STATION NUMBER: 500
  TOTAL DOLLARS: 10                      PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993

  STATUS: CLERK CLOSED

WANT LINE ITEMS LISTED? NO// Y  YES

PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                             VENDOR ID  INVOICE #     DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

FEEPATIENT,ONE                        000-45-6789           276
   FEEVENDOR,ONE                            000222333    493         6/21/93
    5/22/93   90020       10.00      5.00    4   OFFICE/OP VISIT, NEW, COMPRH

               INVOICE #: 493   TOTALS: $ 5.00

FEEPATIENT,TWO                        000-45-6789            276
   FEEVENDOR,ONE                            000555555    495         6/21/93
*   5/1/93    90020        5.00      5.00        OFFICE/OP VISIT, NEW, COMPRH

               INVOICE #: 495   TOTALS: $ 5.00
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y  YES

NUMBER: 276                              OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: BARBARA
  DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
  SUPERVISOR WHO CERTIFIED: MARY         STATION NUMBER: 500
  TOTAL DOLLARS: 10                      PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993

  STATUS: SUPERVISOR CLOSED

BATCH HAS BEEN RELEASED!
```

BATCH MAIN MENU
STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MAIN MENU
STATUS OF BATCH

Example

```
SELECT BATCH MAIN MENU OPTION: STATUS OF BATCH


SELECT FEE BASIS BATCH NUMBER: 173          C89621

DEVICE: HOME//   FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>


NUMBER: 173                             OBLIGATION NUMBER: C89621
  TYPE: MEDICAL PAYMENTS                DATE OPENED: NOV  4, 1994
  CLERK WHO OPENED: MARY                STATION NUMBER: 500
  TOTAL DOLLARS: 125                    PAYMENT LINE COUNT: 1


  STATUS: OPEN



SELECT FEE BASIS BATCH NUMBER:
```

ENTER AUTHORIZATION

FBAA ESTABLISH VENDOR Key - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Authorization option is used to enter, edit, or delete VA Form 10-7079, Request for Outpatient Services. Before you can enter a Fee Basis authorization, the selected patient must be registered, and must have an eligibility status of either VERIFIED or PENDING VERIFICATION.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A. Refer to Appendix A to see the prompts and steps involved when adding new insurance data and reporting discrepancies to MCCR.

The PURPOSE OF VISIT CODE and TREATMENT TYPE CODE are required fields. Please refer to M-1, Part I, Chapter 18, for a detailed explanation of valid code entries.

ENTER AUTHORIZATION

Example

```
Select PATIENT NAME:    FEEPATIENT,ONE    05-10-57     000456789     MILITARY
RETIREE  FEEpatient,One                Pt.ID: 000-45-6789
500 AVE OF THE AMERICAS                  DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                      TEL: Not on File
NEW YORK 10003                       CLAIM #: Not on File
                                      COUNTY: NEW YORK

Primary Elig. Code: SC  --  VERIFIED
Other Elig. Code(s): HUMANITARIAN EMERGENCY

  Service-connected: NO
 Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires
==============================================================================
    No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: Feepatient,One                              Pt.ID: 000-45-6789


Select FROM DATE: JUN 1,2006
  FROM DATE: JUN 1,2006// <RET>
  TO DATE: DEC 31,2006
  PRIMARY SERVICE FACILITY: NEW YORK, NY
  REFERRING PROVIDER: FEEprovider,Two      112     SURGICAL      ATTENDING
  REFERRING PROVIDER NPI: 1111111112

  PURPOSE OF VISIT CODE: OPT - SC 50% OR MORE
  PATIENT TYPE CODE: ?
     CHOOSE FROM:
       00       SURGICAL
       10       MEDICAL
       60       HOME NURSING SERVICE
       85       PSYCHIATRIC-CONTRACT
       86       PSYCHIATRIC
       95       NEUROLOGICAL-CONTRACT
       96       NEUROLOGICAL
  PATIENT TYPE CODE: 85  PSYCHIATRIC-CONTRACT
  TREATMENT TYPE CODE: I.D. CARD STATUS
  DX LINE 1: PTSD
  DX LINE 2: <RET>
  AUTHORIZATION REMARKS:
  1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option: <RET>
  TYPE OF CARE: OPT SC
```

ENTER AUTHORIZATION

Example, cont.

```
  VENDOR: <RET>
  ACCIDENT RELATED (Y/N): N NO
  POTENTIAL COST RECOVERY CASE (Y/N): N NO
  PRINT AUTHORIZATION (Y/N): YES// <RET>
FEE ID CARD NUMBER: 7315264
FEE ID CARD ISSUE DATE: JUN 1,2006

WANT TO PRINT 7079 FOR THIS PATIENT NOW? NO// YES

        THIS REPORT PRODUCES A 132 CHARACTER OUTPUT.

QUEUE TO PRINT ON
DEVICE: HOME// A138-16/6/UP  7079 PRINTER           RIGHT MARGIN: 132// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 31, 2006@09:32:15)
REQUEST QUEUED
TASK #: 36849

SELECT PATIENT NAME:
```

ENTER AUTHORIZATION

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------------
                                          Department of Veterans Affairs                    ID Card Number: 1234567
                                 R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
-----------------------------------------------------------------------------------------------------------------------
(1) Veterans Name              |(2) ID Number | Period of Validity
                               |              |
TEST PATIENT ONE               |XXXXX6789     | FROM: 06/01/06   TO: 12/31/06
-----------------------------------------------------------------------------------------------------------------------
(3) ADDRESS                    |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                               |              |
500 AVE OF THE AMERICAS        | 06/01/06     |  PTSD
(AKA 6TH AVENUE)               |              |
NYC NY 10003                   |              |
-----------------------------------------------
Name and Address of Fee Participant            |
                                               |
                                               |
                                               |REFERRING PROVIDER: FEEprovider,Two
                                               |NPI: 1111111112
                                               |AUTHORIZATION #: 7170335-30
-----------------------------------------------------------------------------------------------------------------------
                                                 AUTHORIZATION REMARKS
                                                 ---------------------
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK

                                        FOR VA USE ONLY
-----------------------------------------------------------------------------------------------------------------------
 (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                |                 |  PATIENT    |                   |         |              |
       36       |      061        |      85     |          57       |     9   |        10    |
-----------------------------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                          |                            |  (11) CODE          | (12) SEX
                                                 |                            |                     |  FEMALE
Veterans Administration                          |                            |                     |-----------------------------
128 HOLLAND AVE                                  |                            | ID CARD STATUS - 3  | (13) POW
ALBANY NY 12208                                  |                            |                     |  NO
                                                 ------------------------------------------------------------------------------
                                                 | APPROVED BY (Name and Title)                                  (KHS)
                                                 |
TELEPHONE: 555-7788 OR 555-7766                  | EMPLOYEE NAME
                                                 | CENTER DIRECTOR
-----------------------------------------------------------------------------------------------------------------------
                                 Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

   I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
     explanation. Unless approved by the VA, services are limited in type and extent to those shown.

   II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

   III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

   IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

   V. FEES. Fees claimed may not exceed those made to the general public for like services.

   VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

   VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

   VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

   IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and
     the NPI and Taxonomy Code of your organization.  If, under the HIPAA NPI Final Rule
     [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as
     taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible
     for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .
   ---------------------------------------------------------------------------------------------------------------------

   VA Form 10-7079                                                                          Date Printed: 06/29/06
```

LTC Outpatient Active Authorizations Report

Introduction

This report identifies LTC authorizations that are active within a user-specified date range. An authorization is included in this report if either the Authorization From or the Authorization To date falls within the date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “OUTPATIENT”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPITE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPITE CARE IN ADHC
74	HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPITE CARE (OTHER)

LTC OUTPATIENT ACTIVE AUTHORIZATIONS REPORT

Example

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient   APR 09, 2003@09:13:58  page 1
  FROM Mar 01, 2003 TO Mar 31, 2003  FOR THE OUTPATIENT PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

    VETERAN                        Pt. ID               AUTHORIZATION
                                                      FROM DATE     TO DATE
-------------------------------------------------------------------------------

POV: HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)

  Vendor: FEE BASIS VENDOR ONE

    FEEPATIENT,One                000-12-1234       Jul 06, 2001  Jul 05, 2004
      DOB: JAN 23,1956
      REMARKS:

      Visits: 0    Paid Amt: $0        Cum Visits: 0    Cum Paid Amt: $0
                                 ----
  Vendor Subtotal:       Count:    1
                                 ====
POV Subtotal:            Count:    1

2 Authorizations on report
```

LTC OUTPATIENT ENDING AUTHORIZATION REPORT

Introduction

This report identifies LTC authorizations that are due to expire within the user-specified date range. An authorization is included in this report if the Authorization To date falls within the user-specified date range.

Using this option, the “Select FEE BASIS PROGRAM NAME:” prompt will default to “OUTPATIENT”. You can then enter one, many, or all PURPOSE OF VISIT NAME(S). Any authorization remarks may also be included.

Following are the POV codes for outpatient visits.

CODE	DESCRIPTION
70	HOME HEALTH NURSING SERVICES
71	HOMEMAKER/HOME HEALTH AID SERVICES
72	RESPITE CARE IN HOMEMAKER/HOME HEALTH AID SERVICES
73	RESPITE CARE IN ADHC
74	HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)
76	ADHC
77	HOSPICE & PALLIATIVE CARE (OPT) - CONTRACT/SHARING AGREEMENT
78	HOSPICE & PALLIATIVE CARE (OPT) - FEE BASIS AUTHORITY (CFR17.50b)
79	RESPITE CARE (OTHER)

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC OUTPATIENT ENDING AUTHORIZATION REPORT

Example

```
ENDING AUTHORIZATIONS by POV, Vendor, Patient   APR 09, 2003@09:18:54  page 1
  FROM Jan 01, 2003 TO Jan 31, 2003  FOR THE OUTPATIENT PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

    VETERAN                        Pt. ID               AUTHORIZATION
                                                      FROM DATE     TO DATE
-------------------------------------------------------------------------------

POV: FEE BASIS NURSING SERVICES

  Vendor: PROFESSIONAL EMERGENCY SERVICES

    FEEPATIENT,Two                000-99-9991       Jan 15, 2000  Jan 14, 2003
      DOB: FEB 1,1925    *** Patient Died on OCT 12,2000@16:34:51
      Visits: 0    Paid Amt: $0        Cum Visits: 1    Cum Paid Amt: $123
                                 ----
  Vendor Subtotal:       Count:    1
                                 ====
POV Subtotal:            Count:    1

1 Authorization on report
```

OUTPUTS MAIN MENU
SUSPENSION LETTER PRINT

Introduction

This option is used to print suspension letters that are sent to Fee Basis vendors to explain why the VA paid only a portion of the amount the vendor billed, and why the unpaid balance was suspended. You may print the letters for one, several, or all Fee Basis Programs, and for a specific letter and suspension code(s).

Example

```
**** DATE RANGE SELECTION ****

   BEGINNING DATE : 1/1  (JAN 01, 2006)

   ENDING    DATE : T  (DEC 11, 2006)

PRINT DENIALS ONLY? NO// <RET>
DO YOU WANT TO PRINT LETTERS FOR ALL FEE BASIS PROGRAMS? NO// <RET>

     SELECT ONE OF THE FOLLOWING:

          I         INPATIENT PAYMENT
          O         OUTPATIENT PAYMENT
          P         PHARMACY PAYMENT
          C         CH NOTIFICATION/DENIAL

SELECT PROGRAM TO PRINT LETTER FOR: OUTPATIENT PAYMENT
DO YOU WANT TO CHOOSE ANOTHER PROGRAM? NO// <RET>
SELECT FEE BASIS LETTER NAME: UNAUTH
     1   UNAUTHORIZED DISPOSITION
     2   UNAUTHORIZED REQUEST INFO
CHOOSE 1-2: 1
FOR ALL SUSPENSION CODES? YES// <RET>

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB]  TILASER          RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 11, 2006@11:10:06)
REQUEST QUEUED
TASK #: 273864
```

OUTPUTS MAIN MENU
SUSPENSION LETTER PRINT

Example, cont.

```
FEEVENDOR,ONE                                            DECEMBER 11, 2006
1 MAIN ST
CLARKSVILLE  NY  12043



YOUR UNAUTHORIZED CLAIM HAS BEEN REVIEWED.  THE FOLLOWING DECISION HAS BEEN
MADE:

PATIENT NAME                    SSN       SVC      CPT-         AMT     AMT
   REASON FOR SUSPENSION                  DATE     MOD        CLAIMED  PAID
==============================================================================

FEEPATIENT,ONE             XXXXX6789     9/2/06   99243-77    51.00    32.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.


FEEPATIENT,TWO             XXXXX1234     5/2/06   90050-76    60.00    50.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.


YOU HAVE THE RIGHT TO APPEAL THE DECISION.  YOU MUST RESPOND WITHIN THE
APPROPRIATE TIME FRAME.



EMPLOYEE NAME
MEDICAL CENTER DIRECTOR
```

OUTPUTS MAIN MENU
INDIVIDUAL SUSPENSION LETTER PRINT

Introduction

This option allows printing of suspension letters for an individual patient and/or vendor. You can include one, several or all Fee Basis programs and/or suspension codes. Suspension letters may be entered/edited through the Enter/Edit Suspension Letters option.

This output must be queued to a printer.

Example

```
SELECT PATIENT (OR RETURN TO SELECT ALL): <RET>

SELECT VENDOR (OR RETURN TO SELECT ALL): FEEVENDOR,ONE

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 12/1  (DEC 01, 2006)

   ENDING    DATE : T  (DEC 13, 2006)

PRINT DENIALS ONLY? NO// <RET>
DO YOU WANT TO PRINT LETTERS FOR ALL FEE BASIS PROGRAMS? NO// <RET>

     SELECT ONE OF THE FOLLOWING:

          I         INPATIENT PAYMENT
          O         OUTPATIENT PAYMENT
          P         PHARMACY PAYMENT
          C         CH NOTIFICATION/DENIAL

SELECT PROGRAM TO PRINT LETTER FOR: OUTPATIENT PAYMENT
DO YOU WANT TO CHOOSE ANOTHER PROGRAM? NO// <RET>
SELECT FEE BASIS LETTER NAME: UNAUTHORIZED DISPOSITION
FOR ALL SUSPENSION CODES? YES// <RET>

QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP  FEE BASIS PRINTER   RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 13, 2006@10:20:52)
REQUEST QUEUED
TASK #: 33237
```

OUTPUTS MAIN MENU
INDIVIDUAL SUSPENSION LETTER PRINT

Example, cont.

```
     SAMARITAN HOSPITAL                                      DECEMBER 13, 2006
     31 NOWHERE CIRCLE
     LOWELL  MA  01852-0123



WE HAVE CAREFULLY REVIEWED YOUR CLAIM FOR PAYMENT OF UNAUTHORIZED MEDICAL
SERVICES.  THE FOLLOWING DECISION HAS BEEN MADE:

PATIENT NAME                    SSN       SVC      CPT-         AMT     AMT
   REASON FOR SUSPENSION                  DATE     MOD        CLAIMED  PAID
==============================================================================

FEEPATIENT,ONE             XXXXX6789     10/7/06  D0110       83.00    82.00
CHARGE EXCEEDS MAXIMUM AMOUNT PAYABLE IN ACCORDANCE WITH VA POLICY.

FEEPATIENT,TWO             XXXXX1234     11/10/06 10080       90.00    80.00
MEDICAL SERVICE/RX WAS PROVIDED FOR CONDITION WHICH IS NOT AUTHORIZED AT VA
EXPENSE.

FEEPATIENT,THREE           XXXXX3456     11/12/06 10080-20    60.00    50.00
FEES FOR SERVICE PREVIOUSLY PROCESSED.  IF PAYMENT NOT RECEIVED, NOTIFY FISCAL
SERVICE.


IF YOU DO NOT AGREE WITH THE DECISION YOU HAVE THE RIGHT TO APPEAL.  YOUR
APPEAL RIGHTS SHOULD BE ATTACHED FOR YOUR REVIEW, IF YOUR CLAIM WAS NOT
APPROVED.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LETTER, FEEL FREE TO CONTACT
US AT THE VA MEDICAL CENTER. THANK YOU FOR YOUR COOPERATION.



SINCERELY,



EMPLOYEE NAME
MEDICAL CENTER DIRECTOR
```

OUTPUTS MAIN MENU
7079 PRINT FOR SELECTED PATIENT

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The 7079 Print for Selected Patient option is used to print VA Form 10-7079, Request for Outpatient Services, for a selected veteran. Before you use this option, the authorization must be entered into the system. Refer to the Enter Authorization section of this manual to see how this is done.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Select Patient: FEEPATIENT,ONE    05-10-57     000456789     MILITARY RETIREE

FEEpatient,One                        Pt.ID: 000-45-6789
500 AVE OF THE AMERICAS                  DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                      TEL: Not on File
NEW YORK 10003                       CLAIM #: Not on File
                                      COUNTY: NEW YORK
Primary Elig. Code: SC  --  VERIFIED
  Other Elig. Code(s): HUMANITARIAN EMERGENCY

  Service-connected: NO
 Rated Disabilities: ABDOMINAL MUSCLE DAMAGE (20%-SC)
```

OUTPUTS MAIN MENU
7079 PRINT FOR SELECTED PATIENT

Example, cont.

```
    HEALTH INSURANCE: YES
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
==============================================================================
    AETNA             999999999        49051456    SELF    1/1/06    12/31/06
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>


FEE ID CARD #: 7315264                 FEE CARD ISSUE DATE: 06/01/06

PATIENT NAME: FEEpatient,ONE                              PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 06/01/06      VENDOR: NOT SPECIFIED
       TO: 12/31/06
                         AUTHORIZATION TYPE: OUTPATIENT - ID CARD
           PURPOSE OF VISIT: OPT - SC 50% OR MORE
           DX: PTSD                      REF: FEEPROVIDER,TWO
           REF NPI: 1111111112
       COUNTY: NEW YORK                  PSA: NEW YORK, NY

           REMARKS:
              GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X
              WEEK
IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>


        THIS REPORT PRODUCES A 132 CHARACTER OUTPUT.
QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 132//  <RET>

REQUESTED START TIME: NOW//  <RET>
REQUEST QUEUED!
TASK #: 36849
```

OUTPUTS MAIN MENU
7079 PRINT FOR SELECTED PATIENT

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------------------
                                                Department of Veterans Affairs                    ID Card Number: 7315264
                                   R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
-----------------------------------------------------------------------------------------------------------------------------
(1) Veterans Name              |(2) ID Number | Period of Validity
                               |              |
FEEpatient, One                |XXXXX6789     | FROM: 06/01/06   TO: 12/31/06
-----------------------------------------------------------------------------------------------------------------------------
(3) ADDRESS                    |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                               |              |
500 AVE OF THE AMERICAS        | 06/01/06     |  PTSD
(AKA 6TH AVENUE)               |              |
NYC NY 10003                   |              |
-----------------------------------------------
Name and Address of Fee Participant            |
                                               |
                                               |
                                               |REFERRING PROVIDER: FEEprovider,Two
                                               |NPI: 1111111112
                                               |AUTHORIZATION #: 7170335-30
-----------------------------------------------------------------------------------------------------------------------------
                                                 AUTHORIZATION REMARKS
                                                 ---------------------
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK

                                        FOR VA USE ONLY
-----------------------------------------------------------------------------------------------------------------------------
 (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                |                 |  PATIENT    |                   |         |              |
       36       |      061        |      85     |          57       |    9    |      10      |
-----------------------------------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                        |                            |  (11) CODE          | (12) SEX
                                               |                            |                     |  FEMALE
Veterans Administration                        |                            |                     |-----------------------------
128 HOLLAND AVE                                |                            | ID CARD STATUS - 3  | (13) POW
ALBANY NY 12208                                |                            |                     |  NO
                                               ------------------------------------------------------------------------------
                                               | APPROVED BY (Name and Title)                                    (KHS)
                                               |
TELEPHONE: 555-7788 OR 555-7766                | EMPLOYEE NAME
                                               | CENTER DIRECTOR
-----------------------------------------------------------------------------------------------------------------------------
                                 Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

   I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
     explanation. Unless approved by the VA, services are limited in type and extent to those shown.

   II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

   III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

   IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

   V. FEES. Fees claimed may not exceed those made to the general public for like services.

   VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

   VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

   VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

   IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and
     the NPI and Taxonomy Code of your organization.  If, under the HIPAA NPI Final Rule
     [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as
     taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible
     for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .
-----------------------------------------------------------------------------------------------------------------------------
   VA Form 10-7079                                                                                  Date Printed: 06/29/06
```

OUTPUTS MAIN MENU
CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

EXAMPLE

```
SELECT CHECK NUMBER: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>


                    PAYMENT HISTORY FOR CHECK # 69243230
                    ------------------------------------              PAGE: 1

                      FEE PROGRAM:  OUTPATIENT
 ('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
   SVC DATE  CPT-    AMOUNT      AMOUNT     SUSP  BATCH       INVOICE
             MOD     CLAIMED      PAID      CODE  NUMBER      NUMBER
==============================================================================

VENDOR: FEEVENDOR,ONE              VENDOR ID:  000333333A

PATIENT:  FEEPATIENT,ONE               PATIENT ID:  XXX-XX-6789
   4/1/06    10020        5.00        5.00           363         541
       >>>CHECK # 69243230  DATE PAID:  8/29/06<<<


PRESS RETURN TO CONTINUE OR '^' TO EXIT:
```

OUTPUTS MAIN MENU
DISPLAY ID CARD HISTORY FOR PATIENT

Introduction

The Display ID Card History for Patient option shows the Fee Basis Identification Card history for an individual patient. A patient may have only one valid Fee ID Card number assigned at a given time.

Example

```
Select Outputs Main Menu Option: DISPLAY ID Card History for Patient

Select FEE BASIS PATIENT NAME:  FEEPATIENT,ONE     10-2-16    000456789

Patient:  FEEPATIENT,ONE                            SSN:  000-45-6789

       Current ID Card:  79876       Date Issued:  04/03/87

 Date/Time Changed          Old Card #           Person Who Changed
      Reason For Change
==========================================================================
04/15/86      3:58 PM        62398               MARGARET
 LOST CARD

12/10/86      9:20 AM        65432               MARGARET
 DOG CHEWED CARD
```

OUTPUTS MAIN MENU
GROUP 7079 PRINT

Introduction

The Group 7079 Print option is used to print VA Forms 10-7079, Request for Outpatient Services, for a specified date range. Before you use this option, the authorization must be entered into the system (refer to the Enter Authorization section of this manual).

The VA Form 10-7079 is designed to print at 132 columns.

Example

```
Print 7079's for:

**** Date Range Selection ****

   Beginning Date : 1-1-06   (JAN 1, 2006)

   Ending    Date : 1-31-06  (JAN 31, 2006)

Want only those that have not yet been printed? YES//  NO

        This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 132//  <RET>

Requested Start Time: NOW// <RET> (JUL 02, 2006@16:16:50)
REQUEST QUEUED
Task #: 34246
```

OUTPUTS MAIN MENU
GROUP 7079 PRINT

Example, cont.

```
-----------------------------------------------------------------------------------------------------------------------------
                                          Veterans Administration                          ID Card Number: 7315264
                                R E Q U E S T   F O R   O U T P A T I E N T   S E R V I C E S
-----------------------------------------------------------------------------------------------------------------------------
(1) Veterans Name              |(2) ID Number | Period of Validity
                               |              |
FEEpatient,One                 |XXXXX6789     | FROM: 01/31/06   TO: 01/31/06
-----------------------------------------------------------------------------------------------------------------------------
(3) ADDRESS                    |DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
                               |              |
500 AVE OF THE AMERICAS        | 06/29/05     |  ABDOMINAL MUSCLE DAMAGE
(AKA 6TH AVENUE)               |              |
NYC NY 10003                   |              |
-----------------------------------------------
Name and Address of Fee Participant            |
                                               |
                                               |
                                               |REFERRING PROVIDER: FEEprovider,Two
                                               |NPI: 1111111112
                                               |AUTHORIZATION #: 7168862-8
-----------------------------------------------------------------------------------------------------------------------------
                                                  AUTHORIZATION REMARKS
                                                  ---------------------
WEEKLY VISITS

                                       FOR VA USE ONLY
-----------------------------------------------------------------------------------------------------------------------------
 (5) STATE CODE | (6) COUNTY CODE | (7) TYPE OF | (8) YEAR OF BIRTH | (9) WAR | (10) PURPOSE |
                |                 |  PATIENT    |                   |         |              |
       36       |      061        |      85     |          57       |     9   |        10    |
-----------------------------------------------------------------------------------------------------------------------------
STATION OF JURISDICTION                         |                            |  (11) CODE          | (12) SEX
                                                |                            |                     |  FEMALE
Veterans Administration                         |                            |                     |-----------------------------
128 HOLLAND AVE                                 |                            | ID CARD STATUS - 3  | (13) POW
ALBANY NY 12208                                 |                            |                     |  NO
                                                ----------------------------------------------------------------------------
                                                | APPROVED BY (Name and Title)                                  (KHS)
                                                |
TELEPHONE: 555-7788 OR 555-7766                 | EMPLOYEE NAME
                                                | CENTER DIRECTOR
-----------------------------------------------------------------------------------------------------------------------------
                                 Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject
to the following:

   I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief
     explanation. Unless approved by the VA, services are limited in type and extent to those shown.

   II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
     If a longer time is needed, please request an extension.

   III. REPORTS. Clinical reports are required when an examination only has been requested. Please
     submit reports promptly to the Station Of Jurisdiction.

   IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must
     include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.

   V. FEES. Fees claimed may not exceed those made to the general public for like services.

   VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

   VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction
     for assistance in admitting the veteran to a VA hospital.

   VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

   IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and
     the NPI and Taxonomy Code of your organization.  If, under the HIPAA NPI Final Rule
     [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as
     taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible
     for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .
-----------------------------------------------------------------------------------------------------------------------------
```

OUTPUTS MAIN MENU
INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
SELECT INVOICE NUMBER:  45


INVOICE NUMBER: 45            VENDOR NAME: FEEVENDOR,ONE
  DATE RECEIVED: 06/20/90
          ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
SVC DATE CPT-MOD    AMT CLAIMED    AMT PAID    CODE     BATCH NO. VOUCHER DATE
     OTHER SUSPENSION DESCRIPTION
==============================================================================


FEEPATIENT,ONE
   6/6/94   11971      $   25.00   $   10.00   1         10

FEEPATIENT,ONE
   6/10/94  10120      $   25.00   $   10.00   1         10

FEEPATIENT,ONE
   6/15/94  12005      $   25.00   $   10.00   1         10

SELECT INVOICE NUMBER:
```

OUTPUTS MAIN MENU
OBSOLETE ID CARDS LIST

Introduction

The Obsolete ID Cards List option is used to view a list of Fee Basis ID Card numbers which have expired or have been deleted. Reasons for deletion may include card lost or destroyed, veteran reestablished, etc. The list is shown in numerical order by ID card number.

Example

```
DEVICE: HOME//  FEE BASIS PRINTER    RIGHT MARGIN: 132//  <RET>

REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!


OLD CARD PATIENT NAME              PT.ID              CHANGE DATE
 NUMBER
  REASON FOR CHANGE
==============================================================================
34567    FEEPATIENT,ONE          000-45-6789        04/15/94
  RE-ESTABLISH

65666    FEEPATIENT,TWO          000-45-6789        01/08/94
  CARD DESTROYED IN FIRE

3434343  FEEPATIENT,THREE       000-45-6789        12/12/94
  DOG CHEWED CARD

5555555  FEEPATIENT,FOUR        000-45-6789        02/10/94
  LOST CARD

5910392  FEEPATIENT,FIVE          000-45-6789        03/31/94
  EXPIRATION
```

OUTPUTS MAIN MENU
OUTPATIENT COST REPORT

Introduction

The Outpatient Cost Report option generates the Cost Report for Outpatient Payments for a specified date range. The report is sorted by the DATE FINALIZED field.

Example

```
**** Date Range Selection ****

   Beginning DATE : 070194  (JUL 01, 1994)
   Ending    DATE : T  (JUL 21, 1994)

DEVICE: HOME//   FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
```

```
                          OUTPATIENT COST REPORT
                         07/01/94 THROUGH 07/21/94
                         -------------------------


                    PATIENT   TREATING
PATIENT NAME          ID      SPECIALTY            CPT CODE         AMOUNT PAID
==============================================================================

FEEPATIENT,ONE      6789    PSYCHIATRIC       ADDITIONAL CLEANSING       90.00

==============================================================================


TOTAL PAYMENTS:                 1        TOTAL PATIENTS:                1
AVE. PAID FOR A PAYMENT:       90.00     AVE. PAID FOR A PATIENT:      90.00
```

OUTPUTS MAIN MENU
PAYMENT HISTORY DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment History Display option is used to view all medical payment data for a selected patient. Payments are listed in inverse date order by service date.

Example

```
Select Fee Patient: FEEPATIENT,ONE



FEEPATIENT,ONE                        Pt.ID: 000-45-6789
129 BROWNDYKE ROAD                       DOB: JUL 21,1950
COHOES                                   TEL: 518-555-8911
NEW YORK 12901                       CLAIM #: Not on File
                                      COUNTY: COLUMBIA

Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  Service Connected: NO
 Rated Disabilities: NONE STATED

    Health Insurance: NO
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires

==========================================================================
    No Insurance Information

Press RETURN to continue or '^' to exit: <RET>
```

OUTPUTS MAIN MENU
PAYMENT HISTORY DISPLAY

Example, cont.

```
Patient Name: FEEPATIENT,ONE                        Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE        000777777
       TO: 09/17/94
                         Authorization Type: CIVIL HOSPITAL
           Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN
FED. HOSP. AT VA EXP.
           DX:                          REF: FEEprovider,Two
           REF NPI: 1111111112

       County: COLUMBIA                 PSA: ALBANY, NY

           REMARKS:
              7078 DEFAULT AUTH SERVIC TEXT


Press RETURN to continue or '^' to exit: <RET>
```

```
Patient: FEEPATIENT,ONE                     SSN: 000-45-6789
          ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  Svc Date CPT-MOD          Amount    Amount    Susp     Batch Invoice Voucher
                            Claimed   Paid      Code      Num   Num     Date
==============================================================================


Vendor: FEEVENDOR,ONE            Vendor ID: 000777777            Obl.#: C35001
 +9/5/94    12018             5.00      5.00             00369     556
      >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
          Check WILL be re-issued.

Vendor: FEEVENDOR,ONE            Vendor ID: 000777777            Obl.#: C35001
 +9/2/94    99243            11.00      2.00    D        00369     555
      >>>Check # 11887576  Date Paid:  10/20/94<<<
      >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<

Vendor: FEEVENDOR,ONE            Vendor ID: 000777777            Obl.#: C35033
 10/12/94   10020-77         15.00      5.00    1        00369     555
      >>>Check # 91060810  Date Paid:  11/3/94<<<


Select Fee Patient:
```

OUTPUTS MAIN MENU
POTENTIAL COST RECOVERY REPORT

Introduction

This report is used to obtain information concerning patients and services received, which can potentially be recovered from the veteran and/or third party insurance. The report is run for a specified Primary Service Facility and date range; and you can choose to include Patient Copays, Insurance Copays, or Both. If you select “Patient Copays” or “Both”, you will also be prompted to indicate whether you want to include Means Test Copays, LTC Copays, or Both. The software examines all payments for the Outpatient, Pharmacy, Civil Hospital, and Community Nursing Home fee programs.

One or more of the following messages might appear in the report. The messages that contain “Cost recover from LTC co-pay” or “10-10EC Missing for LTC Patient”will only be generated for LTC payments with a date of service equal to or greater than July 5, 2002. The IB LTC clock might need to be updated to identify the patient's 21 free days.

MESSAGE	EXPLANATION
>>>Cost recover from means testing.	The patient received **non-LTC** treatment, s/he does not have insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from means testing and insurance.	The patient received **non-LTC** treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received **non-LTC** treatment, s/he has insurance and s/he is exempt from Means Test copay.
NONE - This payment will be excluded from the report.	The patient received **non-LTC** treatment, s/he doesn't have insurance and s/he is exempt from Means Test copay.
>>>Cost recover from LTC co-pay.	The patient received **LTC** treatment, s/he doesn't have insurance and s/he is not exempt from LTC copay.
>>>Cost recover from LTC co-pay and insurance.	The patient received **LTC** treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received **LTC** treatment, s/he has insurance and s/he is exempt from LTC copay.
NONE - This payment will be excluded from the report.	The patient received **LTC** treatment, s/he doesn't have insurance and s/he is exempt from LTC copay.
>>>Cost recover from insurance. 10-10EC Missing for LTC Patient.	The patient received **LTC** treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received **LTC** treatment, s/he doesn't have insurance and does not have 1010EC in file.

OUTPUTS MAIN MENU

Example:

```
SELECT OUTPUT MENU OPTION: POTENTIAL COST RECOVERY REPORT


SELECT PRIMARY SERVICE FACILITY: ALL//



INCLUDE (P)ATIENT CO-PAYS / (I)NSURANCE / (B)OTH: BOTH//



INCLUDE (M)EANS TEST CO-PAYS /(L)TC CO-PAYS /(B)OTH: BOTH//


DO YOU WANT TO INCLUDE PATIENTS WHOSE INSURANCE STATUS IS UNAVAILABLE? YES//

**** DATE RANGE SELECTION ****

   BEGINNING DATE : T  (NOV 02, 2011)

   ENDING    DATE : T  (NOV 02, 2011)

QUEUE TO PRINT ON
DEVICE: HOME//   TELNET PORT  [YOU CAN NOT SELECT A VIRTUAL TERMINAL]

PREVIOUSLY, YOU HAVE SELECTED QUEUEING.
DO YOU STILL WANT YOUR OUTPUT QUEUED? YES// N  (NO)
DEVICE: HOME//   TELNET PORT    RIGHT MARGIN: 80//

                         POTENTIAL COST RECOVERY REPORT
                         DIVISION: 501 ALBUQUERQUE, NM
                                 NPI:
                              11/2/11 - 11/2/11
                                                                    PAGE: 1
PATIENT: FEEPATIENT,ONE                 PAT. ID: 666-77-7888  DOB: DEC 31,
1956

   ('*' REPRESENTS REIMBURSEMENT TO PATIENT       '#' REPRESENTS VOIDED
PAYMENT)
==============================================================================
=



    HEALTH INSURANCE: YES
   INSURANCE   COB SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE  EXPIRES
   ==============================================================================
   BLUE CROSS   S                    SLDJFSFDJ   SELF    08/31/11   09/15/11
   MEDICARE     P  3333              PART A      SELF    12/31/76


                             FEE PROGRAM: OUTPATIENT

 SVC DATE  CPT-MOD TRAVEL PAID UNITS PAID  BATCH NO.  INV NO.   VOUCHER DATE
AMT CLAIMED  AMT PAID  ADJ CODE     ADJ AMOUNTS REMIT REMARK PATIENT ACCOUNT
NO
```

```
==============================================================================
=

ENTER RETURN TO CONTINUE OR '^' TO EXIT:



                            FEE PROGRAM: OUTPATIENT

 SVC DATE  CPT-MOD TRAVEL PAID UNITS PAID  BATCH NO.  INV NO.   VOUCHER DATE
AMT CLAIMED  AMT PAID  ADJ CODE     ADJ AMOUNTS REMIT REMARK PATIENT ACCOUNT
NO
==============================================================================
=

VENDOR: FEEVENDOR, ONE                        VENDOR ID: 341339182
                     FEE BASIS BILLING PROVIDER NPI: **********

ENTER RETURN TO CONTINUE OR '^' TO EXIT:


                         POTENTIAL COST RECOVERY REPORT
                         DIVISION: 501 ALBUQUERQUE, NM
                                 NPI:
                              11/2/11 - 11/2/11
                                                                     PAGE: 4
PATIENT: FBCSTESTPT,ONE                 PAT. ID: 666-77-7888  DOB: DEC 31,
1956

   ('*' REPRESENTS REIMBURSEMENT TO PATIENT       '#' REPRESENTS VOIDED
PAYMENT)
==============================================================================
=



    HEALTH INSURANCE: YES
   INSURANCE   COB SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE  EXPIRES
   ==============================================================================
   BLUE CROSS   S                    SLDJFSFDJ   SELF    08/31/11   09/15/11
   MEDICARE     P  3333              PART A      SELF    12/31/76


                            FEE PROGRAM: OUTPATIENT

 SVC DATE  CPT-MOD TRAVEL PAID UNITS PAID  BATCH NO.  INV NO.   VOUCHER DATE
AMT CLAIMED  AMT PAID  ADJ CODE     ADJ AMOUNTS REMIT REMARK PATIENT ACCOUNT
NO
==============================================================================
=

VENDOR: ABC GROUP                        VENDOR ID: 341339182
                     FEE BASIS BILLING PROVIDER NPI: **********
  10/12/11 43200                       1  00412          520   11/2/11
192.54       192.54                      0.00
   PRIMARY DX: TENSION HEADACHE (307.81)     S/C CONDITION? NO    OBL.#:
C45001
     >>>COST RECOVER FROM INSURANCE.
        RENDERING PROV NAME (LI): FBPROVIDER, SIX
            NPI: 123123123L        TAXONOMY CODE: 123456789L
```

```
ATTENDING PROV NAME: FBPROVIDER, ONE                    NPI: 123123123A
      TAXONOMY CODE: 123456789A
RENDERING PROV NAME: FBPROVIDER,THREE                   NPI: 123123123R
      TAXONOMY CODE: 123456789R
OPERATING PROV NAME: FBPROVIDER, TWO                    NPI: 123123123O
REFERRING PROV NAME: FBPROVIDER, FIVE                   NPI: 123123123X
SERVICING PROV NAME: FBPROVIDER, FOUR                   NPI: 123123123S
  SERVICING FACILITY ADDRESS: 111 PARK ST
                              JERICHO, VERMONT 05472


ENTER RETURN TO CONTINUE OR '^' TO EXIT:
```

OUTPUTS MAIN MENU
PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```
DEVICE: HOME// FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

REQUESTED START TIME: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
```

```
PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

BATCH NUMBER: 341    VOUCHER DATE: 7/27/93  VOUCHERER: LUCIA

FEEPATIENT,ONE                  000-45-6789           341
   FEEVENDOR,ONE                          000456456    523         7/27/93
    6/1/93    90010       52.00     52.00        OFFICE/OP VISIT, NEW, LTD
       REJECT REASON: DUPLICATE PAYMENT
       OLD BATCH #: 341

BATCH NUMBER: 329    VOUCHER DATE: 6/21/93  VOUCHERER: LUCIA

FEEPATIENT,ONE                     000-45-6789           329
   FEEVENDOR,ONE                          000567567    497         6/21/93
    4/5/93    10080-20    75.00     75.00         DRAINAGE OF PILONIDAL CYST
       REJECT REASON: WRONG VENDOR
       OLD BATCH #: 329
```

OUTPUTS MAIN MENU
PSA OUTPUT REPORT

New Prompt:
Select FEE PROGRAM - allows you to select which fee programs you wish to include.

Introduction

The PSA Output Report option is used to generate a report by PSA (Primary Service Area) of outpatient medical, pharmacy, contract hospital and community nursing home payments for a selected time frame. This report may be run for one or all PSAs. One, several, or all Fee Programs may also be selected.

This report would be beneficial to a fee site that has not decentralized. The data could be used to bill other facilities for services rendered veterans from their PSAs.

Because this report may be lengthy, it is recommended that you queue it to print after normal hours.

Example

```
DO YOU WANT THIS REPORT FOR ALL PSAS? YES// NO
PRIMARY SERVICE AREA: ALBANY, NY      NEW YORK     1              500
SELECT FEE PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 1/1  (JAN 01, 1994)

   ENDING    DATE : T  (DEC 11, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// A137/10/6/UP [VMB]  TILASER      RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (DEC 11, 1994@10:35:26)
REQUEST QUEUED
TASK #: 273863
```

OUTPUTS MAIN MENU
PSA OUTPUT REPORT

Example, cont.

```
                        OUTPATIENT MEDICAL PSA REPORT
                       -------------------------------
PATIENT NAME                            OBLIGATION #    COUNTY CODE
   INVOICE #        AMOUNT PAID       DATE FINALIZED       PSA
==============================================================================
ONE,TEST PT -6789                          C35001         MANATEE
    541             50                  8/29/94              ALBANY, NY
------------------------------------------------------------------------------

TWO,TEST PT -6789                          C35001         RENSSELAER
    518             75                  7/20/94              ALBANY, NY
------------------------------------------------------------------------------

THREE,TEST PT -6789                        C15003         SCHENECTADY
    510             35                  7/13/94              ALBANY, NY
------------------------------------------------------------------------------

FOUR,TEST PT -6789                         C15003         ALBANY
    508             40                  7/13/94              ALBANY, NY
------------------------------------------------------------------------------

FIVE,TEST PT -6789                         C35001         LEON
    504             35                  7/6/94               ALBANY, NY
------------------------------------------------------------------------------

==============================================================================
       TOTAL DOLLARS SPENT BY PSA FOR THE DATES OF 1/1/94 TO 12/11/94.

     PSA                                TOTAL AMOUNT PAID
    -----                              --------------------
  ALBANY, NY                                $ 235

            TOTALS DOLLAR AMOUNT BY PSA FOR ALL SELECTED PROGRAMS
           -------------------------------------------------------

FOR DATE RANGE: 1/1/94 TO 12/11/94
==============================================================================
     PSA                                TOTAL AMOUNT
    -----                              --------------------
  ALBANY, NY                                $ 235
```

OUTPUTS MAIN MENU
VALID ID CARDS LIST

Introduction

The Valid ID Cards List option is used to view a list of Fee Basis ID Card numbers that are currently valid. A patient may have only one Fee ID Card number assigned to him/her at a given time.

Example

```
DEVICE: HOME//  QUEUE TO PRINT ON
DEVICE: HOME//  FEE BASIS PRINTER       RIGHT MARGIN: 132//  <RET>

REQUESTED TIME TO RUN JOB: NOW//  <RET>
REQUEST QUEUED!


CARD NO.   PATIENT NAME            PATIENT SSN          ISSUE DATE
=================================================================

11072      FEEPATIENT,ONE         000-45-6789          07/26/86

11111      FEEPATIENT,TWO         000-45-6789          02/12/87

12343      FEEPATIENT,THREE      000-45-6789          08/25/86

45734      FEEPATIENT,FOUR       000-45-6789          02/20/87
```

OUTPUTS MAIN MENU
VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
SELECT FEE VENDOR: FEEVENDOR,ONE      000456789  DOCTOR OF MEDIC
          31 TROY AVE
          TROY, NY  03102-9025    TEL. #:  5551212

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 8/1/06  (AUG 01, 2006)

   ENDING    DATE : 9/30/06  (SEP 30, 2006)

SELECT FEE PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>
```

```
                          VENDOR PAYMENT HISTORY
                         ========================                    PAGE: 1
VENDOR: FEEVENDOR,ONE                  VENDOR ID: 000000000
                             FEE PROGRAM: OUTPATIENT
   ('*' REIMB. TO PATIENT   '+' CANCEL. ACTIVITY   '#' VOIDED PAYMENT)
  SVC DATE CPT-MOD     AMOUNT     AMOUNT  SUSP          BATCH INVOICE VOUCHER
                       CLAIMED     PAID   CODE            NUM   NUM     DATE
==============================================================================

PATIENT: FEEPATIENT,ONE                PATIENT ID: XXX-XX-6789
  8/16/06   90040       22.00     22.00                 00148     237 9/16/06
    PRIMARY DX: PULMONARY ARTERY A (747.3)S/C CONDITION? YES   OBL.#: C33003

PATIENT: FEEPATIENT,TWO                PATIENT ID: XXX-XX-1234
  9/10/05   90050       25.00     20.00   1             00088     119
    PRIMARY DX: RETICULOSARCOMA UN (200.00)S/C CONDITION? NO   OBL.#: C90234


SELECT FEE VENDOR:
```

OUTPUTS MAIN MENU
VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
SELECT FEE PATIENT: FEEPATIENT,ONE      06-12-55     000456789     SC VETERAN

    **** DATE RANGE SELECTION ****

   BEGINNING DATE : 080106  (AUG 01, 2006)

   ENDING    DATE : 093006  (SEP 30, 2006)

SELECT FEE PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE PROGRAM: <RET>
DEVICE: HOME// <RET>    RIGHT MARGIN: 80// <RET>
```

```
                          VETERAN PAYMENT HISTORY
                         ========================                      PAGE: 1
PATIENT: FEEPATIENT,ONE               PATIENT ID: XXX-XX-6789
                              FEE PROGRAM: OUTPATIENT
   ('*' REIMB. TO PATIENT   '+' CANCEL. ACTIVITY   '#' VOIDED PAYMENT)
  SVC DATE CPT-MOD     AMOUNT     AMOUNT  SUSP          BATCH INVOICE VOUCHER
                       CLAIMED     PAID   CODE            NUM   NUM     DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                 VENDOR ID: 00000000
 *9/6/06    90050       25.00     25.00                  00048     128
    PRIMARY DX: ANXIETY STATE NOS (300.00)S/C CONDITION? NO    OBL.#: C89622
 *8/30/06   90050       30.00     30.00                  00048     128
    PRIMARY DX: ANXIETY STATE NOS (300.00)S/C CONDITION? YES   OBL.#: C89622


SELECT FEE PATIENT:
```

PAYMENT MENU
C&P/MULTIPLE PATIENT PAYMENT ENTRY

New Prompts:
Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.
Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

FBAA ESTABLISH VENDOR Key - required to enter new or edit existing vendors.

FBAASUPERVISOR Key - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to enter Compensation and Pension (C&P) and multiple patient payments. The selected patient must be registered and have an open Fee Basis authorization. You may enter additional payments from a previous invoice or payments from a new invoice. A new invoice number is assigned automatically, when required.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT MENU
C&P/MULTIPLE PATIENT PAYMENT ENTRY

Introduction, cont.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

Example:

```
SELECT FEE BASIS BATCH NUMBER: 27
  OBLIGATION #: C62488

SELECT FEE BASIS VENDOR NAME:  FEEVENDOR,ONE    000456789   ALL OTHER PARTI
          34 MAIN ST
          ALBANY, NY  12208    TEL. #:  5185558976
```

```
***  VENDOR DEMOGRAPHICS  ***

        NAME:  TEST DOCTOR   MD             ID NUMBER: 000456789
     ADDRESS:  34 MAIN ST              SPECIALTY CODE: PSYCHIATRY
        CITY:  ALBANY                           TYPE: PHYSICIAN
       STATE:  NEW YORK            PARTICIPATION CODE: DOCTOR OF MEDICINE
         ZIP:  12208               MEDICARE ID NUMBER:
      COUNTY:  ALBANY                           CHAIN:
       PHONE:  518-555-8976
         FAX:  518-555-8900
 AUSTIN NAME:  FEEVENDOR,ONE
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  09/27/94                       FROM AUSTIN:09/30/94

WANT TO EDIT DATA? NO//  <RET>

WANT A NEW INVOICE NUMBER ASSIGNED? YES//  <RET>
INVOICE # 1106 ASSIGNED TO THIS INVOICE
```

PAYMENT MENU
C&P/MULTIPLE PATIENT PAYMENT ENTRY

Example, cont.

```
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  5/25/94  (MAY 25, 1994)

Enter Vendor Invoice Date: 5/5/94

Will any line items in this invoice be for contracted services? No// Y (YES)


Date of Service: 5/03/94  (MAY 3, 1994)

Select Service Provided: 90040         OFFICE/OP VISIT, BRIEF

Major Category: MEDICINE
  Sub-Category: OFFICE MEDICAL SERVICES
      Procedure: OFFICE/OP VISIT, BRIEF

                    Detail Description
                    ==================
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE
    Is this correct? Yes//  <RET>
CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN

Enter Amount Paid:  $:50.00

Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE: 3          CONSULTATION
```

```
Select Patient:  FEEPATIENT,ONE       06-17-48     000456789   SC VETERAN

Patient: FEEPATIENT,ONE    SSN: 000456789
Other Eligibilities:
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

PAYMENT MENU
C&P/MULTIPLE PATIENT PAYMENT ENTRY

Example, cont.

```
Fee ID Card #:                        Fee Card Issue Date:

AUTHORIZATIONS:
   (1) FR: 12-09-91       VENDOR: FEEVENDOR,ONE  -  000456789
       TO: 12-08-94       Authorization Type: Outpatient - ID Card
           Purpose of Visit: Compensation and Pension Exam
           DX: Schizophrenia             REF: FEEprovider,Two
           REF NPI: 1111111112


IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? Yes// <RET>
PRIMARY DIAGNOSIS: <RET>
Is this line item for a contracted service? No// y  YES

Vendor has no prior payments for this patient!


Payment Data Entered for Patient
Invoice: 1106 Totals: $ 50.00
```

PAYMENT MENU
DELETE PAYMENT ENTRY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Key - required to delete batches other than those you opened.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete Payment Entry option is used to delete a medical payment transaction. You may only delete a payment that you entered, and the batch must have an OPEN status.

The option provides a payment history display for the patient and vendor selected. You can refer to this display to insure correct entry of the date of service and service provided (CPT code) to be deleted.

The payments are listed in inverse date order. Reimbursements are represented by an asterisk (*).

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
SELECT FEE BASIS BATCH NUMBER: 145      OBLIGATION #: C89622


SELECT PATIENT: FEEPATIENT,ONE
```

PAYMENT MENU
DELETE PAYMENT ENTRY

Example, cont.

```
FEEPATIENT,ONE                          Pt.ID: 000-45-6789
32 SMYTH RD                                DOB: FEB 22,1922
BOX 333
MANCHESTER                                 TEL: 1800FEE
NEW HAMPSHIRE 03102-1345              CLAIM #: 00000000
                                       COUNTY: HILLSBOROUGH

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JAN 19, 1989
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 100%
 Rated Disabilities: NONE STATED

    Health Insurance: UNKNOWN
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires

==========================================================================
    No Insurance Information
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Fee ID Card #: A12346                   Fee Card Issue Date: 01/01/93

Patient Name: FEEPATIENT,ONE                     Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/04/94      VENDOR: FEEVENDOR,ONE   - 000444444
       TO: 08/03/97
                         Authorization Type: Outpatient - ID Card
           Purpose of Visit: OPT - SC 50% OR MORE
           DX: ILL                      REF: FEEprovider,Two
           REF NPI: 1111111112

       County: HILLSBOROUGH             PSA: ALBANY

Is this the correct Authorization period (Y/N)? Yes// <RET>
```

PAYMENT MENU
DELETE PAYMENT ENTRY

Example, cont.

```
Select VENDOR: FEEVENDOR,ONE

Patient Name: FEEPATIENT,ONE                 SSN: 000456789

  VENDOR: FEEVENDOR,ONE
     37 GOLDEN POND
     ROTTERDAM JCT, 36   12323
          ('*' Reimb. to Patient  '+' Cancel. Activity   '#' Voided Payment)
 SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------

  05/10/94  D0470             $   30.00   $   20.00 1      220       134
* 01/01/93  10180             $  223.00   $  223.00        65        145



Date of Service: 1/1/93   JAN  1, 1993
Select SERVICE PROVIDED: 10180          COMPLEX DRAINAGE, WOUND

Are you sure you want to delete this payment record? No// YES
Payment record Deleted!


Date of Service: <RET>


Select VENDOR: <RET>



Select Patient: <RET>


Select FEE BASIS BATCH NUMBER:
```

PAYMENT MENU
EDIT PAYMENT

New Prompts:
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.
Vendor Invoice Date: - allows you to enter the vendor's invoice date.
Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

FBAASUPERVISOR Key - allows you to edit payments from batches that have been released by a supervisor.

Introduction

The Edit Payment option is used to edit data for a previously entered Medical Fee payment. You may also delete an entire existing payment entry or delete individual data items, other than required fields. You cannot edit payments in batches that have been finalized.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example

```
Select FEE BASIS PAYMENT PATIENT: FEEPATIENT,ONE


Select VENDOR: FEEVENDOR,ONE
Date of Service: 9-2-1994
Select SERVICE PROVIDED: 99243      CPT Modifier: 77
SERVICE PROVIDED: 99243// <RET>
CPT MODIFIER: 77// <RET>
AMOUNT CLAIMED: 211// <RET>
AMOUNT PAID: 200// 190
AMOUNT SUSPENDED: 11// 21
SUSPEND CODE: D// <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY// <RET>
OBLIGATION NUMBER: C35001// <RET>
DATE CORRECT INVOICE RECEIVED: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 15,1994// <RET>
Is this line item for a contracted service? No// <RET>
```

PAYMENT MENU
EDIT PAYMENT

Example, cont.

```
PATIENT TYPE CODE: MEDICAL// <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS// <RET>
PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED. HOSP.
AT VA EXP.// <RET>
PRIMARY DIAGNOSIS: 111.8// <RET>
PLACE OF SERVICE: INPATIENT HOSPITAL (21)// <RET>
HCFA TYPE OF SERVICE: CONSULTATION (3)// <RET>
SERVICE CONNECTED CONDITION?: NO// YES


Select SERVICE PROVIDED:
```

PAYMENT MENU
ENTER PAYMENT

New Prompts:
Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.

Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.

CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter Payment option is used to enter medical payments. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required. Only medical payments can be entered through this option.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Payment Menu
ENTER PAYMENT

Introduction, cont.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

Example

```
SELECT FEE BASIS BATCH NUMBER: 412
  OBLIGATION #: C45001


SELECT PATIENT: FEEPATIENT,ONE
```

```
FEEPATIENT,ONE                          PT.ID: 000-45-6789
20 TOPSVILLE ROAD                          DOB: MAY 12,1950
SCHENECTADY                                TEL: 518-555-4444
NEW YORK 12305                         CLAIM #: NOT ON FILE
                                        COUNTY: SCHENECTADY

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100%  --  VERIFIED  JUL 28, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC PERCENT: 73%
 RATED DISABILITIES: LOSS OF ARM (73%-SC)

      HEALTH INSURANCE: YES
   INSURANCE   COB SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE  EXPIRES
   ==============================================================================
   BLUE CROSS   S                    SLDJFSFDJ   SELF    08/31/11   09/15/11
   MEDICARE     P  3333              PART A      SELF    12/31/76

WANT TO ADD NEW INSURANCE DATA? NO//   NO
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO//   NO

==============================================================================
   ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

PAYMENT MENU
ENTER PAYMENT

Example, cont.

```
PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 10/12/2011    VENDOR: NOT SPECIFIED
       TO: 10/12/2012
                         AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
           PURPOSE OF VISIT: CHIROPRACTIC CARE
           DX: HEART                   REF:
           REF NPI:

       COUNTY: CHITTENDEN              PSA: ALBUQUERQUE, NM

AUTHORIZATION REMARKS:
 NO EXISTING TEST
 EDIT? NO//
DX LINE 1: HEART//
DX LINE 2: CHEST//
DX LINE 3: <RET>

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE    000444444  NON-VA HOSPITAL
           NEW SCOTLAND AVENUE
           ALBANY, NY  12190
```

```
PATIENT NAME: FEEPATIENT,ONE                 PT.ID: 000-45-6789

                      ***  VENDOR DEMOGRAPHICS  ***

        NAME:  FEEVENDOR,ONE                     ID NUMBER: 000444444
     ADDRESS:  NEW SCOTLAND AVENUE               SPECIALTY:
        CITY:  ALBANY                                 TYPE: PRIVATE HOSPITAL
       STATE:  NEW YORK                PARTICIPATION CODE: NON-VA HOSPITAL
         ZIP:  12190                   MEDICARE ID NUMBER: 000000
      COUNTY:  ALBANY                               CHAIN:
       PHONE:
         FAX:
 AUSTIN NAME:  ALBANY MED
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  9/30/94                        FROM AUSTIN:  9/30/94
WANT TO EDIT DATA? NO// <RET>
```

```
VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 563 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): 10/12/11   (OCT 12, 2011)

ENTER VENDOR INVOICE DATE: 10/12/11   (OCT 12, 2011)

PATIENT ACCOUNT NUMBER: <RET>
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO
```

```
THE ANSWER TO THE FOLLOWING WILL APPLY TO ALL PAYMENTS ENTERED VIA THIS OPTION.
ARE PAYMENTS FOR CONTRACTED SERVICES? NO// YES


DATE OF SERVICE: 10/12/11   OCT 12, 2011

SITE OF SERVICE ZIP CODE: 44444//

SELECT SERVICE PROVIDED: 43200    ESOPHAGUS ENDOSCOPY

CURRENT LIST OF MODIFIERS: NONE
SELECT CPT MODIFIER: <RET>

MAJOR CATEGORY: SURGERY
  SUB-CATEGORY: DIGESTIVE SYSTEM
      PROCEDURE: 43200   ESOPHAGUS ENDOSCOPY

                    DETAIL DESCRIPTION
                    ==================
ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION
OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

IS THIS CORRECT? YES// <RET>

REVENUE CODE: <RET>
UNITS PAID: 1// <RET>
SELECT PLACE OF SERVICE: 12   HOME
AMOUNT CLAIMED: 192.54
AMOUNT PAID: 192.54
PRIMARY DIAGNOSIS: HEADACHE
HCFA TYPE OF SERVICE: <RET>
SERVICE CONNECTED CONDITION?: N (NO)

CURRENT LIST OF REMITTANCE REMARKS: none

SELECT REMITTANCE REMARK: <RET>
LI RENDERING PROV NAME: FBPROVIDER, SIX
LI RENDERING PROV NPI: 123123123L
LI RENDERING PROV TAXONOMY: 123456789L
ATTENDING PROV NAME: FBPROVIDER, ONE
ATTENDING PROV NPI: 123123123A
ATTENDING PROV TAXONOMY CODE: 123456789A
OPERATING PROV NAME: FBPROVIDER, TWO
OPERATING PROV NPI: 123123123O
RENDERING PROV NAME: FBPROVIDER,THREE
RENDERING PROV NPI: 123123123R
RENDERING PROV TAXONOMY CODE: 123456789R
SERVICING PROV NAME: FBPROVIDER, FOUR
SERVICING PROV NPI: 123123123S
SERVICING FACILITY ADDRESS: 111 PARK ST
SERVICING FACILITY CITY: JERICHO
SERVICING FACILITY STATE: VT  VERMONT
SERVICING FACILITY ZIP: 05472
REFERRING PROV NAME: FBPROVIDER, FIVE
REFERRING PROV NPI: 123123123X

SELECT SERVICE PROVIDED:
```

PAYMENT MENU
EDIT PAYMENT

```
SELECT FEE BASIS PAYMENT PATIENT: FEEPATIENT, ONE

SELECT VENDOR: FEEVENDOR, ONE

DATE OF SERVICE: 10/12/11  OCT 12, 2011

SELECT SERVICE PROVIDED:  43200  ESOPHAGUS ENDOSCOPY

CURRENT LIST OF MODIFIERS: NONE
SELECT CPT MODIFIER: <RET>
REVENUE CODE: <RET>
UNITS PAID: 1//
SITE OF SERVICE ZIP CODE: 44444//
PLACE OF SERVICE: HOME (12)//
AMOUNT CLAIMED:  192.54//

AMOUNT PAID: 192.54//
IS THIS AN EDI CLAIM FROM THE FPPS SYSTEM? NO//
EXIT ('^') ALLOWED NOW
PRIMARY SERVICE FACILITY: ALBUQUERQUE, NM//
OBLIGATION NUMBER: C45001//
DATE CORRECT INVOICE RECEIVED: OCT 12, 2011//
VENDOR INVOICE DATE: OCT 12, 2011//
PATIENT ACCOUNT NUMBER: <RET>
PATIENT TYPE CODE: MEDICAL//
TREATMENT TYPE CODE: SHORT TERM FEE STATUS//
PURPOSE OF VISIT:  CHIROPRACTIC CARE//
PRIMARY DIAGNOSIS: 307.81//
HCFA TYPE OF SERVICE: <RET>
SERVICE CONNECTED CONDITION?: NO//

CURRENT LIST OF REMITTANCE REMARKS: NONE

SELECT REMITTANCE REMARK:
LI RENDERING PROV NAME: FBPROVIDER, SIX//
LI RENDERING PROV NPI: 123123123L//
LI RENDERING PROV TAXONOMY: 123456789L//
ATTENDING PROV NAME: FBPROVIDER, ONE//
ATTENDING PROV NPI: 123123123A//
ATTENDING PROV TAXONOMY CODE: 123456789A//
OPERATING PROV NAME: FBPROVIDER, TWO//
OPERATING PROV NPI: 123123123O//
RENDERING PROV NAME: FBPROVIDER,THREE//
RENDERING PROV NPI: 123123123R//
RENDERING PROV TAXONOMY CODE: 123456789R//
SERVICING PROV NAME: FBPROVIDER, FOUR//
SERVICING PROV NPI: 123123123S//
SERVICING FACILITY ADDRESS: 111 PARK ST//
SERVICING FACILITY CITY: JERICHO//
SERVICING FACILITY STATE: VERMONT//
SERVICING FACILITY ZIP: 05472//
REFERRING PROV NAME: FBPROVIDER, FIVE//
REFERRING PROV NPI: 123123123X//


SELECT SERVICE PROVIDED:
```

PAYMENT MENU
INVOICE DISPLAY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Invoice Display option is used to view or print detailed line items associated with a selected Outpatient Medical invoice.

Example

```
SELECT INVOICE NUMBER:  520

                              INVOICE DISPLAY
                              ===============
                            PROVIDER INFORMATION

   ATTENDING PROV NAME: FBPROVIDER, ONE
   ATTENDING PROV NPI: 123123123A  ATTENDING PROV TAXONOMY CODE: 123456789A

   OPERATING PROV NAME: FBPROVIDER, TWO
   OPERATING PROV NPI: 123123123O

   RENDERING PROV NAME: FBPROVIDER,THREE
   RENDERING PROV NPI: 123123123R  RENDERING PROV TAXONOMY CODE: 123456789R

   SERVICING PROV NAME: FBPROVIDER, FOUR
   SERVICING PROV NPI: 123123123S
   SERVICING FACILITY ADDRESS:
     111 PARK ST
     JERICHO, VT 05472

   REFERRING PROV NAME: FBPROVIDER, FIVE
   REFERRING PROV NPI: 123123123X


ENTER RETURN TO CONTINUE OR '^' TO EXIT:

INVOICE NUMBER: 520           VENDOR NAME: FEEVENDOR, ONE
  DATE RECEIVED: 10/12/11        INVOICE DATE: 10/12/11
  FPPS CLAIM ID: N/A             PATIENT ACCOUNT #:
          ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
PATIENT                          SVC DATE  CPT-MOD /REV  BATCH NO. VOUCHER
DATE
   FPPS LINE  AMT CLAIMED AMT PAID  UNITS  ADJ CODE  ADJ AMT         REMIT RMK
==============================================================================
=

FBCSTESTPT,ONE                   10/12/11  43200         412
              $  192.54   $  192.54  1               $0.00
```

```
SELECT INVOICE NUMBER:

*NOTE - LINE ITEM RENDERING PROVIDER DATA IS NOT DISPLAYED ON THIS SCREEN
```

PAYMENT MENU
MULTIPLE PAYMENT ENTRY

New Prompts:
Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.
Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Multiple Payment Entry option is used to enter identical medical payments (except for service date) for a patient. The option was designed to accommodate such services as home nursing where the patient may be seen daily by a visiting nurse. Your name may be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches. You may enter additional payments from a previous invoice (for the same patient) or payments from a new invoice. A new invoice number is assigned automatically, when required.

PAYMENT MENU
MULTIPLE PAYMENT ENTRY

Introduction, cont.

When using the Multiple Payment option, users should be aware of the Fee Schedule that is used to calculate payments. The Fee Schedule used for the Multiple Payment Option is the current fiscal year minus one. Therefore, a payment made at the beginning of a fiscal year, for a date of service that occurred at the end of the prior fiscal year, will use the Fee Schedule of the current fiscal year minus one, and NOT the fiscal year of the date of service minus one. This is due to the fact that the payment amounts are asked up front, before the date of service is known.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

You receive a warning when the patient has reached the maximum payment amount allowed for the month of service; or when you have reached 20 lines from the maximum number of payment lines allowed in a batch (set by the Max. # Payment Line Items site parameter).

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example:

```
SELECT FEE BASIS BATCH NUMBER:  33
  OBLIGATION #: C33003



SELECT PATIENT: 9812  FEEPATIENT,ONE    05-12-51     000456789     SC VETERAN

FEEPATIENT,ONE                        PT.ID: 000-45-6789
123 EASY STREET                          DOB: MAY 12,1951
ALBANY                                   TEL: 555-1234
NEW YORK 12202-0987                 CLAIM #: 000000000
                                     COUNTY: ALBANY

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  VERIFIED  FEB 13, 1977
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

PAYMENT MENU
MULTIPLE PAYMENT ENTRY

Example, cont.

```
         SC Percent: 30%
 Rated Disabilities: DERMATOPHYTOSIS (30%-SC)

   Health Insurance: YES
   Insurance                  Policy #              Group #          Holder
   ---------                  --------              -------          -------
   PRUDENTIAL                 3424234               UNKNOWN          APPLICANT
   AETNA                      8849043093247         00229/9984       SPOUSE
Want to add NEW insurance data? No// <RET>
```

```
Are there any discrepancies with insurance data on file? No// <RET>
Fee ID Card #: 357491                   Fee Card Issue Date: 07/16/93

Patient Name: FEEPATIENT,ONE                         Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 04/12/93      VENDOR: Not Specified
       TO: 04/11/96
                        Authorization Type: Outpatient - Short Term
         Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR
         ALLIED BENE.)
         DX: PTSD                     REF: FEEprovider,Two
         REF NPI: 1111111112

     County: ALBANY                   PSA: ALBANY

   (2) FR: 07/01/93      VENDOR: FEEVENDOR,ONE          - 000999999
       TO: 06/30/96
                        Authorization Type: Outpatient - ID Card
         Purpose of Visit: HOSPICE CARE (OPT) - FEE BASIS AUTHORITY (CFR
         17.50b)
           DX: OSTEOCARCINOMA           REF: FEEprovider,Two
         REF NPI: 1111111112
       County: ALBANY                   PSA: PALO ALTO
           REMARKS:
              THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
Enter a number (1-2): 2
AUTHORIZATION REMARKS:
  1>THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
EDIT Option: <RET>
DX LINE 1: OSTEOCARCINOMA// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>
```

PAYMENT MENU
MULTIPLE PAYMENT ENTRY

Example, cont.

```
SELECT FEE BASIS VENDOR NAME: FEEvendor,one      000666666  ALL OTHER PARTI
          899 RIDGE RD
          MALONE, NY  11221    TEL. #:  344-5122



PATIENT NAME: FEEPATIENT,ONE                 PT.ID: 000-45-6789

                      ***  VENDOR DEMOGRAPHICS  ***

        NAME:  FEEVENDOR,ONE                  ID NUMBER: 000666666
     ADDRESS:  899 RIDGE RD                   SPECIALTY:
        CITY:  MALONE                              TYPE: OTHER
       STATE:  NEW YORK              PARTICIPATION CODE: ALL OTHER PARTICIPANT
         ZIP:  11221                 MEDICARE ID NUMBER:
      COUNTY:  WARREN                             CHAIN:
       PHONE:  555-5122
         FAX:  555-5100
 AUSTIN NAME:  MULTI MEDICAL
 LAST CHANGE                              LAST CHANGE
   TO AUSTIN:  9/27/93                      FROM AUSTIN: 09/30/93
WANT TO EDIT DATA? NO// <RET>
```

```
VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 132 ASSIGNED TO THIS INVOICE

ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): T  (SEP 14, 1994)

ENTER VENDOR INVOICE DATE: 9/10/94  (SEP 10, 1994)

WILL ANY LINE ITEMS IN THIS INVOICE BE FOR CONTRACTED SERVICES? NO// Y (YES)
```

PAYMENT MENU
MULTIPLE PAYMENT ENTRY

Example, cont.

```
Select Service Provided: 90010        OFFICE/OP VISIT, NEW, LTD

Major Category: MEDICINE
  Sub-Category: OFFICE MEDICAL SERVICES
      Procedure: OFFICE/OP VISIT, NEW, LTD

                    Detail Description
                    ==================
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT;
LIMITED SERVICE
Is this correct? YES// <RET>

CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN
Amount Claimed:  $: 20

Is $20 correct for Amount Claimed? Yes// <RET>
AMOUNT PAID: $: // 20

Is $20 correct for Amount Paid? Yes// <RET>
```

```
Select ICD DIAGNOSIS: 578.1       BLOOD IN STOOL      COMPLICATION/COMORBIDITY
         ...OK? YES// <RET>
Select PLACE OF SERVICE:    11        OFFICE
Select TYPE OF SERVICE:    3        CONSULTATION

Service connected condition? YES


Date of Service: 090793  (SEP 07, 1993)
Is 09/07/93 correct? YES// <RET>
Is this line item for a contracted service? No// Y  (YES)
   SEP  7, 1993  ....OK, DONE.....
Invoice: 132  Totals: $ 20
```

```
Date of Service: 090493  (SEP 04, 1993)
Is 09/04/93 correct? YES// <RET>
Is this line item for a contracted service? No// <RET>
   SEP  4, 1993  ....OK, DONE.....
Invoice: 132  Totals: $ 40


Date of Service: <RET>


Select Patient: <RET>


Select FEE BASIS BATCH NUMBER:
```

PAYMENT MENU
RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

PAYMENT MENU
RE-INITIATE REJECTED PAYMENT ITEMS

Example

```
Select Batch with Rejects:  169        C46335

Select New Batch number:  999         C64838

Want line items listed? No//  YES
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY


FEEPATIENT,ONE                   000-45-6789
   FEEvendor,One                         000222222   190
    12/15/94    90060    75.00   60.00    1      OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE

FEEPATIENT,ONE                   000-45-6789
   FEEvendor,Two                         000222222   190
    12/30/94    90060    75.00   60.00    1      OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE

FEEPATIENT,TWO                   000-45-6789
   FEEvendor,Three                       000333333   198
    01/10/94    80908    50.00   50.00           CONSULTATION,BRIEF
         Reject Reason:  BATCH OUT OF BALANCE
------------------------------------------------------------------------------

Want to re-initiate all rejected items in the Batch? No// YES

Are you sure you want to re-initiate all line items in this
batch? No// YES

 ....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

PAYMENT MENU
REIMBURSEMENT PAYMENT ENTRY

New Prompts:
Enter Vendor Invoice Date: - allows you to enter the vendor's invoice date.
CPT MODIFIER: - allows you to break down services provided to the modifier level. This field is optional.

FBAA ESTABLISH VENDOR - required to enter new or edit existing vendors.

FBAASUPERVISOR - required to enter payments for other users. Enter the clerk's name at the first prompt, "Select FEE BASIS BATCH NUMBER", to see a list of all open batches for that clerk.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Reimbursement Payment Entry option is used to enter a reimbursement payment to a veteran for medical service after the veteran has paid the vendor directly. At some stations, reimbursement payments are separate batches. At others, they are intermixed with the medical batches. You may only enter payments into those batches which you opened. The system will assign a new invoice number to the reimbursement payment, if necessary.

Depending on site parameters at your facility, patient authorization information and vendor demographics may be displayed. Vendor demographics may be edited if you hold the FBAA ESTABLISH VENDOR security key. If there are previous payments to the vendor for the selected patient, a payment history is shown.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

If the patient has reached the maximum payment amount allowed for the month of service, a warning will appear after you enter the date of service.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

PAYMENT MENU
REIMBURSEMENT PAYMENT ENTRY

Example

```
SELECT FEE BASIS BATCH NUMBER: 357
  OBLIGATION #: C15005




SELECT PATIENT: FEEPATIENT,ONE        07-21-50     000456789     NSC VETERAN



FEEPATIENT,ONE                        PT.ID: 000-45-6789
129 BROWNDYKE ROAD                       DOB: JUL 21,1950
COHOES                                   TEL: 518-555-8911
NEW YORK 12901                       CLAIM #: NOT ON FILE
                                      COUNTY: COLUMBIA

PRIMARY ELIG. CODE: NSC  --  PENDING VERIFICATION  JUL 15, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  SERVICE CONNECTED: NO
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES

==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/01/94      VENDOR: FEEVENDOR,ONE     - 000333333
       TO: 07/31/95
                         AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
           PURPOSE OF VISIT: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
           DX: DISLOCATED WRIST         REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: COLUMBIA                 PSA: ALBANY, NY


IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
```

PAYMENT MENU
REIMBURSEMENT PAYMENT ENTRY

Example, cont.

```
                    PATIENT:  FEEPATIENT,ONE
            ADDRESS LINE 1:  129 BROWNDYKE ROAD
                      CITY:  COHOES
                     STATE:  NEW YORK
                       ZIP:  12901
                    COUNTY:  COLUMBIA

WANT TO EDIT ADDRESS DATA? NO// <RET>
AUTHORIZATION REMARKS:
  1> <RET>
DX LINE 1: PTSD
DX LINE 2: <RET>
DX LINE 3: <RET>
```

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000333333  A  DOCTOR OF
MEDICINE
          1 MAIN STREET
          CLARKSVILLE, NY  12043

PATIENT NAME: FEEPATIENT,ONE                       PT.ID: 000-45-6789

                      ***  VENDOR DEMOGRAPHICS  ***

        NAME:  FEEVENDOR,ONE                    ID NUMBER: 000333333  A
     ADDRESS:  1 MAIN ST                        SPECIALTY: GENERAL MEDICINE
        CITY:  CLARKSVILLE                           TYPE: PHYSICIAN
       STATE:  NEW YORK                PARTICIPATION CODE: DOCTOR OF MEDICINE
         ZIP:  12043                   MEDICARE ID NUMBER: 456789
      COUNTY:  CLINTON                               CHAIN:
       PHONE:
         FAX:
 AUSTIN NAME:  D   TEST
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  9/30/94                        FROM AUSTIN:  9/30/94
WANT TO EDIT DATA? NO// <RET>
```

```
VENDOR HAS NO PRIOR PAYMENTS FOR THIS PATIENT

WANT A NEW INVOICE NUMBER ASSIGNED? YES// <RET>

INVOICE # 591 ASSIGNED TO THIS INVOICE
ENTER DATE CORRECT INVOICE RECEIVED OR LAST DATE OF SERVICE
(WHICHEVER IS LATER): T  (DEC 11, 1994)

ENTER VENDOR INVOICE DATE: 12/1  (DEC 01, 1994)
DATE OF SERVICE: 11/2   NOV  2, 1994

TOTAL ALREADY PAID ON ID CARD FOR MONTH:   $ 0   MAXIMUM ALLOWED: $ 125
TOTAL ALREADY PAID ON ALL/OTHER FOR MONTH: $ 0
```

PAYMENT MENU
REIMBURSEMENT PAYMENT ENTRY

Example, cont.

```
SELECT SERVICE PROVIDED: 25676          REPAIR WRIST DISLOCATION

MAJOR CATEGORY: SURGERY
  SUB-CATEGORY: MUSCULOSKELETAL SYSTEM
      PROCEDURE: REPAIR WRIST DISLOCATION

                    DETAIL DESCRIPTION
                    ==================
OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
IS THIS CORRECT? YES// <RET>
CPT MODIFIER: P1          NORMAL HEALTHY PATIENT
          REPAIR WRIST DISLOCATION
AMOUNT CLAIMED: 350
AMOUNT PAID: 350
PRIMARY DIAGNOSIS: 833.19  833.19        DISLOCAT WRIST NEC-OPEN
         ...OK? YES// <RET>  (YES)

PLACE OF SERVICE: 11          OFFICE
HCFA TYPE OF SERVICE: 1          MEDICAL CARE
SERVICE CONNECTED CONDITION?: N  (NO)
WARNING, YOU CAN ONLY ENTER 13 MORE LINE(S)!

SELECT SERVICE PROVIDED: <RET>


DATE OF SERVICE: <RET>

INVOICE: 591 TOTALS $ 350.00





SELECT PATIENT:<RET>


Select FEE BASIS BATCH NUMBER:
```

PAYMENT MENU
TRAVEL PAYMENT ONLY

Insurance, authorization, and address data are now displayed. Insurance and address information may be edited.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Travel Payment Only option is used to enter/edit/delete a travel payment for a Fee Basis patient. Veterans authorized Fee Basis care may be provided payment for their travel expenses from their home to the fee provider. This is usually a cents-per-mile amount (set by VA Central Office) plus any toll or bridge fees.

Travel payment is not automatic and must be requested by the veteran. If approved, the travel information is added to the patient's Fee Basis authorization (under authorization remarks). The amount of the travel payment due should be entered through this option when a fee medical invoice is processed.

You are prompted for the travel batch number to which the payment will be assigned. Only travel batches with a status of OPEN (and opened by you) may be selected.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

PAYMENT MENU
TRAVEL PAYMENT ONLY

Example, cont.

```
SELECT PATIENT: FEEPATIENT,ONE



FEEPATIENT,ONE                          PT.ID: 000-45-6789
32 SMYTH RD                                DOB: FEB 22,1922
BOX 333
MANCHESTER                                 TEL: 1800FEE
NEW HAMPSHIRE 03102-1345              CLAIM #: 000000000
                                       COUNTY: HILLSBOROUGH

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100%  --  VERIFIED  JAN 19, 1989
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC PERCENT: 100%
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: UNKNOWN
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES

==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

FEE ID CARD #: A12346                   FEE CARD ISSUE DATE: 01/01/93

PATIENT NAME: FEEPATIENT,ONE                         PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/04/94      VENDOR: FEEVENDOR,ONE         - 000444444
       TO: 08/03/97
                         AUTHORIZATION TYPE: OUTPATIENT - ID CARD
           PURPOSE OF VISIT: OPT - SC 50% OR MORE
           DX:                           REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: HILLSBOROUGH              PSA: ALBANY


IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>
```

PAYMENT MENU
TRAVEL PAYMENT ONLY

Example, cont.

```
            PATIENT:  FEEPATIENT,ONE
            ADDRESS LINE 1:  32 SMYTH RD
            ADDRESS LINE 2:  BOX 333
                      CITY:  MANCHESTER
                     STATE:  NEW HAMPSHIRE
                       ZIP:  03102-1345
                    COUNTY:  HILLSBOROUGH

WANT TO EDIT ADDRESS DATA? NO// <RET>
AUTHORIZATION REMARKS:
  1> APPROVED FOR TRAVEL ALSO.
DX LINE 1: <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>


SELECT TRAVEL PAYMENT DATE: 9/1   SEP  1, 1994
TRAVEL PAYMENT DATE: SEP 1,1994// <RET>
TRAVEL BATCH NUMBER: 187// <RET>
TRAVEL AMOUNT: 18// 15



SELECT PATIENT:
```

REGISTRATION MENU
AUTHORIZATION DISPLAY

NEW OPTION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

This option is used to display a specified authorization. You must enter the authorization number that appears on the printed VA Form 10-7079.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
ENTER AUTHORIZATION NUMBER: 7169701-2

FEEPATIENT,ONE                          PT.ID: 000-45-6789
32 LAKE RD                                DOB: FEB 22,1922
BOX 333
MANCHESTER                                 TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345              CLAIM #: 000000000
                                       COUNTY: HILLSBOROUGH

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100%  --  VERIFIED  JAN 19, 1989
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC PERCENT: 100%
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: UNKNOWN
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES

==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

REGISTRATION MENU
AUTHORIZATION DISPLAY

Example, cont.

```
Fee ID Card #: A12346                    Fee Card Issue Date: 01/01/93

Patient Name: FEEPATIENT,ONE                           Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 01/01/94      VENDOR: FEEVENDOR,ONE         - 000444444
       TO: 04/01/94
                         Authorization Type: Outpatient - Short Term
           Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                         >> Unauthorized Claim <<
           DX:                           REF: FEEprovider,Two
           REF NPI: 1111111112

       County: HILLSBOROUGH              PSA: ALBANY




Enter Authorization Number:
```

REGISTRATION MENU
FEE PATIENT INQUIRY

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Fee Patient Inquiry option is used to display current Fee Basis patient information, such as insurance and authorization data.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

REGISTRATION MENU
FEE PATIENT INQUIRY

Example

```
SELECT PATIENT NAME: FEEPATIENT,ONE      08-14-55    000456789     SC VETERAN

DEVICE: HOME//   <RET>    RIGHT MARGIN: 80// <RET>



FEEPATIENT,ONE                        PT.ID: 000-45-6789
12 ANY ST.                               DOB: AUG 14,1955
MANCHESTER                               TEL: NOT ON FILE
NEW HAMPSHIRE 12111                  CLAIM #: 000000000
                                      COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

         SC PERCENT: 20%
 RATED DISABILITIES: DIABETES (20%-SC)

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
    ==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 04/26/93      VENDOR: FEEVENDOR,ONE - 000999999
       TO: 04/28/93
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                         >> UNAUTHORIZED CLAIM <<
           DX: CAD                      REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: GRAFTON                  PSA: BAY PINES, FL




SELECT PATIENT NAME:
```

REGISTRATION MENU
PRINT REPORT OF CONTACT

The Report of Contact, VA Form 119, may now be printed without forced queuing.

Introduction

The Print Report of Contact option is used to produce a hard copy of a Fee Basis patient Report of Contact, VA Form 119.

Example

```
SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE
SELECT REPORT OF CONTACT DATE OF CONTACT: T   DEC 11, 1994

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>

==============================================================================
                                      |VA OFFICE        |SSN #
                                      |                 |
        >>  REPORT  OF  CONTACT  <<   |VAMC ALBANY NY   | 000456789
                                      |                 |
------------------------------------------------------------------------------
    NAME OF VETERAN              |TELEPHONE NO. OF VET.  |DATE OF CONTACT
                                 |                       |
   FEEPATIENT,ONE               |518-555-0987           |  12/11/94
------------------------------------------------------------------------------
    ADDRESS OF VETERAN                                   |TYPE OF CONTACT
   391 MAPLE DR                                          |
   TROY, NY         32937                               |    TELEPHONE
------------------------------------------------------------------------------
    PERSON CONTACTED                                     |TELEPHONE NUMBER OF
                                                         |  PERSON CONTACTED
   TEST DOCTOR,MD                                        |  518-555-1234
------------------------------------------------------------------------------
   BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN



         DR. CALLED TO REQUEST AUTHORIZATION TO PROVIDE
         OUTPATIENT SURGICAL SERVICES TO MR. TEST.  CASE WILL BE
         REVIEWED BY ANOTHER DR.

------------------------------------------------------------------------------
      DIVISION OR SECTION              |   EXECUTED BY(SIGNATURE AND TITLE)
          FEE BASIS                    |   MARY ELLEN
==============================================================================
VA FORM 119
```

REGISTRATION MENU
REPORT OF CONTACT

Introduction

The Report of Contact option is used to enter a Report of Contact between a vendor and the medical center or edit an existing Report of Contact. It provides you with a way to write a narrative report concerning a personal visit or telephone conversation about a Fee Basis veteran, and gives you an opportunity to print the report. The vendor contacts recorded through this option will appear in many of the other Fee Basis options when the patient authorization information is displayed.

A patient must be registered in the FEE BASIS PATIENT file (#161) to be entered in this option.

Example

```
SELECT PATIENT NAME:    FEEPATIENT,ONE    08-14-55   000456789     SC VETERAN
SELECT DATE OF CONTACT: SEP 15,1993
  DATE OF CONTACT: SEP 15,1993// <RET>
  VENDOR/PROVIDER: FEEVENDOR,ONE
  VENDOR/PROVIDER TELEPHONE NO.: 555-5656
  NARRATIVE:
  1>DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. TEST.  CASE WILL BE REVIEWED BY DR. TEST.

EDIT OPTION: <RET>
  INPUT DATE: TODAY// <RET>  (SEP 15, 1993)
  TYPE OF CONTACT: T  TELEPHONIC
SELECT DATE OF CONTACT: <RET>
WANT TO PRINT THIS REPORT OF CONTACT? NO// YES

DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// Y  (YES)

REQUESTED START TIME: NOW// <RET> (SEP 15, 1993@12:05:20)
REQUEST QUEUED


SELECT PATIENT NAME:
```

REGISTRATION MENU
REPORT OF CONTACT

Example, cont.

```
================================================================================
                                      |VA OFFICE        |SSN #
                                      |                 |
        >>  REPORT  OF  CONTACT  <<   |VAMC ALBANY NY   | 000456789
                                      |                 |
--------------------------------------------------------------------------------
    NAME OF VETERAN                |TELEPHONE NO. OF VET.  |DATE OF CONTACT
                                   |                       |
   FEEPATIENT,ONE                 |NONE ON FILE           |  09/15/93
--------------------------------------------------------------------------------
    ADDRESS OF VETERAN                                     |TYPE OF CONTACT
   12 ANY ST.                                              |
   MANCHESTER,NH 12111                                     |    TELEPHONE
--------------------------------------------------------------------------------
    PERSON CONTACTED                                       |TELEPHONE NUMBER OF
                                                           |  PERSON CONTACTED
   PRIVATE HOSPITAL                                        |  555-5656
--------------------------------------------------------------------------------
   BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN



         DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
         SERVICE TO MR. TEST.  CASE WILL BE REVIEWED BY DR. TEST.

--------------------------------------------------------------------------------
      DIVISION OR SECTION              |   EXECUTED BY(SIGNATURE AND TITLE)
          FEE BASIS                    |   KAREN
================================================================================
VA FORM 119
```

SUPERVISOR MAIN MENU

```
Select Medical Fee Main Menu Option: Supervisor Main Menu


          Clerk Look-Up For An Authorization
          Contract File Enter/Edit
          Delete reject flag
          Edit Pharmacy Invoice Status
          Enter/Edit Suspension Letters
          Fee Basis 1358 Segregation of Duty Report
          Fee Schedule Main Menu ...
          Finalize a Batch
          FPPS Update & Transmit Menu ...
          List Batches Pending Release
          MRA Main Menu ...
          Pricer Batch Release
          Print Rejected Payment Items
          Queue Data for Transmission
          Re-initiate Rejected Payment Items
          Release a Batch
          Site Parameter Enter/Edit
          Unauthorized Claims File Menu ...
          Void Payment Main Menu ...
```

SUPERVISOR MAIN MENU
ADD NEW PERSON FOR UNAUTHORIZED CLAIM

XUSPF200 Security Key - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, this option is used to enter the name and address of that party in the NEW PERSON file (#200). The name must be entered in uppercase.

Example:

```
ENTER NEW PERSON'S NAME (LAST,FIRST MI): FEEPATIENT,ONE
  ARE YOU ADDING 'FEEPATIENT,ONE ' AS A NEW NEW PERSON (THE 1891ST)? Y  (YES)
CHECKING SOUNDEX FOR MATCHES.
     FEEPATIENT,ONE
DO YOU STILL WANT TO ADD THIS ENTRY: NO// Y
NOW FOR THE IDENTIFIERS.
INITIAL: MD
SSN: 000456789
SEX: F  FEMALE
STREET ADDRESS 1: 7425 OLYMPIC BLVD
STREET ADDRESS 2: APT 9A
STREET ADDRESS 3: <RET>
CITY: BISMARCK
STATE: ND  NORTH DAKOTA
ZIP CODE: 67448-9938
SSN: 000456789// <RET>
```

SUPERVISOR MAIN MENU
CLERK LOOK-UP FOR AN AUTHORIZATION

Introduction

This option is used to identify the last user who entered/edited a selected authorization.

Example

```
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE   06-17-48  000456789
    SC VETERAN

Select AUTHORIZATION FROM DATE: 1/1/88   JAN 1, 1988

The last user to enter/edit this Authorization was JOHN.
```

SUPERVISOR MAIN MENU
Contract File Enter/Edit

FBAASUPERVISOR Security Key - required to access this option.

Introduction

This option allows contracts to be entered for Medical Fee and Civil Hospital authorizations and payments.

Payment transactions sent from VistA to Central Fee have been modified to include the contract number. The contract number will be used to identify payments for pilot project HERO. Contracts not associated with project HERO can also be entered and tracked using the new functionality.

The new contract functionality does not replace or modify the existing use of contracts in the Community Nursing Home module. VistA Fee Basis is prevented from making payments for unauthorized claims from being considered as contracted services.

Example:

```
Select Supervisor Main Menu Option: contract File Enter/Edit
Select FEE BASIS CONTRACT NUMBER: 12345678901234567891
  Are you adding '12345678901234567891' as
    a new FEE BASIS CONTRACT (the 22ND)? No// y  (Yes)
CONTRACT NUMBER: 12345678901234567891  Replace
```

SUPERVISOR MAIN MENU
DELETE REJECT FLAG

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR - required to access this option.

Introduction

This option is used to delete reject flags previously entered through the Finalize a Batch option. Reject flags for all or individual line items within a batch may be deleted. This option should only be used on those payment items rejected in error. The batch must be finalized before you can delete the reject flag.

When reject flags are deleted, the payment line count and total dollar amount for the batch will be recalculated. The current obligation balance will be decreased by the total dollar value of the rejected line item(s).

Example:

```
SELECT FEE BASIS BATCH NUMBER: 141  328        C35001


NUMBER: 328                              OBLIGATION NUMBER: C35001
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: JUN 21, 1993
  CLERK WHO OPENED: LUCIA                DATE SUPERVISOR CLOSED: JUN 21, 1993
  SUPERVISOR WHO CERTIFIED: LUCIA        STATION NUMBER: 500
  TOTAL DOLLARS: 0                       INVOICE COUNT: 0
  PAYMENT LINE COUNT: 0                  DATE FINALIZED: DEC  6, 1994
  DATE CLERK CLOSED: JUN 21, 1993        DATE TRANSMITTED: JUN 21, 1993
  PERSON WHO COMPLETED: MARY                        REJECTS PENDING: YES


  STATUS: VOUCHERED


WANT LINE ITEMS LISTED? NO// YES
```

SUPERVISOR MAIN MENU
DELETE REJECT FLAG

Example, cont.

```
PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #    DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

BATCH NUMBER: 328    VOUCHER DATE: 12/6/94  VOUCHERER: MARY


FEEPATIENT,ONE                     000-45-6789            328
   FEEVENDOR,ONE                      000567567    496         6/21/93
*   5/6/93    90020        2.00      2.00        OFFICE/OP VISIT, NEW, COMPRH
       REJECT REASON: TESTING
       OLD BATCH #: 328
------------------------------------------------------------------------------

WANT TO DELETE REJECTION CODES FOR THE ENTIRE BATCH? NO// YES
ARE YOU SURE YOU WANT TO DELETE REJECT CODE FOR ALL REJECTED ITEMS IN THIS
BATCH? NO// YES
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

REJECT CODES FOR ALL ITEMS HAVE BEEN DELETED!

NUMBER: 328                              OBLIGATION NUMBER: C35001
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: JUN 21, 1993
  CLERK WHO OPENED: LUCIA                DATE SUPERVISOR CLOSED: JUN 21, 1993
  SUPERVISOR WHO CERTIFIED: LUCIA        STATION NUMBER: 500
  TOTAL DOLLARS: 2                       INVOICE COUNT: 1
  PAYMENT LINE COUNT: 1                  DATE FINALIZED: DEC  6, 1994
  DATE CLERK CLOSED: JUN 21, 1993        DATE TRANSMITTED: JUN 21, 1993
  PERSON WHO COMPLETED: MARY


  STATUS: VOUCHERED



SELECT FEE BASIS BATCH NUMBER:
```

SUPERVISOR MAIN MENU
EDIT PHARMACY INVOICE STATUS

Introduction

The Edit Pharmacy Invoice Status option is used to change the status of a pharmacy invoice. Following are the four pharmacy invoice statuses.

- PENDING PHARMACY DETERMINATION - All prescription data necessary for Pharmacy Service to make their review has been entered into the system. This includes patient name, drug name, drug strength, etc.

- PENDING MAS COMPLETION - Pharmacy Service has made their review, which includes a determination as to whether or not the prescription was for an authorized condition, whether or not it was emergent, and whether payment should be based on the generic drug price. Medical Administration Service (MAS) now needs to complete the Red Book cost, amount paid, amount suspended, etc.

- PENDING PAYMENT PROCESS - The invoice is waiting to be assigned to a Pharmacy Fee Basis batch.

- COMPLETED - The invoice has been assigned to a batch.

At most facilities, both MAS and Pharmacy Services are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

NOTE: This option is used only when the invoice status does not coincide with the lowest line item status. This should only occur when there has been a machine failure.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:  37
INVOICE STATUS: PENDING PAYMENT PROCESS//  ?
     CHOOSE FROM:
       1        PENDING PHARMACY DETERMINATION
       2        PENDING MAS COMPLETION
       3        PENDING PAYMENT PROCESS
       4        COMPLETED
INVOICE STATUS:  4         COMPLETED
```

SUPERVISOR MAIN MENU
ENTER/EDIT SUSPENSION LETTERS

Introduction

The Enter/Edit Suspension Letters option is used to enter a new suspension letter into the system or edit an existing letter. If you are adding a new Fee Basis letter, the name must be 3-30 characters in length, not numeric or starting with punctuation. A suspension letter can also be deleted through this option.

Any time a Fee Basis payment is entered with a suspension code, it is flagged so that a suspension letter will be sent to the vendor. Suspension letters are sent to Fee Basis vendors to explain why a difference exists between the amount paid by the VA and the amount billed by the vendor. These letters are then printed through the Suspension Letter Print option. Both Medical and Pharmacy payments with suspension codes will generate suspension letters, unless the payment is for reimbursement to a patient.

Example

```
SELECT FEE BASIS LETTER NAME: SAMPLE SUSPENSION
NAME: SAMPLE SUSPENSION// <RET>
BEGINNING OF LETTER:<RET>
  1>WE RECENTLY PROCESSED YOUR INVOICE(S) AND FOR VARIOUS REASONS ADJUSTMENTS
  2>HAD TO BE MADE TO LINE ITEMS. THE FOLLOWING IS A LIST OF THOSE ITEMS
  3>THAT WERE CHANGED AND THE REASONS WHY:
  4>
EDIT OPTION: <RET>
END OF LETTER:
  1>SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS LETTER, FEEL FREE TO CONTACT
  2>US AT THE VA MEDICAL CENTER. THANK YOU FOR YOUR COOPERATION.
  3>                            MEDICAL CENTER DIRECTOR
  4>                            FEEVENDOR,ONE
EDIT OPTION: <RET>


SELECT FEE BASIS LETTER NAME:
```

Supervisor Main Menu
FEE BASIS 1358 SEGREGATION OF DUTY REPORT

Introduction
This report reviews fee invoice certification events and determines if there was a segregation of duty violation. The certifier of a fee invoice must not be the requestor, approving official, or obligator of the associated 1358 obligation or any increase/decrease adjustments to the 1358 that were obligated before the invoice certification took place.

The release of a payment batch by a fee supervisor is the certification event. The report examines all payment batches that were released during a specified period. Each batch is associated with a single 1358.

The results are sorted by 1358 and within that by the date and time of an event. Three event types may be listed.

Obligate - Initial obligation of the 1358 in IFCAP.
Adjust - Obligation of an increase/decrease to the 1358 in IFCAP.
Certify - Release of a fee payment batch associated with the 1358 by a fee supervisor. The batch number is shown.

The IFCAP events have three roles (requestor, approver, and obligator).

The specified reporting period is used to select released fee batches. All prior IFCAP events for the 1358 are relevant to segregation to duty and will be considered even if they precede the reporting period.

If YES is entered at the "Only list 1358s with a violation (Y/N)?" prompt, only 1358s with at least one violation will be displayed. Additionally, the fee certifications (batch release) that do not violate segregation of duties will not be displayed. IFCAP and Fee Basis have been enhanced by patches PRC*5.1*148 and FB*3.5*117 to enforce segregation of duties for a 1358 so no violations are expected after installation of those patches.

The Fee Basis batch data can optionally be purged by a site. The IFCAP data is normally retained for at least 7 years, but must be purged prior to 10 years since the document numbers are recycled. If the source data for this report has been purged, it will not be included in the report. Selection of a period starting 9 or more years ago may return inaccurate results due to recycling of 1358 document numbers.

Supervisor Main Menu
FEE BASIS 1358 SEGREGATION OF DUTY

Example:

```
SELECT SUPERVISOR MAIN MENU OPTION:  FEE BASIS 1358 SEGREGATION OF DUTY REPORT
FROM DATE:  FEB 01, 2011//   (FEB 01, 2011)
TO DATE: FEB 28, 2011//   (FEB 28, 2011)
FOR ALL STATIONS? YES// <ENTER>
ONLY LIST 1358S WITH A VIOLATION (Y/N)? YES// NO
DEVICE: HOME// ;;999  TELNET TERMINAL

FEE BASIS 1358 SEGREGATION OF DUTIES            MAR 11, 2011@10:55:40  PAGE 1
  INCLUDING CERTIFICATIONS FROM FEB 01, 2011 TO FEB 28, 2011 FOR ALL STATIONS

1358       DATE/TIME      EVENT/BATCH ROLE       NAME
---------- -------------- ----------- ---------  ----------------------------
442-C00259 01/27/11@09:10 OBLIGATE    REQUESTOR  IFCAPCLERK,ONE
                                      APPROVER   IFCAPOFFICER,ONE
                                      OBLIGATOR  IFCAPTECH,ONE
           02/07/11@12:21 ADJUST      REQUESTOR  IFCAPCLERK,ONE
                                      APPROVER   IFCAPOFFICER,TWO
                                      OBLIGATOR  IFCAPTECH,ONE
           02/08/11@10:23 14218       CERTIFIER  FEEBASIS,SUPERVISOR A
---------- -------------- ----------- ---------  ----------------------------
442-T60001 02/01/11@12:53 OBLIGATE    REQUESTOR  IFCAPCLERK,ONE
                                      APPROVER   IFCAPOFFICER,ONE
                                      OBLIGATOR  IFCAPTECH,ONE
           02/01/11@14:54 14213       CERTIFIER  FBSUPERVISOR,ONE
           02/03/11@09:19 14214       CERTIFIER  IFCAPCLERK,ONE
        ***USER PREVIOUSLY ACTED AS REQUESTOR ON A PRIOR 1358 EVENT.
           02/03/11@10:45 ADJUST      REQUESTOR  IFCAPCLERK,ONE
                                      APPROVER   IFCAPOFFICER,ONE
                                      OBLIGATOR  IFCAPOFFICER,ONE
           02/03/11@11:27 14216       CERTIFIER  FBSUPERVISOR,TWO
           02/03/11@12:19 ADJUST      REQUESTOR  FBSUPERVISOR,TWO
                                      APPROVER   IFCAPOFFICER,ONE
                                      OBLIGATOR  IFCAPOFFICER,ONE
---------- -------------- ----------- ---------  ----------------------------

  4 BATCH CERTIFICATIONS WERE FOUND DURING THE REPORT PERIOD.
  2 1358 OBLIGATIONS ARE REFERENCED.
  A VIOLATION OF SEGREGATION OF DUTIES WAS DETECTED ON 1 OF THE 1358S.
```

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
ADD/EDIT FEE SCHEDULE

A CPT modifier (optional) can be entered allowing you to break down the services to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Add/Edit Fee Schedule option is used to enter a Current Procedural Terminology (CPT) code into the FEE BASIS FEE SCHEDULE file (#163.99) for use as a default amount paid in the Outpatient Medical program.

The system internally calculates and stores the seventy-fifth percentile dollar amount based on the amount claimed by the vendor for a specified CPT code. Usually eight occurrences are needed for this calculation. This option may be used in those instances where there were less than eight occurrences and you want to input your own seventy-fifth percentile.

This option will be used to edit the amount paid if you choose to pay more than the calculated seventy-fifth percentile for a selected CPT code for a specified fiscal year on a regular basis. You would also use this option to enter a new CPT code during the year where you wish to pay less than the calculated amount due to fiscal limitations.

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
ADD/EDIT FEE SCHEDULE

Example

```
Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
  ARE YOU ADDING '90040-77' AS A NEW FEE BASIS FEE SCHEDULE (THE 26TH)? y
(YES)

Select FISCAL YEAR: 1994
  ARE YOU ADDING '1994' AS A NEW FISCAL YEAR (THE 1ST FOR THIS FEE BASIS FEE
SCHEDULE)? y  (YES)
  SEVENTY-FIFTH PERCENTILE: 25.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER: 90040-77
                    CPT: OFFICE/OP VISIT, EST, BRIEF
                    MOD: REPEAT PROCEDURE BY ANOTHER PHYSICIAN

Select FISCAL YEAR: 1994// <RET>
  FISCAL YEAR: 1994// <RET>
  SEVENTY-FIFTH PERCENTILE: 25.00// 50.00

Select FEE BASIS FEE SCHEDULE CPT CODE-MODIFIER:
```

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
COMPILE FEE SCHEDULE

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Compile Fee Schedule option is used to compile the site's fee schedule based on a specified date range or fiscal year. In order to be effective, at least one year of data should be on file. At the first prompt, Beginning Date, you may enter either the fiscal year you wish to run or the beginning date of a date range.

This option populates the FEE BASIS FEE SCHEDULE file (#163.99) and is used throughout the current fiscal year to obtain amount paid default values.

Once a year, usually on or right after October 1, this option should be run to compile the fee schedule for the upcoming fiscal year based on the data from the fiscal year just ended. Since this option reviews the FEE BASIS PAYMENT file (#162) for the specified date range and the compilation will be time consuming, it should be queued for off hours. This report will represent all CPT codes that had at least eight occurrences in the fiscal year/date range you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data displayed in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
COMPILE FEE SCHEDULE

Example

```
                    *** DATE RANGE SELECTION ***

            Enter fiscal year or date range within fiscal year.


  Beginning Date : 1994  (1994)

DEVICE: HOME// <RET>  Decnet    RIGHT MARGIN: 80// <RET>
```

```
                   ****  REPORT OF FEE SCHEDULE  ****

                          For Fiscal Year 1994                        Page 1

==============================================================================

CPT-MOD   Total #        75 %ile        Date Compiled            Date Range
  Description
==============================================================================

10001-77                  50.00           07/09/94                Add/Edit
  DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
------------------------------------------------------------------------------
90040-57    10            30.00           12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
------------------------------------------------------------------------------
90050       8             30.00           12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, LTD
------------------------------------------------------------------------------
```

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
PRINT FEE SCHEDULE

The CPT modifier (if entered) is displayed, breaking down the service provided to the modifier level.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Print Fee Schedule option is used to print a report of the fee schedule for a specified fiscal year. This report will represent all CPT codes that had at least eight occurrences in the fiscal year you are running or had been added to the file using the Add/Edit Fee Schedule option.

Data in the "Date Range" column will be either to and from dates if the paid amount was compiled by the system or Add/Edit if the paid amount was entered or modified through the add/edit option.

Because the output generated by this option may be lengthy and time consuming, it should be queued to print during off hours.

SUPERVISOR MAIN MENU
FEE SCHEDULE MAIN MENU
PRINT FEE SCHEDULE

Example

```
SELECT FISCAL YEAR: 1994  (1994)

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>
```

```
                    ****  REPORT OF FEE SCHEDULE  ****

                           FOR FISCAL YEAR 1994                        PAGE 1

==============================================================================

CPT-MOD   TOTAL #        75 %ILE        DATE COMPILED            DATE RANGE
  DESCRIPTION
==============================================================================

10001-77                  50.00           07/09/94               ADD/EDIT
  DRAINAGE OF 2ND SKIN LESION-REPEAT PROCEDURE BY ANOTHER PHYSICIAN
------------------------------------------------------------------------------
90040-57    10            30.00           12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, BRIEF-DECISION FOR SURGERY
------------------------------------------------------------------------------
90050       8             30.00           12/11/93          10/1/93 - 9/30/94
  OFFICE/OP VISIT, EST, LTD
------------------------------------------------------------------------------
```

SUPERVISOR MAIN MENU
FINALIZE A BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Finalize a Batch option is used after a batch has been transmitted to Austin. It is used to reject certain payment items and to finalize the batch as correct. Do not reject items which Austin has accepted for payment.

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Medical, Pharmacy, and Travel batches.

If requested, the system will display all line items in the selected batch. You may then reject the entire batch or individual line items within the batch.

When a payment item is rejected through this option, the dollar amount of that item is automatically returned to the obligation.

Example

```
SELECT FEE BASIS BATCH NUMBER:  218    C75020


NUMBER: 218                          OBLIGATION NUMBER: C75020
 TYPE: MEDICAL & STAT PAYMENTS       DATE OPENED: MAR  4, 1994
 CLERK WHO OPENED: HARRY             DATE SUPERVISOR CLOSED: MAR 9, 1994
 SUPERVISOR WHO CERTIFIED: PATRICK   TOTAL DOLLARS: 257.36
 PAYMENT LINE COUNT: 5               DATE CLERK CLOSED: MAR  6, 1994
 DATE TRANSMITTED: APR 2, 1994       STATION NUMBER: 500


STATUS: TRANSMITTED


WANT LINE ITEMS LISTED? NO// YES
```

SUPERVISOR MAIN MENU
FINALIZE A BATCH

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED
==============================================================================

FEEPATIENT,ONE              000-45-6789
   FEEVENDOR,ONE                 000666555     267
    01/13/94  90887    102.12    54.00    1    SPECIAL FAMILY THERAPY

FEEPATIENT,TWO              000-45-6789
   FEEVENDOR,TWO                            000888888     277
    01/29/94  91234     54.87    54.87         CONSULTATION

FEEPATIENT,TWO              000-45-6789
   FEEVENDOR,TWO                            000888888     277
    02/04/94  90023     10.50    10.50         IMMUNIZATION

FEEPATIENT,TWO              000-45-6789
   FEEVENDOR,TWO                            000888888     281
    02/12/94  90370     54.87    54.87         EXTENDED CARE VISIT

FEEPATIENT,THREE           000-45-6789
   FEEVENDOR,THREE                          000777777     320
    01/31/94  90000     35.00    35.00         INTERMEDIATE VISIT

Want to reject the entire Batch? No//  <RET>
Want to reject any line items? No//  YES

Select FEE BASIS PATIENT NAME: FEEPATIENT,TWO   10-24-40  000456789
```

SUPERVISOR MAIN MENU
FINALIZE A BATCH

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED
==============================================================================

FEEPATIENT,TWO               000-45-6789
   FEEVENDOR,ONE                          000888888      277
1)  01/29/94  91234     54.87   54.87         CONSULTATION

FEEPATIENT,TWO               000-45-6789
   FEEVENDOR,ONE                          000888888      277
2)  02/04/94  90023     10.50   10.50         IMMUNIZATION

FEEPATIENT,TWO               000-45-6789
   FEEVENDOR,ONE                          000888888      281
3)  02/12/94  90370     54.87   54.87         EXTENDED CARE VISIT

Want all line items rejected for this patient? Yes//  NO
Reject which line item:  2
Are you sure you want to reject item number: 2? No//  YES
Enter reason for rejecting:  NSC CONDITION
Item Rejected, want to reject another? Yes//  NO

Select FEE BASIS PATIENT NAME:  <RET>

NUMBER: 218                          OBLIGATION NUMBER: C75020
 TYPE: MEDICAL & STAT PAYMENTS       DATE OPENED: MAR  4, 1994
 CLERK WHO OPENED: HARRY             DATE SUPERVISOR CLOSED: MAR 9, 1994
 SUPERVISOR WHO CERTIFIED: PATRICK   TOTAL DOLLARS: 246.86
 PAYMENT LINE COUNT: 4               DATE CLERK CLOSED: MAR  6, 1994
 DATE TRANSMITTED: APR  2, 1994      STATION NUMBER: 500


STATUS: TRANSMITTED

Do you want to finalize Batch as Correct? No//  YES

 Batch has been finalized!


Select FEE BASIS BATCH NUMBER:
```

SUPERVISOR MAIN MENU
LIST BATCHES PENDING RELEASE

Introduction

The List Batches Pending Release option is used to display all Fee Basis batches that have been closed but not yet certified by a supervisor. Batches must be released before transmittal to Austin for payment.

Example

```
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

                      FEE BATCHES PENDING RELEASE

BATCH #   DATE CLOSED    CLERK WHO OPENED            FCP-OBLIGATION #  TOTAL $
==============================================================================

33         08/19/93      KAREN                       333-C33003       3295.00

29         06/01/93      KAREN                       999-C90234       1500.00
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
UPDATE FMS VENDOR FILE IN AUSTIN/ REINSTATE VENDOR MRA

Because the Update FMS Vendor File in Austin and Reinstate Vendor MRA options work the same, the following documentation refers to both options.

New Prompt:
Is this vendor information correct? - allows you to edit vendor information before updating the FMS VENDOR file.
Prompt has been reworded to read, "*Are you sure you want to update this Vendor in the FMS and Central Fee vendor files? NO//*"

FBAASUPERVISOR Security Key - required to access this option.

FBAA ESTABLISH VENDOR Security Key - required to edit vendor demographics.

Introduction

The Update FMS Vendor File in Austin option creates a Master Record Adjustment (MRA) transaction which results in the updating of selected vendor demographic data in the FMS VENDOR file in Austin.

Use of this option should update the FMS VENDOR file in Austin to reflect what is currently in the DHCP system. For example, this should be used if:

- A vendor entry is correctly entered into the FEE BASIS VENDOR file (#161.2) in DHCP, but needs to be updated in the FMS VENDOR file with the appropriate information.

- The vendor does not yet exist on the FMS system.

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
UPDATE FMS VENDOR FILE IN AUSTIN/REINSTATE VENDOR MRA

Example

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE         000333333  A  DOCTOR OF
MEDICINE
          1 MAIN ST
          CLARKSVILLE, NY  12043
```

```
                        ***  VENDOR DEMOGRAPHICS  ***

        NAME:  FEEVENDOR,ONE                    ID NUMBER: 000333333  A
     ADDRESS:  1 MAIN ST                        SPECIALTY: ENDOCRINOLOGY
        CITY:  CLARKSVILLE                           TYPE: PHYSICIAN
       STATE:  NEW YORK                PARTICIPATION CODE: DOCTOR OF MEDICINE
         ZIP:  12043                   MEDICARE ID NUMBER: 456789
      COUNTY:  CLINTON                              CHAIN:
       PHONE:
         FAX:
 AUSTIN NAME:  T   DOCTOR
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  9/30/94                        FROM AUSTIN:  9/30/94

IS THIS VENDOR INFORMATION CORRECT? NO// Y  YES

ARE YOU SURE YOU WANT TO UPDATE THIS VENDOR IN THE FMS AND CENTRAL FEE VENDOR
FILES? NO// Y  YES


SELECT FEE BASIS VENDOR NAME:
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
DELETE VENDOR MRA

The "Are you sure you want to {delete this Vendor from/reinstate this Vendor in} the Central Fee file in Austin?" prompt has been reworded to, "*Are you sure you want to place this vendor in delete status?*"

A delete MRA (Master Record Adjustment) is no longer transmitted to FMS and Central Fee vendor files.

FBAASUPERVISOR Security Key required to access these options.

Introduction

The Delete Vendor MRA option is used to place vendors in DELETE status on your system when they become inactive or cancel Fee Basis care. The vendor will remain in the CENTRAL FEE file until the end of the fiscal year, at which time the vendor may be purged from Central Fee System.

If the vendor is in DELETE status on your system, but no longer resides on the Central Fee System; or the vendor is in DELETE status on both your system and the Central Fee System; or a vendor which you are now adding to your system somehow already resides in DELETE status on the Central Fee System, use the Update FMS Vendor File in Austin option.

Example

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE       000666888  COMMUNITY NURSING
HOM
          678 HEALTHY LA
          ALBANY, NY  12208

ARE YOU SURE YOU WANT TO PLACE THIS VENDOR IN DELETE STATUS? NO// Y  YES


VENDOR FLAGGED FOR DELETION!


SELECT FEE BASIS VENDOR NAME:
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
VENDOR MRA MAIN MENU
MRA'S AWAITING AUSTIN APPROVAL

Introduction

The MRA'S Awaiting Austin Approval option displays vendors that have an MRA action pending which is still awaiting Austin approval. This option could be used to check the validity of certain error codes that may appear in MRA Server Mail Bulletins. (Refer to Appendix C for a sample MRA Server Bulletin. Refer to Appendix F for information about Vendor Error Codes.)

Records with no date transmitted indicate an MRA has been initiated, but the transmission has not left the local station yet.

Example

```
DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>


                  FEE BASIS VENDORS AWAITING AUSTIN APPROVAL
                                 12/15/94
                  ----------------------------------------

VENDOR                                 ID            DATE TRANSMITTED TO AUSTIN
================================================================================


FEEVENDOR,ONE                      000358749              11/19/94
     2321 DRAPER AVE
     GUILDERLAND  NY   12333

FEEVENDOR,TWO                      000990066              11/29/93
     666 GULL RD
     ABERDEEN  WA   98520
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
VETERAN MRA MAIN MENU

Introduction

The Veteran MRA (Master Record Adjustment) Main Menu consists of the following four options:

1. Add type Veteran MRA
2. Change type Veteran MRA
3. Delete type Veteran MRA
4. Reinstate type Veteran MRA

Due to the similarity of these options, documentation has been combined. These options all work basically the same except for the action taken. Add and Change type adjustments are created automatically when you enter a new authorization or change data in an existing authorization (not including authorization remarks or diagnosis lines). These Veteran MRA options are to be used when automatic MRA fails. The Delete and Reinstate adjustments are not created automatically and any action would have to be accomplished through these options. Patient MRAs are not created for short term authorizations. There is no change to DHCP when these options are utilized.

When you choose one of the Veteran MRA options, an entry is made in the FEE BASIS PATIENT MRA file (#161.26) and when the Fee system automatically runs the program to send the transactions to Austin, the MRA transactions are created and sent with the payment data for that date.

SUPERVISOR MAIN MENU
MRA MAIN MENU
VETERAN MRA MAIN MENU

Example
Because all options within this menu have the same basic prompts, only one example is provided.

```
SELECT PATIENT: FEEPATIENT,ONE          08-14-55     000456789     SC VETERAN

FEEPATIENT,ONE                        PT.ID: 000-45-6789
12 ANY ST.                               DOB: AUG 14,1955
MANCHESTER                               TEL: NOT ON FILE
NEW HAMPSHIRE 12111                  CLAIM #: 000000000
                                      COUNTY: GRAFTON

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  NOT VERIFIED
OTHER ELIG. CODE(S): SHARING AGREEMENT

         SC PERCENT: 20%
 RATED DISABILITIES: DIABETES (20%-SC)

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
    ==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 04/26/93      VENDOR: FEEVENDOR,ONE - 000654329AA
       TO: 04/28/93
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
           PURPOSE OF VISIT: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
                         >> UNAUTHORIZED CLAIM <<
           DX: CAD                       REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: GRAFTON                   PSA: BAY PINES, FL

VENDOR CONTACTS:
   (1) DATE: 09/15/93    VENDOR: FEEVENDOR,ONE      PHONE: 555-5656
           NARRATIVE:
                   CONTACTED BY MAXINE IN BILLING TO CONFIRM
                   VETERAN'S ELIGIBILITY AND AUTHORIZATION.

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// <RET>

ARE YOU SURE YOU WANT TO CREATE A 'ADD' TYPE MRA FOR THIS PATIENT: YES// <RET>

TRANSACTION CREATED!
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
RE-TRANSMIT MRA'S

FBAASUPERVISOR Security Key - required to access this option.

Introduction

This option is used to retransmit MRAs for a specific date. This option is used when Austin does not receive the original transmission.

Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs are kept on file until a confirmation is received from the vendorizing unit. The purge option will not affect the vendor MRAs.

Example:

```
RE-TRANSMIT MRA'S FOR WHICH DATE: 091593  (SEP 15, 1993)

                    RE-TRANSMITTING

...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

SUPERVISOR MAIN MENU
MRA MAIN MENU
PURGE TRANSMITTED MRAS

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Purge Transmitted MRAs option is used to purge all veteran MRAs on file which are prior to the date specified. Veteran MRAs are kept on file until the purge option is used to delete them. Once the purge option is run, you will not be able to retransmit veteran MRAs.

Vendor MRAs will be purged only if there is still an old reinstate or delete transaction in the FEE BASIS VENDOR CORRECTIONS file (#161.25). These entries would only exist from transactions prior to Fee Basis V. 3.0.

This option should only be used when you are certain Austin has accepted your MRA transmissions.

Example

```
PURGE VETERAN AND VENDOR MRA'S TRANSMITTED PRIOR TO:  6/5/94   (JUN 05, 1994)
                         DELETING....


                TOTAL VETERAN MRA'S DELETED: 46
                TOTAL VENDOR MRA'S DELETED: 38
```

SUPERVISOR MAIN MENU
PRICER BATCH RELEASE

This option is no longer locked.

Introduction

The Pricer Batch Release option is used to review and release payments for transmission to the Austin Pricer to be grouped and priced.

Batches must be released to the pricer before being queued for transmission. Batches released through this option will have a status of SUPERVISOR CLOSED.

Example

```
SELECT FEE BASIS BATCH NUMBER:  983          C77777


NUMBER: 983                           OBLIGATION NUMBER: C77777
  TYPE: CH/CNH                        DATE OPENED: JUL 16, 1990
  CLERK WHO OPENED: JOHN              STATION NUMBER: 500
  TOTAL DOLLARS:  3450                INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2               DATE CLERK CLOSED: JUL 16, 1990
  CONTRACT HOSPITAL BATCH: YES        BATCH EXEMPT: NO

  STATUS: CLERK CLOSED



WANT LINE ITEMS LISTED? NO//  <RET>

DO YOU WANT TO RELEASE BATCH AS CORRECT? NO//  Y
```

```
NUMBER: 983                           OBLIGATION NUMBER: C77777
  TYPE: CH/CNH                        DATE OPENED: JUL 16, 1990
  CLERK WHO OPENED: JOHN              DATE SUPERVISOR CLOSED: JUL 16, 1990
  SUPVR WHO CERTIFIED: PAUL           STATION NUMBER: 500
  TOTAL DOLLARS: 3450                 INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2               DATE CLERK CLOSED: JUL 16, 1990
  CONTRACT HOSPITAL BATCH: YES        BATCH EXEMPT: NO


  STATUS: SUPERVISOR CLOSED


BATCH HAS BEEN RELEASED!
```

SUPERVISOR MAIN MENU
PRINT REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Print Rejected Payment Items option is used to view and print all Fee Basis items which have been rejected for payment by the Central Fee system in Austin and have not yet been reinitiated. These items were flagged as rejects through the Finalize a Batch option.

The rejects are grouped by batch. If an entire batch was rejected, all payment items in that batch are listed.

Example

```
DEVICE: HOME// FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//  Y  (YES)

Requested Start Time: NOW//  <RET>  (JUN 04, 1990@08:14)
REQUEST QUEUED
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

Batch Number: 341    Voucher Date: 7/27/93  Voucherer: LUCIA

FEEPATIENT,ONE                     000-45-6789           341
   FEEVENDOR,ONE                         000456789    523         7/27/93
    6/1/93    90010       52.00     52.00        OFFICE/OP VISIT, NEW, LTD
       Reject Reason: DUPLICATE PAYMENT
       Old Batch #: 341

Batch Number: 329    Voucher Date: 6/21/93  Voucherer: LUCIA

FEEPATIENT,ONE                     000-45-6789           329
   FEEVENDOR,ONE                         000567567    497         6/21/93
    4/5/93    10080-20    75.00     75.00         DRAINAGE OF PILONIDAL CYST
       Reject Reason: WRONG VENDOR
       Old Batch #: 329
```

SUPERVISOR MAIN MENU
QUEUE DATA FOR TRANSMISSION

FBAASUPERVISOR Security Key - required to access this option.

This option creates MailMan messages which contain the batch data to be transmitted. The FEE mail group will receive confirmation messages and reports from Austin.

Introduction

The Queue Data for Transmission option is used to transmit Fee Basis payment and MRA (master record adjustment) batches to the Central Fee System in Austin, Texas. All pending MRAs are batched automatically and transmitted. Only those payment batches that have been released by a supervisor can be transmitted.

Each batch is sent in electronic MailMan message form. The option creates MailMan messages, shown in your "IN" basket, which contain the batch data to be transmitted. You may query the message to obtain the status of the transmittal. The system will continue to attempt to send the data until it is actually transmitted. You must be a member of the NVP mail group to receive confirmation and reports from the Non-VA Pricer (NVP) system for Civil Hospital program.

Please refer to Appendix G at the end of this manual for sample MailMan messages received as a result of payment and MRA data transmission to Austin, and a description of the format and content.

Example

```
This option will transmit all Batches and MRAs ready to be transmitted to
Austin.

Are you sure you want to continue? No//  YES

The following Batches will be transmitted:
350
  ...SORRY, THIS MAY TAKE A FEW MOMENTS..
```

SUPERVISOR MAIN MENU
RE-INITIATE REJECTED PAYMENT ITEMS

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Re-initiate Rejected Payment Items option is used to reassign payment items that have been rejected through the Finalize a Batch option to a new batch.

Although all Fee Basis batches may be accessed, this option should only be used to re-initiate rejected payment items for Outpatient Medical batches.

It is possible to re-initiate all rejected line items in a batch at once, or re-initiate one line item at a time.

SUPERVISOR MAIN MENU
RE-INITIATE REJECTED PAYMENT ITEMS

Example

```
Select Batch with Rejects:  169        C46335

Select New Batch number:  999         C64838

Want line items listed? No//  YES
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
             ('#' Voided Payment)                        Batch #  Voucher Date
   Vendor Name                              Vendor ID  Invoice #     Date Rec'd.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================

Batch Number: 169  Reject Date: 04/15/94  Person who rejected: ROY,CARY


FEEPATIENT,ONE                     000-45-6789
   FEEVENDOR,ONE                         000222222   190
    12/15/94    90060    75.00   60.00    1      OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16

FEEPATIENT,ONE                     000-45-6789
   FEEVENDOR,ONE                         000222222   190
    12/30/94    90060    75.00   60.00    1      OFFICE VISIT,INTERMED
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16

FEEPATIENT,TWO                     000-45-6789
   FEEVENDOR,TWO                         000333333     198
    01/10/94    80908    50.00   50.00           CONSULTATION,BRIEF
         Reject Reason:  BATCH OUT OF BALANCE
         Old Batch #: 16
------------------------------------------------------------------------------

Want to re-initiate all rejected items in the Batch? No// YES

Are you sure you want to re-initiate all line items in this
batch? No// YES

 ....SORRY, I'M WORKING AS FAST AS I CAN....

All rejected items have been re-initiated!

Select Batch with Rejects:
```

SUPERVISOR MAIN MENU
RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Medical and Travel batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230       C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example:

```
SELECT FEE BASIS BATCH NUMBER: 276          C15004


NUMBER: 276                              OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS                 DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: BARBARA              STATION NUMBER: 500
  TOTAL DOLLARS: 10                      PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993


  STATUS: CLERK CLOSED


WANT LINE ITEMS LISTED? NO// Y  YES
```

SUPERVISOR MAIN MENU
RELEASE A BATCH

Example, cont.

```
PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
==============================================================================


FEEPATIENT,ONE                  000-45-6789          276
   FEEVENDOR,ONE                       000222333    493         6/21/93
    5/22/93   90020       10.00      5.00    4   OFFICE/OP VISIT, NEW, COMPRH

               INVOICE #: 493   TOTALS: $ 5.00

FEEPATIENT,ONE                  000-45-6789           276
   FEEVENDOR,TWO                       000567567    495         6/21/93
*   5/1/93    90020        5.00      5.00        OFFICE/OP VISIT, NEW, COMPRH

               INVOICE #: 495   TOTALS: $ 5.00
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y  YES


NUMBER: 276                             OBLIGATION NUMBER: C15004
  TYPE: MEDICAL PAYMENTS                DATE OPENED: MAY  7, 1993
  CLERK WHO OPENED: BARBARA
  DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
  SUPERVISOR WHO CERTIFIED: MARY        STATION NUMBER: 500
  TOTAL DOLLARS: 10                     PAYMENT LINE COUNT: 2
  DATE CLERK CLOSED: JUN 21, 1993

  STATUS: SUPERVISOR CLOSED


BATCH HAS BEEN RELEASED!
```

SUPERVISOR MAIN MENU
REQUEST INFO FILE ENTER/EDIT

Introduction

The Request Info File Enter/Edit option is used to enter/edit data in the Fee Basis Unauthorized Requested Information file (# 162.93). Enter <??> at the "Select fee basis unauthorized requested information reason:" prompt for a list of existing reasons. You may edit an existing reason, or enter a new one.

Example

```
Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON: INPATIENT RECORDS
MISSING
  ARE YOU ADDING 'INPATIENT RECORDS MISSING' AS
    A NEW FEE BASIS UNAUTHORIZED REQUESTED INFORMATION (THE 17TH)? Y  (YES)
   FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NUMBER: 17// <RET>
REASON: INPATIENT RECORDS MISSING  Replace <RET>
ACTIVE?: YES
DESCRIPTION:
  1>Inpatient records missing for an episode of care.
  2><RET>
EDIT Option: <RET>

Select FEE BASIS UNAUTHORIZED REQUESTED INFORMATION REASON:
```

SUPERVISOR MAIN MENU
UNAUTHORIZED CLAIMS FILE MENU

FBAASUPERVISOR Security Key - required to access this option.

INTRODUCTION

Four existing options are moved from the supervisor menu to a new sub-menu to make room for the new contract option. The new sub-menu is the Unauthorized Claims File Menu [FBCU FILE MENU]. The options moved to this menu are:

Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
Dispositions File Edit [FBUC DISPOSITIONS FILE]
Request Info File Enter/Edit [FBUC REQUEST INFO FILE]

EXAMPLE:
Select Supervisor Main Menu Option: unauthorized Claims File Menu

```
Supervisor Main Menu

          Clerk Look-Up For An Authorization
          Contract File Enter/Edit
          Delete reject flag
          Edit Pharmacy Invoice Status
          Enter/Edit Suspension Letters
          Fee Basis 1358 Segregation of Duty Report
          Fee Schedule Main Menu ...
          Finalize a Batch
          FPPS Update & Transmit Menu ...
          List Batches Pending Release
          MRA Main Menu ...
          Pricer Batch Release
          Print Rejected Payment Items
          Queue Data for Transmission
          Re-initiate Rejected Payment Items
          Release a Batch
          Site Parameter Enter/Edit
          Unauthorized Claims File Menu ...
          Void Payment Main Menu ...


Unauthorized Claims File Menu

          Add New Person for Unauthorized Claim
          Disapproval Reasons File Enter/Edit
          Dispositions File Edit
          Request Info File Enter/Edit
```

SUPERVISOR MAIN MENU
SITE PARAMETER ENTER/EDIT

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Site Parameter Enter/Edit option is used to enter or edit site specific Fee Basis parameters. After the data is entered, you may not add another site as only one entry (site) is allowed. You are able to edit the data for the existing site.

Following is a list of site configurable parameters with brief descriptions.

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction (COJ) for which these site parameters are defined. There can be only one entry in this file.

STATION ADDRESS LINE 1: - Street address line 1 of this COJ. This data will be printed on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 2: - Street address line 2 of this COJ. This address line will also print on the VA Form 10-7079 authorization.

STATION ADDRESS LINE 3: - Line 3 of the COJ's street address.

CITY: - The city in which the COJ receives its mail.

STATE: - The state in which the COJ's mailing address resides.

ZIP: - Zip code for the COJ.

STATION TELEPHONE NUMBER: - The telephone number to which fee inquiries should be directed.

APPROVING OFFICIAL FOR 7079: - The name of the approving official authorizing fee services. This name will be printed on the VA Form 10-7079 authorization.

TITLE OF APPROVING OFFICIAL: - The title of the approving official, which will also be printed on the VA Form 10-7079 authorization.

SUPERVISOR MAIN MENU
SITE PARAMETER ENTER/EDIT

Introduction, cont.

MEDICAID DISPENSING FEE: - The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.

MEDICAL PAYMENT VENDOR DISPLAY: - This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.

PHARMACY PAYMNT VENDOR DISPLAY: - If answered YES, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

DEFAULT AUTH. TIME RANGE: - The number of days that is the usual long term authorization. The data entered here will be added to the Authorization FROM DATE and that date will become the default TO DATE for the authorization. For example, if the normal long term authorization is one year, 365 would be entered in this parameter.

ASK VENDOR DURING AUTH.: - If answered YES, a vendor is asked when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch.

Central Fee can only accept 32K characters in a single payment batch. Since additional data in being added to payment batches, the maximum number of lines in a batch must be reduced to avoid a reject of the entire batch by Central Fee.

- B3 (outpatient and ancillary) payment batches are limited to a maximum of 85 lines
- B5 (pharmacy) payment batches are limited to a maximum of 85 lines
- Contract Hospital payment batches are limited to a maximum of 42 lines
- Community Nursing Home payment batches are limited to a maximum of 61 lines

This value is checked during the Enter Payment options, and will warn the users when they are within 20 of the maximum. It will prevent the users from exceeding this number.

The following site parameters control these limits

- MAX # PAYMENT LINE ITEMS: 85// ??
  The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 85 is acceptable. This value is checked during the enter payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.

- MAX # CH PAYMENT LINES: 42// ??
  The maximum number of payment line items that will be allowed in a contract hospital batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 of the maximum. It will prevent the clerks from exceeding this number.

- MAX # CNH PAYMENT LINES: 61// ??
  The maximum number of payment line items that will be allowed in a community nursing home batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 of the maximum. It will prevent the clerks from exceeding this number.

EDIT AUTH. DURING PAYMENT: - This field is used to indicate that editing of the AUTHORIZATION REMARKS field and the 3 DX fields is allowed during the Enter Payment options. It is normally used for six months immediately after installing the fee system, because the AUTHORIZATION REMARKS and DX data was not available for downloading from the Central Fee System.

*ASK PROGRAM SPECIFIC AUTH.: - A YES answer to this site parameter will show only those authorizations that are program specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.

APPROVING OFFICIAL FOR 7078: - The default approving official for VA Form 10-7078s.

SUPERVISOR MAIN MENU
SITE PARAMETER ENTER/EDIT

Introduction, cont.

TITLE 7078 APPROVING OFFICIAL: - The title of the default approving official for VA Form 10-7078s.

COPIES OF 7078 TO BE PRINTED: - Indicates the default number of copies to be printed for each VA Form 10-7078 generated.

PSA DEFAULT INSTITUTION: - The station number for the transmission of data to Austin is determined using this field. In most cases, your facility should be entered.

7078 DEFAULT AUTH SERVICE TEXT: - A free text entry for special remarks, instructions, etc. pertaining to the authorization which will appear in Section 6 of VA Form 10-7078.

TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: - Indicate whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. Your response is a numeric character, with 1 equal to YES, and 0 equal to NO.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc. Your response is the numeric character 1 to activate; otherwise, leave blank.

UNAUTHORIZED CLAIM PRINTER: - Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.

UNAUTHORIZED CLAIM LETTER: - Indicate how you wish your unauthorized claim letters to print. Enter "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.

NUMBER OF COPIES: - The number of copies of a letter to be printed. Maximum number of copies allowed is five.

SUPERVISOR MAIN MENU
SITE PARAMETER ENTER/EDIT

Introduction, cont.

PRINT U/C ON LETTERHEAD?: - Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

STATION NAME (EDITABLE): - This is the first line of the return address. The data pulled from Field #.01, and can be edited at this prompt.

Example

```
Select Site:  VA MEDICAL CENTER, BUFFALO, NY
   ARE YOU ADDING 'VA MEDICAL CENTER, BUFFALO, NY' AS A NEW
   FEE BASIS SITE PARAMETERS (THE lST)?  YES  (YES)
STATION OF JURISDICTION NAME: VA MEDICAL CENTER, BUFFALO, NY// <RET>
STATION ADDRESS LINE 1:  495 BAILEY AVENUE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY:  BUFFALO
STATE:  NEW YORK
ZIP:  14095
STATION TELEPHONE NUMBER:  607 456-2345
APPROVING OFFICIAL FOR 7079:  JAMES
TITLE OF APPROVING OFFICIAL:  CHIEF, MAS.
MEDICAID DISPENSING FEE:  5.50
MEDICAL PAYMENT VENDOR DISPLAY:  YES
PHARMACY PAYMENT VENDOR DISPLAY:  YES
DEFAULT AUTH. TIME RANGE:  365
ASK VENDOR DURING AUTH:  YES
MAX # PAYMENT LINE ITEMS:  50
EDIT AUTH. DURING PAYMENT:  NO
*ASK PROGRAM SPECIFIC AUTH:  YES
APPROVING OFFICIAL FOR 7078: JAMES
TITLE 7078 APPROVING OFFICIAL:  CHIEF, MAS.
COPIES OF 7078 TO BE PRINTED:  1
PSA DEFAULT INSTITUTION:  BUFFALO
7078 DEFAULT AUTH SERVICE TEXT:
  1>Move to VAMC as soon as possible
EDIT Option: <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES// <RET>
'INITIAL ENTRY' STATUS FOR U/C: <RET>
UNAUTHORIZED CLAIM PRINTER: <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT// <RET>
NUMBER OF COPIES: 1// <RET>
PRINT U/C ON LETTERHEAD?: <RET>
STATION NAME (EDITABLE): VAMC BUFFALO NY// <RET>

Select Site:
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
CH DELETE VOID PAYMENT

Introduction

The CH Delete Void Payment option is used to remove a void flag from a Civil Hospital payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
Select Patient:  FEEPATIENT,ONE    06-17-48   000456789   SC VETERAN

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE       000561234  PRIVATE HOSPITAL
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477
```

```
Patient Name: FEEPATIENT,ONE                  Pt.ID 000-45-6789

  VENDOR: FEEvendor,One
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-------------------------------------------------------------------------------
1) *09/01/92    09/04/92  DRG45    3,467.00    3,462.00         7         11
   Reason:
          VENDOR RETURNED CHECK

Which payment item(s) would you like to Cancel the void on ?
Enter a list or range of numbers (1-1):  1

Patient Name: FEEPATIENT,ONE                     Pt.ID 000-45-6789

  VENDOR: FEEvendor,One
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-------------------------------------------------------------------------------
   *09/01/92    09/04/92  DRG45    3,467.00    3,462.00         7         11

Are you sure you want to Cancel the void on the payment(s)? No//  Y
          Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

     ...  Done
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
CH VOID PAYMENT

Introduction

This option is used to void a Civil Hospital payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE     01-06-13   000456789     SC
VETERAN

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE                7463254956  NON-VA
HOSPITAL
          1 SIMPLE WAY
          JACKSON, VT  02131    TEL. #:  802-431-2847

PATIENT NAME: FEEPATIENT,ONE                    PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID   INVOICE #   BATCH #
-------------------------------------------------------------------------------

1) 11/1/94      11/3/94   DRG1     2,500.00     2,500.00       275        170

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID ?
ENTER A LIST OR RANGE OF NUMBERS (1-1): 1

PATIENT NAME: FEEPATIENT,ONE                  PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID   INVOICE #   BATCH #
-------------------------------------------------------------------------------

   11/1/94      11/3/94   DRG1     2,500.00     2,500.00       275        170

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO// YES
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
          VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
     .... DONE.
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
CNH DELETE VOID PAYMENT

Introduction

The CNH Delete Void Payment option is used to remove a void flag from a Community Nursing Home payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
Select Patient:  FEEPATIENT,ONE    06-17-48   000456789   SC VETERAN


Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE              000561234  COMMUNITY
NURSING HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477
```

```
Patient Name: FEEPATIENT,ONE                      Pt.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
-------------------------------------------------------------------------------
1) *09/01/92    09/04/92  DRG45    3,467.00     3,462.00          7        11

Which payment item(s) would you like to Void?
Enter a list or range of numbers (1-1):  1

Patient Name: FEEPATIENT,ONE                      Pt.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' Represents Reimbursement to Patient)
          ('#' Represents a Voided Payment)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
-------------------------------------------------------------------------------
   *09/01/92    09/04/92  DRG45    3,467.00     3,462.00          7        11
   Reason:
          CHECK RETURNED

Are you sure you want to Cancel the void on the payment(s)? No//  Y
          Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

     ...  Done
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
CNH VOID PAYMENT

Introduction

This option is used to void a Community Nursing Home payment that has already been finalized. It allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example

```
SELECT FEE BASIS PATIENT NAME: FEEPATIENT,ONE    06-17-48  000456789  SC
VETERAN

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE               000561234  COMMUNITY
NURSING HOME
          31 NOWHERE CIRCLE
          LOWELL,  MASSACHUSETTS  01852-0123
          TEL. #:  45441477
```

```
PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
-------------------------------------------------------------------------------
1) *09/01/92    09/04/92  DRG45    3,467.00     3,462.00          7        11

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID?
ENTER A LIST OR RANGE OF NUMBERS (1-1):  1

PATIENT NAME: FEEPATIENT,ONE                      PT.ID 000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
   FROM DATE    TO DATE   DRG    AMT CLAIMED    AMT PAID    INVOICE #  BATCH #
-------------------------------------------------------------------------------
   *09/01/92    09/04/92  DRG45    3,467.00     3,462.00          7        11

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO//  Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
          VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

     ...  DONE
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
MEDICAL DELETE VOID PAYMENT

Introduction

The Medical Delete Void Payment option is used to remove a void flag from a Medical payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
SELECT PATIENT: FEEPATIENT,ONE    06-17-48   000456789   SC VETERAN


SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE   000888666
DOCTOR OF MEDICINE
```

```
PATIENT NAME: FEEPATIENT,ONE            SSN:  000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----------------------------------------------------------------------

1)#04/01/90  90050   $ 25.00    $ 25.00         1126    963   07/06/90

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO CANCEL THE VOID ON?
ENTER A LIST OR RANGE OF NUMBERS (1-1):  1

PATIENT NAME: FEEPATIENT,ONE            SSN:  000456789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----------------------------------------------------------------------

04/01/90     90050     25.00      25.00         1126    963   07/06/90


ARE YOU SURE YOU WANT TO CANCEL THE VOID ON THE PAYMENT(S)? NO//  Y
          CANCEL VOIDED PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

     ...  DONE
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
MEDICAL VOID PAYMENT

Introduction

The Medical Void Payment option is used to void a payment that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP option.

Example:

```
SELECT PATIENT:  FEEPATIENT,ONE   06-17-48   000456789   SC VETERAN

SELECT FEE BASIS VENDOR NAME:  FEEVENDOR,ONE   000888666
DOCTOR OF MEDICINE
```

```
PATIENT NAME: FEEPATIENT,ONE            SSN:  000-45-6789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----------------------------------------------------------------------

1) 04/01/90  90050   $ 25.00    $ 25.00         1126    963   07/06/90
2) 03/10/90  90050   $ 25.00    $ 25.00         1125    963   07/06/90

WHICH PAYMENT ITEM(S) WOULD YOU LIKE TO VOID?
ENTER A LIST OR RANGE OF NUMBERS (1-2):  1

PATIENT NAME: FEEPATIENT,ONE            SSN:  000456789

  VENDOR: FEEVENDOR,ONE
          ('*' REPRESENTS REIMBURSEMENT TO PATIENT)
          ('#' REPRESENTS A VOIDED PAYMENT)
SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----------------------------------------------------------------------

04/01/90     90050     25.00      25.00         1126    963   07/06/90

ARE YOU SURE YOU WANT TO VOID THE PAYMENT(S)? NO//  Y
REASON FOR VOIDED PAYMENT: CHECK RETURNED BY VENDOR
          VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!

     ...  DONE
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
PHARMACY DELETE VOID PAYMENT

Introduction

The Pharmacy Delete Void Payment option is used to remove a void flag from a Pharmacy payment.

It is important to remember that you must subtract the dollar amount of the voided payment from the obligation through the appropriate IFCAP option.

Example

```
SELECT INVOICE NUMBER: 15

SELECT PRESCRIPTION # :    55535

PRESCRIPTION NUMBER: 55535            DRUG NAME: TYE
  DATE PRESCRIPTION FILLED: MAY 28, 1993
  AMOUNT CLAIMED: 1.00                PATIENT: FEEPATIENT,ONE
  RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
  LINE ITEM STATUS: COMPLETED         GENERIC DRUG: AZATHIOPRINE 50MG TAB
  PHARMACY DETERMINATION: APPROVED FOR PAYMENT
  STRENGTH: 15MG                      QUANTITY: 03
  PHARMACIST: MICHAEL                 DATE OF DETERMINATION: MAY 28, 1993
  AMOUNT PAID: 1.00                   BATCH NUMBER: 27
  OBLIGATION NUMBER: C93004           DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
  PAYMENT TYPE CODE: VENDOR           SUBSTITUTE GENERIC DRUG: YES
  PHARMACY REMARKS: APPROVED          MANUFACTURER: LILLY
  PRIMARY SERVICE FACILITY: ALBANY    AUTHORIZATION POINTER: 1

IS THIS THE PRESCRIPTION YOU WANT TO CANCEL THE VOID ON ? NO// Y  YES
          CANCEL VOIDED PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
     ...  DONE.
```

SUPERVISOR MAIN MENU
VOID PAYMENT MAIN MENU
PHARMACY VOID PAYMENT

Introduction

The Pharmacy Void Payment option is used to void a payment to a pharmacy vendor that has already been finalized. This option allows you to retain the payment history, yet void the payment. It could be used in a case where a payment check has been returned by a vendor.

It is important to remember that you must add the dollar amount of the voided payment back into the obligation through the appropriate IFCAP (Integrated Funds Distribution, Control Point Activity, Accounting and Procurement) option.

Example

```
SELECT INVOICE NUMBER: 15

SELECT PRESCRIPTION # : 55535


PRESCRIPTION NUMBER: 55535            DRUG NAME: TYE
  DATE PRESCRIPTION FILLED: MAY 28, 1993
  AMOUNT CLAIMED: 1.00                PATIENT: FEEPATIENT,ONE
  RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
  LINE ITEM STATUS: COMPLETED         GENERIC DRUG: AZATHIOPRINE 50MG TAB
  PHARMACY DETERMINATION: APPROVED FOR PAYMENT
  STRENGTH: 15MG                      QUANTITY: 03
  PHARMACIST: MICHAEL                 DATE OF DETERMINATION: MAY 28, 1993
  AMOUNT PAID: 1.00                   BATCH NUMBER: 27
  OBLIGATION NUMBER: C93004           DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
  PAYMENT TYPE CODE: VENDOR           SUBSTITUTE GENERIC DRUG: YES
  PHARMACY REMARKS: APPROVED          MANUFACTURER: LILLY
  PRIMARY SERVICE FACILITY: ALBANY    AUTHORIZATION POINTER: 1

IS THIS THE PRESCRIPTION YOU WANT TO VOID? NO// Y  YES
REASON FOR VOIDED PAYMENT: PATIENT'S PRESCRIPTION CHANGED
          VOID PAYMENT FOR FEEPATIENT,ONE
YOU MUST ADJUST CONTROL POINT ACCORDINGLY THROUGH IFCAP!
     ...  DONE.
```

TERMINATE ID CARD

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Terminate ID Card option is used to terminate a FEE ID Card issued to a patient in the event that the card has been lost or stolen, or the patient's ID Card or eligibility status changes.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Example

```
SELECT PATIENT NAME: 6789  FEEPATIENT,ONE    12-12-14  000456789   SC VETERAN


FEEPATIENT,ONE                        PT.ID: 000-45-6789
2344 HELP ST.                            DOB: 12/12/14
RED CROSS CITY                           TEL: NOT ON FILE
OKLAHOMA 11235                       CLAIM #: NOT ON FILE
                                      COUNTY: POTTAWATOMIE

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  PENDING VERIFICATION
  OTHER ELIG. CODE(S): AID & ATTENDANCE
                     NSC, VA PENSION
                     HUMANITARIAN EMERGENCY
                     HOUSEBOUND

  SERVICE CONNECTED: NO
 RATED DISABILITIES: NONE STATED

   HEALTH INSURANCE: YES
   INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
   ==========================================================================
   BLUE CROSS BLUE   282828282         12345       SELF    4/1/93    3/31/95
   AETNA             29292277777       0987594     OTHER   1/1/94    12/31/94
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

TERMINATE ID CARD

Example, cont.

```
FEE ID CARD #: 1346464                  FEE CARD ISSUE DATE: 06/17/93

PATIENT NAME: FEEPATIENT,ONE                              PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 04/16/94      VENDOR: NOT SPECIFIED
       TO: 04/19/94
                         AUTHORIZATION TYPE: OUTPATIENT - ID CARD
           PURPOSE OF VISIT: OPT - SC LESS THAN 50%
           DX: DEPRESSION               REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: POTTAWATOMIE             PSA: MUSKOGEE, OK

   (2) FR: 07/01/93      VENDOR: FEEVENDOR,ONE - 0009760657
       TO: 06/30/96
                         AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
           PURPOSE OF VISIT: COMPENSATION AND PENSION EXAM
           DX: PTSD                     REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: POTTAWATOMIE             PSA: NORTHAMPTON, MA


FEE ID CARD #: 1346464
ARE YOU SURE YOU WANT TO TERMINATE THIS ID CARD? NO// YES
TERMINATION REASON: PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN.  NEW CARD
ISSUED.
```

VENDOR MENU
DISPLAY, ENTER, EDIT DEMOGRAPHICS

The MEDICARE ID NUMBER: prompt now appears after the PRICER EXEMPT: prompt for Civil Hospital vendors.

FBAA ESTABLISH VENDOR Security Key - required to enter a new vendor into the system or edit existing vendor data. It is not possible to delete a vendor from the FEE BASIS VENDOR file (#161.2).

Introduction

The Display, Enter, Edit Demographics option is used to display vendor demographics, enter a new vendor into the system or edit data on an existing vendor.

A vendor is any provider of care. Doctors, hospitals, clinics, pharmacies, nurses and physical therapists are typical vendors. The vendor must be entered into the system before any Fee Basis payments can be made.

The Fee Basis Vendor ID Number is usually the individual's social security number or the clinic's or hospital's tax ID number. A group of physicians may be in the system under one ID number if they are incorporated (i.e. Dermatology Assocs., P.C. or Capital District Urologists, P.C.). A pharmacy chain may have all their stores entered with the same ID number and then have the individual stores identified by up to a 4-digit chain store number.

WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

VENDOR MENU
DISPLAY, ENTER, EDIT DEMOGRAPHICS

Example:

```
SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE
  ARE YOU ADDING 'FEEVENDOR,ONE' AS
    A NEW FEE BASIS VENDOR (THE 76TH)? Y  (YES)
   FEE BASIS VENDOR ID NUMBER: 000456789
   FEE BASIS VENDOR TYPE OF VENDOR: 8  OTHER      08
   FEE BASIS VENDOR PART CODE: 6  NON-VA HOSPITAL      06
   FEE BASIS VENDOR CHAIN: <RET>
   FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE  REPLACE <RET>
ID NUMBER: 000-45-6789// <RET>
IS THE ID NUMBER A TAX # OR SSN?
TAX ID/SSN (ENTER 'T' OR 'S'): T  TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
SELECT SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: NON-VA HOSPITAL// <RET>
STREET ADDRESS: 123 SECOND ST
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-271-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
PRICER EXEMPT: YES
MEDICARE ID NUMBER: 191817

                      ***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        NAME:  FEEVENDOR,ONE                  ID NUMBER: 000456789
                                    BILLING PROV NPI: 1234567899
                              BILLING PROV TAXONOMY CODE: 123456789A
     ADDRESS:  123 SECOND ST                  SPECIALTY:
        CITY:  TROY                              TYPE: OTHER
       STATE:  NEW YORK              PARTICIPATION CODE: NON-VA HOSPITAL
         ZIP:  12180                 MEDICARE ID NUMBER: 191817
      COUNTY:  RENSSELAER                          CHAIN:
       PHONE:  518-555-1234
         FAX:  518-555-1200               PRICER EXEMPT: YES
 TYPE (FPDS):
 AUSTIN NAME:
 LAST CHANGE                              LAST CHANGE
   TO AUSTIN:                               FROM AUSTIN:

WANT TO EDIT DATA? NO// <RET>

SELECT FEE BASIS VENDOR NAME:
```

VENDOR MENU
PAYMENT DISPLAY FOR PATIENT

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Display for Patient option is used to view the payment record of a patient with a specific vendor. The display also designates payments reimbursed to the patient, cancellation activity, and voided payments.

This option displays medical batch payments only. It does not display Travel or Pharmacy payment records.

Example

```
SELECT PATIENT: FEEPATIENT,ONE


SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE       000777777      NON-VA
HOSPITAL
          123 FIRST ST
          TROY, NY  12190

PATIENT NAME: FEEPATIENT,ONE                      SSN: 000456789

  VENDOR: FEEVENDOR,ONE
     123 FIRST ST
     TROY, NY   12190
          ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY   '#' VOIDED PAYMENT)
 SVC DATE  CPT-MODIFIER       AMT CLAIMED AMT PAID  CODE   INVOICE # BATCH #
-------------------------------------------------------------------------------

+ 09/05/94  12018            $    5.00   $    5.00        556       369
      >>>CHECK CANCELLED ON: 10/3/94   REASON:  WRONG PAYEE<<<
         CHECK WILL BE RE-ISSUED.
+ 09/02/94  99243-77         $   11.00   $   10.00 D      555       369
      >>>CHECK # 11887576  DATE PAID:  10/20/94<<<
      >>>AMOUNT PAID ALTERED TO $ 3.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
  09/02/94  10020            $   15.00   $    5.00 1      555       369
       >>>CHECK # 37776200  DATE PAID:  10/3/94<<<

SELECT FEE BASIS VENDOR NAME:
```

VENDOR MENU
PAYMENT LOOK-UP FOR MEDICAL VENDOR

Displays which include line item information have been modified to include check information; date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical vendor for a specified time frame.

Example

```
SELECT MEDICAL VENDOR: FEEVENDOR,ONE      000456789  DOCTOR OF OSTEO
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  45441477


**** DATE RANGE SELECTION ****

   BEGINNING DATE : 6/1  (JUN 01, 1994)

   ENDING    DATE : 6/30  (JUN 30, 1994)


DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>

                   ** VENDOR LOOK-UP **

                       VENDOR: FEEVENDOR,ONE
              ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY)
PATIENT       ('#' VOIDED PAYMENT)
 SVC DATE  CPT-MOD  AMT CLAIMED AMT PAID  CODE INVOICE # BATCH #  DATE PAID
-------------------------------------------------------------------------------

FEEPATIENT,ONE
  06/07/94  12018    $   35.00  $   32.00  1   230        145     06/29/94
       >>>CHECK # 37776200  DATE PAID:  6/29/94<<<
  06/07/94  99243-77 $   52.00  $   40.00  1   230        145     06/29/94
       >>>CHECK # 37776200  DATE PAID:  6/29/94<<<
  06/28/94  10020    $   42.00  $   42.00      206        234     NOT PAID


SELECT MEDICAL VENDOR:
```

VENDOR MENU
PHARMACY VENDOR PAYMENT LOOK-UP

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment history for a pharmacy vendor for a specified time frame.

Example

```
SELECT PHARMACY VENDOR:  FEEVENDOR,ONE   000888888    PHARMACY

**** DATE RANGE SELECTION ****

   BEGINNING DATE:  5/1/94  (MAY 01, 1994)

   ENDING  DATE:  T  (JUL 13, 1994)

DEVICE:  HOME//  <RET>   RIGHT MARGIN: 80//  <RET>
```

```
                    ** PHARMACY VENDOR LOOK-UP **

VENDOR:  FEEVENDOR,ONE                  ID#: 000888888    CHAIN #:

               ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
               ('#' VOIDED PAYMENT)
   PATIENT                                 SSN
FILL DATE       DRUG NAME                   STRENGTH      QUANTITY
  CLAIMED    PAID   CODE INVOICE #  BATCH #        DATE FINALIZED
=================================================================
FEEPATIENT,ONE                          000456789

   06/07/94
 RX: 6700       DEMEROL                      2MG              10
    16.00    7.56   1    1172       974              07/12/94

   06/01/94
RX: 5603        MOTRIN                       2MG              10
    25.00    25.00       1172       974              07/12/94
```

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 Security Key - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "yes"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
SELECT FEE BASIS BATCH NUMBER: 147          C15004


NUMBER: 147                              OBLIGATION NUMBER: C15004
  TYPE: HOMETOWN PHARMACY PAYMENTS       DATE OPENED: OCT 31, 1990
  CLERK WHO OPENED: CHARLENE             STATION NUMBER: 500


  STATUS: OPEN


SURE YOU WANT TO DELETE THIS BATCH? NO// YES

     BATCH DELETED.


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MENU - PHARMACY
CLOSE-OUT BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

FBAASUPERVISOR Security Key - allows you to close all types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You can close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Pharmacy batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

BATCH MENU - PHARMACY
CLOSE-OUT BATCH

Example:

```
SELECT FEE BASIS BATCH NUMBER: 189          C93999
WANT TO REVIEW BATCH? NO// YES

PATIENT NAME ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 RX  DATE   RX #     CLAIMED        PAID   CODE  DRUG NAME
================================================================================


FEEPATIENT,ONE                           000-45-6789           189
   FEEVENDOR,ONE                          987987987    148         9/27/93
    5/5/93    75847638    31.00      29.95    I   ANYMYCIN

              INVOICE #: 148   TOTALS: $ 29.95

FEEPATIENT,TWO                           000-45-6789           189
   FEEVENDOR,TWO                          000000000    168         9/29/93
    9/29/93   123          15.00     12.95    I

              INVOICE #: 168   TOTALS: $ 12.95

DO YOU STILL WANT TO CLOSE BATCH? YES// <RET>


NUMBER: 189                              OBLIGATION NUMBER: C93999
  TYPE: HOMETOWN PHARMACY PAYMENTS       DATE OPENED: DEC 16, 1994
  CLERK WHO OPENED: MARY ELLEN           STATION NUMBER: 500
  TOTAL DOLLARS: 42.90                   INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2                  DATE CLERK CLOSED: JAN  9, 1995


  STATUS: CLERK CLOSED



BATCH CLOSED


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MENU - PHARMACY
DISPLAY OPEN BATCHES

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

```
Batch #  Type    Dt Open   Clerk Who Opened                Obligation #
==============================================================================

25      CH/CNH   05/28/93  JOHN                            C33003

26      Pharmacy 05/28/93  MARY                            C93004

28      Medical  05/28/93  MARY                            C33003

33      Medical  06/02/93  JOHN                            C33003

34      CH/CNH   06/03/93  JOHN                            C33003

35      Medical  06/08/93  JOHN                            C33003
```

BATCH MENU - PHARMACY
EDIT BATCH DATA

FBAASUPERVISOR Security Key - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You can only edit batches that you opened unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

If you are a control point user for multiple control points, you will be prompted for a control point prior to an obligation number.

Example

```
Select FEE BASIS BATCH NUMBER: ??

CHOOSE FROM:
   1      C90234
   4      C89211
   5      C89211
   10      C90234
   11      C90234
   13      C89622
   14      C89211
   '^' TO STOP: ^
Select FEE BASIS BATCH NUMBER: 1          C90234
Obligation Number:  C90234// <RET>
Do you want to change the Obligation Number? No// Y  YES
Select Obligation Number:  ??

CHOOSE FROM:
   500-C89211  --  1358   Obligated - 1358
             FCP: 020     $ 4800
   500-C89621  --  1358   Ordered and Obligated
             FCP: 999     $ 80000
   500-C89622  --  1358   Obligated - 1358
             FCP: 020     $ 80000
Select Obligation Number:  C89621  500-C89621  --  1358 Ordered and Obligated
             FCP: 999     $ 80000
NUMBER: 1//   (No Editing)
DATE OPENED: APR 10,1994// T  (JUN 23, 1994)
```

BATCH MENU - PHARMACY
LIST ITEMS IN BATCH

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name can be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
SELECT FEE BASIS BATCH NUMBER: 11          C93004
DEVICE: HOME//   FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>

PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 RX  DATE   RX #     CLAIMED        PAID   CODE  DRUG NAME
==============================================================================


FEEPATIENT,ONE                     000-45-6789           11       6/4/94
   FEEVENDOR,ONE                          000234234     8          3/12/94
    3/13/94   12312333    25.00     23.00    4   ELAVIL

               INVOICE #: 8   TOTALS: $ 23.00

FEEPATIENT,TWO                     000-45-6789           11       6/4/94
   FEEVENDOR,TWO                          000111111    21          4/1/94
    1/4/94    100         50.00     33.00    A   IBUPRO

               INVOICE #: 21   TOTALS: $ 33.00

SELECT FEE BASIS BATCH NUMBER:
```

BATCH MENU - PHARMACY
OPEN A PHARMACY BATCH

When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Pharmacy Batch option is used to create a new Pharmacy batch. To enter, edit, or delete payment data in these batches, use the appropriate invoice options in the Pharmacy Main Menu.

Example:

```
WANT TO CREATE A PHARMACY BATCH? YES// <RET>

PHARMACY BATCH NUMBER ASSIGNED IS: 101


  ARE YOU ADDING '101' AS A NEW FEE BASIS BATCH (THE 41ST)? Y  (YES)

SELECT CONTROL POINT: ?
 ANSWER WITH CONTROL POINT NAME NUMBER
CHOOSE FROM:
   20              020 FEE
   999             999 FEE CIVIL HOSP

SELECT CONTROL POINT: 20  020 FEE
SELECT OBLIGATION NUMBER: ??

CHOOSE FROM:
   500-C89211  --  1358   OBLIGATED - 1358
               FCP: 020     $ 4800
   500-C89621  --  1358   ORDERED AND OBLIGATED
               FCP: 020     $ 80000
   500-C89622  --  1358   OBLIGATED - 1358
               FCP: 020     $ 80000
   500-C89699  --  1358   TRANSACTION COMPLETE
               FCP: 020     $ 30000

SELECT OBLIGATION NUMBER: 500-C89622      --  1358   OBLIGATED - 1358
               FCP: 020     $ 80000
```

BATCH MENU - PHARMACY
RE-OPEN BATCH

FBAASUPERVISOR Security Key - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLERK CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor cannot be reopened. You can reopen only those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen any batch with a CLERK CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who reopened it will then be listed as the person who opened the batch.

NOTE: This option does not change the date opened. If you wish, you may change this information by using the Edit Batch data option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER:" prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example:

```
SELECT FEE BASIS BATCH NUMBER: 11          123456


NUMBER: 11                              OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS      DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: MARY ELLEN          TOTAL DOLLARS: 161
  INVOICE COUNT: 4                      PAYMENT LINE COUNT: 13
  STATUS: OPEN

BATCH HAS BEEN RE-OPENED!


SELECT FEE BASIS BATCH NUMBER:
```

BATCH MENU - PHARMACY
RELEASE A BATCH

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR Security Key - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Pharmacy batches.

NOTE: As of patch FB*3.5*117, this option enforces 1358 segregation of duty policy, preventing the release of a batch by the requestor, approving official, or obligator of the 1358 obligation (initial obligation and any adjustments) associated with that batch.

The error message for a segregation of duty violation looks like this:

```
SELECT FEE BASIS BATCH NUMBER: 14230       C15064
YOU ARE THE OBLIGATOR OF THE 1358.
DUE TO SEGREGATION OF DUTIES, YOU CANNOT ALSO CERTIFY AN INVOICE FOR PAYMENT.
```

If this message appears you must get someone who is not the requestor, approving official, or obligator of the batch to release it.

Example:

```
SELECT FEE BASIS BATCH NUMBER: 11          123456


NUMBER: 11                              OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS      DATE OPENED: NOV 1, 1990
  CLERK WHO OPENED: BARBARA             STATION NUMBER: 500
  INVOICE COUNT: 3                      TOTAL DOLLARS: 78
  DATE CLERK CLOSED: NOV  6, 1990       PAYMENT LINE COUNT: 4


  STATUS: CLERK CLOSED


WANT LINE ITEMS LISTED? NO// Y  YES
```

BATCH MENU - PHARMACY
RELEASE A BATCH

Example, cont.

```
PATIENT NAME   ('*' REIMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
             ('#' VOIDED PAYMENT)                        BATCH #  VOUCHER DATE
   VENDOR NAME                            VENDOR ID  INVOICE #     DATE REC'D.
 RX  DATE   RX #     CLAIMED        PAID   CODE  DRUG NAME
==============================================================================


FEEPATIENT,ONE                        000-45-6789          11
   FEEVENDOR,ONE                          000324323B   8           3/12/89
    3/13/89   12312333    25.00     23.00    4   ELAVIL

               INVOICE #: 8   TOTALS: $ 23.00

FEEPATIENT,ONE                        000-45-6789           11
   FEEVENDOR,ONE                          000112112    12          4/1/89
*   1/4/89    101         50.00     50.00        HYD

               INVOICE #: 12   TOTALS: $ 43.00

FEEPATIENT,TWO                        000-45-6789           11
   FEEVENDOR,ONE                          000112112    25          3/8/90
    3/8/90    FDSAD       10.00      2.00    I   MOTRIN

FEEPATIENT,THREE                    000-45-6789           11
   FEEVENDOR,ONE                          000112112    25          3/8/90
    1/1/90    DSFASDF     10.00     10.00        MOTRIN
               INVOICE #: 25   TOTALS: $ 12.00
DO YOU WANT TO RELEASE BATCH AS CORRECT? NO// Y  YES


NUMBER: 11                              OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS      DATE OPENED: NOV 1, 1990
  CLERK WHO OPENED: BARBARA
  DATE SUPERVISOR CLOSED: MAY 13, 1993@15:28:39
  SUPERVISOR WHO CERTIFIED: LUCIA       STATION NUMBER: 500
  TOTAL DOLLARS: 78
  INVOICE COUNT: 3                      PAYMENT LINE COUNT: 4
  DATE CLERK CLOSED: NOV  6, 1990

  STATUS: SUPERVISOR CLOSED


BATCH HAS BEEN RELEASED!
```

BATCH MENU - PHARMACY
STATUS OF BATCH

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

BATCH MENU - PHARMACY
STATUS OF BATCH

Example

```
Select FEE BASIS BATCH NUMBER: 11          123456

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>


NUMBER: 11                                OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS        DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: MARY ELLEN            TOTAL DOLLARS: 161
  INVOICE COUNT: 4                        PAYMENT LINE COUNT: 13


  STATUS: OPEN




Select FEE BASIS BATCH NUMBER:
```

CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example:

```
SELECT CHECK NUMBER: 12333091

DEVICE: HOME// <RET>  LAT TERMINAL    RIGHT MARGIN: 80// <RET>


                    PAYMENT HISTORY FOR CHECK # 12333091
                    ------------------------------------              PAGE: 1

                      FEE PROGRAM:  PHARMACY
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
   FILL DT   RX #    AMOUNT      AMOUNT     SUSP  BATCH       INVOICE
                     CLAIMED      PAID      CODE  NUMBER      NUMBER
==============================================================================

VENDOR:  FEEVENDOR,ONE                    VENDOR ID:  000112112

PATIENT:  FEEPATIENT,ONE                   PATIENT ID:  XXX-XX-6789
+  1/5/06    L12321      15.00        5.00     I     385         584
    >>>CHECK # 12333091
    >>>CHECK CANCELLED ON: 1/9/06   REASON:  MIS-SPELLED NAME<<<
       CHECK WILL NOT BE REPLACED.
```

CLOSEOUT PHARMACY INVOICE

Introduction

The Closeout Pharmacy Invoice option must be used to assign a batch number to a Pharmacy invoice prior to payment being sent to Austin. Only open batches may be assigned. The invoice must have an invoice status of PENDING PAYMENT PROCESS.

Example:

```
SELECT FEE BASIS PHARMACY INVOICE NUMBER:  195

SELECT BATCH FOR THIS INVOICE:  269
  OBLIGATION #: C93033
  ...EXCUSE ME, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

INVOICE CLOSED OUT!!

SELECT FEE BASIS PHARMACY INVOICE NUMBER:
```

COMPLETE PHARMACY INVOICE

Introduction

The Complete Pharmacy Invoice option is used to enter the remaining payment data for those items within the invoice which required a determination by Pharmacy service. (MAS must enter the remaining data prior to closeout). These items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:  234


Vendor: FEEVENDOR,ONE     Vendor ID: 000888888

Patient: FEEPATIENT,ONE       Patient ID: 000-45-6789

Drug Name                  RX #   Strength    Qty   Amt Claimed
==============================================================
VALIUM                     987      25MG      30       20
MEDICAID DISPENSING FEE: $3.25// <RET> 3.25


RED BOOK COST:  12.00// <RET>
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:  1    Charge exceeds maximum payable

Invoice is Complete            Totals $15.25

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

DISPLAY PHARMACY INVOICE

Display now includes disbursed amount, date paid, and cancellation information, when applicable.

Introduction

This option is used to view all the items in a Pharmacy invoice. The amount of data displayed will depend on the status of the invoice and the prescriptions on that invoice.

Example

```
SELECT FEE BASIS PHARMACY INVOICE NUMBER: 599

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>


NUMBER: 599
  DATE CORRECT INVOICE RECV'D: NOV 30, 1994
  DATA ENTRY CLERK: MARY ELLEN          VENDOR: FEEVENDOR,ONE
  INVOICE STATUS: PENDING PHARMACY DETERMINATION
  TOTAL AMOUNT CLAIMED: 65              TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: DEC 12, 1994    TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: NOV 25, 1994


PRESCRIPTION NUMBER: 12345              DRUG NAME: VALIUM
  DATE PRESCRIPTION FILLED: NOV 15, 1994
  AMOUNT CLAIMED: 65.00                 PATIENT: FEEPATIENT,ONE
  LINE ITEM STATUS: PENDING PHARMACY DETERMINATION
  STRENGTH: 50MG                        QUANTITY: 100
  PAYMENT TYPE CODE: VENDOR             MANUFACTURER: DOW
  PRIMARY SERVICE FACILITY: ALBANY, NY  AUTHORIZATION POINTER: 3



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 Security Key - required to edit payments from batches that have been released by a supervisor.

FBAA ESTABLISH VENDOR Security Key - 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.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

Example

```
SELECT INVOICE #:  38
DATE CORRECT INVOICE RECV'D: SEP 17,1994//  <RET>
VENDOR INVOICE DATE: SEP 14,1994//  <RET>
VENDOR: FEEVENDOR,ONE//  <RET>
INVOICE STATUS: PENDING PAYMENT PROCESS//  <RET>
SELECT PRESCRIPTION NUMBER: 55303    DATE RX FILLED: 05/01/94

PRESCRIPTION NUMBER: 55303//  <RET>
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.

An invoice with a Date of Service (AKA Treatment Date, Date Prescription Filled, etc.) later than the Invoice Received Date may not be approved for payment. Please refer to the section of Appendix J related to this menu option for further information.

ENTER PHARMACY INVOICE

Example:

```
ARE YOU SURE YOU WANT TO ENTER A NEW INVOICE? YES// <RET>

INVOICE # ASSIGNED IS: 599

SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE  000658976  CHAIN #: 101  PHARMACY
          123 MAIN AVE                  (AWAITING AUSTIN APPROVAL)
          TROY, NY  12180    TEL. #:  518-555-0987


                      ***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        NAME:  FEEVENDOR,ONE                     ID NUMBER: 000000000
     ADDRESS:  123 MAIN AVE                      SPECIALTY:
        CITY:  TROY                                   TYPE: PHARMACY
       STATE:  NEW YORK                PARTICIPATION CODE: PHARMACY
         ZIP:  12180                   MEDICARE ID NUMBER: 181818
      COUNTY:  RENSSELAER                           CHAIN: 101
       PHONE:  518-555-0987
         FAX:  518-555-0900
 AUSTIN NAME:
 LAST CHANGE                                  LAST CHANGE
   TO AUSTIN: 11/21/94                           FROM AUSTIN:

WANT TO EDIT VENDOR DATA? NO// <RET>

DATE CORRECT INVOICE RECEIVED: 11/30  (NOV 30, 1994)

VENDOR INVOICE DATE:  11/25  (NOV 25, 1994)

SELECT PATIENT: FEEPATIENT,ONE           07-21-50     000456789     NSC
VETERAN


FEEPATIENT,ONE                                PT.ID: 000-45-6789
129 BROWNDYKE ROAD                        DOB: JUL 21,1950
COHOES                                    TEL: 518-555-8911
NEW YORK 12901                         CLAIM #: NOT ON FILE
                                        COUNTY: COLUMBIA

PRIMARY ELIG. CODE: NSC  --  PENDING VERIFICATION  JUL 15, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  SERVICE CONNECTED: NO
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
==============================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

ENTER PHARMACY INVOICE

Example, cont.

```
PATIENT NAME: FEEPATIENT,ONE                                PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE        - 000777777
       TO: 09/17/94
                        AUTHORIZATION TYPE: CIVIL HOSPITAL
         PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
           DX:                          REF: FEEPROVIDER,TWO
           REF NPI: 1111111112
       COUNTY: COLUMBIA                 PSA: ALBANY, NY

           REMARKS:
              7078 DEFAULT AUTH SERVIC TEXT
   (2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE - 000658976
       TO: 12/31/94
                        AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
         PURPOSE OF VISIT: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
           DX:                          REF: FEEPROVIDER,TWO
           REF NPI: 1111111112
       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: FEEVENDOR,ONE     VENDOR ID: 000888888

PATIENT: FEEPATIENT,ONE     PATIENT ID: 000-45-6789

DRUG NAME                   RX #   STRENGTH    QTY   AMT CLAIMED
================================================================
VALIUM                      987      25MG      30       20

      GENERIC DRUG SUBSTITUTED: DIAZEPAM

MEDICAID DISPENSING FEE: $3.25// <RET>


RED BOOK COST:  12
AMOUNT PAID: 15.25//  <RET>
AMOUNT SUSPENDED: 4.75//  <RET>
SUSPEND CODE:  1    CHARGE EXCEEDS MAXIMUM PAYABLE

INVOICE IS COMPLETE
SELECT FEE BASIS PHARMACY INVOICE NUMBER:
```

LIST PHARMACY HISTORY

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Pharmacy History option is used to display or print a list of all the Fee Basis prescriptions for a selected patient. These are listed in reverse chronological order, with the most recent date first. Reimbursements to the patient, voided payments, and cancellation activity are indicated.

Example

```
SELECT FEE BASIS PATIENT NAME:  FEEPATIENT,ONE       10-18-20   000456789
DEVICE: HOME//  <RET>                RIGHT MARGIN: 80// <RET>


PATIENT: FEEPATIENT,ONE              SSN: 000456789    DOB: 10/18/20
               ('*' RE-IMBURSEMENT TO PATIENT   '+' CANCELLATION ACTIVITY)
               ('#' VOIDED PAYMENT)
  VENDOR NAME                                  ID #       CHAIN #
    FILL DATE
               DRUG NAME                     STRENGTH        QUANTITY
  CLAIMED     PAID     CODE  INVOICE #   BATCH #        DATE CERTIFIED
==============================================================================
FEEVENDOR,ONE                                  000000000
    04/01/94
 RX: 900         LASIX                       250MG              30
    12.00     10.00     1      352        109

FEEVENDOR,TWO                                  000000000
    03/23/94
 RX: 509         VALIUM                       10MG              15
    6.00       6.00            352        109

FEEVENDOR,ONE                                  000000000    309
    12/02/93
 RX: 321         MEPROBAMATE                 400MG              30
    13.00     13.00            265         98           01/21/87

FEEVENDOR,ONE                                  000000000    309
    10/01/94
 RX: 109         CODEINE                      50MG              10
    20.00     16.00     1      243         89           11/30/86
```

PATIENT RE-IMBURSEMENT

New Prompt:
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

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 Patient Re-imbursement option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly. Prescriptions should routinely be obtained from the VA medical centers and only purchased at local pharmacies in an emergency situation.

Each Pharmacy invoice is made up of individual prescriptions. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for review.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

PATIENT RE-IMBURSEMENT

Example

```
ARE YOU SURE YOU WANT TO ENTER A NEW INVOICE? YES// <RET>

INVOICE # ASSIGNED IS: 600


SELECT FEE BASIS VENDOR NAME: FEEVENDOR,ONE  000658976  CHAIN #: 101  PHARMACY
          123 MAIN AVE                  (AWAITING AUSTIN APPROVAL)
          TROY, NY  12180    TEL. #:  518-272-0987



                      ***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        NAME:  FEEVENDOR,ONE                    ID NUMBER: 000333333
     ADDRESS:  123 MAIN AVE                     SPECIALTY:
        CITY:  TROY                                 TYPE: PHARMACY
       STATE:  NEW YORK                PARTICIPATION CODE: PHARMACY
         ZIP:  12180                   MEDICARE ID NUMBER: 181818
      COUNTY:  RENSSELAER                           CHAIN: 101
       PHONE:  518-555-0987
         FAX:  518-555-0900
 AUSTIN NAME:
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  11/21/94                       FROM AUSTIN:

WANT TO EDIT VENDOR DATA? NO// <RET>

DATE CORRECT INVOICE RECEIVED: 11/30  (NOV 30, 1994)


VENDOR INVOICE DATE:  11/15  (NOV 15, 1994)



SELECT PATIENT: FEEPATIENT,ONE
```

PATIENT RE-IMBURSEMENT

Example, cont.

```
FEEPATIENT,ONE                          PT.ID: 000-45-6789
129 BROWNDYKE ROAD                       DOB: JUL 21,1950
COHOES                                   TEL: 518-261-8911
NEW YORK 12901                       CLAIM #: NOT ON FILE
                                      COUNTY: COLUMBIA

PRIMARY ELIG. CODE: NSC  --  PENDING VERIFICATION  JUL 15, 1987
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  SERVICE CONNECTED: NO
 RATED DISABILITIES: NONE STATED

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES

============================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>

PATIENT NAME: FEEPATIENT,ONE                                PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE        - 000777777
       TO: 09/17/94
                         AUTHORIZATION TYPE: CIVIL HOSPITAL
         PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
           DX:                           REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: COLUMBIA                  PSA: ALBANY, NY

           REMARKS:
              7078 DEFAULT AUTH SERVIC TEXT

   (2) FR: 11/01/94      VENDOR: FEEVENDOR,ONE   - 000333333
       TO: 12/31/94
                         AUTHORIZATION TYPE: OUTPATIENT - SHORT TERM
         PURPOSE OF VISIT: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
           DX:                           REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: COLUMBIA                  PSA: ALBANY, NY



ENTER A NUMBER (1-3): 2
```

PATIENT RE-IMBURSEMENT

Example, cont.

```
              PATIENT:  FEEPATIENT,ONE
           ADDRESS LINE 1:  129 BROWNDYKE ROAD
                     CITY:  COHOES
                    STATE:  NEW YORK
                      ZIP:  12901
                   COUNTY:  COLUMBIA

WANT TO EDIT ADDRESS DATA? NO// <RET>

WANT TO REVIEW FEE PHARMACY PAYMENT HISTORY? NO// <RET>


DATE PRESCRIPTION FILLED: 11/1  (NOV 01, 1994)
SELECT PRESCRIPTION NUMBER: 10191
  AMOUNT CLAIMED: 40.00
  DRUG NAME: VALIUM
  MANUFACTURER: ROCHE
  STRENGTH: 5MG
  QUANTITY: 50

PRESCRIPTION REFERRED TO PHARMACY SERVICE FOR DETERMINATION.




SELECT PATIENT: <RET>

INVOICE NO.: 600 COMPLETED!

WANT TO ENTER ANOTHER INVOICE? NO//
```

PHARMACY INVOICE STATUS

Introduction

This option is used to display the status of a pharmacy invoice. The status of the invoice will depend on the status of the prescriptions in that invoice. For example, if an invoice contained four prescriptions, three of which have been reviewed by Pharmacy Service, and one which is awaiting review, the status of the entire invoice would be PENDING PHARMACY DETERMINATION. Following are the four Pharmacy invoice statuses:

- PENDING PHARMACY DETERMINATION - all prescription data necessary for Pharmacy Service to review has been entered into the system.

- PENDING MAS COMPLETION - reviewed by Pharmacy Service including a determination as to whether or not the prescription was for an authorized condition, whether it was emergent, and whether payment should be based on the generic drug price. MAS now needs to complete the Red Book cost, amount paid, amount suspended, etc.

- PENDING PAYMENT PROCESS - waiting to be assigned to a Pharmacy Fee Basis batch.

- COMPLETED - The invoice has been assigned to a batch.

Example

```
SELECT FEE BASIS PHARMACY INVOICE NUMBER:    14

NUMBER: 14
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: JOHN                VENDOR: FEEVENDOR,TWO
  INVOICE STATUS: PENDING MAS COMPLETION
  TOTAL AMOUNT CLAIMED: 1               TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: MAY 28, 1993    TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

SELECT FEE BASIS PHARMACY INVOICE NUMBER: 15

NUMBER: 15
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN              VENDOR: FEEVENDOR,TWO
  INVOICE STATUS: COMPLETED             TOTAL AMOUNT CLAIMED: 1
  TOTAL AMOUNT PAID: 1                  DATE INVOICE ENTERED: MAY 28, 1993
  TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

SELECT FEE BASIS PHARMACY INVOICE NUMBER:
```

POTENTIAL COST RECOVERY REPORT

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example:

```
SELECT PRIMARY SERVICE FACILITY: ALL// <RET>

INCLUDE (P)ATIENT CO-PAYS / (I)NSURANCE / (B)OTH: BOTH// <RET>

INCLUDE (M)EANS TEST CO-PAYS /(L)TC CO-PAYS /(B)OTH: BOTH// <RET>

DO YOU WANT TO INCLUDE PATIENTS WHOSE INSURANCE STATUS IS UNAVAILABLE? YES//
<RET>

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 060194  (JUN 01, 1994)

   ENDING    DATE : T  (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME// PHARMACY PRINTER      RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

POTENTIAL COST RECOVERY REPORT

Example, cont.

```
                          POTENTIAL COST RECOVERY REPORT
                            Division: 623 MUSKOGEE, OK
                                 NPI: XXXXXXXXXX
                               06/01/94 - 07/20/94
                                                                      Page: 1
Patient: FEEPATIENT,ONE              Patient ID: 000-45-6789  DOB: Dec 12, 1914

   ('*' Represents Reimbursement to Patient       '#' Represents Voided Payment)
==============================================================================

    Health Insurance: YES
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ==============================================================================
   BLUE CROSS   s  12345                         SELF    1/1/94     12/31/94

                             FEE PROGRAM: OUTPATIENT

Svc Date  CPT-MOD Travel Paid Units Paid  Batch No.  Inv No.   Voucher Date
Amt Claimed  Amt Paid  Adj Code     Adj Amounts Remit Remark Patient Account No
==============================================================================

Vendor: FEEVENDOR,ONE                     Vendor ID: 000000000
                       Fee Basis Billing Provider NPI: 1234567899
  4/18/94  11001                                 00004        2       7/20/94
 99.95   90.00    1
   Primary Dx: DICALC PHOS CRYST-H (712.14)  S/C Condition? NO   Obl.#: C89211
     >>> Cost recover from insurance.
```

PRESCRIPTIONS PENDING PHARMACY REVIEW

Introduction

The Prescriptions Pending Pharmacy Review option will allow Pharmacy to view/print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

Example

```
DEVICE: <RET>   DECNET    RIGHT MARGIN: 80// <RET>


PRESCRIPTIONS PENDING PHARMACY REVIEW          JUL 20,1993  17:47    PAGE 1
INVOICE #   VENDOR                                          VENDOR ID
      DRUG NAME                              STRENGTH           QUANTITY
-------------------------------------------------------------------------------

        PATIENT: FEEPATIENT,ONE
                   PT.ID: 000-45-6789

50          FEEVENDOR,ONE                                 000-00-0000
  DATE FILLED: JUL 13,1993                  RX #: 346056
      IBUPROFEN                             350MG              30

        PATIENT: FEEPATIENT,ONE
                   PT.ID: 000-45-6789

50          FEEVENDOR,TWO                                 000-00-0000
  DATE FILLED: JUL 13,1993                  RX #: 4596056
      NAMBUTEROL                            500MG              20
```

REVIEW FEE PRESCRIPTION

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Review Fee Prescription option allows review of a fee basis prescription by Pharmacy Service. This review is to determine if the prescription was for a service-connected disability, if it was required in an emergent situation, and whether or not payment should be based on the generic drug price. The review is usually made by a pharmacist. If the drug was not prescribed for an authorized condition in an emergent situation, it will be disapproved for payment, and the vendor will be notified through a suspension letter.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

It should be noted that if the VA generic drug equivalent is not entered when reviewing a prescription, the system will act as if that prescription has not been reviewed. The prescription will remain in a PENDING PHARMACY DETERMINATION status.

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

FEEPATIENT,ONE                          PT.ID: 000-45-6789
2233 LOOKOUT RD                          DOB: JUN 12,1955
TACOMA                                   TEL: NOT ON FILE
WASHINGTON 98493                     CLAIM #: 0000000
                                      COUNTY: THURSTON

PRIMARY ELIG. CODE: SERVICE CONNECTED 50% TO 100%  --  VERIFIED  MAY 14, 1993
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

REVIEW FEE PRESCRIPTION

Example, cont.

```
         SC PERCENT: 100%
 RATED DISABILITIES: PSYCHOSIS (50%-SC)
                     SEIZURE DISORDER (40%-SC)
                     ARTERIOSCLEROSIS (30%-SC)
                     TINNITUS (0%-SC)

    HEALTH INSURANCE: NO
    INSURANCE CO.     SUBSCRIBER ID     GROUP       HOLDER  EFFECTIVE EXPIRES
    ==========================================================================
    NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
FEE ID CARD #: 777777                   FEE CARD ISSUE DATE: 11/15/92

PATIENT NAME: FEEPATIENT,ONE                            PT.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 07/01/93      VENDOR: FEEVENDOR,ONE - 000447788
       TO: 07/15/94
                         AUTHORIZATION TYPE: CONTRACT NURSING HOME
           PURPOSE OF VISIT: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
           DX:                          REF: FEEPROVIDER,TWO
           REF NPI: 1111111112

       COUNTY: THURSTON                 PSA: TACOMA (AMERICAN LAKE), WA

           REMARKS:


WANT TO REVIEW FEE PHARMACY PAYMENT HISTORY? NO// <RET>
-------------------------------------------------------------------------------

VENDOR: FEEVENDOR,ONE

PRESCRIPTION #: 346056    DRUG: IBUPROFEN

FILL DATE: 07/13/93    STRENGTH: 350MG  QTY: 30
IS PRESCRIPTION FOR AN AUTHORIZED CONDITION? YES// <RET>
WAS A GENERIC DRUG ISSUED TO PATIENT? YES// <RET>
ENTER VA GENERIC DRUG EQUIVALENT: DIAZEPAM
     1   DIAZEPAM 10MG S.T.
     2   DIAZEPAM 10MG SYRINGE                    10-24-82
     3   DIAZEPAM 2MG S.T.
     4   DIAZEPAM 5MG TAB
     5   DIAZEPAM 5MG/ML 10ML MDV                  N/F
TYPE '^' TO STOP, OR
CHOOSE 1-5: 4
IS THIS AN EMERGENCY MEDICATION? YES//  <RET>
```

REVIEW FEE PRESCRIPTION

Example, 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

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: FEEVENDOR,ONE       000000000  CHAIN #: 044  PHARMACY
          2300 RET 146
          GUILDERLAND, NY  12424    TEL. #:  518-555-1234


**** DATE RANGE SELECTION ****

   BEGINNING DATE : 1/1/06  (JAN 1, 2006)

   ENDING    DATE : T  (FEB 28, 2006)

SELECT FEE PROGRAM: ALL// PHARMACY
SELECT ANOTHER FEE PROGRAM: <RET>

DEVICE: HOME// <RET>  DECNET    RIGHT MARGIN: 80// <RET>
```

```
                         VENDOR PAYMENT HISTORY
                        ========================                    PAGE: 1
VENDOR: FEEVENDOR,ONE                  VENDOR ID: 000000000    CHAIN #: 044
                              FEE PROGRAM: PHARMACY
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
    FILL DATE
               DRUG NAME                     STRENGTH        QUANTITY
  CLAIMED   PAID   CODE INVOICE #  BATCH #        DATE CERTIFIED
==============================================================================

PATIENT: FEEPATIENT,ONE                  PATIENT ID: XXX-XX-6789 DOB: 2/22/33
  12/13/06
  RX: 929292   VALIUM                        5MG              30
     90.00    2.95  1   312        196              1/4/07
       >>>CHECK # 11887576  DATE PAID:  1/20/06<<<


PRESS RETURN TO CONTINUE OR '^' TO EXIT:
```

VENDOR PAYMENTS OUTPUT

Example, cont.

```
                          VENDOR PAYMENT HISTORY
                         ========================                    PAGE: 2
VENDOR: FEEVENDOR, ONE                   VENDOR ID: 000000000    CHAIN #: 044
                              FEE PROGRAM: PHARMACY
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
    FILL DATE
               DRUG NAME                    STRENGTH        QUANTITY
  CLAIMED   PAID   CODE INVOICE #  BATCH #        DATE CERTIFIED
================================================================================

PATIENT: FEEPATIENT,ONE                  PATIENT ID: XXX-XX-6789 DOB: 5/12/51
  12/28/06
  RX: 4596056  NAMBUTEROL                    500MG             20
     12.35    8.95  1   50         52                 9/16/06
       >>>CHECK # 19889988  DATE PAID:  2/12/06<<<



SELECT FEE VENDOR:
```

VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Patient: FEEpatient,One       02-22-22     000456789    SC VETERAN

**** Date Range Selection ****

   Beginning DATE : 11/1/06  (NOV 1, 2006)

   Ending    DATE : T  (JAN 09, 2007)

Select FEE Program: ALL// PHARMACY
Select another FEE Program: <RET>

DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
```

VETERAN PAYMENTS OUTPUT

Example, cont.

```
                          VETERAN PAYMENT HISTORY
                         ========================                      PAGE: 1
PATIENT: FEEPATIENT,ONE                  PATIENT ID: XXX-XX-6789 DOB: 2/22/33
                              FEE PROGRAM: PHARMACY
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
    FILL DATE
               DRUG NAME                    STRENGTH        QUANTITY
  CLAIMED   PAID   CODE INVOICE #  BATCH #        DATE CERTIFIED
==============================================================================

VENDOR:FEEVENDOR, ONE                    VENDOR ID: 00000000    CHAIN #: 043
  11/16/06
  RX: K2345    VALIUM             325       5MG             30
     90.00    2.95  1   182
       >>>CHECK # 11887576  DATE PAID:  12/20/06<<<
        >>>CHECK CANCELLED ON: 1/3/07   REASON:  WRONG PAYEE<<<
          CHECK WILL BE RE-ISSUED.

VENDOR:FEEVENDOR, ONE                    VENDOR ID: 000000000    CHAIN #: 044
  11/15/06
  RX: 929292   VALIUM                        5MG               30
     90.00    2.95  1   182        496               1/4/07
       >>>CHECK # 18765890  DATE PAID:  1/4/07<<<


SELECT FEE PATIENT:
```

Section 5: TELEPHONE INQUIRY MENU

Overview

Following is a brief description of each option contained in the Telephone Inquiry Menu.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

PAYMENT LISTING FOR VENDOR/VETERAN - allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

TELEPHONE INQUIRY MENU
CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent on the Fee Basis program you are using.

Example

```
Select Check Number: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>


                    PAYMENT HISTORY FOR CHECK # 69243230
                    ------------------------------------             Page: 1

                      FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   Svc Date  CPT-    Amount      Amount     Susp  Batch       Invoice
             MOD     Claimed      Paid      Code  Number      Number
==============================================================================

VENDOR:  FEEvendor,One              VENDOR ID:  000000000

Patient:  FEEpatient,One                   Patient ID:  XXX-XX-6789
   4/1/06    10020        5.00        5.00           363         541
       >>>Check # 69243230  Date Paid:  8/29/06<<<


Press RETURN to continue or '^' to exit:
```

TELEPHONE INQUIRY MENU
PAYMENT LISTING FOR VENDOR/VETERAN

NEW OPTION

FBAA ESTABLISH VENDOR - required to edit existing vendors when using the DISPLAY VENDOR action in this option.

When viewing outpatient payments through the DISPLAY AUTH/7078/583 action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through the DISPLAY AUTH/7078/583 action in this option.

Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

TELEPHONE INQUIRY MENU
PAYMENT LISTING FOR VENDOR/VETERAN

Example:

```
SELECT FEE BASIS VENDOR: FEEVENDOR,ONE            000000000  NON-VA HOSPITAL
          TROY, NY  12190

PAYMENTS FOR VETERAN: FEEPATIENT,ONE
```

```
PAYMENT HISTORY               NOV 18, 1994 13:43:19          PAGE:   1 OF    2
VENDOR: FEEVENDOR,ONE                  PATIENT NAME: FEEPATIENT,ONE
    ID: 000000000                               SSN: 000-45-6789
   '*' REIMB. TO PATIENT    '+' CANCEL. ACTIVITY    '#' VOIDED PAYMENT
     SERVICE DATES       SERVICE         AMT CL     AMT PD   CODE   INV  BATCH
 1+  09/05/94           CPT: 12018          5.00       5.00        556    369
      >>>CHECK CANCELLED ON: 10/3/94   REASON:  WRONG PAYEE<<<
         CHECK WILL BE RE-ISSUED.
 2+  09/02/94           CPT: 99243-77      11.00       2.00 D      555    369
      >>>CHECK # 11887576  DATE PAID:  10/20/94<<<
      >>>AMOUNT PAID ALTERED TO $ 3.00 ON THE FEE PAYMENT VOUCHER DOCUMENT.<<<
 3   09/02/94           CPT: 10020         15.00       5.00 1      555    369
      >>>CHECK # 91060810  DATE PAID:  10/3/94<<<
 4   09/02/94           CPT: 10000         10.00      10.00        555    369
      >>>CHECK # 37776200  DATE PAID:  10/3/94<<<
 5   08/30/94 - 09/17/94                  100.23     100.00        554    368
 6   05/01/94           CPT: 90010-76      20.00      20.00        566    377
+         ENTER ?? FOR MORE ACTIONS
BS  BATCH STATUS          EV  EXPAND VIEW           DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
SELECT ACTION:NEXT SCREEN// +   +
```

```
PAYMENT HISTORY               NOV 18, 1994 13:44:27          PAGE:   2 OF    2
VENDOR: FEEVENDOR,ONE                  PATIENT NAME: FEEPATIENT,ONE
    ID: 000000000                               SSN: 000-45-6789
   '*' REIMB. TO PATIENT    '+' CANCEL. ACTIVITY    '#' VOIDED PAYMENT
+    SERVICE DATES       SERVICE         AMT CL     AMT PD   CODE   INV  BATCH
 7   08/30/94 - 09/17/94                   1.00       1.00        559    368









          ENTER ?? FOR MORE ACTIONS
BS  BATCH STATUS          EV  EXPAND VIEW           DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
SELECT ACTION:QUIT// BS=7
```

TELEPHONE INQUIRY MENU
PAYMENT LISTING FOR VENDOR/VETERAN

Example, cont.

```
NUMBER: 368                              OBLIGATION NUMBER: C35001
  TYPE: CH/CNH                           DATE OPENED: SEP 27, 1994
  CLERK WHO OPENED: BARBARA              STATION NUMBER: 500
  INVOICE COUNT: 3                       PAYMENT LINE COUNT: 3
  CONTRACT HOSPITAL BATCH: yes           BATCH EXEMPT: YES


  STATUS: OPEN


Press 'ENTER' to return to list: <RET>
```

```
PAYMENT HISTORY                Nov 18, 1994 13:44:27          Page:   2 of    2
VENDOR: FEEVENDOR,ONE                   Patient Name: FEEPATIENT,ONE
    ID: 000000000                                SSN: 000-45-6789
   '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
+    SERVICE DATES       SERVICE          AMT CL     AMT PD   CODE   INV  BATCH
 7   08/30/94 - 09/17/94                     1.00       1.00        559    368









          Enter ?? for more actions
BS  BATCH STATUS          EV  EXPAND VIEW           DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
Select Action:Quit// -   -
```

TELEPHONE INQUIRY MENU
PAYMENT LISTING FOR VENDOR/VETERAN

Example, cont.

```
PAYMENT HISTORY                Nov 18, 1994 13:43:19          Page:   1 of    2
VENDOR: FEEVENDOR,ONE                   Patient Name: FEEPATIENT,ONE
    ID: 000000000                                SSN: 000-45-6789
   '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
     SERVICE DATES       SERVICE          AMT CL     AMT PD   CODE   INV  BATCH
 1+  09/05/94           CPT: 12018           5.00       5.00        556    369
      >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
         Check WILL be re-issued.
 2+  09/02/94           CPT: 99243-77       11.00       2.00 D      555    369
      >>>Check # 11887576  Date Paid:  10/20/94<<<
      >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
 3   09/02/94           CPT: 10020          15.00       5.00 1      555    369
      >>>Check # 91060810  Date Paid:  10/3/94<<<
 4   09/02/94           CPT: 10000          10.00      10.00        555    369
      >>>Check # 37776200  Date Paid:  10/3/94<<<
 5   08/30/94 - 09/17/94                    100.23     100.00        554    368
 6   05/01/94           CPT: 90010-76       20.00      20.00        566    377
+         Enter ?? for more actions
BS  BATCH STATUS          EV  EXPAND VIEW           DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
Select Action:Quit// DA=6   DISPLAY AUTH/7078/583
```

```
FEEPATIENT,ONE                          Pt.ID: 000-45-6789
20 TOPSVILLE ROAD                        DOB: MAY 12,1950
SCHENECTADY                              TEL: 518-239-4567
NEW YORK 12305                       CLAIM #: Not on File
                                      COUNTY: SCHENECTADY

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JUL 28, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 73%
 Rated Disabilities: LOSS OF ARM (73%-SC)

    Health Insurance: YES
    Insurance Co.     Subscriber ID     Group       Holder  Effective Expires

==========================================================================
    AETNA                               444-555     OTHER
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

TELEPHONE INQUIRY MENU
PAYMENT LISTING FOR VENDOR/VETERAN

Example, cont.

```
Fee ID Card #: 56556                    Fee Card Issue Date: 05/19/90

Patient Name: FEEPATIENT,ONE                            Pt.ID: 000-45-6789

AUTHORIZATIONS:
   (1) FR: 05/19/93      VENDOR: Not Specified
       TO: 05/19/94
                         Authorization Type: Outpatient - ID Card
           Purpose of Visit: OPT - SC 50% OR MORE
           DX: SICK                     REF: FEEprovider,Two
           REF NPI: 1111111112

       County: SCHENECTADY              PSA: Unknown


Press 'ENTER' to return to list: <RET>
```

```
PAYMENT HISTORY              Nov 18, 1994 13:43:19          Page:   1 of    2
VENDOR: FEEVENDOR,ONE                  Patient Name: FEEPATIENT,ONE
    ID: 000000000                               SSN: 000-45-6789
   '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
    SERVICE DATES       SERVICE         AMT CL     AMT PD   CODE   INV  BATCH
 1+  09/05/94           CPT: 12018        5.00       5.00          556    369
     >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
         Check WILL be re-issued.
 2+  09/02/94          CPT: 99243-77     11.00       2.00     D    555    369
     >>>Check # 11887576  Date Paid:  10/20/94<<<
     >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
 3   09/02/94          CPT: 10020        15.00       5.00     1    555    369
     >>>Check # 91060810  Date Paid:  10/3/94<<<
 4   09/02/94          CPT: 10000        10.00      10.00          555    369
     >>>Check # 37776200  Date Paid:  10/3/94<<<
 5   08/30/94 - 09/17/94                100.23     100.00          554    368
 6   05/01/94          CPT: 90010-76     20.00      20.00          566    377
+         Enter ?? for more actions
BS  BATCH STATUS          EV  EXPAND VIEW           DV  DISPLAY VENDOR
LB  LIST BATCH            CP  CHANGE PATIENT        DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
Select Action:Next Screen//QUIT
```

TELEPHONE INQUIRY MENU
VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
SELECT FEE BASIS VENDOR: FEEvendor,one      000000000  FEEVENDOR,ONE
          31 BURDETT AVENUE
          TROY,  NEW YORK  12180-0123
          TEL. #:  518-555-2000

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 6/24  (JUN 24, 2006)

   ENDING    DATE : 6/24  (JUN 24, 2006)

SELECT FEE BASIS PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE BASIS PROGRAM: <RET>
DEVICE: HOME// FEE BASIS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
                         VENDOR PAYMENT HISTORY
                        ========================                      PAGE: 1
VENDOR: FEEVENDOR,ONE                            VENDOR ID: 00000000
                              FEE PROGRAM: OUTPATIENT
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  SVC DATE CPT CODE    AMOUNT     AMOUNT  SUSP          BATCH INVOICE VOUCHER
                       CLAIMED     PAID   CODE            NUM   NUM     DATE
==============================================================================

PATIENT: FEEPATIENT,ONE                       PATIENT ID: XXX-XX-6789
  07/09/05  90050(C&P)  25.00     25.00                  00037      43
     PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -       OBL.#: C89211
  07/07/05  90050(C&P)  25.00     25.00                  00037      43
     PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -       OBL.#: C89211
```

TELEPHONE INQUIRY MENU
VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Outputs for Unauthorized Claims Option: VETERAN Payments Output

Select Fee Basis Patient: FEEpatient,One   12-25-45   000456789    SC VETERAN

**** Date Range Selection ****

   Beginning DATE : 062406  (JUN 24, 2006)

   Ending    DATE : 062406  (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
                         VETERAN PAYMENT HISTORY
                        ========================                      Page: 1
Patient: FEEpatient,One                        Patient ID: XXX-XX-6789
                            FEE PROGRAM: OUTPATIENT
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  Svc Date CPT Code    Amount     Amount  Susp          Batch Invoice Voucher
                       Claimed     Paid   Code            Num   Num     Date
==============================================================================

Vendor: FEEvendor,One                          Vendor ID: 00000000
  07/09/06  90050(C&P)  25.00     25.00                  00037      43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
  07/07/06  90050(C&P)  25.00     25.00                  00037      43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
  07/05/06  90050(C&P)  25.00     25.00                  00037      43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
```

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).

DISPLAY UNAUTHORIZED CLAIM - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

DISPOSITION/STATUS STATISTICS DISPLAY/PRINT - provides a statistical report on unauthorized claims within a selected date range.

EXPIRATION DISPLAY/PRINT - displays/prints those unauthorized claims which will expire within the selected time frame.

STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS - displays/prints unauthorized claims by PSA and status. You have the option to sort by either vendor or veteran for the primary sort.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

DISPLAY UNAUTHORIZED CLAIM - 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.

Overview

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.

ENTER/EDIT UNAUTHORIZED CLAIM MENU
ENTER UNAUTHORIZED CLAIM

Introduction

This option is used to enter an unauthorized claim for payment of unauthorized inpatient charges. An unauthorized claim is one where an eligible veteran has received inpatient treatment from a civil hospital or private provider and VA was not notified within the proper time frame. Unauthorized claims may be entered for any Fee Basis program.

NOTE: If the Fee Basis program is Contract Nursing Home, the claim is automatically set as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

A claim is considered complete when VA Form 10-583, Claim for Payment of Cost of Unauthorized Medical Services, and all required documentation has been received in order to determine legal and medical entitlement. A claim can never be considered complete if it is missing VA Form 10-583 or if the form is incomplete. Other required documentation includes the following:

- Copies of actual bills
- Original paid receipt
- Itemized invoice/UB82
- Medical records or signature for release
- Diagnostic/Procedure code(s)

If you have indicated that you will be tracking incomplete claims in your FEE BASIS SITE PARAMETERS file (#161.4), you may enter an incomplete claim. Incomplete claims are automatically given a status of INCOMPLETE UNAUTHORIZED. If you have not entered anything in the parameter, you may only enter complete unauthorized claims. (Refer to Appendix B for more information about statuses.)

If the "Initial Entry" Status for the U/C field in the FEE BASIS SITE PARAMETERS file (#161.4) is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters in the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc.

You can associate the new claim with an existing claim. If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you are asked if you wish to disposition the new

ENTER/EDIT UNAUTHORIZED CLAIM MENU
ENTER UNAUTHORIZED CLAIM

Introduction, cont.

claim to the same disposition. When claims are associated, they are displayed with the primary claim on lookup, and, in certain instances, you have the ability to update all the claims in the group at the same time.

Example:

```
Select VETERAN: FEEPATIENT,ONE       01-16-55     000456789     SC VETERAN
Select FEE VENDOR: FEEVENDOR,ONE      000111111
          123 MAIN ST
          TROY,  NEW YORK  12180
```

```
SELECT FEE BASIS PROGRAM NAME: CIVIL HOSPITAL
ADMISSION DATE: 5/15  (MAY 15, 1993)
DISCHARGE DATE: 5/18  (MAY 18, 1993)
IS THE UNAUTHORIZED CLAIM COMPLETE FOR THE FEE BASIS PROGRAM? Y  YES
CHECKING FOR POTENTIAL DUPLICATES...


                              POTENTIAL DUPLICATES
NO.       VETERAN                     VENDOR                        PROGRAM

81        FEEPATIENT,ONE               FEEVENDOR,ONE              CIVIL HOSP
     TREATMENT FROM: 05/15/93           TREATMENT TO: 05/18/93

CHECKING ELIGIBILITY...


PRIMARY ELIG. CODE: NSC  --  NOT VERIFIED
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

```
ARE YOU SURE YOU WISH TO ENTER A NEW UNAUTHORIZED CLAIM? Y  YES
CLAIM SUBMITTED BY: P.FEEpatient,One  FEEPATIENT,ONE  01-16-55 000456789  SC
VETERAN
DATE CLAIM RECEIVED: JUL 2,1993// <RET>
DIAGNOSIS: <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY
AMOUNT CLAIMED: 2500.00
TREATING SPECIALTY: 00  SURGICAL
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: MAY 15,1993// <RET>  (MAY 15, 1993)
AUTHORIZED TO DATE: MAY 18,1993// <RET>  (MAY 18, 1993)
AMOUNT APPROVED: 2500.00
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
ENTER UNAUTHORIZED CLAIM

Example, cont.

```
Other claims exist for the same veteran and episode of care.



 1   FEEpatient,One   FEEvendor    CIVIL HOSPIT    07/02/93   DISPOSITIONED
      TREATMENT FROM: 05/15/93   TREATMENT TO: 05/18/93


Do you wish to associate this new claim with one from the above listing? YES//
<RET>
Select the claim to which you wish to associate:  (1-1): 1
DISCHARGE TYPE: DISCHARGE// <RET>  DISCHARGE
Entering authorization...

   No: 302     Treatment From: 5/15/93   Treatment To: 5/18/93
  ACCIDENT RELATED (Y/N): N  (NO)
  POTENTIAL COST RECOVERY CASE: N  (NO)


Select VETERAN:
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
MODIFY UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Modify Unauthorized Claim option is used to edit only those unauthorized claims which were never dispositioned. To modify an unauthorized claim, you must first identify the submitter. The submitter may differ from the vendor or veteran involved with the claim. In such cases the submitter is considered an "other party".

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE          05-12-
51     000456789     SC VETERAN

   SELECT FROM THE FOLLOWING:



 1   FEEPATIENT,ONE     FEEVENDOR,ONE  CIVIL HOSPIT  8/9/93   INCOMPLETE UNAUT
      TREATMENT FROM: 7/15/93    TREATMENT TO: 7/16/93

ENTER SELECTION:  (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
VETERAN: FEEPATIENT,ONE   // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE   // <RET>
TREATMENT FROM DATE: JUL 16,1993// 071893  (JUL 18, 1993)
TREATMENT TO DATE: JUL 16,1993// 072193  (JUL 21, 1993)
DIAGNOSIS: PTSD// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: JUL 16,1993// 071893  (JUL 18, 1993)
AUTHORIZED TO DATE: JUL 16,1993// 072193  (JUL 21, 1993)
AMOUNT APPROVED: 850.00

"EDITING AUTHORIZATION..."


   NO: 172     TREATMENT FROM: 7/16/93   TREATMENT TO: 7/16/93
  ACCIDENT RELATED (Y/N): N  (NO)
  POTENTIAL COST RECOVERY CASE: N  (NO)
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
DISPOSITION UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

This option is used to disposition an unauthorized claim. Any claim may be selected. You may select the claim by entering the vendor, veteran, or other party.

Example

```
SELECT UNAUTHORIZED CLAIM:  FEEPATIENT,ONE            07-03-28     000456789
NSC VETERAN
        ...OK? YES// <RET>  (YES)


   SELECT FROM THE FOLLOWING:



 1   FEEPATIENT,ONE      DOOLY MEDICA   CIVIL HOSPIT   1/4/95
COMPLETE/PENDING
      TREATMENT FROM: 1/1/95     TREATMENT TO: 1/4/95

ENTER SELECTION:  (1-1): 1
DISPOSITION: 1  APPROVED
AUTHORIZED FROM DATE: JAN 1,1995// <RET>
AUTHORIZED TO DATE: JAN 4,1995// <RET>
AMOUNT APPROVED: 2000
DISCHARGE TYPE: DISCHARGE// <RET>  DISCHARGE
ENTERING AUTHORIZATION...

   NO: 170     TREATMENT FROM: 1/1/95   TREATMENT TO: 1/4/95
  ACCIDENT RELATED (Y/N): N  (NO)
  POTENTIAL COST RECOVERY CASE: N  (NO)
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
RE-OPEN UNAUTHORIZED CLAIM

FBAASUPERVISOR Security Key - required to change the disposition to a non-approved status.

Introduction

The Re-Open Unauthorized Claim option is used to reopen a claim which has been dispositioned. This is essentially the same as the Modify Unauthorized Claim option, except selection is limited to claims with a status of DISPOSITIONED, and the date the claim was reopened is entered by the system. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party.

Example:

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE          05-12-51
000456789     SC VETERAN

   SELECT FROM THE FOLLOWING:


 1   FEEPATIENT,ONE      FEEVENDOR,ONE  OUTPATIENT    6/24/93    DISPOSITIONED
      TREATMENT FROM: 6/23/93     TREATMENT TO: 6/24/93

ENTER SELECTION:  (1-1): 1
DATE CLAIM RECEIVED: JUL 23,1993// <RET>
FEE PROGRAM: OUTPATIENT// <RET>
VENDOR: FEEVENDOR,ONE // <RET>
CLAIM SUBMITTED BY: FEEPATIENT,ONE   // <RET>
TREATMENT FROM DATE: JUN 23,1993// <RET>
TREATMENT TO DATE: JUN 25,1993// JUN 24,1993
DIAGNOSIS: OSTEOCARCINOMA// <RET>
PRIMARY SERVICE FACILITY: ALBANY// <RET>
AMOUNT CLAIMED: 985.00// <RET>
PATIENT TYPE CODE: MEDICAL// <RET>
DISPOSITION: APPROVED// <RET>
AUTHORIZED FROM DATE: JUN 23,1993// <RET>
AUTHORIZED TO DATE: JUN 24,1993// <RET>
AMOUNT APPROVED: 865.00// 573.00
EDITING AUTHORIZATION...

   NO: 152     TREATMENT FROM: 6/23/93   TREATMENT TO: 6/24/93
  DISCHARGE TYPE: DISCHARGE// <RET>
  ACCIDENT RELATED (Y/N): YES// N  NO
  POTENTIAL COST RECOVERY CASE: YES// N  NO
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
INITIATE APPEAL FOR UNAUTHORIZED CLAIM

Introduction

The Initiate Appeal for Unauthorized Claim option is used to initiate an appeal of the VA's decision on a claim to the Board of Veterans Appeal (BVA). During this stage of the unauthorized claims appeal process, the claim must have a status of Dispositioned to be selected with this option. (Refer to Appendix B for more information about statuses.)

Following are the prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE STATEMENT OF THE CASE ISSUED:" - Enter the date on which the Statement of the Case was issued.

*"DATE SUBSTANTIVE APPEAL RECV'D:" - Enter the date on which the Substantive Appeal was received.

*"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

*"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

*"Select REASON FOR DISAPPROVAL:" - Enter the reason why the claim was not approved. Entering <??> will generate a list from which you may choose.

*In most instances, data will be entered into these fields through the use of the Appeal Edit for Unauthorized Claim option after the BVA has issued its decision.

ENTER/EDIT UNAUTHORIZED CLAIM MENU
INITIATE APPEAL FOR UNAUTHORIZED CLAIM

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE      04-23-13
000456789     NSC VETERAN


   SELECT FROM THE FOLLOWING:


 1   FEEPATIENT,ONE      BROOKS PHARM   PHARMACY       9/30/93
DISPOSITIONED
      TREATMENT FROM: 9/28/93    TREATMENT TO: 9/28/93

 2   FEEPATIENT,ONE      FEEVENDOR,ONE   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: APPROVED// <RET>
AUTHORIZED FROM DATE: SEP 1,1994// <RET>
AUTHORIZED TO DATE: SEP 3,1994// <RET>
AMOUNT APPROVED: 200
ENTERING AUTHORIZATION...

   NO: 109     TREATMENT FROM: 9/1/93  TREATMENT TO: 9/3/93
  ACCIDENT RELATED (Y/N): N  (NO)
  POTENTIAL COST RECOVERY CASE: N  (NO)

ENTER/EDIT UNAUTHORIZED CLAIM MENU
```

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 STATMENT OF CASE
APPEAL COMPLETE/PENDING REVIEW
APPEAL DISPOSITIONED

You may select claims with any of the above statuses with this option. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

If the disposition of an unauthorized claim changes from APPROVED to DISAPPROVED, the applicable authorization is deleted.

ENTER/EDIT UNAUTHORIZED CLAIM MENU
APPEAL EDIT FOR UNAUTHORIZED CLAIM

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE      04-23-13
000456789     NSC VETERAN


   SELECT FROM THE FOLLOWING:


 1   FEEPATIENT,ONE      FEEVENDOR,ONE   PHARMACY     9/30/93    DISPOSITIONED
      TREATMENT FROM: 9/28/93    TREATMENT TO: 9/28/93

 2   FEEPATIENT,ONE      FEEVENDOR,TWO OUTPATIENT     5/5/94     DISPOSITIONED
      TREATMENT FROM: 5/1/94     TREATMENT TO: 5/3/94

ENTER SELECTION:  (1-2): 2
DATE NOTICE OF DISAGREEMENT RECV'D: 071094  (JUL 10, 1994)
DATE STATEMENT OF THE CASE ISSUED: 071494  (JUL 14, 1994)
DATE SUBSTANTIVE APPEAL RECV'D: 072194  (JUL 21, 1994)
DATE APPEAL DISPOSITIONED: T  (JUL 26, 1994)
DISPOSITION: ABANDONED// 3  CANCELLED/WITHDRAWN
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
```

ENTER/EDIT UNAUTHORIZED CLAIM MENU
COVA APPEAL ENTER/EDIT

Introduction

The COVA Appeal Enter/Edit option is used to enter or edit an appeal to the Court of Veterans Affairs (COVA). This is an appeal of the Board of Veterans Appeals (BVA) decision. Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

You may select claims with any of the above statuses. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief description.

"DATE APPEALED TO COVA:" - Enter the date on which the Board of Veterans Appeal decision was appealed. A timely appeal must be initiated within 120 days of the BVA decision.

"DATE COVA APPEAL DISPOSITIONED:" - Enter the date on which a decision to a COVA appeal was rendered.

"DISPOSITION:" - An active disposition is selected. If the disposition has been APPROVED or APPROVED TO STABILIZATION, and payments have been made, the disposition cannot be changed except by those holding the FBAASUPERVISOR key

ENTER/EDIT UNAUTHORIZED CLAIM MENU
COVA APPEAL ENTER/EDIT

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      04-23-13     000456789
NSC VETERAN


   SELECT FROM THE FOLLOWING:


 1   FEEPATIENT,ONE      DOCTORS HOSP  CIVIL HOSPIT   2/2/93   COVA
DISPOSITION
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93    PRIMARY CLAIM: 2/2/93

 2   FEEPATIENT,ONE     FEEVENDOR,ONE   OUTPATIENT   1/2/93   APPEAL DISPOSITI
      TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93
ENTER SELECTION:  (1-2): 1

DATE APPEALED TO COVA: T  (JUL 27, 1993)
DATE COVA APPEAL DISPOSITIONED: 6/12  (JUN 12, 1993)
DISPOSITION: CANCELLED/WITHDRAWN// 5  ABANDONED
SELECT REASON FOR DISAPPROVAL: ADJUDICATION REQUESTED
         // 4  VA FACILITIES AVAILABLE
SELECT REASON FOR DISAPPROVAL: <RET>
```

REQUEST INFORMATION ON UNAUTHORIZED CLAIM

Introduction

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims which have one of the following statuses:

INITIAL ENTRY
INCOMPLETE UNAUTHORIZED CLAIM
PENDING - REASON UNKNOWN
COMPLETE/PENDING REVIEW
APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATMENT OF CASE

A letter will print or be flagged for printing (depending upon your parameter set-up) if the request causes the status to change, or requests additional information. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you are prompted to select from a list of items for which you may wish to request information. You can select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

REQUEST INFORMATION ON UNAUTHORIZED CLAIM

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE      04-23-13
000456789     NSC VETERAN

   SELECT FROM THE FOLLOWING:



 1   FEEPATIENT,ONE      DOCTOR'S HOSP    CIVIL HOSPIT   2/2/93
APPEAL/NOTICE OF
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
 2     DOCTOR'S HOSP  CIVIL HOSPIT   6/23/93   APPEAL/NOTICE OF   <7/2/93>

ENTER SELECTION:  (1-2): 1

SELECT FROM THE FOLLOWING:

 1   MISSING FORM 10-583
 2   ITEM 1 NAME/SSN/ADDRESS ON 583
 3   ITEM 2 NAME/SSN/ADDRESS ON 583
 4   ITEM 3 CIRCUMSTANCES ON 583
 5   ITEM 4 AMOUNT CLAIMED ON 583
 6   ITEM 5A SIGNATURE OF PROVIDER
 7   ITEM 5B SIGNATURE OF PAYER
 8   COPIES OF ACTUAL BILLS
 9   ORIGINAL PAID RECEIPT
10   ITEMIZED BILL REQUIRED
11   MEDICAL RECORDS NEEDED
12   SIGNATURE FOR RELEASE
13   DIAGNOSTIC/PROCEDURE CODE(S)
14   OTHER

ENTER SELECTION:  (1-14):  12   SIGNATURE FOR RELEASE

12   SIGNATURE FOR RELEASE
YOU HAVE SELECTED THE ABOVE.  OK? YES// <RET>


SELECT UNAUTHORIZED CLAIM:
```

RECEIVE REQUESTED INFORMATION

Introduction

The Receive Requested Information option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATMENT OF CASE. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you will be prompted to select from a list of items for which information was requested. You may select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     FEEPATIENT,ONE      04-23-13
000456789     NSC VETERAN

   SELECT FROM THE FOLLOWING:



 1   FEEPATIENT,ONE      ST MARY'S H   CIVIL HOSPIT   2/2/93   APPEAL/NOTICE
OF
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
 2   DOCTOR'S HOSP  CIVIL HOSPIT   6/23/93   APPEAL/NOTICE OF   <7/2/93>

ENTER SELECTION:  (1-2):

   SELECT FROM THE FOLLOWING:


 1   SIGNATURE FOR RELEASE

ENTER SELECTION:  (1-1): 1

 1   SIGNATURE FOR RELEASE
YOU HAVE SELECTED THE ABOVE.  OK? YES// <RET>
RECEIVING SIGNATURE FOR RELEASE
```

LETTERS FOR UNAUTHORIZED CLAIM
UPDATE DATE LETTER SENT

Introduction

The Update Date Letter Sent option is used to enter the date that manually generated letters for unauthorized claims were sent.

Once you have selected one or more claims, you are prompted for the date you wish to enter as the date the letter was sent. Once a new date is entered, the DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7).

Example

```
   SELECT FROM THE FOLLOWING:


 1   FEEPATI,ONE    FEEVEND,ONE   CIVIL HOSPITAL   05/27/93   INCOMPLETE UNAUT
 2   FEEPATI,TWO    FEEVEND,ONE   CIVIL HOSPITAL   05/27/93   DISPOSITIONED
 3   FEEPATIE,THRE  FEEVEND,TWO   CIVIL HOSPITAL   05/27/93   DISPOSITIONED
 4   FEEPATIE,FOU   FEEVEND,THRE  OUTPATIENT       05/22/93   DISPOSITIONED

ENTER SELECTION:  (1-4): 2
DATE LETTER SENT: T  (JUN 23, 1993)
```

LETTERS FOR UNAUTHORIZED CLAIM
BATCH PRINT LETTERS

Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

Example

```
ENTER NUMBER OF COPIES FOR EACH LETTER: 1// <RET> 1
QUEUE TO PRINT ON
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

LETTERS FOR UNAUTHORIZED CLAIM
BATCH PRINT LETTERS

Example, cont.

```
VA MEDICAL CENTER
128 HOLLAND AVE
ALBANY  NEW YORK  12208


June 29, 2006                           In Reply Refer To: 500/136
                                              FEEpatient,One
FEEvendor,One                           XXX-XX-6789
123 BURDETTE AVE
TROY  NY  12180-1234



REGARDING:   VETERAN:            FEEpatient,One
       FEE BASIS PROGRAM:  CIVIL HOSPITAL
       EPISODE OF CARE:    05/01/06 to 05/22/06

We have carefully reviewed your claim for payment of unauthorized medical services.
The following decision has been made:

       Claim has been approved for authorization of care and payment.

       Authorized from:  05/01/06  Authorized to: 05/05/06
       Amount approved:  2500.00

If you do not agree with the decision you have the right to appeal, your appeal rights
should be attached for your review, if your claim was not approved.

If you have any questions concerning this matter, please contact us at the above
address.  A copy of this letter is being furnished to the provider(s) of care, if
applicable.


Sincerely,




Chief, Medical Administration Service
```

LETTERS FOR UNAUTHORIZED CLAIM
REPRINT LETTER(S)

Introduction

The Reprint Letter(s) option can be used to reprint letters that were printed but never mailed or, in some cases, never received by the party submitting the claim. You may reprint letters for a selected date range (date letter printed) or you may reprint a specific letter. Individual letters are selected by entering the name of the submitter. The submitter may be someone other than the vendor or veteran involved in the claim.

You may select the claim by entering the vendor, veteran, or other party.

Failure to provide the requested information within one year will also result in an automatic disapproval. Therefore, the expiration date may be updated when a letter is reprinted.

Example

```
DO YOU WISH TO REPRINT LETTERS FOR A DATE RANGE? NO
SELECT UNAUTHORIZED CLAIM: V.FEEVEND  FEEVENDOR,ONE  000561234  COMMUNITY NUR
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  5551477

   SELECT FROM THE FOLLOWING:


 1   FEEVENDR, ONE   FEEPATIENT,ONE  CIVIL HOSPIT  06/22/06  APPEAL/NOTICE OF
      TREATMENT FROM: 06/22/06   TREATMENT TO: 06/22/06

 2   FEEVENDR, ONE   FEEPATIENT,TWO  CONTRACT NUR  06/22/06  COVA DISPOSITION
      TREATMENT FROM: 06/22/06   TREATMENT TO: 06/22/06

 3   FEEVENDR, ONE   FEEPATIENT,THREE CONTRACT NUR   06/24/06  DISPOSITIONED
      TREATMENT FROM: 06/22/06   TREATMENT TO: 06/24/06

 4   FEEVENDR, ONE   FEEPATIENT,FOUR  CONTRACT NUR   06/30/06  DISPOSITIONED
      TREATMENT FROM: 05/06/06   TREATMENT TO: 05/16/06

 5   FEEVENDR, ONE   FEEPATIENT,FIVE  OUTPATIENT   07/01/06  APPEAL/NOTICE OF
      TREATMENT FROM: 04/04/06   TREATMENT TO: 04/04/06

ENTER RETURN FOR MORE, OR SELECT:  (1-5): 1
SHOULD THE EXPIRATION DATE BE UPDATED? NO// <RET>
ENTER NUMBER OF COPIES FOR EACH LETTER: 1// <RET>
DEVICE: UNAUTHORIZED CLAIMS PRINTER// <RET>
```

LETTERS FOR UNAUTHORIZED CLAIM
REPRINT LETTER(S)

Example, cont.

```
June 29, 2006                                      In Reply Refer To: 500/136
                                                   FEEpatient,One
ONE FEEPATIENT                                           XXX-XX-6789
123 MAIN ST
TROY  NEW YORK  12180



REGARDING:  VENDOR:              FEEvendor,One
            FEE BASIS PROGRAM:   CIVIL HOSPITAL
            EPISODE OF CARE:     06/13/04 to 6/13/04

We have carefully reviewed your claim for payment of unauthorized medical
services.  The following decision has been made:

     Claim is considered abandoned, since no action has been taken by the
     submitter within the appropriate time frames.

     Reason(s) for not approving claim:

     We have asked for adjudicative rating action to determine
     whether the condition treated was due to or caused by your
     service-connected disability.  You will be notified by the
     VA Regional Office when they have reached a decision.  If
     service connection is granted for the condition treated,
     please resubmit a claim to us with a copy of this letter and
     a copy of the award letter received from the VA Regional
     Office.  Such rating determinations normally require 60-90
     days.

If you do not agree with the decision you have the right to appeal,  Your
appeal rights should be attached for your review, if your claim was not
approved.

If you have any questions concerning this matter, please contact us at the
above address.  A copy of this letter is being furnished to the provider(s) of
care, if applicable.


Sincerely,




Chief, Medical Administration Service
```

PAYMENTS FOR UNAUTHORIZED CLAIMS

New Prompts:
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

The following new prompts might appear depending on the fee program.
Will any line items in this invoice be for contracted services? - Answering NO indicates that all line items within the invoice will NOT be for contracted services. Answering YES indicates that some, or all of the line items within the invoice will be for contracted services. Answering YES will result in an additional prompt appearing at the input of EACH line item.
Is this line item for a contracted service? - Only asked if the user answered YES to the above prompt. It allows you to indicate when a line item is for a contracted service.

FBAA ESTABLISH VENDOR Security Key - required to edit established vendors.

Introduction

The Payments for Unauthorized Claims option should be used to enter payments for unauthorized claims which have been dispositioned to APPROVED or APPROVED TO STABILIZATION.

Payment may be made to either a patient or a vendor; however, only the vendor pertaining to the submitted claim may be paid. You cannot add a new vendor through this option. An open batch for the applicable Fee Basis program must exist for the unauthorized claim selected. Further processing of the payment should follow the payment menu options for the applicable Fee Basis program. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen, the claims will be presented for payment in the same sequence in which they were selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis program. The following chart is provided indicating which option documentation to refer to for further examples of payment entry.

PAYMENTS FOR UNAUTHORIZED CLAIMS

Introduction, cont.

Fee Program Refer To

Civil Hospital	Ancillary Contract Hosp/CNH Payment (for ancillary payments) or Enter Invoice/Payment
Outpatient	Enter Payment option
Pharmacy	Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

Example

```
     SELECT ONE OF THE FOLLOWING:

          1         PATIENT
          2         VENDOR

SELECT TO WHOM PAYMENT SHOULD BE MADE: 2  VENDOR
SELECT VETERAN: FEEPATIENT,ONE           07-21-50     409129012     NSC
VETERAN
SELECT FEE VENDOR: FEEVENDOR,ONE             000333333  CHAIN #: 101  PHARMACY
          123 MAIN AVE                  (AWAITING AUSTIN APPROVAL)
          TROY, NY  12180    TEL. #:  518-555-0987


   SELECT FROM THE FOLLOWING:



 1     FEEPATIENT,ONE    FEEVENDOR,ONE  PHARMACY      12/12/94   DISPOSITIONED
        TREATMENT FROM: 11/2/94  TREATMENT TO: 11/2/94
 2     FEEVENDOR,ONE    PHARMACY      12/12/94   DISPOSITIONED      <12/12/94>

 3   FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT   12/12/94  DISPOSITIONED
      TREATMENT FROM: 11/2/94    TREATMENT TO: 11/2/94

 4   FEEPATIENT,ONE      FEEVENDOR,ONE  CIVIL HOSPIT   12/12/94  DISPOSITIONED
      TREATMENT FROM: 11/2/94    TREATMENT TO: 11/2/94

ENTER SELECTION:  (1-4): 1
PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

PAYMENTS FOR UNAUTHORIZED CLAIMS

Example, cont.

```
                         < UNAUTHORIZED CLAIM >


DATE CLAIM RECEIVED: DEC 12, 1994      FEE PROGRAM: PHARMACY
 VENDOR: FEEVENDOR,ONE                 VETERAN: FEEPATIENT,ONE
 TREATMENT FROM DATE: NOV  2, 1994     TREATMENT TO DATE: NOV  2, 1994
 PRIMARY SERVICE FACILITY: ALBANY, NY  DATE VALID CLAIM RECEIVED: DEC 12, 1994
 AMOUNT CLAIMED: 65.00                 PATIENT TYPE CODE: MEDICAL
 DISPOSITION: APPROVED                 DATE OF DISPOSITION: DEC 12, 1994
 AUTHORIZED FROM DATE: NOV  2, 1994    AUTHORIZED TO DATE: NOV  2, 1994
 AMOUNT APPROVED: 65.00                PRINT LETTER?: YES
 ENTERED/LAST EDITED BY: MARY ELLEN
 DATE ENTERED/LAST EDITED: DEC 12, 1994
 MASTER CLAIM: DEC 12, 1994
 DATE OF ORIGINAL DISPOSITION: DEC 12, 1994
 CLAIM SUBMITTED BY: FEEPATIENT,ONE         STATUS: DISPOSITIONED
 DATE OF CURRENT STATUS: DEC 12, 1994  AUTHORIZATION: 8
 DIAGNOSIS: DISLOCATED WRIST


PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>


ARE YOU SURE YOU WANT TO ENTER A NEW INVOICE? YES// <RET>

INVOICE # ASSIGNED IS: 601


PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-45-6789

                      ***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        NAME:  FEEVENDOR,ONE                    ID NUMBER: 000333333
     ADDRESS:  123 MAIN AVE                     SPECIALTY:
        CITY:  TROY                                  TYPE: PHARMACY
       STATE:  NEW YORK                PARTICIPATION CODE: PHARMACY
         ZIP:  12180                   MEDICARE ID NUMBER: 181818
      COUNTY:  RENSSELAER                           CHAIN: 101
       PHONE:  518-555-0987
         FAX:  518-555-0900
 AUSTIN NAME:
 LAST CHANGE                                LAST CHANGE
   TO AUSTIN:  11/21/94                       FROM AUSTIN:

WANT TO EDIT VENDOR DATA? NO// <RET>
```

PAYMENTS FOR UNAUTHORIZED CLAIMS

Example, cont.

```
Date Correct Invoice Received: 12/1  (DEC 01, 1994)


Vendor Invoice Date:  11/26  (NOV 26, 1994)

Want to review fee pharmacy payment history? No// <RET>


DATE PRESCRIPTION FILLED: 11/2  (NOV 02, 1994)
Select PRESCRIPTION NUMBER: 12345
  AMOUNT CLAIMED: 80
  DRUG NAME: VALIUM
  MANUFACTURER: Roche
  STRENGTH: 5MG
  QUANTITY: 50

Prescription referred to Pharmacy Service for determination.


     Select one of the following:

          1         PATIENT
          2         VENDOR

Select to whom payment should be made:
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
ALL CLAIMS BY VENDOR/VETERAN/OTHER

Introduction

The All Claims by Vendor/Veteran/Other option is used to display/print all unauthorized claims for a single vendor, veteran, or other party. The output is sorted by episode of care, grouping claims which are associated with one another. One claim may be associated with another if the veteran and episode of care are the same. Since the primary claim may not be the first to display, the 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.FEEpatient,One  FEEPATIENT,ONE  6-1-43  000456789
      07-18-00     NSC VETERAN
 Enrollment Priority:           Category: NOT ENROLLED  End Date: 07/18/2000

        ...OK? Yes// <RET>  (Yes)

     Select one of the following:

          M         MILL BILL (38 U.S.C. 1725)
          N         NON-MILL BILL
          A         ALL

Enter response: ALL// MILL BILL (38 U.S.C. 1725)

DEVICE: HOME// <RET>  UCX/TELNET    Right Margin: 80// <RET>
```

```
VETERAN: FEEPATIENT,ONE
                                                                      Page: 1
Vendor                            Fee Program        Status                Code
==============================================================================


FEEVENDOR,ONE                     OUTPATIENT         INCOMPLETE UNAUTHORI
   Treatment From: 6/15/00   Treatment To: 6/15/00

FEEVENDOR,ONE                     OUTPATIENT         DISPOSITIONED         AB
   Treatment From: 5/16/01   Treatment To: 5/16/01

FEEVENDOR,ONE                     OUTPATIENT         DISPOSITIONED         AP
   Treatment From: 6/16/01   Treatment To: 6/16/01


FEEVENDOR,TWO                     OUTPATIENT         INCOMPLETE UNAUTHORI
   Treatment From: 6/18/01   Treatment To: 6/18/01
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
ALL CLAIMS BY VENDOR/VETERAN/OTHER

Example, Cont.

```
VETERAN: FEEPATIENT,ONE
                                                                    PAGE: 2
VENDOR                            FEE PROGRAM        STATUS               CODE
==============================================================================
FEEVENDOR, ONE                    OUTPATIENT         DISPOSITIONED        CW
   TREATMENT FROM: 6/25/01   TREATMENT TO: 6/25/01


FEEVENDOR, TWO                    CIVIL HOSPITAL     DISPOSITIONED        AS
   TREATMENT FROM: 6/26/01   TREATMENT TO: 6/29/01


FEEVENDOR, ONE                    OUTPATIENT         COMPLETE/PENDING REV
   TREATMENT FROM: 7/18/01   TREATMENT TO: 7/23/01
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
CHECK DISPLAY

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example:

```
SELECT CHECK NUMBER: 69243230

DEVICE: HOME// <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80// <RET>


                    PAYMENT HISTORY FOR CHECK # 69243230
                    ------------------------------------              PAGE: 1

                      FEE PROGRAM:  OUTPATIENT
('*' REIMBURSEMENT TO PATIENT  '#' VOIDED PAYMENT  '+' CANCELLATION ACTIVITY)
   SVC DATE  CPT-    AMOUNT      AMOUNT     SUSP  BATCH       INVOICE
             MOD     CLAIMED      PAID      CODE  NUMBER      NUMBER
==============================================================================

VENDOR:  FEEVENDOR,ONE              VENDOR ID:  000000000

PATIENT:  FEEPATIENT,ONE                PATIENT ID:  XXX-XX-6789
   4/1/06    10020        5.00        5.00           363         541
       >>>CHECK # 69243230  DATE PAID:  8/29/06<<<


PRESS RETURN TO CONTINUE OR '^' TO EXIT:
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
DISPLAY UNAUTHORIZED CLAIM

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      06-02-34   000456789   SC VETERAN

 1  FEEPATIENT,ONE     FEEVENDOR, ONE    CIVIL HOSPIT  09/01/92  APPROVED TO STABILIZA
     TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92

 2  FEEPATIENT,ONE     FEEVENDOR, ONE      CIVIL HOSPIT   06/04/93  DISPOSITIONED
     TREATMENT FROM: 06/04/93   TREATMENT TO: 06/24/93

SELECT THE CLAIM WHICH YOU WOULD LIKE TO DISPLAY:  (1-2): 1


DATE CLAIM RECEIVED: SEP  1, 1992       FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE                     VENDOR: FEEVENDOR,ONE
  TREATMENT FROM DATE: SEP  1, 1992     TREATMENT TO DATE: SEP  3, 1992
  PRIMARY SERVICE FACILITY: ALBANY VAMC
  DATE VALID CLAIM RECEIVED: SEP  1, 1992
  AMOUNT CLAIMED: 15000                 PATIENT TYPE CODE: MEDICAL
  DISPOSITION: APPROVED TO STABILIZATION
  DATE OF DISPOSITION: SEP  3, 1992     AUTHORIZED FROM DATE: SEP  1, 1992
  AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN,MICHAEL
  DATE ENTERED: SEP  1, 1992            DATE LETTER SENT: SEP 23, 1992
  MASTER CLAIM: SEP  1, 1992            REOPEN CLAIM DATE: SEP  2, 1992
  DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
  CLAIM SUBMITTED BY: FEEVENDOR,ONE    STATUS: DISPOSITIONED
  DATE OF CURRENT STATUS: SEP  3, 1992  EXPIRATION DATE OF CLAIM: SEP 24, 1993
  DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (C): DISCHARGE
```

```
< PENDING INFORMATION >

 1   MEDICAL RECORDS NEEDED

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
DISPOSITION/STATUS STATISTICS DISPLAY/PRINT

Introduction

The Disposition/Status Statistics Display/Print option provides a statistical report on unauthorized claims within a selected date range. It provides totals of dispositioned unauthorized claims by disposition type (APPROVED, DISAPPROVED, etc.), as well as disposition status. (Refer to Appendix B for more information about statuses.) The report also supplies the total of unauthorized claims which have not been dispositioned, with a subtotal breakdown by claim status. Total approved dollars by primary service area are also provided.

Example

```
             UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
             ----------------------------------------------------


**** Date Range Selection ****

   Beginning DATE : t-10  (JUN 13, 1993)

   Ending    DATE : t  (JUN 23, 1993)

DEVICE: HOME// <RET>  Decnet                 RIGHT MARGIN: 80// <RET>
```

```
             UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
             ----------------------------------------------------
                   Date Range Selected: 06/13/93 to 06/23/93
                   -----------------------------------------

                                                CATEGORY OF DISPOSITION
   TYPE OF                    # OF
   DISPOSITION                CLAIMS      INITIAL     APPEAL      COVA APPEAL
-------------------------------------------------------------------------------

   APPROVED                        1          1           0           0
   DISAPPROVED                     1          1           0           0
   CANCELLED/WITHDRAWN             0          0           0           0
   APPROVED TO STABILIZATION       0          0           0           0
   ABANDONED                       0          0           0           0
                             -----      -----       -----       -----
         TOTAL DISPOSITIONED       2          2           0           0
     TOTAL NOT DISPOSITIONED       2
                             -----
               TOTAL CLAIMS        4

Press RETURN to continue or '^' to exit: <RET>
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
DISPOSITION/STATUS STATISTICS DISPLAY/PRINT

Example, cont.

```
UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
----------------------------------------------------
DATE RANGE SELECTED: 06/13/93 TO 06/23/93
-----------------------------------------


   STATUS OF CLAIMS NOT DISPOSITIONED

   STATUS                                # OF CLAIMS

   INCOMPLETE UNAUTHORIZED CLAIM            1
   PENDING - REASON UNKNOWN                 0
   COMPLETE/PENDING REVIEW                  1
   APPEAL/NOTICE OF DISAGREE RECV           0
   APPEAL/ISSUED STATMENT OF CASE           0
   APPEAL COMPLETE/PENDING REVIEW           0
   COVA APPEAL                              0

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>


UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
----------------------------------------------------
DATE RANGE SELECTED: 06/13/93 TO 06/23/93
-----------------------------------------


   TOTAL DOLLARS APPROVED BY PSA:

   TROY, NEW YORK               $0.00
   ALBANY                       $0.00
                                -----
                                $0.00
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
EXPIRATION DISPLAY/PRINT

Introduction

The Expiration Display/Print option will display/print those unauthorized claims which will expire within the selected time frame.

There are two types of expirations involved with unauthorized claims. The first is based on the status of the claim. Certain statuses have expiration dates which, once passed, prohibit the submitter from any further action on the claim. (Refer to Appendix B for more information about statuses.) The other refers to information VA has requested from the submitter. The submitter has x # of days to respond or the claim is considered abandoned. The number of days is calculated from the date the letter was mailed.

Example

```
   SELECT THE DATE RANGE WITHIN WHICH AN UNAUTHORIZED CLAIM WILL EXPIRE.

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 010193  (JAN 01, 1993)

   ENDING    DATE : 010196  (JAN 01, 1996)


DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER     RIGHT MARGIN: 80// <RET>
```

```
UNAUTHORIZED CLAIMS DUE TO EXPIRE BETWEEN 01/01/93 AND 01/01/96

                                                TREATMENT   TREATMENT
VETERAN                 VENDOR                    FROM         TO      STATUS
==============================================================================
FEEPATIENT,ONE          FEEVENDOR,ONE           04/26/93    04/28/93    INCOMPLE
FEEPATIENT,ONE          FEEVENDOR,ONE           05/31/93    06/05/93    INCOMPLE
FEEPATIENT,ONE          FEEVENDOR,ONE           01/01/93    01/03/93    INCOMPLE
FEEPATIENT,ONE          FEEVENDOR,TWO           02/01/93    02/01/93    INCOMPLE
FEEPATIENT,ONE          FEEVENDOR,THREE         01/01/93    01/03/93    INCOMPLE
```

OUTPUTS FOR UNAUTHORIZED CLAIMS

Status Display/Print of Unauthorized Claims

Introduction

This option displays/prints unauthorized claims by primary service facility and status. You may include one, many, or all statuses, and sort by either vendor or veteran for the primary sort. The output also subtotals the number of claims within a status,and displays the expiration date, if one exists. If the unauthorized claim is due to expire within thirty days of the date the output was generated, an asterisk ('*') will follow the expiration date.

NOTE: The disposition code will only display if the unauthorized claim has a status of either DISPOSITIONED, APPEAL DISPOSITIONED or COVA DISPOSITION. (Refer to Appendix B for more information about statuses.)

Example

```
     SELECT ONE OF THE FOLLOWING:

          1         PATIENT
          2         VENDOR

SORT BY: 1  PATIENT


   SELECT FROM THE FOLLOWING:

 1   INITIAL ENTRY
 2   INCOMPLETE UNAUTHORIZED CLAIM
 3   PENDING - REASON UNKNOWN
 4   COMPLETE/PENDING REVIEW
 5   DISPOSITIONED
 6   APPEAL/NOTICE OF DISAGREE RECV
 7   APPEAL/ISSUED STATMENT OF CASE
 8   APPEAL COMPLETE/PENDING REVIEW
 9   APPEAL DISPOSITIONED
10   COVA APPEAL
11   COVA DISPOSITION

ENTER SELECTION:  (1-11): 2
START WITH DATE CLAIM RECEIVED: FIRST// 060194
GO TO DATE CLAIM RECEIVED: LAST// 063094
DEVICE: UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS

Example, cont.

```
STATUS LISTING OF UNAUTHORIZED CLAIMS          JUN 24,1994  11:41    PAGE 1
VETERAN               VENDOR                 STATUS           EXPIRES
-------------------------------------------------------------------------------

        PRIMARY SERVICE FACILITY: ALBANY


FEEPATIENT,ONE        FEEVENDOR,ONE        INCOMPLETE UNAU  JUN 24,1994
                                            ---------------
SUBCOUNT                                    1
                                            ---------------
SUBCOUNT                                    1




STATUS LISTING OF UNAUTHORIZED CLAIMS          JUN 24,1994  11:41    PAGE 2
VETERAN               VENDOR                 STATUS           EXPIRES
-------------------------------------------------------------------------------

        PRIMARY SERVICE FACILITY: BAY PINES, FL


FEEPATIENT,TWO        FEEVENDOR,ONE     INCOMPLETE UNAU  JUN 24,1994
FEEPATIENT,THREE      FEEVENDOR,TWO     INCOMPLETE UNAU  JUN 24,1994
                                            ---------------
SUBCOUNT                                    2
                                            ---------------
SUBCOUNT                                    2
                                            ---------------
COUNT                                       3
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example:

```
**** DATE RANGE SELECTION ****

   BEGINNING DATE : 010194  (JAN 01, 1994)

   ENDING    DATE : T  (AUG 09, 1994)


     SELECT ONE OF THE FOLLOWING:

          D         DETAILED REPORT
          S         SUMMARY ONLY

CHOOSE REPORT TYPE: S// DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME//   CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80// <RET>

REQUESTED START TIME: NOW// <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
                              UNAUTHORIZED CLAIMS
                          COST REPORT FOR CIVIL HOSPITAL
                             01/01/94 THROUGH 08/09/94
                          ------------------------------


PATIENT NAME          PATIENT ID     DT CLAIM REC   AMT PAID   FINAL DRG  LOS
==============================================================================

     TREATING SPECIALTY:  MEDICAL
FEEPATIENT,ONE         000-45-6789     05/17/94           2.00        45
3
                      ** INDICATES AN ANCILLARY PAYMENT
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL

Example, cont.

```
                    UNAUTHORIZED CLAIMS
               COST REPORT FOR CIVIL HOSPITAL
                  01/01/94 THROUGH 08/09/94
               ------------------------------


                          SUMMARY

              LOS                # CASES              AVE. AMT. PAID
==============================================================================

     TREATING SPECIALTY:  MEDICAL
                 3                   1                     2.00

==============================================================================

    TOTAL CASES:  1     AVERAGE AMOUNT PAID:  2.00      AVERAGE LOS:  3.00
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
VENDOR PAYMENTS OUTPUT

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
Select Fee Basis Vendor: FEEvendor,One      000561234  FEEvendor,One
          31 BURDETT AVENUE
          TROY,  NEW YORK  12180-0123
          TEL. #:  518-555-2000

**** Date Range Selection ****

   Beginning DATE : 6/24  (JUN 24, 2006)

   Ending    DATE : 6/24  (JUN 24, 2006)

Select FEE BASIS Program: ALL// OUTPATIENT
Select another FEE BASIS Program: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER      RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
                          VENDOR PAYMENT HISTORY
                         ========================                    Page: 1
Vendor: FEEvendor,One                        Vendor ID: 000000001
                              FEE PROGRAM: OUTPATIENT
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  Svc Date CPT-MOD     Amount     Amount  Susp          Batch Invoice Voucher
                       Claimed     Paid   Code            Num   Num     Date
==============================================================================

Patient: FEEpatient,One                        Patient ID: XXX-XX-6789
  07/09/06  90050(C&P)  25.00     25.00                  00037      43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
  07/07/06  90050(C&P)  25.00     25.00                  00037      43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
```

OUTPUTS FOR UNAUTHORIZED CLAIMS
VETERAN PAYMENTS OUTPUT

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Line items that were previously cancelled are annotated with a plus sign (+).

Example

```
SELECT OUTPUTS FOR UNAUTHORIZED CLAIMS OPTION: VETERAN PAYMENTS OUTPUT

SELECT FEE BASIS PATIENT: FEEpatient,one    12-25-45  000456789    sc veteran

**** DATE RANGE SELECTION ****

   BEGINNING DATE : 062406  (JUN 24, 2006)

   ENDING    DATE : 062406  (JUN 24, 2006)

SELECT FEE BASIS PROGRAM: ALL// OUTPATIENT
SELECT ANOTHER FEE BASIS PROGRAM: <RET>
DEVICE: HOME// UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80// <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO// <RET>  (NO)
```

```
                          VETERAN PAYMENT HISTORY
                         ========================                    PAGE: 1
PATIENT: FEEPATIENT,ONE                        PATIENT ID: XXX-XX-6789
                            FEE PROGRAM: OUTPATIENT
   ('*' REIMB. TO PATIENT  '+' CANCEL. ACTIVITY  '#' VOIDED PAYMENT)
  SVC DATE CPT-MOD     AMOUNT     AMOUNT  SUSP          BATCH INVOICE VOUCHER
                       CLAIMED     PAID   CODE            NUM   NUM     DATE
==============================================================================

VENDOR: FEEVENDOR,ONE                           VENDOR ID: 000000000
  07/09/06  90050(C&P)  25.00     25.00                  00037      43
     PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -       OBL.#: C89211
  07/07/06  90050(C&P)  25.00     25.00                  00037      43
     PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -       OBL.#: C89211
  07/05/06  90050(C&P)  25.00     25.00                  00037      43
     PRIMARY DX: NEUROTIC DEPRESSION    S/C CONDITION? -       OBL.#: C89211
```

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.

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE      06-02-34   000456789   SC VETERAN

 1  FEEPATIENT,ONE     FEEVENDOR, ONE    CIVIL HOSPIT  09/01/92  APPROVED TO
STABILIZA
     TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92

 2  FEEPATIENT,ONE     FEEVENDOR, ONE      CIVIL HOSPIT  06/04/93  DISPOSITIONED
     TREATMENT FROM: 06/04/93   TREATMENT TO: 06/24/93

SELECT THE CLAIM WHICH YOU WOULD LIKE TO DISPLAY:  (1-2): 1


DATE CLAIM RECEIVED: SEP  1, 1992       FEE PROGRAM: CIVIL HOSPITAL
VETERAN: FEEPATIENT,ONE                  VENDOR: FEEVENDOR, ONE
  TREATMENT FROM DATE: SEP  1, 1992     TREATMENT TO DATE: SEP  3, 1992
  PRIMARY SERVICE FACILITY: ALBANY VAMC
  DATE VALID CLAIM RECEIVED: SEP  1, 1992
  AMOUNT CLAIMED: 15000                 PATIENT TYPE CODE: MEDICAL
  DISPOSITION: APPROVED TO STABILIZATION
  DATE OF DISPOSITION: SEP  3, 1992     AUTHORIZED FROM DATE: SEP  1, 1992
  AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN
  DATE ENTERED: SEP  1, 1992            DATE LETTER SENT: SEP 23, 1992
  MASTER CLAIM: SEP  1, 1992            REOPEN CLAIM DATE: SEP  2, 1992
  DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
  CLAIM SUBMITTED BY: FEEVENDOR,ONE     STATUS: DISPOSITIONED
  DATE OF CURRENT STATUS: SEP  3, 1992  EXPIRATION DATE OF CLAIM: SEP 24, 1993
  DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (C): DISCHARGE
```

```
< PENDING INFORMATION >

 1   MEDICAL RECORDS NEEDED

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>


< ASSOCIATED CLAIMS >


1  FEEPATIENT,ONE      FEEVENDOR,ONE    OUTPATIENT   09/01/92  DISPOSITIONED
   TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92  PRIMARY CLAIM: 09/01/92
```

UTILITIES FOR UNAUTHORIZED CLAIMS
VENDOR ENTER/EDIT

FBAA ESTABLISH VENDOR Security Key - required to enter a new or edit an existing vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor cannot be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

WARNING: If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor information at this time may jeopardize the processing of the existing Master Record Adjustment!

Do you wish to continue editing this Vendor? No//

Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2).

UTILITIES FOR UNAUTHORIZED CLAIMS
VENDOR ENTER/EDIT

Example

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE
  ARE YOU ADDING 'FEEVENDOR,ONE' AS
    A NEW FEE BASIS VENDOR (THE 74TH)? Y  (YES)
   FEE BASIS VENDOR ID NUMBER: 000666666
   FEE BASIS VENDOR TYPE OF VENDOR: 8  OTHER
   FEE BASIS VENDOR PART CODE: 5  COMMUNITY NURSING HOME        05
   FEE BASIS VENDOR CHAIN: <RET>
   FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE  Replace <RET>
ID NUMBER: 666-66-6666// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T  TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: COMMUNITY NURSING HOME// <RET>
STREET ADDRESS: 222 BLOOMING GROVE DR
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B  BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4  CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1  (AUG 01, 1994)

Select FEE BASIS CNH CONTRACT NUMBER: <RET>

                      ***  VENDOR DEMOGRAPHICS  ***
                    ==> AWAITING AUSTIN APPROVAL <==

        Name:  FEEVENDOR,ONE                  ID Number: 000666666
                                        Billing Prov NPI: 1234567899
     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):
 Austin Name:
 Last Change                                 Last Change
   TO Austin:                                  FROM Austin:

                        >>> CNH INFORMATION <<<

  Total Beds:  100                   Inspected/Accredited: Inspect. & Accred.

Want to edit data? No// <RET>

Select FEE BASIS VENDOR NAME:
```

UTILITIES FOR UNAUTHORIZED CLAIMS
ADD NEW PERSON FOR UNAUTHORIZED CLAIM

XUSPF200 Security Key - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

Example

```
ENTER NEW PERSON'S NAME (LAST,FIRST MI): FEEPATIENT,ONE
  ARE YOU ADDING 'FEEPATIENT,ONE   ' AS A NEW NEW PERSON (THE 1884TH)? Y
(YES)
CHECKING SOUNDEX FOR MATCHES.
     FEEPATIENT,ONE
     FEEPATIENT
DO YOU STILL WANT TO ADD THIS ENTRY: NO// Y
NOW FOR THE IDENTIFIERS.
INITIAL: FO
SSN: 000456789
SEX: M  MALE
STREET ADDRESS 1: 123 MAIN ST
STREET ADDRESS 2: <RET>
STREET ADDRESS 3: <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
SSN: 000456789// <RET>
```

UTILITIES FOR UNAUTHORIZED CLAIMS
ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY

Introduction

This option is used to associate unauthorized claims to a primary unauthorized claim. Associated claims will be displayed with the primary on a lookup.

In order for claims to be associated, they must be for the same veteran and episode of care. A primary claim **without** associated claims may be associated with another primary claim. A primary claim **with** associated claims may not be associated to another primary.

Once the submitter is entered, all claims for that submitter for the same patient and episode of care are displayed. Next, you are prompted to choose the claim which you want to associate (secondary), then the claim to which it should be associated (primary). You can select one, many, or all when you select the secondary.

If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you will also be asked if you wish to disposition the new claim to the same disposition as the claim to which it is associated. When claims are associated, they are displayed with the primary claim on lookup, and in certain instances, you have the ability to update all the claims in the group at the same time.

UTILITIES FOR UNAUTHORIZED CLAIMS
ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY

Example

```
SELECT UNAUTHORIZED CLAIM: P.FEEPATIENT,ONE     01-16-55     000456789
SC VETERAN


   SELECT FROM THE FOLLOWING:



 1   FEEPAT,ONE     FEEVENDR,ONE   CIVIL HOSPIT    06/22/93   DISPOSITIONED
      TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

 2   FEEPAT,ONE     FEEVENDR,ONE   CIVIL HOSPIT    05/12/93   DISPOSITIONED
      TREATMENT FROM: 04/21/93   TREATMENT TO: 04/22/93

 3   FEEPAT,ONE     FEEVENDR,ONE   CIVIL HOSPIT    06/22/93   INCOMPLETE UNAUT
      TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

 4   FEEPAT,ONE     FEEVENDR,TWO   PHARMACY        06/30/93   DISPOSITIONED
      TREATMENT FROM: 06/01/93   TREATMENT TO: 06/01/93

 5   FEEPAT,ONE     FEEVENDR,ONE   CIVIL HOSPIT    06/22/93   INCOMPLETE UNAUT
      TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

ENTER SELECTION:  (1-5): 1
SELECT THE UNAUTHORIZED CLAIM TO WHICH THIS ONE SHOULD BE ASSOCIATED: 6/22
JUN 22, 1993
     1     6-22-1993  FEEPATIENT,ONE     FEEVENDR,ONE          CIVIL HOSPITAL
DISPOSITIONED      TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

     2     6-22-1993  FEEPATIENT,ONE     FEEVENDR,ONE          CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

     3     6-22-1993  FEEPATIENT,ONE     FEEVENDR,ONE          CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

CHOOSE 1-3: 2
AT LEAST ONE OTHER CLAIM IN THIS GROUP HAS BEEN DISPOSITIONED.
WOULD YOU LIKE THIS CLAIM TO BE DISPOSITIONED TO APPROVED TO STABILIZATION? NO
```

UTILITIES FOR UNAUTHORIZED CLAIMS
DISASSOCIATE AN UNAUTHORIZED CLAIM

Introduction

This option allows you to disassociate an unauthorized claim which has been associated to others.

Example

```
SELECT UNAUTHORIZED CLAIM: P.ONE,T  FEEPATIENT,ONE       04-23-13
000456789
  NSC VETERAN


   SELECT FROM THE FOLLOWING:



 1   FEEPATIENT,ONE     FEEVENDOR,ONE   PHARMACY   9/30/93    APPEAL DISPOSITI
      TREATMENT FROM: 9/28/93    TREATMENT TO: 9/28/93

 2   FEEPATIENT,ONE     FEEVENDOR,TWO   CIVIL HOSPIT  7/2/93  APPEAL/NOTICE OF
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
 3     DOCTOR         CIVIL HOSPIT   6/23/93  APPEAL/NOTICE OF   <7/2/93>
 4     DOCTOR         CIVIL HOSPIT   7/2/93   COVA DISPOSITION   <7/2/93>

 5   FEEPATIENT,ONE     FEEVENDOR,TWO   CONTRACT NUR  7/2/93  APPEAL COMPLETE/
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93

 6   FEEPATIENT,ONE     FEEVENDOR,ONE  OUTPATIENT     7/2/93  APPEAL DISPOSITI
      TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93

 7   FEEPATIENT,ONE     FEEVENDOR,ONE   OUTPATIENT    7/2/93  DISPOSITIONED
      TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93

ENTER RETURN FOR MORE, OR SELECT:  (1-7): 2

 2   FEEPATIENT,ONE     FEEVENDOR,ONE  CIVIL HOSPIT   7/2/93  APPEAL/NOTICE OF
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>


71   FEEPATIENT,ONE     FEEVENDOR,ONE  CIVIL HOSPIT   6/23/93 APPEAL/NOTICE OF
       TREATMENT FROM: 1/1/93    TREATMENT TO: 2/1/93
         DISPOSITIONED: DISAPPROVED
73   FEEPATIENT,ONE     FEEVENDOR,ONE  CIVIL HOSPIT   7/2/93  COVA DISPOSITION
       TREATMENT FROM: 1/1/93    TREATMENT TO: 2/1/93
         DISPOSITIONED: ABANDONED
DO YOU WISH TO DISASSOCIATE CLAIM FROM THE ABOVE GROUP? YES
DO YOU WANT TO AUTOMATICALLY LINK THIS CLAIM WITH ANOTHER GROUP? NO
```

UTILITIES FOR UNAUTHORIZED CLAIMS
DELETE UNAUTHORIZED CLAIM

Introduction

The Delete Unauthorized Claim option allows you to delete unauthorized claims which have not been dispositioned. Dispositioned claims should be edited to a disposition status of CANCELED/WITHDRAWN; you cannot delete them. (Refer to Appendix B for more information about statuses.) If an unauthorized claim is deleted, any pending information on file for that claim is also deleted. If you delete a primary claim, the first secondary then becomes the primary, and all other remaining associated claims will point to the new primary.

Example

```
SELECT UNAUTHORIZED CLAIM: V.FEEVENDR,ONESPITAL     000000000AA  CONTRACT HOSP
          123 ANYWHERE AVE
          NEWTOWN, WI  09876-1265    TEL. #:  5551212



   SELECT FROM THE FOLLOWING:



 1   FEEVENDOR,ONE  FEEPATIENT,ONE   CIVIL HOSPIT  05/27/93   INCOMPLETE UNAUT
      TREATMENT FROM: 04/26/93   TREATMENT TO: 04/28/93  PRIMARY CLAIM: //

 2   FEEVENDOR,ONE  FEEPATIENT,ONE   OUTPATIENT      09/09/93 INCOMPLETE UNAUT
      TREATMENT FROM: 09/07/93   TREATMENT TO: 09/07/93

ENTER SELECTION:  (1-2): 1

 1   FEEVENDOR,ONE   FEEPATIENT,ONE  CIVIL HOSPIT    05/27/93 INCOMPLETE UNAUT
      TREATMENT FROM: 04/26/93   TREATMENT TO: 04/28/93
ARE YOU SURE YOU WISH TO DELETE? Y// YES
DELETING CLAIM...
```

UTILITIES FOR UNAUTHORIZED CLAIMS
RETURN ADDRESS DISPLAY/EDIT

Introduction

This option is used to display and/or edit the return address which will appear on unauthorized claim letters when letterhead is not used.

Example

```
                                VAMC ALBANY NY
                               128 HOLLAND AVE
                            ALBANY  NEW YORK  12208

DO YOU WISH TO EDIT? NO// YES

STATION NAME (EDITABLE): VAMC ALBANY NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// 113 HOLLAND AVE
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: NEW YORK// <RET>
ZIP: 12208// <RET>

DO YOU WISH TO DISPLAY RETURN ADDRESS? YES// <RET>

PRESS RETURN TO CONTINUE OR '^' TO EXIT: <RET>



                                VAMC ALBANY NY
                               113 HOLLAND AVE
                            ALBANY  NEW YORK  12208


DO YOU WISH TO EDIT? NO// <RET>

PRESS RETURN TO CONTINUE...
```

Section 7: STATE HOME MAIN MENU

Overview

Following is a brief description of each option contained in the State Home Main Menu.

ENTER NEW STATE HOME AUTHORIZATION – 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.

STATE HOME MAIN MENU
ENTER NEW STATE HOME AUTHORIZATION

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding new Insurance Data/reporting Discrepancies to MCCR."

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

STATE HOME MAIN MENU
ENTER NEW STATE HOME AUTHORIZATION

Example

```
SELECT PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                        PT.ID: 000-67-8904
123 MAIN ST                             DOB: DEC 25,1945
SALEM                                   TEL: NOT ON FILE
NEW YORK 12233                      CLAIM #: 3457890
                                     COUNTY: RENSSELAER

 PRIMARY ELIG. CODE: SC LESS THAN 50% -- VERIFIED OCT 1984
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC PERCENT: 30%
 RATED DISABILITIES: NONE STATED

   HEALTH INSURANCE: NO
INSURANCE    COB  SUBSCRIBER ID       GROUP     HOLDER   EFFECTIVE  EXPIRES
==========================================================================
NO INSURANCE INFORMATION
WANT TO ADD NEW INSURANCE DATA? NO// <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET>
```

```
PATIENT NAME: FEEPATIENT,ONE          PT.ID: 000-67-8904

AUTHORIZATIONS:
   (1) FR: 12/01/98         VENDOR: NOT SPECIFIED
       TO: 01/15/99

AUTHORIZATION TYPE: STATE HOME
  PURPOSE OF VISIT: STATE HOME ADHC
                DX:            REF:
           REF NPI:

            COUNTY: RENSSELAER PSA: UNKNOWN

REMARKS:
TEST REMARKS.


ENTER RETURN TO CONTINUE OR '^' TO EXIT: <RET>
```

STATE HOME MAIN MENU
ENTER NEW STATE HOME AUTHORIZATION

Example, cont.

```
ENTER FROM DATE: 1/15/99 (JAN 15, 1999)
ENTER TO DATE: 9/20/2001 (SEP 20, 2001)

AUTHORIZATION PURPOSE OF VISIT CODE: STATE HOME NH 89

VENDOR: BAYSIDE STATE NH        541991111 ALL OTHER PARTI
1211 WATER ST                   (AWAITING AUSTIN APPROVAL)
ANYWHERE, VA 23669               TEL. #: 555-5555

AUTHORIZATION REMARKS:
NO EXISTING TEXT
EDIT? NO// <RET>
```

STATE HOME MAIN MENU
CHANGE A STATE HOME AUTHORIZATION

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

STATE HOME MAIN MENU
CHANGE A STATE HOME AUTHORIZATION

Example

```
Select PATIENT NAME: FEEPATIENT,One

FEEPATIENT,ONE                        Pt.ID: 000-67-8904
123 MAIN ST                             DOB: DEC 25,1945
SALEM                                   TEL: Not on File
NEW YORK 12233                       CLAIM #: 3457890
                                      COUNTY: RENSSELAER

 Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 30%
 Rated Disabilities: NONE STATED

Health Insurance: NO
Insurance COB Subscriber ID Group Holder Effective Expires
==============================================================================
No Insurance Information

Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: FEEPATIENT,ONE                Pt.ID: 000-67-8904

AUTHORIZATIONS:
(1) FR: 01/15/99         VENDOR: BAYSIDE STATE NH - 541991111
    TO: 09/20/01

                  Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME NH
           DX:                  REF:
           REF NPI:

   County: RENSSELAER           PSA: Unknown

(2) FR: 12/01/98         VENDOR: Not Specified
    TO: 01/15/99

                 Authorization Type: STATE HOME
      Purpose of Visit: STATE HOME ADHC
           DX:                  REF:
           REF NPI:

   County: RENSSELAER PSA: Unknown

REMARKS:
test remarks.

Enter RETURN to continue or '^' to exit: <RET>
```

STATE HOME MAIN MENU
CHANGE A STATE HOME AUTHORIZATION

Example, cont.

```
Patient Name: FEEPATIENT,ONE                    Pt.ID: 000-67-8904


Enter a number (1-2): 1

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Sep 20, 2001// T (FEB 09, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>
VENDOR: BAYSIDE STATE NH// <RET>
AUTHORIZATION REMARKS:
No existing text
Edit? NO// <RET>
```

STATE HOME MAIN MENU
DELETE A STATE HOME AUTHORIZATION
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."

STATE HOME MAIN MENU
DELETE A STATE HOME AUTHORIZATION
FBAA ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

Example

```
Select PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                              Pt.ID: 000-67-8904
123 MAIN ST                                   DOB: DEC 25,1945
SALEM                                         TEL: Not on File
NEW YORK 12233                            CLAIM #: 3457890
                                           COUNTY: RENSSELAER

 Primary Elig. Code: SC LESS THAN 50% -- VERIFIED OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC Percent: 30%
 Rated Disabilities: NONE STATED

   Health Insurance: NO
Insurance     COB   Subscriber ID   Group    Holder    Effective    Expires
==============================================================================
No Insurance Information
Want to add NEW insurance data? No// <RET> NO
Are there any discrepancies with insurance data on file? No// <RET>
```

```
Patient Name: FEEPATIENT,ONE                          Pt.ID: 000-67-8904

AUTHORIZATIONS:
  (1) FR: 01/15/99         VENDOR: BAYSIDE STATE NH - 541991111
      TO: 02/10/99

                       Authorization Type: STATE HOME
                         Purpose of Visit: STATE HOME NH
                        REF:
           DX:                        REF:
           REF NPI:

     County: RENSSELAER               PSA: Unknown

  (2) FR: 12/01/98 VENDOR: Not Specified
      TO: 01/15/99

                       Authorization Type: STATE HOME
                         Purpose of Visit: STATE HOME ADHC
           DX:                        REF:
           REF NPI:

     County: RENSSELAER PSA: Unknown
               >> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

Enter a number (1-2): 1
OK to DELETE the 1/15/99-2/9/99 authorization? YES
```

STATE HOME MAIN MENU
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 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.

STATE HOME MAIN MENU
DELETE A STATE HOME AUTHORIZATION
FBAA ESTABLISH VENDOR - REQUIRED TO ENTER NEW VENDORS.

Example

```
SELECT PATIENT NAME: FEEPATIENT,ONE

FEEPATIENT,ONE                                    PT.ID: 000-67-8904
123 MAIN ST                                         DOB: DEC 25,1945
SALEM                                               TEL: NOT ON FILE
NEW YORK 12233                                  CLAIM #: 3457890
                                                 COUNTY: RENSSELAER

PRIMARY ELIG. CODE: SC LESS THAN 50%  --  VERIFIED OCT 1984
OTHER ELIG. CODE(S): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

         SC PERCENT: 30%
 RATED DISABILITIES: NONE STATED

   HEALTH INSURANCE: NO
  INSURANCE   COB SUBSCRIBER ID    GROUP    HOLDER    EFFECTIVE    EXPIRES
==============================================================================
NO INSURANCE INFORMATION

WANT TO ADD NEW INSURANCE DATA? NO// <RET> NO
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// <RET> NO
```

```
PATIENT NAME: FEEPATIENT,ONE                          PT.ID: 000-67-8904

AUTHORIZATIONS:
 (1) FR: 01/15/99 VENDOR: BAYSIDE STATE NH - 541991111
     TO: 02/10/99
AUTHORIZATION TYPE: STATE HOME
PURPOSE OF VISIT: STATE HOME NH
DX:            REF:
REF NPI:

COUNTY: RENSSELAER PSA: UNKNOWN
>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? YES// YES

FROM DATE: JAN 15, 1999 (NO EDITING)
ENTER TO DATE: FEB 10, 1999// <RET> (FEB 10, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH// <RET>
VENDOR: BAYSIDE STATE NH// <RET>
AUTHORIZATION REMARKS:
  NO EXISTING TEXT
  EDIT? NO// <RET>
```

STATE HOME MAIN MENU
ACTIVE AUTHORIZATION REPORT

Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME// <RET>
For ALL Purpose of Visits? Y/N? YES// <RET>
From Date: Jan 01, 1999// <RET> (JAN 01, 1999)
To Date: Jan 31, 1999// <RET> (JAN 31, 1999)
Print authorization remarks? NO// <RET>
DEVICE: HOME// <RET> UCX/TELNET RIGHT MARGIN: 80// <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient  FEB 23, 1999@13:23:23   page 1
  FROM Jan 01, 1999 TO Jan 31, 1999 FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

     VETERAN                      Pt. ID      DAYS     AUTHORIZATION
                                                      FROM DATE TO DATE
-------------------------------------------------------------------------------

POV: STATE HOME ADHC

 Vendor: not specified

   FEEPATIENT,ONE                000-67-8904  14    Dec 01, 1998 Jan 15, 1999
     DOB: DEC 25,1945
                                  ----      ----
  Vendor Subtotal:          Count:  1   Days: 14
                                 ====      ====
 POV Subtotal:              Count:  1   Days: 14
Enter RETURN to continue or '^' to exit: <RET>
```

ACTIVE AUTHORIZATION REPORT

Example, cont.

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient   FEB 23, 1999@13:23:23 page 2
  FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

   VETERAN                      Pt. ID       DAYS        AUTHORIZATION
                                                         FROM DATE TO DATE
-------------------------------------------------------------------------------

 POV: STATE HOME NH

   Vendor: BAYSIDE STATE NH

     FEEPATIENT,TWO            000-10-4877    31     Dec 15, 1998 Feb 09, 1999
        DOB: 1914
     FEEPATIENT,ONE            000-67-8904    17     Jan 15, 1999 Feb 10, 1999
        DOB: DEC 25,1945
                             ----            ----

   Vendor Subtotal:    Count: 2         Days: 48
Enter RETURN to continue or '^' to exit: <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient    FEB 23, 1999@13:23:23 page 3
  FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

    VETERAN                   Pt. ID       DAYS        AUTHORIZATION
                                                       FROM DATE TO DATE
-------------------------------------------------------------------------------
 POV:STATE HOME NH (continued)

   Vendor: not specified

     FEEPATIENT,THREE         000-89-6666   31       Dec 09, 1998 Feb 01, 1999
       DOB: MAY 5,1955
                                ----       ----

   Vendor Subtotal:       Count: 1   Days: 31
                              ====       ====
 POV Subtotal:            Count: 3   Days: 79

4 Authorizations on report
Enter RETURN to continue or '^' to exit: <RET>
```

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

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

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

APPENDIX A: Adding New Insurance Data/Reporting Discrepancies to MCCR

New insurance data can be entered through several Fee Basis options by answering YES at the "Want to add NEW insurance data?" prompt. Following is an example of the prompts that will appear on your screen and a sample mail bulletin. A double question mark <??> can be entered at most prompts for an explanation of what is required and, when applicable, a list of possible responses. As in other screen examples, user responses are shown in boldface type.

```
WANT TO ADD NEW INSURANCE DATA? NO// YES
COVERED BY HEALTH INSURANCE?: NO// Y  YES
SELECT INSURANCE COMPANY: BLUE CROSS/BLUE SHIELD         PO BOX 660175
DALLAS     TEXAS       Y

EACH INSURANCE POLICY ENTRY FOR A PATIENT MUST BE ASSOCIATED WITH A
GROUP INSURANCE PLAN FOR THE INSURANCE COMPANY YOU JUST SELECTED.
YOU WILL BE GIVEN A CHOICE OF SELECTING PREVIOUSLY ENTERED GROUP PLANS OR
YOU MAY ENTER A NEW ONE.  IF YOU ENTER A NEW GROUP INSURANCE PLAN YOU
MUST ENTER WHETHER OR NOT THIS IS A GROUP OR INDIVIDUAL PLAN.

SELECT GROUP INSURANCE PLAN: AMERICAN AIRLINES  BLUE CROSS/BLUE SHIELD
GROUP POLICY     GROUP NAME: AMERICAN AIRLINES     GROUP NO: 38-22-36     PO
BOX 660175         DALLAS     TEXAS       Y
       ...OK? YES// <RET>

NOW YOU MAY ENTER THE PATIENT SPECIFIC POLICY INFORMATION.
MOST OF THESE FIELDS WILL BE FAMILIAR TO EXPERIENCED USERS.  THE FIELD
'SUBSCRIBER ID' USED TO BE CALLED 'INSURANCE NUMBER' AND
HAS BEEN MODIFIED TO ALLOW ENTERING JUST 'SS' TO RETRIEVE
THE PATIENTS SSN.  THIS FIELD IS THE IDENTIFIER FOR THE POLICY OR PATIENT
THAT THE CARRIER USES.  SEE THE NEW HELP.

INSURANCE TYPE: BLUE CROSS/BLUE SHIELD// <RET>
EFFECTIVE DATE OF POLICY: 1/1/94  (JAN 01, 1994)
INSURANCE EXPIRATION DATE: 12/31/94  (DEC 31, 1994)
WHOSE INSURANCE: VETERAN  FEEPATIENT,ONE     03-01-44   000456789   NSC
VETERAN
SUBSCRIBER ID: SS  000000000
SOURCE OF INFORMATION: INTERVIEW// <RET>

YOU CAN NOW EDIT INFORMATION SPECIFIC TO THE GROUP PLAN.  REMEMBER, UPDATING
PLAN INFORMATION WILL AFFECT ALL PATIENTS WITH THIS PLAN, NOT JUST
THE CURRENT PATIENT.

GROUP NAME: AMERICAN AIRLINES//   (NO EDITING)
GROUP NUMBER: 38-22-36//   (NO EDITING)
TYPE OF PLAN: MAJOR MEDICAL EXPENSE INSURANCE// <RET>
IS UTILIZATION REVIEW REQUIRED: YES// <RET>
IS PRE-CERTIFICATION REQUIRED?: YES// <RET>
EXCLUDE PRE-EXISTING CONDITION: YES// <RET>
BENEFITS ASSIGNABLE?: YES// <RET>
```

Adding New Insurance Data/Reporting Discrepancies to MCCR

```
SELECT INSURANCE COMPANY: <RET>
ARE THERE ANY DISCREPANCIES WITH INSURANCE DATA ON FILE? NO// YES
ENTER DESCRIPTION OF CHANGE: DIFFERENCE IN ADDRESS - P.O. BOX 606175
```

Sample Mail Bulletin:

```
SUBJ: FEE NOTIFICATION OF INSURANCE CHANGE  [#51138] 12 JAN 95 10:55  5 LINES
FROM: MARY ELLEN       IN 'IN' BASKET.   PAGE 1
-------------------------------------------------------------------------------

THERE APPEARS TO BE A CHANGE OF INSURANCE INFORMATION
FOR FEEPATIENT,ONE    WITH PT.ID OF 000-45-6789.
THE EXPLANATION OF CHANGE IS AS FOLLOWS:

   DIFFERENCE IN ADDRESS - P.O. BOX 606175


SELECT MESSAGE ACTION: IGNORE (IN IN BASKET)//
```

Appendix B: Table of Fee Basis Unauthorized Claims Statuses

STATUS ORDER	STATUS NAME	ACTIVE ?	DESCRIPTION	DAYS PRIOR EXPIRATION
5	INITIAL ENTRY	YES	The unauthorized claim has been received at the facility, but is pending review to determine if the claim is complete, in which case it would progress to COMPLETE/PENDING REVIEW status. If further information is required, it would progress to INCOMPLETE status. A claim in the INITIAL ENTRY status is not currently being acted upon. A parameter in the FEE BASIS SITE PARAMETERS file (#161.4) determines if this status is used.	
10*	INCOMPLETE UNAUTHORIZED CLAIM*	YES	The unauthorized claim is not complete, and therefore invalid. The claim is considered incomplete and cannot proceed to the next status, COMPLETE/PENDING REVIEW, until all the requested information has been received.	366
20	PENDING - REASON UNKNOWN	NO	Prior to version 3 of FEE, unauthorized claims could have been pending for either additional information from the requestor, medical review, or other reason. Any unauthorized claim having this inactive status should be updated to an active status.	
30	COMPLETE/PENDING REVIEW	YES	The unauthorized claim is pending disposition upon completion of legal/medical/PSA review. A claim is updated to this status if it is received as complete or edited, and no requested information is outstanding.	
40*	DISPOSITIONED*	YES	The unauthorized claim has been dispositioned.	366
50	APPEAL/NOTICE OF DISAGREE RECV	YES	The disposition of the unauthorized claim is being appealed. The Notice of Disagreement letter has been received by the submitter of the appeal. The statement of the case must be issued, and a response received, before the appeal can be complete for review. The appeal application is incomplete. Entry of NOTICE OF DISAGREEMENT RECV'D will trigger this status.	

*When a claim goes through this status, a letter will be generated.

Table of Fee Basis Unauthorized Claims Statuses

STATUS ORDER	STATUS NAME	ACTIVE ?	DESCRIPTION	DAYS PRIOR EXPIRATION
55	APPEAL/ISSUED STATMENT OF CASE	YES	The statement of the case has been issued to the submitter. A response must be submitted within the appropriate time frame for the appeal to be considered. The appeal is considered incomplete for review until the response is received. Entry of STATEMENT OF THE CASE ISSUED will trigger this status.	366
60	APPEAL COMPLETE/PENDING REVIEW	YES	The appeal to the unauthorized claim is complete and pending review. Entry of DATE SUBSTANTIVE APPEAL RECV'D will trigger this status.	
70*	APPEAL DISPOSITIONED*	YES	The appeal to the unauthorized claim has been dispositioned. Entry of DATE APPEAL DISPOSITIONED will trigger this status.	121
80	COVA APPEAL	YES	The decision by the Board of Veterans Appeals (BVA) is being appealed. Entry of DATE APPEALED TO COVA will trigger this status.	
90*	COVA DISPOSITION*	YES	The decision by the Court of Veterans Appeals (COVA) has been made, and the COVA appeal has been dispositioned. Entry of DATE COVA APPEAL DISPOSITIONED will trigger this status.	

*When a claim goes through this status, a letter will be generated.

Appendix C: Bee Basis Mail Bulletins

The following is an example of a MRA Server bulletin:

```
Subj: Server Request Notice  [#4739656] 10 Nov 93 09:29 EDT  42 Lines
From: <POSTMASTER@INDIANAPOLIS.VA.GOV>  in 'IN' basket.   Page 1
-------------------------------------------------------------------------------

                 Nov. 10, 1993  9:29 AM

A request for execution of a server option has been received.

Sender: POSTMASTER@FOC-AUSTIN.VA.GOV
Option name: FBAA MRA SERVER
Subject: FEE/LSU #932161548108467
Message #: 2446861

Comments: No errors detected by the Menu System.

              This is the server bulletin XQSERVER
Total Vendor MRA's Received: 11     Processed: 4     Errors: 7
ADDS: 4
CHANGES:  7
UNSOLICITED ADDS: 0
```

```
Subj: Server Request Notice  [#4739656]    Page 2
-------------------------------------------------------------------------------
*** 7 Errors detected by FEE while processing the above server message. ***

 ===> ERROR CODE 1:  Invalid Vendor ID
       Action necessary.  Refer to the Vendor Error Code documentation.

TESTING DMK                        T99873764
TEST 4 CNH                         98765432A

 ===> ERROR CODE 2:  Invalid Record Length
       Action necessary.  Refer to the Vendor Error Code documentation.

1C516   876351098       05CNH TEST                 REASON ROAD
                      NASHUA             NH000000000  015BTYC000000005161241$

 ===> ERROR CODE 3:  Invalid Station Number
       Action may be necessary.  Refer to the Vendor Error Code documentation.
```

```
Subj: Server Request Notice  [#4739656]    Page 3
-------------------------------------------------------------------------------
FEEVENDOR,ONE                      000778665 8766
TAKE 5                             000789809 0000

 ===> ERROR CODE 4.1:  Vendor not found in file or in DELETE status.
       Information only.  Refer to the Vendor Error Code documentation.

FEEVENDOR,ONE                      000555556
FEEVENDOR,TWO                      000555556

Select MESSAGE Action: IGNORE (in IN basket)//
```

NOTE: Vendor Error Code documentation is located in Appendix F of this manual.

Appendix D: Multiple Rates for CNH Vendors

The existence of two rates (Intermediate and Skilled) for a Community Nursing Home (CNH) vendor no longer exists. Now, a facility may negotiate as many rates per contract as is necessary. 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.

Appendix E: 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 trans-mitted 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 <u>edit</u> a vendor <u>only</u> when you are sure that the vendor information has changed, and <u>add</u> a vendor when you wish to designate a new office location in addition to what is already on file.

Appendix F: Vendor Error Codes

You may see the following error codes in your MRA Server Bulletins:

ERROR CODE 1	INVALID VENDOR ID
ERROR CODE 2	INVALID RECORD LENGTH
ERROR CODE 3	INVALID STATION NUMBER
ERROR CODE 4	VENDOR NAMES DO NOT MATCH
ERROR CODE 4.1	VENDOR CHANGE FROM ANOTHER STATION NOT FOUND IN FILE
ERROR CODE 5	VENDOR CHANGE ALREADY PROCESSED

The following information includes explanations of the above codes, and how they can be resolved:

ERROR CODE 1 INVALID VENDOR ID
***** ACTION NECESSARY *****

EXPLANATION: **The first nine characters of a Fee Basis Vendor ID must be numeric only.** It is possible for FMS to send back an invalid ID, as they have vendors on their system with the first nine characters alphanumeric. They picked up these invalid vendor IDs from the CALM system, which had been modified from all numeric to alphanumeric. The FMS system does not allow modification of the vendor ID.

RESOLUTION: Contact the FMS Help Desk at (512) 389-5109 to let them know what you received.

Note the date on which you transmitted the vendor record to Austin. When all other vendor records have been received (the date does not appear on the output of MRA's Awaiting Austin Approval), then re-transmit MRAs for that date.

VENDOR ERROR CODES, Cont.

ERROR CODE 2 INVALID RECORD LENGTH
***** ACTION NECESSARY *****

EXPLANATION: A Medical vendor and a Pharmacy vendor have two different record lengths. The record length for each is a fixed length. Medical or Pharmacy vendor records which deviate from their fixed length cannot be processed, since the position of the data may have shifted. This may lead to corruption of the data.

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** They may be able to re-transmit the server message. If the message which they sent was bad, or they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

ERROR CODE 3 INVALID STATION NUMBER
***** ACTION MAY BE NECESSARY *****

EXPLANATION: This error is only possible if you are receiving an **Add** transaction from Austin and the station number on the **Add** transaction differs from the station number indicated by the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4).

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** If the vendor transactions should not have been sent to you, then you can ignore this problem. If what was sent is accurate, check the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4). If the site parameter is correct, contact the ISC; further analysis is needed. If it is incorrect, request that the server message be re-transmitted. If they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

Vendor Error Codes, Cont.

ERROR CODE 4 VENDOR NAMES DO NOT MATCH
***** INFORMATION ONLY *****

EXPLANATION: This message is only likely to occur during the upload. It is possible for two vendors to exist with the same vendor ID. For one vendor, it may be a Tax ID number; for the other, an SSN. For changes made by another station, the Vendor ID is used to locate the vendor on your system. It's possible that the change is for the vendor with this number as a Tax ID number, but your file only contains the vendor with this number as an SSN.

Example: Test Hospital Tax ID: 000456789
Dr. Test SSN: 000456789

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 4.1 VENDOR NOT FOUND IN FILE OR IN DELETE STATUS
***** INFORMATION ONLY *****

EXPLANATION: If a change is made to a vendor at another station, the change is routed to your station if it is believed that you also use that vendor. The Vendor ID is used to locate the vendor on your system. If the vendor does not exist on your system, or the Vendor ID has been changed, or the vendor is in DELETE status, the vendor in your FEE BASIS VENDOR file (#161.2) is not updated.

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 5 VENDOR CHANGE ALREADY PROCESSED
***** INFORMATION ONLY *****

EXPLANATION: When a change to a vendor is made or a new vendor added, the vendor is temporarily added into the FEE BASIS VENDOR CORRECTION file (# 161.25). It is deleted from this file once Austin returns a transaction containing that vendor, and no other errors are found. If no entry is found in this file, nothing can be processed. It is most likely that it has already been processed.

RESOLUTION: Informative message only. No further action is necessary.

Appendix G: MRA and Payment Messages

Following are samples of the type of mail messages automatically generated when a vendor or veteran record is adjusted or when the Queue Data for Transmission option is used to transmit payment batches. Please refer to the attachment following these samples for a description of record layout and content.

Medical Vendor MRA - Batch Type C1

```
Subj: FEE BASIS MESSAGE # 1  [#120201] 04 Jan 95 08:43  3 Lines
From: MARY ELLEN      (ALBANY ISC)  in 'MRA' basket.   Page 1
-------------------------------------------------------------------------------

FENC1010495500   00193$
1A500   000929292    1  02FEEVENDOR,ONE                      111
                                    TROY              NY111110000  083BTYC000
000000500107$
1A500   000333333    1  06FEEVENDOR,TWO
                                    TROY              NY222220000  083BTYC000
000000500108$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Veteran MRA - Batch Type C2

```
Subj: FEE BASIS MESSAGE # 2  [#120206] 04 Jan 95 13:55  2 Lines
From: MARY ELLEN      (ALBANY ISC)  in 'MRA' basket.   Page 1
-------------------------------------------------------------------------------

FENC2010495500   00200$
CA500   000456789  ONE FEEPATIENT     32 SMYTH RD          MANCHESTER   NH03
102134501019402019401102222241 012000000 2$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Pharmacy Vendor MRA - Batch Type C4

```
Subj: FEE BASIS MESSAGE # 3  [#120212] 04 Jan 95 16:08  2 Lines
From: MARY ELLEN      (ALBANY ISC)  in 'IN' basket.   Page 1
-------------------------------------------------------------------------------

FENC4010495500   00208$
4C500   00045678900001FEEVENDOR,ONE                 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: <BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
-------------------------------------------------------------------------------

FENB9011895500   003640000002200C3 $
9500   012126522 VF TEST      000000000    000022005003 3010121994122594011795
000000619543222FA1033370800005000              401.1
 00000000000000000000619123094                                  00002200000030
00  46 $


Select MESSAGE Action: IGNORE (in IN basket)//
```

Outpatient Medical Payment - Batch Type B3

```
Subj: FEE BASIS MESSAGE # 5  [#5253744] 18 Jan 95 11:04 EST  2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
-------------------------------------------------------------------------------

FENB3011895500   004240000001000C3 $
3500   012126522 VF TEST      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: <BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
-------------------------------------------------------------------------------

FENBT011895500   004250000001000C3 $
T500   012126522 TF TEST      0000100050030112950      0000000000000000000000
00448^1011295$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Pharmacy Payment - Batch Type B5

```
Subj: FEE BASIS MESSAGE # 3  [#5254070] 18 Jan 95 14:51 EST  2 Lines
From: <BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
-------------------------------------------------------------------------------

FENB5011895500   004460000000200C3 $
5500   012126522 VF TEST      987098000456789000200        5003 01089500L38333
011895000000627FA1033370800005000      00000000000000000000000000627^1011595$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Appendix H: List Manager

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality.

- browse through the list
- select items that need action
- take action against those items
- select other List Manager actions without leaving the option

You can select an action and entry number by using an equal sign (=), for example:

LB=1	will process entry 1 for list batch
LB=3 4 5	will process entries 3, 4, 5 for list batch
LB=1-3	will process entries 1, 2, 3 for list batch

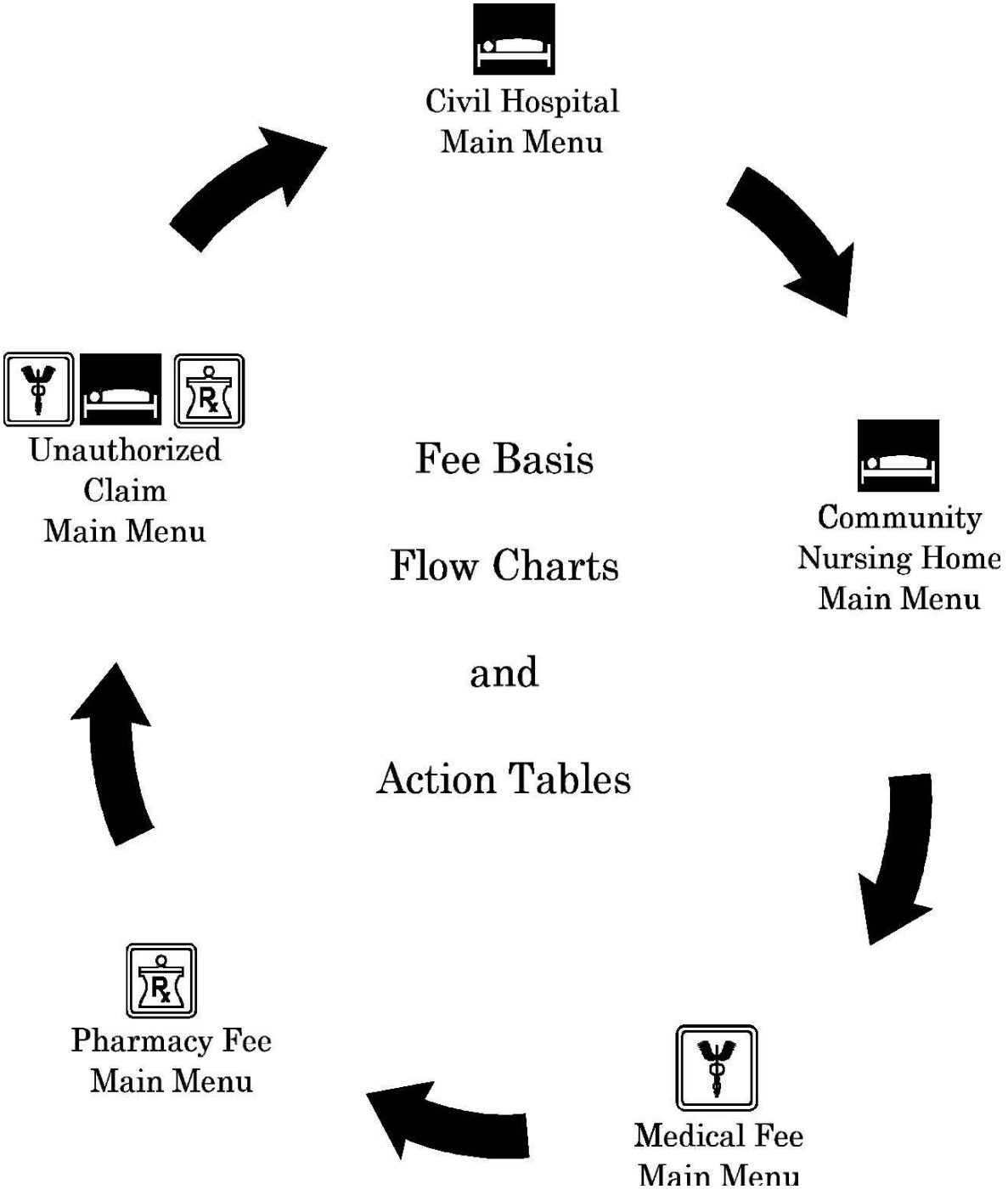
In addition to the various actions that may be available specific to the option you are working in, List Manager provides generic actions applicable to any List Manager screen. You may enter double question marks (??) at the "Select Action" prompt for a list of all actions available.

On the following page is a list of basic List Manager actions with a brief description. The list may have been altered by the specific package you are working in. The mnemonic for each action is shown in brackets [ ] following the action name. Entering the mnemonic is the quickest way to select an action.

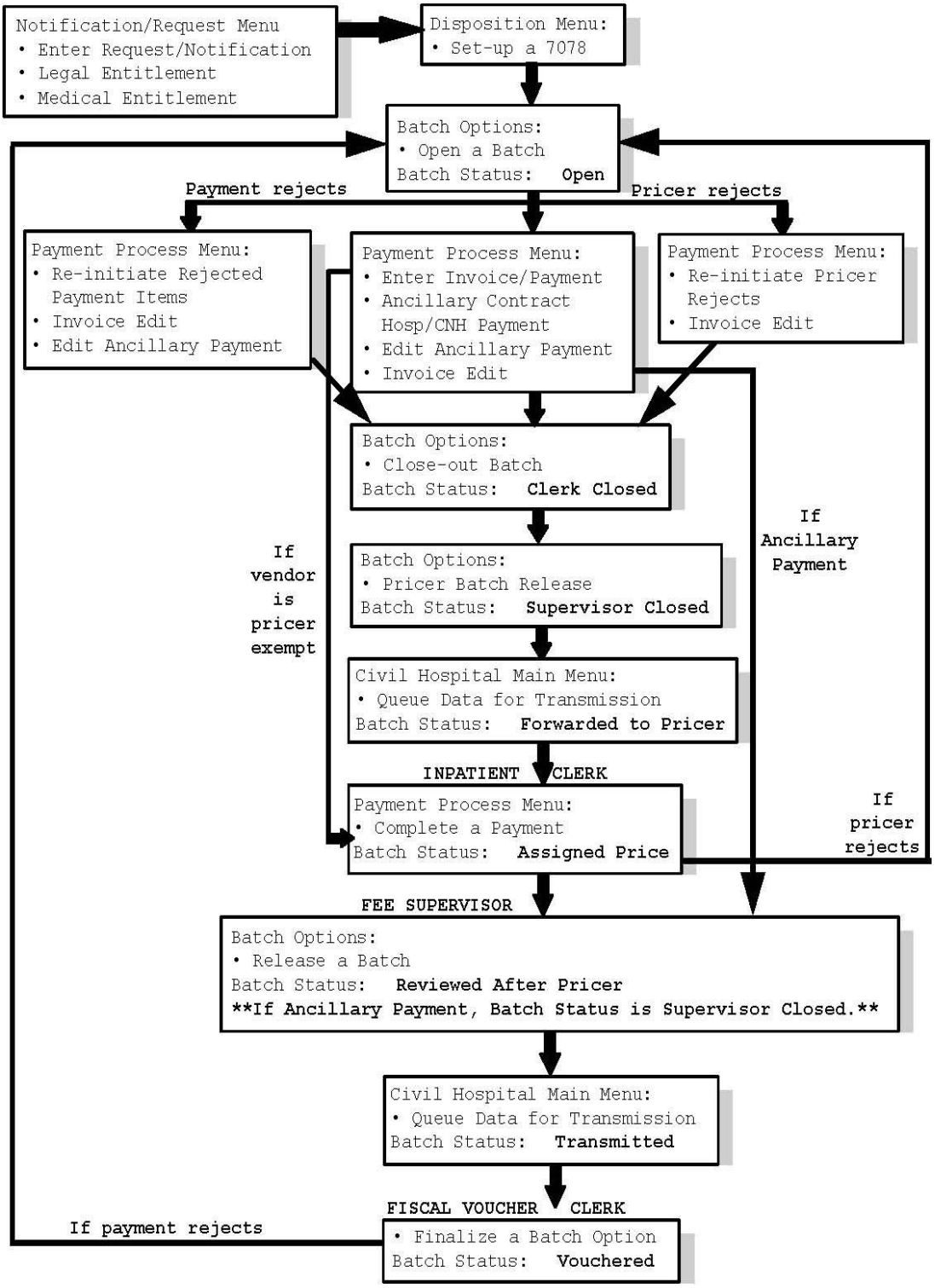
LIST MANAGER, cont.

Action	Description
Next Screen [+]	move to the next screen
Previous Screen [-]	move to the previous screen
Up a Line [UP]	move up one line
Down a Line [DN]	move down one line
Shift View to Right [>]	move the screen to the right if the screen width is more than 80 characters
Shift View to Left [<]	move the screen to the left if the screen width is more than 80 characters
First Screen [FS]	move to the first screen
Last Screen [LS]	move to the last screen
Go to Page [GO]	move to any selected page in the list
Re Display Screen [RD]	redisplay the current screen
Print Screen [PS]	prints the header and the portion of the list currently displayed
Print List [PL]	prints the list of entries currently displayed
Search List [SL]	finds selected text in list of entries
Auto Display(On/Off) [ADPL]	toggles the menu of actions to be displayed/not displayed automatically
Quit [QU]	exits the screen

Appendix I: Fee Basis Flow Charts and Action Tables



Civil Hospital Main Menu Inpatient Clerk Flow Chart

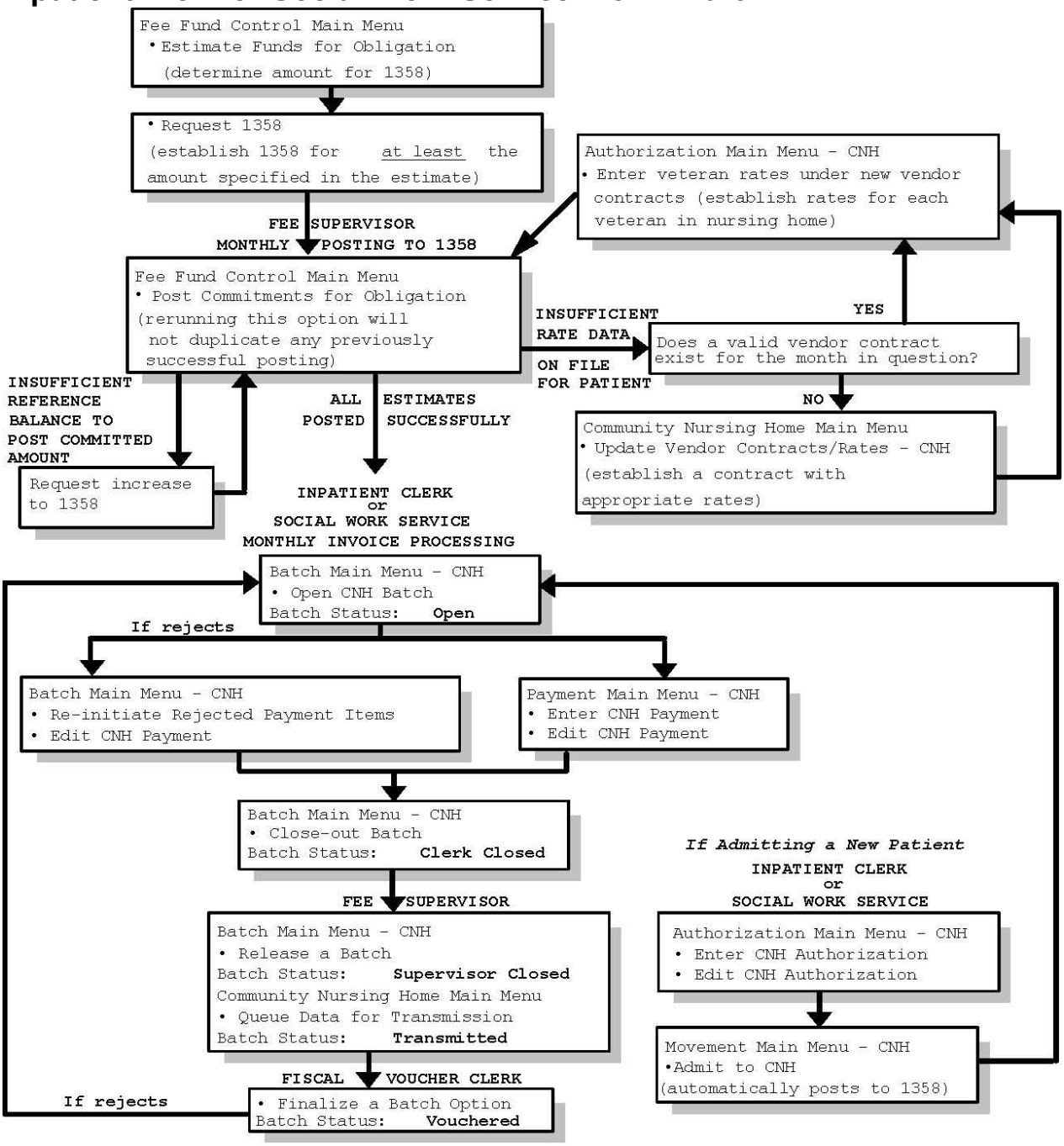


Civil Hospital Main Menu Table of Action

DHCP USER	OPTION USED	RESULTING BATCH STATUS
Inpatient Clerk	Open a Batch	Open
Inpatient Clerk	Enter Invoice/Payment	Open
Inpatient Clerk	Close-out Batch	Clerk Closed
Inpatient Clerk	Pricer Batch Release	Supervisor Closed
Inpatient Supervisor	Queue Data for Transmission	Forwarded to Pricer
Inpatient Clerk	Complete a Payment	Assigned Price
Inpatient Supervisor	Release a Batch	Reviewed after Pricer
Inpatient Supervisor	Queue Data for Transmission	Transmitted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

Community Nursing Home Main Menu Flow Chart

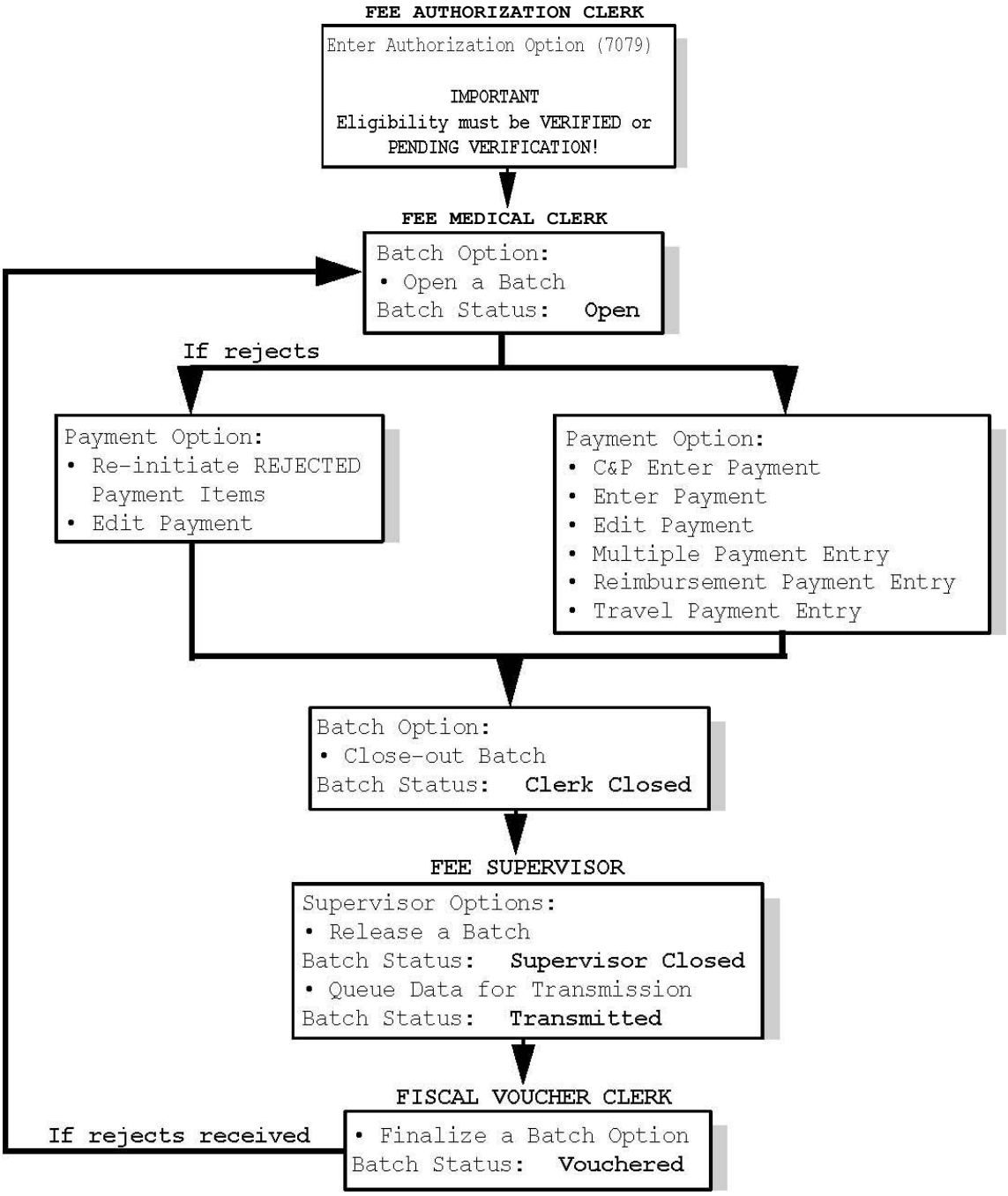
Inpatient Clerk or Social Work Service Flow Chart



Community Nursing Home Main Menu Table of Action

DHCP USER	OPTION USED	RESULTING BATCH STATUS
Inpatient Clerk or Social Work Service	Enter CNH Authorization (7078)	N/A
Inpatient Clerk	Open CNH Batch	Open
Inpatient Clerk	Close-out Batch	Clerk Closed
Inpatient Supervisor	Release a Batch	Supervisor Closed
Inpatient Supervisor	Queue Data for Transmission	Transmitted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

Medical Fee Main Menu Flow Chart



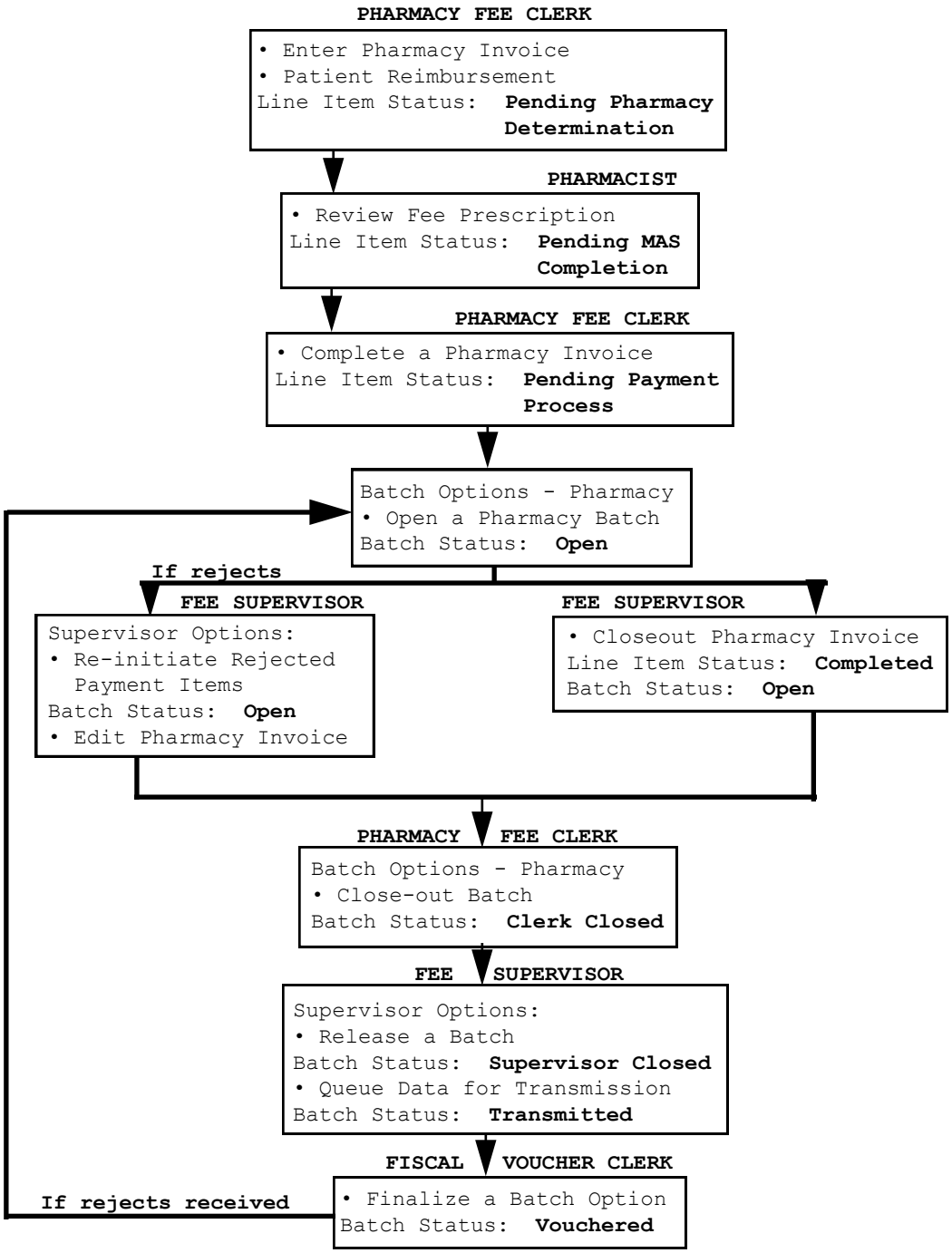
Medical Fee Main Menu Table of Action

TABLE OF ACTION

DHCP USER	OPTION USED	RESULTING BATCH STATUS
Fee Medical Clerk	Open a Batch	Open
Fee Medical Clerk	Close a Batch	Clerk Closed
Fee Supervisor	Release a Batch	Supervisor Closed
Fee Supervisor	Queue Data for Transmission	Transmitted
Fiscal Voucher Clerk	Finalize a Batch	Vouchered

Pharmacy Fee Main Menu Flow Chart

FLOW CHART



Pharmacy Fee Main Menu

TABLE OF ACTION

DHCP USER	OPTION USED	RESULTING STATUS		
		1LINE ITEM	1INVOICE	BATCH
Pharmacy Fee Clerk	[2]Enter Pharmacy Invoice	Pending Pharmacy Determination	Pending Pharmacy Determination	N/A
Pharmacist	Review Fee Prescription	Pending MAS Completion	Pending MAS Completion	N/A
Pharmacy Fee Clerk	Complete Pharmacy Invoice	Pending Payment Process	Pending Payment Process	N/A
Pharmacy Fee Clerk	[3]Closeout Pharmacy Invoice	Completed	Completed	Open
Pharmacy Fee Clerk	Close-out Batch	N/A	N/A	Clerk Closed
Fee Supervisor	Release a Batch	N/A	N/A	Supervisor Closed
Fee Supervisor	Queue Data for Transmission	N/A	N/A	Transmitted
Fiscal Voucher Clerk	Finalize a Batch	N/A	N/A	Vouchered

---

[1]You should closely monitor both the Line Item Status and the Invoice Status while entering Pharmacy invoices, because an invoice can contain multiple line items. The Invoice Status should never be greater than the lowest Line item Status within that invoice. If there is only one line item on an invoice, the Line Item Status will equal the Invoice Status. The following is a numeric ranking of possible Line Item/Invoice Statuses:

1. Pending Pharmacy Determination
2. Pending MAS Completion
3. Pending Payment Process
4. Completed

[2]We recommend that the clerk write the computer-generated invoice number on the Pharmacy invoice as it is being processed.

[3]The Pharmacy Fee Clerk can use this option to close an invoice only when the invoice and all of the line items within that invoice have reached the PENDING PAYMENT PROCESS status.

Unauthorized Claim Main Menu Flow Chart

IMPORTANT
There are too many possible claim statuses and dispositions to include them in this diagram. The primary purpose of this flow chart is to illustrate the general work flow through the use of the menu options.

To enter an unauthorized claim

To appeal an unauthorized claim

FEE BASIS CLERK

Enter/Edit Unauthorized Claim Menu ...
- Enter Unauthorized Claim Option
- Modify Unauthorized Claim Option
  (Used to edit claims that were never dispositioned.)

Enter/Edit Unauthorized Claim Menu
- Initiate Appeal for Unauthorized Claim Option

Enter/Edit Unauthorized Claim Menu ...
- Disposition Unauthorized Claim Option

Enter/Edit Unauthorized Claim Menu
- Appeal Edit for Unauthorized Claim Option

Enter/Edit Unauthorized Claim Menu
- Re-open Unauthorized Claim Option
  (Used to edit claims with a status of DISPOSITIONED.)

Unauthorized Claim Main Menu
- Payments for Unauthorized Claims Option

Enter/Edit Unauthorized Claim Menu
- COVA Appeal Enter/Edit Option

CIVIL HOSPITAL

OUTPATIENT (MEDICAL FEE)

PHARMACY FEE

IMPORTANT
Payment processing for unauthorized claims should follow the payment menu options for the applicable Fee Basis program of the selected claim. You should also use the payment options in the applicable Fee Basis program to process rejects, make any edits, etc., after payments have been entered.

Unauthorized Claim Main Menu Table Of Action

TABLE OF ACTION

DHCP USER	OPTION USED	RESULTING CLAIM STATUS
Fee Basis Clerk	Enter Unauthorized Claim	Complete/Pending Review
Fee Basis Clerk	Disposition Unauthorized Claim	Dispositioned (to APPROVED [AP] or APPROVED TO STABILIZATION [AS])
Fee Basis Clerk	Payments for Unauthorized Claims	Dispositioned

Appendix J: Fee Invoice Acceptance Date Controls

Introduction

Patch FB*3.5*124 modifies Fee Basis to fully enforce the long-standing requirement that Invoices may not be approved for payment of medical services which have not yet been rendered. I.e. no valid Fee Basis invoice may include charges for services on a date later that the date the invoice was received by the VA.

Previously, enforcement of this requirement was dependent largely on the Fee Basis Clerk recognizing such a condition when entering the invoice data, which was difficult since often only one of the dates was visible on the screen during data entry.

Note:
The dates collectively referred to below as "Date of Service" refer to various fields, depending on the type of invoice. In addition to "Date of Service", such fields include Treatment Date (or Treatment To Date), Admission or Discharge Date, and Prescription Filled Date.

This patch adds more sophisticated, and more complete, date-validation checks in multiple places where various types of invoices are entered or edited. It will refuse to allow entry of a Date of Service which is later than the Invoice Received Date, or of an Invoice Received Date which is earlier that the latest Date of Service on the invoice.

The areas where the new date checks have been introduced are listed below. For invoices which may include a range of dates – such as Civil Hospital Inpatient or Nursing Home, the Invoice Date is compared to the last Date of Service, i.e. the Treatment To date. For Invoices which may include multiple charges on different dates, such as different prescriptions filled on different days, the Invoice Received Date is compared to the date of the latest charge included on the invoice. Whenever an invalid date is detected, the date just entered will be rejected, and the user must either re-enter a valid date (if there is one), or exit the invoice. This will ensure that data-entry mistakes are caught, and can be corrected, immediately. It will also ensure that invoices submitted for invalid dates will be reliably identified during Fee Basis data entry. And in both cases, it will ensure that no invoices for invalid dates are approved and sent to Central Fee for payment.

List of all Menu Options affected by this Patch:

Enter Payment	**[FBAA ENTER PAYMENT]**
Reimbursement Payment Entry	**[FBAA MEDICAL REIMBURSEMENT]**
C&P/Multiple Patient Payment Entry	**[FBAA C&P ENTER PAYMENT]**
Edit Pharmacy Invoice	**[FBAA EDIT PHARMACY INVOICE]**
Enter Pharmacy Invoice	**[FBAA ENTER PHARMACY INVOICE]**
Patient Re-imbursement	**[FBAA REIMBURSEMENT PHARMACY]**
Multiple Payment Entry	**[FBAA MULTIPLE PAYMENT ENTRY]**
Edit Payment	**[FBAA EDIT PAYMENT]**
Ancillary Contract Hosp/CNH Payment	**[FBCH ANCILLARY PAYMENT]**
Patient Reimbursement for Ancillary Services	**[FBCH ANCILLARY REIMBURSEMENT]**
Enter Invoice/Payment	**[FBCH ENTER PAYMENT]**
Reimbursement for Inpatient Hospital Invoice	**[FBCH REIMBURSEMENT INVOICE]**
Invoice Edit	**[FBCH EDIT PAYMENT]**

Multiple Ancillary Payments	**[FBCH MULTIPLE PAYMENTS]**
Edit Ancillary Payment	**[FBCH EDIT ANCILLARY PAYMENT]**
Edit CNH Payment	**[FBCNH EDIT PAYMENT]**
Payments for Unauthorized Claims	**[FBUC PAYMENTS]**

Because of the way the code works internally, the user dialogue associated with the Acceptance Date validity checks are identical in numerous menu options, either because the user dialogue is managed by a call to the same Input Template, or because several options manage the dialogue by calling the same subroutine. The examples below just show screenshots of each unique user interaction dialogue once, following a list of the Menu Option(s) associated with each example.

Examples of the new Invoice Acceptance Date Controls by Menu Option:

Enter Payment (Medical)	**[FBAA ENTER PAYMENT]**
Reimbursement Payment Entry (Medical)	**[FBAA MEDICAL REIMBURSEMENT]**
C&P/Multiple Patient Payment Entry (Medical)	**[FBAA C&P ENTER PAYMENT]**
Multiple Payment Entry (Medical)	**[FBAA MULTIPLE PAYMENT ENTRY]**
Ancillary Contract Hosp/CNH Payment	**[FBCH ANCILLARY PAYMENT]**
Patient Reimbursement for Ancillary Services	**[FBCH ANCILLARY REIMBURSEMENT]**
Multiple Ancillary Payments	**[FBCH MULTIPLE PAYMENTS]**

When a new Medical or Ancillary invoice is entered, the Invoice Received Date is entered first. Since the user is not allowed to return to this field and change its value, the date comparison is not performed until the Date of Service is entered further down. If a mistake was made when entering the Invoice Received Date, the incomplete invoice must deleted, and a new one entered with the correct Invoice Received Date, since the Invoice Received Date cannot be changed in this option once it has been entered. The example below illustrates what will occur if a Date of Service is entered which is after the Invoice Received Date for a Medical invoice:

```
Want a new Invoice number assigned? YES//

Invoice # 2653 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
 (whichever is later): 8/1/11  (AUG 01, 2011)

     *** Invoice Received Date cannot be earlier than
         Patient's Authorization Date!!! (08/05/11)     ← Rejected

Enter Vendor Invoice Date: 8/27  (AUG 27, 2011)         ← Accepted
PATIENT ACCOUNT NUMBER: 4321
Is this an EDI Claim from the FPPS system? NO
The answer to the following will apply to all payments entered via this
option.
Are payments for contracted services? No// NO


Date of Service: 8/7/11   AUG 07, 2011

      *** Date of Service cannot be later than
          Invoice Received Date (08/06/11) !!!          ← Rejected
 ??
```

```
Date of Service: 8/4/11   AUG 04, 2011

     *** Date of Service cannot be prior to
         Authorization period (08/05/11) !!!          ← Rejected
 ??

Date of Service: 8/4/11   AUG 06, 2011

     *** Date of Service cannot be later than
         Authorization period (08/05/11) !!!          ← Rejected
 ??

Date of Service: 8/5/11   AUG 05, 2011                ← Accepted
Total already paid on ID Card for month:   $ 48.08   Maximum allowed: $
125
```

Edit Payment (Medical) **[FBAA EDIT PAYMENT]**

When an existing Medical invoice is edited, the Date of Service is used, along with the Patient and Vendor Names, to select the invoice to be edited. The Date of Service cannot be change in this option, but the Invoice Received Date, can. So the Invoice Acceptance Date check is implemented only after the user changes the Invoice Received Date. The example below illustrates what will happen if the Invoice Received Date is changed to a value later that the Date of Service:

```
Date of Service: ?
    Answer with INITIAL TREATMENT DATE:
   1            AUG 05, 2011

Date of Service: 1  8-5-2011

. . . (Fields not relevant to the illustrated date check omitted)

DATE CORRECT INVOICE RECEIVED: AUG 7,2011// 8/3  (AUG 03, 2011)  ←
Change to Invalid Date

      *** Invoice Received Date cannot be prior to the
          Date of Service (08/05/11) !!!          ← Rejected
DATE CORRECT INVOICE RECEIVED: AUG 3,2011//  ← Hit <ENTER> & leave
invalid date unchanged

      *** Invoice Received Date cannot be prior to the
          Date of Service (08/05/11) !!!          ← Rejected

DATE CORRECT INVOICE RECEIVED: AUG 3,2011// 8/8  (AUG 08, 2011) ←
Change to valid date; accepted
VENDOR INVOICE DATE: AUG 5,2011//
```

Edit Ancillary Payment **[FBCH EDIT ANCILLARY PAYMENT]**

When an invoice for an Ancillary Payment is edited, the Invoice Received Date can be changed but the Date of Service cannot. So the new Fee Invoice Acceptance Date Control check only executes if the Invoice Received Date is changed. The example below illustrates the action of this date check if the Invoice Received Date is changed to a date later than the Date of Service for the selected invoice:

```
Date of Service: ??
```

```
   Choose from:
   1            JUL 22, 2011
   2            AUG 05, 2011
```

Date of Service: 2 8-5-2011

. . . (Several fields not involved in the date check omitted from the example)

DATE CORRECT INVOICE RECEIVED: AUG 9,2011// 8/1 (AUG 01, 2011) ***← Changed to invalid Date***

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ***← Rejected***

DATE CORRECT INVOICE RECEIVED: AUG 1,2011// ***← Invalid date unchanged***

***** Invoice Received Date cannot be prior to the**
Date of Service (08/05/11) !!! ***← Still Rejected***

DATE CORRECT INVOICE RECEIVED: AUG 1,2011// **9/10 (SEP 10, 2011)** ***← Changed to valid Date – input accepted; move to next field***

VENDOR INVOICE DATE: AUG 5,2011// **^DATE CORRECT INVOICE RECEIVED** ***← Go back to Invoice Received Date field again***

DATE CORRECT INVOICE RECEIVED: SEP 10,2011// 8/5 (AUG 05, 2011) ***← Enter INV Date = DOS: Also accepted***

VENDOR INVOICE DATE: AUG 5,2011//

Enter Pharmacy Invoice **[FBAA ENTER PHARMACY INVOICE]**
Patient Re-imbursement (Pharmacy) **[FBAA REIMBURSEMENT PHARMACY]**

When entering a new Pharmacy invoice, the Invoice Received Date is entered before the Prescription Filled Date, and cannot be changed after it has been entered. So the Invoice Acceptance Date check is implemented only after the Prescription Filled Date is entered. The example below illustrates the action taken by the Invoice Acceptance Date check if the Date Prescription Filled is after the Invoice Received Date:

Date Correct Invoice Received: 8/31 (AUG 31, 2011)

. . . (Numerous non-date fields removed for clarity of the example)

Want to review fee pharmacy payment history? No// NO

DATE PRESCRIPTION FILLED: 9/1 (SEP 01, 2011) ***← Date is after Inv Rcv'd Date***

***** Date Prescription Filled cannot be later than**
Invoice Received Date (08/31/11) !!! ***← Rejected***

DATE PRESCRIPTION FILLED: 8/27 (AUG 27, 2011) ***← Enter valid date- Accepted.***

Select PRESCRIPTION NUMBER: **^DATE CO** ***← Cannot return to edit Inv Rcv'd Date***

Select PRESCRIPTION NUMBER: **^DATE P** ***← Cannot return to edit RX Fill Date either***

Select PRESCRIPTION NUMBER:

Edit Pharmacy Invoice [FBAA EDIT PHARMACY INVOICE]

Once a pharmacy Invoice# is entered, the Prescription Fill Dates are determined, and cannot be edited. If the Invoice Received Date is changed, the Invoice Acceptance Date check examines all of the RX#'s on the invoice, and compares the new Invoice Received Date to the latest Prescription Fill Date. If the Invoice Received Date is before the last Prescription Fill Date, it is rejected, and the use must re-enter a valid Invoice Received Date, as illustrated in the example below.

```
Select Invoice #: 2643
DATE CORRECT INVOICE RECV'D: SEP 1,2011// 5/1  (MAY 01, 2011)  ←
Invalid Date is rejected

*** Invoice Received Date cannot be prior to the last
    Prescription Filled Date on the Invoice (08/10/11 for RX# 3645) !!!
DATE CORRECT INVOICE RECV'D: MAY 1,2011//  ← Invalid Date not changed,
still rejected

*** Invoice Received Date cannot be prior to the last
    Prescription Filled Date on the Invoice (08/10/11 for RX# 3645) !!!
DATE CORRECT INVOICE RECV'D: MAY 1,2011// 8/15  (AUG 15, 2011)  ← Valid
Date is accepted
VENDOR INVOICE DATE: AUG 10,2011//
```

Enter Invoice/Payment (Civil Hospital) [FBCH ENTER PAYMENT]
Reimbursement for Inpatient Hospital Invoice [FBCH REIMBURSEMENT INVOICE]

When entering a new Civil Hospital Invoice, the Invoice Received Date is compared to the Authorization TO Date. The Authorization TO Date is entered to select the invoice to be edited, and cannot be edited. In the example below, the Authorization To Date selected is **8/30/2011**. The example below illustrates the action of the Fee Invoice Acceptance Date Control check if the Invoice Received Date entered is earlier than the Authorization To Date:

```
AUTHORIZATIONS:
   (1) FR: 8/5/2011      VENDOR: VENDTEST - 123456789
       TO: 8/10/2011
                                Authorization Type: CIVIL HOSPITAL
Invoice # 2670 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/1/11  (AUG 01, 2011)

     *** Invoice Received Date cannot be before the
         Treatment TO Date!!! (08/10/11)                  ← Rejected
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/7  (AUG 07, 2011) ← Change to a different
invalid date

     *** Invoice Received Date cannot be before the
         Treatment TO Date!!! (08/10/11)                  ← Rejected
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 8/11  (AUG 11, 2011)                ← Accepted
```

```
      Enter Vendor Invoice Date:
```

Invoice Edit (Civil Hospital) **[FBCH EDIT PAYMENT]**

When an inpatient invoice is edited, the Authorization To Date cannot be changed, but the Invoice Received Date can. The example below illustrates the action of the Fee Invoice Acceptance Date Control check if the Invoice Received Date is changed to a value earlier than the Authorization To Date:

```
                                INVOICE DISPLAY
                               =================

Veteran's Name                                   Patient Control Number
('*'Reimbursement to Veteran   '+' Cancellation Activity)  '#' Voided Payment)
    Vendor Name                              Vendor ID     Invoice #
    FPPS Claim ID FPPS Line Item   Date Rec.  Inv. Date  Fr Date    To Date
    Amt Claimed  Amt Paid    Cov.Days  Adj Code  Adj Amount     Remit Remark
==============================================================================

TESTONE,PATIENT A  lOl-OO-lOll
    JMTEST                                   l23456789        2639
                                   09/01/11   8/10/11    08/05/11   08/10/11
    1000.00      23.00       5         45        977.00
  Admit Dx: 301.10
    DX/POA: 301.3/Y
    Associated 7078: C95003.0102
    Batch #: 1979                        Date Finalized:

INVOICE DATE RECEIVED: SEP 01,2011// 8/09/11  (AUG 09, 2011)  ← Change Inv
Rcvd date before To Date

     *** Invoice Received Date cannot be before
         Treatment TO Date (08/10/11) !!!                        ← Rejected
INVOICE DATE RECEIVED: AUG 9,2011// 8/9/11  (AUG 09, 2011)

(NOTE: If there is a Treatment FROM Date, but no Treatment TO Date, the
comparison is made to the Treatment FROM Date.  If this comparison reveals a
problem, then the following message displayed.)

INVOICE DATE RECEIVED: AUG 9,2011// 8/02/11  (AUG 02, 2011)
     *** Invoice Received Date cannot be before
         Treatment FROM Date (08/05/11) !!!                      ← Rejected
INVOICE DATE RECEIVED: AUG 2,2011// 8/11/11  (AUG 11, 2011)      ← Accepted

VENDOR INVOICE DATE: AUG 10,2011//
```

Edit CNH Payment **[FBCNH EDIT PAYMENT]**

When a Contract Nursing Home invoice is edited, both the Dates of Service and the Invoice Received Date may be changed. Thus the Fee Invoice Acceptance Date Control check is executed after either of these dates is changed. The examples below illustrate the action of this date check when the Date of Service is changed to a date earlier than the Invoice Received Date, and when the Invoice Received Date is changed to a date later than the Treatment To date of service:

Example 1:

```
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): SEP 5,2011//
VENDOR INVOICE DATE: AUG 31,2011//
PATIENT CONTROL NUMBER:
Is this an EDI Claim from the FPPS system? NO//
VENDOR: vendtest,V//
VETERAN: patient,test A//
TREATMENT FROM DATE: AUG 5,2011// 8/15/11  (AUG 15, 2011)

     *** Treatment FROM Date cannot be after
         Invoice Received Date (08/11/11) !!!
TREATMENT FROM DATE: AUG 15,2011// 8/5/11  (AUG 5, 2011)          ← Accepted
TREATMENT TO DATE: AUG 10,2011// 9/1/11  (SEP 01, 2011)

     *** Treatment TO Date cannot be after
         Invoice Received Date (08/11/11) !!!
TREATMENT TO DATE: SEP 1,2011// 8/11/11  (AUG 11, 2011)           ← Accepted
COVERED DAYS: 5//

Example 2:
Invoice Date  Invoice No.     From Date        To Date  Patient Control #
 Amt Claimed   Amt Paid  Cov Days   Adj Codes    Adj Amounts   Remit Remarks
===============================================================================
Vendor: VEND,OR                          Vendor ID: OOl429850
  ll/l/ll          2637        8/l/ll         8/10/ll
     26.4O        26.4O  22
    Associated 7O78: C95OO3.OlOl
    Batch #: l978                        Date Finalized:

Select Invoice Number: 2657

Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): SEPT 5,2011// 8/5/11  (AUG 05, 2011)

     *** Invoice Received Date cannot be before
         Treatment TO Date (08/11/11) !!!

Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): AUG 5,2011// 8/11/11  (AUG 11, 2011)  ← Accepted
VENDOR INVOICE DATE: AUG 3,2011//
```

Payments for Unauthorized Claims **[FBUC PAYMENTS]**

Once an Unauthorized Claim is dispositioned to Approved, a Payment may be entered for the Invoice. The specific Date-check will depend on what type of claim was submitted (Civil Hospital, Ancillary, Medical, or Pharmacy). The operation of the Fee Invoice Acceptance Date Control check for an Unauthorized Claim is illustrated above in the menu option corresponding to the claim type.

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