

Department of Veterans Affairs  
Decentralized Hospital Computer Program

# **FEE BASIS USER MANUAL**

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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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12/29/04	Pdf file checked for accessibility to readers with disabilities.		Mary Ellen Gray

## Table of Contents

## 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.

# 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.



# Package Management

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



# Package Operation

## On-line Help

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

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

```
Enter Last Date Of Visit: APR 30,1992//
```

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

```
Enter Last Date Of Visit: APR 30,1992// ?
```

```
Examples of Valid Dates:
```

```
JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057
```

```
T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.
```

```
T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.
```

```
If the year is omitted, the computer uses the CURRENT YEAR.
```

```
You may omit the precise day, as: JAN, 1957
```

```
If the date is omitted, the current date is assumed.
```

```
Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.
```

```
You may enter a time, such as NOON, MIDNIGHT or NOW.
```

```
Seconds may be entered as 10:30:30 or 103030AM.
```

```
Enter the date the patient was last seen at that facility.
```

```
Enter Last Date Of Visit: APR 30,1992//
```

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

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



## **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.

## **Notification/Request Menu**

### **Enter a Request/Notification**

FBAE 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: 111111112

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: MARY ELLEN
STATUS: INCOMPLETE                DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL        DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994   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: MARY ELLEN
STATUS: COMPLETE	DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL	DATE OF ADMISSION: DEC 13, 1994
DATE OF DISCHARGE: DEC 14, 1994	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: MARY ELLEN
STATUS: INCOMPLETE                    DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993      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: MARY ELLEN
STATUS: COMPLETE                      DATE OF ISSUE: DEC 14, 1994
FEE PROGRAM: CIVIL HOSPITAL           DATE OF ADMISSION: AUG 11, 1993
DATE OF DISCHARGE: DEC 15, 1993      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: MARY
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: AUG 16, 1994
USER ENTERING LEGAL DETERM.: MARY
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: AUG 16, 1994
USER ENTERING MEDICAL DETERM.: MARY
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: KAREN
LEGAL ENTITLEMENT: YES
DATE OF LEGAL DETERMINATION: OCT 5, 1993
USER ENTERING LEGAL DETERM.: KAREN
MEDICAL ENTITLEMENT: YES
DATE OF MEDICAL DETERMINATION: OCT 5, 1993
USER ENTERING MEDICAL DETERM.: KAREN
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>
```

```
=====
>> REPORT OF CONTACT <<
=====
|VA Office|SSN #
|VAMC ALBANY NY|000456789
-----
Name of Veteran|Telephone No. of Vet.|Date of Contact
FEEPATIENT, ONE|518-555-0987|12/11/94
-----
Address of Veteran|Type of Contact
000 MAPLE DR|Telephone
TROY, NY 32937
-----
Person Contacted|Telephone Number of
DOCTOR|Person Contacted
|518-555-1234
-----
Brief statement of information requested and given

DOCTOR CALLED TO REQUEST AUTHORIZATION TO PROVIDE
OUTPATIENT SURGICAL SERVICES TO PATIENT. CASE WILL BE
REVIEWED BY DOCTOR TWO.
-----
Division or Section|Executed by(signature and title)
FEE BASIS|MARY ELLEN
=====
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.: MARY ELLEN
MEDICAL ENTITLEMENT: NO
DATE OF MEDICAL DETERMINATION: DEC 14, 1994
REQUEST STATUS: COMPLETE                SUSPENSE CODE: 3
ATTEN.PHYSICIAN PHONE NUMBER: (202)535-7385
DATE/TIME OF ADMISSION: NOV  1, 1994@08:00
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: FEEvmdor,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: MARY ELLEN
DATE CANCELLED: DEC 14, 1994      DATE OF ADMISSION: JUL 21, 1993
DATE OF DISCHARGE: AUG 10, 1993      REFERRING PROVIDER: FEEprovider,Two
REFERRING PROVIDER NPI (c): 111111112

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

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

Select Patient:
```

**Disposition Menu**  
**Cancel 7078 Entered in Error**

**Introduction**

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

The FBAASUPERVISOR Security Key is required to access this option.

**Example**

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

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

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

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

Are you sure you want to cancel? No// YES
...Authorization cancelled.  Now updating 1358....
Finished
```

## Disposition Menu

### Print List of Cancelled 7078

FBAASUPERVISOR Key - required to access this option.

### Introduction

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

### Example

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

CANCELLED 7078s                        AUG  4,1993  10:28      PAGE 1
  7078                                PATIENT NAME                                VENDOR
  FROM DATE  CLERK ENTERING 7078          DATE CANCELLED
-----
C33003.0002      FEEPATIENT, ONE      FEEVENDOR,ONE 000456789
JUN  9,1993    JOHN                                JUN  9,1993
C89700.0004      FEEPATIENT, TWO      FEEVENDOR,TWO 000456789
JUL 28,1993    KAREN                                JUL 28,1993
C90234.0014      FEEPATIENT, THREE    FEEVENDOR,THREE 000456789
JUL 28,1993    KAREN                                JUL 28,1993
C90234.0015      FEEPATIENT, FOUR     FEEVENDOR,THREE 000456789
JUL 28,1993    JOHN                                JUL 28,1993
C90234.0016      FEEPATIENT, FIVE     FEEVENDOR,THREE 000456789
JUL 28,1993    KAREN                                JUL 28,1993
C90234.0017      FEEPATIENT, SIX      FEEVENDOR,THREE 000456789
JUL 28,1993    KAREN                                JUL 28,1993
```

## Disposition Menu

### Set up a 7078

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

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

### Introduction

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

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

### Example

```

Select Patient: FEEPATIENT, ONE          06-12-55      000456789      SC VETERAN

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

AUTHORIZATION TO DATE: t  (DEC 14, 1994)

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

```

**Disposition Menu**  
**Set up a 7078**

**Example, cont.**

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

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

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

Is this Correct? NO// y YES
....Posting to 1358

...HMMM, JUST A MOMENT PLEASE...
...HMMM, HOLD ON...
      Non-VA PTF Record Created.
```

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

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

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

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

## **Payment Process Menu**

### **Ancillary Contract Hosp/CNH Payment**

New Prompts:

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

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

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

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

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

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

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

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

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

## **Introduction**

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).

#### 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
Fr Date         To Date         Claimed   Paid     Sus Code      Vendor ID  Invoice #
                                           Invoice Date
=====
FEEPATIENT, ONE 000-45-6789
FEEVENDOR, ONE
03/01/90 03/03/90    1400.00  0.00    000456789    1006
Dx: 017.30 Dx: 011.21
Associated 7078: C77777.0010
Batch #: 901                               Date Finalized:

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

**Payment Process Menu**  
**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.

### 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.

**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 5%  --  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
ICD1: 200.00 200.00 RETICULOSARCOMA UNSPEC COMPLICATION/COMORBI
200.00
ICD2: <RET>
PROC1: 14.19 14.19 DXPROC POST SEG NEC OTHER DIAGNOSTIC
PROCEDURES
ON RETINA, CHOROID, VITREOUS, AND POSTERIOR CHAMBER
...OK? YES// <RET> (YES)
PROC2: <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.

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: **1024**                      C77777

Select FEE BASIS INVOICE NUMBER: **1225**

```

                                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           000111111      1225
07/01/94 07/04/94 1235.00 1235.00           07/16/94 07/10/94
Dx: 115.01 Dx: 116.1
Proc: 10.41
Associated 7078: C77777.0201
Batch #: 1024           Date Finalized:

INVOICE DATE RECEIVED: JUL 16,1994// <RET>
VENDOR INVOICE DATE: 07/10/94// <RET>
Is this line item for a contracted service? No// <RET>
DISCHARGE TYPE CODE: TO HOME OR SELF CARE// DIED
BILLED CHARGES: 2130// <RET>
PAYMENT BY MEDICARE/FED AGENCY: no// <RET>
AMOUNT CLAIMED: 2130// <RET>
ICD1: 115.01// <RET>
ICD2: 116.1
ICD3: <RET>
PROC1: 10.41// <RET>
PROC2: <RET>

```

## **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.

### **Example**

```
Select FEE BASIS BATCH NUMBER: 145
Obligation #: C89622
```

```
Select Patient: FEETPATIENT, 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

TO Austin: 9/27/93

Last Change

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 (+).

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

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

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

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

### **Introduction**

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

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

## 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.

**Example**

```

Select Patient: FEETPATIENT, ONE      02-03-35      000456789      MILITARY RETIREEE
FEETPATIENT, 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:
      Austin Name: DOCTOR                                         Pricer Exempt: Yes
      Last Change                                               Last Change
      TO Austin: 11/14/90                                       FROM Austin: 11/16/90

Vendor is listed as 'exempt from the pricer'.
Do you wish to keep this invoice exempt from the pricer? Yes// <RET>

Select FEE BASIS BATCH NUMBER: 80                            C90234

Invoice # 98 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(which ever 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: MARY ELLEN  STATION NUMBER: 500
TOTAL DOLLARS: 0      INVOICE COUNT: 2
PAYMENT LINE COUNT: 2  DATE CLERK CLOSED: JAN 10, 1995
CONTRACT HOSPITAL BATCH: yes  BATCH EXEMPT: NO

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:

```

## Batch Main Menu - CH Re-open Batch

FBAASUPERVISOR 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: MARY ELLEN              STATION NUMBER: 500
  TOTAL DOLLARS: 876                        PAYMENT LINE COUNT: 8
  STATUS: OPEN                              INVOICE COUNT: 8

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:
```

## Batch Main Menu

### Pricer Batch Release

#### Introduction

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

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

#### Example

```
Select FEE BASIS BATCH NUMBER:  983                C77777

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

STATUS: CLERK CLOSED

Want line items listed? No// <RET>

Do you want to Release Batch as Correct? No// Y
```

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

STATUS: SUPERVISOR CLOSED

Batch has been Released!
```

## Batch Main Menu - CH

### Re-initiate Pricer Rejected Items

#### Introduction

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

#### Example

```

Select Batch with Pricer Rejects:  990      C77777

Select New Batch Number:  1014      C77777

Select Patient:  FEEPATIENT, ONE      10-23-56      000456789      SC VETERAN
                  1185
    
```

```

                                INVOICE DISPLAY
                                =====
Veteran's Name  ('*'Reimbursement to Veteran  '+' Cancellation Activity)
                  ('#' Voided Payment)

Vendor Name      Vendor ID      Invoice #
Fr Date      To Date  Claimed   Paid      Sus Code      Dt. Rec.  Inv. Date
=====
FEEPATIENT, ONE  000-45-6789
FEEVENDOR, ONE      000456789      1185
07/15/94  07/17/94  3125.00  3125.00      08/05/94  07/27/94
Dx: 116.0
Associated 7078: C77777.0177
Batch #:
Rejects Pending!      Reject reason: WRONG VENDOR
Old Batch #: 990

Want to re-initiate this payment? No//  Y

Want to edit payment now? Yes//  <RET>
    
```

**Batch Main Menu - CH**  
**Re-initiate Pricer Rejected Items**

**Example, cont.**

```
INVOICE DATE RECEIVED: AUG 5,1994// <RET>
VENDOR INVOICE DATE: 07/27/94 (JUL 27, 1994)
Is this line item for a contracted service? No// <RET>
DISCHARGE TYPE CODE: TO HOME SELF CARE// <RET>
BILLED CHARGES: 3125.00// 3120.00
PAYMENT BY MEDICARE/FED AGENCY: no// <RET>
AMOUNT CLAIMED: 3125.00// 3120.00
ICD1: 116.0// <RET>
ICD2: <RET>
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.

### 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)				Batch Number	
(' #' Voided Payment)					
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// <b>y</b> YES					
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: 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)				Batch Number	
Vendor Name	('#' Voided Payment)		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:	<b>FEEPATIENT, ONE</b>		04-29-61	000456789	SC VETERAN	

### Batch Main Menu - CH Finalize a Batch

#### Example, cont.

Patient Name		('*' Reimbursement to Veteran '+' Cancellation Activity)		Batch Number	
Vendor Name		('#' Voided Payment)			
FR DATE	TO DATE	CLAIMED	PAID	SUSP CODE	Dt Inv Rec'd
=====					
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// <b>N</b>					
Reject which line item: <b>1</b>					
Are you sure you want to reject item number: 1 ? No// <b>Y</b>					
Enter reason for rejecting: <b>WRONG VENDOR</b>					
Item rejected. Want to reject another ? Yes// <b>N</b>					
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// <b>Y</b>					
Batch has been Finalized!					

## **Batch Main Menu - CH**

### **Re-initiate Rejected Payment Items**

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

### **Introduction**

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

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

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

### Batch Main Menu - CH Re-initiate Rejected Payment Items

#### Example

```
Select Batch with Rejects: 80          C90234

New Batch for Rejects is: 211
Want line items listed? NO// YES

Patient Name ('*' Reimbursement to Veteran '+' Cancellation Activity)
                ('#' Voided Payment)                                Batch Number
Vendor Name      Vendor ID  Invoice #  Dt Inv Rec'd
FR DATE        TO DATE    CLAIMED   PAID      SUSP CODE
=====
Batch Number: 80      Voucher Date: 1/10/95  Voucherer: MARY ELLEN

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: MARY ELLEN         REJECTS PENDING: YES
BATCH EXEMPT: NO

STATUS: VOUCHERED

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

**Batch Main Menu - CH**  
**Delete Reject Flag**

**Example, cont.**

```

Patient Name  ('*' Reimbursement to Veteran '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch Number
Vendor Name   Vendor ID   Invoice #   Dt Inv Rec'd
FR DATE      TO DATE    CLAIMED    PAID      SUSP CODE
=====
Batch Number: 375      Voucher Date: 11/29/94 Voucherer: 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 VAMC ALBANY 113 HOLLAND AVE ALBANY, NY 12208		1. Date of Issue 08/30/06	
Name of Physician or Station FEEvendor,One NEW SCOTLAND AVE SUITE 301 ALBANY, NY 12209 ID#: 111111111		2. Veteran's Name FEEpatient, ONE	
Name of VA Referring Provider FEEprovider,Two NPI: 111111112		3. Address 1 MAIN ST Apt. 1B TROY, NY 12180	
		4. Veteran's Claim No. 000456789	4A. SSN XXX-XX-6789
		5. Authorization Valid	
		From 08/30/06	To 09/17/06
PART 1. - SERVICES AUTHORIZED			
6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.) Move to VAMC ASAP			7. Fee \$
8. Fee Schedule or Contract	9. Authority 17.45	9A.	10. Estimated Amount \$500.00
11. Fiscal Symbols 360/10161.001 C77777.0141	12. Authorized by (Name and Title) JAMES ME Clinical Director		
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.			
2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.			
3. Payment by the VA is payment in full for authorized services rendered.			
4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.			
5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major surgery.			
6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the release of the patient from the hospital.			
7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [ <a href="http://www.cms.hhs.gov/NationalProvIdentStand">http://www.cms.hhs.gov/NationalProvIdentStand</a> ], 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:  0001111111

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	PSA	AUTH FROM DATE
VETERAN NAME	DOB	VETERAN ID	
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					
-----					
ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
1	0	0	1	4	0
SURGERY					
-----					
ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
0	0	0	0	0	0
PSYCHIATRY					
-----					
ADMISSIONS	DISCHARGES	DEATHS	PATIENTS REMAINING	DAYS OF CARE	DAYS OF UNAUTH CARE
0	0	0	0	0	0

## Output Menu 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 <b>non-LTC</b> 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 <b>non-LTC</b> treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received <b>non-LTC</b> 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 <b>non-LTC</b> 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 <b>LTC</b> 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 <b>LTC</b> treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received <b>LTC</b> 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 <b>LTC</b> 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 <b>LTC</b> treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received <b>LTC</b> 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 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 Claimed	Amount Paid	Susp Code	Invoice Num	From Date	To Date	
-----							
Patient: FEEpatient,One		Patient ID: XXX-XX-6789					
1/11/06	10.00	0.00		531	11/5/06	11/15/06	
DX: 103.0							
Patient: FEEpatient,Two		Patient ID: XXX-XX-1234					
5/18/06	87.00	81.00		560	4/17/06	4/18/06	
DX: 271.3							
>>>Check # 1111111 Date Paid: 6/20/06<<<							
>>>Amount paid altered to \$83.00 on the Fee Payment Voucher document.<<<							

## 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 Claimed	Amount Paid	Susp Code	Invoice Num	From Date	To 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 Claimed	Amount Paid	Susp Code	Batch Num	Invoice Num	Voucher 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 1 - Civil Hospital Main Menu

## **SECTION 2**

### **COMMUNITY NURSING HOME MAIN MENU**

#### **Overview**

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

#### **AUTHORIZATION MAIN MENU - CNH**

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

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

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

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

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

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

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

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

## Overview

### BATCH MAIN MENU - CNH

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

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

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

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

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

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

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

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

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

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

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

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

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

### FEE FUND CONTROL MAIN MENU - CNH

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

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

## Overview

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**

### **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.

## 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 Claimed	Amount Paid	Susp Code	Invoice Num	From Date	To 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 Claimed	Amount Paid	Susp Code	Batch Num	Invoice Num	Voucher 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.							
-----							

**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: <b>FEEPATIENT, ONE</b>	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: <b>080193</b> (AUG 01, 1993)				
1)	\$2.00	2)	\$22.00	
3)	\$17.00	4)	\$15.50	
Enter a number (1-4): <b>3</b>				

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// <b>Y</b> YES				
Enter effective date of rate change: <b>090193</b> (SEP 01, 1993)				
1)	\$2.00	2)	\$22.00	
3)	\$17.00	4)	\$15.50	
Enter a number (1-4): <b>2</b>				

**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): 111111112

AUTHORIZED SERVICES: Authorized skilled level of care with physical therapy
three time per week for four weeks. No additional exceptions.

Select Patient:
```

## Authorization Main Menu

### Enter Veteran Rates Under New Vendor Contract

#### Introduction

The Enter Veteran Rates under new Vendor Contract option allows you to update patient rates when new vendor contracts are entered, or when contract expiration dates are extended, and there are authorizations for veterans that need to have rates entered. (Refer to Appendix D for more information about multiple rates.)

#### Example

```
Select CNH Vendor: FEEVENDOR, ONE                000999999  COMMUNITY NURSING HOME
                 31 NOWHERE CIRCLE
                 LOWELL, MASSACHUSETTS  01852-0123
                 TEL. #: 45441477

Patient: FEEPATIENT, ONE                SSN: 000-45-6789
Rate must be entered for the following period: 01/02/94 - 03/31/94
1)          $8.45                        2)          $9.50
3)          $12.00                       4)          $15.00
5)          $23.00

Enter a number (1-5): 5
```

**Authorization Main Menu**  
**Print List of Cancelled 7078**

**Introduction**

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

**Example**

```

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
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)
              ('#' Voided Payment)                               Batch Number
Vendor Name      Vendor ID  Invoice #  Dt Inv Rec'd
FR DATE    TO DATE  CLAIMED   PAID      SUSP CODE
=====
FEEPATIENT, ONE          000-45-6789          181
FEEVENDOR, ONE          000999999          326          2/1/94
12/01/94 12/31/94 1900.00  1700.00      1
FEEPATIENT, ONE          000-45-6789          181
FEEVENDOR, ONE          000444444          327          1/1/95
12/01/94 12/31/94 1800.00  1700.00      1
Select FEE BASIS BATCH NUMBER:
```

## Batch Main Menu - CNH

### Open CNH Batch

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

### 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// <b>YES</b>						
Are you sure you want to re-initiate all line items in this batch? NO// <b>YES</b>						
...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.

### 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

STATUS: CLERK CLOSED

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

**Batch Main Menu - CNH**  
**Release a Batch**

**Example, cont.**

```

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

#### 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: <b>T@1PM</b> (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: <b>FEEPATIENT, ONE</b> 06-17-48      000456789      SC VETERAN		
Select Admission Date/Time: <b>06/01/90@0900</b> 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 VAMC ALBANY 113 HOLLAND AVE ALBANY, NY 12208		1. Date of Issue 08/30/06	
Name of Physician or Station FEEvendor,One NEW SCOTLAND AVE SUITE 301 ALBANY, NY 12209 ID#: 111111111		2. Veteran's Name FEEpatient, ONE	
Name of VA Referring Provider FEEprovider,Two NPI: 111111112		3. Address 1 MAIN ST Apt. 1B TROY, NY 12180	
		4. Veteran's Claim No. 000456789	4A. SSN XXX-XX-6789
		5. Authorization Valid From 08/30/06 To 09/17/06	
PART 1. - SERVICES AUTHORIZED			
6. Services shown below are authorized for the period indicated in Item 5 above. (See Special Provisions below.) Move to VAMC ASAP			7. Fee \$
8. Fee Schedule or Contract	9. Authority 17.45	9A.	10. Estimated Amount \$500.00
11. Fiscal Symbols 360/10161.001 C77777.0141		12. Authorized by (Name and Title) JAMES ME Clinical Director	
SPECIAL PROVISIONS: Acceptance of this authorization to render service is governed by the following:			
1. ACCEPTANCE OF THIS AUTHORIZATION AND PROVIDING OF SUCH TREATMENT OR SERVICES SUBJECTS YOU, THE PROVIDER OF CARE, TO THE PROVISIONS OF PUBLIC LAW 93-579, THE PRIVACY ACT OF 1974, TO THE EXTENT OF THE RECORDS PERTAINING TO THE VA AUTHORIZED TREATMENT OR SERVICES OF THIS VETERAN.			
2. Fees or rates listed represent maximum allowance for services specified. In no event should charges be made to the VA in excess of usual and customary charges to the general public for similar services.			
3. Payment by the VA is payment in full for authorized services rendered.			
4. Unless otherwise approved by the VA, services are limited in type and extent to those shown on this authorization. If services are not initiated for any reason, return a copy of the authorization to the issuing office with a brief explanation.			
5. A copy of the Operative Report will be forwarded to the Authorizing station within one week following any major surgery.			
6. A copy of the hospital summary will be forwarded to the authorizing station within ten work days following the release of the patient from the hospital.			
7. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form.			
All questions relating to this authorization should be referred to the issuing VA Office			
VA Form 10-7078			

**Output Main Menu - CNH  
Activity Report for CNH**

**Introduction**

The Activity Report for CNH option generates an output which includes all activity (admissions transfers and discharges) that falls within a specified date range.

**Example**

```

COMMUNITY NURSING HOME REPORT
-----
**** Date Range Selection ****

Beginning DATE : 010193 (JAN 01, 1993)

Ending DATE : 063093 (JUN 30, 1993)

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

```

COMMUNITY NURSING HOME REPORT
-----
('*' Represents ACTIVE ADMISSION)
PATIENT NAME                                VENDOR
ACTIVITY DATE                                ACTIVITY TYPE
=====
* FEEPATIENT, ONE -6789P                    FEEVENDOR, ONE -1234
  06/09/93@09:99:01                        ADMISSION - ALL OTHER

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -0000
  05/28/93@10:99:01                        DISCHARGE - DEATH

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -0000
  05/27/93@12:99:01                        ADMISSION - TRANSFER FROM OTHER CNH

FEEPATIENT, ONE -6789                       FEEVENDOR, THREE -9090
  05/27/93@11:29:01                        DISCHARGE - TRANSFER FROM OTHER CNH

FEEPATIENT, ONE -6789                       FEEVENDOR, TWO -9090
  05/15/93@10:99:01                        TRANSFER - FROM ASIH <15 DAYS

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

## Output Main Menu - CNH AMIS 349 Print

The report now includes an AMIS BALANCING SEGMENT. If there is a problem found in balancing, the report also includes a NOTICE OF INCOMPLETE PATIENT MOVEMENTS AFFECTING AMIS TOTALS with instructions on how to correct the out of balance and obtain an accurate AMIS.

The report now allows users to print the data validation with the AMIS.

### Introduction

The AMIS 349 Print option is used to calculate and print the Community Nursing Home Care Activity - AMIS 349 report. This report includes data for a specified month. The report represents gains and losses activity within the Community Nursing Home program for the month selected.

### Example

```
Calculate AMIS for which Month/Year: 1/94 (JAN 1994)
Do you want data validation with this output? No// <RET>
QUEUE TO PRINT ON
DEVICE: HOME// A138-10/6/UP FEE BASIS PRINTER RIGHT MARGIN: 80// <RET>

Requested Start Time: NOW// <RET> (DEC 07, 1994@11:30:00)
REQUEST QUEUED
Task #: 27445
```

**Output Main Menu - CNH  
AMIS 349 Print**

**Example, cont.**

DEC 7,1994@11:22:08		
COMMUNITY NURSING HOME CARE ACTIVITY - AMIS 349		
1/1/94 THRU 1/31/94		
>>>NOTICE<<<		
>>>Incomplete patient movements affect the AMIS totals below<<<		
>>>Refer to last page for details<<<		
<b>G A I N S</b>		
-----		
ADMISSIONS		
01	AFTER REHOSP > 15 DAYS	0
02	ALL OTHER	0
TRANSFERS IN		
03	FROM OTHER CNH	0
04	FROM ASIH	0
<b>L O S S E S</b>		
-----		
DISCHARGES & DEATHS		
05	DISCHARGES	0
06	DEATHS	0
TRANSFERS OUT		
07	TO OTHER CNH	0
08	TO ASIH	0
<b>R E M A I N I N G</b>		
-----		
09	BED OCCUPANTS	2
10	ABSENT BED OCCUPANTS	0
11	ABSENT SICK IN HOSP.	0
12	FEMALE BED OCCUPANTS	2
<b>L O S S E S F R O M A S I H</b>		
-----		
13	DISCHARGES	0
14	DEATHS	0
<b>M I S C T O T A L S</b>		
-----		
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
Rejects Pending!      Reject reason: WRONG OBLIGATION
Old Batch #: 267

Date Finalized: 11/25/94

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 - GECCO  
Transaction Type: 18-3  
  
This code sheet has been assigned IDENTIFICATION NUMBER: 4-95  
Stuffing data into the following fields:  
SYSTEM IDENTIFIER: CNH  
STATION NUMBER: 500  
NAME OF COMMUNITY NH: FEEVENDOR,TWO  
CITY OF COMMUNITY NH: ROTTERDAM JCT  
STATE CODE OF CNH: 36  
COUNTY CODE OF CNH: 093  
NUMBER OF BEDS IN CNH: 15  
NH INSPECTED/ACCREDITED: I  
PER DIEM RATE (HIGH): 001  
PER DIEM RATE (LOW): 000  
CERT.MEDICARE/MEDICAID: 2  
TOTAL NUMBER OF VETS IN NH: 005  
DATE OF LAST ASSESSMENT: -1  
AUTOMATIC TERMINATOR: $  
  
TRANSMITTED CODE SHEET FOR ID# 4-95 WILL BE AS FOLLOWS:  
.....1.....2.....3.....4.....5.....6.....7.....  
.  
CNH500FEEVENDOR,TWO          ROTTERDAM JCT  36093015I00100020001$
```

**Output Main Menu - CNH  
Payment & Totals Report - CNH**

**Introduction**

The Payment & Totals Report - CNH option is used to print a report showing individual payments to a Community Nursing Home vendor and the total amount paid to that vendor for a specified month/year.

Payment totals for the month are based on the date batches are finalized; therefore, only payment data from finalized batches will be included in this report.

**Example**

Community Nursing Home Payment List for which Month/Year: **8/94**  
 (AUG 1994)  
 DEVICE: HOME// **CNH PRINTER** RIGHT MARGIN: 80// **<RET>**

Community Nursing Home Payment List & Totals for: August 1994  
 Processed: AUG 21,1994@13:02:02

Vendor Name	Vendor ID	Amount Paid
Veteran Name	SSN	
-----		
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 <b>non-LTC</b> 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 <b>non-LTC</b> treatment, s/he has insurance and s/he is not exempt from Means Test copay.
>>>Cost recover from insurance.	The patient received <b>non-LTC</b> 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 <b>non-LTC</b> 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 <b>LTC</b> 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 <b>LTC</b> treatment, s/he has insurance and s/he is not exempt from LTC copay.
>>>Cost recover from insurance.	The patient received <b>LTC</b> 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 <b>LTC</b> 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 <b>LTC</b> treatment, s/he has insurance and does not have 1010EC in file.
>>>10-10EC Missing for LTC Patient.	The patient received <b>LTC</b> 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.

**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: FEE vendor , One      000222222  COMMUNITY NUR
      1616 SHADY LN
      TACOMA, WA  98506

Select FEE BASIS CNH CONTRACT NUMBER: 500-CNH-01-94
ARE YOU ADDING '500-CN
```

ARE YOU ADDING '500-CN	H-01-94' AS
A NEW FEE BASIS CNH CONTRACT?	<b>Y</b> (YES)
FEE BASIS CNH CONTRACT EFFECTIVE DATE:	<b>010194</b> (JAN 01, 1994)
FEE BASIS CNH CONTRACT EXPIRATION DATE:	<b>053194</b> (MAY 31, 1994)

```
NUMBER: 500-CN
```

NUMBER: 500-CN	H-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

FBAE 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<RET>
MEDICARE ID NUMBER: 777555777
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED: B BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID: 4 CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 8/1 (AUG 01, 1994)

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

## Vendor Enter/Edit

### Example, cont.

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

Name:  FEEVENDOR,ONE                ID Number: 000999999
Address: 222 BLOOMING GROVE DR      Billing Prov NPI: 1234567899
City:    TROY                        Specialty:
State:   NEW YORK                    Type: OTHER
ZIP:     12180                       Participation Code: COMMUNITY NURSING HOM
County:  RENSSELAER                  Medicare ID Number: 000000000
Phone:   518-555-1234                Chain:
Fax:     518-555-1200

Type (FPDS):
Austin Name:
Last Change TO Austin:                Last Change FROM Austin:

>>> CNH INFORMATION <<<

Total Beds: 100                      Inspected/Accredited: Inspect. & Accred.
Want to edit data? No// <RET>

Select FEE BASIS VENDOR NAME:
```

Section 2 - Community Nursing Home Main Menu