

SECTION 3 MEDICAL FEE MAIN MENU

Overview

BATCH MAIN MENU

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

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

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

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

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

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

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

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

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

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

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

Overview

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

LTC OUTPATIENT ACTIVE AUTHORIZATIONS REPORT – a list of active outpatient LTC Authorizations.

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

OUTPUTS MAIN MENU

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

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

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

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

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

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

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

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

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

Overview

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

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

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

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

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

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

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

PAYMENT MENU

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

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

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

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

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

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

Overview

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

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

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

REGISTRATION MENU

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

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

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

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

SUPERVISOR MAIN MENU

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

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

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

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

Overview

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

FEE SCHEDULE MAIN MENU

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

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

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

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

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

MRA MAIN MENU

VENDOR MRA MAIN MENU

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

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

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

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

Overview

VETERAN MRA MAIN MENU

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

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

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

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

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

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

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

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

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

Overview

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

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

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

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

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

VOID PAYMENT MAIN MENU

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

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

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

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

MEDICAL DELETE VOID PAYMENT - deletes the void flag. The dollar amount for the payment must be subtracted from the obligation using the appropriate **IFCAP** (Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement) option.

Overview

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

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

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

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

VENDOR MENU

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

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

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

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

Batch Main Menu
Active Batch Listing by Status

Introduction

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

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

Example

```

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

  Select one of the following:

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

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

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

```

                                STATUS OF BATCHES
                                -----
BATCH #   BATCH TYPE                DATE OPENED   CLERK
-----
STATUS:   OPEN

  16      MEDICAL & STAT PAYMENTS    05/24/93     DENNIS
  24      MEDICAL & STAT PAYMENTS    05/28/93     KAREN
  25      CH/CNH                     05/28/93     DENNIS
  26      HOMETOWN PHARMACY PAYMENTS 05/28/93     DENNIS
  28      MEDICAL & STAT PAYMENTS    05/28/93     DENNIS
  34      CH/CNH                     06/03/93     KAREN
  35      MEDICAL & STAT PAYMENTS    06/08/93     MARCUS
  36      CH/CNH                     06/09/93     KAREN

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

Batch Main Menu
Active Batch Listing by Status

Example, cont.

STATUS OF BATCHES			

BATCH #	BATCH TYPE	DATE OPENED	CLERK

37	MEDICAL & STAT PAYMENTS	06/11/93	KAREN
39	MEDICAL & STAT PAYMENTS	06/11/93	MARCUS
42	TRAVEL PAYMENTS	06/24/93	MARCUS
48	MEDICAL & STAT PAYMENTS	06/25/93	DENNIS
52	HOMETOWN PHARMACY PAYMENTS	06/25/93	MARCUS
54	TRAVEL PAYMENTS	06/25/93	KAREN
55	HOMETOWN PHARMACY PAYMENTS	06/25/93	KAREN
56	HOMETOWN PHARMACY PAYMENTS	06/25/93	KAREN
64	MEDICAL & STAT PAYMENTS	07/07/93	MARCUS
65	CH/CNH	07/08/93	KAREN
67	CH/CNH	07/08/93	KAREN
73	CH/CNH	07/30/93	MARCUS
77	CH/CNH	08/13/93	DENNIS

Batch Main Menu

Batch Delete

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

Introduction

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

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

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

Example

```

Select FEE BASIS BATCH NUMBER: 184          C93999

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

STATUS: OPEN

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

Batch Deleted.

Select FEE BASIS BATCH NUMBER:

```

Batch Main Menu

Batch Status for a Range of Batches

Introduction

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

Example

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

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

Sample Output

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

Batch Main Menu

Close-out Batch

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

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

Introduction

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

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

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

Batch Main Menu Close-out Batch

Example

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

Patient Name ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)                Batch #  Voucher Date
Vendor Name                                     Vendor ID Invoice #   Date Rec'd.
SVC DATE   CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT,ONE          000-45-6789          39
FEEvendor,One          000999999          169          9/29/93
9/2/93   90040          12.00    12.00          OFFICE/OP VISIT, EST, BRIEF
FEEPATIENT,TWO          000-45-6789          39
FEEvendor,Two          000000000          169          9/20/93
8/29/93   10080-20    20.00    20.00          DRAINAGE OF PILONIDAL CYST

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

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

STATUS: CLERK CLOSED

Batch Closed

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Display Open Batches

Introduction

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

Example

Batch #	Type	Dt Open	Clerk Who Opened	Obligation #
25	CH/CNH	05/28/93	MARTIN	C33003
26	Pharmacy	05/28/93	MARTIN	C93004
28	Medical	05/28/93	MARTIN	C33003
33	Medical	06/02/93	KAREN	C33003
34	CH/CNH	06/03/93	KAREN	C33003
35	Medical	06/08/93	KAREN	C33003

Batch Main Menu

Edit Batch data

FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER: ??

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

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

CHOOSE FROM:
 500-C89211  -- 1358  Obligated - 1358
                FCP: 020    $ 4800
 500-C89621  -- 1358  Ordered and Obligated
                FCP: 999    $ 80000
 500-C89622  -- 1358  Obligated - 1358
                FCP: 020    $ 80000
 500-C89699  -- 1358  Transaction Complete
                FCP: 020    $ 30000

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

Batch Main Menu
List Items in Batch

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

Introduction

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

Example

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

```
Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID Invoice #   Date Rec'd.
SVC DATE    CPT-MOD   CLAIMED      PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT, ONE                                000-45-6789          4           6/4/93
FEEVENDOR, ONE                                000333333          38           5/27/90
 5/20/90    10160          45.00    12.11    4  PUNCTURE DRAINAGE OF LESION

                Invoice #: 38  Totals: $ 12.11

Select FEE BASIS BATCH NUMBER:
```

Batch Main Menu

Open a Batch

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

Introduction

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

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

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

Example

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

Medical Batch number assigned is: 190

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

Batch Main Menu

Re-open Batch

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

Introduction

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

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

Example

```

Select FEE BASIS BATCH NUMBER: 173          C89621

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

Batch has been Re-opened!

Select FEE BASIS BATCH NUMBER:

```

Batch Main Menu

Release a Batch

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

FBAASUPERVISOR - required to access this option.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER: 276          C15004

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

STATUS: CLERK CLOSED

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

Batch Main Menu
Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID  Invoice #   Batch #  Voucher Date
SVC DATE     CPT-MOD    CLAIMED   PAID     CODE     SERVICE PROVIDED   Date Rec'd.
=====
FEEPATIENT,ONE          000-45-6789          276
FEEVENDOR,ONE          000222333      493      6/21/93
  5/22/93   90020          10.00      5.00      4  OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

FEEPATIENT,TWO          000-45-6789          276
FEEVENDOR,ONE          000555555      495      6/21/93
*  5/1/93   90020          5.00      5.00      OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00
Do you want to Release Batch as Correct? NO// y YES

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

STATUS: SUPERVISOR CLOSED

Batch has been Released!
    
```

Batch Main Menu

Status of Batch

Introduction

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

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

Batch Main Menu Status of Batch

Example

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

Select FEE BASIS BATCH NUMBER: 173           C89621

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

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

STATUS: OPEN

Select FEE BASIS BATCH NUMBER:
```

Enter Authorization

FBAE ESTABLISH VENDOR Key - required to enter new vendors.

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

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

Introduction

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

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

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

Enter Authorization

Example

```

Select PATIENT NAME:   FEEPATIENT,ONE    05-10-57    000456789    MILITARY
RETIREE  FEEpatient,One          Pt.ID: 000-45-6789
500 AVE OF THE AMERICAS          DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                TEL: Not on File
NEW YORK 10003                   CLAIM #: Not on File
                                   COUNTY: NEW YORK

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

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

```

Patient Name: FEEpatient,One          Pt.ID: 000-45-6789

Select FROM DATE: JUN 1,2006
FROM DATE: JUN 1,2006// <RET>
TO DATE: DEC 31,2006
PRIMARY SERVICE FACILITY: NEW YORK, NY
REFERRING PROVIDER: FEEprovider,Two    112    SURGICAL    ATTENDING
REFERRING PROVIDER NPI: 1111111112

PURPOSE OF VISIT CODE: OPT - SC 50% OR MORE
PATIENT TYPE CODE: ?
CHOOSE FROM:
00    SURGICAL
10    MEDICAL
60    HOME NURSING SERVICE
85    PSYCHIATRIC-CONTRACT
86    PSYCHIATRIC
95    NEUROLOGICAL-CONTRACT
96    NEUROLOGICAL
PATIENT TYPE CODE: 85 PSYCHIATRIC-CONTRACT
TREATMENT TYPE CODE: I.D. CARD STATUS
DX LINE 1: PTSD
DX LINE 2: <RET>
AUTHORIZATION REMARKS:
1>GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK
EDIT Option: <RET>
TYPE OF CARE: OPT SC
    
```

Enter Authorization

Example, cont.

```
VENDOR: <RET>
ACCIDENT RELATED (Y/N): N no
POTENTIAL COST RECOVERY CASE (Y/N): N no
PRINT AUTHORIZATION (Y/N): YES// <RET>
FEE ID CARD NUMBER: 7315264
FEE ID CARD ISSUE DATE: JUN 1,2006

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

        This report produces a 132 character output.

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

Requested Start Time: NOW// <RET> (DEC 31, 2006@09:32:15)
REQUEST QUEUED
Task #: 36849

Select PATIENT NAME:
```

Enter Authorization

Example, cont.

Department of Veterans Affairs						ID Card Number: 1234567
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name	(2) ID Number	Period of Validity				
TEST PATIENT ONE	XXXXX6789	FROM: 06/01/06 TO: 12/31/06				
(3) ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)				
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	06/01/06	PTSD				
Name and Address of Fee Participant		REFERRING PROVIDER: FEEprovider,Two NPI: 111111112 AUTHORIZATION #: 7170335-30				
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208				ID CARD STATUS - 3	FEMALE	
					(13) POW	
					NO	
TELEPHONE: 555-7788 OR 555-7766				APPROVED BY (Name and Title) (KHS)		
				EMPLOYEE NAME CENTER DIRECTOR		
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. If, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .						
VA Form 10-7079 Date Printed: 06/29/06						

LTC Outpatient Active Authorizations Report

Introduction

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

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

Following are the POV codes for outpatient visits.

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

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

LTC Outpatient Active Authorizations Report

Example

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

POV: HOME HEALTH SERVICES (NON-NURSING PROFESSIONAL)			
Vendor: FEE BASIS VENDOR ONE			
FEEPATIENT,One	000-12-1234	Jul 06, 2001	Jul 05, 2004
DOB: JAN 23,1956			
REMARKS:			
Visits: 0	Paid Amt: \$0	Cum Visits: 0	Cum Paid Amt: \$0

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

LTC Outpatient Ending Authorization Report

Introduction

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

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

Following are the POV codes for outpatient visits.

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

In addition to detailed authorization information, this report calculates and displays the Total Number of Visits and Total Amount Paid (per authorization) that occurred within your specified date range, along with the Cumulative Number of Visits and Total Amount Paid for the entire Authorization through the ending date of the date range. These totals are calculated by counting each line item on the claim as a visit (per UNIQUE CPT Code) for the Authorization.

LTC Outpatient Ending Authorization Report

Example

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

POV: FEE BASIS NURSING SERVICES			
Vendor: PROFESSIONAL EMERGENCY SERVICES			
FEEPATIENT,Two	000-99-9991	Jan 15, 2000	Jan 14, 2003
DOB: FEB 1,1925	*** Patient Died on OCT 12,2000@16:34:51		
Visits: 0	Paid Amt: \$0	Cum Visits: 1	Cum Paid Amt: \$123

Vendor Subtotal:	Count:	1	
		====	
POV Subtotal:	Count:	1	
1 Authorization on report			

Outputs Main Menu Suspension Letter Print

Introduction

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

Example

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

Beginning DATE : 1/1 (JAN 01, 2006)

Ending DATE : t (DEC 11, 2006)

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

Select one of the following:

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

Select PROGRAM to print letter for: outPATIENT PAYMENT
Do you want to choose another Program? No// <RET>
Select FEE BASIS LETTER NAME: unauth
1      UNAUTHORIZED DISPOSITION
2      UNAUTHORIZED REQUEST INFO
CHOOSE 1-2: 1
For All Suspension codes? YES// <RET>

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

Requested Start Time: NOW// <RET> (DEC 11, 2006@11:10:06)
REQUEST QUEUED
Task #: 273864
```

**Outputs Main Menu
Suspension Letter Print**

Example, cont.

```

FEEvendor,One                                     December 11, 2006
1 MAIN ST
CLARKSVILLE NY 12043

Your unauthorized claim has been reviewed. The following decision has been
made:

PATIENT NAME                SSN          SVC          CPT-          AMT          AMT
REASON FOR SUSPENSION      DATE        MOD          CLAIMED      PAID
=====
FEEpatient,One             XXXXX6789   9/2/06   99243-77   51.00   32.00
Charge exceeds maximum amount payable in accordance with VA policy.

FEEpatient,Two             XXXXX1234   5/2/06   90050-76   60.00   50.00
Charge exceeds maximum amount payable in accordance with VA policy.

You have the right to appeal the decision. You must respond within the
appropriate time frame.

EMPLOYEE NAME
Medical Center Director
    
```

Outputs Main Menu Individual Suspension Letter Print

Introduction

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

This output must be queued to a printer.

Example

```
Select Patient (or RETURN to select all): <RET>
Select Vendor (or RETURN to select all): FEEvendor,One
**** Date Range Selection ****
    Beginning DATE : 12/1 (DEC 01, 2006)
    Ending    DATE : t (DEC 13, 2006)
Print Denials only? No// <RET>
Do you want to print letters for ALL Fee Basis programs? No// <RET>
    Select one of the following:
        I      INPATIENT PAYMENT
        O      OUTPATIENT PAYMENT
        P      PHARMACY PAYMENT
        C      CH NOTIFICATION/DENIAL
Select PROGRAM to print letter for: ouTPATIENT PAYMENT
Do you want to choose another Program? No// <RET>
Select FEE BASIS LETTER NAME: unauthorized disposition
For All Suspension codes? YES// <RET>
QUEUE TO PRINT ON
DEVICE: HOME// a138-10/6/UP FEE BASIS PRINTER    RIGHT MARGIN: 80// <RET>
Requested Start Time: NOW// <RET> (DEC 13, 2006@10:20:52)
REQUEST QUEUED
Task #: 33237
```

**Outputs Main Menu
Individual Suspension Letter Print**

Example, cont.

SAMARITAN HOSPITAL				December 13, 2006	
31 NOWHERE CIRCLE					
LOWELL MA 01852-0123					
We have carefully reviewed your claim for payment of unauthorized medical services. The following decision has been made:					
PATIENT NAME	SSN	SVC	CPT-	AMT	AMT
REASON FOR SUSPENSION		DATE	MOD	CLAIMED	PAID
=====					
FEEpatient,One	XXXXX6789	10/7/06	D0110	83.00	82.00
Charge exceeds maximum amount payable in accordance with VA policy.					
FEEpatient,Two	XXXXX1234	11/10/06	10080	90.00	80.00
Medical service/Rx was provided for condition which is not authorized at VA expense.					
FEEpatient,Three	XXXXX3456	11/12/06	10080-20	60.00	50.00
Fees for service previously processed. If payment not received, notify Fiscal Service.					
If you do not agree with the decision you have the right to appeal. Your appeal rights should be attached for your review, if your claim was not approved.					
Should you have any questions regarding this letter, feel free to contact us at the VA Medical Center. Thank you for your cooperation.					
Sincerely,					
EMPLOYEE NAME					
Medical Center Director					

Outputs Main Menu

7079 Print for Selected Patient

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

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

Introduction

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

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

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

Example

```
Select Patient: FEEPATIENT,ONE    05-10-57    000456789    MILITARY RETIREE
FEEpatient,One                    Pt.ID: 000-45-6789
500 AVE OF THE AMERICAS           DOB: MAY 10,1957
(AKA 6TH AVENUE)
NYC                                TEL: Not on File
NEW YORK 10003                    CLAIM #: Not on File
                                   COUNTY: NEW YORK
Primary Elig. Code: SC -- VERIFIED
  Other Elig. Code(s): HUMANITARIAN EMERGENCY

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

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

```

Health Insurance: YES
Insurance Co.      Subscriber ID      Group      Holder  Effective Expires
=====
AETNA              999999999          49051456   SELF    1/1/06    12/31/06
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>

Fee ID Card #: 7315264                      Fee Card Issue Date: 06/01/06
Patient Name: FEEpatient,One                 Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 06/01/06      VENDOR: Not Specified
    TO: 12/31/06
           Authorization Type: Outpatient - ID Card
    Purpose of Visit: OPT - SC 50% OR MORE
    DX: PTSD           REF: FEEprovider,Two
    REF NPI: 111111112
    County: NEW YORK   PSA: NEW YORK, NY

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

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

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

Outputs Main Menu
7079 Print for Selected Patient

Example, cont.

Department of Veterans Affairs						ID Card Number: 7315264
R E Q U E S T F O R O U T P A T I E N T S E R V I C E S						
(1) Veterans Name		(2) ID Number	Period of Validity			
FEEpatient, One		XXXXX6789	FROM: 06/01/06 TO: 12/31/06			
(3) ADDRESS		DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)			
500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003		06/01/06	PTSD			
Name and Address of Fee Participant		REFERRING PROVIDER: FEEprovider,Two NPI: 111111112 AUTHORIZATION #: 7170335-30				
AUTHORIZATION REMARKS						
GROUP THERAPY SESSION 1X WEEK; INDIVIDUAL THERAPY 1X WEEK						
FOR VA USE ONLY						
(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE	
36	061	85	57	9	10	
STATION OF JURISDICTION				(11) CODE	(12) SEX	
Veterans Administration 128 HOLLAND AVE ALBANY NY 12208				ID CARD STATUS - 3	FEMALE	
					(13) POW	
					NO	
TELEPHONE: 555-7788 OR 555-7766				APPROVED BY (Name and Title) (KHS)		
				EMPLOYEE NAME CENTER DIRECTOR		
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. IF, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .						
VA Form 10-7079						Date Printed: 06/29/06

Outputs Main Menu
Check Display

Introduction

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

Example

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

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

                FEE PROGRAM:  OUTPATIENT
('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
  Svc Date  CPT-   Amount      Amount      Susp  Batch      Invoice
            MOD    Claimed      Paid       Code  Number      Number
-----
VENDOR: FEEvendor,One          VENDOR ID: 000333333A

Patient: FEEpatient,One          Patient ID: XXX-XX-6789
  4/1/06   10020    5.00      5.00      363    541
    >>>Check # 69243230  Date Paid: 8/29/06<<<

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

Outputs Main Menu

Display ID Card History for Patient

Introduction

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

Example

```
Select Outputs Main Menu Option: DISPLAY ID Card History for Patient
Select FEE BASIS PATIENT NAME:  FEEPATIENT,ONE      10-2-16      000456789
Patient:  FEEPATIENT,ONE                      SSN:  000-45-6789
      Current ID Card:  79876      Date Issued:  04/03/87
Date/Time Changed      Old Card #      Person Who Changed
Reason For Change
=====
04/15/86      3:58 PM      62398      MARGARET
LOST CARD
12/10/86      9:20 AM      65432      MARGARET
DOG CHEWED CARD
```

Outputs Main Menu

Group 7079 Print

Introduction

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

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

Example

```
Print 7079's for:
**** Date Range Selection ****
    Beginning Date : 1-1-06   (JAN 1, 2006)
    Ending   Date : 1-31-06  (JAN 31, 2006)
Want only those that have not yet been printed? YES// NO
    This report produces a 132 character output.
QUEUE TO PRINT ON
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 132// <RET>
Requested Start Time: NOW// <RET> (JUL 02, 2006@16:16:50)
REQUEST QUEUED
Task #: 34246
```

Section 3 - Medical Fee Main Menu

**Outputs Main Menu
Group 7079 Print**

Example, cont.

Veterans Administration						ID Card Number: 7315264
REQUEST FOR OUTPATIENT SERVICES						
(1) Veterans Name FEEpatient,One	(2) ID Number XXXXX6789	Period of Validity FROM: 01/31/06 TO: 01/31/06				
(3) ADDRESS 500 AVE OF THE AMERICAS (AKA 6TH AVENUE) NYC NY 10003	DATE OF ISSUE 06/29/05	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY) ABDOMINAL MUSCLE DAMAGE				
Name and Address of Fee Participant		REFERRING PROVIDER: FEEprovider,Two NPI: 1111111112 AUTHORIZATION #: 7168862-8				
AUTHORIZATION REMARKS						
WEEKLY VISITS						
FOR VA USE ONLY						
(5) STATE CODE 36	(6) COUNTY CODE 061	(7) TYPE OF PATIENT 85	(8) YEAR OF BIRTH 57	(9) WAR 9	(10) PURPOSE 10	
STATION OF JURISDICTION Veterans Administration 128 HOLLAND AVE ALBANY NY 12208				(11) CODE ID CARD STATUS - 3	(12) SEX FEMALE	(13) POW NO
TELEPHONE: 555-7788 OR 555-7766		APPROVED BY (Name and Title) EMPLOYEE NAME CENTER DIRECTOR			(KHS)	
Information On Veterans Administration Program						
Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:						
I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.						
II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated. If a longer time is needed, please request an extension.						
III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.						
IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment and Dates Rendered; and (4) Fees.						
V. FEES. Fees claimed may not exceed those made to the general public for like services.						
VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.						
VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.						
VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.						
IX. When submitting claims for payment you must include the NPI and Taxonomy Code of the rendering practitioner, and the NPI and Taxonomy Code of your organization. IF, under the HIPAA NPI Final Rule [http://www.cms.hhs.gov/NationalProvIdentStand], your organization is an "atypical" provider furnishing services such as taxi, home and vehicle modifications, insect control, habilitation, and respite services and is therefore ineligible for an NPI, it is important that you indicate "Ineligible for NPI" on your claim form .						

Outputs Main Menu
Invoice Display

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

Introduction

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

Example

```

Select Invoice Number:  45

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

Outputs Main Menu Obsolete ID Cards List

Introduction

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

Example

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

Old Card Number	Patient Name Reason For Change	Pt.ID	Change Date
34567	FEEPATIENT, ONE RE-ESTABLISH	000-45-6789	04/15/94
65666	FEEPATIENT, TWO CARD DESTROYED IN FIRE	000-45-6789	01/08/94
3434343	FEEPATIENT, THREE DOG CHEWED CARD	000-45-6789	12/12/94
5555555	FEEPATIENT, FOUR LOST CARD	000-45-6789	02/10/94
5910392	FEEPATIENT, FIVE EXPIRATION	000-45-6789	03/31/94

Outputs Main Menu
Outpatient Cost Report

Introduction

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

Example

```

**** Date Range Selection ****

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

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

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

PATIENT NAME	PATIENT ID	TREATING SPECIALTY	CPT CODE	AMOUNT PAID
=====				
FEEPATIENT, ONE	6789	PSYCHIATRIC	ADDITIONAL CLEANSING	90.00
=====				
TOTAL PAYMENTS:		1	TOTAL PATIENTS:	1
AVE. PAID FOR A PAYMENT:		90.00	AVE. PAID FOR A PATIENT:	90.00

Outputs Main Menu Payment History Display

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

Introduction

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

Example

```
Select Fee Patient: FEEPATIENT,ONE

FEEPATIENT,ONE                Pt.ID: 000-45-6789
129 BROWNDYKE ROAD           DOB: JUL 21,1950
COHOES                       TEL: 518-555-8911
NEW YORK 12901               CLAIM #: Not on File
                               COUNTY: COLUMBIA

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

  Service Connected: NO
  Rated Disabilities: NONE STATED

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

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

**Outputs Main Menu
Payment History Display**

Example, cont.

```

Patient Name: FEEPATIENT,ONE                               Pt.ID: 000-45-6789
AUTHORIZATIONS:
  (1) FR: 08/30/94      VENDOR: FEEVENDOR,ONE      000777777
      TO: 09/17/94
      Authorization Type: CIVIL HOSPITAL
      Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN
FED. HOSP. AT VA EXP.
      DX:
      REF NPI: 111111112      REF: FEEprovider,Two

      County: COLUMBIA      PSA: ALBANY, NY

      REMARKS:
      7078 DEFAULT AUTH SERVIC TEXT

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

```

Patient: FEEPATIENT,ONE      SSN: 000-45-6789
  ('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
  Svc Date CPT-MOD      Amount      Amount      Susp      Batch Invoice Voucher
                        Claimed      Paid      Code      Num      Num      Date
=====
Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35001
+9/5/94  12018      5.00      5.00      00369      556
  >>>Check cancelled on: 10/3/94      Reason: WRONG PAYEE<<<
  Check WILL be re-issued.

Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35001
+9/2/94  99243      11.00      2.00      D      00369      555
  >>>Check # 11887576      Date Paid: 10/20/94<<<
  >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<

Vendor: FEEVENDOR,ONE      Vendor ID: 000777777      Obl.#: C35033
10/12/94  10020-77      15.00      5.00      1      00369      555
  >>>Check # 91060810      Date Paid: 11/3/94<<<

Select Fee Patient:
  
```

Outputs Main Menu

Potential Cost Recovery Report

Introduction

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

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

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

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.
```

Outputs Main Menu

Print Rejected Payment Items

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

Introduction

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

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

Example

```

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

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

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID  Invoice #  Date Rec'd.
SVC DATE    CPT-MOD    CLAIMED      PAID      CODE  SERVICE PROVIDED
=====
Batch Number: 341      Voucher Date: 7/27/93  Voucherer: LUCIA
FEEPATIENT,ONE                000-45-6789                341
FEEVENDOR,ONE                 000456456                 523                7/27/93
6/1/93    90010        52.00    52.00    OFFICE/OP VISIT, NEW, LTD
Reject Reason: DUPLICATE PAYMENT
Old Batch #: 341

Batch Number: 329      Voucher Date: 6/21/93  Voucherer: LUCIA
FEEPATIENT,ONE                000-45-6789                329
FEEVENDOR,ONE                 000567567                 497                6/21/93
4/5/93    10080-20    75.00    75.00    DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR
Old Batch #: 329
    
```

Outputs Main Menu

PSA Output Report

New Prompt:

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

Introduction

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

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

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

Example

```

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

**** Date Range Selection ****

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

Ending DATE : T (DEC 11, 1994)

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

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

```

**Outputs Main Menu
PSA Output Report**

Example, cont.

OUTPATIENT MEDICAL PSA REPORT			
Patient Name Invoice #	Amount Paid	Obligation # Date Finalized	County Code PSA
ONE, TEST PT -6789 541	50	C35001 8/29/94	MANATEE ALBANY, NY
TWO, TEST PT -6789 518	75	C35001 7/20/94	RENSSELAER ALBANY, NY
THREE, TEST PT -6789 510	35	C15003 7/13/94	SCHENECTADY ALBANY, NY
FOUR, TEST PT -6789 508	40	C15003 7/13/94	ALBANY ALBANY, NY
FIVE, TEST PT -6789 504	35	C35001 7/6/94	LEON ALBANY, NY
Total Dollars spent by PSA for the dates of 1/1/94 to 12/11/94.			
PSA ----- ALBANY, NY	TOTAL AMOUNT PAID ----- \$ 235		

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

Outputs Main Menu
Valid ID Cards List

Introduction

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

Example

```

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

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

Card No.      Patient Name                Patient SSN                Issue Date
=====
11072        FEEPATIENT,ONE              000-45-6789                07/26/86
11111        FEEPATIENT,TWO              000-45-6789                02/12/87
12343        FEEPATIENT,THREE           000-45-6789                08/25/86
45734        FEEPATIENT,FOUR            000-45-6789                02/20/87
    
```

Outputs Main Menu Vendor Payments Output

Introduction

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

Example

```

Select Fee Vendor: FEEvendor,One      000456789  DOCTOR OF MEDIC
                  31 TROY AVE
                  TROY, NY 03102-9025  TEL. #: 5551212

**** Date Range Selection ****

Beginning DATE : 8/1/06  (AUG 01, 2006)

Ending   DATE : 9/30/06  (SEP 30, 2006)

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

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

```

                                VENDOR PAYMENT HISTORY
                                =====
                                Page: 1
Vendor: FEEvendor,One           Vendor ID: 000000000
                                FEE PROGRAM: OUTPATIENT
('*' Reimb. to Patient '+' Cancel. Activity '#' Voided Payment)
Svc Date CPT-MOD      Amount   Amount  Susp      Batch Invoice Voucher
                        Claimed  Paid    Code      Num   Num   Date
=====
Patient: FEEpatient,One       Patient ID: XXX-XX-6789
8/16/06  90040         22.00   22.00    00148     237 9/16/06
Primary Dx: PULMONARY ARTERY A (747.3)S/C Condition? YES  Obl.#: C33003

Patient: FEEpatient,Two       Patient ID: XXX-XX-1234
9/10/05  90050         25.00   20.00    1         00088     119
Primary Dx: RETICULOSARCOMA UN (200.00)S/C Condition? NO  Obl.#: C90234

Select Fee Vendor:
    
```

Outputs Main Menu
Veteran Payments Output

Introduction

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

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

Example

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

    **** Date Range Selection ****

Beginning DATE : 080106  (AUG 01, 2006)

Ending   DATE : 093006  (SEP 30, 2006)

Select FEE Program: ALL// OUTPATIENT
Select another FEE Program: <RET>
DEVICE: HOME// <RET>      RIGHT MARGIN: 80// <RET>
```

```

                                VETERAN PAYMENT HISTORY
                                =====
                                Page: 1
Patient: FEEpatient,One          Patient ID: XXX-XX-6789
                                FEE PROGRAM: OUTPATIENT
('' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
Svc Date CPT-MOD      Amount      Amount  Susp      Batch Invoice Voucher
                        Claimed     Paid    Code      Num   Num   Date
=====
Vendor: FEEvendor,One          Vendor ID: 00000000
*9/6/06   90050      25.00    25.00    00048      128
   Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? NO   Obl.#: C89622
*8/30/06  90050      30.00    30.00    00048      128
   Primary Dx: ANXIETY STATE NOS (300.00)S/C Condition? YES  Obl.#: C89622

Select Fee Patient:
```

Payment Menu

C&P/Multiple Patient Payment Entry

New Prompts:

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

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

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

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

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

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

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

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

Introduction

This option is used to enter Compensation and Pension (C&P) and multiple patient payments. The selected patient must be registered and have an open Fee Basis authorization. You may enter additional payments from a previous invoice or payments from a new invoice. A new invoice number is assigned automatically, when required.

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

Payment Menu

C&P/Multiple Patient Payment Entry

Introduction, cont.

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

Example

```
Select FEE BASIS BATCH NUMBER: 27
Obligation #: C62488

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE    000456789    ALL OTHER PARTI
34 MAIN ST
ALBANY, NY 12208    TEL. #: 5185558976
```

```
*** VENDOR DEMOGRAPHICS ***

Name: TEST DOCTOR MD ID Number: 000456789
Address: 34 MAIN ST Specialty Code: PSYCHIATRY
City: ALBANY Type: PHYSICIAN
State: NEW YORK Participation Code: DOCTOR OF MEDICINE
Zip: 12208 Medicare ID Number:
County: ALBANY Chain:
Phone: 518-555-8976
Fax: 518-555-8900
Austin Name: FEEVENDOR,ONE
Last Change Last Change
TO Austin: 09/27/94 FROM Austin:09/30/94

Want to Edit data? No// <RET>

Want a new Invoice number assigned? Yes// <RET>
Invoice # 1106 assigned to this Invoice
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

```
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later):  5/25/94  (MAY 25, 1994)

Enter Vendor Invoice Date: 5/5/94

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

Date of Service: 5/03/94  (MAY 3, 1994)

Select Service Provided: 90040          OFFICE/OP VISIT, BRIEF

Major Category: MEDICINE
Sub-Category: OFFICE MEDICAL SERVICES
Procedure: OFFICE/OP VISIT, BRIEF

                Detail Description
                =====
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE
Is this correct? Yes// <RET>
CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN

Enter Amount Paid:  $:50.00

Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE:  3          CONSULTATION
```

```
Select Patient:  FEEPATIENT,ONE      06-17-48      000456789      SC VETERAN

Patient: FEEPATIENT,ONE      SSN: 000456789
Other Eligibilities:
Want to add NEW insurance data? No// <RET>
Are there any discrepancies with insurance data on file? No// <RET>
```

Payment Menu
C&P/Multiple Patient Payment Entry

Example, cont.

Fee ID Card #:	Fee Card Issue Date:
AUTHORIZATIONS:	
(1) FR: 12-09-91	VENDOR: FEEVENDOR,ONE - 000456789
TO: 12-08-94	Authorization Type: Outpatient - ID Card
Purpose of Visit: Compensation and Pension Exam	
DX: Schizophrenia	REF: FEEprovider,Two
REF NPI: 1111111112	
IS THIS THE CORRECT AUTHORIZATION PERIOD (Y/N)? Yes// <RET>	
PRIMARY DIAGNOSIS: <RET>	
Is this line item for a contracted service? No// y YES	
Vendor has no prior payments for this patient!	
Payment Data Entered for Patient	
Invoice: 1106 Totals: \$ 50.00	

Payment Menu

Delete Payment Entry

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

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

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

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

Introduction

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

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

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

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

Example

```
Select FEE BASIS BATCH NUMBER: 145      Obligation #: C89622  
  
Select Patient: FEEPATIENT, ONE
```

Payment Menu
Delete Payment Entry

Example, cont.

```

FEEPATIENT,ONE                Pt.ID: 000-45-6789
32 SMYTH RD                    DOB: FEB 22,1922
BOX 333
MANCHESTER                     TEL: 1800FEE
NEW HAMPSHIRE 03102-1345      CLAIM #: 00000000
                                COUNTY: HILLSBOROUGH

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

        SC Percent: 100%
Rated Disabilities: NONE STATED

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

```

Fee ID Card #: A12346                Fee Card Issue Date: 01/01/93
Patient Name: FEEPATIENT,ONE        Pt.ID: 000-45-6789

AUTHORIZATIONS:
(1) FR: 08/04/94      VENDOR: FEEVENDOR,ONE - 000444444
    TO: 08/03/97
        Authorization Type: Outpatient - ID Card
        Purpose of Visit: OPT - SC 50% OR MORE
        DX: ILL                      REF: FEEprovider,Two
        REF NPI: 1111111112

        County: HILLSBOROUGH          PSA: ALBANY

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

Payment Menu
Delete Payment Entry

Example, cont.

```
Select VENDOR: FEEVENDOR,ONE

Patient Name: FEEPATIENT,ONE          SSN: 000456789

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

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

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

Date of Service: <RET>

Select VENDOR: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```

Payment Menu

Edit Payment

New Prompts:

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

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

Is this line item for a contracted service? - allows you to indicate when a line item is for a contracted service.

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

Introduction

The Edit Payment option is used to edit data for a previously entered Medical Fee payment. You may also delete an entire existing payment entry or delete individual data items, other than required fields. You cannot edit payments in batches that have been finalized.

Example

```
Select FEE BASIS PAYMENT PATIENT: FEEPATIENT,ONE

Select VENDOR: FEEVENDOR,ONE
Date of Service: 9-2-1994
Select SERVICE PROVIDED: 99243      CPT Modifier: 77
SERVICE PROVIDED: 99243// <RET>
CPT MODIFIER: 77// <RET>
AMOUNT CLAIMED: 211// <RET>
AMOUNT PAID: 200// 190
AMOUNT SUSPENDED: 11// 21
SUSPEND CODE: D// <RET>
PRIMARY SERVICE FACILITY: ALBANY, NY// <RET>
OBLIGATION NUMBER: C35001// <RET>
DATE CORRECT INVOICE RECEIVED: SEP 17,1994// <RET>
VENDOR INVOICE DATE: SEP 15,1994// <RET>
Is this line item for a contracted service? No// <RET>
```

Payment Menu
Edit Payment

Example, cont.

```
PATIENT TYPE CODE: MEDICAL// <RET>
TREATMENT TYPE CODE: SHORT TERM FEE STATUS// <RET>
PURPOSE OF VISIT: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED. HOSP.
AT VA EXP.// <RET>
PRIMARY DIAGNOSIS: 111.8// <RET>
PLACE OF SERVICE: INPATIENT HOSPITAL (21)// <RET>
HCFA TYPE OF SERVICE: CONSULTATION (3)// <RET>
SERVICE CONNECTED CONDITION?: NO// YES
```

Select SERVICE PROVIDED:

Payment Menu

Enter Payment

New Prompts:

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

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

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

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

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

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

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

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

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

Introduction

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

Payment Menu
Enter Payment

Introduction, cont.

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

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

You 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: 377
Obligation #: C15005

Select Patient: FEEPATIENT,ONE
```

```
FEEPATIENT,ONE                Pt.ID: 000-45-6789
20 TOPSVILLE ROAD             DOB: MAY 12,1950
SCHENECTADY                   TEL: 518-555-4567
NEW YORK 12305                CLAIM #: Not on File
                                COUNTY: SCHENECTADY

Primary Elig. Code: SERVICE CONNECTED 50% to 100% -- VERIFIED JUL 28, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

SC Percent: 73%
Rated Disabilities: LOSS OF ARM (73%-SC)

Health Insurance: NOT ANSWERED
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>
```

Payment Menu
Enter Payment

Example, cont.

```

Fee ID Card #: 56556                               Fee Card Issue Date: 05/19/90
Patient Name: FEEPATIENT,ONE                       Pt.ID: 000-45-6789
AUTHORIZATIONS:
  (1) FR: 05/19/93      VENDOR: Not Specified
      TO: 05/19/94
          Authorization Type: Outpatient - ID Card
          Purpose of Visit: OPT - SC 50% OR MORE
          DX: SICK              REF: FEEprovider,Two
          REF NPI: 111111112
          County: SCHENECTADY      PSA: Unknown
Is this the correct Authorization period (Y/N)? Yes// <RET>
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000444444  NON-VA HOSPITAL
          NEW SCOTLAND AVENUE
          ALBANY, NY 12190
    
```

```

Patient Name: FEEPATIENT,ONE                       Pt.ID: 000-45-6789
          *** VENDOR DEMOGRAPHICS ***
          Name: FEEVENDOR,ONE                      ID Number: 000444444
          Address: NEW SCOTLAND AVENUE             Specialty:
          City: ALBANY                             Type: PRIVATE HOSPITAL
          State: NEW YORK                          Participation Code: NON-VA HOSPITAL
          ZIP: 12190                               Medicare ID Number: 000000
          County: ALBANY                           Chain:
          Phone:
          Fax:
          Austin Name: ALBANY MED
          Last Change                               Last Change
          TO Austin: 9/30/94                       FROM Austin: 9/30/94
Want to Edit data? NO// <RET>
    
```

```

Vendor has no prior payments for this patient
Want a new Invoice number assigned? YES// <RET>
Invoice # 563 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): 5/30/94 (MAY 30, 1994)
Enter Vendor Invoice Date: 5/20/94 (MAY 20, 1994)
Will any line items in this invoice be for contracted services? No// Y (YES)
Date of Service: 5/19/94 MAY 19, 1994
    
```

Section 3 - Medical Fee Main Menu

Total already paid on ID Card for month: \$ 0 Maximum allowed: \$ 125

Payment Menu
Enter Payment

Example, cont.

```

Total already paid on All/Other for month: $ 0

Select Service Provided: 90050          OFFICE/OP VISIT, EST, LTD

Major Category: MEDICINE
Sub-Category: OFFICE MEDICAL SERVICES
Procedure: OFFICE/OP VISIT, EST, LTD

                Detail Description
                =====
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT;
LIMITED SERVICE
Is this correct? YES// <RET>
    
```

```

CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN
                OFFICE/OP VISIT, EST, LTD
AMOUNT CLAIMED: 60
AMOUNT PAID: 50
AMOUNT SUSPENDED: 10// <RET>
SUSPEND CODE: 1          Charge exceeds maximum payable
Is this line item for a contracted service? No// Y (YES)
PRIMARY DIAGNOSIS: 103.9 103.9          PINTA NOS
                ...OK? YES// <RET> (YES)
PLACE OF SERVICE: 11          OFFICE
HCFA TYPE OF SERVICE: 1          MEDICAL CARE
SERVICE CONNECTED CONDITION?: Y (YES)
Warning, you can only enter 19 more line(s)!

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 563 Totals $ 50.00

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
    
```

Payment Menu
Invoice Display

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

Introduction

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

Example

```

Select Invoice Number:  45

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

Payment Menu

Multiple Payment Entry

New Prompts:

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

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

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

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

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

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

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

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

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

Introduction

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

Payment Menu

Multiple Payment Entry

Introduction, cont.

When using the Multiple Payment option, users should be aware of the Fee Schedule that is used to calculate payments. The Fee Schedule used for the Multiple Payment Option is the current fiscal year minus one. Therefore, a payment made at the beginning of a fiscal year, for a date of service that occurred at the end of the prior fiscal year, will use the Fee Schedule of the current fiscal year minus one, and NOT the fiscal year of the date of service minus one. This is due to the fact that the payment amounts are asked up front, before the date of service is known.

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

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

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

Example

```
Select FEE BASIS BATCH NUMBER: 33
Obligation #: C33003

Select Patient: 9812  FEEPATIENT,ONE    05-12-51    000456789    SC VETERAN

FEEPATIENT,ONE                Pt.ID: 000-45-6789
123 EASY STREET                DOB: MAY 12,1951
ALBANY                          TEL: 555-1234
NEW YORK 12202-0987            CLAIM #: 000000000
                                COUNTY: ALBANY

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

Payment Menu
Multiple Payment Entry

Example, cont.

```

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

Health Insurance: YES
Insurance          Policy #          Group #          Holder
-----          -
PRUDENTIAL        3424234          UNKNOWN         APPLICANT
AETNA             8849043093247   00229/9984     SPOUSE
Want to add NEW insurance data? No// <RET>
    
```

```

Are there any discrepancies with insurance data on file? No// <RET>
Fee ID Card #: 357491          Fee Card Issue Date: 07/16/93

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

AUTHORIZATIONS:
(1) FR: 04/12/93          VENDOR: Not Specified
    TO: 04/11/96
          Authorization Type: Outpatient - Short Term
          Purpose of Visit: MISC. (ELIG. UNDER VOC. REHAB, OTHER FED. AGENCY OR
          ALLIED BENE.)
          DX: PTSD          REF: FEEprovider,Two
          REF NPI: 111111112

          County: ALBANY          PSA: ALBANY

(2) FR: 07/01/93          VENDOR: FEEVENDOR,ONE          - 000999999
    TO: 06/30/96
          Authorization Type: Outpatient - ID Card
          Purpose of Visit: HOSPICE CARE (OPT) - FEE BASIS AUTHORITY (CFR
          17.50b)
          DX: OSTEOCARCINOMA          REF: FEEprovider,Two
          REF NPI: 111111112
          County: ALBANY          PSA: PALO ALTO
          REMARKS:
          THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
Enter a number (1-2): 2
AUTHORIZATION REMARKS:
  1>THIS AUTHORIZATION DOES NOT COVER RADIATION THERAPY.
EDIT Option: <RET>
DX LINE 1: OSTEOCARCINOMA// <RET>
DX LINE 2: <RET>
DX LINE 3: <RET>
    
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000666666 ALL OTHER PARTI
      899 RIDGE RD
      MALONE, NY 11221      TEL. #: 344-5122

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

                *** VENDOR DEMOGRAPHICS ***

      Name: FEEVENDOR,ONE                      ID Number: 000666666
      Address: 899 RIDGE RD                    Specialty:
      City: MALONE                             Type: OTHER
      State: NEW YORK                          Participation Code: ALL OTHER PARTICIPANT
      ZIP: 11221                               Medicare ID Number:
      County: WARREN                           Chain:
      Phone: 555-5122
      Fax: 555-5100
      Austin Name: MULTI MEDICAL
      Last Change                               Last Change
      TO Austin: 9/27/93                       FROM Austin: 09/30/93
      Want to Edit data? No// <RET>
```

```
Vendor has no prior payments for this patient

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

Invoice # 132 assigned to this Invoice

Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): T (SEP 14, 1994)

Enter Vendor Invoice Date: 9/10/94 (SEP 10, 1994)

Will any line items in this invoice be for contracted services? No// Y (YES)
```

Payment Menu
Multiple Payment Entry

Example, cont.

```
Select Service Provided: 90010          OFFICE/OP VISIT, NEW, LTD
Major Category: MEDICINE
Sub-Category: OFFICE MEDICAL SERVICES
Procedure: OFFICE/OP VISIT, NEW, LTD

          Detail Description
          =====
OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, NEW PATIENT;
LIMITED SERVICE
Is this correct? YES// <RET>

CPT MODIFIER: 76          REPEAT PROCEDURE BY SAME PHYSICIAN
Amount Claimed: $: 20

Is $20 correct for Amount Claimed? Yes// <RET>
AMOUNT PAID: $: // 20

Is $20 correct for Amount Paid? Yes// <RET>
```

```
Select ICD DIAGNOSIS: 578.1          BLOOD IN STOOL          COMPLICATION/COMORBIDITY
          ...OK? YES// <RET>
Select PLACE OF SERVICE: 11          OFFICE
Select TYPE OF SERVICE: 3          CONSULTATION

Service connected condition? YES

Date of Service: 090793 (SEP 07, 1993)
Is 09/07/93 correct? YES// <RET>
Is this line item for a contracted service? No// Y (YES)
SEP 7, 1993 ....OK, DONE.....
Invoice: 132 Totals: $ 20
```

```
Date of Service: 090493 (SEP 04, 1993)
Is 09/04/93 correct? YES// <RET>
Is this line item for a contracted service? No// <RET>
SEP 4, 1993 ....OK, DONE.....
Invoice: 132 Totals: $ 40

Date of Service: <RET>

Select Patient: <RET>

Select FEE BASIS BATCH NUMBER:
```

Payment Menu

Re-initiate Rejected Payment Items

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

Introduction

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

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

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

Payment Menu
Re-initiate Rejected Payment Items

Example

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

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

FEEPATIENT,ONE                000-45-6789
FEEvendor,One                000222222  190
12/15/94    90060    75.00    60.00    1    OFFICE VISIT,INTERMED
Reject Reason:  BATCH OUT OF BALANCE

FEEPATIENT,ONE                000-45-6789
FEEvendor,Two                000222222  190
12/30/94    90060    75.00    60.00    1    OFFICE VISIT,INTERMED
Reject Reason:  BATCH OUT OF BALANCE

FEEPATIENT,TWO                000-45-6789
FEEvendor,Three                000333333  198
01/10/94    80908    50.00    50.00    CONSULTATION,BRIEF
Reject Reason:  BATCH OUT OF BALANCE
-----
Want to re-initiate all rejected items in the Batch? No// YES
Are you sure you want to re-initiate all line items in this
batch? No// YES

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

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Payment Menu

Reimbursement Payment Entry

New Prompts:

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

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

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

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

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

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

Introduction

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

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

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

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

Payment Menu
Reimbursement Payment Entry

Example

```

Select FEE BASIS BATCH NUMBER: 357
Obligation #: C15005

Select Patient: FEEPATIENT,ONE      07-21-50      000456789      NSC VETERAN

FEEPATIENT,ONE                      Pt.ID: 000-45-6789
129 BROWNDYKE ROAD                  DOB: JUL 21,1950
COHOES                               TEL: 518-555-8911
NEW YORK 12901                      CLAIM #: Not on File
                                       COUNTY: COLUMBIA

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

Service Connected: NO
Rated Disabilities: NONE STATED

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

```

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

AUTHORIZATIONS:
(1) FR: 08/01/94      VENDOR: FEEVENDOR,ONE      - 000333333
    TO: 07/31/95

Authorization Type: Outpatient - Short Term
Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
DX: DISLOCATED WRIST      REF: FEEprovider,Two
REF NPI: 111111112

County: COLUMBIA          PSA: ALBANY, NY

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

Payment Menu Reimbursement Payment Entry

Example, cont.

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

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

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000333333 A DOCTOR OF
MEDICINE
      1 MAIN STREET
      CLARKSVILLE, NY 12043

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

      *** VENDOR DEMOGRAPHICS ***

      Name: FEEVENDOR,ONE                          ID Number: 000333333 A
      Address: 1 MAIN ST                            Specialty: GENERAL MEDICINE
      City: CLARKSVILLE                             Type: PHYSICIAN
      State: NEW YORK                               Participation Code: DOCTOR OF MEDICINE
      ZIP: 12043                                    Medicare ID Number: 456789
      County: CLINTON                               Chain:
      Phone:
      Fax:
      Austin Name: D TEST
      Last Change                                  Last Change
      TO Austin: 9/30/94                            FROM Austin: 9/30/94

Want to Edit data? NO// <RET>
```

```
Vendor has no prior payments for this patient

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

Invoice # 591 assigned to this Invoice
Enter Date Correct Invoice Received or Last Date of Service
(whichever is later): T (DEC 11, 1994)

Enter Vendor Invoice Date: 12/1 (DEC 01, 1994)
Date of Service: 11/2 NOV 2, 1994

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

Payment Menu
Reimbursement Payment Entry

Example, cont.

```

Select Service Provided: 25676                REPAIR WRIST DISLOCATION
Major Category: SURGERY
Sub-Category: MUSCULOSKELETAL SYSTEM
Procedure: REPAIR WRIST DISLOCATION

                Detail Description
                =====
OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
Is this correct? YES// <RET>
CPT MODIFIER: P1                NORMAL HEALTHY PATIENT
                REPAIR WRIST DISLOCATION
AMOUNT CLAIMED: 350
AMOUNT PAID: 350
PRIMARY DIAGNOSIS: 833.19 833.19                DISLOCAT WRIST NEC-OPEN
                ...OK? YES// <RET> (YES)

PLACE OF SERVICE: 11                OFFICE
HCFA TYPE OF SERVICE: 1                MEDICAL CARE
SERVICE CONNECTED CONDITION?: N (NO)
Warning, you can only enter 13 more line(s)!

Select Service Provided: <RET>

Date of Service: <RET>

Invoice: 591 Totals $ 350.00

Select Patient:<RET>

Select FEE BASIS BATCH NUMBER:

```

Payment Menu

Travel Payment Only

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

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

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

Introduction

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

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

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

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

**Payment Menu
Travel Payment Only**

Example, cont.

```

Select Patient: FEEPATIENT,ONE

FEEPATIENT,ONE                Pt.ID: 000-45-6789
32 SMYTH RD                   DOB: FEB 22,1922
BOX 333
MANCHESTER                   TEL: 1800FEE
NEW HAMPSHIRE 03102-1345     CLAIM #: 000000000
                               COUNTY: HILLSBOROUGH

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

        SC Percent: 100%
Rated Disabilities: NONE STATED

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

```

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

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

AUTHORIZATIONS:
(1) FR: 08/04/94          VENDOR: FEEVENDOR,ONE          - 000444444
    TO: 08/03/97
        Authorization Type: Outpatient - ID Card
Purpose of Visit: OPT - SC 50% OR MORE
DX:                      REF: FEEprovider,Two
REF NPI: 111111112

        County: HILLSBOROUGH          PSA: ALBANY

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

Payment Menu
Travel Payment Only

Example, cont.

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

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

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

Select Patient:
```

**Registration Menu
Authorization Display**

NEW OPTION

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

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

Introduction

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

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

Example

```

Enter Authorization Number: 7169701-2

FEEPATIENT,ONE                Pt.ID: 000-45-6789
32 LAKE RD                    DOB: FEB 22,1922
BOX 333
MANCHESTER                    TEL: 999-555-1212
NEW HAMPSHIRE 03102-1345      CLAIM #: 000000000
                                COUNTY: HILLSBOROUGH

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

        SC Percent: 100%
Rated Disabilities: NONE STATED

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

Registration Menu
Authorization Display

Example, cont.

Fee ID Card #: A12346	Fee Card Issue Date: 01/01/93
Patient Name: FEEPATIENT,ONE	Pt.ID: 000-45-6789
AUTHORIZATIONS:	
(1) FR: 01/01/94	VENDOR: FEEVENDOR,ONE - 000444444
TO: 04/01/94	
	Authorization Type: Outpatient - Short Term
	Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
	>> Unauthorized Claim <<
DX:	REF: FEEprovider,Two
REF NPI: 1111111112	
County: HILLSBOROUGH	PSA: ALBANY
Enter Authorization Number:	

Registration Menu
Fee Patient Inquiry

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

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

Introduction

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

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

Registration Menu Fee Patient Inquiry

Example

```
Select PATIENT NAME: FEEPATIENT,ONE      08-14-55      000456789      SC VETERAN
DEVICE: HOME//      <RET>      RIGHT MARGIN: 80// <RET>

FEEPATIENT,ONE      Pt.ID: 000-45-6789
12 ANY ST.      DOB: AUG 14,1955
MANCHESTER      TEL: Not on File
NEW HAMPSHIRE 12111      CLAIM #: 000000000
      COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  NOT VERIFIED
Other Elig. Code(s): SHARING AGREEMENT

      SC Percent: 20%
Rated Disabilities: DIABETES (20%-SC)

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

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

AUTHORIZATIONS:
(1) FR: 04/26/93      VENDOR: FEEVENDOR,ONE - 000999999
    TO: 04/28/93
      Authorization Type: CIVIL HOSPITAL
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
      >> Unauthorized Claim <<
DX: CAD      REF: FEEprovider,Two
REF NPI: 111111112

County: GRAFTON      PSA: BAY PINES, FL

Select PATIENT NAME:
```

Registration Menu
Print Report of Contact

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

Introduction

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

Example

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

>> REPORT OF CONTACT <<		VA Office VAMC ALBANY NY	SSN # 000456789
Name of Veteran FEEPATIENT,ONE	Telephone No. of Vet. 518-555-0987	Date of Contact 12/11/94	
Address of Veteran 391 MAPLE DR TROY, NY 32937		Type of Contact Telephone	
Person Contacted TEST DOCTOR,MD		Telephone Number of Person Contacted 518-555-1234	
Brief statement of information requested and given DR. CALLED TO REQUEST AUTHORIZATION TO PROVIDE OUTPATIENT SURGICAL SERVICES TO MR. TEST. CASE WILL BE REVIEWED BY ANOTHER DR.			
Division or Section FEE BASIS		Executed by(signature and title) MARY ELLEN	

VA form 119

Registration Menu Report of Contact

Introduction

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

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

Example

```
Select PATIENT NAME:   FEEPATIENT,ONE   08-14-55   000456789   SC VETERAN
Select DATE OF CONTACT: SEP 15,1993
  DATE OF CONTACT: SEP 15,1993// <RET>
  VENDOR/PROVIDER: FEEVENDOR,ONE
  VENDOR/PROVIDER TELEPHONE NO.: 555-5656
  NARRATIVE:
  1>DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
  2>SERVICE TO MR. TEST. CASE WILL BE REVIEWED BY DR. TEST.

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

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

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

Select PATIENT NAME:
```

**Registration Menu
Report of Contact**

Example, cont.

```

=====
>> REPORT OF CONTACT <<      | VA Office      | SSN #
                                | VAMC ALBANY NY | 000456789
=====
Name of Veteran                 | Telephone No. of Vet. | Date of Contact
FEEPATIENT,ONE                 | None on File         | 09/15/93
=====
Address of Veteran              | Type of Contact
12 ANY ST.                     | Telephone
MANCHESTER,NH 12111
=====
Person Contacted                | Telephone Number of
PRIVATE HOSPITAL                | Person Contacted
                                | 555-5656
=====
Brief statement of information requested and given

DR. CALLED REQUESTING APPROVAL TO PROVIDE OPT SURGICAL
SERVICE TO MR. TEST. CASE WILL BE REVIEWED BY DR. TEST.
=====
Division or Section             | Executed by(signature and title)
FEE BASIS                       | KAREN
=====
VA form 119

```

Supervisor Main Menu

Add New Person for Unauthorized Claim

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

Introduction

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

Example

```
Enter NEW PERSON's name (LAST,FIRST MI): FEEPATIENT,ONE
  ARE YOU ADDING 'FEEPATIENT,ONE ' AS A NEW NEW PERSON (THE 1891ST)? Y (YES)
Checking SOUNDEX for matches.
  FEEPATIENT,ONE
Do you still want to add this entry: NO// Y
Now for the Identifiers.
INITIAL: MD
SSN: 000456789
SEX: F FEMALE
STREET ADDRESS 1: 7425 OLYMPIC BLVD
STREET ADDRESS 2: APT 9A
STREET ADDRESS 3: <RET>
CITY: BISMARCK
STATE: ND NORTH DAKOTA
ZIP CODE: 67448-9938
SSN: 000456789// <RET>
```

Supervisor Main Menu Clerk Look-Up For An Authorization

Introduction

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

Example

```
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE 06-17-48 000456789
      SC VETERAN
Select AUTHORIZATION FROM DATE: 1/1/88 JAN 1, 1988
The last user to enter/edit this Authorization was JOHN.
```

Supervisor Main Menu

Delete Reject Flag

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

FBAASUPERVISOR - required to access this option.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER: 141 328 C35001

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

STATUS: VOUCHERED

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

**Supervisor Main Menu
Delete Reject Flag**

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name
SVC DATE     CPT-MOD   CLAIMED     PAID   CODE  SERVICE PROVIDED
-----
Batch Number: 328      Voucher Date: 12/6/94  Voucherer: MARY

FEEPATIENT, ONE                000-45-6789                328
FEEVENDOR, ONE                 000567567                496      6/21/93
* 5/6/93  90020                2.00      2.00      OFFICE/OP VISIT, NEW, COMPRH
    Reject Reason: TESTING
    Old Batch #: 328
-----
Want to delete rejection codes for the entire Batch? NO// YES
Are you sure you want to delete reject code for all rejected items in this
batch? NO// YES
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

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

```

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

STATUS: VOUCHERED

Select FEE BASIS BATCH NUMBER:
    
```

Supervisor Main Menu

Edit Pharmacy Invoice Status

Introduction

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

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

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

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

Example

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

Supervisor Main Menu

Enter/Edit Suspension Letters

Introduction

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

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

Example

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

Select FEE BASIS LETTER NAME:
```

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

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

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

Example

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

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

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

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

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

Supervisor Main Menu
Fee Schedule Main Menu
Compile Fee Schedule

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

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

**Supervisor Main Menu
 Fee Schedule Main Menu
 Compile Fee Schedule**

Example

```

*** DATE RANGE SELECTION ***

Enter fiscal year or date range within fiscal year.

Beginning Date : 1994 (1994)

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

```

**** REPORT OF FEE SCHEDULE ****

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

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

Supervisor Main Menu
Fee Schedule Main Menu
Print Fee Schedule

Example

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

```

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

```

Supervisor Main Menu

Finalize a Batch

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

Although all Fee Basis batches needing to be finalized may be accessed, this option should only be used to finalize Medical, Pharmacy, and Travel batches.

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

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

Example

```
Select FEE BASIS BATCH NUMBER:  218      C75020

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

STATUS: TRANSMITTED

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

Supervisor Main Menu
Finalize a Batch

Example, cont.

Patient Name		('*' Reimbursement to Patient		'+' Cancellation Activity)		Batch #	Voucher Date
Vendor Name		('#' Voided Payment)		Vendor ID	Invoice #	Date Rec'd.	
SVC DATE	CPT-MOD	CLAIMED	PAID	CODE	SERVICE PROVIDED		
=====							
FEEPATIENT, ONE		000-45-6789					
FEEVENDOR, ONE		000666555		267			
01/13/94	90887	102.12	54.00	1	SPECIAL FAMILY THERAPY		
FEEPATIENT, TWO		000-45-6789					
FEEVENDOR, TWO		000888888		277			
01/29/94	91234	54.87	54.87		CONSULTATION		
FEEPATIENT, TWO		000-45-6789					
FEEVENDOR, TWO		000888888		277			
02/04/94	90023	10.50	10.50		IMMUNIZATION		
FEEPATIENT, TWO		000-45-6789					
FEEVENDOR, TWO		000888888		281			
02/12/94	90370	54.87	54.87		EXTENDED CARE VISIT		
FEEPATIENT, THREE		000-45-6789					
FEEVENDOR, THREE		000777777		320			
01/31/94	90000	35.00	35.00		INTERMEDIATE VISIT		
Want to reject the entire Batch? No// <RET>							
Want to reject any line items? No// YES							
Select FEE BASIS PATIENT NAME: FEEPATIENT, TWO 10-24-40 000456789							

Supervisor Main Menu
Finalize a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name   Vendor ID Invoice #   Date Rec'd.
SVC DATE     CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED
=====
FEEPATIENT,TWO           000-45-6789
FEEVENDOR,ONE           000888888      277
1) 01/29/94  91234      54.87   54.87           CONSULTATION
FEEPATIENT,TWO           000-45-6789
FEEVENDOR,ONE           000888888      277
2) 02/04/94  90023      10.50   10.50           IMMUNIZATION
FEEPATIENT,TWO           000-45-6789
FEEVENDOR,ONE           000888888      281
3) 02/12/94  90370      54.87   54.87           EXTENDED CARE VISIT

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

Select FEE BASIS PATIENT NAME:  <RET>

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

STATUS: TRANSMITTED

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

Batch has been finalized!

Select FEE BASIS BATCH NUMBER:
    
```

Supervisor Main Menu

List Batches Pending Release

Introduction

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

Example

```

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

```

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

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Update FMS Vendor File in Austin/Reinstate Vendor MRA

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

New Prompt:

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

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

FBAASUPERVISOR Security Key - required to access this option.

FBAE ESTABLISH VENDOR Security Key - required to edit vendor demographics.

Introduction

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

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

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

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

Supervisor Main Menu
MRA Main Menu
Vendor MRA Main Menu
Update FMS Vendor File in Austin/Reinstate Vendor MRA

Example

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE          000333333 A DOCTOR OF
MEDICINE
      1 MAIN ST
      CLARKSVILLE, NY 12043
```

```
*** VENDOR DEMOGRAPHICS ***

      Name: FEEVENDOR,ONE          ID Number: 000333333 A
      Address: 1 MAIN ST          Specialty: ENDOCRINOLOGY
      City: CLARKSVILLE          Type: PHYSICIAN
      State: NEW YORK          Participation Code: DOCTOR OF MEDICINE
      ZIP: 12043          Medicare ID Number: 456789
      County: CLINTON          Chain:
      Phone:
      Fax:
      Austin Name: T DOCTOR
      Last Change          Last Change
      TO Austin: 9/30/94          FROM Austin: 9/30/94

Is this vendor information correct? No// y YES

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

Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu

MRA Main Menu

Vendor MRA Main Menu

Delete Vendor MRA

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

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

FBAASUPERVISOR Security Key required to access these options.

Introduction

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

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

Example

```
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE          000666888  COMMUNITY NURSING
HOM
          678 HEALTHY LA
          ALBANY, NY  12208

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

Vendor flagged for deletion!

Select FEE BASIS VENDOR NAME:
```

Supervisor Main Menu
MRA Main Menu
Vendor MRA Main Menu
MRA'S Awaiting Austin Approval

Introduction

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

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

Example

```

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

                                FEE BASIS VENDORS AWAITING AUSTIN APPROVAL
                                12/15/94
                                -----
VENDOR                          ID                      DATE TRANSMITTED TO AUSTIN
-----
FEEVENDOR, ONE                  000358749        11/19/94
  2321 DRAPER AVE
  GUILDERLAND NY  12333
FEEVENDOR, TWO                  000990066        11/29/93
  666 GULL RD
  ABERDEEN WA   98520

```

Supervisor Main Menu

MRA Main Menu

Veteran MRA Main Menu

Introduction

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

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

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

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

Supervisor Main Menu
MRA Main Menu
Veteran MRA Main Menu

Example

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

```

Select Patient: FEEPATIENT,ONE          08-14-55      000456789      SC VETERAN

FEEPATIENT,ONE          Pt.ID: 000-45-6789
12 ANY ST.              DOB: AUG 14,1955
MANCHESTER              TEL: Not on File
NEW HAMPSHIRE 12111     CLAIM #: 000000000
                        COUNTY: GRAFTON

Primary Elig. Code: SC LESS THAN 50%  --  NOT VERIFIED
Other Elig. Code(s): SHARING AGREEMENT

        SC Percent: 20%
Rated Disabilities: DIABETES (20%-SC)

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

```

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

AUTHORIZATIONS:
(1) FR: 04/26/93          VENDOR: FEEVENDOR,ONE - 000654329AA
    TO: 04/28/93

        Authorization Type: CIVIL HOSPITAL
Purpose of Visit: UNAUTHORIZED NON-VA HOSPITAL CARE, SC OR NSC COND
        >> Unauthorized Claim <<
DX: CAD                      REF: FEEprovider,Two
REF NPI: 111111112

        County: GRAFTON          PSA: BAY PINES, FL

VENDOR CONTACTS:
(1) DATE: 09/15/93      VENDOR: FEEVendor,One      PHONE: 555-5656
    NARRATIVE:
        CONTACTED BY MAXINE IN BILLING TO CONFIRM
        VETERAN'S ELIGIBILITY AND AUTHORIZATION.

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

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

Transaction Created!
    
```

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

Example

```
Re-transmit MRA's for which date: 091593 (SEP 15, 1993)
                                     Re-Transmitting
...HMMM, LET ME PUT YOU ON 'HOLD' FOR A SECOND...
```

Supervisor Main Menu
MRA Main Menu
Purge Transmitted MRAs

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

Example

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

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

Supervisor Main Menu Pricer Batch Release

This option is no longer locked.

Introduction

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

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

Example

```
Select FEE BASIS BATCH NUMBER:  983                C77777

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

STATUS: CLERK CLOSED

Want line items listed? No// <RET>

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

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

STATUS: SUPERVISOR CLOSED

Batch has been Released!
```

Supervisor Main Menu
Print Rejected Payment Items

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

Introduction

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

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

Example

```

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

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

```

Patient Name ('*' Reimbursement to Patient '+' Cancellation Activity)
              ('#' Voided Payment)                               Batch #  Voucher Date
Vendor Name                                     Vendor ID Invoice #  Date Rec'd.
SVC DATE   CPT-MOD   CLAIMED     PAID   CODE  SERVICE PROVIDED
=====
Batch Number: 341      Voucher Date: 7/27/93  Voucherer: LUCIA
FEEPATIENT,ONE                000-45-6789                341
FEEVENDOR,ONE                 000456789                523                7/27/93
6/1/93    90010        52.00    52.00    OFFICE/OP VISIT, NEW, LTD
Reject Reason: DUPLICATE PAYMENT
Old Batch #: 341

Batch Number: 329      Voucher Date: 6/21/93  Voucherer: LUCIA
FEEPATIENT,ONE                000-45-6789                329
FEEVENDOR,ONE                 000567567                497                6/21/93
4/5/93    10080-20     75.00    75.00    DRAINAGE OF PILONIDAL CYST
Reject Reason: WRONG VENDOR
Old Batch #: 329
    
```

Supervisor Main Menu

Queue Data for Transmission

FBAASUPERVISOR Security Key - required to access this option.

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

Introduction

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

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

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

Example

```
This option will transmit all Batches and MRAs ready to be transmitted to Austin.
```

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

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

```
350
```

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

Supervisor Main Menu

Re-initiate Rejected Payment Items

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

Introduction

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

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

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

Supervisor Main Menu Re-initiate Rejected Payment Items

Example

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

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

FEEPATIENT,ONE                                000-45-6789
FEEVENDOR,ONE                                000222222  190
12/15/94    90060    75.00    60.00    1      OFFICE VISIT,INTERMED
  Reject Reason:  BATCH OUT OF BALANCE
  Old Batch #: 16

FEEPATIENT,ONE                                000-45-6789
FEEVENDOR,ONE                                000222222  190
12/30/94    90060    75.00    60.00    1      OFFICE VISIT,INTERMED
  Reject Reason:  BATCH OUT OF BALANCE
  Old Batch #: 16

FEEPATIENT,TWO                                000-45-6789
FEEVENDOR,TWO                                000333333  198
01/10/94    80908    50.00    50.00    CONSULTATION,BRIEF
  Reject Reason:  BATCH OUT OF BALANCE
  Old Batch #: 16
-----
Want to re-initiate all rejected items in the Batch? No//  YES

Are you sure you want to re-initiate all line items in this
batch? No//  YES

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

All rejected items have been re-initiated!

Select Batch with Rejects:
```

Supervisor Main Menu

Release a Batch

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

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

Example

```

Select FEE BASIS BATCH NUMBER: 276          C15004

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

STATUS: CLERK CLOSED

Want line items listed? NO// y YES

```

Supervisor Main Menu
Release a Batch

Example, cont.

```

Patient Name  ('*' Reimbursement to Patient  '+' Cancellation Activity)
              ('#' Voided Payment)
Vendor Name   Vendor ID  Invoice #   Voucher Date
SVC DATE     CPT-MOD   CLAIMED   PAID   CODE  SERVICE PROVIDED   Date Rec'd.
=====
FEEPATIENT,ONE          000-45-6789          276
FEEVENDOR,ONE          000222333      493      6/21/93
  5/22/93   90020      10.00      5.00   4  OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 493  Totals: $ 5.00

FEEPATIENT,ONE          000-45-6789          276
FEEVENDOR,TWO          000567567      495      6/21/93
*  5/1/93   90020      5.00      5.00      OFFICE/OP VISIT, NEW, COMPRH
              Invoice #: 495  Totals: $ 5.00
Do you want to Release Batch as Correct? NO// y YES

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

STATUS: SUPERVISOR CLOSED

Batch has been Released!
    
```

Supervisor Main Menu

Request Info File Enter/Edit

Introduction

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

Example

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

Supervisor Main Menu
Site Parameter Enter/Edit

FBAASUPERVISOR Security Key - required to access this option.

Introduction

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

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

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

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

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

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

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

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

ZIP: - Zip code for the COJ.

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

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

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

Supervisor Main Menu
Site Parameter Enter/Edit

Introduction, cont.

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

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

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

DEFAULT AUTH. TIME RANGE: - The number of days that is the usual long term authorization. The data entered here will be added to the Authorization FROM DATE and that date will become the default TO DATE for the authorization. For example, if the normal long term authorization is one year, 365 would be entered in this parameter.

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

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

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

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

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

Supervisor Main Menu
Site Parameter Enter/Edit

Introduction, cont.

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

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

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

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

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

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

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

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

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

Supervisor Main Menu

Site Parameter Enter/Edit

Introduction, cont.

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

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

Example

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

Supervisor Main Menu
Void Payment Main Menu
CH Delete Void Payment

Introduction

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

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

Example

```
Select Patient:  FEEPATIENT,ONE      06-17-48      000456789      SC VETERAN
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000561234      PRIVATE HOSPITAL
                    31 NOWHERE CIRCLE
                    LOWELL, MASSACHUSETTS  01852-0123
                    TEL. #: 45441477
```

```
Patient Name: FEEPATIENT,ONE      Pt.ID 000-45-6789
VENDOR: FEEVendor,One
        ('*' Represents Reimbursement to Patient)
        ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11
Reason:
        VENDOR RETURNED CHECK

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

Patient Name: FEEPATIENT,ONE      Pt.ID 000-45-6789
VENDOR: FEEVendor,One
        ('*' Represents Reimbursement to Patient)
        ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
*09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11

Are you sure you want to Cancel the void on the payment(s)? No//  Y
        Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

... Done
```

Supervisor Main Menu
Void Payment Main Menu
CH Void Payment

Introduction

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

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

Example

```
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE      01-06-13   000456789   SC VETERAN
Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      7463254956  NON-VA HOSPITAL
      1 SIMPLE WAY
      JACKSON, VT  02131   TEL. #:  802-431-2847

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

VENDOR: FEEvendor,One
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE    TO DATE    DRG      AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
-----
1) 11/1/94        11/3/94    DRG1      2,500.00      2,500.00      275          170

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

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

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
      FROM DATE    TO DATE    DRG      AMT CLAIMED    AMT PAID    INVOICE #    BATCH #
-----
      11/1/94        11/3/94    DRG1      2,500.00      2,500.00      275          170

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

Supervisor Main Menu
Void Payment Main Menu
CNH Delete Void Payment

Introduction

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

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

Example

```
Select Patient:  FEEPATIENT,ONE      06-17-48      000456789      SC VETERAN

Select FEE BASIS VENDOR NAME:  FEEVENDOR,ONE      000561234      COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS  01852-0123
      TEL. #:  45441477
```

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

VENDOR:  FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
1) *09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11

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

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

VENDOR:  FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE      TO DATE      DRG      AMT CLAIMED      AMT PAID      INVOICE #      BATCH #
-----
*09/01/92      09/04/92      DRG45      3,467.00      3,462.00      7      11
Reason:
      CHECK RETURNED

Are you sure you want to Cancel the void on the payment(s)? No//  Y
      Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

... Done
```

Supervisor Main Menu
Void Payment Main Menu
CNH Void Payment

Introduction

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

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

Example

```
Select FEE BASIS PATIENT NAME: FEEPATIENT,ONE      06-17-48  000456789  SC
VETERAN

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE          000561234  COMMUNITY
NURSING HOME
      31 NOWHERE CIRCLE
      LOWELL, MASSACHUSETTS  01852-0123
      TEL. #:  45441477
```

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

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE   TO DATE   DRG     AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-----
1) *09/01/92  09/04/92  DRG45    3,467.00     3,462.00         7           11

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

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

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
FROM DATE   TO DATE   DRG     AMT CLAIMED   AMT PAID   INVOICE #   BATCH #
-----
*09/01/92   09/04/92  DRG45    3,467.00     3,462.00         7           11

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

... Done
```

Supervisor Main Menu
Void Payment Main Menu
Medical Delete Void Payment

Introduction

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

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

Example

```
Select Patient: FEEPATIENT,ONE    06-17-48    000456789    SC VETERAN

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE    000888666
DOCTOR OF MEDICINE
```

```
Patient Name: FEEPATIENT,ONE          SSN: 000-45-6789

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH# DATE PAID
-----
1)#04/01/90  90050    $ 25.00    $ 25.00          1126    963    07/06/90

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

Patient Name: FEEPATIENT,ONE          SSN: 000456789

VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD   AMT CLAIMED AMT PAID CODE INVOICE # BATCH # DATE PAID
-----
04/01/90    90050    25.00    25.00          1126    963    07/06/90

Are you sure you want to Cancel the void on the payment(s)? No//  Y
      Cancel Voided payment for FEEPATIENT,ONE
You must adjust control point accordingly through IFCAP!

... Done
```

Supervisor Main Menu
Void Payment Main Menu
Medical Void Payment

Introduction

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

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

Example

```
Select Patient:  FEEPATIENT,ONE  06-17-48  000456789  SC VETERAN
Select FEE BASIS VENDOR NAME:  FEEVENDOR,ONE  000888666
DOCTOR OF MEDICINE
```

```
Patient Name: FEEPATIENT,ONE          SSN:  000-45-6789
VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  CODE  INVOICE #  BATCH#  DATE PAID
-----
1) 04/01/90  90050    $ 25.00    $ 25.00    1126   963   07/06/90
2) 03/10/90  90050    $ 25.00    $ 25.00    1125   963   07/06/90

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

Patient Name: FEEPATIENT,ONE          SSN:  000456789
VENDOR: FEEVENDOR,ONE
      ('*' Represents Reimbursement to Patient)
      ('#' Represents a Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  CODE  INVOICE #  BATCH #  DATE PAID
-----
04/01/90    90050    25.00    25.00    1126   963   07/06/90

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

... Done
```

Supervisor Main Menu
Void Payment Main Menu
Pharmacy Delete Void Payment

Introduction

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

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

Example

```
Select Invoice number: 15

Select Prescription # :      55535

PRESCRIPTION NUMBER: 55535          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00                PATIENT: FEEPATIENT,ONE
RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED        GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                      QUANTITY: 03
PHARMACIST: MICHAEL                 DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00                   BATCH NUMBER: 27
OBLIGATION NUMBER: C93004           DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR           SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED          MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY     AUTHORIZATION POINTER: 1

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

Supervisor Main Menu
Void Payment Main Menu
Pharmacy Void Payment

Introduction

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

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

Example

```
Select Invoice number: 15

Select Prescription # : 55535

PRESCRIPTION NUMBER: 55535          DRUG NAME: TYE
DATE PRESCRIPTION FILLED: MAY 28, 1993
AMOUNT CLAIMED: 1.00                PATIENT: FEEPATIENT,ONE
RED BOOK COST: .85                  AMOUNT SUSPENDED: 0
LINE ITEM STATUS: COMPLETED        GENERIC DRUG: AZATHIOPRINE 50MG TAB
PHARMACY DETERMINATION: APPROVED FOR PAYMENT
STRENGTH: 15MG                      QUANTITY: 03
PHARMACIST: MICHAEL                 DATE OF DETERMINATION: MAY 28, 1993
AMOUNT PAID: 1.00                   BATCH NUMBER: 27
OBLIGATION NUMBER: C93004            DATE CERTIFIED FOR PAYMENT: MAY 28, 1993
PAYMENT TYPE CODE: VENDOR            SUBSTITUTE GENERIC DRUG: Yes
PHARMACY REMARKS: APPROVED           MANUFACTURER: LILLY
PRIMARY SERVICE FACILITY: ALBANY     AUTHORIZATION POINTER: 1

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

Terminate ID Card

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

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

Introduction

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

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

Example

```

Select PATIENT NAME: 6789  FEEPATIENT,ONE      12-12-14  000456789  SC VETERAN

FEEPATIENT,ONE                Pt.ID: 000-45-6789
2344 HELP ST.                 DOB: 12/12/14
RED CROSS CITY                TEL: Not on File
OKLAHOMA 11235               CLAIM #: Not on File
                               COUNTY: POTTAWATOMIE

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

Service Connected: NO
Rated Disabilities: NONE STATED

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

Terminate ID Card**Example, cont.**

```

Fee ID Card #: 1346464                      Fee Card Issue Date: 06/17/93
Patient Name: FEEPATIENT,ONE                 Pt.ID: 000-45-6789
AUTHORIZATIONS:
  (1) FR: 04/16/94      VENDOR: Not Specified
      TO: 04/19/94
          Authorization Type: Outpatient - ID Card
          Purpose of Visit: OPT - SC LESS THAN 50%
          DX: DEPRESSION          REF: FEEprovider,Two
          REF NPI: 1111111112
          County: POTTAWATOMIE    PSA: MUSKOGEE, OK
  (2) FR: 07/01/93      VENDOR: FEEVENDOR,ONE - 0009760657
      TO: 06/30/96
          Authorization Type: Outpatient - Short Term
          Purpose of Visit: COMPENSATION AND PENSION EXAM
          DX: PTSD                REF: FEEprovider,Two
          REF NPI: 1111111112
          County: POTTAWATOMIE    PSA: NORTHAMPTON, MA
Fee ID Card #: 1346464
Are you sure you want to terminate this ID Card? No// YES
TERMINATION REASON: PATIENT'S WALLET CONTAINING ID CARD WAS STOLEN. NEW CARD
ISSUED.

```

Vendor Menu

Display, Enter, Edit Demographics

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

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

Introduction

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

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

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

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

Vendor Menu

Display, Enter, Edit Demographics

Example

```

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE
ARE YOU ADDING 'FEEVENDOR,ONE' AS
  A NEW FEE BASIS VENDOR (THE 76TH)? Y (YES)
FEE BASIS VENDOR ID NUMBER: 000456789
FEE BASIS VENDOR TYPE OF VENDOR: 8 OTHER 08
FEE BASIS VENDOR PART CODE: 6 NON-VA HOSPITAL 06
FEE BASIS VENDOR CHAIN: <RET>
FEE BASIS VENDOR NPI: <RET>
NAME: FEEVENDOR,ONE Replace <RET>
ID NUMBER: 000-45-6789// <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'): T TAX ID NUMBER
TYPE OF VENDOR: OTHER// <RET>
BUSINESS TYPE (FPDS): <RET>
Select SOCIOECONOMIC GROUP (FPDS): <RET>
PART CODE: NON-VA HOSPITAL// <RET>
STREET ADDRESS: 123 SECOND ST
STREET ADDRESS 2: <RET>
CITY: TROY
STATE: NY NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER 083
PHONE NUMBER: 518-271-1234
FAX NUMBER: 518-555-1200
BILLING PROVIDER NPI: 1234567899<RET>
PRICER EXEMPT: YES
MEDICARE ID NUMBER: 191817

```

```

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

Name: FEEVENDOR,ONE ID Number: 000456789
Billing Prov NPI: 1234567899
Address: 123 SECOND ST Specialty:
City: TROY Type: OTHER
State: NEW YORK Participation Code: NON-VA HOSPITAL
ZIP: 12180 Medicare ID Number: 191817
County: RENSSELAER Chain:
Phone: 518-555-1234
Fax: 518-555-1200 Pricer Exempt: Yes
Type (FPDS):
Austin Name:
Last Change Last Change
TO Austin: FROM Austin:

Want to edit data? No// <RET>
Select FEE BASIS VENDOR NAME:

```

Vendor Menu
Payment Display for Patient

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

Introduction

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

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

Example

```
Select Patient: FEEPATIENT,ONE

Select FEE BASIS VENDOR NAME: FEEVENDOR,ONE      000777777      NON-VA
HOSPITAL
      123 FIRST ST
      TROY, NY 12190
```

```
Patient Name: FEEPATIENT,ONE                      SSN: 000456789

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

Select FEE BASIS VENDOR NAME:
```

Vendor Menu
Payment Look-up for Medical Vendor

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

Introduction

The Payment Look-up for Medical Vendor option is used to view the payment history for a medical vendor for a specified time frame.

Example

```
Select Medical Vendor: FEEVENDOR,ONE      000456789  DOCTOR OF OSTEO
                      31 NOWHERE CIRCLE
                      LOWELL, MA 01852-0123  TEL. #: 45441477

**** Date Range Selection ****

Beginning DATE : 6/1  (JUN 01, 1994)

Ending    DATE : 6/30 (JUN 30, 1994)

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

```

** VENDOR LOOK-UP **

Vendor: FEEVENDOR,ONE
('*' Reimb. to Patient '+' Cancel. Activity)
PATIENT ('#' Voided Payment)
SVC DATE  CPT-MOD  AMT CLAIMED  AMT PAID  CODE  INVOICE #  BATCH #  DATE PAID
-----
FEEPATIENT,ONE
06/07/94  12018    $  35.00  $  32.00  1   230          145    06/29/94
    >>>Check # 37776200  Date Paid: 6/29/94<<<
06/07/94  99243-77 $  52.00  $  40.00  1   230          145    06/29/94
    >>>Check # 37776200  Date Paid: 6/29/94<<<
06/28/94  10020    $  42.00  $  42.00    206          234    NOT PAID

Select Medical Vendor:
```

Vendor Menu Pharmacy Vendor Payment Look-Up

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

Introduction

The Pharmacy Vendor Payment Look-Up option is used to view the payment history for a pharmacy vendor for a specified time frame.

Example

```

Select Pharmacy Vendor:  FEEVENDOR,ONE  000888888  PHARMACY

**** Date Range Selection ****

Beginning DATE:  5/1/94  (MAY 01, 1994)

Ending DATE:  T  (JUL 13, 1994)

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

```

** PHARMACY VENDOR LOOK-UP **

Vendor:  FEEVENDOR,ONE  ID#: 000888888  Chain #:

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

Patient          SSN
Fill Date      Drug Name      Strength      Quantity
Claimed      Paid  Code Invoice #  Batch #      Date Finalized
-----
FEEPATIENT,ONE          000456789

06/07/94
Rx: 6700      DEMEROL          2MG          10
16.00      7.56  1  1172      974          07/12/94

06/01/94
Rx: 5603      MOTRIN          2MG          10
25.00      25.00  1172      974          07/12/94
    
```

