

Department of Veterans Affairs
Decentralized Hospital Computer Program

FEE BASIS RELEASE NOTES

Version 3.5
January 1995

Information Systems Center
Albany, New York

Table of Contents

Section 1. Options	1
New Options	1
Obsolete Options	2
Section 2. Routines	3
New Routines.....	3
Obsolete Routines.....	3
Routines for Mapping (DSM).....	3
Section 3. Package Changes	5
Payment Process	5
CPT Modifiers/Fee Schedule.....	6
CNH Movements and the AMIS 349	6
Fee Basis Medical and Pharmacy Denials	6
Purpose of Visit Code	6
Telephone Inquiry Menu.....	7
Nursing Home 10-0168 Report	8
Suspension Letters	9
Multiple Ancillary Payments.....	9
Nursing Home Payments through the CNH Module.....	9
Section 4. File (DD) Changes	11
New Files with Descriptions	11
Obsolete Files	11
File Changes	11
Section 5. Security Keys, Mail Groups, Bulletins	15
Section 6. Appendices	17
Appendix A. PAID Server	17
Appendix B. List Manager Actions.....	18
Index.....	19

Section 1 - Options

New Options

FB CHECK DISPLAY

Menu Text: Check Display

This option displays all payments included on a check that was issued after the payment conversion from CALM to the Financial Management System (FMS).

FB PHONE MENU

Menu Text: Telephone Inquiry Menu

This menu contains all options that are used to answer telephone inquiries from vendors and/or veterans regarding payments or checks.

FB VENDOR/VETERAN PAYMENTS

Menu Text: Payment Listing for Vendor/Veteran

This option prompts you to select the vendor who is calling and the veteran about whom information is being requested. It then calls VA List Manager to display a listing of payments for all Fee Basis programs in reverse chronological order by Service Date (with the most recent displaying first).

FBAA AUTHORIZATION DISPLAY

Menu Text: Authorization Display

This option displays an authorization on screen for a user-specified authorization number. The authorization number appears on the printed 7079.

FBAA PAID SERVER

Menu Text: Fee Basis Payment Message Server

This server processes incoming payment information sent from FMS.

FBAA SUSPENSION LETTER INDIV

Menu Text: Individual Suspension Letter Print

This option prints the suspension letters for an individual patient and/or vendor.

FBCH MULTIPLE PAYMENTS

Menu Text: Multiple Ancillary Payments

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

FBCNH RCS 10-0168 REPORT

Menu Text: Nursing Home 10-0168 Report

This option generates the data for the Community Nursing Home Code Sheet 10-0168 (formerly the RCS 18-3 Report).

Section 1. Options

Obsolete Options

The following options may be deleted.

FBAV VENDOR CLEANUP
FBAV MRA VENDOR ADD FO

Section 2 - Routines

New Routines

FBAACCB2	FBAACO5	FBAAUTL4	FBAAUTL5	FBAUTHP	FBCKDIS
FBCKDIS1	FBNHAMI1	FBNHPC1	FBNHRAT1	FBNHRC	FBNHRC1
FBNHRC2	FBNHRC3	FBNHRC4	FBP35D	FBPAID	FBPAID1
FBPAID2	FBPAY21	FBPHON	FBPHON1	FBPHON2	FBPRE35
FBPST35	FBPST35A	FBPST35B	FBPST35C	FBUCUTL8	

Obsolete Routines

FBAACP0	FBAADEV	FBAAMP2	FBAAPRE3	FBAASL2	FBAASL3
FBAASL4	FBCHUCEP	FBPOST3	FBPST3	FBPST3A	FBPST3B
FBPST3C	FBPST3D	FBUPLD	FBUPLD1		

Routines for Mapping (DSM)

FBAAAUT	FBAACCB*	FBAACIE	FBAACO*	FBAADEM*	FBAAEP*
FBAAMP*	FBAAOB	FBAAPI	FBAAPIE*	FBAASCB*	FBAAUTL*
FBAAVD*	FBCH78*	FBCHREQ*	FBCHSCB	FBMRA*	FBNHEA*
FBNHED*	FBNHEP*	FBNHPC	FBNHRAT	FBNHRC	FBUC*

Section 3 - Package Changes

Payment Process

Version 3.5 of Fee Basis involves changes to the Austin Payment process. In prior versions, Fee Basis payments were processed using the following systems.

- DHCP Fee—Users enter payment data and submit batches of payment line items to Central Fee.
- Central Fee—A batch system that resides at the Austin Automation Center (AAC).
- CALM—Central Fee creates CALM code sheets for payment release.

Previously, the interface among the three systems only operated in one direction, and no payment information was sent back to DHCP Fee other than processing reports.

The Financial Management System (FMS) software replaces the former CALM payment system. Central Fee has been modified to send payment documents to FMS and return payment documents confirmed by the treasury to DHCP.

In order to facilitate the changes to the payment process, DHCP now asks an additional prompt in the Enter Payment options for Outpatient, Civil Hospital, and Ancillary payments. The prompt allows you to select which line items are for contracted services. Prompts do not appear in the Community Nursing Home or Pharmacy modules, as these values are defaulted to "always a contract service" and "never a contract service" respectively.

DHCP now receives check information back from FMS upon confirmation by the treasury. A new DHCP output is available to display check information for a selected check number. Additionally, each payment history, batch listing, invoice display, or other output which displays line item information has now been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled will be annotated with a plus sign (+) preceding the display.

CPT Modifiers/Fee Schedule

With the release of the CPT V. 5.0 software package, Fee Basis now has the ability to break down services provided to the modifier level. The software now prompts you to select a modifier after the selection of the CPT code in all Outpatient Payment options. Input of the field is optional and can be bypassed if the information is not available or applicable. All DHCP outputs that display a CPT Code now display the CPT-Modifier combination.

With the inclusion of CPT Modifiers, Fee Basis V. 3.5 now provides the functionality of calculating the Fee Schedule at the modifier level.

CNH Movements and the AMIS 349

Prior to version 3.5, users were required to exercise caution in selecting the appropriate patient movement types. If a wrong movement was entered, a movement was missed, or movements were incomplete, the Bed Occupants Remaining and Patient Days of Care totals were inaccurate on the AMIS 349 Print.

Version 3.5 of Fee Basis checks transfer and discharge types against the patient's previous movement. Screens have been placed on the Discharge or Transfer Types that are selectable based on the Last Movement Type.

Fee Basis Medical and Pharmacy Denials

The FEE BASIS MEDICAL DENIALS file (#163) and the FEE BASIS PHARMACY DENIALS file (#163.1) are being eliminated with this version of Fee Basis. A conversion allows merging of the medical denials data into the FEE BASIS PAYMENT file (#162). All future denials will be stored in the respective payment files. Suspension letters will still print in the same fashion.

Purpose of Visit Code

A change to the state abbreviation for Alaska has been made to Purpose Of Visit (POV) Code 35. The description now reads: NON-VA HOSP. CARE FOR NSC COND. (AK, VI AND HI ONLY).

Telephone Inquiry Menu

A telephone inquiry menu has been added to the Fee Basis Main Menu. This phone menu has been designed to assist users in retrieving payment and related information from DHCP quickly and easily when contacted by a vendor or veteran. The menu currently contains four options, the first of which is a check display. Choosing this option allows you to enter the check number provided by the vendor. The option displays all payments included on a check that was issued after the payment conversion from CALM to FMS and includes all line items paid for with that check number for all Fee Basis programs.

New Option: Payment Listing for Vendor/Veteran

The option Payment Listing for Vendor/Veteran is a new option that prompts you for a vendor and a veteran. The option places you in the VA List Manager utility, where data is returned in List Manager screen format. You can view, move through, and print information through the use of various List Manager actions. (Please refer to Appendix B for more information about List Manager's generic actions.) The first screen displays a listing of all payments, regardless of Fee Basis program, for the vendor and veteran selected in reverse chronological order by Service Date (listing the most recent first). Possible actions appear on the bottom of the screen, similar to the following screen example. Please refer to the Fee Basis V. 3.5 User Manual for more detail about this option.

```

Enter ?? for more actions
BS  BATCH STATUS           EV  EXPAND VIEW             DV  DISPLAY VENDOR
LB  LIST BATCH             CP  CHANGE PATIENT          DC  DISPLAY CHECK
ID  INVOICE DISPLAY       CV  CHANGE VENDOR
LC  LOOKUP CPT/MODIFIER   DA  DISPLAY AUTH/7078/583
Select Action:Quit//

```

The option is designed to handle all inquiries from one screen, thus eliminating the necessity of jumping to different menus to obtain information from varying programs.

Yes/No Prompts

Most Yes/No prompts throughout the Fee Basis software now also accept numeric entries of "0" (zero) for a NO response or "1" (one) for a YES response.

Nursing Home 10-0168 Report

This option has been added to the Output Main Menu for the Community Nursing Home Program. The format of the report has changed. Version 3.5 of Fee Basis, when used with Version 2.0 of the Generic Code Sheet software, also allows you to create code sheets with a status of MARKED FOR BATCHING. The following table describes the fields included in the new 10-0168 (former RCS 18-3) Report.

FIELD	VALUE	POSITION
Header Field	CNH	1-3
Station Number	Station Number	4-6
Name of CNH	Free Text	7-29
City of CNH	Free Text	30-44
State Code of CNH	Two Numbers	45-46
County Code of CNH	Three Numbers	47-49
Number of Beds	Three Numbers	50-52
CNH Inspected/Accredited	I = Inspected A = Accredited B = Both	53
Per Diem Rate (HIGH)	Three Numbers	54-56
Per Diem Rate (LOW)	Three Numbers	57-59
Certified Medicare/Medicaid	1 = Not certified for either 2 = Certified for Medicare only 3 = Certified for Medicaid only 4 = Certified for both Medicare and Medicaid	60
Number of Veterans in CNH	Three Numbers	61-63
Date of Last Assessment	MMYY	64-67
Text Terminator	\$	68

Suspension Letters

The Suspension Letter Print option now prompts the user to print denials only. If the user answers YES, only the denial letters for the programs selected print. Answering NO to this prompt prints all letters for the programs selected (as in the past). This prompt was added to allow the site the flexibility of generating only denial letters. This flexibility was requested by the sites in order to avoid vendor confusion when the vendor receives both the DHCP suspension letters and the Explanation of Benefits letter from the Austin Automation Center. Since the Explanation of Benefits letter contains a listing of payments covered by the check, as well as the suspension reasons for any partial payments, many sites felt it only necessary to generate denial letters to vendors from DHCP. This change provides sites with that functionality.

A second suspension letter option was added to the Outputs Main menu under the Medical Fee program. This Individual Suspension Letter Print option was added to allow sites the flexibility to print letters for one patient and/or vendor.

Multiple Ancillary Payments

The Multiple Ancillary Payments option was added to allow sites the ability to add many ancillary payments that are identical (with the exception of date of service) as quickly and easily as possible. This option is similar to the Multiple Payment Entry option in the Medical program. The user is asked all similar payment information up front and is then allowed to enter multiple dates of service.

Nursing Home Payments through the CNH Module

It is imperative that all sites use the Post Commitments for Obligation option PRIOR to processing any payments against that obligation each month. When version 3.5 is installed, there must be an estimate on the 1358 for each payment you are processing in order to release the payment.

In version 3.0, if you did not post your commitments, the software did it for you when you released the batch. However, as new authorizations were set up during the month, these were posted by patient. This was due to backward compatibility with two versions of IFCAP. Now that all sites have been on IFCAP 4 for at least a year, Fee expects to find an entry on the 1358 for each of the CNH patients.

Section 4 - File (DD) Changes

New Files with Descriptions

162.95 FEE BASIS CHECK CANCELLATION REASON

This file stores the check cancellation reasons and codes used by the Financial Management System (FMS). These reasons will be returned to the site from FMS when a check is cancelled. This file is pointed to by all payment files. ***Per VHA Directive 10-93-142, this file definition should not be modified. ***

Obsolete Files

- 163 Fee Basis Medical Denials
- 163.1 Fee Basis Pharmacy Denials

File Changes

161 FEE BASIS PATIENT

Fields Deleted

4	CNH LEVEL OF CARE
102	AUSTIN DELETED
103	DATE OF AUSTIN DELETE
104	DATE TRANSMITTED TO AUSTIN

Field Type Changes

.096	ACCIDENT RELATED (Y/N)	Free Text
.097	POTENTIAL COST RECOVERY CASE	Free Text
102	AUSTIN DELETE FLAG	Free Text

161.2 FEE BASIS VENDOR

Fields Deleted

16	NUMBER OF SKILLED BEDS
17	NUMBER OF INTERMEDIATE BEDS
21	LEVELS OF CARE PROVIDED

Field Type Changes

30.03	1099 VENDOR	Free Text
-------	-------------	-----------

Section 4. File (DD) Changes

161.4 FEE BASIS SITE PARAMETERS

Fields Marked for Deletion

21 ASK PROGRAM SPECIFIC AUTH.

Fields Deleted

36 LAST UC UPDATED
37 DATE UC CONVERSION COMPLETED

Field Type Changes

12 MEDICAL PAYMENT VENDOR DISPLAY Free Text
13 PHARMACY PAYMENT VENDOR DISPLAY Free Text
19 EDIT AUTH. DURING PAYMENT Free Text

161.5 FEE CH REPORT OF CONTACT

Field Type Changes

16.5 VETERAN HAVE OTHER INSURANCE Free Text

162 FEE BASIS PAYMENT

New Cross-References

CHECK NUMBER (ACK)
CHECK NUMBER (ACKT)
CPT MODIFIER (AE1)

New Fields

162.03 - SERVICE PROVIDED
33 VENDOR INVOICE DATE
34 PROMPT PAY TYPE
35 CHECK NUMBER
36 CANCELLATION DATE
37 REASON CODE
38 CANCELLATION ACTIVITY
39 CPT MODIFIER
40 DISBURSED AMOUNT
41 INTEREST AMOUNT
162.04 - TRAVEL PAYMENT DATE
8 DATE PAID
9 CHECK NUMBER
10 CANCELLATION DATE
11 REASON CODE
12 CANCELLATION ACTIVITY
13 DISBURSED AMOUNT
14 INTEREST AMOUNT

Field Type Changes

32 SERVICE CONNECTED CONDITION? Free Text

162 FEE BASIS PAYMENT, cont.

Fields Marked for Deletion

1.5 FEE PROGRAM

Obsolete Cross-References

REJECT STATUS (AF)

162.1 FEE BASIS PHARMACY INVOICE

New Cross-References

CHECK NUMBER (ACK)

New Fields

162.12 - SUSPENSION DESCRIPTION
 28 DATE PAID
 29 PROMPT PAY TYPE
 30 CHECK NUMBER
 31 CANCELLATION DATE
 32 REASON CODE
 33 CANCELLATION ACTIVITY
 34 DISBURSED AMOUNT
 35 INTEREST AMOUNT

162.2 FEE NOTIFICATION/REQUEST

Field Type Changes

8	LEGAL ENTITLEMENT	Free Text
11	MEDICAL ENTITLEMENT	Free Text

162.5 FEE BASIS INVOICE

New Cross-References

CHECK NUMBER (ACK)

New Fields

45 DATE PAID
 46 VENDOR INVOICE DATE
 47 PROMPT PAY TYPE
 48 CHECK NUMBER
 49 CANCELLATION DATE
 50 REASON CODE
 51 CANCELLATION ACTIVITY
 52 DISBURSED AMOUNT
 53 INTEREST AMOUNT

Section 4. File (DD) Changes

162.7 FEE BASIS UNAUTHORIZED CLAIMS

Fields Marked for Deletion

16	DISPOSITION DESCRIPTION
17	REASON FOR PENDING

163.99 FEE BASIS FEE SCHEDULE

Field Type Changes

.01	CPT-MODIFIER	Free Text
-----	--------------	-----------

Section 5 - Security Keys, Mail Groups, Bulletins

There are no new security keys, mail groups, or bulletins issued with this version of Fee Basis. There are also no obsolete bulletins with this version.

Section 6. Appendices

Appendix A - Paid Server

The following is a sample PAID Server mail message.

Subj: Server Request Notice [#183837] 27 May 94 11:15 20 Lines
From: POSTMASTER Page 1

-

May 26, 1994 2:50 PM

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

Sender: REDACTED
Option name: FBAA PAID SERVER
Subject: FPA/ #941461343846831
Message #: 183818

Comments: No errors detected by the Menu System.

This is the server bulletin XQSERVER
The 'AMOUNT PAID' has been altered on the Fee Payment Voucher Document
in FMS for the following payments:

Check Number: 102 to SEAL POINT MEDICAL CNH for FEEpatient, One - 0000
From Date: 9/1/93 To Date: 9/5/93 Invoice Number: 1481
>>> For detailed payment information use the appropriate payment output. <<<

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

Appendix B - List Manager Actions

The following is a list of generic List Manager actions with a brief description of each. The mnemonic for each action is shown in brackets [] following the action name. Entering the mnemonic is the quickest way to select an action.

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

Index

Appendices	17
Bulletins	15
CNH Movements and the AMIS 349	6
CPT Modifiers/Fee Schedule	6
Fee Basis Medical and Pharmacy Denials	6
File Changes	11
File (DD) Changes	11
Files with Descriptions.....	11
List Manager Actions	18
Mail Groups	15
Multiple Ancillary Payments	9
Nursing Home 10-0168 Report.....	8
Nursing Home Payments through the CNH Module	9
Options	1
Package Changes	5
PAID Server	17
Payment Process.....	5
Purpose of Visit Code.....	6
Routines	3
Routines for Mapping (DSM)	3
Section 1. (see Options)	
Section 2. (see Routines)	
Section 3. (see Package Changes)	
Section 4. (see File (DD) Changes)	
Section 5. (see Security Keys, Mail Groups, Bulletins)	
Section 6. (see Appendices)	
Security Keys	15
Suspension Letters	9
Telephone Inquiry Menu	7

