

Fee Basis



Release Notes and Installation Guide Version 1.0

FB*3.5*108

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Veterans Affairs
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Revision History

Date	Version	Description	Project Manager	Technical Writer
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Table of Contents

1	Introduction.....	1
1.1	Hardware Compatibility	1
1.2	System Specifications.....	1
2	Installation and Configuration	1
2.1	Pre-Installation Considerations	1
2.2	Installation Procedure.....	2
2.3	Documentation Retrieval.....	3
3	Release Changes and Enhancements	3
3.1	CONTRACTED SERVICES AND CONTRACTS	4
3.1.1	New Contract File	4
3.1.2	Project HERO Contracts	4
3.1.3	Identify Contract on Authorization.....	5
3.1.4	Payments for Unauthorized Claims not for a Contracted Service.....	5
3.1.5	Identify Contract on Invoice/Payment.....	5
3.2	ADDITIONAL DATA AND LARGER \$ AMOUNTS FOR CIVIL HOSPITAL INVOICE.....	5
3.2.1	Present on Admission Indicator	5
3.2.2	Admitting Diagnosis	6
3.3	SEND EDI CLAIM IDENTIFIER TO CENTRAL FEE.....	6
3.4	SEND PATIENT ACCOUNT NUMBER TO CENTRAL FEE	6
3.5	REDUCE RISK OF INTERFACE ERRORS	6
3.5.1	Batch Line Limits.....	6
3.5.2	Length of Stay on Pricer Transaction	7
3.5.3	State Abbreviation.....	7
4	Support Information.....	8

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1 Introduction

The Fee Basis application supports the Veterans Health Administration's (VHA) Fee Basis program. When the Department of Veterans Affairs (VA) facilities cannot provide all of the necessary medical care and services required by its patients due to geographic inaccessibility, medical urgency, or when it is economically advantageous to obtain care through the community, the VA may authorize payment for medical care in private sector facilities. Civil Hospitals (CH), Community Nursing Homes (CNH) and outpatient providers submit bills for service to the authorizing VA facility. The VA facility reviews the bills and transmits payment messages to the VA's Central Fee payment center at the Austin Information Technology Center (AITC). Both VHA Services Support Center (VSSC) and Chief Business Office (CBO) extrapolate data from Central Fee.

1.1 Hardware Compatibility

These patches are enhancements to existing VistA legacy modules and require no special hardware considerations.

1.2 System Specifications

These patches are enhancements to existing VistA legacy modules and require no special system considerations.

2 Installation and Configuration

2.1 Pre-Installation Considerations

Prior to the installation of FB*3.5*108 all open Fee Basis batches must be closed. And all closed batches must be transmitted to Central Fee at the Austin Information Technology Center (AITC).

With the installation of FB*3.5*108 batch message size will be limited to 32k bytes maximum. For an inpatient batch this will be 85 lines of data. If the message exceeds 32k Central Fee will reject the batch.

This patch reduces the maximum size of a payment batch from 100 to 85 lines. This limit applies to the B3 (outpatient and ancillary) and B5 (pharmacy) payment batches. This patch introduces a maximum 42 line limit for the contract hospital batch and a maximum 61 line limit for the community nursing home batch.

If larger batches are not transmitted to AITC before this patch is installed, the batches will have to be divided into smaller batches and resubmitted.

Associated patches that must be installed BEFORE FB*3.5*108

FB*3.5*107	FB*3.5*25	FB*3.5*67	FB*3.5*68
FB*3.5*79	FB*3.5*82	FB*3.5*98	FB*3.5*103
FB*3.5*116	FB*3.5*122	FB*3.5*133	

2.2 Installation Procedure

If installed during the normal workday, it is recommended that the following selection(s) in the OPTION (#19) file, and all of their descendants be disabled to prevent possible conflicts while running the KIDS Install. Other VISTA users will not be affected.

Civil Hospital Main Menu	[FBCH MAIN MENU]
Community Nursing Home Main Menu	[FBCNH MAIN MENU]
Medical Fee Main Menu	[FBAA MEDICAL MAIN MENU]
Pharmacy Fee Main Menu	[FBAA PHARMACY MAIN MENU]
Telephone Inquiry Menu	[FB PHONE MENU]
Unauthorized Claim Main Menu	[FBUC MAIN]

Install Time - less than 5 minutes

1. Choose the PackMan message containing this patch.
2. Choose the INSTALL/CHECK MESSAGE PackMan option.
3. From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following option. When prompted for the INSTALL, enter the patch # (FB*3.5*108):
 - a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DDs or templates.
 - b. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DDs, templates, etc.).
 - c. Verify Checksums in Transport Global - This option will allow you to ensure the integrity of the routines that are in the transport global.
4. From the Installation Menu, select the Install Package(s) option and choose the patch to install.
5. When prompted 'Want KIDS to Rebuild Manu Trees Upon Completion of Install NO//
Answer YES
6. When prompted 'Want KIDS to INHIBIT LOGONs during the install?
NO//' Accept the default of NO
7. When prompted 'Enter options you wish to mark as 'Out Of Order':'
Enter the following options:

Civil Hospital Main Menu	[FBCH MAIN MENU]
Community Nursing Home	Main Menu [FBCNH MAIN MENU]

Medical Fee Main Menu	[FBAA MEDICAL MAIN MENU]
Pharmacy Fee Main Menu	[FBAA PHARMACY MAIN MENU]
Telephone Inquiry Menu	[FB PHONE MENU]
Unauthorized Claim Main Menu	[FBUC MAIN]

8. If prompted "Delay Install (Minutes): (0-60): 0// respond 0

Post Installation Instructions

The post installation routine will automatically set up two contracts in the FEE BASIS CONTRACT (# 161.43) that currently have national contracts.

2.3 Documentation Retrieval

Sites may retrieve documentation in one of the following ways:

1. The preferred method is to FTP the files from REDACTED, which will transmit the files from the first available FTP server.
2. Sites may also elect to retrieve documentation directly from a specific server as follows:

Albany	REDACTED
Hines	REDACTED
Salt Lake City	REDACTED

3. Documentation can also be retrieved from the VistA Documentation Library (VDL) on the Internet at the following address:
<http://www.va.gov/vdl>.

The documentation distribution includes:

<u>TITLE</u>	<u>FILE NAME</u>
Fee Basis User Manual	FB_3_5_UM_R0512.PDF
Fee Basis Release Notes/Installation Guide (FB*3.5*108)	FB_3_5_P108_RN.PDF
Fee Basis Technical Manual/Security Guide	FB_3_5_TM_R0512.PDF

Note: Use ASCII mode when transferring the .KID file.

Use Binary mode when transferring the .PDF file. The .PDF files can be read on a PC using the Adobe Acrobat Reader program. The VistA Documentation Library [VDL] contains all end-user manuals.

3 Release Changes and Enhancements

Patch FB*3.5*108 modifies Fee Basis to capture additional data associated with non-VA care. For additional data, capture of Healthcare Effectiveness through Resource Optimization (HERO) contract information, electronic data interchange (EDI) claim data, and additional ICD-9 information and

procedure code captures. This data includes additional Interface Control Document (ICD) diagnosis and procedure codes and an indication that care was obtained under Project Healthcare Effectiveness through Resource Optimization (HERO) contracts. The existing transmissions to the Non-VA Hospital (NVH) Pricer system and Central Fee are modified to include HERO contract information, EDI claim data, and additional ICD-9 information and procedure codes. The transmission of these additional data elements make it possible to comply with inpatient pricing requirements and improve the ability of the VA to review and report on purchased inpatient and outpatient care.

3.1 CONTRACTED SERVICES AND CONTRACTS

This patch allows contracts to be entered for Medical Fee and Civil Hospital authorizations and payments. Payment transactions sent from to Central Fee is modified to include the contract number. The contract number is used to identify payments for pilot project HERO. Contracts not associated with project HERO can also be entered and tracked using the new functionality. The new contract functionality does not replace or modify the existing use of contracts in the Community Nursing Home module. This patch also modifies VistA Fee Basis to prevent payments for unauthorized claims from being considered as contracted services.

3.1.1 New Contract File

This patch adds a new FEE BASIS CONTRACT (#161.43) file. This file contains a list of contracts for the local site. Each contract can have one or more associated vendors.

A new option allows users to enter or edit contracts in this file. The option is named Contract File Enter/Edit [FBAA CONTRACT FILE]. The option is locked with the FBAASUPERVISOR security key. It is attached to the Supervisor Main Menu [FBAA SUPERVISOR OPTIONS].

Four existing options are moved from the supervisor menu to a new sub-menu to make room for the new contract option. The new sub-menu is the Unauthorized Claims File Menu [FBCU FILE MENU]. The options moved to this menu are:

- Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
- Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
- Dispositions File Edit [FBUC DISPOSITIONS FILE]
- Request Info File Enter/Edit [FBUC REQUEST INFO FILE]

3.1.2 Project HERO Contracts

The patch automatically enters the following two contracts into the FEE BASIS CONTRACT file for sites that are in VISN 8, 16, 20, or 23.

CONTRACT NUMBER	ASSOCIATED VENDOR ID
VA101(049A3)-P-0269	942761537 (Delta)
VA101049A3-P-0270	208418853 (HVHS)

These two contracts are for pilot project HERO. Sites in these VISNs must ensure that a project HERO contract is specified on all appropriate authorizations and payments. These contract numbers are be used by the Austin database to track services provided under project HERO.

3.1.3 Identify Contract on Authorization

The patch modifies the software so users can select a contract when entering or editing authorizations under the Medical Fee and Civil Hospital modules. Only contracts with an active status can be selected. Only contracts associated with the authorized vendor can be selected. Therefore, contracts cannot be entered on a Medical Fee authorization that does not have a specified vendor.

Note: Sites that wish to enter contracts on Medical Fee authorizations must ensure the site parameter "ASK VENDOR DURING AUTH." is set to "Y" so vendors can be entered on the authorization.

3.1.4 Payments for Unauthorized Claims not for a Contracted Service

This patch modifies the software to stop asking the user if a line item is for a contracted service when a payment for an unauthorized claim is entered or edited. The system automatically considers these payments as not being for contracted services. This modification prevents an interest penalty from being applied to payments for unauthorized claims. This modification applies to payments for all claims entered via the unauthorized claims module including those considered under the provisions of 38 U.S.C. 1725 and 38 U.S.C. 1728. It is not possible to specify a contract on payments for unauthorized claims.

3.1.5 Identify Contract on Invoice/Payment

The patch modifies the software so a contract can be specified when Medical Fee and Civil Hospital invoices/payments are entered or edited. The following rules apply:

- If a contract is specified on the associated authorization and the vendor being paid matches the vendor on the authorization, the software automatically identifies the payment as a contracted service under the same contract as on the authorization.
- If the contract is not automatically selected due to the authorization (see above) and the user indicates that the line item is for a contracted service, the user is prompted for a contract. This is an optional field. Only contracts with an active status can be selected. Only contracts associated with the vendor being paid can be selected.

3.2 ADDITIONAL DATA AND LARGER \$ AMOUNTS FOR CIVIL HOSPITAL INVOICE

This patch modifies civil hospital authorizations and invoices and the Generic Pricer option. The maximum dollar amount is increased from \$999,999.99 to \$9,999,999.99. The maximum number of diagnosis codes and maximum number of procedure codes is increased from 5 to 25. Additional data elements must be entered on the invoice and generic Pricer. A present on admission indicator (POA) must be entered for each diagnosis code. An admitting diagnosis code must be entered. These new data elements are included in the message sent to the NVH Pricer system and in the B9 payment transaction sent to Central Fee.

3.2.1 Present on Admission Indicator

This patch modifies the software to require entry of a POA (present on admission indicator) for each diagnosis code on a civil hospital invoice and generic Pricer. An example follows:

```
POA1: ?
Enter the present on admission indicator for the ICD1 diagnosis.
Answer with PRESENT ON ADMISSION CODE
Choose from:
  1      Unreported/Not used. Exempt from POA reporting.
  N      Diagnosis was not present at time of inpatient admission.
  U      Documentation insufficient to determine.
  W      Provider unable to clinically determine.
  Y      Diagnosis was present at time of inpatient admission.
```

3.2.2 Admitting Diagnosis

This patch modifies the software to require entry of an Admitting on a civil hospital invoice and a generic Pricer.

An example follows:

```
ADMITTING DIAGNOSIS: ?
Enter the admitting diagnosis for this claim.
Answer with ICD DIAGNOSIS CODE NUMBER, or DESCRIPTION
Do you want the entire 14954-Entry ICD DIAGNOSIS List?
```

3.3 SEND EDI CLAIM IDENTIFIER TO CENTRAL FEE

This patch modifies VistA Fee Basis to include an EDI identifier in the B3 (outpatient and ancillary), B5 (pharmacy), and B9 (civil hospital and community nursing home) payment transactions that are sent to Central Fee. No additional data entry is required since EDI claims are identified using the existing FPPS CLAIM ID field.

3.4 SEND PATIENT ACCOUNT NUMBER TO CENTRAL FEE

This patch modifies VistA Fee Basis to include the value of the existing PATIENT ACCOUNT NUMBER field in the B3 (outpatient and ancillary) payment transaction that is sent to Central Fee. This patch modifies VistA Fee Basis to include the value of the existing PATIENT CONTROL NUMBER field in the B9 (civil hospital and community nursing home) payment transaction that is sent to Central Fee.

3.5 REDUCE RISK OF INTERFACE ERRORS

This patch contains new line limits for payment batches. It also examines several data fields that are sent in a batch message to ensure the space allotted for that field is not exceeded.

3.5.1 Batch Line Limits

Central Fee can only accept 32K characters in a single payment batch. Since this patch includes additional data in payment batches, the maximum number of lines in a batch must be reduced to avoid a reject of the entire batch by Central Fee.

This patch reduces the maximum size of a payment batch from 100 to 85 lines. This limit applies to the B3 (outpatient and ancillary) and B5 (pharmacy) payment batches. This patch introduces a maximum 42 line limit for the contract hospital batch and a maximum 61 line limit for the community nursing home batch.

The following site parameters control these limits.

- **MAX # PAYMENT LINE ITEMS: 85// ??**
The maximum number of payment line items that will be allowed in a batch. Any number between 1 and 85 is acceptable. This value is checked during the enter payment options and will warn the clerks when they are within 20 of the maximum. It prevents the clerks from exceeding this number.
- **MAX # CH PAYMENT LINES: 42// ??**
The maximum number of payment line items that will be allowed in a contract hospital batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 of the maximum. It prevents the clerks from exceeding this number.
- **MAX # CNH PAYMENT LINES: 61// ??**
The maximum number of payment line items that will be allowed in a community nursing home batch. This value is checked during the enter payment options and will warn the clerks when they are within 5 of the maximum. It prevents the clerks from exceeding this number.

3.5.2 Length of Stay on Pricer Transaction

The NVH Pricer system in Austin does not support a length of stay greater than 999 days. The message sent from VistA to the NVH Pricer only allocates 3 digits for the computed length of stay value. Austin has reported instances where the message sent from VistA has included more than 3 digits for the length of stay resulting in a formatting error.

This patch modifies the Generic Pricer option to prevent entry of a discharge date that is more than 999 days after the admission date. This patch also modifies the Pricer batch message to send "****" as the length of stay if the computed value exceeds 3 digits. This will result in a reject of the line by the NVH Pricer, but the remaining lines in the batch will no longer be adversely impacted.

3.5.3 State Abbreviation

The message sent to the NVH Pricer and the B3, B5, and B9 payment batch sent to Central Fee contain a two character state abbreviation. In some cases, the 'state' CANADA was selected. This 'state' has a character abbreviation in the STATE file and the entire value was being placed in the message resulting in a format error.

This patch modifies these messages to send "***" as the state abbreviation if the state abbreviation exceeds 2 characters. This will result in a reject of the line, but the remaining lines in the batch will no longer be adversely impacted.

4 Support Information

During Field Testing, these patches will be supported by the Office of Enterprise Development, the development team. For the first 30 days following National Release, the development team will work with the Product Support team to assist with any issues that arrive related to these patches. At the end of this 30 day period, assistance with issues related to these patches will be addressed through the Help Desk and the submittal of Remedy tickets if needed.