Integrated Billing

Version 2.0

User Guide

September 2023

Department of Veterans Affairs

Office of Information and Technology

Revision History

Initiated on 12/29/2004.

Date	Revision	Description	Author
September 2023	3.31	Patch IB*2*752: • Removed some reports from the Insurance Reports menu: List Group Plans with No Annual Benefits, Veterans w/Insurance and Inpatient Admissions, and Veterans w/Insurance and Opt. Visits (section 6) • Enhanced prompts and output related to the Insurance Company Link Report (section 6)	MCCF EDI TAS eInsurance
July 2023	3.30	Patch IB*2*747: • Removes the Social Security Number from the List Current / Past Held Charges by Pt [IB OUTPUT HELD CHARGES/PT] option. • Removes the Social Security Number from the Patient Billing Clock Inquiry [IB MT CLOCK INQUIRY] option. • Removes the Social Security Number from the Single Patient Means Test Billing Profile [IB MT PROFILE] option. • Removes the Social Security Number from the Estimate Means Test Charges for an Admission [IB MT ESTIMATOR] option.	CC DSO Development Team
March 2023	3.29	Patch IB*2*745: • Removes SSN display for two options: Third-Party Joint Inquiry and Urgent Care Visit Tracking Inquiry. • Updates the URGENT CARE VISIT MAINTENANCE Option so that Veterans with an Indian Attestation will act like Veterans who are in Priority Groups 1-5, allowing them 3 Free Visits.	CC DSO Development Team
February 2023	3.28	Patch IB*2*716: Added the Indian Attestation Copay Exemption Report to the Patient Billing Reports Menu.	CC DSO Development Team

Date	Revision	Description	Author
October 2022	3.27	Patch IB*2*732 and DG*3.5*1080: Added Vision to list of Coverage Limitations.	MCCF EDI TAS eInsurance
September 2022	3.26	Patch IB*2*720: Enhanced the COMPACT Act Copay Review Report – adding Sort by Division feature and Procedure column to output.	CC DSO Development Team
August 2022	3.25	Patch IB*2*713: • Updated Patient Policy Information screen shots to include Expand Benefits. • Added date of death to Patient Insurance Management screens. • Removed List Inactive Ins. Co. Covering Patients.	MCCF EDI TAS eInsurance
May 2022	3.24	Patch IB*2*702: • Edited Insurance Reports menu, Insurance Buffer Activity, and Insurance Buffer Employee. • Added Coverage Limitations Report.	MCCF EDI TAS eInsurance
January 2022	3.23	Patch IB*2*709: Added the COMPACT Act Copay Review Report to the Patient Billing Reports Menu.	CC DSO Development Team
December 2021	3.22	Patch IB*2*687: • Edited MCCR Site Parameters screen, Insurance Company Editor screen, Insurance Reports list. • Added Interfacility Ins. Update Report and Insurance Company Link Report, and Payer Link Report.	MCCF EDI TAS eInsurance
August 2021	3.21	Patch IB*2*701 updates: Enhanced the Former OTH Patient Eligibility Change Report – added MST column to assist billing team with reconciliation processes.	Liberty IT Solutions SHRPE Team
August 2021	3.20	Patch IB*2.0*676: Added new connectivity in IB RxCopay to Cerner. When Cerner is in Treating Facility List HL7 messages are used for Query, Query Response, sending, receiving new transactions, and the Nightly Jobs.	Cerner Pharmacy CoPay Team

Date	Revision	Description	Author
April 2021	3.19	Patch IB*2.0*688: • Updated Former OTH Patient Eligibility Change Report and Former OTH Patient Detail Report under Patient Billing Reports Menu to allow the CPAC/Billing user to review Former Service Member's past episodes of care (Outpatient, Inpatient, and Prescriptions) that occurred during pending VBA adjudication period. • Added Presumptive Psychosis Reconciliation Report under [KPA FACILITY REVENUE BILLING] (sub-menu under the CPAC Facility Integrated Billing Menu Option).	Liberty IT Solutions SHRPE Team
April 2021	3.18	Patch IB*2*668: • Edited Insurance Company Editor screens – changes are directly related to the 'Payer' section. • Redacted some additional data on a few of the sample screen shots.	MCCF EDI TAS eInsurance
December 2020	3.17	Patch IB*2.0*685: Added Former OTH Patient Eligibility Change Report and Former OTH Patient Detail Report to Patient Billing Reports Menu [IB OUTPUT PATIENT REPORT MENU] to allow the CPAC / Billing user to review Former Service Member's past treatments that occurred during pending VBA adjudication (Page 83).	Liberty IT Solutions SHRPE Team
November 2020	3.16	Patch IB*2*664: Added information regarding the Date of Death report (PDOD) and Source of Information Report (SOUR).	MCCF EDI TAS eInsurance
October 2020	3.15	Patch IB*2.0*682: Modifies the Cancel a Charge (CC) action within the IB CANCEL/EDIT/ADD CHARGES option to allow a user to re-bill a previously canceled bill.	CC IBAR Enhancements

Date	Revision	Description	Author
September 2020	3.14	Patch IB*2.0*678: • Limits the list of Cancellation reasons to display when performing a ?? when canceling an Urgent Care (UC) copay. • Allow users the option to cancel a duplicate medical copayment.	CC IBAR Enhancements
August 2020	3.13	Patch IB*2.0*677: • Allows the IB CANCEL/EDIT/ADD CHARGES option to properly identify the retroactive award period when determining the Enrollment Priority Group when processing Urgent Care (UC) Copayment Charges. • Changes the IBUC VISIT MAINT options Security Access Key from IB AUTHORIZE to IB EDIT to properly limit the access to the UC Visit Maintenance Utility. • Removes any Urgent Care visits with a REMOVED status from counting towards the total number of UC visits when displaying the total number of UC visits in the IB CANCEL/EDIT/ADD CHARGES Option. • Prevents erroneous **Patient not found at site** error messages from displaying in the IBUC COPAY exceptions report. • Added a new Cancellation Reason, **PANDEMIC RESPONSE** to the IB CHARGE REMOVE REASON FILE (#350.3). • Allows the RELEASE CHARGES **ON HOLD** report to update a UC Visit Charge that was ON HOLD with its Bill Number when releasing multiple charges that are ON HOLD for a single patient. • Allows the IB CANCEL/EDIT/ADD CHARGES Option to link Community Care (CC) Long Term Care (LTC) with a previously filed Patient Treatment File (PTF) so that the CC	Urgent Care / COVID IBAR Enhancements

Date	Revision	Description	Author
		LTC copay may be charged to the patient correctly. • Modified the text displaying to the user when linking CC LTC Copays to a PTF. • Adds a warning message when a user attempts to access the AC (Add A Charge) Action in the IB CANCEL/EDIT/ADD CHARGES Option and the user does not have the IB EDIT Security Key assigned to them.	
June 2020	3.12	Patch IB*2.0*675: • Updates to prevent the error currently occurring at UPDUCDB+2^IBRREL when running the RELEASE CHARGES 'ON HOLD' report [IB MT RELEASE CHARGES]. • Updated IBUC VISIT MAINT option to allow Facility Revenue Managers to enter Free Urgent Care Visits for a Veteran if the Veterans Urgent Care visit occurred between the day an Enrollment Group change was awarded, and the Date the Enrollment Change is considered effective.	Urgent Care IBAR Enhancements
May 2020	3.11	Patch IB*2.0*674: • Updates the IBUC URGENT CARE EXCEPTIONS Mail Group from Private to public so that the mail group members will receive the emails sent to this group. • Updates the IBUC ELIG GROUP Function so that it correctly identifies a patient's Enrollment Group so that the patient Urgent Care Visit data at other facilities the patient is enrolled at will update correctly. • Modifies the IBUC MULTI FAC COPAY SYNCH nightly process option to assign a user to the Option so that the task will correctly file patient Urgent Care Visit updates at remote facilities.	Urgent Care IBAR Enhancements

Date	Revision	Description	Author
May 2020	3.10	Patch IB*2.0*669: • Updated LIST ALL BILLS FOR A PATIENT to allow the user to filter out either Third-Party insurance bills or First Party Copays if they wish to. • Updated LIST ALL BILLS FOR A PATIENT to allow the user to limit the amount of data on the report to a user-defined range of dates. • Updated LIST ALL BILLS FOR A PATIENT to allow the output of the report to be in a delimited format for import into a spreadsheet. • Updated IB CANCEL/EDIT/ADD CHARGES to allow certain existing Cancellations Reasons to cancel CC URGENT CARE Copay charges. • Inactivated the UC - ENTERED IN ERROR and UC - CHANGE IN ELIGIBILITY Cancellation Reasons and adds the UC - PG6 REVIEWED in the IB CHARGE REMOVE REASON file (#350.3). • Updated the IB CANCEL/EDIT/ADD CHARGES to allow only holders of the IB EDIT Security Key access to the AC (Add Charges) function.	Urgent Care IBAR Enhancements

Date	Revision	Description	Author
March 2020	3.9	Patch IB*2.0*671: • Updated Cancel / Edit / Add to use the Veteran PG status in effect on the Date of Service. • Updated Cancel / Edit / Add to check for duplicates for outpatient copayments and ask if the copayment should be added. • Allows users to manually request an update for UC visits. • Added **Visit Only** as an option for UC visit tracking. • Updated the landing page for the UC Visit Maintenance screen. • Updated the UC Visit Tracking Detail Report to display in alphabetical order.	Urgent Care IBAR Enhancements
March 2020	3.8	Patch IB*2.0*663: • Created Urgent Care visit tracking functionality and reporting. • Allows users to add / edit / review UC visits for individual patients. • Provides facility-level reports for UC. • Added instructions and screen shots for Urgent Care. • Updated Cancel / Edit / Add Charges to prevent duplicate copayments for inpatient Per Diem and inpatient, and outpatient Long Term Care (LTC) copayments. • Updated the Third-Party Follow-Up report to correctly report Community Care.	Urgent Care IBAR Enhancements
January 2020	3.7	Patch IB*2.0*656: Updated Single Patient Means Test Billing Profile screen shots.	Urgent Care IBAR Enhancements
December 2019	3.6	Patch IB*2.0*652 updates: Additional NP action for Add Group Plan.	MCCF EDI TAS eInsurance
December 2019	3.5	Patch IB*2.0*627: Updated the following pages to reflect the Medal of Honor change and displays: Page 2, 32-33, 55, 58, 163, 165, 170, and 174	EPMO TW

Date	Revision	Description	Author
October 2019	3.4	Patch IB*2.0*631: Added Delete option to CV Coverage Limitations	MCCF EDI TAS eInsurance
September 2019	3.3	Patch IB*2.0*618: • VistA – Integrated Billing to allow new action types, rate types, and AR categories to be mapped to Revenue Source Codes (RSC) and be externally reported within FMS systems using the RSC. • Added VA Mission Act 2018 information to the Release of Information Report section.	Community Care Integrated Billing and Accounts Receivables Enhancements
July 2019	3.2	Patch IB*2.0*624: Updated Release of Information Report criteria.	ePharmacy Development Team
March 2019	3.15	Patch IB*2.0*602: Added menu option Expire Group Plan in Patient Insurance Menu section, including description and screen and prompt samples.	MCCF EDI TAS eInsurance
October 2018	3.1	Patch IB*2.0*614: • Added information regarding adding / deleting charges for patients with a Category 1 High Risk for Suicide Patient Record Flag using the Cancel / Edit / Add Patient Charges option, p. 33 – 34. • Added IB MEANS TEST mail group, p. 282.	Suicide High-Risk Patient Enhancements Team
May 2018	3.0	Patch IB*2.0*568: Updated Third-Party Joint Inquiry sample screen shots – Type column for active and inactive bills.	FY 16 Revenue Enhancements

Date	Revision	Description	Author
August 2016	2.9	Patch IB*2.0*549: • Updated Patient Policy Information screen shots. • Updated Patient Insurance Menu section. • Updated the List Plans by Insurance Company Report screen. • Added Insurance Plans Missing Data Report. • Updated MCCR Site Parameter Display/Edit section. • Updated MCCR Site Parameter Screen section.	FY15 eInsurance Development Team
August 2016	2.8	• Updated Introduction to reference new Claims Tracking User Guide. • Removed reference to Claim Tracking on p. 4. Moved Sections below to a separate Claims Tracking User Guide: • Claims Tracking Master Menu. • Supervisors Menu (Claims Tracking). • Reports Menu (Claims Tracking).	Harris Team
August 2016	2.7	Patch IB*2*0*550: • Updated Title Page to current OI&T Standards. • Added description for Release of Information Report	Harris Team
August 2016	2.6	Updated for patch IB*2.0*562: Added new option IB MT FIX/DISCH SPECIAL CASE p. 47.	Redacted
June 2016	2.5	Comprehensive Updates for IB *2.0*529 and IB*2.0*530: • Updated title page and footers. • Updated screen options p.24 – 27. • Added Reject Indicator p. 60. • Updated Insurance Payment Trend Report p. 146-147.	Redacted

Date	Revision	Description	Author
February 2016	2.4	Patch IB*2.0*525 and IB*2.0*528 updates: • Updated Patient to Subscriber. • Added section on Manually Added HPIDs to Billing Claim Report to Patient Billing Reports Menu. • Added material on viewing Patient Policy comments from Claims Tracking edit option.	FY14 eInsurance Development Team
September 2015	2.3	Updates for IB*2.0*522, ICD-10 Patient Treatment File (PTF) Modifications: • Updated title page and footers. • Reformatted Revision History. • Added text describing patch changes to Enter / Edit Billing Information on p.45.	VA OIT Product Development, ICD-10 PTF Modifications Team
January 2015	2.2	Patch IB*2.0*521: • Updated cover page. • Updated footer dates. • Updated screenshots on pages 34 and 296 for addition of HPID / OEID in TPJI.	Redacted FirstView Team
November 2014	2.1	Patch IB*2.0*519: • Modified footer. • Updated screens for 'Insurance Company Editor' screens.	Redacted FirstView Team
September 2014	2.0	Patch IB*2.0*461. • Changed all references to ICD-9 to generic ICD: p. 15, 116, 117, 122, 155. • Added ICD-10 text to Glossary: p. 334.	Redacted

Date	Revision	Description	Author
3/5/2014	1.9	Patch IB*2.0*385: Updated and highlighted the following options under the Medication Copayment Income Exemption Menu to include changes implemented by the Veterans' Financial Assessment Project implemented with IB*2.0*385. • Letters to Exempt Patients • Reprint Single Income Test Reminder Letter	Redacted
1/27/2014	1.8	Patch IB*2.0*497: • Updated cover page. • Updated footer dates. • Replaced screenshots where screens went from double column to single column to accommodate longer fields.	Redacted FirstView Team
3/26/2013	1.7	Document formatting revisions: • Updated cover page. • Added blank pages and noted pages left intentionally blank: p. iv, 6, 8, 10, 12, 52, 78, 132, 138, 218, 292, and 308. • Removed extra blank pages. • Corrected heading styles and updated Table of Contents. • Added **Sample Screens** label to p. 187 and **Sample Output** label to p. 200. • Rearranged options in the IRM System Manager's Integrated Billing Menu section to better reflect actual menu layout in Table of Contents. Options were moved up to p. 298-307.	Redacted

Date	Revision	Description	Author
3/26/2013	1.6	Updated for patch IB*2.0*458: • Added new ROI Consent option to Claims Tracking Editor screen on p. 17, 21, and 22. • Added new ROI Special Consent screen to p. 20 and 22. • Reformatted bulleted lists and added note about additional review types on p.18, 115, and 120. • Updated Days Denied Report description and sample output on p. 142-143. • Added new ROI Expired Consent Report to p. 217. • Added new RC Change Facility Type option to Charge Master IRM Menu on p. 317.	Redacted
3/26/2013	1.5	Updated for patch IB*2.0*474. Changed last sentence under **Rate Schedule Adjustment Enter/Edit** option on p.317.	Redacted
8/17/2011	1.4	Updated for patch IB*2.0*449. Technical writer review—format and convert to Section 508 compliant PDF.	Redacted
10/16/2007	1.3	Updated for patch IB*2*303.	Redacted
5/27/2005	1.2	Re-paged for clarity.	Redacted
12/29/2004	1.1	Updated to comply with SOP 192-352 Displaying Sensitive Data.	Redacted
12/29/2004	1.0	PDF file checked for accessibility to readers with disabilities.	Redacted

Preface

This is the user manual for the Integrated Billing (IB) software package.

This manual is designed to provide guidance to a broad range of users within Department of Veterans Affairs (VA) medical facilities in daily usage of the Integrated Billing software.

Related Manuals

Reference	Location
IB*2 Electronic Insurance Verification (eIV) and Interfacility Insurance Update (IIU) User Guide	VDL
IB*2 EDI User Guide	VDL

Table of Contents

List of Tables

1. Introduction

The release of Integrated Billing (IB) version 2.0 introduces fundamental changes to the way Medical Care Cost Recovery (MCCR) related tasks are done. This software introduces three new modules:

1. Claims Tracking
2. Encounter Form Utilities
3. Insurance Data Capture

There are also significant enhancements to the previous modules, Patient Billing and Third-Party Billing. IB has moved from a package with the singular purpose of identifying billable episodes of care and creating bills to a package responsible for the whole billing process through to the passing of charges to Accounts Receivable (AR). Functionality has been added to assist in capturing patient data, tracking potentially billable episodes of care, completing Utilization Review (UR) tasks, and capturing more complete insurance information.

This version of IB targets a much wider audience than previous versions.

- The Encounter Form Utilities module is used by Medical Administration Service (MAS) Automated Data Processing Applications Coordinators (ADPAC)s or clinic supervisors to create and print clinic-specific forms. Physicians use the forms and consequently provide input into form creation.
- A separate Claims Tracking User Manual has been created and Claim Tracking module information can be located in that document. UR nurses can utilize this new User Guide within MCCR and Quality Management (QM) to track episodes of care, do pre-certifications, do continued stay reviews, and complete other UR tasks.
- Insurance verifiers use the Insurance Data Capture module to collect and store patient and insurance carrier-specific data.
- Billing Clerks will see substantial changes with the enhancements provided in the Patient Billing and Third-Party Billing modules.

The following is an overview of the major functions of the Integrated Billing software, excluding the Encounter Form functionality. That information can be found in the IB User Manual, Encounter Form Utilities Module.

1.1. Patient Billing

- Updates the Cancel/Edit/Add option to identify retroactive award periods when determining the Enrollment Priority Group for Urgent Care (UC) charges, links Community Care (CC) Long Term Care (LTC) charges to filed Patient Treatment File (PTF) entries, updates the language to reflect PTF entries vice inpatient periods and adds a warning message when users do not have the correct security key assigned. Changed the IBUC VISIT MAINT option to utilize the IB EDIT security key for access. Added a new Cancellation Reason of PANDEMIC RESPONSE. Allows the RELEASE CHARGES ON HOLD report to update bill numbers for a single patient when multiple charges are released at the same time. Updated the UC visit count parameter to display the number of visits that are not in a REMOVED status. Prevents erroneous **Patient Not**

Found at Site messages from displaying in the IBUC URGENT CARE EXCEPTIONS report.

- Updates the Release Charges on Hold report so that users are not 'kicked out' when releasing multiple charges at the same time and updates the Urgent Care Visit Tracking Maintenance option to allow Facility Revenue (FR) supervisors to enter Free visits for Veterans that have a date discrepancy related to retro-active Priority Group changes via an override option.
- Updates the Urgent Care Visit Tracking functionality to automatically update all sites a patient where a patient receives care, ensures the nightly job runs appropriately, and changed the Veterans Health Information System and Technology Architecture (VistA) Urgent Care Exceptions mail group to public.
- Updates the List All Bills for a Patient report to allow users to filter by 1st or 3rd Party, define a date range for data, export the data to an Excel spreadsheet, and ensures only one patient's data appears. Updates the 1st party Cancellation Reasons in the IB Charge Remove Reason file to inactivate UC-Entered in Error and UC-Change in Eligibility and activate UC-PG6 Reviewed. Updates the IB Cancel/Edit/Add Charges module to only allow changes with the IB EDIT security key.
- Incorporates the ability to add Urgent Care (UC) copayments in the Cancel/Edit/Add screens, provides functionality to track, modify and report UC visits, and automatically update all stations where a Veteran is enrolled with UC data in accordance with the MISSION Act of 2018.
- Automates billing of pharmacy, inpatient, Nursing Home Care Unit (NHCU), and outpatient copayments; inpatient and NHCU per diem charges; and passing charges to Accounts Receivable (AR).
- Automatically exempts patients who are eligible for VA Pension, Aid and Attendance, or House Bound benefits from the Medication Copayment requirement.
- Provides for manual assignment of hardship exemptions from the copayment requirement and the ability to track those exemptions.
- Integrates with the checkout functionality released in the PIMS V. 5.3 package. Patients who claim exposure to Agent Orange and environmental contaminants, and who are treated for conditions not related to this exposure, are billed automatically.
- Allows patient charges to be added, edited, or deleted if there is no automated charge or the automated charge is incorrect.
- Creates subsistence charges for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) patients and passes to Accounts Receivable. This functionality will not be activated until the AR package releases a patch that allows AR to process CHAMPVA receivables.
- Allows Means Test billing data to be transmitted between facilities in conjunction with PDX V. 1.5.

- Automatically creates Means Test charges when a verified Means Test is electronically received from the Income Verification Match (IVM) Center.
- Exempt Medal of Honor (MOH) recipients from medication copayments.
- Allows cancellation of medication copayment charge using the reason, Medal of Honor.

1.2. Third-Party Billing

- Updated the Third-Party Follow-Up report to correctly report Community Care.
- Automates the creation of third-party billing forms (UB-82, UB-92, Health Care Finance Administration [HCFA-1500]), allowing for the entry, editing, authorizing, printing, and canceling of bills.
- Provides the ability to add prescription refills and prosthetic items to bills.
- Expands the UB-92 functionality to include the ability to add/edit all unlabeled form locators (except 49), and additional diagnosis.
- Provides a check-off sheet (can be replaced by the Encounter Form depending on local needs) that can be printed in a variety of site-configurable formats to be used in clinics to identify Current Procedural Terminology (CPT) codes.
- Allows the transfer of CPT codes between the billing screens and the SCHEDULING VISITS file.
- Provides reports to identify billable episodes of care, patient and insurance inquiries, and statistical data.
- Provides the ability to create CHAMPVA bills. The user will not be able to transfer bills to Accounts Receivable until the AR package releases a patch that allows AR to process CHAMPVA receivables.
- Provides an employer report, which lists uninsured patients who are employed.
- Allows printing of all authorized bills in user-specified order.
- Provides an Automated Biller that will automatically generate reimbursable insurance bills for inpatient stays, outpatient visits, and prescription refills. With site parameters, sites can specify which types of events are billed using the Automated Biller.
- Provides an expanded HCFA-1500 claim form to include inpatient bills, user-specified charges, and multiple pages.
- Provides an addendum sheet to HCFA-1500 claim form to list the bill's prescription refills and prosthetic items.

1.3. Insurance Data Capture

- Stores multiple addresses (main mailing, outpatient claims, inpatient claims, prescription claims, appeals, inquiries) for each insurance carrier.
- Provides insurance company-specific billing parameters so bills can reflect local insurance company requirements.

- Provides the ability to establish group plans that will be pointed to by each patient with a policy attached to the plan. This saves re-entry of the same policy data for each patient.
- Stores annual benefits associated with group plans.
- Provides tools to maintain and/or clean up the INSURANCE COMPANY file.
- Allows patient insurance information to be updated and verified.
- Stores benefits used by a patient, such as deductibles and lifetime maximums.
- Provides an insurance worksheet for use by the insurance verifier.

1.4. Additional Functionality

- Purges data from selected IB files.
- Provides medical centers flexibility in implementing the package functionality through site parameters.
- Provides the ability to enter new billing rates and VA pension income thresholds.
- Produces management reports to provide workload, productivity, statistical, and historical data.

Related materials include the IB User Manual, Encounter Form Utilities Module, IB Technical Manual, Package Security Guide, Installation Guide, and Release Notes. The Technical Manual assists the site manager in maintenance of the software. The Package Security Guide provides information concerning security requirements for the package. The Installation Guide helps in installation of the package while the Release Notes describe modifications and enhancements to the software that are new to this version.

2. Orientation

How to Use This Manual

This manual is presented in an online format, but it may also be printed; however, because its intent is for online viewing, and it is not anticipated that it will be printed in its entirety, it has not been formatted for double-sided printing.

The best way to navigate through this manual is by using the Table of Contents (for Word format) and Bookmarks (for pdf format). In later versions of Word, the user may also use the Navigation pane.

The Table of Contents and Bookmarks are presented in a format like the exported menu structure.

3. Package Management

Data in the INTEGRATED BILLING ACTION file should not be added to, edited, or deleted. This data is designed to provide an audit trail of transactions. If the charges for a copayment are removed, a separate transaction that is a cancellation type will be created and cause the decrease adjustment to be made. If charges are to be changed, the original (or last) charges are canceled and the new charges are set-up as an update type transaction. Data in this file is maintained

through documented routine calls from the Outpatient Pharmacy and MAS packages to Integrated Billing. Data in other Integrated Billing files should be maintained through package options.

Instructions to enter new billing rates and VA pension income thresholds will be provided by VA Central Office (VACO) and/or the Albany Information Systems Center (ISC).

The automated billing of Category C Veterans for outpatient copayments, inpatient copayments, and per diems happens automatically through links to the scheduling event driver, the MAS movement event driver, and the nightly background job.

Numerous parameters in the IB SITE PARAMETERS file affect the functional and technical operations of the billing software.

Several options have parameters that affect the operation of the IB package. The MCCR Site Parameter Enter/Edit option parameters affect the operation of the Patient and Third-Party Billing modules. The Select Default Device for Forms option affects where forms will print. The Claims Tracking Parameter Edit option affects the operation of the Claims Tracking module. The Enter/Edit Automated Billing Parameters option allows the site to determine when and which bills the Automated Biller generates. The Enter/Edit IB Site Parameters option on the System Manager's IB Menu affects many of the technical aspects of the IB package.

Per Veterans Health Administration (VHA) Directive 10-93-142, many of the IB routines, data dictionaries, and data files are not to be modified. Only the routines for Encounter Form utilities and selected outputs may be modified.

An electronic signature code is required for users of the Manually Change Copay Exemption (Hardships) option under the Medication Copayment Income Exemption Menu and the Purge Update File and Archive Billing Data options under the Purge Menu.

4. Package Operation

On-line Help

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

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

For example:

```
BILLING LOCATION OF CARE: 1//
```

and the user needs assistance answering. Enter ?? and the Help message will appear.

```
BILLING LOCATION OF CARE: 1// ??
This identifies the type of facility at which care was administered.
      Choose from:
      1  HOSPITAL (INCLUDES CLINIC) - INPT. OR OPT.
      2  SKILLED NURSING (NHCU)
      3  CLINIC (WHEN INDEPENDENT OR SATELLITE)
BILLING LOCATION OF CARE: 1//
```

For some prompts, the system will list the possible answers the user can select. Any time choices appear with numbers, the system will usually accept the number or the name.

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

NOTE: *Users with **QUME** Terminals:*

It is very important that the user set up the Qume terminal properly. After entering access and verifying codes, the following prompt will appear:

```
Select TERMINAL TYPE NAME: {type}//
```

Please make sure that C-QUME is entered here. This entry will become the default and then enter <RET> for all subsequent log-ins. If any other terminal type of configuration is set, options using the List Manager utilities will not display nor function properly on the terminal.

5. Billing Clerk's Menu

5.1. Third-Party Joint Inquiry (TPJI)

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens. Because the same actions are available on most screens, and most screens can be accessed from any other screen; these **Common Actions** are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

NOTE: *When viewing the TPJI main screen, the user must have already selected a specific Claim # for which to see additional information.*

The user may QUIT from any screen; it will bring the user back one level or screen. EXIT is also available on most screens. EXIT returns the user to the menu. For more information on the use of the List Manager utility, please refer to Appendix C at the end of this manual.

Third-Party Joint Inquiry Sample Screen

```
Claim Information             Mar 07, 2023@14:23:14          Page:    1 of    3.
K234ABC   GGGGGGG,NNN SSSSS              DOB: 08/17/54   Subsc ID: XXXXXXXXX
                                                                               .
  Insurance Demographics
    Bill Payer: AAAAA BB HEALTHCARE
 Claim Address: PO BOX 987654
                EL PASO, TX 79998
   Claim Phone: 800 666-5678

  Subscriber Demographics
       Group Number: GRP NUM 22222
         Group Name: PPPPPPP
      Subscriber ID: XXXXXXXXX
           Employer: US GOVERNMENT
     Insured's Name: GGGGGGG,NNN SSSSS
       Relationship: PATIENT                                                   .
+         |% EEOB | Enter ?? for more actions|                                  .
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
```

```
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EP  ERA/835               EX  Exit

Select Action: Next Screen//
```

Table 1: Common Actions

Acronym	Description	Action
BC	Bill Charges	Accesses the Bill Charges screen.
DX	Bill Diagnoses	Accesses the Bill Diagnoses screen.
PR	Bill Procedures	Accesses the Bill Procedures screen.
CB	Change Bill	Accesses the Change Bill screen.
ED	EDI Status	Accesses the EDI Status screen.
RX	ECME Information	Accesses the EDI Information screen.
AR	Account Profile	Accesses the Account Profile screen.
CM	Comment History	Accesses the Comment History screen.
IR	Insurance Reviews	Accesses the Insurance Reviews screen.
HS	Health Summary	Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display / Edit option.
AL	Go to Active List	Returns the user to the Third-Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns the user to the menu.
EP	ERA/835	Accesses the ERA / 835 screen.
VI	Insurance Company	Accesses Insurance Company Screen.
VP	Policy	Displays the same information and action options as when selecting the same action option from TPJI Main Screen and returns the user to the ERA / 835 screen.
AB	Annual Benefits	Accesses the Annual Benefits screen.
EL	Patient Eligibility	Displays the same information and action options as when the same action option is selected from the TPJI Main Screen and returns the user to the ERA/835 screen.
EB	Expand Benefits	Displays detailed information on patient benefits.
EX	Exit	Exit the TPJI Claim Information screen.
CI	Go to Claim Screen	Returns the user to the Claim Information screen from any of the common actions screens and is available on all screens that may be opened from the Claim Information screen.

5.2. Third-Party Active Bills Screen

This is the first screen displayed if the user enters a patient name at the first prompt of this option. It lists all active third-party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third-Party Billing module can be found on this screen or the Inactive Bills screen.

Third-Party Active Bills Screen Sample

```
Third-Party Active Bills      Feb 28, 2018@15:19:44          Page:    1 of    1
IBPATIENT,ONE     I9999                                                    NSC
    Bill #    From     To       MT? Type Stat Rate     Insurer Orig Amt Curr Amt
1  %XXXXXXX   01/03/17 01/03/17 NO  O/I/O A   REIM IN  NALC HI  8451.27  7519.05
2  %XXXXXXX   02/13/17 02/13/17 NO  O/I/O A   REIM IN  NALC HI   230.73   230.73
3   XXXXXXXX  04/04/17 04/04/17 NO  O/ /R A   REIM IN  CAREMAR   158.68    78.52
4   XXXXXXXX  05/02/17 05/02/17 NO  O/ /R A   REIM IN  CAREMAR   132.31    93.12
5   XXXXXXXX  05/05/17 05/05/17 NO  O/ /R A   REIM IN  CAREMAR   158.68    78.52
          |r Referred|* MT on Hold |+ Multi Carriers|% EEOB|
CI  Claim Information     IL  Inactive Bills        PI  Patient Insurance
CP  Change Patient        HS  Health Summary        EL  Patient Eligibility
Select Action: Quit//
```

Table 2: Common Actions

Acronym	Description	Action
IL	Inactive Bills	Accesses the Inactive Bills screen.
PI	Patient Insurance	Accesses the Patient Insurance screen.
CP	Change Patient	Allows the user to select another patient and re-displays the Third-Party Active Bills screen for that patient.

5.3. Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third-Party Billing module are found on this screen or the Third-Party Active Bills screen. Bills are displayed beginning with the most recent **statement from** date.

Inactive Bills Screen Sample

```
Inactive Bills                Feb 28, 2018@15:40:48          Page:    1 of    4
IBPATIENT,ONE    I9999                          ** All Inactive Bills **   (51)
    Bill #       From     To       Type Stat Rate     Insurer  Orig Amt Curr Amt
1   XXXXXXX      05/05/13 05/05/13 O/I/O CB  REIM IN                0.00     0.00
2  %XXXXXXX      04/02/13 04/02/13 O/I/O CC  REIM IN +CLAIMS     3932.93     0.00
3   XXXXXXX      04/01/13 04/16/13 I/P/I CB  REIM IN +MEDICAR       0.00     0.00
4  %XXXXXXX      04/01/13 05/05/13 I/P/I CC  REIM IN +CLAIMS      104.29     0.00
5   XXXXXXX      04/01/13 05/05/13 I/P/I CB  REIM IN +MEDICAR       0.00     0.00
6  %XXXXXXX      03/28/13 04/01/13 I/I/I CC  REIM IN +CLAIMS     1184.00     0.00
7  %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS        2.05     0.00
8  %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       12.06     0.00
9  %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       25.93     0.00
10 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS        1.71     0.00
11 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS        5.48     0.00
12 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       19.54     0.00
13 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       16.29     0.00
14 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       19.54     0.00
```

```
15 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      20.20     0.00
16 %XXXXXXX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       1.71     0.00
+         |r Referred|* MT on Hold |+ Multi Carriers|% EEOB|
CI  Claim Information     AL  Go to Active List     CD  Change Dates
                                                    EX  Exit
Select Action: Next Screen//
```

Table 3: Common Actions

Acronym	Description	Action
CD	Change Dates	Allows the user to change the bills listed by changing the most recent **statement from** date to be displayed.

5.4. Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third-Party Active Bills screen.

Patient Insurance Sample Screen

```
Patient Insurance   May 31, 1995 @10:07:11     Page 1 of   1
Insurance Management for Patient: IBpatient,one          XXXX
  Insurance Co.   Type of Policy     Group     Holder    Effect.      Expires
1 HEALTH INS LTD  GN                 48923222  SELF      01/01/87
2 ABC             MAJOR MEDICAL AE   76899354  SPOUSE    10/1/90      11/30/95
3 XYZ INS         INDEMNITY          T109      OTHER     10/1/94      01/01/95
4 BC/BS           MAJOR MEDICAL GN   392043    SELF      01/01/90     12/31/92

VI  Insurance Company      VP  Policy      AB  Annual Benefits
AL  Go to Active List                      EX  Exit Action
Select Action: Quit//
```

5.5. Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry and many actions are provided to expand on claim details.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Claim Information Screen

```
Claim Information             Dec 12, 2013@08:10:10          Page:    1 of    3
XXXXXXXX    PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
--------------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CAREMARK 6XXXXX
 Claim Address: PO BOX XXXXX
                ANYTOWN, AZ XXXXX
   Claim Phone: XXX-XXX-XXXX
  Subscriber Demographics
  Group Number: GRP PLN 1605501
    Group Name: GICRX
 Subscriber ID: XXXXXXXXX
      Employer: BIG COMPANY
 Insured's Name: IB,SPOUSE
  Relationship: SPOUSE
```

```
+---------|% EEOB | Enter ?? for more actions|------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Claim Information             Dec 12, 2013@08:10:21          Page:    2 of    3
XXXXXXXX   PATIENT,IB PXXXX       DOB: XX/XX/XX Subsc ID: XXXXXXXXX
+---------------------------------------------------------------------------
                            Claim Information
  Bill Type: OUTPATIENT                    Charge Type:
 Time Frame: ADMIT THRU DISCHARGE         Service Dates: 01/31/12 - 01/31/12
  Rate Type: REIMBURSABLE INS.              Orig Claim:     12.85
  AR Status: COLLECTED/CLOSED               Balance Due:      0.00
   Sequence: PRIMARY
  Purch Svc: NO
    ECME No: XXXXXXXXXXXX
 ECME Ap No: XXXXXXXXXXXXXXXXXXX
        NPI: XXXXXXXXXX
       HPID: XXXXXXXXXX
+---------Enter ?? for more actions-----------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Claim Information             Dec 12, 2013@08:10:24          Page:    3 of    3
XXXXXXXX   PATIENT,IB  PXXXX       DOB: XX/XX/XX    Subsc ID: XXXXXXXXX
+---------------------------------------------------------------------------
        Entered: 01/31/12  by  IB,TESTER
     Authorized: 01/31/12  by  IB,TESTER
  First Printed: 01/31/12  by  IB,TESTER
  Related Prescription Copay Information
 Rx: 2326479  Chg: $8.00   Status: On Hold   Bill:
----------Enter ?? for more actions-----------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
Select Action: Quit//
```

Table 4: Common Actions

Acronym	Description	Action
CB	Change Bill	Allows the user to change the bill being displayed. If the user entered a patient name at the first prompt of this option, only bills for that patient may be selected. If the user entered a bill number at the first prompt, any bill may be selected.

5.6. Bill Charges Screen

This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42 - 49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

Bill Charges Sample Screen

```
Bill Charges  May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: X/XX/XX Subsc ID: XXXXXXXX
11/16/93 - 11/17/93 ADMIT THRU DISCHARGE       Orig Amt:   199.00

       OUTPATIENT VISIT
500    OUTPATIENT SVS             178.00       1      178.00
       PRESCRIPTION
257    DRGS/NONSCRPT       21.00         1      21.00
001    TOTAL CHARGE                               199.00

       OP VISIT DATE(S) BILLED:          NOV 16, 1993

       PRESCRIPTION REFILLS:
       XXXXX  NOV 17, 1993        ABBOCATH-T 18G 1.25 IN
                           QTY: 20 for 10 days supply
Bill Remark: This is a demonstration bill created for Joint Billing Inquiry

          Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Bill Charges Sample Screen continued...

```
Bill Charges  May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: X/XX/XX Subsc ID: XXXXXXXX
03/02/94 - 03/31/94 INTERIM - FIRST CLAIM      Orig Amt: 11221.00

30 DAYS INPATIENT CARE
       INTERMEDIATE CARE
101    ALL INCL R&B        246.00        30     7380.00
240    ALL INCL ANCIL      48.00         30     1440.00
960    PRO FEE             49.00         30     1470.00
274    PROSTH/ORTH DEV     931.00        1      931.00
001    TOTAL CHARGE                              11221.00
       PROSTHETIC ITEMS:
       Sep 18, 1994  WHEELCHAIR
       Sep 21, 1994  CANE-ALL OTHER

          Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.7. Bill Diagnosis Screen

This screen displays all diagnoses assigned to the bill in the order printed.

Bill Diagnosis Sample Screen

```
Bill Diagnosis                May 17, 1996 14:07:56         Page:   1 of    1
XXXXXX   IBpatient,one      1111         DOB:  XX/XX/XX      Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

       1)     490.   BRONCHITIS NOS
       2)     030.1  TUBERCULOID LEPROSY
       3)     101.   VINCENT'S ANGINA
       4)     330.1  CEREBRAL LIPIDOSES
       5)     461.0  AC MAXILLARY SINUSITIS
       6)     310.0  FRONTAL LOBE SYNDROME
       7)     200.01 RETICULOSARCOMA HEAD

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.8. Bill Procedures Screen

This screen lists all procedures assigned to a bill in the order printed.

Bill Procedures Sample Screen

```
Bill Procedures               May 17, 1996 14:12:58         Page:   1 of    1
XXXXXX   IBpatient,one      XXXX         DOB: X/XX/XX        Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

 XXXXX SURGICAL CLEANSING OF SKIN 11/16/93
 XXXXX ADDITIONAL CLEANSING OF SKIN     11/16/93
 XXXXX REPAIR SUPERFICIAL WOUND(S)      11/16/93

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.9. AR Account Profile Screen

This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

AR Account Profile Sample Screen

```
AR Account Profile            May 31, 1995 @10:07:11        Page:   1 of    1
XXXXXX   IBpatient,one      XXXX           DOB:  XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE          Orig Amt:   11221.00       Balance Due: 856.45

              04/01/94      IB Status: Printed  (Last) 11221.00     11221.00
1      1578   05/07/94      PAYMENT (IN PART)   7856.21       3364.79
2      1598   07/07/94      PAYMENT (IN PART)   2508.34       856.45
3      1601   07/08/94      COMMENT       0.00  856.45
       Total Collected:     10364.55
       Percent Collected:   92.37%
          Enter ?? for more actions
BC  Bill Charges           VT  Transaction Profile   VI  Insurance Company
DX  Bill Diagnosis         CM  Comment History       VP  Policy
PR  Bill Procedures        IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen     HS  Health Summary        EL  Patient Eligibility
                           AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Table 5: Common Actions

Acronym	Description	Action
VT	Transaction Profile	Accesses the AR Transaction Profile screen for a selected transaction.

5.10. AR Transaction Profile Screen

This screen displays detailed account transaction information for individual claim transactions. It is loosely based on the Accounts Receivable Transaction Profile option.

AR Transaction Profile Sample Screen

```
AR Transaction Profile     May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: XX/XX/XX       Subsc ID: XXXXXXX
AR Status: ACTIVE             Orig Amt:   11221.00   Balance Due: 856.45

       TRANS. NO:    1578   TRANS. TYPE:  PAYMENT (IN PART)
       TRANS. DATE:  05/07/94      DATE POSTED:  05/10/94    (ARH)
       TRANS. AMOUNT:       7856.21       RECEIPT #:    XXXXXXXX
              BALANCE       COLLECTED
              ------------- ---------------
       PRINCIPLE:    3364.79       7856.21
       INTEREST:     0.00   0.00
       ADMINISTRATIVE:      0.00   0.00
       MARSHALL FEE: 0.00   0.00
       COURT COST:   0.00    0.00
              --------      ---------
       TOTAL: 3364.79       7856.21

       FY: 94 PR AMT: 3364.79            FY TR AMT: 7856.21
COMMENTS:  Date of Deposit: MAY 10, 1994

          Enter ?? for more actions
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

5.11. AR Comment History Screen

This screen displays AR comments for the claim's account.

AR Comment History Sample Screen

```
AR Comment History              May 17, 1996 14:21:37          Page:   1 of    1
XXXXXX   IBpatient,one           XXXX         DOB: XX/XX/XX    Subsc ID: XXXXXXXX
AR Status: CANCELLED            Orig Amt: 1026.02       Balance Due: 1026.02

1582   04/21/92      Copy of bill sent.  FOLLOW-UP DT: 05/12/92
              Carrier did not receive initial bill.
1594   05/20/92      Bill canceled, wrong form type.  FOLLOW-UP DT: 06/01/92
              Carrier refuses to process this type of bill on a UB-92.
              They are requiring the HCFA 1500 form.

           Enter ?? for more actions
BC  Bill Charges           AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis         AD  Add AR Comment        VP  Policy
PR  Bill Procedures        IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen     HS  Health Summary        EL  Patient Eligibility
                           AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Table 6: Common Actions

Acronym	Description	Action
AD	Add AR Comment	Allows the user to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

5.12. Insurance Reviews / Contacts Screen

This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Insurance Reviews/Contacts Sample Screen

```
Insurance Reviews/Contacts     May 31, 1995 @10:07:11        Page:   1 of    1
Insurance Review Entries for: N10072     IBpatient,one         XXXX
    Date       Ins. Co.          Type Contact       Action    Auth. No. Days
       OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1      11/30/93      HEALTH INS LIMITED  1st Appeal-Clin     APPROVED      AU XXXXX
2      11/17/93      HEALTH INS LIMITED  OPT    DENIAL       0
       PRESCRIPTION REFILL of XXXXX on 11/17/93
3      11/17/93      HEALTH INS LIMITED  OPT    APPROVED     RN XXXXXXX

          Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges           AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis         CM  Comment History       VP  Policy
PR  Bill Procedures        VR  Reviews/Appeals       AB  Annual Benefits
CI  Go to Claim Screen     HS  Health Summary        EL  Patient Eligibility
                           AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Table 7: Common Actions

Acronym	Description	Action
VR	Reviews/Appeals	Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals / Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

5.13. Expanded Appeals / Denials Screen

This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

Expanded Appeals/Denials Sample Screen

```
Expanded Appeals/Denials   May 31, 1995 @10:07:11     Page 1 of  2
Insurance Appeal/Denial for:     IBpatient,one         1111 ROI: NOT REQUIRED

       Visit Information   Action Information
       Visit Type:   OUTPATIENT VISIT    Type Contact: INITIAL APPEAL
       Visit Date:   03/09/94 9:00 am    Appeal Type:  CLINICAL
       Clinic:       AMBULATORY SURGERY  Case Status:  OPEN
       Appt. Status: CHECKED OUT   No Days Pending:
       Appt. Type:   REGULAR       Final Outcome:
       Special Cond:
       Clinical Information       Appeal Address Information
       Provider:            Ins. Co. Name:      HEALTH INS LIMITED
       Provider:            Alternate Name:
       Diagnosis:           Street line 1:      HIL - APPEALS OFFICE
       Diagnosis:           Street line 2:      1099 THIRD AVE, SUITE
       Special Cond:        Street line 3:
                    City/State/Zip:     ANYTOWN, NY  12345
       Insurance Policy Information
       Ins. Co. Name:       HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
       Group Number: GN 48923222   Subscriber ID:      XXXXXXXXX
       Whose Insurance:     VETERAN       Effective Date:     01/01/87
       Pre-Cert Phone:      XXX-XXX-XXXX E      Expiration Date:
       User Information    Contact Information
       Entered By:   EMPLOYEE      Contact Date: 04/01/94
       Entered On:   11/16/93 3:30 pm    Person Contacted:   SPOUSE
       Last Edited By:              Contact Method:     PHONE
       Last Edited On:              Call Ref. Number:   RN XXXXXX
                     Review Date:  06/02/95
 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                        >>>
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

5.14. Expanded Insurance Reviews Screen

This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

Expanded Insurance Reviews Sample Screen

```
Expanded Insurance Reviews        May 31, 1995 @10:07:11     Page 1 of   2
Insurance Review Entries for:     IBpatient,one     XXXX     ROI: NOT REQUIRED

       Contact Information Action Information
       Contact Date: 11/17/93      Type Contact: OUTPATIENT TREATMEN
       Person Contacted:   Steve  Opt Treatment:      RX REFILL
       Contact Method:     PHONE  Action:       APPROVED
       Call Ref. Number:   RN XXXXXXX    Auth. Number: RN XXXXXXX
       Review Date:  06/02/95
       Insurance Policy Information
       Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
       Group Number: GN 48923222  Subscriber ID:      XXXXXXXX
       Whose Insurance:    VETERAN       Effective Date:     01/01/87
       Pre-Cert Phone:     XXX-XXXX      Expiration Date:
       Appeal Address Information User Information
       Ins. Co. Name:      HEALTH INS LIMITED  Entered By:   EMPLOYEE
       Alternate Name:             Entered On:   11/17/93 12:54 pm
       Street line 1:      HIL - APPEALS OFFICE       Last Edited By:     EMPLOYEE
       Street line 2:      1099 THIRD AVE, SUITE 301  Last Edited On:     11/20/93
12:55 pm
       Street line 3:
       City/State/Zip:     ANYTOWN, NY 12345
 Comments
 One refill of prescription approved.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                        >>>
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

5.15. Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or any of the bill-specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

Insurance Company Sample Screen

```
Insurance Company            May 17, 1996 15:25:42          Page:   1 of    5
Insurance Company Information for: HEALTH INS LIMITED                  Primary
Type of Company: HEALTH INSURANCE                    Currently Active

       Billing Parameters
       Signature Required?:       YES    Attending Phys. ID: AT PH ID VAXXXXXXX
       Reimburse?:  WILL REIMBURSE      Hosp. Provider No.:
       Mult. Bedsections:  YES    Primary Form Type:
       Diff. Rev. Codes:          Billing Phone:
       One Opt. Visit:     NO     Verification Phone:
       Amb. Sur. Rev. Code:               Precert Comp. Name: ABC INSURANCE
```

```
      Rx Refill Rev. Code:             Precert Phone:      XXX-XXX-XXXX
      Filing Time Frame:
      Main Mailing Address
      Street:      2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
      Street 2:    FREAR BUILDING      Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
      Inpatient Claims Office Information
      Street:      2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
      Street 2:    FREAR BUILDING      Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
      Outpatient Claims Office Information
      Street:      789 3RD STREET      City/State:  ANYTOWN, NY 12345
      Street 2:           Phone: XXX-XXX-XXXX
      Street 3:           Fax:   XXX-XXX-XXXX
```

Insurance Company Sample Screen, continued

```
      Prescription Claims Office Information
      Company Name: GHI PROCESSING      Street 3:
      Street:      1933 CORPORATE DRIVE       City/State:  ANYTOWN, NY 39332
      Street 2:    TANGLEWOOD PARK     Phone: XXX-XXXX
      Fax:
      Appeals Office Information
      Street:      HIL - APPEALS OFFICE       City/State:  ANYTOWN, NY 12345
      Street 2:    1099 THIRD AVE, SUITE 301  Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
      Inquiry Office Information
      Street:      2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
      Street 2:    FREAR BUILDING      Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
  Remarks

  Synonyms

          Enter ?? for more actions                                      >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.16. Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or any of the bill-specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

The PT action is used to view Patient Policy Comments history. This action does not allow one to add, edit, or delete comments.

NOTE: *The user will NOT be able to view the Patient Policy Comments history if TPJI was entered using a bill number at the first prompt of the option.*

Patient Policy Information Sample Screen

```
Patient Policy Information    Dec 12, 2013@08:13:21          Page:    1 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
--------------------------------------------------------------------------------
  Insurance Company
    Company: IB INSURANCE
     Street: SOME ST
   Street 2:
 City/State:  ANYTOWN, MD XXXXX
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
       Group Name: GROUP NAME
     Group Number: XXXXXXXXXX
              BIN:
              PCN:
     Type of Plan:
   Plan Filing TF:
        ePharmacy Plan ID:
+---------Enter ?? for more actions-----------------------------------------------
AL  Active List       PT  Pt Policy Comments    EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:30          Page:    2 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+--------------------------------------------------------------------------------
     ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info                Effective Dates & Source
         Require UR: NO                      Effective Date: 01/01/13
    Require Amb Cert: NO                    Expiration Date:
    Require Pre-Cert: NO                     Source of Info: INTERVIEW
    Exclude Pre-Cond: NO           Stop Policy From Billing: NO
Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
   Subscriber Name: IB,PATIENT
      Relationship: SELF
        Primary ID: XXXXXX
+---------Enter ?? for more actions-----------------------------------------------
AL  Go To Active List     PT  Pt Policy Comments    EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:31          Page:    3 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
  Coord. Benefits: PRIMARY
  Subscriber's Employer Information
  Employment Status:                  Emp Sponsored Plan: No
           Employer:                  Claims to Employer: No, Send to Insurance
             Street:                     Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
    Insured's DOB: XX/XX/XXXX
            Str 1: SOME ST
            Str 2:
```

```
+---------Enter ?? for more actions-----------------------------------------------
AL  Active List           PT  Pt Policy Comments    EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:32          Page:    4 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+-------------------------------------------------------------------------------
             City: SOME CITY
           St/Zip: MA  XXXXX
           SubDiv:
          Country:
            Phone: XXX-XXX-XXXX
    Insured's Sex: MALE
 Insured's Branch: ARMY
   Insured's Rank:
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXX
  Plan Coverage Limitations
   Coverage            Effective Date   Covered?       Limit Comments
+---------Enter ?? for more actions-----------------------------------------------
AL  Active List           PT  Pt Policy Comments    EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:39          Page:    5 of    5
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+-------------------------------------------------------------------------------
  Comment -- Group Plan
 None
  Comment - Patient Policy
  Dt Entered  Entered By                Method     Person Contacted
 +03/17/16    IB,CLERK
  Patient Policy Comment

  03/14/16    POSTMASTER
  TEST COMENT
  Personal Riders
    Rider #1: DENTAL COVERAGE
----------Enter ?? for more actions-----------------------------------------------
AL  Active List           PT  Pt Policy Comments    EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

5.17. Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or any of the bill-specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

Annual Benefits Sample Screen

```
Annual Benefits               May 17, 1996 15:39:23        Page:   1 of    3
Annual Benefits for: GHI Ins. Co                                    Primary
             Policy: GN 48923222              Ben Yr: MAR 01, 1993
      Policy Information
      Max. Out of Pocket: $      500
      Ambulance Coverage (%):    85     %
      Inpatient
      Annual Deductible:  $      500    Drug/Alcohol Lifet. Max:   $
```

```
      Per Admis. Deductible:     $      100    Drug/Alcohol Annual Max:   $
      Inpt. Lifetime Max: $             Nursing Home (%):
      Inpt. Annual Max:   $             Other Inpt. Charges (%):
      Room & Board (%):
      Outpatient
      Annual Deductible:  $      50     Surgery (%):
      Per Visit Deductible:      $      50     Emergency (%):             85%
      Lifetime Max: $            Prescription (%):          80%
      Annual Max:  $             Adult Day Health Care?:    UNK
      Visit (%):                 Dental Cov. Type:   PERCENTAGE AMOU
      Max Visits Per Year:                  Dental Cov. (%):    48%
      Mental Health Inpatient    Mental Health Outpatient
      MH Inpt. Max Days/Year:               MH Opt. Max Days/Year:
      MH Lifetime Inpt. Max:     $          MH Lifetime Opt. Max:      $
      MH Annual Inpt. Max:       $          MH Annual Opt. Max: $
      Mental Health Inpt. (%):              Mental Health Opt. (%):
      Home Health Care    Hospice
      Care Level:                Annual Deductible:  $
      Visits Per Year:                      Inpatient Annual Max.:     $
      Max. Days Per Year:                   Lifetime Max.:      $
      Med. Equipment (%):                   Room and Board (%):
      Visit Definition:                     Other Inpt. Charges (%):
      Rehabilitation      IV Management
      OT Visits/Yr:              IV Infusion Opt?:   UNK
      PT Visits/Yr:              IV Infusion Inpt?:  UNK
      ST Visits/Yr:              IV Antibiotics Opt?:       UNK
      Med Cnslg. Visits/Yr:                 IV Antibiotics Inpt?:      UNK
      User Information
      Entered By:  EMPLOYEE
      Entered On:  02/02/94
      Last Updated By:    EMPLOYEE
      Last Updated On:    02/18/94

         Enter ?? for more actions                                          >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

5.18. Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third-Party Active Bills screen and the bill-specific screens.

If this screen is accessed from one of the bill-specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are available as actions from this screen; and the user must return to a previous screen to access other screens.

Patient Eligibility Sample Screen

```
Patient Eligibility           May 20, 1996 07:45:44          Page:   1 of    1
XXXXXX   IBpatient,one      1111          DOB:  XX/XX/XX   Subsc ID: XXXXXXX

            Means Test: CATEGORY A                      Insured: Yes
          Date of Test: 08/24/94                   A/O Exposure:
  Co-pay Exemption Test:                          Rad. Exposure:
          Date of Test:

     Primary Elig. Code: NSC
    Other Elig. Code(s): EMPLOYEE
                         AID & ATTENDANCE
      Service Connected: No
     Rated Disabilities: BONE DISEASE (0%-NSC)
                         DEGENERATIVE ARTHRITIS (40%-NSC)

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

5.19. Enter / Edit Billing Information

The IB EDIT security key is required to access this option.

The Enter/Edit Billing Information option is used to enter the information required to generate a third-party bill and to edit existing billing information. A new bill can be entered (or an existing bill can be edited) if the existing bill has not been authorized or canceled. Once a bill has been filed (billing record number established), it cannot be deleted. The bill can be canceled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient’s name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

The Medical Care Cost Recovery data is arranged so that it can be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) can be edited while those enclosed by arrows (< >) cannot. The patient's name, social security number, bill number, bill classification (Inpatient or Outpatient), and screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on

that screen and provides the name and number of each available screen in the option. Please see the Supplement at the end of this section for descriptions and samples of the billing screens.

The bill mailing address appears on this screen. Please see the Supplement at the end of this section for important information on how this is determined.

NOTE: *In September 2015, the Inpatient Bill/Claim was updated to accommodate the expanded number of ICD-10 diagnosis and procedure codes available in the Patient Treatment File (PTF). Enter/Edit Billing Information displays and allows selection of all diagnoses and procedures in the PTF record within the date range of the bill, and the screen displays the Present On Admission (POA) indicator associated with the diagnosis if present in PTF. The screen also displays an asterisk (*) before each PTF ICD procedure that matches a procedure and date already assigned to the bill. It is possible that the same procedure may be completed multiple times on the same date. These duplicate ICD procedures are displayed in the list of PTF ICD procedures as separate line items, and duplicates can be added to the bill.*

When insurance companies are entered into the INSURANCE COMPANY file, the system prompts for whether this company will reimburse VA for the cost of the patient's care. Entry of an insurance company that has been designated as **will not reimburse** is not allowed at this screen. For bills where the payer is the insurance company and the patient has one insurance company that will reimburse the government, that company will be stored as the primary insurance company. Inactivating the insurance company has no effect on the insurance carriers associated with the bill.

Selection of insurance companies is limited to the primary, secondary, and tertiary insurance companies that are billable for the event date. A provider number can be entered for each of the three possible insurance carriers. This field will be loaded from the Hospital Provider Number if one has been entered for the insurance carrier.

Insurance company addresses can only be edited through the Insurance Company Entry/Edit option.

Any bill with a CHAMPVA rate type requires the primary insurance carrier to have a type of coverage defined as CHAMPVA; otherwise, the bill cannot be authorized.

If the MULTIPLE FORM TYPES site parameter is set to YES, a form type prompt will appear. The UB-82 and UB-92 are considered a single form, so for a site to have multiple forms it would have to use one of the UB forms and the HCFA-1500.

Changing the form type to HCFA-1500 will cause the CODING METHOD field to default to CPT-4 if it has not already been defined. Changing the primary insurance carrier or responsible institution will cause the revenue codes to be rebuilt and charges to be recalculated.

If the MCCR site parameter USE OP CPT SCREEN is set to YES, the Current Procedural Terminology Code Screen will appear when editing procedure codes. The screen will list CPT codes for the dates associated with the bill.

An associated diagnosis (diagnosis responsible for the procedure being performed) must be entered for each procedure for HCFA-1500s. the user can enter from one to four associated diagnoses. The associated diagnosis must match one of the first four diagnoses entered.

Adding a BASC procedure or an OP VISIT DATE will cause the revenue codes to be rebuilt and charges recalculated for both UB-82/92 and HCFA-1500 form types. Only one visit date is allowed on a UB-82/92 that also has BASC procedures. This restriction does not apply to HCFA-1500s.

A print order can be specified for each procedure/diagnosis entered. If no print order is specified, the procedures/diagnoses will print in the order entered. The six procedures and nine diagnoses with the lowest print order will be printed in the boxes on the form and the remainder will print as additional procedures/diagnoses.

If the TRANSFER PROCEDURES TO SCHED? parameter is set to YES, any ambulatory surgery entered on the bill can be transferred to the Scheduling Visits file and stored under a 900 stop code. An associated clinic must be entered for all procedures that are to be transferred to the SCHEDULING VISITS file.

Several site parameters and two security keys affect the prompts that will appear at the end of this option. Please see the Supplement at the end of this section for an explanation of how these site parameters and security keys affect the option.

A mail group can be specified (through the site parameters) so that every time a bill is disapproved during the authorization phase of the billing process, all members of this group are notified via electronic mail. If this group is not specified, only the billing supervisor, the initiator of the billing record, and the user who disapproved the bill will be a recipient of the message. An example of this message can be found in the Supplement.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that can be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

5.20. Automated Means Test Billing Menu

5.20.1. Cancel / Edit / Add Patient Charges

The IB AUTHORIZE security key is required to access this option. Only holders of the IB EDIT Security Key have access to the AC (Add Charges) function and the IBUC VISIT MAINT option so that Separation of Duties can be maintained.

The Cancel/Edit/Add Patient Charges option allows the user to manually cancel, edit, or add per diem and copayment patient charges or Community Care services for a specified patient and date range. When a charge is edited, the original charge is canceled, and a new charge is added. Once

added or edited, the charges are passed to Accounts Receivable. The user may receive Accounts Receivable mail messages when editing/canceling through this option.

The user cannot add medication copayment charges for patients determined to be exempt from the medication copayment requirement.

The user can choose whether to include pharmacy copay charges. Only pharmacy charges that have been added through this option can be edited or deleted through this option.

The user can also choose to bill CHAMPVA inpatient subsistence charges for past admissions. (Current and future admissions will be billed automatically at discharge). The CHAMPVA inpatient subsistence charge may be canceled through this option, but it will be canceled **only** in IB. The user **must** go into the AR module to decrease the receivable to zero ($0).

Charges are displayed for the specified patient and date range and several **actions** can be taken against these charges. The user can add/edit/cancel a charge, pass a charge to Accounts Receivable, change to another patient or date range, update an event by changing the event status, or change the date used to record the last date for which Means Test charges were billed for the admission.

List Manager actions are also available (e.g., First Screen, Last Screen, Up a Line, Down a Line, etc.). If the user needs help utilizing the List Manager functionality, please refer to the Appendix of this user manual.

Once an action has been taken on a charge, the screen is redisplayed showing the new data. If the user has edited a charge, the status of the original entry is changed to CANCELLED, and two new entries are added. The first entry offsets the original charge (the amount appears in parentheses indicating a credit) and the new charge is shown.

Charges added or edited through this option are added/edited to the INTEGRATED BILLING ACTION file (#350). When adjustments are made through this option that affect the number of inpatient days or inpatient amount, the user is prompted to choose whether the user wishes to adjust the Means Test Billing Clock.

If the option Add/Edit/Cancel is used for Pharmacy CoPay changes, no back billing will take place.

Public Law 114-315 dated December 16, 2016, the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, makes Medal of Honor recipients eligible for Veterans Affairs: (1) hospital, nursing home, and domiciliary care; (2) extended care services for non-service-connected disabilities, with no copayment; and (3) medications, with no copayment. Outpatient Pharmacy Copayment charges can be canceled using the reason, Medal of Honor.

Public Law 115-182 dated June 6, 2018, the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 ends the Veterans Choice Program and established a new Veterans Community Care benefit allowing Veterans to receive Urgent Care services through VA’s network of community providers.

5.20.1.1. Canceling Duplicate Copay Charges from Within Add A Charge

Occasionally, the user may encounter a scenario where a patient already has a Medical (either an Inpatient, Outpatient, or LTC) copay for the day, the user is entering the copayment for. The Add A Charge action will allow the user to cancel the duplicate copayment if an existing copayment is smaller than the copayment attempting to be entered.

```
                          A D D   A   C H A R G E
------------------------------------------------------------------------------
   Name: IBPatient, One                    ** NO ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX
------------------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY  DG OPT COPAY NEW
Visit Date: 8/23  (AUG 23, 2020)
     This charge will be billed under the following closed clock:
      Begin Date: 08/01/19     # Inpt Days:
     Closed Date: 07/30/20     1st 90 Days: $0
     Select one of the following:
          C         Clinic
          S         Stop Code
Enter response: Stop Code
Select OUTPATIENT VISIT STOP CODE: 307     GASTROENTEROLOGY EffDate:12/06/01 Spe
cialty
Charge to be billed under the Specialty Care Rate --> $50.00
This patient has already been billed a medical copayment for this date.
Please review the associated dates and charges for this patient.
BILL      BILL                          STOP BILL
FROM       TO        CHARGE TYPE        CODE NUMBER         STATUS    CHARGE
------------------------------------------------------------------------------
08/23/20  08/23/20   CC (OPT) NEW                           ON HOLD   15
Do you wish to cancel this existing copayment and continue billing the current
copayment?  : YES
Select CANCELLATION REASON: BILLE
     1   BILLED AT HIGHER TIER RATE
     2   BILLED LTC CHARGE
CHOOSE 1-2: 1  BILLED AT HIGHER TIER RATE
Okay to cancel this charge? YES
Updating the status of the charge to 'canceled'... done.
Press RETURN to process the next charge or to return to the list:
The copayment was canceled. Please continue adding the new copay.
          Press any key to continue.
Okay to add this charge? YES done.
Passing the charge directly to Accounts Receivable... done.
Press RETURN to process the next charge or to return to the list:
```

In addition, the Cancel a Charge (CC) action within the IB CANCEL/EDIT/ADD CHARGES option allows the user to re-bill a previously canceled bill. In the example below, a $15 copay was canceled because a $50 specialty visit was billed at the higher tier rate for the same day. If the user cancels the $50 specialty visit, the system will allow the user to re-bill the original $15 copay (for the same day) that was canceled.

```
Charges                       Sep 21, 2020@14:13:58          Page:    1 of 1
Cancel/Edit/Add Charges                                  09/22/19 THRU 09/21/20
Patient: IBPATIENT,FIVE IXXXX
    Bill From Bill To   Charge Type       Stop   Bill #   Status      Charge
1   09/15/20  09/15/20  OPT COPAY NEW     323             CANCELLED    $15
2   09/15/20  09/15/20  OPT COPAY NEW     307             ON HOLD      $50
          Enter ?? for more actions
AC  Add a Charge          CP  Change Patient        UE  Update Events
EC  Edit a Charge         CD  Change Date Range
```

```
CC  Cancel a Charge       PC  Pass a Charge
Select Action: Quit// CC   Cancel a Charge
Select Charge(s):  (1-2): 2
                        C A N C E L   A   C H A R G E
                            Processing Charge #2
------------------------------------------------------------------------------
   Name: IBPATIENT,FIVE XXXXXXX          Type: OPT COPAY NEW     307
     ID: XXX-XX-XXXX                      Amt: $50 (ON HOLD)
------------------------------------------------------------------------------
Select CANCELLATION REASON: ENTERED IN ERROR
Okay to cancel this charge? YES
Updating the status of the charge to 'canceled'... done.
The following copay charges from the same date may be re-billed:
   Bill From Bill To  Charge Type      Bill #    Cancel Reason    Stop    Charge
------------------------------------------------------------------------------
 1 09/15/20  09/15/20 DG OPT COPAY NEW           ENTERED IN ERROR 323        $15
Please review the above list of potentially (re)billable items.
Select charge to re-bill (1 - 1) or type '^' to skip this step: 1
                           A D D   A   C H A R G E
------------------------------------------------------------------------------
   Name: IBPATIENT,FIVE XXXXXXX          ** NO ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX
------------------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY//   DG OPT COPAY NEW
Visit Date: SEP 15, 2020//   (SEP 15, 2020)
     This charge will be billed under the following closed clock:
      Begin Date: 07/04/19     # Inpt Days:
     Closed Date: 07/02/20     1st 90 Days: $0
     Select one of the following:
          C         Clinic
          S         Stop Code
Enter response: Stop Code
Select OUTPATIENT VISIT STOP CODE: 323    PRIMARY CARE/MEDICINE EffDate:10/01/02
                                                                    Basic
Charge to be billed under the Basic Care Rate --> $15.00
Okay to add this charge? YES done.
Passing the charge directly to Accounts Receivable... done.
Press RETURN to process the next charge or to return to the list:
Rebuilding list of charges...
Charges                       Sep 21, 2020@14:15:31          Page:    1    1
Cancel/Edit/Add Charges                                   09/22/19 THRU 09/21/20
Patient: IBPATIENT,FIVE IXXXX
    Bill From Bill To   Charge Type       Stop   Bill #   Status      Charge
1   09/15/20  09/15/20  OPT COPAY NEW     323             CANCELLED    $15
2   09/15/20  09/15/20  OPT COPAY NEW     307             CANCELLED    $50
3   09/15/20  09/15/20  OPT COPAY NEW     323             ON HOLD      $15
          Enter ?? for more actions
AC  Add a Charge          CP  Change Patient        UE  Update Events
EC  Edit a Charge         CD  Change Date Range
CC  Cancel a Charge       PC  Pass a Charge
Select Action: Quit//
```

5.20.1.2. Canceling copay charges for patients with a Category 1 Patient Record Flag

The user can use the Cancel/Edit/Add Patient Charges option to manually cancel the outpatient visit copay charges for a patient with an active National Category 1 High Risk for Suicide flag. Select HRFS FLAGGED from the list of cancellation choices at the **Select CANCELLATION REASON** prompt.

```
C A N C E L   A   C H A R G E
                            Processing Charge #1
------------------------------------------------------------------------------
   Name: IBPatient,one                     Type: CC URGENT CARE (OPT) NEW
     ID: 999-99-9XXX                       Amt: $30 (BILLED)
------------------------------------------------------------------------------

Select CANCELLATION REASON: ??

   Choose from:
   4            ENTERED IN ERROR
   9            EMPLOYEE
   11           PATIENT DECEASED
   14           ELIGIBILITY INCORRECT
   15           CHANGE IN ELIGIBILITY
   17           MT OP APPT NO-SHOW
   18           MT OP APPT CANCELLED
   19           MT CHARGE EDITED
   20           INSURANCE CO PAID IN FULL
   22           MT STATUS CHANGED FROM YES
   23           COMP & PENSION VISIT RECORDED
   24           CHAMPVA ADMISSION DELETED
   25           RECD INPATIENT CARE
   26           CHECK OUT DELETED
   27           CLASSIFICATION CHANGED
   28           RESEARCH VISIT/ADMISSION
   29           SERVICE CONNECTED VISIT/ADM
   30           HARDSHIP GRANTED
   31           ADJUDICATED AS CATEGORY A
   32           TREATED AT OTHER FACILITY
   33           AGENT ORANGE RELATED
   34           IONIZING RAD RELATED
   35           SOUTHWEST ASIA RELATED
   36           CLASS II DENTAL VISIT
   37           MILITARY SEXUAL TRAUMA
   39           CANCER OF HEAD/NECK
   41           PURPLE HEART CONFIRMED
   42           BILLED AT HIGHER TIER RATE
   43           BILLED LTC CHARGE
   44           COMBAT VETERAN
   47           KATRINA AFFECTED VETERAN
   48           PROJECT 112/SHAD
   50           HRFS FLAGGED
   53           UC - DUPLICATE VISIT
   54           UC - SEQUENCE UPDATE
   55           MEDAL OF HONOR
   56           UC - PG6 REVIEWED
   57           PANDEMIC RESPONSE
Select CANCELLATION REASON:
```

NOTE: *The user cannot add an outpatient visit copay charge for a patient with an active National Category 1 High Risk for Suicide flag.*

```
                          A D D   A   C H A R G E
------------------------------------------------------------------------------
   Name: IBPATIENT,ONE                    ** ACTIVE BILLING CLOCK **
     ID: XXX-XX-XXXX                         Clock Begin Date: 05/30/18
------------------------------------------------------------------------------
Select CHARGE TYPE: OUTPATIENT COPAY  DG OPT COPAY NEW
Visit Date: T  (JUL 02, 2018)
This patient is 'Exempt' from Outpatient Visit charges on that date of service.
Press RETURN to process the next charge or to return to the list:
```

5.20.2. Adding Prescription Copay Charges for Patients with a National Category 1 Patient Record Flag

When adding an outpatient prescription copay charge for a patient with an active National Category1 High Risk for Suicide flag, enter the prescribed days' supply of medication at the **DAYS SUPPLY** prompt. The prescription copay charge will be prorated for a Days Supply of less than 30 days, including refills for a 30-day period.

```
                          A D D   A   C H A R G E
------------------------------------------------------------------------------
   Name: IBPATIENT,AFIVE                  ** NO ACTIVE BILLING CLOCK
     ID: XXX-XX-XXXX
------------------------------------------------------------------------------
Select CHARGE TYPE: NSC PHARMACY COPAY  PSO NSC RX COPAY NEW
Rx Date: T  (JUL 02, 2018)
ENTER THE COPAY TIER:  (1-3): 2//
DAYS SUPPLY:  (1-90): 30// 15
Units:  1
Charge to be billed --> $4.00

Okay to add this charge?
```

5.20.3. Canceling Copay Charges for Patients with an Urgent Care Visit

The user can use the Cancel/Edit/Add Patient Charges option to manually cancel the outpatient visit copay charges for a patient with an Urgent Care visit. There are six regular cancellation reasons and three UC cancellation reasons available, select the appropriate reason code of; PATIENT DECEASED, RECD INPATIENT CARE, BILLED AT HIGHER TIER RATE, ENTERED IN ERROR, CHANGE IN ELIGIBILITY, PANDEMIC RESPONSE, UC-Duplicate Visit, UC-Sequence Update and UC-PG6 REVIEWED from the list of cancellation choices at the **Select CANCELLATION REASON** prompt.

A UC copay can ONLY be canceled using the cancellation codes listed. The UC visit tracker will be updated when a UC cancellation reason is selected.

- **PATIENT DECEASED** – Removes the copayment and visit from tracking. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.
- **RECD INPATIENT CARE** – Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.

- **BILLED AT HIGHER TIER RATE** – Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the visit in the UC Visit Tracking Maintenance report.
- **Entered in Error** – Removes the copayment and visit from tracking and being counted. The letter (R) is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.
- **Change in Eligibility** – Does not remove the visit from tracking. May provide a patient with Free visits if the eligibility is moved to a higher Priority Group. The letter (F) signifying the visit as a Free visit is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.
- **UC - PG6 REVIEWED** – Removes the copayment and lists the encounter as Visit Only in the UC Visit Tracking Maintenance report. The letter (V) signifying the visit as Visit Only is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.
- **UC-Duplicate Visit** – Removes the copayment and visit from tracking and being counted. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.
- **UC-Sequence Update** – Does not remove the visit from tracking. May provide a patient with Free visits if a visit from a different station precedes a visit at the home station. May be used to ensure collection credit is provided to the correct facility. The letter (F) signifying the visit as a Free visit is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report.
- **PANDEMIC RESPONSE** – Removes the copayment and visit from tracking and being counted. The letter (R) signifying the visit was Removed is appended to the Date of Service (DOS) listed in the UC Visit Tracking Maintenance report. This will impact patients with Free visits.

```
                    C A N C E L   A   C H A R G E
                        Processing Charge #1
------------------------------------------------------------------------------
   Name: IBPatient,one                 Type: CC URGENT CARE (OPT) NEW
     ID: XXX-XX-XXXX                      Amt: $30 (BILLED)
------------------------------------------------------------------------------
Select CANCELLATION REASON: ??
   Choose from:
   4            ENTERED IN ERROR
   11           PATIENT DECEASED
   15           CHANGE IN ELIGIBILITY
   25           RECD INPATIENT CARE
   42           BILLED AT HIGHER TIER RATE
   43           BILLED LTC CHARGE
   53           UC - DUPLICATE VISIT
   54           UC - SEQUENCE UPDATE
   56           UC - PG6 REVIEWED
   57           PANDEMIC RESPONSE
Select CANCELLATION REASON:
```

5.20.4. Patient Billing Clock Maintenance

The IB AUTHORIZE security key is required to access this option.

This option allows adding or editing of patient billing clocks. Most often this option will be used to add or edit clocks of patients transferred from other facilities. The following fields are editable: clock begin date, status, 90-day inpatient amounts, and the number of inpatient days. A free text field is also provided to include a reason for the update.

The fields contained in this option are used to determine and directly affect the copayment charges billed to the patient for care received. These fields can also be affected by other options such as the Cancel/Edit/Add Patient Charges option. For further details, please see that option documentation.

The clock will automatically be closed after 365 days or on the date the patient is no longer Category C, whichever is earlier. Billing clocks that may have been **left open** due to a lack of billable activity will be closed during the nightly compilation job that is run automatically. Billing clocks that must be deleted for any reason will have a status of CANCELLED.

5.20.5. Estimate Means Test Charges for an Admission

This option is used to estimate the Means Test charges for an episode of hospital or nursing home care for a proposed length of stay. It can also be used to estimate charges to be billed to a current inpatient for the remainder of his/her stay.

The report will indicate whether the patient has an active billing clock, the start date, and the number of inpatient days of care within that clock.

If a patient has an active clock and has already been charged a copayment for the current 90 days of inpatient care, the amount that was billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

Sample Output

```
Select Automated Means Test Billing Menu <TEST ACCOUNT> Option: ESTM  Estimate Means
 Test Charges for an Admission
Select PATIENT NAME:    AAAAAAAA,EEEEEE DDDDD        9-8-34    XXXXXXXXX     NO
    NSC VETERAN      CD
 Enrollment Priority: GROUP 8c   Category: IN PROCESS    End Date:

Please note that this patient was admitted on 05/07/22 and Means Test charges
have been calculated through 05/13/22.

Proposed DISCHARGE Date: 080822  (AUG 08, 2022)
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//


        Estimated Means Test Inpatient Charges for AAAAAAAA,EEEEEE DDDDD

Please note that this patient is a current inpatient.
Charges will be estimated from 05/14/22 through 08/08/22.
** THIS PATIENT HAS AN ACTIVE BILLING CLOCK **
      Clock date: 02/01/22   Days of inpatient care within clock:  1
      Copayments made for current 90 days of inpatient care:   $0.00

COPAYMENT CHARGES for GENERAL MEDICAL CARE
-------------------------------------------------------------------------------
   Billing Dates           Inpt. Days        Clock Days
  From         To         1st     Last      1st     Last          Charge
-------------------------------------------------------------------------------
```

```
05/14/22    05/14/22        2        2      103      103       $1,556.00
                                                              ----------
                                                               $1,556.00
PER DIEM CHARGES for HOSPITAL CARE
-------------------------------------------------------------------------------
05/14/22    08/07/22      86 days  @ $10.00/day                  $860.00
                                                              ----------
                                  Total Estimated Charges:     $2,416.00
Type <Enter> to continue or '^' to exit:

Select PATIENT NAME:
```

The following table describes the fields.

Table 8: Field Descriptions

Field	Description
Clock Date	Date the current billing clock began for this patient.
Days of Inpatient Care within Clock	Number of days of inpatient care within the current billing clock.
Copayments made for Current 90 days of Inpatient Care	Total amount of copayment made for the current 90 days of inpatient care for the current billing clock.
Copayment Charges for (type of care)	Amount of the copayment charge for this proposed inpatient stay. The copayment charge differs depending on the type of inpatient care; however, it will not exceed the current Medicaid deductible. Once the deductible is met, the patient is covered for a 90-day period. For the second, third, and fourth 90 days of hospital care, the copayment charge is half of the current Medicaid deductible. For other than hospital care (i.e., NHCU), the full deductible applies for each 90 days of care.
Billing Dates (from/to)	Date(s) the copayment occurred. If the proposed episode of care was for a total of five days (2/1/92 – 2/5/92) but the deductible was met the first day, the billing dates (from and to) would reflect the first day only (2/1/92).
Inpatient Days (1st/Last)	On which days of the current 90 days of inpatient care this copayment occurred. If the patient previously had two days of inpatient care in the current 90 days and the deductible was met the first day of this proposed episode of care, the **inpatient days** would reflect day three as the days (1st and last) this copayment was incurred.
Clock Days (1st/Last)	On which days of the current billing clock this copayment was incurred. If the current billing clock began on 2/1/92 and the copayment for this proposed episode of care was incurred on 2/15 and 2/16/92, the **clock days** would reflect day 15 for the 1st and day 16 for the last.
Charge	Amount of the copayment or per diem charge for this proposed episode of care.

Field	Description
Per Diem Charges for (type of care)	A daily charge for the inpatient stay. No charge is incurred for the day of discharge (i.e., if the proposed inpatient stay is 2/1/92 through 2/5/92 and the per diem rate is $10.00, the total per diem charge would be $40.00).
Total Estimated Charges	Total of the copayment and the per diem charges for the proposed inpatient stay.

5.21. Urgent Care Visit Tracking Menu

5.21.1. Urgent Care Visit Tracking Maintenance

This report lists all Urgent Care visits for a patient during a calendar year that have a status of Free, Billed, Removed, or Visit Only. The report provides the ability to Add/Edit visits to accurately record the patient's UC visits and assigned copayments.

NOTE: *Patch IB*2*745 provides changes so that Veterans with an Indian Attestation will have the same UC eligibility as Veterans who are in Priority Groups 1-5 (allowing them 3 Free Visits).*

Table 9: Status Descriptions

Status	Definition
Free	Per the MISSION Act of 2018, a PG 1-5 and certain PG 6 Veterans receive three (3) Free visits for UC services before being charged the copayment.
Billed	A UC visit that is billed the required copayment.
Removed	A UC visit that is not counted in the Veteran's visit total.
Visit Only	A UC visit counted for the total number of visits, but a copayment was not assigned.

Sample Output

Add an Urgent Care Visit

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F        X-X-XX    99999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019//  2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
================================================================================
      1   Jun 06, 2019 F       7   Aug 15, 2019        13   Sep 03, 2019
      2   Jun 28, 2019         8   Aug 16, 2019        14   Sep 04, 2019 V
      3   Jul 03, 2019 F       9   Aug 17, 2019        15   Nov 13, 2019 R
      4   Jul 05, 2019 F      10   Aug 19, 2019        16   Nov 21, 2019
      5   Aug 01, 2019 R      11   Aug 21, 2019        17   Dec 01, 2019
      6   Aug 14, 2019        12   Sep 02, 2019        18   Dec 25, 2019
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: A// DD
Visit Date: 122519
```

```
(F)REE,(B)ILLED, or (V)isit Only: BILLED
Bill Number: ON HOLD
Is the above information correct?  : YES
Enter RETURN to continue or '^' to exit.:
```

Edit an Urgent Care Visit

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F        X-X-XX    99999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019//  2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
================================================================================
      1   Jun 06, 2019 F       7   Aug 15, 2019        13   Sep 03, 2019
      2   Jun 28, 2019         8   Aug 16, 2019        14   Sep 04, 2019 V
      3   Jul 03, 2019 F       9   Aug 17, 2019        15   Nov 13, 2019 R
      4   Jul 05, 2019 F      10   Aug 19, 2019        16   Nov 21, 2019
      5   Aug 01, 2019 R      11   Aug 21, 2019        17   Dec 01, 2019
      6   Aug 14, 2019        12   Sep 02, 2019        18   Dec 20, 2019
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: ED  Edit
Enter Visit Number: 10
Date of Visit   Station                Status      Bill No.    Reason
-------------   -------                ------      --------     ------
Aug 19, 2019    XXX-CHEYENNE VAMC      BILLED
(F)REE,(B)ILLED,(R)emoved, or (V)isit Only: VISIT ONLY
Is the above information correct?  : YES
Enter RETURN to continue or '^' to exit.
```

Override for an Urgent Care Visit

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: UCVM  Urgent Care Visit
Tracking Maintenance
Select PATIENT NAME: Veteran, Air F        X-X-XX    99999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Enter Year: 2019//  2019
Urgent Care Visits in 2019 for VETERAN, Air Force  999-99-9XXX
================================================================================
      1   Jun 06, 2019         7   Aug 15, 2019        13   Sep 03, 2019
      2   Jun 28, 2019         8   Aug 16, 2019        14   Sep 04, 2019 V
      3   Jul 03, 2019         9   Aug 17, 2019        15   Nov 13, 2019 R
      4   Jul 05, 2019        10   Aug 19, 2019        16   Nov 21, 2019
      5   Aug 01, 2019 R      11   Aug 21, 2019        17   Dec 01, 2019
      6   Aug 14, 2019        12   Sep 02, 2019        18   Dec 20, 2019 F
(A)dd an Urgent Care Visit, (E)dit an existing Visit, or (Q)uit: ADD
Visit Date: 122019
(F)REE,(B)ILLED, or (V)isit Only: FREE
This Veteran is not eligible for a Free Visit. Do you wish to Override?: YES
Are you sure?  YES
Is the above information correct?: YES
Enter RETURN to continue or '^' to exit.:
```

5.21.2. Urgent Care Visit Tracking Inquiry

This report lists all Urgent Care visits for a patient during selected calendar year(s) with a visit date within the specified year.

Sample Output

```
Select Urgent Care Visit Tracking Menu <TEST ACCOUNT> Option: ucql  Urgent Care
Visit Tracking Inquiry
Select PATIENT NAME: PPPPPP,VVVVV JJJJJ    PPPPPP,VVVVV JJJJJ
 11-30-57    XXXXXXXXX     NO     NSC VETERAN      C
 Enrollment Priority: GROUP 6    Category: ENROLLED      End Date:

Start YEAR: : 2019//  2019
Go to YEAR: : 2019// 2022 2022

DEVICE: HOME//   HOME  (CRT)


                Urgent Care Visit Profile for PPPPPP,VVVVV JJJJJ
From 2019 through 2022                        Mar 07, 2023@15:04         Page: 1

VISIT DATE     SITE                STATUS      BILL NO.     REASON
-------------------------------------------------------------------------------
2022
----
Jan 05, 2022   WHITE RIVER JCT VA  REMOVED                  Entered in Error
Feb 01, 2022   WHITE RIVER JCT VA  REMOVED                  Entered in Error
Feb 02, 2022   WHITE RIVER JCT VA  REMOVED                  Entered in Error
Feb 05, 2022   WHITE RIVER JCT VA  FREE                     MISSION Act
Feb 10, 2022   WHITE RIVER JCT VA  BILLED      405-K234BAZ
Mar 01, 2022   WHITE RIVER JCT VA  BILLED      405-K234BAV

End of the report. Enter RETURN to continue or '^' to exit:
```

5.21.3. Urgent Care Visit Summary / Detail Report

This report lists all Urgent Care visits for a Veterans Administration Medical Center (VAMC) by month and patient during a specific selected period in either summary (Monthly) or detailed (Monthly by patient) format. Both reports will display data for the current VAMC or include visits for patients made at another VAMC that are enrolled at the current VAMC.

Sample Output

```
Type '^' to stop, or choose a number from 1 to 4 :1  Urgent Care Visit Summary/Detail
Report
     You have 2 bill(s) pending approval.
Start with DATE: Jan 01, 2020// 010120 (Jan 01, 2020)
Go to DATE: Feb 29, 2020// T (Feb 05, 2020)
(S)ummary or (D)etailed Report: S// DETAILED
(C)urrent or (A)ll Sites: A// ALL SITES
Export the report to Microsoft Excel (Y/N)? NO//
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
               URGENT CARE VISIT TRACKING DETAIL REPORT
                            FOR ALL SITES
               From 01/01/20 through 02/29/20    Feb 05, 2020@13:02   Page: 1
                              TOTAL                        REMOVED    VISITS     UNIQUE
 MONTH    YEAR               VISITS     FREE   BILLED     VISITS      ONLY   PATIENTS
-------------------------------------------------------------------------------
JANUARY   2020                  22        7       12          3         0   11
   AVETERAN,Marine               2        0        2          0         0
   BVETERAN,Army                 2        2        0          0         0
   CVETERAN,Navy                 1        1        0          0         0
   DVETERAN,Air Force            2        2        0          0         0
   EVETERAN,Coast G              1        0        1          0         0
   FVETERAN,Vietnam              1        0        1          0         0
```

```
   GVETERAN,Korea                2        2        0         0         0
   HVETERAN,German               1        0        0         1         0
   IVETERAN,Japanese             8        0        7         1         0
   JVETERAN,Tuskegee             1        0        1         0         0
   KVETERAN,Women                1        0        0         1         0
FEBRUARY  2020                   5        3        1         0         1    2
   AVETERAN,Marine               3        3        0         0         0
   BVETERAN,Army                 2        0        1         0         1
-------------------------------------------------------------------------------
REPORT TOTALS                   27       10       13         3         1   12
*The total unique patient number only counts a patient once for the period
of the report.
End of the report. Enter RETURN to continue or '^' to exit:
Type '^' to stop, or choose a number from 1 to 5 :2  Urgent Care Visit Summary/Detail
Report
     You have 2 bill(s) pending approval.
Start with DATE: Feb 01, 2020// 100119 (Oct 01, 2019)
Go to DATE: Feb 29, 2020//  (Feb 29, 2020)
(S)ummary or (D)etailed Report: S// SUMMARY
(C)urrent or (A)ll Sites: A// LL SITES
Export the report to Microsoft Excel (Y/N)? NO//
Report requires 132 columns.
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80// 132
                     URGENT CARE VISIT TRACKING SUMMARY REPORT
                                FOR ALL SITES
                     From 10/01/19 through 02/29/20    Feb 05, 2020@13:17  Page: 1
                            TOTAL                          REMOVED    VISITS     UNIQUE
 MONTH    YEAR              VISITS     FREE   BILLED    VISITS      ONLY   PATIENTS
-------------------------------------------------------------------------------
OCTOBER   2019                21        0       19         2         0   12
NOVEMBER  2019                16        0       12         4         0    7
DECEMBER  2019                57       12       25        18         2   16
JANUARY   2020                22        7       12         3         0   11
FEBRUARY  2020                 5        3        1         0         1    2
-------------------------------------------------------------------------------
REPORT TOTALS                121       22       69        27         3   34
*The total unique patient number only counts a patient once for the period
of the report.
End of the report. Enter RETURN to continue or '^' to exit:
```

5.21.4. Urgent Care Pull Request by Patient

The Urgent Care Pull Request by Patient allows Facility Revenue to request an account update for a single patient that has not received care through the facility previously. The option is only to be used if the normal nightly update is not completed or data is required immediately. This is a real-time request and will engage the VistA session until completed.

Sample Output

```
Select Core Applications <TEST ACCOUNT> Option: ^URGENT
    1    Urgent Care Pull Request by Patient  [IBUC MULTI FAC COPAY PULL REQ]
    2    Urgent Care Visit Summary/Detail Report  [IBUC VISIT REPORT]
    3    Urgent Care Visit Tracking Menu  [IBUC MAIN MENU]
    4    Urgent Care Visit Tracking Inquiry  [IBUC VISIT INQUIRE]
    5    Urgent Care Visit Tracking Maintenance  [IBUC VISIT MAINT]
Type '^' to stop, or choose a number from 1 to 5 :1  Urgent Care Pull Request by
 Patient
     You have 2 bill(s) pending approval.
```

```
Select PATIENT NAME: VETERAN,MARINE CORPS       9-9-99    99999999     NO     NSC
VETERAN      CD
 Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Now sending query to CHEYENNE VAMC ...
Now sending query to PHILADELPHIA, PA VAMC ...
```

5.22. On Hold Menu

5.22.1. On Hold Charges Released to AR

This report lists all charges identified as once being ON HOLD (after the installation of patch IB*2*70) that currently have a status of BILLED, and the DATE LAST UPDATED is within the specified date range.

Sample Output

```
List of ON HOLD Charges released to AR between  JAN 09, 1998 and MAR 10, 1998
Date Printed: MAR 10,1998                                              Page 1
-------------------------------------------------------------------------------
Name              Pt.ID  Act.ID    Bill #   Type  From      To          Charge
-------------------------------------------------------------------------------
IBpatient,one        XXXX  XXXXXX   XXXXXXX  OPT   08/30/94  08/30/94    36.00
IBpatient,two        XXXX  XXXXXXX  XXXXXXX  OPT   02/07/96  02/07/96    41.00
IBpatient,three      XXXX  XXXXXX   XXXXXXX  OPT   01/25/95  01/25/95    39.00
IBpatient,four       XXXX  XXXXXX   XXXXXXX  OPT   05/02/94  05/02/94    36.00
IBpatient,five       XXXX  XXXXXXX  XXXXXXX  OPT   05/14/96  05/14/96    41.00
                       XXXXXXX  XXXXXXX  INPT  01/21/97  01/21/97   736.00
IBpatient,six        XXXX  500680   XXXXXXX  INPT  07/15/94  07/15/94   696.00
                       XXXXXX   XXXXXXX  INPT  10/13/94  10/13/94   348.00
                       XXXXXX   XXXXXXX  NHCU  11/09/94  11/10/94   348.00
```

5.22.2. Count / Dollar Amount of Charges on Hold

This option produces the Count and Dollar Amount of Charges on Hold Report. The report provides a subtotal and sub count, by action type, of each patient charge with an ON HOLD status. These charges have not been passed to Accounts Receivable. Accounting is responsible for supplying these figures to FMS monthly.

5.22.3. Days on Hold Report

This option produces the **Days on Hold Report**. The report lists all Integrated Billing charges that have had a status of ON HOLD for an extended period.

Sample Output

```
                                        CHARGES ON HOLD LONGER THAN 60 DAYS                    Mar 10, 1998@11:42:06  PAGE 1
HELD CHARGES                                                                                  CORRESPONDING THIRD PARTY BILLS
=============================================================================================||================================
                                                                 On Hold    # Days            ||        AR
Name                  Pt.ID  Act.ID    Type   From     To       Date       On Hold     Charge|| Bill#  Status  Charge      Paid
=============================================================================================||================================
IBpatient,one             XXXXX  XXXXXXX   INPT   04/10/97 04/10/97   08/11/97        88     368.00||
                             XXXXXXX   INPT   07/14/97 07/15/97   08/11/97        88     736.00||
```

5.23. Held Charges Report

The Held Charges Report provides the user with a list of all charges with a status of ON HOLD. Charges for Category C patients with insurance are placed on hold until the patient's insurance company bill is resolved. When payment is received from the insurance carrier, the status of the charge is updated through the Release Charges 'On Hold' option.

This report can be used to ensure that there is an insurance bill established for each charge on hold, and to identify charges that should be released when payments are received from insurance carriers.

Sample Output

```
                                        CATEGORY C CHARGES ON HOLD                             MAR 10,1998  PAGE 1
HELD CHARGES                                                                                CORRESPONDING THIRD PARTY BILLS
=============================================================================================||====================================
Name           Pt.ID  Act.ID    Type   Bill#   From     To          Charge || Bill#    AR-Status         Charge       Paid
=============================================================================================||====================================
=============================================================================================||====================================
IBpatient,one      1111   XXXXXX    OPT    XXXXXX  03/01/92   03/11/92     30.00 || XXXXXX   NEW BILL   148.00    0.00
                      XXXXXX    INPT   XXXXXX  03/11/92   03/14/92    652.00 ||
                      XXXXXX    OPT    XXXXXX  03/11/92   03/11/92     30.00 ||
IBpatient,two      2222   XXXXXXX   OPT    XXXXXX  05/08/92   05/08/92     30.00 ||
IBpatient,three    3333   XXXXXXX   OPT    XXXXXX  04/07/92   04/07/92     30.00 ||
                      XXXXXXX   OPT    XXXXXX  04/03/92   04/03/92     30.00 || XXXXXX   NEW BILL   296.00     0.0
IBpatient,four     4444   XXXXXXX   INPT   XXXXXX  05/19/92   05/19/92    238.00 ||
IBpatient,five     5555   XXXXXXX   INPT   XXXXXX  03/01/92   03/01/92    652.00 || XXXXXX   NEW BILL  5736.00    0.00
IBpatient,six      6666   XXXXXXX   INPT   XXXXXX  04/13/92   04/16/92    652.00 ||
IBpatient,seven    7777   XXXXXXX   OPT    XXXXXX  03/23/92   03/23/92     30.00 || XXXXXX   NEW BILL   740.00    0.00
                      XXXXXXX   OPT    XXXXXX  03/23/92   03/23/92     30.00 ||
                      XXXXXXX   OPT    XXXXXX  03/23/92   03/23/92     30.00 ||
                      XXXXXXX   OPT    XXXXXX  03/23/92   03/23/92     30.00 ||
```

```
                    XXXXXXX   OPT    L10121  03/23/92   03/23/92     30.00 ||
                                        CATEGORY C CHARGES ON HOLD                                  MAR 10,1998  PAGE 1
HELD CHARGES                                                                                 CORRESPONDING THIRD PARTY BILLS
=============================================================================================||=======================================
Name                  Pt.ID  Act.ID    Type   Bill#    From       To          Charge ||  Bill#    AR-Status       Charge       Paid
=============================================================================================||=======================================
=============================================================================================||=======================================
IBpatient,one         XXXX          Insurance Co.   Subscriber ID     Group             Eff Dt        Exp Dt
=============================================================================================||=======================================
                                   BLUE CROSS/BLUE   XXXXXX            MAN32               01/00/93
                                       Plan Coverage   Effective Date   Covered?     Limit Comments
                                       -------------   --------------   --------     --------------
                                       INPATIENT                                    BY DEFAULT
                                       OUTPATIENT                                   BY DEFAULT
                                       PHARMACY                                     BY DEFAULT
                                       DENTAL                                       BY DEFAULT
                                       MENTAL HEALTH                                BY DEFAULT
                                       LONG TERM CARE                               BY DEFAULT
                                       PROSTHETICS                                  BY DEFAULT
                                       VISION                                       BY DEFAULT
                                     ------------------------------------------------------------------------
                              XXXXXXX   OPT             03/02/98   03/02/98     45.80 ||
```

5.23.1. History of Held Charges

This option provides a count and dollar amount of charges that have been on hold for a specified date range. This report sorts charges by current status. The user will be able to keep track of how many charges are canceled, released (billed), or remain on hold. This report only counts charges with an ON HOLD DATE defined.

5.23.2. Release Charges 'On Hold'

The IB AUTHORIZE security key is required to access this option.

The Release Charges 'On Hold' option is used to release Means Test Category C charges, with a status of ON HOLD, to Accounts Receivable. This option is also available on the Agent Cashier's Menu in Accounts Receivable.

If the HOLD MT BILL W/INS parameter is set to YES, inpatient and outpatient copayments for Category C patients with insurance will automatically be placed on hold. These charges will not be passed to Accounts Receivable until released through this option.

NOTE: *The $5/$10 hospital/NHCU per diem charges are not placed on hold.*

If the original bill number is no longer open when the charge is passed to Accounts Receivable, a new bill number is assigned.

5.23.3. List Charges Awaiting New Copay Rate

The List Charges Awaiting New Copay Rate option is used to generate a list of all Means Test outpatient copayment charges that have been placed on hold because the copay rate is over one year old.

New billing rates are scheduled to be released from VA Central Office at the beginning of each fiscal year (10/1). However, there may be a delay in the release of these new rates. If the rate on file for the Means Test outpatient copayment charge is over one year old at the time the bill is created, these charges will be held until the new copay rate is entered. When the rate is entered, the user is given the opportunity to release the charges to Accounts Receivable at that time or released through the Release Charges Awaiting New Copay Rate option.

Sample Output

```
              LIST OF ALL OUTPATIENT COPAYMENT CHARGES 'ON HOLD'
                  AWAITING ENTRY OF THE NEW COPAYMENT RATE
                                                                  Page: 1
                                                              Run Date: 10/18/93
------------------------------------------------------------------------------
Patient Name (ID)                       Visit Date          Charge
------------------------------------------------------------------------------
IBpatient,one      (1111)                   10/08/93            $33
IBpatient,two      (2222)                   10/12/93            $33
IBpatient,three    (3333)                   10/05/93            $33
                                            10/04/93            $33
IBpatient,four     (4444)                   10/01/93            $33
IBpatient,five     (5555)                   10/05/93            $33
```

5.23.4. Send Converted Charges to A/R

The IB AUTHORIZE security key is required to access this option.

This option is designed for use after the Integrated Billing conversion is completed. After the conversion, certain inpatient and outpatient charges will have a status of CONVERTED. This option allows the user to choose which converted charges are passed to Accounts Receivable.

During the conversion, the BILLS/CLAIMS file (#399) is checked to ensure that each outpatient visit has been billed. For each visit without an established bill, one is established and given a status of CONVERTED. The conversion cannot determine whether an episode of care has been billed for inpatients; therefore, all billable inpatient episodes are provided a status of CONVERTED and the user must determine which ones should be passed.

The user can choose to pass the charges by patient or date. If patient is selected, all billing actions with a status of CONVERTED are displayed. The user can then select which actions will be passed to accounts receivable. If date is selected, all outpatient copay and fee service billing actions that were created on or before the selected date are passed to accounts receivable.

If the HOLD MT BILL W/INS parameter at the site is set to YES, inpatient and outpatient copayments for Category C patients with insurance will automatically be placed on hold. These charges will not be passed to Accounts Receivable until released through the Release Charges 'On Hold' or Cancel/Edit/Add Patient Charges options. The user may wish to set this parameter to NO until all charges that should be passed to A/R are passed.

This option is being distributed as **out of order**, as it is no longer needed, and will be deleted in the next release of Integrated Billing.

5.23.5. Release Charges 'Pending Review'

The Release Charges 'Pending Review' option is used to review charges that have been created when an Income Verification Match (IVM) verified Means Test has been received and filed at the medical facility. If such a Means Test results in changing the patient's Means Test status from Category A to Category C, copayment and per diem charges for previous episodes of care will automatically be created. The charges will not be automatically passed to Accounts Receivable but will be held in Billing until a review of the charges is complete. A mail message is sent to the Category C Billing mail group notifying users that the charges have been created and are pending review.

After review, the user may pass on the charges to Accounts Receivable for billing or cancel the charges. If passed to AR, the billing information will also be passed to the IVM software that will in turn transmit it to the IVM Center in Atlanta.

Since the billing clock was updated when the charge was originally built, the user may need to update the billing clock if the charge is canceled. This can be accomplished through the Patient Billing Clock Maintenance option.

5.23.6. List Current / Past Held Charges by Pt

This option lists all IB Actions for a patient that are currently on hold or were on hold for a specified date range. The report lists IB Action ID, Rate Type, Bill #, AR status, IB Status, and information related to corresponding Third-Party Claims. Only charges placed on hold since the installation of patch IB*2*70 will appear on this report.

Sample Output

```
Select On Hold Menu <TEST ACCOUNT> Option: PT  List Current/Past Held Charges by
 Pt
Select PATIENT NAME: FFFF,PPPP LLL   FFFF,PPPP LLL        12-17-50    XXXXXXXXX
    NO     NSC VETERAN      C
Enrollment Priority: GROUP 5    Category: ENROLLED      End Date:

Start with DATE: 010123  (JAN 01, 2023)
     Go to DATE: T  (JUN 26, 2023)
Include Pharmacy Co-pay charges on this report? NO// Y  YES

*** Margin width of this output is 132 ***
*** This output should be queued ***
DEVICE: HOME// 0;132  HOME  (CRT)


List of all HELD bills for FFFF,PPPP LLL                                                    JUN 26,2023  PAGE 1
PATIENT CHARGES                                                                  CORRESPONDING THIRD PARTY BILLS
================================================================================||=========================================
                                  From/     Date                 AR       IB    ||                          AR
Action ID      Type         Bill#     Fill Dt   to AR        Charge   Status   Status|| Bill#    Classf($Typ) ST    Charge    %
Paid
================================================================================||=========================================
                                '*' = outpt visit on same day as Rx fill date    ||
================================================================================||=========================================
4053571534     LTC IN                05/31/23              576.00            ON HOL||
4053571332     LTC IN                04/30/23              596.00            ON HOL||
4053571261     LTC IN                03/31/23              576.00            ON HOL||
4053571164     LTC IN       K305B3E  02/28/23  05/31/23   636.00   ACTIVE   BILLED||
4053571159     LTC IN       K304W31  01/31/23  05/03/23   576.00   ACTIVE   BILLED||
4053571063     LTC IN       K304RGR  12/31/22  04/02/23   576.00   ACTIVE   BILLED||
```

5.23.7. Release Charges Awaiting New Copay Rate

The Release Charges Awaiting New Copay Rate option is used to release charges that have been placed on hold because the outpatient copay rate is over one year old.

New billing rates are scheduled to be released from VA Central Office at the beginning of each fiscal year (10/1). However, there may be a delay in the release of these new rates. If the rate on file for the Means Test outpatient copayment charge is over one year old at the time the bill is created, these charges will be held until the new copay rate is entered. When the rate is entered, the user is given the opportunity to release the charges to Accounts Receivable at that time or released through this option. The user will be prompted to task off a job that will automatically update the dollar amount and bill all such charges. The user will receive a message when the tasked job has been completed.

If the copay rate currently in the Billing Table is too old to use, the following message will appear:

> *The current copay rate (effective [date]) is still too old to use. Please be sure that you have entered the most current rate in your Billing Rates table.*

5.23.8. Patient Billing Clock Inquiry

This option allows the user to display data contained in the patient billing clock. It can be used to view the number of inpatient days and the amount billed for inpatient copayments for Category C patients.

When the patient is selected, all billing clocks for that patient are displayed. The reference number, patient name, and the cycle begin date are provided. Once a clock is selected, information such as the clock status, primary eligibility code, cycle begin and end dates, number of inpatient days, and 90-day inpatient amounts are displayed.

Sample Output

```
Select Automated Means Test Billing Menu <TEST ACCOUNT> Option: INQC  Patient Billing
 Clock Inquiry
Select MT Billing Clock by PATIENT NAME:  AAAAAAAA,EEE  44275194 AAAAAAAA,EEEEEE DDDDD
  02-01-22                                                CURRENT

DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//


AAAAAAAA,EEEEEE DDDD                    09/08/1934      NSC VETERAN
===============================================================================
      Reference Number:  44275194
                Status:  CURRENT

    Primary Elig. Code:  NSC

      Clock Begin Date:  FEB  1,2022
        Clock End Date:

 Number Inpatient Days:  1

 90 Day Inpatient Amounts
     1st 90 Day Amount:
     2nd 90 Day Amount:
     3rd 90 Day Amount:
     4th 90 Day Amount:

      Date Entry Added:  MAR 31,2022
     Date Last Updated:  OCT 31,2022

         Update Reason:

Type <Enter> to continue or '^' to exit:


Select MT Billing Clock by PATIENT NAME:
```

5.23.9. Category C Billing Activity List

The Category C Billing Activity List option is used to list all Means Test/Category C charges within a specified date range. The list is alphabetical by patient name.

This output provides the patient's name and ID, a brief description, the status and the billing period for the bill, the units (the number of days a charge occurred), and the amount of the charge. For inpatient copay charges, the description includes the treating specialty for the episode of care.

As stated above, the units reflect the number of days a charge occurred. For inpatient copay charges the unit will always be one, even if the patient accrued the charges over several days before the Medicaid deductible was met.

Sample Output

```
Category C Billing Activity List              FEB 26, 1992@09:14:28     Page: 1
Charges from 01/01/92 through 02/26/92
PATIENT/ID                DESCRIPTION       STATUS        FROM       TO   UNITS CHARGE
-------------------------------------------------------------------------------------
IBpatient,one     XXXX    INPT PER DIEM     BILLED      01/02/92  01/03/92  2   $20.00
                          INPT COPAY (ALC)  BILLED      01/02/92  01/03/92  1  $476.00
IBpatient,two     XXXX    OPT COPAY         PENDING A/R 02/11/92  02/11/92  1    $0.00
IBpatient,three     XXXX  INPT PER DIEM     BILLED      01/13/92  01/14/92  2   $20.00
                          INPT COPAY (MED)  BILLED      01/13/92  01/14/92  1  $652.00
IBpatient,four     XXXX   OPT COPAY         PENDING A/R 02/12/92  02/12/92  1    $0.00
IBpatient,five     XXXX   OPT COPAY         BILLED      02/17/92  02/17/92  1   $30.00
IBpatient,six     XXXX    OPT COPAY         BILLED      02/13/92  02/13/92  1   $30.00
IBpatient,seven     XXXX  INPT PER DIEM     BILLED      01/13/91  01/18/92  6   $60.00
                          INPT COPAY (MED)  BILLED      01/13/92  01/18/92  1   $24.00
IBpatient,eight     XXXX  OPT COPAY         BILLED      02/12/92  02/12/92  1   $30.00
```

5.23.10. Single Patient Means Test Billing Profile

The Single Patient Means Test Billing Profile option provides a list of all Means Test/Category C charges within a specified date range for a selected patient.

The user will be prompted for the patient name, date range, and device. The default at the **Start with DATE** prompt is October 1, 1990. This is the earliest date for which charges can be displayed.

This output displays the date the Means Test billing clock began, the bill date, the bill type (including the treating specialty for inpatient copay charges), the bill number, the bill to date (for inpatient charges), the amount of each charge, and the total charges for the selected date range.

Sample Output

```
Means Test Billing Profile for Test,Name
From 01/01/14 through 10/29/19                          OCT 29, 2019@08:54        Page: 1
BILL DATE   BILL TYPE               BILL #    BILL TO   TOT CHARGE
-------------------------------------------------------------------------------------------
05/22/12  Begin Means Test Billing Clock
12/30/14  Begin Means Test Billing Clock
12/30/14   OUTPATIENT COPAY         XXXXXXX                $15.00
12/31/14   OUTPATIENT COPAY         XXXXXXX                $15.00
01/06/15   OUTPATIENT COPAY         XXXXXXX                $15.00
01/13/15   OUTPATIENT COPAY         XXXXXXX                $15.00
01/14/15   OUTPATIENT COPAY         XXXXXXX                $15.00
01/14/15   FEE SERVICE/INPATIENT    XXXXXXX   01/17/15     $243.20  *
01/14/15   FEE SERV INPT PER DIEM   XXXXXXX   01/17/15       $6.00  *
01/14/15   FEE SERVICE/INPATIENT    XXXXXXX   01/17/15    ($243.20) *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM   XXXXXXX   01/17/15      ($6.00) *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT             XXXXXXX   01/15/15      $25.00  *
01/14/15   CC PER DIEM              XXXXXXX   12/29/15     $698.00  *
01/14/15   CC PER DIEM              XXXXXXX   01/15/15       $2.00  *
     **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM             XXXXXXX   07/31/15     ($60.00) *
     Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM          XXXXXXX   08/31/15      $60.00  *
08/01/15   CC MTF PER DIEM          XXXXXXX   08/31/15     ($60.00) *
     Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM          XXXXXXX   09/30/15      $58.00  *
09/01/15   CHOICE PER DIEM          XXXXXXX   09/30/15     ($58.00) *
     Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY              XXXXXXX                 $8.00
12/15/18   CC RX COPAY              XXXXXXX                ($8.00)
```

```
     Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE            XXXXXXX                $30.00
06/06/19   CC URGENT CARE            T002X25               ($30.00)
     Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT             XXXXXXX                $15.00
09/02/19   CC OUTPATIENT             XXXXXXX               ($15.00)
     Charge Removal Reason: ELIGIBILITY INCORRECT
    '*' - Geographic Means Test rates
          ----------$303.00
```

5.23.11. Disposition Special Inpatient Billing Cases

The Disposition Special Inpatient Billing Cases option is used to enter the reason for not billing inpatient billing cases for Veterans whose care is related to exposure to Agent Orange, ionizing radiation, or environmental contaminants. This option can also be used to edit the reason on cases that have already been dispositioned.

Inpatient bills created for Veterans who claim exposure to Agent Orange, ionizing radiation, or environmental contaminants are automatically placed on hold. Once the Veteran's treatment has been completed and s/he is discharged, a determination needs to be made if in fact the care rendered was related to the claimed exposure. If the case was not related, charges will have to be entered through the Cancel/Edit/Add Patient Charges option and passed to Accounts Receivable for billing. If the care was related, the patient will not be billed, and the case will be dispositioned after the reason for not billing is entered through this option.

The user will be prompted for the patient’s name. The following information will be displayed for the case record: patient name, type, admission date, discharge date, care related to exposure (yes/no), case dispositioned (yes/no), date record last edited, and edited by. The user will then be prompted for the reason the case was not billed. This is a free text field allowing up to 80 characters.

5.23.12. List Special Inpatient Billing Cases

The List Special Inpatient Billing Cases option is used to provide a listing of all special inpatient billing cases, both dispositioned and un-dispositioned. Special inpatient billing cases are those where the Veteran has claimed his need for treatment is related to exposure to Agent Orange, ionizing radiation, or environmental contaminants.

Inpatient care for NSC Category C Veterans who claim exposure to Agent Orange, ionizing radiation, or environmental contaminants is not automatically billed. Once the Veteran's treatment has been completed and s/he is discharged, a determination needs to be made if in fact the care rendered was related to the claimed exposure. If the care was related, the patient should not be billed, and the case should be dispositioned through the Disposition Special Inpatient Billing Cases option. If the case was not related to exposure, charges will have to be entered manually through the Cancel/Edit/Add Patient Charges option and passed to Accounts Receivable for billing. If the case is billed, the system automatically dispositions the special case.

The following information may be displayed for each case record on the output: patient name, type, admission date, discharge date, care related to exposure (yes/no), case dispositioned (yes/no), date record last edited, and edited by.

Sample Output

```
                  LIST ALL SPECIAL INPATIENT BILLING CASES
                                                                  Page: 1
                                                              Run Date: 10/20/93
--------------------------------------------------------------------------------
 Pt. Name: IBpatient,one     (1111)    Care related to EC: NO
     Type: ENV CONTAMINANT             Case Dispositioned: YES
 Adm Date: 11/17/93 2:23 pm              Date Last Edited: 11/22/93 10:04 am
Disc Date: 11/22/93 9:52 am                Last Edited By: JOHN
--------------------------------------------------------------------------------
 Charges Billed:
     INPT COPAY (MED) NEW          11/17/93   11/17/93   $676   BILLED
     INPT PER DIEM NEW             11/17/93   11/21/93   $40    BILLED
--------------------------------------------------------------------------------
--------------------------------------------------------------------------------
 Pt. Name: IBpatient,one     (1111)    Care related to AO: YES
     Type: AGENT ORANGE                Case Dispositioned: YES
 Adm Date: 10/03/93 10:10 pm             Date Last Edited: 10/20/93 7:46 am
Disc Date: 10/06/93 2:25 pm                Last Edited By: JANE
--------------------------------------------------------------------------------
 Reason for Non-Billing:
TREATMENT FOR AGENT ORANGE
--------------------------------------------------------------------------------
```

5.24. CHAMPUS Billing Menu

5.24.1. Delete Reject Entry

This option allows the user to delete individual entries from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) PHARMACY REJECTS (#351.52) file. Entries are automatically deleted from this file when a rejected transmission is re-submitted and subsequently approved. However, there will be instances when rejected transmissions will not be re-submitted. Therefore, this option may be used to purge unwanted rejected transactions from the file.

5.24.2. Reject Report

The Reject Report allows the user to view all the entries in the CHAMPUS PHARMACY REJECTS (#351.52) file and determine the reason(s) for the rejected entries. Rejected entries for transactions that will not be re-submitted and continue to be displayed on this report may be deleted using the Delete Reject Entry option.

Sample Output

```
================================================================================
Date: 05/30/97            IPS Unresolved Reject Report                Page: 1
================================================================================
RX# XXXXXX, filled on 09/10/96 (IBpatient,one    XXXXXXXX) rejected because:
    Invalid NDC Number
    Missing/Invalid Insurance data
    NDC not in local AWP file
    Call Failed
RX# XXXXXX, filled on 02/03/94 (IBpatient,one    XXXXXXXX) rejected because:
    Modem is not Responding
    Bad/Invalid baud Rate Setting
    Call Interrupted by User
    Bad/Invalid Data bits Setting
```

5.24.3. Resubmit a Claim

This option is used to re-submit a transaction that was originally rejected by the FI (Fiscal Intermediary – the company with which a Tricare patient holds Tricare insurance coverage). The user can select a prescription that has not been submitted for billing or was submitted and then rejected. The prescription is then placed in the queue to be processed by the IB background filer, and it is processed in the same manner as prescriptions that are queued by the foreground processor. If the prescription was previously submitted and rejected, the reject entry in file #351.52 will automatically be deleted if the prescription is authorized for billing.

5.24.4. Reverse a Claim

This option may be used to reverse or cancel a claim for a prescription that was submitted in error. The user can select a prescription that was previously billed. The prescription is then placed in the queue to be processed by the IB background filer. The filer creates a cancellation-type transaction message that is transmitted to the RNA package. When the receipt confirmation has been received by Veterans Health Information System and Technology Architecture (VistA) from the Fiscal Intermediary (FI), through RNA, another job is queued that cancels the patient copayment charge and the claim for the FI.

5.24.5. Transmission Report

The Transmission report allows the user to view a list of pharmacy transmissions for prescriptions that were filled during a specified date range.

Sample Output

```
Date: 05/30/97          IPS Prescription Status Report                Page: 1
                      JAN 1,1996 through MAY 30,1997
RX#             Fill Date   Patient Name                       Patient SSN
NDC             AWP       Copay     Ing Cost  Fee Paid  Total PD
                Auth. #                 Message
Reject Failure Codes
================================================================================
XXXXXX          09/10/96    IBpatient,one                            XXXXXXXX
  Drug Name: PRESAMINE 50MG TABS
     Status: Rejected
    Invalid NDC Number
    Missing/Invalid Insurance data
    NDC not in local AWP file
    Call Failed
```

5.24.6. IB MT FIX / DISCH Special Case

This option will update records in the Special Inpatient Billing Cases File (#351.2) with discharge dates if any exist in the Patient Movement File (#405).

5.25. Patient Billing Reports Menu

5.25.1. Catastrophically Disabled Copay Report

The Catastrophically Disabled Copay Report option provides a list of charges for a specified date range that may need to be canceled due to a patient's Catastrophically Disabled status. The Catastrophically Disabled legislation effective date is May 5, 2010. The user should not enter a date prior to that date; any date entered before that will be automatically changed to May 5,

2010. It should be queued to a printer off hours as it can take some time to run with at least a margin of 132 columns. The report is based on the Date of Decision date stored in the Patient (#2) file. Even though charges may be canceled, the report may continue to show $0 charges. If the charge in IB is canceled but there are still charges on the AR side on the same bill number, it will continue to appear on the report. This is because there is no way of determining which charges on an AR bill are canceled vs. not canceled. Sites should not expect to see a clean report; the report is for informational purposes for review. After the review of a specified timeframe is completed, it is recommended sites use subsequent timeframes for review.

Sample Output:

```
Catastrophically Disabled Copayment Charge Report                                                                        PAGE: 1
PATIENT                  SSN CD DATE   DOS      RX           TYPE      BILL NO  STATUS    BALANCE PD PRIN   INT    ADM    TOP      FUND  RSC
-----------------------------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE          XXXX 03/01/11 03/25/11              DG OPT CO XXXXXXX  BILLED     15.00     0.00  0.00  0.00            528703
IBPATIENT,TWO A        XXXX 03/31/11 03/31/11 XXXXXX       PSO NSC R XXXXXXX  BILLED     64.00     0.00  0.00  0.00            528701
IBPATIENT,THREE        XXXX 02/05/11 05/31/11 XXXXXX       PSO NSC R XXXXXXX  BILLED     64.00     0.00  0.00  0.00            528701
IBPATIENT,FOUR         XXXX 03/21/11 03/31/11              DG OPT CO XXXXXXX  BILLED    185.00     0.00  0.00  0.00            528703
```

5.25.2. COMPACT Act Copay Review Report

This option identifies all copays that may be eligible for cancellation under the COMPACT Act of 2020. The COMPACT Act states that the VA may not charge the Veteran for medical visits which may have been the result of an Acute Suicide event. The report creates a list of bills that need review by Mental Health Revenue Utilization Review experts to determine if the Copayment qualifies for cancellation.

The User chooses the option, and then selects the starting and ending Copay Billed dates. Next, the User may sort the report by Division. If the User responds Yes, they may then choose One, Many (up to 20), or All Divisions. The User may also export the report output to Microsoft Excel. The report requires 132 columns for output. An example follows:

```
Select Patient Billing Reports Menu <TEST ACCOUNT> Option: CMPR  COMPACT Act Copay Review Report
Start with Date Copay Billed : May 24, 2022// 112821  (NOV 28, 2021)
  End with Date Copay Billed : May 31, 2022//   (MAY 31, 2022)
     ***  Selected date range from Nov 28, 2021 to May 31, 2022  ***
Do you wish to sort this report by division? NO// YES
Select division: ALL// ??
ENTER:
     - Return for all divisions, or
     - A division and return when all divisions have been selected--limit 20
     Imprecise selections will yield an additional prompt.
     (e.g. When a user enters 'A', all items beginning with 'A' are displayed.)

   Choose from:
   1            Main VAMC     999
   2            CBOC 1     999GA
   3            CBOC 2     999GZ

Select division: ALL// <RET>

** This report can take a while to run and may be queued to run after hours. **

Note: Copay displays only if at least one COMPACT diagnosis is hit.

Export the report to Microsoft Excel (Y/N)? NO// <RET>

Report requires 132 columns.

DEVICE: 0;132  HOME  (CRT)


COMPACT ACT Copay Review Report from Nov 28, 2021 to May 31, 2022              Date of Report: May 31, 2022           Page: 1
For Division(s) -

Patient Name          ID  Bill Number  Stat Descr.        Fill/Adm/DOS RX Number    RX Name              DX       Proc.  Amount ($)
-------------------------------------------------------------------------------------------------------------------------------
ACCCCCC,QQQQQQQ JJ  A7557 405-K2006HT  BILL DG OPT COPAY  20 Nov 2021                                    R45.851  99283       50.00
ACCCCCC,QQQQQQQ JJ  A7557 405-K2006HV  BILL DG OPT COPAY  30 Nov 2021                                    T14.91XA 99284       50.00
ADDDD,RRRRRRR A     A1199 405-K200U3A  BILL DG OPT COPAY  02 Oct 2021                                    T14.91XD 99283       50.00
ADDDD,RRRRRRR A     A1199 405-K200U3B  BILL DG OPT COPAY  03 Oct 2021                                    T14.91XS 99284       50.00
MMMMMM,BBBBBB AAA   M5959 405-K200U38  BILL DG INPT PER   26 Nov 2021                                    R45.851              20.00
MMMMMM,BBBBBB AAA   M5959 405-K201CZT  BILL DG TRICARE I  26 Nov 2021                                    R45.851             450.00
MSSSSSS,CCCCCCC     M4455 405-K2006I2  BILL DG OPT COPAY  01 Dec 2021                                    T14.91XA 99283       50.00
MSSSSSS,CCCCCCC     M4455 405-K2006I3  BILL DG OPT COPAY  03 Dec 2021                                    R45.851  99283       50.00
Type <Enter> to continue or '^' to exit:
```

5.25.3. Patient Currently Cont. Hospitalized since 1986

This option allows the user to print a list (from the IB CONTINUOUS PATIENT file) of current inpatients continuously hospitalized at the same level of care since 1986. This report can be used to verify that all continuous patients are correctly identified. The margin width for this report is 132 columns.

Patients continuously hospitalized since 7/1/86 are exempt from the Medicare deductible copayments but may still be subject to per diem charges. Facilities are authorized to charge inpatients a per diem charge of $10.00 a day for each day of inpatient care or $5.00 for each day of NHCU care.

Sample Output

```
APR 28,1992        ***Patients Continuously Hospitalized Since July 1, 1986***          PAGE 1
Patient NAME           Pt-Id         Ward Location    Last Means  Means Test     Eligibility
                                                      Test Date   Status
================================================================================================
IBpatient,one              XXX-XX-XXXX   4D(NHCU)                                      NSC
IBpatient,two              XXX-XX-XXXX   4A(NHCU)          04/02/90    CATEGORY C     NSC
IBpatient,three            XXX-XX-XXXX   4B(NHCU)          02/18/92    CATEGORY C     NSC
IBpatient,four                4B(NHCU)          02/18/92    CATEGORY C      NSC
```

5.25.4. Print IB Actions by Date

The Print IB Actions by Date option provides a list of the Integrated Billing actions for a specified date range. Although totals are included, this output should not be used for statistical reporting. The Statistical Report option is provided for that purpose.

This output can be sorted by a specified field. <??> can be entered for a list of appropriate fields for selection and additional commands that may be used to customize the report. If the user opts to sort by a certain field, the user will be prompted to enter a range for that field. If the user accepts the default of FIRST, the system will:

Sample Output

```
INTEGRATED BILLING ACTION LIST                                                  APR 19,1991  10:34    PAGE 1
PATIENT        REF. NO  TYPE              STATUS     DATE ADDED   UNITS    CHARGE  BRIEF DESCRIPTION     CHARGE ID
-------------------------------------------------------------------------------------------------------------------

IBpatient,one      XXXXXX   SC RX COPAY NEW   BILLED     APR  5,1991      1      2.00  322B-RANITIDINE 15-1  XXX-XXXXXX
IBpatient,two      XXXXXX   SC RX COPAY NEW   BILLED     APR  5,1991      1      2.00  230A-AMPICILLIN 50-1  XXX-XXXXXX
IBpatient,three    XXXXXX   NSC RX COPAY NEW  BILLED     APR  5,1991      1      2.00  193B-BELLADONNA TI-1  XXX-XXXXXX
IBpatient,four     XXXXXX   SC RX COPAY NEW   BILLED     APR  5,1991      3      6.00  357-BENZTROPINE 1M-3  XXX-XXXXXX
                ---------                                                  -----  --------
SUBTOTAL                                                                     6     12.00
SUBCOUNT       4
IBpatient,one      XXXXXX   SC RX COPAY NEW   CANCELLED  APR  4,1991      1      2.00  352-AMPICILLIN 25, 1  XXX-XXXXXX
IBpatient,two      XXXXXX   SC RX COPAY NEW   CANCELLED  APR  4,1991      1      2.00  286A-CIMETIDINE 3, 1  XXX-XXXXXX
IBpatient,three    XXXXXX   SC RX COPAY NEW   CANCELLED  APR  4,1991      3      6.00  167A-ACETAMINOPHE, 3  XXX-XXXXXX
                ---------                                                  -----  --------
SUBTOTAL                                                                     5     10.00
SUBCOUNT       3
                ---------                                                 -----  --------
TOTAL                                                                       11     22.00
COUNT          7
```

5.25.5. Employer Report

The Employer Report option is used to provide a listing of patients' and spouses' employers for patients without active insurance that can be used by billing clerks to confirm insurance coverage with those employers.

The report is sorted by employer name and is run for a selected date range. The user can run the report for inpatient admissions or outpatient visits. One, many, or all divisions can be chosen. For outpatients, patients are included on the report if the patient has an event within the specified date range, does not have active insurance on the event date, and the patient or spouse's employment status is one of the following:

- EMPLOYED FULL TIME
- EMPLOYED PART-TIME
- SELF EMPLOYED
- RETIRED

Events include admissions for inpatients and scheduled/unscheduled visits and dispositions that are not Application without Exam for outpatients.

Deceased Veterans do not appear on the report.

The following information may appear on the output: employer name, address, phone number, patient name, Social Security Number (SSN), occupation, employment status, home and work phone numbers, primary eligibility, admission date, transaction type, appointment date, and appointment type. This report requires a 132-column margin width.

Sample Output

```
EMPLOYER REPORT FOR INPATIENT ADMISSIONS JUN 1,1993 - OCT 21,1993          OCT 21, 1993  11:15        PAGE 1
-------------------------------------------------------------------------------------------------------------
ACME                                4444 E KINDER RD, ANYTOWN, NEW YORK 12443
   Patient: IBpatient,one                    XXX-XX-XXXX    NSC    JUN 10, 1993   ADMISSION      Home:
   Employed: Spouse: SPOUSE                     DAY CARE             RETIRED
-------------------------------------------------------------------------------------------------------------
XYZ, INC.          518-5551234          5678 South St, ANYTOWN, New York 12345
   Patient: IBpatient,three                  XXX-XX-XXX    NSC    JUN 10, 1993   ADMISSION      Home: XXX-XXXXXXX
   Employed: Patient: IBpatient,one          XXX-XX-XXX    Hertygertyman         FULL TIME      Work: XXX-XXXXXXX
-------------------------------------------------------------------------------------------------------------
XXX CORPORATION       XXX-XX-XXXX          1 XXX LANE, ANYTOWN, NEW YORK 10045
   Patient: IBpatient, two                   XXX-XX-XXXX    SC 1   JUN 02, 1993   ADMISSION      Home: XXX-XXXXXXX
   Employed: Patient: IBpatient, two         XXX-XX-XXXX    Computer Operator     FULL TIME      Work: XXX-XXXXXXX
```

5.25.6. Episode of Care Bill List

The Episode of Care Bill List option is used to list all bills related to an episode of care. The bills are listed by event date in reverse date order. The bill number, rate type, bill classification, event date, statement from and to dates, bill status, and time frame of the bill will be displayed for each bill on the list.

The user may enter the bill number, event date, or patient name at the bill selection prompt. If the event date or patient name is entered, all bills with that event date or for that patient will be listed for selection. Only patients with bills on file may be entered.

NOTE: *The output produced by this option must be generated at a 132-column margin width.*

Sample Output

```
LIST OF ALL BILLS FOR AN EPISODE OF CARE                                    JUL 5,1990@08:16   PAGE 1
FOR PATIENT: IBpatient,one      EVENT DATE: FEB 13,1987
                                                          STATEMENT    STATEMENT
BILL NO. RATE TYPE           CLASSIFICATION  EVENT DATE   FROM DATE    TO DATE  STATUS      TIMEFRAME OF BILL
-------------------------------------------------------------------------------------------------------------
XXXXXX     MEANS TEST/CAT. C   INPATIENT       02/13/87     02/13/87    03/12/87  PRINTED     INTERIM - CONTINUING
    PAYOR: Patient - IBpatient,one
XXXXXX     REIMBURSABLE INS. INPATIENT         02/13/87     03/13/87    04/12/87  PRINTED     INTERIM - CONTINUING
    PAYOR: Insurance Co. - ABC INSURANCE
XXXXXX     REIMBURSABLE INS. INPATIENT         02/13/87     04/13/87    04/30/87  AUTHORIZED  INTERIM - LAST
    PAYOR: Insurance Co. - ABC INSURANCE
```

5.25.7. Estimate Means Test Charges for an Admission

This option is used to estimate the Means Test charges for an episode of hospital or nursing home care for a proposed length of stay. It may be used to answer patient inquiries pertaining to estimated charges to be billed for an inpatient stay.

The report will indicate whether the patient has an active billing clock, the start date, and the number of inpatient days of care within that clock.

If a patient has an active clock and has already been charged a copayment for the current 90 days of inpatient care, the amount that was billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

Sample Output

```
Select Automated Means Test Billing Menu <TEST ACCOUNT> Option: ESTM  Estimate Means
 Test Charges for an Admission
Select PATIENT NAME:    AAAAAAAA,EEEEEE DDDDD        9-8-34    XXXXXXXXX     NO
    NSC VETERAN      CD
 Enrollment Priority: GROUP 8c   Category: IN PROCESS    End Date:

Please note that this patient was admitted on 05/07/22 and Means Test charges
have been calculated through 05/13/22.

Proposed DISCHARGE Date: 080822  (AUG 08, 2022)
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//


        Estimated Means Test Inpatient Charges for AAAAAAAA,EEEEEE DDDDD

Please note that this patient is a current inpatient.
Charges will be estimated from 05/14/22 through 08/08/22.
** THIS PATIENT HAS AN ACTIVE BILLING CLOCK **
      Clock date: 02/01/22   Days of inpatient care within clock:  1
      Copayments made for current 90 days of inpatient care:   $0.00

COPAYMENT CHARGES for GENERAL MEDICAL CARE
-------------------------------------------------------------------------------
   Billing Dates           Inpt. Days        Clock Days
  From         To         1st     Last      1st     Last          Charge
-------------------------------------------------------------------------------
05/14/22    05/14/22        2        2      103      103       $1,556.00
                                                             ----------
                                                              $1,556.00
PER DIEM CHARGES for HOSPITAL CARE
-------------------------------------------------------------------------------
05/14/22    08/07/22      86 days  @ $10.00/day                 $860.00
                                                             ----------
                                  Total Estimated Charges:    $2,416.00
Type <Enter> to continue or '^' to exit:

Select PATIENT NAME:
```

The table below describes the fields:

Table 10: Field Descriptions

Fields	Description
Clock Date	Date the current billing clock began for this patient.
Days of Inpatient Care within Clock	Number of days of inpatient or nursing home care within the current billing clock.
Copayments made for Current 90 Days of Inpatient Care	Total amount of copayments made for the current 90 days of inpatient care for the current billing clock.
Copayment Charges for (type of care)	Amount of the copayment charge for this proposed inpatient stay. The copayment charge differs depending on the type of inpatient care; however, it will not exceed the current Medicare deductible. Once the deductible is met, the patient is covered for 90 days of hospital care. For the second, third, and fourth 90 days of hospital care, the copayment charge is half of the current Medicaid deductible. For other than hospital care (i.e., NHCU), the full deductible applies for each 90 days of care.
Billing Dates (from/to)	Date(s) the copayment occurred. If the proposed episode of care was for a total of five days (2/1/92 – 2/5/92), but the deductible was met the first day; the billing dates (from and to) would reflect the first day only (2/1/92).
Inpatient Days (1st/Last)	On which days of the current 90 days of inpatient care this copayment occurred. If the patient previously had two days of inpatient care in the current 90 days and the deductible was met the first day of this proposed episode of care, the **inpatient days** would reflect day three as the days (1st and last) this copayment was incurred.
Clock Days (1st/Last)	On which days of the current billing clock this copayment was incurred. If the current billing clock began on 2/1/92 and the copayment for this proposed episode of care was incurred on 2/15/92 and 2/16/92, the **clock days** would reflect day 15 for the 1st and day 16 for the last.
Charge	Amount of the copayment or per diem charge for this proposed episode of care.
Per Diem Charges for (type of care)	A daily charge for the inpatient stay. No charge is incurred for the day of discharge (i.e., if the proposed inpatient stay is 2/1/92 through 2/5/92 and the per diem rate is $10.00, the total per diem charge would be $40.00).
Total Estimated Charges	Total of the copayment and the per diem charges for the proposed inpatient stay.

5.25.8. Outpatient / Registration Events Report

In Integrated Billing V. 1.5, the Outpatient/Registration Events Report was used primarily to list potentially billable outpatient activity (for Category C Veterans) for the purpose of billing charges that were not automatically billable by the system. As IB V. 2.0 completes the automation of Means Test billing for all outpatient activity, this report becomes a validation tool.

This option lists all episodes of outpatient care for Category C Veterans within a user-specified date range; appointments, stop codes, and registrations. For each visit, the clinic, appointment time, type, and status are provided. Clinics with a default type of **research** are flagged on the report to assist sites in determining if regular appointments are being scheduled in clinics where the primary intent is research. For each patient listed, the report indicates whether the patient has claimed exposure to Agent Orange, ionizing radiation, or environmental contaminants and whether the patient has active insurance. If exposure is claimed, the responses to the Classification questions answered during the checkout process are displayed. Any charges associated with the episode of care are included.

A separate page will print for each date within the date range; therefore, the user can limit the date range selected; run this report during off hours, as it may be quite time-consuming.

Sample Output

```
          Category C Outpatient and Registration Activity for 09/01/93
                              Printed: 09/13/93                    Page: 1
Patient/Event       Time  Clinic/Stop       Appt.Type          (Status)
IBpatient,one    XXXX    [AO]    **Insured**
     CLINIC APPT    12:00 PODIATRY          REGULAR            NO ACTION TAKEN
IBpatient,two    2222    [AO]    **Insured**
     CLINIC APPT    09:00 GEN. MEDICAL      REGULAR            CHECKED OUT
      Care related to AO? YES
     STOP CODE      09:00 EKG               REGULAR
                    09:00 LABORATORY        REGULAR
          Category C Outpatient and Registration Activity for 09/02/93
                              Printed: 09/13/93                    Page: 2
Patient/Event       Time  Clinic/Stop       Appt.Type          (Status)
No Outpatient activity recorded for Category C patients on 09/02/93.
```

5.25.9. Held Charges Report

The Held Charges Report provides the user with a list of all charges with a status of ON HOLD. Charges for Category C patients with insurance are placed on hold until the patient's insurance company bill is resolved. When payment is received from the insurance carrier, the status of the charge is updated through the Release Charges 'On Hold' option.

This report may be used to ensure that there is an insurance bill established for each charge on hold, and to identify charges that should be released when payments are received from insurance carriers.

Sample Output

```
                                        CATEGORY C CHARGES ON HOLD                          MAY 26,1992  PAGE 1
HELD CHARGES                                                                 CORRESPONDING THIRD PARTY BILLS
=============================================================================||=======================================
Name              Pt.ID  ActionID  Type   Bill#   From       To       Charge || Bill#    AR-Status    Charge    Paid
=============================================================================||=======================================
IBpatient,one      1111   XXXXXX    OPT   XXXXXX  03/01/92   03/11/92   30.00 ||  XXXXXX   NEW BILL     148.00   0.00
                          XXXXXX    INPT  XXXXXX  03/11/92   03/14/92  652.00 ||
                          XXXXXX    OPT   XXXXXX  03/11/92   03/11/92   30.00 ||
IBpatient,two      2222   XXXXXX    OPT   XXXXXX  05/08/92   05/08/92   30.00 ||
IBpatient,three    3333   XXXXXX    OPT   XXXXXX  04/07/92   04/07/92   30.00 ||
                          XXXXXX    OPT   XXXXXX  04/03/92   04/03/92   30.00 ||  XXXXXX   NEW BILL     296.00   0.00
IBpatient,four     4444   XXXXXX    INPT  XXXXXX  05/19/92   05/19/92  238.00 ||
IBpatient,five     5555   XXXXXX    INPT  XXXXXX  03/01/92   03/01/92  652.00 ||  XXXXXX   NEW BILL    5736.00   0.00
IBpatient,six      6666   XXXXXX    INPT  XXXXXX  04/13/92   04/16/92  652.00 ||
IBpatient,seven    7777   XXXXXX    OPT   XXXXXX  03/23/92   03/23/92   30.00 ||  XXXXXX   NEW BILL     740.00   0.00
                          XXXXXX    OPT   XXXXXX  03/23/92   03/23/92   30.00 ||
                          XXXXXX    OPT   XXXXXX  03/23/92   03/23/92   30.00 ||
                          XXXXXX    OPT   XXXXXX  03/23/92   03/23/92   30.00 ||
                          XXXXXX    OPT   XXXXXX  03/23/92   03/23/92   30.00 ||
```

5.25.10. Manually Added HPIDs to Billing Claim Report

This report generates a list of Health Plan Identifier (HPID) numbers that have been added directly to claims. It allows billing staff to track the instances when an HPID number is added to a third-party claim and to generate an ad-hoc report of authorized claims with this entry information. Only HPIDs that have been manually added will appear on this report.

The user will be prompted for the date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays the patient name, last 4 of SSN, payer, HPID, claim number, username, date HPID added, Professional ID, and Institutional ID.

Sample Output

```
MANUALLY ADDED HPIDS TO BILLING CLAIM REPORT                                    AUG 02, 2015@19:59      Page: 1

PT NAME              SSN   PAYER              HPID        CLAIM #      USER NAME           DATE HPID ADDED  PROF ID    INST ID
-------------------------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE        1111  BLUE CROSS         XXXXXXXXXX  XXX-XXXXXX   IBUSER,ONE           12/02/2014      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         XXXXXXXXXX  XXX-XXXXXX   IBUSER,ONE           01/15/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         XXXXXXXXXX  XXX-XXXXXX   IBUSER,ONE           01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         XXXXXXXXXX  XXX-XXXXXX   IBUSER,ONE           01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         XXXXXXXXXX  XXX-XXXXXX   IBUSER,ONE           01/23/2015      1234567XXX 0987654XXX
```

```
IBPATIENT,ONE        1111  BLUE CROSS          XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE          02/05/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS          XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS          XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS          XXXXXXXXXX  XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
```

5.25.11. Indian Attestation Copay Exemption Report

VistA has been updated to support the changes needed to comply with the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116-315). This bill includes a provision (section 3002) to prevent billing or collection of payment for health care services obtained through the Department of Veterans Affairs (VA) from Veterans that identify as Indian or urban Indian.

The Indian Attestation Copay Exemption Report provides a list of patients who have identified themselves as Native American/Indian in VistA and their associated bills. The user will review the report to determine whether the patient should have the copays canceled (in the case of Bills with Indian Attestation Status = **Y**) or re-billed (in the case of Bills with Indian Attestation Status = **N**). Re-billing cases would be appropriate for a Veteran who claimed the exemption but had the designation removed later. The user will enter the beginning and ending dates for the Indian Attestation Change date, and whether to export the report to Microsoft Excel (Y/N).

Sample Output

```
Indian Attestation Copay Exemption Report                    Nov 02, 2022                                    Page: 1
Indian Attestation Change dates: Jan 01, 2022 - Nov 02, 2022

Bills with Indian Attestation Status = Y : Eligible for possible cancellation.
Bills with Indian Attestation Status = N : Eligible for possible re-billing.

                                 Indian Change   Indian                                          Bill From  Bill To     Bill
Name                              ID        Date/Time     Status    Bill #    Charge Type    Bill Status      Date      Date     Amount
-------------------------------------------------------------------------------------------------------------------------------------
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K201ZR1  DG OPT COPAY     BILLED      06/01/22   06/01/22   $50.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K201ZR2  CC URGENT CA     BILLED      05/01/22   05/01/22   $30.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K201ZR3  CC URGENT CA     BILLED      06/05/22   06/05/22   $30.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K203BAT  DG OPT COPAY     BILLED      06/22/22   06/22/22   $50.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K2021S6  PSO NSC RX C     BILLED      06/27/22   06/27/22    $5.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K203BAU  DG OPT COPAY     BILLED      06/27/22   06/27/22   $50.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K203B9T  DG OPT COPAY     BILLED      08/11/22   08/11/22   $50.00
AAA,DDDDD E                    A7373  02/07/22@13:53:28   Y    405-K203B9I  PSO NSC RX C     BILLED      08/11/22   08/11/22   $15.00
GGGGGGG,DDDDD JJJJJ            G8686  10/18/22@12:35      N    405-K203BAG  DG LTC OPT A    CANCELLED    07/22/22   07/22/22   $15.00
GGGGGGG,DDDDD JJJJJ            G8686  10/18/22@12:35      N                 DG LTC OPT R    CANCELLED    08/06/22   08/06/22   $15.00
LLLLL,DDDDDDD J                L8888  10/17/22@13:10:48   N    405-K303588  CC URGENT CA    CANCELLED    05/01/22   05/01/22   $30.00
LLLLL,DDDDDDD J                L8888  10/17/22@13:10:48   N    405-K303589  CC (RX) NEW     CANCELLED    05/02/22   05/02/22   $33.00
LLLLL,DDDDDDD J                L8888  10/17/22@13:10:48   N    405-K30358A  PSO NSC RX C    CANCELLED    10/14/22   10/14/22   $15.00
NNNNNNN,MMMMM LLL              N8765  02/07/22@12:22:55   Y                 CC URGENT CA     ON HOLD     06/01/22   06/01/22   $30.00
Type <Enter> to continue or '^' to exit:
```

5.25.12. Patient Billing Inquiry

The Patient Billing Inquiry option allows the user to display/print information on any reimbursable insurance bill, Pharmacy Copay, or Means Test bill. The information provided differs depending on the bill type.

For reimbursable insurance bills, the information provided includes bill status, rate type, reason canceled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, the amount paid, statement to and from dates, each action that was taken on that bill, and the user who performed it. If the user opts to view the full inquiry, address information from the PATIENT file (#2) and the bill is also provided.

The information provided in a brief inquiry for Pharmacy Copay charges includes the date of the charge, type of charge (syntax: patient eligibility - action type - status), brief description (syntax: prescription # - drug name - # of units), amount of charge or credit, and an explanation of any charge removed, if applicable. A full inquiry, in addition to the information provided in the brief inquiry, provides information from the PRESCRIPTION file (#52), as well as the address information on the patient.

The display/output for Means Test bills is very similar to the brief inquiry for Pharmacy Copay. It includes the date of the charge, charge type, brief description, units, and amount of charge. A full inquiry also includes address information on the patient.

The medication copayment exemption status and reason are displayed for medication copayment and Means Test bills.

Medication Copayment charge cancellation can be displayed in the Brief and Full output (Public Law 114-315).

Sample Output of Brief Inquiry

```
FFFF,PPPP LLL                        442-K5038N3    JUN 26, 2023@14:31   PAGE: 1
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold

DATE           CHARGE TYPE           BRIEF DESCRIPTION        UNITS      CHARGE
================================================================================
NOV 01, 2022   LTC INPT NHCU NEW     LTC INPATIENT NURSIN      31    $1,512.00
                                                                    ------------
                                                                     $1,512.00
```

Sample Output of Full Inquiry

```
FFFF,PPPP LLL                        442-K5038N3    JUN 26, 2023@14:34   PAGE: 1
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold

================================================================================
NOV 01, 2022   LTC INPT NHCU NEW     LTC INPATIENT NURSIN      31    $1,512.00
                                                                    ------------
                                                                     $1,512.00

Type <Enter> to continue or '^' to exit:


FFFF,PPPP LLL                        442-K5038N3    JUN 26, 2023@14:34   PAGE: 2
Medication Copayment Exemption Status: NON-EXEMPT
```

```
Patient's income is greater than Copay Income Threshold

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

                          *** ADDRESS INFORMATION ***

Patient Address:  3320 TOMAHAWK DR UNIT 10
                  LK HAVASU CTY, ARIZONA   86406
                  (888) 888-8888


Type <Enter> to continue or '^' to exit:
```

5.25.13. List all Bills for a Patient

The List all Bills for a Patient option is used to print a list of all bills on file for a selected patient. The patient may be selected by name or social security number.

The List all Bills for a Patient includes three options:

- First-Party Bills Only
- Third-Party Bills Only
- Both Bill Types

This allows the user to view bills for a certain bill type, filter the bills for a specified time period, and add a starting date of care and an ending date of care.

The bills are listed by date of care in reverse date order. The bill number, date printed, action/rate type, classification, date of care, the statement from and to dates, the amount collected, status, and timeframe of the bill will be displayed for each bill on the list.

The table below provides a brief explanation of some of these data elements:

Table 11: Data Element Descriptions

Data Element	Description
Bill Number	If IB action is incomplete, **pending** is displayed. If IB action is converted, this field will be blank.
Date Printed	Date bill generated.
Action/Rate Type	Action for IB actions; rate type for insurance bills.
Date of Care	Admission date for inpatients; opt visit date for outpatients; date medication dispensed for Pharmacy Copay.
Amount Collected	Not applicable to patient bills; amount from Accounts Receivable for insurance bills.
Time frame of Bill	Null if IB action.
Reject Indicator	The **c** indicates a rejected bill. A reject is defined to be a billing reject that is on the Claim Status Awaiting Resolution (CSA) or Medicare Remittance Advice Worklist (MRW) report.

- The user will be prompted for a patient name and prompted to include or not include Pharmacy Copay charges on the report.
- The user will also be prompted for an option to export the report to Microsoft Excel.
- The output produced by this option must be generated at a 132-column margin width.

Sample Output

```
Select Billing <TEST ACCOUNT> Option: ^List All
    1    List all Menu Templates  [XQTSHO]
    2    List all Bills for a Patient  [IB LIST ALL BILLS FOR PAT.]
    3    List All Local Print Fields  [IBCE LIST LOCAL]
    4    List All Bills  [PRCA LIST ALL BILLS]
Type '^' to stop, or choose a number from 1 to 4 :2  List all Bills for a Patien
t
Select PATIENT NAME: IBPatient,one     IBPatient,one           X-X-XX    XXXXXXXX     NO     NSC VETERAN      CD
 Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Include Pharmacy Co-Pay charges on this report? NO//
     Select one of the following:
          F         FIRST PARTY
          T         THIRD PARTY
          B         BOTH
(F)irst Party Bills,(T)hird Party Bills, or (B)oth on this report: B// OTH
Enter Starting Date of Care: 2/1/19  (FEB 01, 2019)
Enter Ending Date of Care: Apr 13, 2020// 8/1/19  (AUG 01, 2019)
Export the report to Microsoft Excel (Y/N)? NO// YES
     Before continuing, please set up your terminal to capture the
     detail report data and save the detail report data in a text file
     to a local drive. This report may take a while to run.
     Note: To avoid undesired wrapping of the data saved to the file,
           please enter '0;256;99999' at the 'DEVICE:' prompt.
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80// 132
List of all Bills for IBPatient,one   SSN: XXX-XX-XXX                                                  APR 13,2020@11:08:27 PAGE 1
BILL      DATE                                    DATE OF    STATEMENT   STATEMENT    AMOUNT
NO.    PRINTED    ACTION/RATE TYPE    CLASSIFICATION    CARE      FROM DATE    TO DATE    COLLECTED   STATUS    TIMEFRAME OF BILL
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXX 04/01/20   CC (RX) NEW         RX COPAYMENT      03/15/20  03/15/20     03/15/20   N/A         BILLED
XXXXXXX 03/20/20   CC URGENT CARE (O   CC URGENT OPT     03/13/20  03/13/20     03/13/20   N/A         CANCELLED
XXXXXXX 03/20/20   CC URGENT CARE (O   CC URGENT OPT     03/12/20  03/12/20     03/12/20   N/A         CANCELLED
XXXXXXX 03/20/20   OPT COPAY NEW       OPT COPAYMENT     03/11/20  03/11/20     03/11/20   N/A         CANCELLED
XXXXXXX 03/20/20   CC (OPT) NEW        CC OPT COPAY      03/10/20  03/10/20     03/10/20   N/A         CANCELLED
XXXXXXX 03/20/20   CC (OPT) NEW        CC OPT COPAY      03/10/20  03/10/20     03/10/20   N/A         CANCELLED
```

5.25.14. Category C Billing Activity List

The Category C Billing Activity List option is used to list all Means Test/Category C charges within a specified date range. The list is alphabetical by patient name.

This output provides the patient's name and ID, a brief description, the status and the billing period for the bill, the units (the number of days a charge occurred), and the amount of the charge. For inpatient copay charges, the description includes the treating specialty for the episode of care.

As stated above, the units reflect the number of days a charge occurred. For inpatient copay charges the unit will always be one, even if the patient accrued the charges over several days before the Medicare deductible was met.

Sample Output

```
Category C Billing Activity List                  FEB 26, 1992@09:14:28     Page: 1
Charges from 01/01/92 through 02/26/92
PATIENT/ID            DESCRIPTION       STATUS         FROM       TO    UNITS CHARGE
-------------------------------------------------------------------------------
IBpatient,one    XXXX INPT PER DIEM     BILLED       01/02/92  01/03/92  2    $20.00
                  INPT COPAY (ALC)      BILLED       01/02/92  01/03/92  1   $476.00
IBpatient,two    XXXX OPT COPAY         PENDING A/R  02/11/92  02/11/92  1     $0.00
IBpatient,three    XXXX INPT PER DIEM   BILLED       01/13/92  01/14/92  2    $20.00
                  INPT COPAY (MED)      BILLED       01/13/92  01/14/92  1   $652.00
IBpatient,four   XXXX OPT COPAY         PENDING A/R  02/12/92  02/12/92  1     $0.00
```

5.25.15. Former OTH Patient Eligibility Change Report

This report identifies Former Service Members whose Primary Eligibility changed from EXPANDED MH CARE NON-ENROLLEE to a new Primary Eligibility with a VERIFIED eligibility status. These patients are no longer treated under the Other Than Honorable (OTH) authority (VHA Directive 1601A.02).

The date range entered is used to select the **last episode of care** and/or **released prescriptions**. The patient will not display on the report if there is no episode of care or released prescription within the date range.

***** THIS REPORT REQUIRES 132 COLUMN margin width *****

NOTE: *The figure below is an example of the Former OTH Patient Eligibility Change Report.*

```
                                        FORMER OTH PATIENT ELIGIBILITY CHANGE REPORT                                  Page: 1
=============================================================================================================================
OTH Eligibility Change Date Range: 02/13/2021 TO 05/24/2021                    Date Printed  : Jun 16, 2021 11:31 am
List of Patients whose primary eligibility changed from EXPANDED MH CARE NON-ENROLLEE to a new primary eligibility code with
eligibility status of VERIFIED and episode(s)of care.
The Current MST Screening indicates the latest MST screening result for the patient.
The Station column provides data on which site(s) the patient was treated.
=============================================================================================================================
PATIENT NAME                DATE OF     PID    OTH REG     NEW ELIGIBILITY CODE           CURRENT MST     SC%  ELIGIBILITY  STATION
                            BIRTH              DATE                                       SCREEN STATUS       CHANGE DATE
--------------------------  ----------  -----  ----------  -----------------------------  --------------  ---  -----------  -------
IBPATIENT,TESTONE  (XXXXX)  XX/XX/XXXX  XXXXX  02/13/2021  SC LESS THAN 50%               UNKNOWN         20   05/24/2021   442
IBPATIENT,TESTTWO  (XXXXX)  XX/XX/XXXX  XXXXX  03/16/2021  SC LESS THAN 50%               YES             0    04/23/2021   442
IBPATIENT,TESTTWA  (XXXXX)  XX/XX/XXXX  XXXXX  04/14/2021  SC LESS THAN 50%               DECLINE         0    04/27/2021   442
IBPATIENT,TESTTWB  (XXXXX)  XX/XX/XXXX  XXXXX  04/29/2021  NSC                            NO DATA FOUND        04/29/2021   442
IBPATIENT,TESTTWC  (XXXXX)  XX/XX/XXXX  XXXXX  05/24/2021  SC LESS THAN 50%               YES             0    06/11/2021   442
IBPATIENT,TESTTWD  (XXXXX)  XX/XX/XXXX  XXXXX  05/24/2021  SC LESS THAN 50%               NO              0    06/14/2021   442
=============================================================================================================================
Number of Unique Patients:     6
<< end of report >>
```

5.25.16. Former OTH Patient Detail Report

This report assists billing user in reviewing Former Service Member's past episodes of care and released prescription details to determine if potential back-billing is necessary.

*****THIS REPORT REQUIRES 132 COLUMN OUTPUT TO PRINT CORRECTLY *****

Sample Output: Eligibility Section

```
                                                FORMER OTH PATIENT DETAIL REPORT
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                                                DOB:  XXX XX,XXXX
=============================================================================================================
Current Eligibility Code :  SC LESS THAN 50%  --  VERIFIED     05/26/2021
Other Eligibility Code(s):  NO ADDITIONAL ELIGIBILITIES IDENTIFIED
Enrollment Priority      :  GROUP 1
-------------------------------------------------------------------------------------------------------------
Means Test Signed?:
Patient's status is MT COPAY REQUIRED based on primary means test
Has agreed to pay the deductible
Primary Means Test Last Applied 'MAY 26,2021' (COMPLETED: MAY 26,2021@13:44)
Service Connected : YES          SC Percent :  0%
Rated Disabilities: 9410 - NEUROSIS (0% SC)
Health Insurance  : NO
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
=============================================================================================================
 No Insurance Information
                *** Patient has Insurance Buffer entries ***
```

5.25.16.1. Former OTH Patient Detail Report

Sample Output: Eligibility Section

```
Patient Name:  IBPATIENT,TESTONE  (I6863)                                                                DOB:  XXX XX,XXXX
=============================================================================================================
                                      PRIMARY ELIGIBILITY/EXPANDED CARE TYPE HISTORY
-------------------------------------------------------------------------------------------------------------
Primary Eligibility                                    Date of Change
-------------------------------------------------------------------------------------------------------------
SC LESS THAN 50%                                       05/26/2021
EXPANDED MH CARE NON-ENROLLEE  (OTH-90)                  07/28/2020
```

Sample Output: Patient's Episode of Care

```
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                                                                                    DOB:  XXX XX,XXXX
=================================================================================================================================================================
                                                    PATIENT'S EPISODE OF CARE
                                                Date Range: 07/28/2020 - 05/26/2021
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
Location of           Clinic Stop/           Primary   Div.  Date of    Last Updated     Bill #     Action Type/    IB Status
Care                  Treating Specialty     DX              Service         By                     Rate Type
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
RDCLINIC4             POLYTRAUMA/TBI IND     E11.00    442GB 02/25/2021 USER,USERONE
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
Total Number of Episode(s) of Care:  1
```

5.25.16.2. Former OTH Patient Detail Report

Sample Output: Patient's Released Prescription

```
Patient Name:  IBPATIENT,TESTONE  (XXXXX)                                                                                                    DOB:  XXX XX,XXXX
=================================================================================================================================================================
                                                  PATIENT'S RELEASED PRESCRIPTION
                                                Date Range: 07/28/2020 - 05/26/2021
                                                    Sorted By: Rx Release Date
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
Rx #           Copay  # of     Days    Division  Fill Date   Rx Release   Bill #         Action Type/          IB Status
               Tier   Refills  Supply                        Date                        Rate Type
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
XXXXXXX        2      11       10      442GC     05/24/2021  05/24/2021
XXXXXXX        1      11       10      442GC     05/24/2021  05/24/2021
XXXXXXX        1      11       10      442GC     05/24/2021  05/24/2021
XXXXXXX(X)     2      11       10      442QD     05/25/2021  05/26/2021   XXXXXXX        PSO NSC RX COPAY NEW  BILLED
XXXXXXX(X)     1      11       10      442QD     05/25/2021  05/26/2021   XXXXXXX        PSO NSC RX COPAY NEW  BILLED
XXXXXXX(X)     1      11       10      442QD     05/25/2021  05/26/2021   XXXXXXX        PSO NSC RX COPAY NEW  BILLED
XXXXXXXX       2      11       10      442QD     05/26/2021  05/26/2021   XXXXXXX        PSO NSC RX COPAY NEW  BILLED
XXXXXXXX       2       5       10      442QD     05/26/2021  05/26/2021   XXXXXXX        PSO NSC RX COPAY NEW  BILLED
-----------------------------------------------------------------------------------------------------------------------------------------------------------------
Total Number of Rx:    5
<< end of report >>
```

5.26. Third-Party Output Menu

5.26.1. Veterans w/Insurance and Discharges

The Veterans w/Insurance and Discharges option is used to produce a list of all patients who have reimbursable insurance and who were discharged from the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected Veterans with insurance who were treated for a non-service-connected condition (from the PTF record) will be included on the list. This list may be used to help ensure that a bill exists for all billable inpatient episodes of care for that date range.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, the statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by the terminal digit (8th and 9th digit of the SSN, then 6th and 7th, etc.). For multidivisional sites, the user may print a list for each division.

It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
*Veterans with Reimbursable Insurance and INPATIENT Discharges for the period covering FEB 01,1992 through FEB 29,1992
UNBILLED PATIENTS for Division ANYTOWN                  Printed: MAR 01,1992@06:00              Page: 1
PT ID PATIENT               SSN          ELIGIBILITY       DATE OF DISCHARGE     INSURANCE COMPANIES
=============================================================================================================
XXXX  IBpatient,one         XXX-XX-XXXX   NON-SERVICE CONN  FEB 20,1992@15:51:15  ABC
XXXX  IBpatient,two         XXX-XX-XXXX   NON-SERVICE CONN  FEB 19,1992@12:52:51  ALLSTATE
XXXX  IBpatient,three       XXX-XX-XXXX   NON-SERVICE CONN  FEB 19,1992@14:40:18  NORTHWEST
*Veterans with Reimbursable Insurance and INPATIENT Discharges for the period covering FEB 01,1992 through FEB 29,1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN         Printed: MAR 01,1992@06:00              Page: 1
PT ID PATIENT             SSN           ELIGIBILITY       DATE OF DISCHARGE     INSURANCE COMPANIES
=============================================================================================================
XXXX  IBpatient,one       XXX-XX-XXXX   NON-SERVICE CONN  FEB 7,1992@13:48:23   ABC
         XXXXXX    REIM INS-INPT      From: 02/07/92    To: 02/07/92       Debtor: ABC
XXXX  IBpatient,two         NON-SERVICE CONN  FEB 14,1992@13:00     ABC
         XXXXXX    REIM INS-INPT      From: 02/14/92    To: 02/19/92       Debtor: ABC
XXXX  IBpatient,three     XXX-XX-XXXX   NON-SERVICE CONN  FEB 7,1992@13:48:23   ABC
         XXXXXX    REIM INS-INPT      From: 02/07/92    To: 02/10/92       Debtor: ABC
```

5.26.2. Veteran Patient Insurance Information

The Veteran Patient Insurance Information option provides insurance information on Veteran inpatients. This includes such information as the insurance company, insurance number, group number, and insurance expiration date. Medical information is also shown. Dates of admission and discharge and the status of the PTF records are provided. The report is broken down by patient, with information on the length of stay for each bed section, diagnoses, and diagnostic codes. The total length of stay is shown with the primary diagnosis.

The form indicates whether the policy shown will reimburse VA for the cost of medical care. If the REIMBURSE field of the INSURANCE COMPANY file is set to NO for any of the companies that cover the applicant, an asterisk (*) will be shown next to the insurance company name and the following message will appear.

```
* -  Insurer may not reimburse!!
```

All this information is used in billing the insurance companies for the cost of the Veteran's care.

The report may be sorted sequentially by discharge or admission date. The user will be prompted for a date range and device. Depending on the number of applicable admissions and the size of the date range specified, the generation of this report could be time-consuming. The user may opt to queue the report to print during non-peak user hours.

Sample Output

```
THIRD PARTY REIMBURSEMENT                                  PRINTED: JAN 11,1991@0915
IBpatient,one                                  EMPLOYMENT STATUS: EMPLOYED
(PT ID: XXXXXXXX)                                     EMPLOYER: ABC LUMBER
307 TEST BLVD                                        OCCUPATION: CARPENTER
ANYTOWN, OHIO   55555
INSURANCE TYPE            INSURANCE #            GROUP #       EXPIRES        HOLDER
--------- ----            --------- -            ----- -       -------        ------
ABC INS                   xxx                    887           01/01/93      VETERAN
*XYZ INS                  xxxxx                  21            12/31/91      VETERAN
                  * - Insurer may not reimburse!!
Admitted: APR 9,1990@14:00               Discharged: APR 19,1990@13:39
PTF Record not closed
DATE                LOS BEDSECTION      LOS     DIAGNOSES
----                --------------      ----    ---------
APR 10,1990@11:29   OPHTHALMOLOGY         1     334.4 (CORNEAL ABRASION)
APR 11,1990@10:10   UROLOGY               1     778.0 (URINARY TRACT INFECTION,
                                                       UNSPEC.)
APR 19,1990@13:39   CARDIOLOGY            8     654.00 (MYOCARDIAL INFARCTION)
                                         ----    -----------
                    TOTAL LOS:           10    DXLS: 654.00 (MYOCARDIAL INFARCTION)
```

5.26.3. Veterans w/ Insurance and Inpatient Admissions

The Veterans with Insurance and Inpatient Admissions option is used to produce a list of all patients who have reimbursable insurance and who had admissions to the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected Veterans with insurance who were treated for a non-service-connected condition (from the PTF record) will be included on the list. This list may be used to help ensure that a bill exists for all inpatient billable episodes of care for the selected date range.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, the statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by the terminal digit (8^{th} and 9^{th} digit of the SSN, then 6^{th} and 7^{th}, etc.). For multidivisional sites, the user may print a list for each division.

Depending on the size of the database and the date range selected, this report could be quite lengthy. It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
Veterans with Reimbursable Insurance and INPATIENT Admissions for period covering FEB 1,1992 through FEB 29, 1992
UNBILLED PATIENTS for Division ANYTOWN                          Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT            SSN          ELIGIBILITY       DATE OF CARE          INSURANCE COMPANIES
=============================================================================================================
XXXX   IBpatient,one      XXX-XX-XXXX   NON-SERVICE CONN  FEB 05,1992@15:51:15  ABC
XXXX   IBpatient,two      XXX-XX-XXXX   NON-SERVICE CONN  FEB 13,1992@13:40     NATIONWIDE
Veterans with Reimbursable Insurance and INPATIENT Admissions for period covering FEB 1,1992 through FEB 29, 1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN                   Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT            SSN            ELIGIBILITY        DATE OF CARE          INSURANCE COMPANIES
=============================================================================================================
XXXX   IBpatient,one      XXX-XX-XXXX    NON-SERVICE CONN   FEB 1,1992@11:10      XYZ INS
          XXXXXX    REIM INS-INPT     From: 02/01/92    To: 02/10/92        Debtor: XYZ INS
XXXX   IBpatient,two      XXX-XX-XXXX    NON-SERVICE CONN   FEB 24,1992@08:09     UNITED WORKERS
          XXXXXX    REIM INS-INPT     From: 02/24/92    To: 02/28/92        Debtor: UNITED WORKERS
          XXXXXX    REIM INS-INPT     From: 02/28/92    To: 02/29/92        Debtor: UNITED WORKERS
XXXX   IBpatient,three    XXX-XX-XXXX    NON-SERVICE CONN   FEB 10,1992@13:34     INTERNATIONAL
          XXXXXX    REIM INS-INPT     From: 02/10/92    To: 02/14/92        Debtor: INTERNATIONAL
```

5.26.4. Veterans w/Insurance and Opt. Visits

The Veterans w/Insurance and Opt. Visits option is used to produce a list of all patients who have reimbursable insurance and who had outpatient visits to the medical center during a selected date range. For dates of care prior to 10/1/90, service-connected Veterans with insurance will be included on the list.

Non-count clinics and unbillable appointment types are excluded from the list. This list may be used to help ensure that a bill exists for all outpatient billable episodes of care for that time frame.

This report includes patients who have either add/edit stop codes, 10-10 registrations, or scheduled appointments during the selected date range. The stop code, registration type, or clinic is included in the output for each entry. This information may be used to aid in determining how a charge should be billed.

The user may include unbilled patients, previously billed patients, or both on the report. If the user opts to print ALL (both unbilled and previously billed), the report is sorted by these two categories. The unbilled patients portion displays the patient ID#, patient name, SSN, eligibility status, date of care (event date), and the patient's insurance companies. The previously billed list displays the same data plus every bill within the selected date range for each patient showing the bill number, bill rate type, the statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by the terminal digit (8th and 9th digit of the SSN, then 6th and 7th, etc.). For multidivisional sites, the user may print a list for each division.

It is recommended the report be queued to print during non-peak user hours.

Sample Output

```
Veterans with Reimbursable Insurance and OUTPATIENT Appointments for period covering FEB 1,1992 through FEB 29, 1992
UNBILLED PATIENTS for Division ANYTOWN                          Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT             SSN          ELIGIBILITY        DATE OF CARE          INSURANCE COMPANIES
================================================================================================
XXXX   IBpatient,one       XXX-XX-XXXX  NON-SERVICE CONN   FEB 12,1992@09:45     XYZ INS
           Add/Edit Stop Code with 900,
XXXX   IBpatient,two       XXX-XX-XXXX  NON-SERVICE CONN   FEB 23,1992@13:40     ABC
           Clinic: DERMATOLOGY
XXXX   IBpatient,three     XXX-XX-XXXX  NON-SERVICE CONN   FEB 29,1992@09:44     ABC
           Clinic: DERMATOLOGY
XXXX   IBpatient,four      XXX-XX-XXXX  NON-SERVICE CONN   FEB 18,1992@23:45     BLUE SHIELD
           Registration: HOSPITAL ADMISSION
Veterans with Reimbursable Insurance and OUTPATIENT Appointments for period covering FEB 1,1992 through FEB 29, 1992
PREVIOUSLY BILLED PATIENTS for Division ANYTOWN                   Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT               SSN          ELIGIBILITY       DATE OF CARE          INSURANCE COMPANIES
================================================================================================
XXXX   IBpatient,one         XXX-XX-XXXX   NON-SERVICE CONN  FEB 11,1992@14:34     BLUE CROSS
           Add/Edit Stop Code with 102, 301, 706
           XXXXXX    REIM INS-OUTP    From: 02/11/92    To: 02/11/92          Debtor: BLUE CROSS
XXXX   IBpatient,two         XXX-XX-XXXX   NON-SERVICE CONN  FEB 12,1992@07:09     ABC   INSURANCE
           Clinic: MEDICAL
           00089A    REIM INS-OUTP    From: 02/12/92    To: 02/12/92          Debtor: ABC   INSURANCE
XXXX   IBpatient,three       XXX-XX-XXXX   NON-SERVICE CONN  FEB 26,1992@09:45     ABC   INSURANCE
           Clinic: MEDICAL
           00096A    REIM INS-OUTP    From: 02/26/92    To: 02/29/92          Debtor: ABC   INSURANCE
```

5.26.5. Patient Review Document

The Patient Review Document option is used to print the Third-Party Review Form by patient name and admission date specifications. This form is used in connection with Veteran patients admitted to the hospital who have private medical insurance. The form provides the patient's name, patient ID#, admission date, diagnoses, and ward location. Insurance information provided includes the insurance company name, address and phone number, policy number, and group number. The insurance data is not displayed if the insurance has expired.

The form is then divided into four sections. Section one concerns pre-admission certification. It shows whether pre-admission certification is required. If required, it provides information concerning the decision made by the insurance company regarding the admission. Information includes the number of days certified, whether medical information is insufficient, and whether outpatient care is more appropriate. Section two concerns the need for a second surgical opinion (if required) and the results of the second opinion.

Section three provides information concerning the length of stay review; if further stay was approved or if disapproved, the reasons for denial. Section four shows bill status – denied in full, denied in part, or paid in full. If denied, the reasons for the denial are given. The bill number is also shown.

Sample Output

```
NAME: IBpatient,one                                                    DATE PRINTED: DEC 12, 1990
                                                                             PT ID: XXXXXXXX
INSURANCE CARRIER: ABC Insurance Company
          ADDRESS: 234 Test St., ANYTOWN, California  15436
            PHONE: XXX-XXXX                POLICY #: XXXXXXXXX          GROUP #: 10
   PRE-CERT PHONE:                        BILLING PHONE:
INSURANCE CARRIER:
          ADDRESS:
            PHONE:                         POLICY #:                    GROUP #:
   PRE-CERT PHONE:                        BILLING PHONE:
INSURANCE CARRIER:
          ADDRESS:
            PHONE:                         POLICY #:                    GROUP #:
   PRE-CERT PHONE:                        BILLING PHONE:
ADMITTING DX: Pneumonia                                    WARD: 8A
SCHEDULED ADMISSION DATE:                                 ADMISSION DATE: JUN 26, 1986
-------------------------------------------------------------------------------------------------
PRE-ADMISSION CERTIFICATION:
___NUMBER DAYS CERTIFIED                          _____________________AUTHORIZATION NUMBER
___NOT REQUIRED
___FAILURE TO MEET ESTABLISHED ADMISSION CRITERIA
___MEDICAL INFORMATION IS INSUFFICIENT
___OPT CARE IS MORE APPROPRIATE
___OTHER LEVELS OF SERVICE ARE MORE APPROPRIATE (NURSING HOME VS HOSPITAL)
___POLICY DOES NOT COVER MEDICAL CARE REQUIRED
___COVERAGE EXHAUSTED
___OTHER                                                    PREPARED BY _____________________
-------------------------------------------------------------------------------------------------
SECOND SURGICAL OPINION NEEDED:   ______YES    ______NO
SECOND SURGICAL OPINION OBTAINED: ______YES             _______OUTSIDE MD RECOMMENDED AGAINST SURGERY
                                  ______NOT APPLICABLE  _______OTHER
                                  ______NOT RECEIVED              PREPARED BY _____________________
-------------------------------------------------------------------------------------------------
LOS REVIEW DATE: __________                        DATE APPROVED:  _______________
NUMBER OF DAYS EXTENDED:  __________                                ______________AUTHORIZATION NUMBER
___PRE-OP DAYS DENIED                          ___APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST
___MORE MEDICAL INFORMATION NEEDED             ___ALTERNATIVE TREATMENT NOT COVERED BY POLICY
___FAILURE TO MEET CONTINUED STAY CRITERIA     ___AVAILABILITY OF ALTERNATIVE TREATMENT
```

```
___APPROPRIATE ALTERNATIVE TREATMENT OPTIONS EXIST  ___COVERAGE EXHAUSTED
___OTHER                                                    PREPARED BY _____________________
-------------------------------------------------------------------------------------------------------
BILLS DENIED IN FULL:                                  BILL DENIED IN PART:
_________EXCLUSIONARY CLAUSE STILL IN EFFECT            _________DEDUCTIBLE/COPAYMENT APPLIES
_________DEDUCTIBLE/COPAYMENT APPLIES                  _________PORTION OF CARE NOT COVERED BY POLICY
_________TYPE OF CARE NOT COVERED BY POLICY            _________EXCEEDS USUAL AND CUSTOMARY CHARGES
_________PATIENT DOES NOT HAVE CURRENT COVERAGE        _________PAYMENT LIMITED TO PREAUTHORIZED DAYS
_________INSURER WILL NOT PAY PER DIEM RATES           _________OTHER
_________TREATMENT/ADMISSION NOT AUTHORIZED BY INSURANCE CARRIER
_________OTHER                                         _________BILL PAID IN FULL
                                                               PREPARED BY _____________________
-------------------------------------------------------------------------------------------------------
REMARKS:
BILL # _____________
```

5.26.6. Inpatients w/ Unknown or Expired Insurance

This option allows the user to print a list of Veteran inpatients with no insurance, expiring insurance (expired or will expire within 30 days), or unknown insurance. The user may include any or all of these categories. The output may then be used to obtain insurance information from the Veterans while current inpatients.

If the site is multidivisional, one, many, or all divisions may be included. A subtotal is provided for each division.

The report may be printed for the current date or a specified date range. When the user selects a date range, all patients who were admitted during that date range are included. If the user opts to display the current date, all patients who are currently inpatients are included. The report may be further sorted by ward.

Producing this output may be very time-consuming. It is recommended to queue this option and run it during off hours. The required margin width is 132 columns.

Sample Output

```
JUN 1,1993  PAGE 1
VETERANS WITH NO INSURANCE THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD            PT ID          ADMISSION DATE         AGE     %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------------
      Division:          NORTHSIDE
=========================================================================================================================
      Ward:              11B
   IBpatient,one          XXX-XX-XXXX      MAY 22,1993@16:37      55      40    WIDOW/WIDOWER    EMPLOYED FULL TIME
     11B                  Address:        555 KILBOURN                        Tele:           XXX-XXX-XXXX
                                          ANYTOWN,NY XXXXX
```

```
                          Employer:       ACME CONSTRUCTION                    Tele:          XXX-XXX-XXXX
                                           MAPLE AVE
                                           ANYTOWN,NY 12208
   IBpatient,two          XXX-XX-XXXX      MAY 30,1993@07:00      62       0    MARRIED          EMPLOYED FULL TIME
     11B                  Address:        000 1ST ST.                          Tele:          XXX-XXX-XXXX
                                           ANYTOWN,NY 12208
                          Employer:       ALBANY PLUMBING                      Tele:          XXX-XXX-XXXX
                                           23 RAILROAD AVE.
                                           ANYTOWN,NY 12208
-------------------------------------------------------------------------------------------------------------------------------
      Ward:              11C
   IBpatient,three        XXX-XXX-XXXX     JUN 1,1993@11:32       42       0    MARRIED          EMPLOYED FULL TIME
     11C                  Address:        121 TEST AVE                         Tele:          XXX-XXX-XXXX
                                           ANYTOWN,NY 12184
                          Employer:       VAMC ALBANY                          Tele:          XXX-XXX-XXXX
                                           113 HOLLAND AVE.
                                           ANYTOWN,NY 12208
-------------------------------------------------------------------------------------------------------------------------------
   Subtotal: 3
---------------
   Total: 3
JUN 1,1993  PAGE 2
VETERANS WHOSE INSURANCE IS EXPIRED OR WILL EXPIRE WITHIN 30 DAYS THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD            PT ID           ADMISSION DATE         AGE     %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------------------
      Division:            NORTHSIDE
===============================================================================================================================
      Ward:                11B
   IBpatient,one           XXX-XXX-XXXX     MAY 25,1993@16:37      35       0   WIDOW/WIDOWER    NOT EMPLOYED
     11B                   Address:       49 TEST AVE                          Tele:          XXX-XXX-XXXX
                                          ANYTOWN,NY 12180
                           Insurance:     XYZ INS                              Expiration:    JUN 15,1993
-------------------------------------------------------------------------------------------------------------------------------
---------------
   Subtotal: 1
---------------
   Total: 1
JUN 1,1993  PAGE 3
VETERANS WHOSE INSURANCE IS UNKNOWN THAT WERE ADMITTED BETWEEN MAY 22,1993 AND JUN 1,1993
   PATIENT/WARD            PT ID           ADMISSION DATE         AGE     %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------------------
      Division:            NORTHSIDE
===============================================================================================================================
      Ward:                11C
   IBpatient,one           XXX-XXX-XXXX     MAY 22,1993@16:37      82      10   WIDOW/WIDOWER    RETIRED
     11C                   Address:       55 TEST AVE                          Tele:          XXX-XXX-XXXX
                                          ANYTOWN,NY 12180
   IBpatient,two           XXX-XXX-XXXX     MAY 25,1993@07:00      60       0   MARRIED          EMPLOYED FULL TIME
     11C                   Address:       256 HOLLAND AVE.                     Tele:          XXX-XXX-XXXX
                                          ANYTOWN,NY 12208
```

```
                          Employer:       ABC SECURITY                        Tele:          XXX-XXX-XXXX
                                           519 4TH ST
                                           ANYTOWN,NY 12208
-------------------------------------------------------------------------------------------------------------------------------
   Subtotal: 2
---------------
   Total: 2
```

5.26.7. Outpatients w/Unknown or Expired Insurance

This option allows the user to print a list of Veteran outpatients with no insurance, expiring insurance (expired or will expire within 30 days), or unknown insurance for a specified date range. The user may include any or all of these categories.

One, many, or all divisions (if the site is multidivisional) and clinics may be included. A subtotal is provided for each division/clinic.

This option may be used to identify those patients who should be interviewed for insurance information while visiting a specified clinic. This report may be printed for a specified date or range of dates and sent to the appropriate clinic for follow-up.

This output may be very time-consuming and should be queued. The margin width is 132 columns.

Sample Output

```
OUTPATIENT VISITS FOR VETERANS WITH NO INSURANCE                                                    JUN 1,1992  PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
   PATIENT NAME           PT ID              APPT DATE/TIME     AGE     %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------
      Division:          ALBANY
      Clinic:            DERMATOLOGY
   IBpatient,one          XXX-XXX-XXXX        MAY 22,1992@16:37   55      40   WIDOW/WIDOWER    EMPLOYED FULL TIME
                          Address:           555 TEST                          Tele:           XXX-XXX-XXXX
                                              ANYTOWN,NY XXXXX
                          Employer:          ACME CONSTRUCTION                 Tele:           XXX-XXX-XXXX
                                              MAPLE AVE
                                              ANYTOWN,NY 12208

   _____________________
   Clinic Subtotal  : 1
      Clinic:            ORTHOPEDIC
   IBpatient,two          XXX-XXX-XXXX        JUN 1,1992@11:32    42       0   MARRIED          EMPLOYED FULL TIME
                          Address:           121 TEST AVE                      Tele:           XXX-XXX-XXXX
                                              ANYTOWN,NY 12184
                          Employer:          VAMC ALBANY                       Tele:           XXX-XXX-XXXX
                                              113 HOLLAND AVE.
                                              ANYTOWN,NY 12208

   _____________________
   Clinic Subtotal  : 1
```

```
   _________________________
   Division Subtotal: 2

   _________________________
   Total            : 2
OUTPATIENT VISITS FOR VETERANS WHOSE INSURANCE IS EXPIRED OR WILL EXPIRE WITHIN 30 DAYS         JUN 1,1992  PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
   PATIENT NAME             PT ID              APPT DATE/TIME      AGE    %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------
       Division:           ALBANY
       Clinic:             OPHTHALMOLOGY
   IBpatient,one            XXX-XXX-XXXX        MAY 25,1992@16:37   35       0   WIDOW/WIDOWER    NOT EMPLOYED
                            Address:           49 TEST AVE                      Tele:           XXX-XXX-XXXX
                                               ANYTOWN,NY 12180
                            Insurance:         XYZ INS                          Expiration:     JUN 15,1992

   _________________________
   Clinic Subtotal  : 1

   _________________________
   Division Subtotal: 1

   _________________________
   Total            : 1
OUTPATIENT VISITS FOR VETERANS WHOSE INSURANCE IS UNKNOWN                                         JUN 1,1992  PAGE 1
FOR APPOINTMENTS FROM MAY 22,1992 TO JUN 1,1992
   PATIENT NAME             PT ID              APPT DATE/TIME       AGE    %SC   MARITAL STATUS   EMPLOYMENT STATUS
-------------------------------------------------------------------------------------------------------------------
      Division:           ALBANY
      Clinic:             MEDICAL
   IBpatient,two            XXX-XXX-XXXX        MAY 22,1992@16:37   82      10   WIDOW/WIDOWER    RETIRED
                            Address:           55 TEST AVE                    Tele:           XXX-XXX-XXXX
                                               ANYTOWN,NY 12180

   _________________________
   Clinic Subtotal  : 1
      Clinic:             SURGICAL
   IBpatient,three          XXX-XXX-XXXX        MAY 25,1990@07:00   60       0   MARRIED          EMPLOYED FULL TIME
                            Address:           256 TESTING AVE.               Tele:           XXX-XXX-XXXX
                                               ANYTOWN,NY 12208
                            Employer:          GAVIN'S SECURITY                 Tele:           XXX-XXX-XXXX
                                               519 4TH ST
                                               ANYTOWN,NY 12208

   _________________________
   Clinic Subtotal  : 1

   _________________________
   Division Subtotal: 2

   _________________________
   Total            : 2
```

5.26.8. Single Patient Means Test Billing Profile

The Single Patient Means Test Billing Profile option provides a list of all Means Test/Category C charges within a specified date range for a selected patient.

The user will be prompted for the patient's name, date range, and device. The default at the **Start with DATE** prompt is October 1, 1990. This is the earliest date for which charges may be displayed.

This output displays the date the Means Test billing clock began, the bill date, bill type (including the treating specialty for inpatient copay charges), the bill number, the bill to date (for inpatient charges), the amount of each charge, and the total charges for the selected date range.

Sample Output

```
Means Test Billing Profile for Test,Name
From 01/01/14 through 10/29/19                              OCT 29, 2019@08:54         Page: 1
BILL DATE   BILL TYPE                BILL #    BILL TO   TOT CHARGE
-------------------------------------------------------------------------------------------------
05/22/12  Begin Means Test Billing Clock
12/30/14  Begin Means Test Billing Clock
12/30/14   OUTPATIENT COPAY          XXXXXXX                $15.00
12/31/14   OUTPATIENT COPAY          XXXXXXX                $15.00
01/06/15   OUTPATIENT COPAY          XXXXXXX                $15.00
01/13/15   OUTPATIENT COPAY          XXXXXXX                $15.00
01/14/15   OUTPATIENT COPAY          XXXXXXX                $15.00
01/14/15   FEE SERVICE/INPATIENT     XXXXXXX   01/17/15     $243.20  *
01/14/15   FEE SERV INPT PER DIEM    XXXXXXX   01/17/15       $6.00  *
01/14/15   FEE SERVICE/INPATIENT     XXXXXXX   01/17/15    ($243.20) *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM    XXXXXXX   01/17/15      ($6.00) *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT              XXXXXXX   01/15/15      $25.00  *
01/14/15   CC PER DIEM               XXXXXXX   12/29/15     $698.00  *
01/14/15   CC PER DIEM               XXXXXXX   01/15/15       $2.00  *
     **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM              XXXXXXX   07/31/15     ($60.00) *
     Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM           XXXXXXX   08/31/15      $60.00  *
08/01/15   CC MTF PER DIEM           XXXXXXX   08/31/15     ($60.00) *
     Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM           XXXXXXX   09/30/15      $58.00  *
09/01/15   CHOICE PER DIEM           XXXXXXX   09/30/15     ($58.00) *
     Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY               XXXXXXX                 $8.00
12/15/18   CC RX COPAY               XXXXXXX                ($8.00)
     Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE            XXXXXXX                $30.00
06/06/19   CC URGENT CARE            XXXXXXX               ($30.00  )
     Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT             XXXXXXX                $15.00
09/02/19   CC OUTPATIENT             XXXXXXX               ($15.00)
     Charge Removal Reason: ELIGIBILITY INCORRECT
    '*' - Geographic Means Test rates
          ----------$303.00
```

5.27. Third-Party Billing Menu

5.27.1. Print Bill Addendum Sheet

This option is used to print the addendum sheets that may accompany HCFA-1500 prescription refills or prosthetic bills. The addendum contains information that could not fit on the bill form.

Prescription refill data provided on the addendum sheet may include prescription number, refill date, drug, quantity, # of days' supply, and the National Drug Code (NDC) #. Prosthetic data will include the date delivered to the patient and the item.

For the bill addendums to automatically print for every HCFA-1500 bill with prescription refills or prosthetic items, the billing default printer for the BILL ADDENDUM form type must be set through the Select Default Device for Forms option found on the System Manager's Integrated Billing Menu.

Sample Output

```
BILL ADDENDUM FOR IBpatient,one    - XXXXXX      JAN 28, 1994  11:00   PAGE 1
-------------------------------------------------------------------------------
PRESCRIPTION REFILLS:
XXX  Jan 03, 1994  DIGOXIN 0.25MG      QTY: 60   DAYS SUPPLY: 30  NDC #: XX-XXX-XXX
XXX  Jan 10, 1994  NAPROXEX 250MG S.T. QTY: 10   DAYS SUPPLY: 10  NDC #: XX-XXX-XXX
PROSTHETIC ITEMS:
JAN 02, 1994     WALKER-FOLDING-WHEELED
JAN 02, 1994     CANE-ALL OTHER
```

5.27.2. Authorize Bill Generation

The Authorize Bill Generation option is used to authorize the printing of third-party bills and the release of the information to Fiscal Service.

When a billing record is selected, the system performs a check to determine if another user is currently processing the same record. If not, the system will lock the record. If the lock is unsuccessful, it means another user already has that record locked and the following message will be displayed:

> *No further processing of this record permitted at this time.*
> *Record locked by another user. Try again later.*

A final review/edit of the information in the billing record may be performed through this option. The data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (< >) may not. The patient's name, social security number, bill number, bill classification (Inpatient or Outpatient), and screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option. For more detailed documentation on editing a bill, please see the Enter/Edit Billing Information option documentation.

For a detailed explanation of all screens, please see the Supplement at the end of this section.

The CAN INITIATOR AUTHORIZE? site parameter and the IB AUTHORIZE security key affect the prompts that appear at the end of this option.

CAN INITIATOR AUTHORIZE?

If set to YES, the user who initiated the bill can authorize the generation of the billing form (if required security key is held). If this parameter is set to NO, the initiator of the bill will not be allowed to authorize its generation.

IB AUTHORIZE

Allows the holder to authorize the generation of bills. The user must hold this key to access this option.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

5.27.3. Enter / Edit Billing Information

The IB EDIT security key is required to access this option.

The Enter/Edit Billing Information option is used to enter the information required to generate a third-party bill and to edit existing billing information. A new bill may be entered, or an existing bill can be edited. Only existing bills that have not been authorized or canceled may be edited. Once a bill has been filed (billing record number established), it cannot be deleted. The bill may be canceled through the Cancel Bill option.

If the selected patient's eligibility has not been verified and the ASK HINQ IN MCCR parameter is set to YES, the user will have the opportunity to enter a HINQ (Hospital Inquiry) request into the HINQ Suspense File. This request will be transmitted to the Veterans Benefits Administration to obtain the patient's eligibility information. If Means Test data such as category, Means Test last applied, and date Means Test completed is available, it will be displayed after the patient’s name or bill number has been entered.

When entering a new bill, the system will prompt for EVENT DATE. When billing for multiple outpatient visits, the date of the initial visit is used. For an inpatient bill, the date of the admission is used. If an interim bill is being issued, the EVENT DATE should be the date of admission for that episode of care.

The Medical Care Cost Recovery data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (< >) may not. The patient's name, social security number, bill number, bill classification (Inpatient or Outpatient) and screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option.

5.27.4. Cancel Bill

The IB AUTHORIZE security key is required to access this option.

The Cancel Bill option allows the user to cancel a bill at any point in the billing process. Once the bill is canceled, there is no way to view the data contained in that bill.

If the user selects a bill that has been previously canceled, certain prompts will appear with defaults.

A mail group may be specified (through the site parameters) so that every time a bill is canceled, all members of this group are notified through electronic mail. If this group is not specified, only the billing supervisor and the user who canceled the bill will be recipients of the message. An example of this message may be found in the Example Section of this option.

When a bill is canceled, it is removed as a Prior Bill Number from previous bills in the Primary/Secondary/Tertiary Series.

Sample Mail Message

```
Subj: MAS UB-92 BILL CANCELLATION BULLETIN  [#120774] 22 Mar 95 13:22  11 Lines
From: EMPLOYEE (ALBANY ISC)  in 'IN' basket. Page 1
---------------------------------------------------------------------------
The following UB-92 bill has been canceled:
Bill Number: XXXXXX
Patient Name: IBpatient,one            PT ID: XXX-XXX-XXXX
Event Date: MAR 12,1995@08:00
Reason for cancellation: Patient is service connected.
Status when canceled: CANCELLED  -  Not passed to AR
Select MESSAGE Action: IGNORE (in IN basket)//
```

5.27.5. Copy and Cancel

The IB AUTHORIZE security key is required to access this option.

The CAN INITIATOR AUTHORIZE? site parameter affects this option.

This option is used to cancel a bill, copy all the information into a new bill, and edit the new bill where necessary. The status of the new bill is ENTERED/NOT REVIEWED. This process prevents having to use the Enter/Edit Billing Information option to create a new bill that would require the re-entry of ALL data. Bills returned from Accounts Receivable with minor inconsistencies can quickly and easily be corrected through this option.

The Medical Care Cost Recovery data is arranged so that it may be viewed and edited through various screens. The data is grouped into sections for editing. Each section is labeled with a number to the left of the data items. Data group numbers enclosed by brackets ([ ]) may be edited while those enclosed by arrows (< >) may not. The patient's name, social security number, bill number, bill classification (Inpatient or Outpatient), and screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of every screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the data groups found on that screen and provides the name and number of each available screen in the option.

A mail group may be specified (through the site parameters) so that every time a bill is disapproved during the authorization phase of the billing process, or suspended during the generation phase, all members of this group are notified via electronic mail. If this group is not specified, only the billing supervisor, the initiator of the billing record, and the user who

disapproved or generated the bill will be recipients of the message. Examples of messages may be found in the Enter/Edit Billing Information documentation. An explanation of how the bill mailing address field is determined is provided in the Supplement at the end of this option documentation.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of both forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. Both must be generated (printed) at 80 characters per line at 10 pitch. Copies of the billing forms are included in the Print Bill option documentation.

Please see the Supplement found at the end of this section for descriptions of the parameter and security key as well as a description of most fields included on the billing screens.

5.27.6. Delete Auto Biller Results

This option is used to delete entries from the Automated Biller Errors/Comments report prior to a user-selected date for any entry not associated with a bill.

The auto biller checks a variety of data elements concerning an event before a bill is created. The auto biller will only create reimbursable insurance bills, so the patient must be a Veteran with active insurance. The disposition prior to the event date is checked and if the need for care was related to an accident or the Veteran's occupation, the auto biller will not create a bill. Since dental is usually billed separately, any event with a dental clinic stop will also be excluded. The auto biller also checks to ensure that the event has not already been billed.

Entries are removed from the Automated Biller Errors/Comments report in two ways. If a bill was created for the event, the bill's entry is removed from the report when the bill is either printed or canceled. If a bill was not created, this option must be used to delete the entry.

The user will be prompted for a date. The default value provided is three days before the current date.

5.27.7. Print Bill

The Print Bill option is used to print third-party bills on the appropriate form (UB-82/92 or HCFA-1500) after all required information has been input and the billing record has been authorized. The user may also reprint a previously printed bill.

A final review of the information in the billing record may be performed through this option. The data is arranged so that it may be viewed through various screens. The patient's name, social security number, bill number, bill classification (Inpatient or Outpatient), and screen number appear at the top of every screen. A <?> entered at the prompt that appears at the bottom of each screen will provide the user with a HELP SCREEN for that screen. The HELP SCREEN lists the name and number of each available screen for the working bill and the data groups for that screen.

No editing of the data is allowed in this option. Data can be edited through the Enter/Edit Billing Information option, if necessary.

The UB-82, UB-92, and HCFA-1500 billing forms are the output that may be produced from this option. The data elements, and design of these forms, have been determined by the National Uniform Billing Committee and have been adapted to meet the specific needs of the Department of Veterans Affairs. The billing forms must be generated (printed) at 80 characters per line at 10 pitch.

5.27.8. Patient Billing Inquiry

The Patient Billing Inquiry option allows the user to display/print information on any reimbursable insurance bill, pharmacy copay, or Means Test bill. The information provided differs depending on the bill type.

For reimbursable insurance bills, the information provided includes bill status, rate type, reason canceled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, the amount paid, statement to and from dates, each action that was taken on that bill, and the user who performed it. If the user opts to view the full inquiry, address information from the PATIENT file and the bill is also provided.

The information provided in a brief inquiry for Pharmacy Copay charges includes the date of the charge, type of charge (syntax: patient eligibility - action type - status), brief description (syntax: prescription # - drug name - # of units), amount of charge or credit, and an explanation of any charge removed, if applicable. A full inquiry, in addition to the information provided in the brief inquiry, provides information from the PRESCRIPTION file, as well as the address information on the patient.

The display/output for Means Test bills is very similar to the brief inquiry for Pharmacy Copay. It includes the date of the charge, charge type, brief description, units, and amount of charge. A full inquiry also includes address information on the patient.

Sample Outputs

```
Full inquiry for a reimbursable insurance bill.
IBpatient,one       XXX-XXX-XXXX     XXX-XXXXXX    FEB 19, 1992@14:17   PAGE:1
================================================================================
Bill Status    : PRINTED - RECORD IS UNEDITABLE
Rate Type      : REIMBURSABLE INSURANCE
Op Visit dates : APR 14,1992
Charges        : $148.00
LESS Offset    :  $30.00
Bill Total     : $118.00
Statement From : APR 14,1992
Statement To   : APR 14,1992
Entered        : APR 15, 1992 by ED
First Reviewed : APR 16, 1992 by SUE
Last Reviewed  : APR 16, 1992 by SUE
Authorized     : APR 16, 1992 by SUE
Last Printed   : APR 16, 1992 by GARY
IBpatient,one       XXX-XXX-XXXX     XXX-XXXXXX   FEB 19, 1992@14:17   PAGE: 2
================================================================================
*** ADDRESS INFORMATION ***
Patient Address: 117 TEST DRIVE
                 ANYTOWN, NEW YORK
                 XXX-XXX-XXXX
Mailing Address: ABC
                 1262 TEST AVENUE
                 ANYTOWN, CALIFORNIA   12345
```

```
Ins Co. Address: ABC
                 1262 TEST AVENUE
                 ANYTOWN, CALIFORNIA   12345
                 XXX-XXX-XXXX
Full inquiry for a Means Test bill.
IBpatient,one      XXX-XXX-XXXX           XXX-XXXXXX   FEB 24, 1992@09:09   PAGE: 1
================================================================================
FEB 14, 1992   INPT COPAY (MED) NEW  INPT CO-PAY (MED)          1      $200.00
FEB 20, 1992   INPT COPAY (MED) CAN  INPT CO-PAY (MED)          1     ($200.00)
     Charge Removal Reason: MT CHARGE EDITED
                                                                   ------------
                                                                        $0.00
IBpatient,one      XXX-XXX-XXXX           XXX-XXXXXX   FEB 24, 1992@09:09   PAGE: 2
================================================================================
                         *** ADDRESS INFORMATION ***
Patient Address: 28 TEST RD
                 ANYTOWN, MASSACHUSETTS
                 XXX-XXX-XXXX
Brief inquiry for a Pharmacy Copay bill.
IBpatient,one    XXX-XXX-XXXX             XXX-XXXXXX   FEB 24, 1992@09:18   PAGE:1
DATE           CHARGE TYPE          BRIEF DESCRIPTION        UNITS      CHARGE
================================================================================
MAR 15, 1991   SC RX COPAY NEW       RX#XXXXXX-REF 5-ENDU       3        $6.00
MAR 15, 1991   SC RX COPAY NEW       RX#XXXXXX 9999-CLONI       4        $8.00
                                                                  -----------
                                                                       $14.00
```

5.27.9. Print Auto Biller Results

This option is used to print the Automated Biller Errors/Comments report. The results of the execution of the auto biller are listed in this report. For Claims Tracking events for which the auto biller attempted to create a bill, this report will list either the reason a bill was not created or the bill number and any comments on the bill.

The auto biller checks a variety of data elements concerning an event before a bill is created. The auto biller will only create reimbursable insurance bills, so the patient must be a Veteran with active insurance. The disposition prior to the event date is checked and if the need for care was related to an accident or the Veteran's occupation, the auto biller will not create a bill. Since dental is usually billed separately, any event with a dental clinic stop will also be excluded. The auto biller also checks to ensure that the event has not already been billed.

Entries are removed from the Automated Biller Errors/Comments report in two ways. If a bill was created for the event, the bill's entry is removed from the report when the bill is either printed or canceled. If a bill was not created, the Delete Auto Biller Results option must be used to delete the entry.

The bills will be grouped on the output by the date entered. The following information may appear on the report: patient name, event type, episode date, bill number, bill status, the timeframe of the bill, and statement covers from and to dates. Comments relating to individual bills may also be provided.

The user will be prompted for a date range, a patient range, and a device.

Sample Output

```
AUTOMATED BILLER ERRORS/COMMENTS FOR Nov 1, 1993 - Nov 10, 1993                    DEC 10,1993  13:19    PAGE 1
                              EVENT                          BILL                 TIMEFRAME OF        STATEMENT     STATEMENT
PATIENT                       TYPE   EPISODE DATE            NUMBER    STATUS     BILL                COVERS FROM   COVERS TO
-------------------------------------------------------------------------------------------------------------------------------
       DATE ENTERED: NOV  1,1993
IBpatient, one        XXXXX   INPA   SEP  1,1993  17:07     XXXXXX    ENTERED    INTERIM - FIRST     SEP  1,1993   SEP 30,1993
IBpatient, two        XXXXX   INPA   SEP  1,1993  01:00     XXXXXX    ENTERED    INTERIM - FIRST     SEP  1,1993   SEP 30,1993
IBpatient, three      XXXXX   INPA   SEP 14,1993  11:42     XXXXXX    ENTERED    ADMIT THRU DISC     SEP 14,1993   SEP 14,1993
                              No billable Days.
       DATE ENTERED: NOV  3,1993
IBpatient,one         XXXXX   INPA   SEP  1,1993  17:07     XXXXXX    ENTERED    INTERIM - CONTI     OCT  1,1993   OCT 31,1993
IBpatient,one         XXXXX   INPA   SEP  1,1993  01:00     XXXXXX    ENTERED    INTERIM - CONTI     OCT  1,1993   OCT 31,1993
       DATE ENTERED: NOV  8,1993
IBpatient,one         XXXXX   INPA   SEP 15,1993  12:30     XXXXXX    ENTERED    INTERIM - CONTI     OCT  1,1993   OCT 31,1993
```

5.27.10. Print Authorized Bills

The Print Authorized Bills option will print all bills with a status of AUTHORIZED in a user-specified order. The bills may be sorted by zip code, insurance company name, and patient name.

The user may enter <??> at the **Begin printing bills?** prompt to see a list of all the bills that will print when this option is utilized. The list will show the bill number, patient name, event date, inpatient or outpatient bill, bill type, bill status (AUTHORIZED), and bill form type. If this list is quite lengthy, queue the output to print during off hours.

The user is not prompted for a device in this option. Each bill form type will print on the billing default printer specified through the Select Default Device for Forms option on the System Manager's Integrated Billing Menu. Any form type not set up there, will not print when utilizing this option.

5.28. Return Bill Menu

5.28.1. Edit Returned Bill

The IB EDIT security key is required to access this option.

The Edit Returned Bill option is used to correct bills with a status of RETURNED FROM AR (NEW) that have been returned to MAS from Accounts Receivable. Generate the returned bill report through the Returned Bill List option before utilizing this option. That report contains a listing of all bills that have been returned to MAS providing the reason returned for each. This information is required to make the appropriate corrections to each bill. The bill number appears on that report preceded by the station number. The station number should not be entered when selecting the bill for editing.

After editing, return the bill to Accounts Receivable and print the bill if the required security key is held. It should be noted that returned bills with a status of RETURNED FOR AMENDMENT cannot be edited through this option and must be corrected through the Copy and Cancel option.

Supplemental information such as sample billing screens is provided in the Supplement at the end of this section.

NOTE: *It is possible to edit a returned bill if it is not an **electronically transmittable** bill. For returned electronically transmittable bills/claims, the IB COPY AND CANCEL option will need to be used.*

5.28.2. Returned Bill List

The Returned Bill List option prints a listing of all bills that have been returned to MAS from Accounts Receivable. When the user logs onto the Billing System, the following message appears:

You have {#} bill(s) returned from Fiscal (New Bill).

When this occurs, the user needs to generate the output produced by this option to obtain a listing of the returned bills.

The following data items may be provided for each bill on the list: bill number, payer, the previous and current status of the bill, original bill amount, service which approved the bill and when, returned by, reason returned, and date returned. The bill number appears on this report preceded by the station number. The station number should not be entered when selecting the bill for editing.

The user will need this report when using the Edit Returned Bill option to determine why the bill was returned and what needs to be corrected. Once bills have been corrected and sent back to Accounts Receivable, these no longer appear on the Returned Bill List.

Sample Output

```
<< BILL RETURNED FROM AR >>
================================================================================
BILL NO.: XXX-XXXXXX                    PAYER: ABC
PREV. STATUS: NEW BILL                   CURR. STATUS: RETURNED FROM AR (NEW)
ORIGINAL AMOUNT: $70                     SERVICE: MEDICAL ADMINISTRATION
                                  << SERVICE >>
APPROV. BY: JAMES                        DATE: JUL 2,1990
                                  << FISCAL >>
RETN'D BY: ALAN                         DATE: JUL  5,1990
RETN'D REASON:
   RETURNED FOR CORRECT RATES
================================================================================
<< BILL RETURNED FROM AR >>
================================================================================
BILL NO.: XXX-XXXXXX                     PAYER: ABC
PREV. STATUS: NEW BILL                   CURR. STATUS: RETURNED FROM AR (NEW)
ORIGINAL AMOUNT: $673                    SERVICE: MEDICAL ADMINISTRATION
                                  << SERVICE >>
APPROV. BY: JAMES                        DATE: JUL 2,1990
                                  << FISCAL >>
RETN'D BY: ALAN                          DATE: JUL  5,1990
RETN'D REASON:
   RETURNED FOR CORRECT INS ADDRESS
```

5.28.3. Return Bill to A/R

The IB AUTHORIZE security key is required to access this option.

The Return Bill to A/R option is used to send bills that have been returned to MAS back to Accounts Receivable after correction. Editing is not allowed in this option. All editing is done through the Edit Returned Bill option; however, all billing screens associated with the bill may be displayed for viewing.

5.28.4. UB-82 Test Pattern Print

The UB-82 Test Pattern Print option is used to print a test pattern on the UB-82 billing form so that the form alignment in the printer may be checked. This will ensure that each data item prints in the correct block on the form.

The test pattern displays which data element should appear in the different blocks of the billing form. For example, in Block 3 - Patient Control Number, **BILL NUMBER** will be printed in that block when this option is utilized.

Sample Output

```
                *** UB-82 TEST PATTERN ***
AGENT CASHIER
AGENT CASHIER STREET     F. L. 2                          BILL NUMBER      XXX
CITY STATE  ZIP
PHONE #                 BC/BS #       FED TAX #                          F. L.9
PATIENT NAME                      PATIENT ADDRESS
PT DOB  X X   ADM DT HR  X  X AH DH XX  FROM    TO                     F. L.27
OC DATE    OC DATE    OC DATE      OC DATE    OC DATE
MAILING ADDRESS NAME
STREET ADDRESS 1              CC CC CC CC CC                 F. L. 45
STREET ADDRESS 2
STREET ADDRESS 3
CITY  STATE  ZIP
000 DAYS MEDICAL CARE
REV CODE 1              000.00 000 00    0000.00
REV CODE 2              000.00 000 00    0000.00
REV CODE 3              000.00 000 00    0000.00
SUBTOTAL                                 00000.00
TOTAL                                    00000.00
PAYER 1                 X  X
PAYER 2                 X  X
PAYER 3                 X  X
INSURED NAME 1         X  XX POLICY # 1       GROUP NAME 1   GROUP # 1
INSURED NAME 2         X  XX POLICY # 2       GROUP NAME 2   GROUP # 2
INSURED NAME 3         X  XX POLICY # 3       GROUP NAME 3   GROUP # 3
X X EMPLOYER NAME                         CITY  STATE  ZIP
PRINCIPAL DIAGNOSIS                         CODE   CODE   CODE   CODE   CODE

X  PRINCIPAL PROCEDURE                      CODE   DATE  CODE  DATE CODE  DATE
                     TX. AUTH. Dept. Veterans Affairs F. L. 93
Patient ID: XXXXXXXXX
Bill Type: XXXX XXXXXXX
UB-82 TEST PATTERN
**TEST PATTERN**                              UB-82 SIGNER NAME
                                              UB-82 SIGNER TITLE     DATE
```

5.28.5. UB-92 Test Pattern Print

The UB-92 Test Pattern Print option is used to print a test pattern on the UB-92 billing form so that the form alignment in the printer may be checked. This will ensure that each data item prints in the correct block on the form.

Sample Output

```
XXXXSR                              *** UB-92 TEST PATTERN ***
AGENT CASHIER
AGENT CASHIER STREET                                        BN XXX           XXX
CITY  STATE  ZIP
```

```
PHONE #                    TAX# XXXX  5/1/93 5/4/93
PATIENT NAME                    PT SHORT ADDRESS
DOB      X  X DATE   HR  X  X DR ST 000-00-0XXX       CC CC CC CC CC CC CC
OC DATE   OC DATE   OC DATE   OC DATE   OC DATE
RESPONSIBLE PARTY'S NAME
STREET ADDRESS 1
STREET ADDRESS 2
STREET ADDRESS 3
CITY  STATE  ZIP
CD1  REV CODE description                       xx       xxxx.xx
CD2  REV CODE description                       xx       xxxx.xx
CD3  REV CODE description                       xx       xxxx.xx
     Subtotal                                            xxxx.xx
     Total                                               xxxx.xx
For your information, even though the patient may be otherwise eligible
for Medicare, no payment may be made under Medicare to any Federal provider
of medical care or services and may not be used as a reason for non-payment.
Please make your check payable to the Department of Veterans Affairs and
send to the address listed above.
The undersigned certifies that treatment rendered is not for a
service connected disability.
Name of Payer 1           Provider #    x  x
Name of Payer 2           Provider #    x  x
Name of Payer 3           Provider #    x  x
Insured's Name 1          x  Insurance #         Group Name     Group #
Insured's Name 2          x  Insurance #         Group Name     Group #
Insured's Name 3          x  Insurance #         Group Name     Group #
Treatment Auth. Cd x Employer Name             Employer Location
                   x Employer Name             Employer Location
                   x Employer Name             Employer Location
PDX    Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd  Dx Cd   ADMT DX
   P-code  mmddyy P-code  mmddyy P-code  mmddyy     Attending Phys. ID#
   P-code  mmddyy P-code  mmddyy P-code  mmddyy     Other Phys. ID#
       Patient ID#: xxx-xx-xxxx
Bill Type: xxx xxxxxx
UB 92 TEST PATTERN                                  Provider Representative DATE
*** comment ***
```

5.28.6. HCFA-1500 Test Pattern Print

This option allows the user to print a test pattern on the HCFA-1500 form for the form alignment in the printer to be checked. The test pattern displays which data element should appear in the different blocks of the billing form. This ensures that each data item prints in the correct block on the form.

Sample Output

```
INSURANCE CARRIER NAME
CARRIER ADDRESS LINE 1
CARRIER ADDRESS LINE 2
CARRIER ADDRESS LINE 3
CARRIER CITY, STATE ZIP
                                                SUBSCRIBER ID#
PATIENT NAME                  MM DD YY          INSURED'S NAME
PATIENT ADDRESS STREET                          INSURED'S ADDRESS STREET
PATIENT ADDRESS CITY     ST                     INSURED'S ADDRESS CITY  ST
PT ZIP CODE   999 999-9999                      INS ZIP CODE   999 999-9999
OTHER INSURED'S NAME                            INSURED'S POLICY GROUP
OTHER POLICY NUMBER                                 MM DD YY
 MM DD YY                                  ST   INSURED'S EMPLOYER
OTHER'S EMPLOYER                                INSURANCE PLAN NAME
OTHER'S INSURANCE PLAN
```

```
 MM DD YY                            MM DD YY         MM DD YY      MM DD YY
REFERRING PHYSICIAN        PHYSICIAN ID              MM DD YY      MM DD YY
                                                                 9999.99  9999.99
  X99.99                     X99.99
  X99.99                     X99.99
MM DD YY MM DD YY        CPT    MODIF    DIAG     9999.99             BC/BS#
MM DD YY MM DD YY        CPT    MODIF    DIAG     9999.99             BC/BS#
FEDERAL TAX ID        PAT ACCT#                     9999.99   9999.99  9999.99
                      VAMC                       AGENT CASHIER  (999) 999-9999
                      STREET ADDRESS             STREET ADDRESS
                      CITY, STATE ZIP            CITY, STATE ZIP
```

5.28.7. Outpatient Visit Date Inquiry

The Outpatient Visit Date Inquiry option allows the user to display information on any outpatient insurance bill for a selected patient. The user will be prompted for a patient name and an outpatient visit date. Select any patient with billed outpatient visits. <??> may be entered at the second prompt for a list of billed visits for the selected patient.

The information provided includes bill status, rate type, reason canceled (if applicable), outpatient visit date, charges, the amount paid, the statement from and to dates, each action that was taken on that bill, the date, and the user who performed it.

Sample Output

```
IBpatient,one       XXX-XX-XXXX      XXX-XXXXXX    MAR 19, 1992@14:17     PAGE: 1
================================================================================
Bill Status    : CANCELLED - RECORD IS UNEDITABLE
Rate Type      : REIMBURSABLE INS.
Reason Canceled: WRITE OFF
Op Visit dates : JAN 25,1992
Charges        : $148.00
LESS Offset    :  $30.00
Bill Total     : $118.00
Statement From : JAN 25,1991
Statement To   : JAN 25,1991
Entered        : FEB 15, 1991 by EDWARD
First Reviewed : FEB 16, 1991 by SUE
Last Reviewed  : FEB 16, 1991 by SUE
Authorized     : FEB 16, 1991 by SUE
Last Printed   : FEB 16, 1991 by GARY
Cancelled      : MAR  6, 1992 by EMPLOYEE
```

6. Patient Insurance Menu

6.1. Patient Insurance Info View / Edit

The Patient Insurance Info View/Edit option is used to look at a patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. This option also displays eIV Response data. Inactive policies will be listed if the patient has not been repointed from that inactive policy to an active policy.

About the Screens

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any **Select Action** prompt displays all available actions for that screen.

The user can **QUIT** from any screen; this will bring the user back one level or screen. **EXIT** is also available on most screens. When **EXIT** is entered, the user is prompted **Exit option entirely?** A **YES** response returns the user to the menu. A **NO** response has the same result as the **QUIT** action. For more information on the use of the List Manager utility, please refer to Appendix C at the end of this manual.

The following sections display screens under this option, with a brief action description. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instructions on how to respond.

6.2. Patient Insurance Management Screen

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include the type of policy, group name, holder, effective date, date of death, and expiration date.

Table 12: Common Actions

Acronym	Description	Action
AP	Add Policy	Allows the user to add an insurance policy for the selected patient.
VP	Policy Edit / View (accesses Patient Policy Information screen)	Allows the user to view and edit extensive insurance policy data.
DP	Delete Policy	Allows the user to delete an insurance policy for the selected patient. IB INSURANCE SUPERVISOR security key is required.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
EA	Fast Edit All	A quick way to enter portions of the patient insurance information. IB GROUP PLAN EDIT security key is required for editing.
BU	Benefits Used (accesses the Benefits Used by Date Editor screen)	Used to enter policy benefits already used.

Acronym	Description	Action
VC	Verify Coverage	Allows the user to enter the system verification that the insurance coverage exists, and the information is correct.
RI	Personal Riders	Displays current riders and allows the addition of new riders.
CP	Change Patient	Allows the user to change to another patient without returning to the beginning of the option.
WP	Worksheet Print	Used to print the standard worksheet showing the data for the benefit year within the past 12 months. If no benefit year is on file, will print the standard form without the data. Must be printed at 132 column margin width.
PC	Print Insurance Cov.	Similar to a worksheet. Used when the bulk of the information is already in the computer. Will show the two most recent benefit years. If no benefit years are on file, will offer WP action (see above).

6.3. Patient Policy Information Screen

This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, effective dates, plan coverage limitations, last contact, and comments on the patient policy or insurance group plan. The sections on user information and insurance company information are not editable.

Table 13: Common Actions

Acronym	Description	Action
PI	Change Plan Info	Allows entry / edit of group plan information. IB GROUP PLAN EDIT security is required to change plan information.
UI	UR Info	Allows entry / edit of utilization review information. IB GROUP PLAN EDIT security key is required for editing.
ED	Effective Dates	Allows the user to edit the effective date and expiration date of the insurance policy.
SU	Subscriber Update	Allows the user to edit the subscriber (person who holds the insurance coverage) information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
GC	Group Plan Comments	Allows the user to view, add, edit, or delete comments regarding the group plan. IB GROUP PLAN EDIT security key is required to edit comments.
EM	Employer Info	Allows the user to edit the subscriber's employer information.

Acronym	Description	Action
PT	Pt Policy Comments	Allows the user to view, add, edit, or delete comments regarding the patient's policy.[1] For more detailed information on Patient Policy Comments, refer to the *Electronic Insurance Verification* (*eIV) User Guide.*
EA	Fast Edit All	A quick way to enter portions of the patient insurance information. IB GROUP PLAN EDIT security key is required for editing.
CP	Change Policy Plan	Allows the user to change the plan a Veteran is subscribing.
VC	Verify Coverage	Allows the user to enter the system verification that the insurance coverage exists, and the information is correct.
AB	Annual Benefits (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan. IB GROUP PLAN EDIT security key is required for editing.
BU	Benefits Used (accesses the Benefits Used by Date Editor screen)	Used to enter policy benefits already used.
EB	Expand Benefits	Displays detailed information on patient benefits.

6.4. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 14: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out-of-pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.

[1] When the Patient Policy Information Screen is accessed by either the Third-Party Joint Inquiry [IBJ Third-Party Joint Inquiry] option or any of the Claims Tracking Editing options, the patient policy comments are in view only mode. User will not be able to edit, add, or deleted comments.

Acronym	Description	Action
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

6.4.1. Benefits Used by Date Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits used for the selected insurance policy and benefit year. Benefit categories may include inpatient and outpatient deductibles.

Table 15: Common Actions

Acronym	Description	Action
PI	Policy Info	Allows entry / edit of policy information such as deductible met and pre-existing conditions.
OD	Opt Deduct	Allows entry / edit of the outpatient deductible insurance information.
ID	Inpt Deduct	Allows entry / edit of the inpatient deductible insurance information.
AC	Add Comment	Allows the user to add a comment regarding claims filed.
EA	Edit All	A quick way to enter portions of the patient insurance information.
CY	Change Year	Allows the user to change to another benefit year.

Sample Screens

```
Select Patient Insurance Menu <TEST ACCOUNT> Option: PI  Patient Insurance Info
View/Edit
Select PATIENT NAME: IBSUB,AC,ACTIVE A  IBSUB,ACTIVE A        2-2-22    XXXXXXXXX NO
NSC VETERAN
 Enrollment Priority: GROUP 8c   Category: ENROLLED      End Date:
Patient Insurance Management  Jul 22, 2013@11:51:39       Page:   1 of    1
Insurance Management for Patient: IBSUB,ACTIVE A I8542           XX/XX/XXXX
*** Patient has Insurance Buffer Records
    Insurance Co.   Type of Policy   Group      Holder   Effect.    Expires
1   AETNA            COMPREHENSIVE M  GRP NUM 13 SPOUSE   01/01/13
----------Enter ?? for more actions---------------------------------------->>>
```

```
AP  Add Policy            EA  Fast Edit All         CP  Change Patient
VP  Policy Edit/View      BU  Benefits Used         WP  Worksheet Print
DP  Delete Policy         VC  Verify Coverage       PC  Print Insurance Cov.
AB  Annual Benefits       RI  Personal Riders       EB  Expand Benefits
RX  RX COB Determination  EX  Exit
Select Item(s): Quit// VP   Policy Edit/View  ......................
```

Sample Screens

```
Patient Policy Information    Dec 12, 2013@08:13:21          Page:    1 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
--------------------------------------------------------------------------------
  Insurance Company
    Company: IB INSURANCE
     Street: SOME ST
   Street 2:
 City/State: ANYTOWN, MD XXXXX
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
       Group Name: GROUP NAME
     Group Number: XXXXXX
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      IC  Insur. Contact Inf.  CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:30          Page:    2 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
+-------------------------------------------------------------------------------
              BIN:
              PCN:
     Type of Plan: MEDICARE (M)
    Plan Category: MEDICARE PART A
  Electronic Type: MEDICARE A or B
   Plan Filing TF: 1 YEAR (1 YEAR(S))
       ePharmacy Plan ID:
     ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info               Effective Dates & Source
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    3 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
+-------------------------------------------------------------------------------
          Require UR: NO                    Effective Date: 01/01/13
    Require Amb Cert: NO                   Expiration Date:
```

```
    Require Pre-Cert: NO                    Source of Info: INTERVIEW
    Exclude Pre-Cond: NO                Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
   Subscriber Name: IB,PATIENT
      Relationship: SELF
        Primary ID: XXXXXX
  Coord. Benefits: PRIMARY
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comment     BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    4 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
+--------------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:                  Emp Sponsored Plan: No
           Employer:                  Claims to Employer: No, Send to Insurance
             Street:                     Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comment     BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:32          Page:    5 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                      ** Plan Currently Active **
+--------------------------------------------------------------------------------
    Subscriber's DOB: XX/XX/XXXX
             Str 1: SOME ST
             Str 2:
              City: SOME CITY
            St/Zip: MA  XXXXX
            SubDiv:
           Country:
             Phone: XXXXXX
    Subscriber's Sex: MALE
 Subscriber's Branch: ARMY
   Subscriber's Rank:
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

```
Patient Policy Information    Dec 12, 2013@08:13:36          Page:    6 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+---------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXX
  Plan Coverage Limitations
   Coverage            Effective Date   Covered?       Limit Comments
   --------            --------------   --------       --------------
   INPATIENT           07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   OUTPATIENT          07/01/1998       NO
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:37          Page:    7 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+---------------------------------------------------------------------------
                       01/01/1998       NO
                       11/01/1996       NO
   PHARMACY            08/29/2008       NO
                       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   DENTAL              07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   MENTAL HEALTH       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:38          Page:    8 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+---------------------------------------------------------------------------
   LONG TERM CARE      07/01/1998       NO
                       01/01/1998       NO
   PROSTHETICS         07/01/1998       NO
                       01/01/1998       NO
   VISION              07/01/1998       NO
  User Information
       Entered By:
       Entered On: 06/05/13
 Last Verified By:
 Last Verified On:
  Last Updated By: IB,TESTER
  Last Updated On: 09/24/13
```

```
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      IC  Insur. Contact Inf.  CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN


Patient Policy Information    Dec 12, 2013@08:13:39          Page:    9 of    9
For: IB,PATIENT  XXX-XX-XXXX  XX/XX/XXXX    DoD: XX/XX/XXXX
IB INSURANCE                                        ** Plan Currently Active **
+-------------------------------------------------------------------------------
  Comment -- Group Plan
  This is a long group comment. This area can hold much more than 80
  Characters in the field.
  Comment -- Patient Policy
  Dt Entered  Entered By                Method     Person Contacted
  09/25/15    IBCLERK,TWO                PHONE      USER-A
  JUST A COMMENT AND NOTHING ELSE

  +09/25/15    IBCLERK,TWO               PHONE      USER-A
  THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO
  Personal Riders
    Rider #1: DENTAL COVERAGE
----------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

6.5. View Patient Insurance

The View Patient Insurance option is used to look at a patient's insurance information. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used. Editing of the data is not allowed through this option.

About the Screens

In the top left corner of each screen is the screen title. On some screens, the following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any **Select Action** prompt displays all available actions for that screen.

The user can **QUIT** from any screen; this will bring the user back one level or screen. **EXIT** is also available on most screens. When **EXIT** is entered, the user is prompted to **Exit option entirely?** A **YES** response returns the user to the menu. A **NO** response has the same result as the **QUIT** action. For more information on the use of the List Manager utility, please refer to Appendix C at the end of this manual.

The following sections display screens found under this option, with a brief action description allow.

6.6. Patient Insurance Management Screen

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include the type of policy, group name or individual, holder, effective date, date of death, and expiration date.

Table 16: Common Actions

Acronym	Description	Action
VP	View Policy Info (accesses Patient Policy Information screen)	Allows the user to view extensive insurance policy data.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to view annual benefits data for the selected policy.
BU	Benefits Used - (accesses Benefits Used By Date Editor screen)	Used to view policy benefits already used.
CP	Change Patient	Allows the user to change to another patient without returning to the beginning of the option.

6.7. Patient Policy Information Screen

This screen is displayed listing expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, policy information, effective dates, plan coverage limitations, last contact, comments on the patient policy or insurance group plan, and personal riders. The only action allowed from this screen is EXIT.

6.8. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management. The only actions allowed from this screen are CY to change the benefit year and EXIT.

6.9. Benefits Used By Date Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits used for the selected insurance policy and benefit year. Benefit categories may include inpatient and outpatient deductibles. The only actions allowed from this screen are CY to change the benefit year and EXIT.

Sample Screens

```
Select PATIENT NAME: IBpatient,one            XX-XX-XX     XXXXXXXX     YES C VETERAN
Patient Insurance Management  Nov 22, 1993 13:51:09          Page: 1 of    1
Insurance Management for Patient: IBpatient,one    XXXX          XX/XX/XXXX

    Insurance Co.  Type of Policy   Group       Holder   Effect.  Expires
1   RIGHA                           1546        UNKNOWN
2   XYZ INS          MAJOR MEDICAL  123         SELF     04/01/93
```

```
          Enter ?? for more actions                                          >>>
VP  Policy Edit/View      BU  Benefits Used          EX  Exit
AB  Annual Benefits       CP  Change Patient
Select Item(s): Quit// VP=2   View Policy Info
```

Sample Output

```
Patient Insurance Management  Jul 22, 2013@11:51:39       Page:   1 of    1
Insurance Management for Patient: IBSUB,ACTIVE A I8542           XX/XX/XXXX
*** Patient has Insurance Buffer Records
    Insurance Co.   Type of Policy   Group      Holder   Effect.    Expires
1   AETNA            COMPREHENSIVE M  GRP NUM 13 SPOUSE   01/01/13
----------Enter ?? for more actions----------------------------------------->>>
AP  Add Policy            EA  Fast Edit All         CP  Change Patient
VP  Policy Edit/View      BU  Benefits Used         WP  Worksheet Print
DP  Delete Policy         VC  Verify Coverage       PC  Print Insurance Cov.
AB  Annual Benefits       RI  Personal Riders       EB  Expand Benefits
RX  RX COB Determination  EX  Exit
Select Item(s): Quit// VP   Policy Edit/View
```

Sample Output

```
Patient Policy Information    Dec 12, 2013@08:13:21          Page:    1 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
-------------------------------------------------------------------------------
  Insurance Company
    Company: MEDICARE (WNR)
     Street: PO BOX 10066
   Street 2: HEALTH CARE FINANCING
 City/State: ANYTOWN, MD 21207
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXXX
  Plan Information
    Is Group Plan: YES
       Group Name: MEDICARE PART A
     Group Number: XXXXXX00010
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:30          Page:    2 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+------------------------------------------------------------------------------
              BIN:
              PCN:
     Type of Plan: MEDICARE (M)
    Plan Category: MEDICARE PART A
  Electronic Type: MEDICARE A or B
   Plan Filing TF: 1 YEAR (1 YEAR(S))
       ePharmacy Plan ID:
     ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info                Effective Dates & Source
+---------Enter ?? for more actions-----------------------------------------
```

```
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    3 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+--------------------------------------------------------------------------------
          Require UR: NO                     Effective Date: 01/01/13
    Require Amb Cert: NO                    Expiration Date:
    Require Pre-Cert: NO                     Source of Info: INTERVIEW
    Exclude Pre-Cond: NO                Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
   Subscriber Name: IBSUB,TWOTRLRS
      Relationship: SELF
        Primary ID: XXXXXXXXXX
  Coord. Benefits: PRIMARY
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    4 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX        XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+--------------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:                  Emp Sponsored Plan: No
           Employer:                  Claims to Employer: No, Send to Insurance
             Street:                     Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Insured Subscriber's Information (use Subscriber Update Action)
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:32          Page:    5 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+--------------------------------------------------------------------------------
    Subscriber's DOB: XX/XX/XX
            Str 1: PALMER HOUSE HEALTH CARE
            Str 2: SHEARER ST
             City: ANYTOWN
           St/Zip: MA  01069
```

```
           SubDiv:
          Country:
            Phone: XXXXXXXXXX
    Subscriber's Sex: MALE
 Subscriber's Branch: ARMY
   Subscriber's Rank:
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:36          Page:    6 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-----------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXXXXX
  Plan Coverage Limitations
   Coverage            Effective Date   Covered?       Limit Comments
   --------            --------------   --------       --------------
   INPATIENT           07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   OUTPATIENT          07/01/1998       NO
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:37          Page:    7 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-----------------------------------------------------------------------------
                       01/01/1998       NO
                       11/01/1996       NO
   PHARMACY            08/29/2008       NO
                       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   DENTAL              07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   MENTAL HEALTH       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Patient Policy Information    Dec 12, 2013@08:13:38          Page:    8 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX        XX/XX/XXXX
```

```
MEDICARE (WNR) Insurance Company               ** Plan Currently Active **
+--------------------------------------------------------------------------------
   LONG TERM CARE      07/01/1998       NO
                       01/01/1998       NO
   PROSTHETICS         07/01/1998       NO
                       01/01/1998       NO
   VISION              07/01/1998       NO
  User Information
       Entered By: IB,TESTER
       Entered On: 06/05/13
 Last Verified By:
 Last Verified On:
  Last Updated By: IB,TESTER
  Last Updated On: 09/24/13
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:39          Page:    9 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DOD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company               ** Plan Currently Active **
+--------------------------------------------------------------------------------
  Comment -- Group Plan
  This is a long group comment. This area can hold much more than 80
  Characters in the field.
  Comment -- Patient Policy
Dt Entered  Entered By                Method     Person Contacted
  09/25/15    IBCLERK,TWO               PHONE      USER-A
  JUST A COMMENT AND NOTHING ELSE

  +09/25/15    IBCLERK,TWO               PHONE      USER-A
  THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO

  Personal Riders
    Rider #1: DENTAL COVERAGE
----------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

6.10. Insurance Company Entry / Edit

The Insurance Company Entry/Edit option is used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies. An insurance company must be in the INSURANCE COMPANY file before it can be entered into a patient's record.

When entering new insurance companies, the user will be prompted for the company street address, city, and whether the company will reimburse for treatment.

Following is a listing of the actions found on the screen in this option and a brief description of each. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instructions on how to respond.

6.11. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

Table 17: Common Actions

Acronym	Description	Action
BP	Billing Parameters	Allows the user to add / edit the billing parameters for the selected MM Main Mailing Address - Allows the user to add/edit the company's main mailing address. The address entered here will automatically be entered for the other office addresses.
IC	Inpt Claims Office	Allows the user to add / edit the company's inpatient claims office name, address, phone, and fax numbers.
OC	Opt Claims Office	Allows the user to add / edit the company's outpatient claims office name, address, phone, and fax numbers.
PC	Prescr Claims Of -	Allows the user to add / edit the company's prescription claims office name, address, phone, and fax numbers.
AO	Appeals Office	Allows the user to add / edit the company's appeals office name, address, phone, and fax numbers.
IO	Inquiry Office -	Allows the user to add / edit the company's inquiry office name, address, phone, and fax numbers.
RE	Remarks -	Allows the user to enter comments concerning the selected insurance company.
SY	Synonyms -	Allows the user to add / edit any synonyms for the selected company.
EA	Edit All	Lists editable fields line by line for quick data entry.
AI	(In)Activate Company	Allows the user to activate / inactivate the selected insurance company. This may be used to inactivate duplicate companies in the system. When an insurance company is no longer valid, it is important to inactivate the company rather than delete it from the system. The IB INSURANCE SUPERVISOR security key is required. Once a company has been inactivated, it may not be selected when entering billing information. The user may also obtain a report of patients insured by a given company through this action.
CC	Change Insurance Co.	Allows the user to change to another company without returning to the beginning of the option.

Acronym	Description	Action
DC	Delete Company	Allows the user to delete an entry from the Insurance Company (#36) file. If claims have been submitted to the company, another company must be selected in which to point all claims and receivables information.
PL	Plans (accesses Insurance Plan List screen)	Allows the user to display and change plan attributes associated with the insurance company.

6.12. Insurance Plan List Screen

This screen lists all plans (active and inactive, group and individual) for the selected insurance company.

Table 18: Common Actions

Acronym	Description	Action
VP	View/Edit Plan (accesses View/Edit Plan screen)	Allows the user to display /change plan detailed information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
AB	Annual Benefits (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
NP	New Plan	Used to add a new group plan without assigning a subscriber. IB GROUP PLAN EDIT security key is required.

6.13. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 19: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out-of-pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.

Acronym	Description	Action
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

6.14. View / Edit Plan Screen

This screen displays plan information for viewing/editing including utilization review info, plan coverage limitations, annual benefit dates, user information, and plan comments.

Table 20: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out-of-pocket and ambulance coverage. IB GROUP PLAN EDIT security key for editing.
UI	UR Info	Allows entry / edit of utilization review information. IB GROUP PLAN EDIT security key is required for editing.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan. IB GROUP PLAN EDIT security key is required for editing.
PC	Plan Comments	Allows editing of comments for the plan. IB GROUP PLAN EDIT security key is required for editing.
IP	(In)Activate Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan. IB GROUP PLAN EDIT security key is required.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy. IB GROUP PLAN EDIT security key is required for editing.
CP	Change Plan	Allows the user to select another plan for this insurance company without having to exit back to the previous screen. Although this option is not locked, the MCCR System Definition Menu is locked with the IB SUPERVISOR security key.

Sample Screens

```
Insurance Company Editor      Nov 26, 2014@12:19:25          Page:    1 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
--------------------------------------------------------------------------------
                          Billing Parameters
  Signature Required?: YES                      Type Of Coverage: HEALTH INSURAN
           Reimburse?: WILL NOT REIMBURSE          Billing Phone:
    Mult. Bedsections: YES                     Verification Phone:
       One Opt. Visit: NO                      Precert Comp. Name:
     Diff. Rev. Codes:                              Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (1 YEAR(S))

                             EDI Parameters
              Transmit?: YES-LIVE                Insurance Type: GROUP POLICY
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:24:58          Page:    2 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------------
  Inst Payer Primary ID:                  Prof Payer Primary ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                      Prof Payer Sec ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                      Prof Payer Sec ID:
             Bin Number:               Prnt Sec/Tert Auto Claims:
              HPID/OEID:             Prnt Med Sec Claims w/o MRA: YES

                         Main Mailing Address
       Street: PO BOX                           City/State:
      Street 2:                                      Phone:
      Street 3:                                        Fax:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:11          Page:    3 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------------

                      Inpatient Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
       Street:                                  City/State:
      Street 2:                                      Phone:
                                                       Fax:
```

```
                    Outpatient Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:53          Page:    4 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
      Street 2:                                    Phone:
                                                     Fax:

                   Prescription Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                     Fax:

                          Appeals Office Information
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:16          Page:    5 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                     Fax:

                          Inquiry Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                     Fax:

+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:39          Page:    6 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
```

```
                          Associated Insurance Companies
  This insurance company is not defined as either a Parent or a Child.

                          Provider IDs
Billing Provider Secondary ID

Additional Billing Provider Secondary IDs

VA-Laboratory or Facility Secondary IDs
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:51          Page:    7 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------

                          ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:12          Page:    8 of  9
Insurance Company Information for: INSURNACE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------

                                  Payer: PAYER A
    VA National ID: VA1                          CMS National ID:
       Deactivated: YES                         Date Deactivated: 11/04/2014

                    Payer Application: eIV
   Nationally Enabled: YES                       FSC Auto-Update: YES
      Locally Enabled: YES

                    Payer Application: IIU
   Nationally Enabled: YES                         Receive IIU Data: YES
      Locally Enabled: YES

  Remarks
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
```

```
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:30          Page:    9 of  9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
   6/05 Will not pay for Omeprazole/Prilosec..jc
   1/1/04 All XXXXX are combined to this one this year and an all inclusive
   # is xxx-xxx-xxxx..ID# are changing over to W + 9 digits now too..jc
   This insurance carrier entry and phone number is inclusive for the
   'Bxxxxx Company'. mdm

  Synonyms
   XXX
----------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                DC  Delete Company
PC  Prescr Claims Of      RE  Remarks              VP  View Plans
AO  Appeals Office        SY  Synonyms             EX  Exit
Select Action: Quit//
```

6.15. View Insurance Company

The View Insurance Company option is used to look at data related to a selected insurance company. Editing of the data is not allowed through this option.

About the Screen

In the top left corner of each screen is the screen title. The following line is a description of the information displayed. A plus sign (+) at the bottom of the screen indicates there are additional screens. Left or right arrows (<<< >>>) may be displayed to indicate there is additional information to the left or right of the screen. Available actions are displayed below the screen. <??> entered at any **Select Action** prompt displays all available actions for that screen.

The user can **QUIT** from any screen; this will bring the user back one level or screen. **EXIT** is also available on most screens. When **EXIT** is entered, the user is prompted to **Exit option entirely?** A **YES** response returns the user to the menu. A **NO** response has the same result as the **QUIT** action. For more information on the use of the List Manager utility, please refer to Appendix C at the end of this manual.

6.16. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

The two actions available through this option are CC Change Insurance Co. which allows the user to change to another company without returning to the beginning of the option and EXIT.

Sample Screens

```
Insurance Company Editor      May 29, 2014@13:46:36          Page:  1 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                      Currently Active
--------------------------------------------------------------------------------
                           Billing Parameters
  Signature Required?: NO                        Type Of Coverage: HEALTH INSURAN
           Reimburse?: WILL REIMBURSE               Billing Phone:
    Mult. Bedsections: YES                      Verification Phone:
       One Opt. Visit: NO                       Precert Comp. Name:
     Diff. Rev. Codes:                               Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (NO FILING TIME FRAME LIMIT)
                              EDI Parameters
              Transmit?: YES-LIVE                  Insurance Type: GROUP POLICY
  Inst Payer Primary ID:                   Prof Payer Primary ID:
+---------Enter ?? for more actions------------------------------------------>>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:46:50          Page:  2 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------------
 Inst Payer Sec ID Qual:                  Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                       Prof Payer Sec ID:
 Inst Payer Sec ID Qual:                  Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                       Prof Payer Sec ID:
             Bin Number:                Prnt Sec/Tert Auto Claims:
              HPID/OEID:              Prnt Med Sec Claims w/o MRA:
                         Main Mailing Address
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
      Street 2:                                      Phone:
      Street 3:                                        Fax:
+---------Enter ?? for more actions------------------------------------------>>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:39          Page:  3 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------------
                       Inpatient Claims Office Information
  Company Name: BIG LOSS INSURANCE                Street 3:
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
      Street 2:                                      Phone:
                                                       Fax:
                       Outpatient Claims Office Information
  Company Name: BIG LOSS INSURANCE                Street 3:
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
      Street 2:                                      Phone:
                                                       Fax:
+---------Enter ?? for more actions------------------------------------------>>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:42          Page:  4 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                      Currently Active
+------------------------------------------------------------------------------
                     Prescription Claims Office Information
  Company Name: BIG LOSS INSURANCE                Street 3:
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
      Street 2:                                      Phone:
```

```
                                                    Fax:
                          Appeals Office Information
  Company Name: BIG LOSS INSURANCE                Street 3:
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
     Street 2:                                       Phone:
                                                     Fax:
+---------Enter ?? for more actions-------------------------------------------->>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:43          Page:  5 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                       Currently Active
+---------------------------------------------------------------------------
                          Inquiry Office Information
  Company Name: BIG LOSS INSURANCE                Street 3:
        Street: 123 STREET                      City/State: ANYTOWN, WY 5180
     Street 2:                                       Phone:
                                                     Fax:
                        Associated Insurance Companies
  This insurance company is not defined as either a Parent or a Child.
+---------Enter ?? for more actions-------------------------------------------->>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:45          Page:  6 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                       Currently Active
+---------------------------------------------------------------------------
                           Provider IDs
Billing Provider Secondary ID
Additional Billing Provider Secondary IDs
VA-Laboratory or Facility Secondary IDs
                           ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
+---------Enter ?? for more actions-------------------------------------------->>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:46          Page:  7 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                       Currently Active
+---------------------------------------------------------------------------
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:

                                  Payer: PAYER1

    VA National ID: VA10                          CMS National ID:
       Deactivated: NO

                     Payer Application: eIV
   Nationally Enabled: YES                        FSC Auto-Update: YES
      Locally Enabled: YES

                     Payer Application: IIU
   Nationally Enabled: YES                       Receive IIU Data: NO
      Locally Enabled: YES
```

```
+---------Enter ?? for more actions------------------------------------------>>>
CC  Change Insurance Co.              EX  Exit
Select Action: Next Screen//    NEXT SCREEN
Insurance Company Editor      May 29, 2014@13:47:47          Page:  8 of  8
Insurance Company Information for: BIG LOSS INSURANCE
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
  Remarks
  Synonyms
----------Enter ?? for more actions------------------------------------------>>>
CC  Change Insurance Co.              EX  Exit
Select Action: Quit//
```

6.17. Process Insurance Buffer

The IB INSURANCE SUPERVISOR security key is required to use the Reject Entry and Accept Entry actions. Adding new insurance companies requires the IB INSURANCE COMPANY ADD security key.

This option is used to process and manage the Insurance Buffer through the use of the following screens and actions.

6.18. Insurance Buffer List Screen

This screen contains the list of all Insurance Buffer file entries that have not yet been processed by authorized insurance personnel.

Table 21: Common Actions

Action	Description
Process Entry Action	Opens the Insurance Buffer Process screen for a selected buffer entry. The buffer entry can then be compared against existing insurance records, viewed, edited, rejected, or accepted.
Reject Entry Action	Allows the user to reject a selected buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent Insurance files are not modified by this action. If the patient has no active insurance, then any bills on hold will be released.
Expand Entry Action	Opens the Insurance Buffer Entry screen for a selected buffer entry. This screen displays the complete buffer entry and allows the data to be edited.
Add Action	Allows the user to create then edit a new Insurance Buffer entry.
Sort List	Re-sorts the list of unprocessed buffer entries on the Insurance Buffer List screen by a selected data element.

6.19. Insurance Buffer Process Screen

This screen contains the information and actions needed to process a buffer entry. The screen display includes data to assist in matching the buffer entry with any existing insurance records. There are two versions of this screen:

1. Patient (list is broken into 2 sections).
2. Insurance Company.

Table 22: Common Actions

Action	Description
Accept Entry Action	Allows the user to accept the buffer data and transfer the insurance information from the buffer entry into the permanent insurance records. New insurance records can be created, or existing Insurance records can be updated with the buffer data. The new / updated Insurance record is flagged as verified. The insurance and patient data are deleted from the buffer entry leaving only a stub record for tracking and reporting purposes. If a new policy is added for the patient, the on-hold date of any patient bills is updated to the current date.
Reject Entry Action	Allows the user to reject the buffer entry without any changes to the existing permanent insurance records. This also results in the buffer entries insurance and patient data being deleted, leaving a stub record in the Buffer file for tracking and reporting purposes. The permanent insurance files are not modified by this action. If the patient has no active insurance, any bills on hold are released.
Compare Entry Action	Displays the buffer entry and a user-selected Insurance Policy side by side to compare and determine if a match exists. It is also possible to edit the buffer entry data within this action. The display and editing are broken into three parts: Insurance Company data, Group / Plan data, and Patient Policy data.
Expand Entry Action	Opens the Insurance Buffer Entry screen for the buffer entry. It displays the complete buffer entry and allows the data to be edited.
Insurance Co/Patient Action	Toggles between the two versions of the Insurance Buffer Process screen: Patient or Insurance Company. If an Insurance Company is selected the Insurance Company version of the screen is displayed, if no company is selected the Patient version of the screen is displayed.

6.20. Insurance Buffer Entry Screen

This screen displays all data defined for a buffer entry and allows that data to be edited.

Table 23: Common Actions

Action	Description
Insurance Co Edit Action	Edits the Insurance Company specific data in the buffer entry.
Group/Plan Edit Action	Edits the Insurance Group / Plan specific data in the buffer entry.
Patient Policy Edit Action	Edits the Patient Policy specific data in the buffer entry.

Action	Description
All Edit Action	Edits all three types of data in the buffer entry: Insurance Company, Group / Plan, and Patient Policy.
Verify Entry Action	Option to flag the buffer entry as verified before it is accepted. If the buffer entry is later accepted, the person that uses this action is added as the verifier in the permanent insurance policy.

Sample Screens

```
Insurance Buffer List         Nov 05, 1998 09:44:09        Page:   1 of    1
Buffer File entries not yet processed. (sorted by Patient Name)
   Patient Name              Insurance Company  Subscr Id   S      Entered   iIECH
1   IBpatient,one      XXXX  GEHA               XXX         I      10/09/98   I
2  *IBpatient,two      XXXX  HARTFORD           XXXXXXXX    I      09/15/98  i  C
3   IBpatient,three    XXXX  BLUE CROSS/BLUE S  XXXXX       I      09/29/98  i
4   IBpatient,four     XXXX  GHI                            P      09/30/98  i
5   IBpatient,five     XXXX  HARTFORD                       I      09/30/98  i
         Enter ?? for more actions
    Process Entry         EE  Expand Entry              Sort List
    Reject Entry              Add Entry             X   Exit
Select Action: Quit//
Insurance Buffer Process      Nov 05, 1998 11:01:21          Page:   1 of    1
IBpatient,one                       XXX-XX-XXXX    DOB: JUN 2,1926    AGE: 72
                HARTFORD   (2222 SOUTH STREET, ANYTOWN, CA)
   -HARTFORD            000-CHAMPUS    00606666      PATIEN

                         Patient's Existing Insurance
   Insurance Company    Group #        Subscriber Id  Holder  Effective Expires
1   HARTFORD            000            XXXXXXXX      SPOUSE  01/01/97
2   BC/BS OF ALBANY     415            XXXXXXXX      PATIEN

            Any Group/Plan that may match Group Name or Group Number
     Insurance Company                  Group Name            Group Number
3    HARTFORD            2222 South St  CHAMPUS PRIM          000
         Enter ?? for more actions
    Accept Entry              Compare Entry             Insurance Co/Patient
    Reject Entry          EE  Expand Entry          X   Exit
Select Action: Quit//
```

6.21. Manually Added HPIDs to Billing Claim Report

This report generates a list of Health Plan Identifier (HPID) numbers that have been added directly to claims. It allows billing staff to track the instances when an HPID number is added to a third-party claim and to generate an ad-hoc report of authorized claims with this entry information. Only HPIDs that have been manually added will appear on this report.

The user will be prompted for the date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays the patient name, last 4 of SSN, payer, HPID, claim number, username, date HPID added, Professional ID, and Institutional ID.

Sample Output

```
MANUALLY ADDED HPIDS TO BILLING CLAIM REPORT                                    AUG 02, 2015@19:59      Page: 1

PT NAME              SSN   PAYER              HPID         CLAIM #      USER NAME          DATE HPID ADDED  PROF ID      INST ID
-------------------------------------------------------------------------------------------------------------------------------
IBPATIENT,ONE        1111  BLUE CROSS         7414615XXX   XXX-XXXXXXX  IBUSER,ONE          12/02/2014      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         7399982XXX   XXX-XXXXXXX  IBUSER,ONE          01/15/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         7947434XXX   XXX-XXXXXXX  IBUSER,ONE          01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         7947434XXX   XXX-XXXXXXX  IBUSER,ONE          01/22/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         7467061XXX   XXX-XXXXXXX  IBUSER,ONE          01/23/2015      1234567XXX 0987654XXX
IBPATIENT,ONE        1111  BLUE CROSS         7947434XXX   XXX-XXXXXXX  IBUSER,ONE          02/05/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS         7462706XXX   XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS         7444643XXX   XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
IBPATIENT,TWO        9341  BLUE CROSS         7908996XXX   XXX-XXXXXXX  IBUSER,ONE          02/09/2015      1234567XXX 0987654XXX
```

6.22. Expire Group Plan (XPIR)

This Patient Insurance Menu (PI) option is used to specify an expiration date for all subscribers in a plan, effectively **terminating** the plan, without having to move the subscribers to a different plan. This option offers the user the option to inactivate the plan as part of the expiration or to allow the plan to remain active.

Sample Screens/Prompts

```
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
You can use this option to specify an expiration date for all subscriber policies in a
group plan without moving the subscribers to another group plan. If the group plan
status is currently "active," you can also choose to "inactivate" the group plan.
Select INSURANCE COMPANY:
You may select an existing Plan from a list or enter a specific Plan.
Do you wish to enter a specific plan? NO
```

- If the user response is **NO**, the Group Plan Lookup screen displays:

Figure 1: Group Plan Lookup – User Response of NO

```
Group Plan Lookup              Dec 04, 2018@10:01:37          Page:    1 of    1
Group Plans In: CENTRA                                        Phone: 405-255-108
                PO BOX 6000                                Precerts: 1-800-824-181
                DUNCAN, OK  73534-6000
                       * => Inactive Plan                        Pre-   Pre-   Ben
   Group Name           Group Number       Type of Plan      UR?  Ct?    ExC?   As?
   <NAME 1>             GRP NUM ####                         UNK  UNK    UNK    YES
   <NAME 2>             GRP NUM ####       COMPREHENSIVE     UNK  YES    UNK    YES
   <NAME 3>             GRP NUM ####       COMPREHENSIVE     UNK  YES    UNK    YES
```

- If the user response is **YES**, the following prompts display:

Figure 2: Group Plan Lookup – User Response of YES

```
Select a GROUP PLAN: CE
     1   CENTRA        Name: <NAME 1>       Number: GRP NUM ####
     2   CENTRA        Name: <NAME 2>       Number: GRP NUM ####
     3   CENTRA        Name: <NAME 3>       Number: GRP NUM ####
CHOOSE 1-3:
```

- When the user selects a Group Plan, the following prompts display:

```
Collecting Subscribers . . .
This group plan has ## subscribers. All subscribers will be expired.
Do you want to expire all subscribers' policies for this plan? //YES
Enter expiration date (applies to all subscribers in this plan):
You selected to expire ## subscriber(s) with Expiration Date <MMM dd, yyyy> for:
```

```
      Insurance Company <INSURANCE COMPANY NAME>
      Plan Name <GROUP NAME>           Number <GRP NUM XXXXX>
Please note that the policy will be EXPIRED in the patient profile!!
Okay to continue? //YES
Expiring Policies . . .
Done. XX Subscribers' policies were expired as of <MMM dd, yyyy>.
A Bulletin was sent to you and members of 'IB NEW INSURANCE' Mail Group.
= = = = = = = = = = = = = = = = = = = = = = = = =
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
= = = = = = = = = = = = = = = = = = = = = = = = =
```

- One of the following messages may display if there are subscribers (policies) that were not/could not be expired:

```
These # entries could not be processed, they'll need to be adjusted manually.
Patient Name/ID        Whose            Employer     Effective    Expires
<patient name XXXX>    <relation><employer>    <date> <date>
Examine the entries that could not be processed.
Press RETURN to continue.
```

-or-

```
After processing, no changes were needed, no policies were expired.
Press RETURN to continue.
= = = = = = = = = = = = = = = = = = = = = = = = =
EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
= = = = = = = = = = = = = = = = = = = = = = = = =
```

- If the group plan is active, the inactivate plan prompt, shown below, displays. The following warning displays with the inactivate plan prompt if there are subscribers (policies) that were not/could not be expired:

```
      * * * * * * * * * * * * * * * * * * * * * * *
                    Warning
      There are still active subscribers
             that will need to be adjusted manually.
   * * * * * * * * * * * * * * * * * * * * * * * * *
Do you wish to inactivate plan <GROUP NAME>? //N
```

- If user response is YES, the following displays:

```
The <GROUP NAME> plan has been inactivated.
```

- If user response is NO, the following displays:

```
The <GROUP NAME> plan is still active.
```

- If the group plan is inactive, the following prompt displays:

```
 Please note the <GROUP NAME> plan is already inactive.
 = = = = = = = = = = = = = = = = = = = = = = = = =
 EXPIRE ALL SUBSCRIBERS WITHIN A GROUP PLAN
 = = = = = = = = = = = = = = = = = = = = = = = = =
```

6.23. Release of Information Report

The VA Mission Act of 2018 modified the requirement for a signed Release of Information (ROI) when billing sensitive diagnoses. A signed ROI is not required for any bill for a sensitive diagnosis and a date of service on or after January 28, 2019. A date of service prior to January 28, 2019, will still require a signed ROI for a sensitive diagnosis.

This report provides a list of ROI for sensitive diagnosis medication and the associated expiration dates. The ROI report is designed to sort by expiration date, in reverse chronological order.

This report is formatted to print at 132 columns.

Sample Output

```
BEGINNING EXPIRATION DATE: T-180//   (MAY 07, 2015)
ENDING EXPIRATION DATE: T+60//   (JAN 02, 2016)
     Select one of the following:
          A         ACTIVE
          I         INACTIVE
          B         BOTH
Display (A)ctive or (I)active or (B)oth ROI Status:: Both//   BOTH
Export the report to Microsoft Excel (Y/N)? NO//
WARNING - THIS REPORT REQUIRES THAT A DEVICE WITH 132 COLUMN WIDTH BE USED.
IT WILL NOT DISPLAY CORRECTLY USING 80 COLUMN WIDTH DEVICES
DEVICE: HOME// 0;132  VIRTUAL TELNET
Please wait...
Release of Information Expiration Report                                                    Page:  1
Date Range: 05/07/2015 - 01/02/2016              Run Date: Nov 03, 2015@12:38:35
-------------------------------------------------------------------------------------------------------------------------------
                  Date of   Eff.       Exp.            Date
Patient Name      Death     Date       Date       St   Added      Entered By         Insurance Name      Drug Name
-------------------------------------------------------------------------------------------------------------------------------
PATIENT,ONE                 12/16/15   01/02/16   A    12/30/15   USER,ONE           ABC INSURANCE       DRUG ONE
PATIENT,TWO                 01/01/15   12/31/15   A    05/24/13   USER,FOUR          ABC INSURANCE       DRUG TWO
PATIENT,TWO                 01/01/15   12/31/15   A    02/13/13   USER,ONE           ABC INSURANCE       DRUG ONE
PATIENT,THREE               01/01/15   12/31/15   A    05/28/15   USER,TWO           XYZ INSURANCE       DRUG THREE
*** END OF REPORT ***
```

6.24. Insurance Reports Menu

The Insurance Reports menu provides the options to run the following reports:

Table 24: Report Descriptions

Report	Description
ABUF	Insurance Buffer Activity
AR	eIV Ambiguous Policy Report
AU	User Edit Report
CV	Coverage Limitations Report
EBUF	Insurance Buffer Employee
ID	Generate Insurance Company Listings
IFIU	Interfacility Ins. Update Report
IN	Patients with Unidentified Insurance
IP	eIV Inactive Policy Report
IR	Ins Company Link Report
IU	eIV Patient Insurance Update Report

Report	Description
LC	List Inactive Ins. Co. Covering Patients
LP	List Plans by Insurance Company
LR	Payer Link Report
MD	Insurance Plans Missing Data Report
NC	Verification of No Coverage Report
NE	Active Policies with no Effective Date Report
NV	List New not Verified Policies
PDOD	eIV Payer Date of Death Report
PR	eIV Payer Report
PT	Insurance Payment Trend Report
RR	eIV Response Report
SOUR	Source of Information Report
SR	eIV Statistical Report
UNKI	Inpatients w/Unknown or Expired Insurance
UNKO	Outpatients w/Unknown or Expired Insurance
WNR	Patients Without MEDICARE (WNR) Insurance
WO	Patients with or without Insurance Report

6.24.1. List Plans by Insurance Company

This report provides insurance information from both a plan and subscriber perspective. It is designed to generate lists of plans by the insurance company and lists of subscribers (policies) by insurance plan. It can be used to generate plan and subscriber lists to be used for the database clean-up efforts. Once the database integrity has been restored, the report can be used to generate a list of subscribers to plans or companies.

This report is formatted to print at 132 columns.

Sample Screen

```
Insurance Plan Lookup          Sep 19, 1995 13:29:50       Page:   1 of    1
All Plans for: ABC INS                                      Phone: XXX-XXX-XXXX
               123 MAIN Ave.                             Precerts: XXX-XXX-XXXX
               ANYTOWN, CA  00098
#  + => Indiv. Plan    * => Inactive Plan                        Pre-  Pre-  Ben
    Group Name         Group Number       Type of Plan   UR?  Ct?   ExC?  As?
1   AE                 93932              MEDICAL EXPEN  NO   YES   YES   YES
2   NYS                12343221           MEDI-CAL       YES  YES   YES   YES
3   KROGER             112222             MAJOR MEDICAL  NO   YES   NO    YES
4   RETIRED            4321               MAJOR MEDICAL  YES  YES   NO    YES
```

```
          Enter ?? for more actions
SP  Select Plan
Select Action: Quit// sp=1 4   Select Plan
Would you like to select any other plans? NO// <RET>
```

Sample Output

```
LIST OF PLANS BY INSURANCE COMPANY            MAR 12, 2015@13:19      Page: 1
-------------------------------------------------------------------------------------------------
--
+ =>INDIV. PLAN    * => INACTIVE
Filters: Active Insurance, Active Group Plans
INSURANCE COMPANY TWO
PO BOX XXXXXX         FTF= 1(YRS)            GROUP PLAN TOTAL= 4
ANYTOWN, MO                                   SUBSCRIBER TOTAL= 1000
64106-7711
    GROUP NUMBER                          GROUP NAME    TYPE OF PLAN    ELEC PLAN    FTF
    PART A                     PART A        MEDICARE      MEDICARE     1(YRS)
              SUBSCRIBERS = 250
    PART B                     PART B        MEDICARE      MEDICARE     1(YRS)
              SUBSCRIBERS = 20
    +PART A RR                    PART A RR          MEDICARE      MEDICARE  1(YRS)
              SUBSCRIBERS = 1
    PART B RR                  PART B RR             MEDICARE      MEDICARE     1(YRS)
              SUBSCRIBERS = 250
*INSURANCE COMPANY THREE
PO BOX XXXXXX         FTF= 1(YRS)
ANYTOWN, MO       GROUP PLAN TOTAL= 5
66666-5555            SUBSCRIBER TOTAL= 1000
    GROUP NUMBER                          GROUP NAME    TYPE OF PLAN   ELEC PLAN    FTF
    PART A                     PART A         MEDICARE    MEDICARE     1(YRS)
              SUBSCRIBERS = 250
    *PART B                    PART B         MEDICARE    MEDICARE     1(YRS)
              SUBSCRIBERS = 20
    PART A RR                  PART A RR             MEDICARE    MEDICARE     1(YRS)
              SUBSCRIBERS = 5
    PART B RR                  PART B RR             MEDICARE    MEDICARE     1(YRS)
              SUBSCRIBERS = 250
  *****End of Report****
```

6.24.2. List New not Verified Policies

The List New Not Verified Policies option is used to produce a list by the patient of new insurance entries that have not been verified. After running this report, use the Verify Coverage action of the Patient Insurance Info View/Edit option to verify coverage for individual patients.

Specify a date range and patient name range to limit the parameters of the report.

Information provided on the output includes patient name and ID#, insurance company name, subscriber ID, the person who made the entry, and date entered. A total count is also provided.

```
REPORT OF NEW, NOT VERIFIED INSURANCE ENTRIES FROM: 8/01/93 TO: 12/01/93       DEC 16,1993  15:05    PAGE 1
PATIENT             PATIENT ID  INSURANCE CO            SUBSCRIBER ID  WHO ENTERED         DATE ENTERED
-------------------------------------------------------------------------------------------------------
IBpatient,one       XXXXXXXX   XYZ INS                 XXXXXXX        NANCY               AUG 17,1993
IBpatient,two       XXXXXXXX   BLUE CROSS BLUE SHIELD  XXXXXX         BETH                SEP 17,1993
IBpatient,three     XXXXXXXX   XYZ INS                 XXXX           ELLEN               OCT 12,1993
COUNT 3
```

6.24.3. Insurance Plans Missing Data Report

The Insurance Plans Missing Data option creates a list of insurance plans missing specified information.

This report can display plans that are missing group number, type of plan, timely filing time frame, electronic plan type, coverage limitations, BIN, and PCN.

Sample Screen

```
1. List All 1365 Active Ins. Companies
2. List Only Active Ins. Companies That You Select
     SELECT 1 or 2:
Display Active Group(s) missing Group Number? YES// YES
Display Active Group(s) missing Type of Plan? YES//YES
Display Active Group(s) missing Timely Filing Time Frame? YES//YES
Display Active Group(s) missing Electronic Plan Type? YES//YES
Display Active Group(s) missing Coverage Limitations? YES//YES
Display Active Group(s) missing BIN? YES//YES
Display Active Group(s) missing PCN? YES//YES
DEVICE: HOME//
```

Sample Output

```
INSURANCE PLANS MISSING DATA          MAR 12, 2015@13:19      Page: 1 of 1
Missing Data: Group #, Plan Type, FTF, Elec Plan, BIN, PCN, Coverage Limitation
MEDICARE (WNR)      PO BOX xxxxx    ANYTOWN, MO  64444-1111
 GROUP #     GROUP NAME    TYPE OF PLAN   ELEC PLAN      FTF
 --------    ----------    ------------   ---------      ---
 XXXXXXXX        PART B           MEDICARE        MEDICARE     1(YRS)
 PART B          PART B           MEDICARE        MEDICARE     XXXXXXX
 PART A RR   XXXXXXXX      MEDICARE        MEDICARE     XXXXXXX
 PART B RR   PART B        XXXXXX   MEDICARE     XXXXXXX
 PART G          PART G           MEDICARE        XXXXXXXXX    1(YRS)
 PART A RR   XXXXXXXX      MEDICARE        MEDICARE     XXXXXXX
    Coverage            Effective Date   Covered?
    --------            --------------   --------
    INPATIENT           XXXXXXXX         BY DEFAULT
  PART G         PART G           MEDICARE        XXXXXXXXX     1(YRS)
  PART A RR  XXXXXXX       MEDICARE        MEDICARE     XXXXXXX
CAREMARK     PO BOX 13999    ANYTOWN, MO  64106-7711    PRESCRIPTION ONLY
 GROUP #     GROUP NAME     TYPE OF PLAN   ELEC PLAN     FTF     BIN         PCN
 --------    ----------     ------------   ---------     ---     ---     ---
 XXXXXXXX        PART B            PRESCRIPTION   PRESCRIPTION  1(YRS)  XXX  XXXXXX
 XXXXXXXX        PART B            PRESCRIPTION   PRESCRIPTION  1(YRS)  123654  XXXX
 PART B          PART B            PRESCRIPTION   PRESCRIPTION  1(YRS)  XXX     XXXX
*****End of Report****
```

6.24.4. eIV Payer Date of Death Report

The eIV Payer Date of Death Report (PDOD) option creates a report so that the Insurance Verifier can forward information to the VA registration offices including a Patient's date of death. VistA Registration file may or may not have the date of death for the patient Information from the report can be used by VAMC Registration offices. The report can be found on the Insurance Reports Menu Option Path: Patient Insurance Menu (PI) > Insurance Reports (INSR). The shortcut is PDOD.

This report is formatted to print at 132 columns.

Sample Screen

```
 eIV Payer Date of Death Report
Electronic Insurance Verification responses are received daily.
Please select a Date range in which Date of Death eIV responses were received
to determine the appropriate patient Date of Death information.
eIV RESPONSE RECEIVED DATE:
Earliest Date Received:  T  (JUN 03, 2020)
  Latest Date Received:  Today// T  (JUN 03, 2020)
PAYER SELECTION:
```

```
Run for (A)ll Payers or (S)elected Payers: A// ll
DECEASED OR NOT DECEASED IN VISTA:
     Select one of the following:
          1         Patient is not deceased in VistA
          2         Patient is deceased in VistA
          3         Both
Select the type of patient to display: 3//   Both
     Select one of the following:
          1         Patient Name
          2         Payer Name
  Select the primary sort field: 1//   Patient Name
(E)xcel Format or (R)eport Format: Report//
```

Sample Output

```
eIV Payer Date of Death Report                                    Mar 23, 2020@07:02:16  Page: 1
Date Range: 01/01/2015-03/23/2020       All Payers, Patients Deceased and Not Deceased in VistA
Patient Name              Last 4 SSN  DOB VISTA   DOD VISTA   Payer Name  Trace #     DOD Payer
-------------------------------------------------------------------------------------------------
IBPATIENT,ONE             XXXX    02/02/1922              AETNA            12345678   02/02/2020
IBPATIENT,TWO             XXXX    02/02/1922              CIGNA           12345678   02/02/2020
IBPATIENT,THREE           XXXX    01/01/1948  06/18/2019  AETNA           12345678   01/13/2020
IBPATIENT,FOUR            XXXX    05/05/1955  07/26/1992  CMS             12345678   01/03/2020
                                          *** END OF REPORT ***
```

6.24.5. Source of Information Report

The Source of Information Report (SOUR) option creates a report to help the user calculate an accurate Return on Investment based on the source of information assigned to the patient policy. It includes only those specific policies associated with the parameters selected by the user during the report generation prompts.

Sample Screen

```
 This report will print bills and payments within the user-selected
date range that are associated to an insurance policy with a source
of information equal to the user-selected criteria.
     Select one of the following:
          B         Billed Date
          C         Collected Date
Report by (B)ill Date or by (C)ollected Date?: // b  Billed Date
Starting Billed Date: Mar 01, 2020// 1/1/15  (JAN 01, 2015)
  Ending Billed Date: Mar 23, 2020// 1/15/15  (JAN 15, 2015)
     ***  Selected Billed Date range from Jan 01, 2015 to Jan 15, 2015  ***
Enter Sources of Information to include one at a time.
Include Source of Information (<RETURN> for ALL):
     Select one of the following:
          D         Detailed
          S         Summary
Print (D)etailed or (S)ummary report?: Summary// d  Detailed
     Select one of the following:
          P         Patient
          I         Insurance
          B         Billed Amount
          C         Collected Amount
          D         Date
          S         Source of Information
Sort the report by: Source of Information// i Insurance
     Select one of the following:
          E         Excel
          R         Report
```

```
(E)xcel Format or (R)eport Format: : Report//
If you selected a long report period it is
recommended that this report be queued.
*** This report is 132 characters wide ***
DEVICE: HOME//   HOME  (CRT)
```

Sample Output for a Summary Report

```
SOURCE OF INFORMATION REPORT                        Mar 23, 2020@10:08:31   PAGE 2
FOR THE BILLED DATE RANGE: Jan 01, 2015 TO Jan 30, 2015          TYPE: SUMMARY
SOURCE OF INFORMATION: ALL
-------------------------------------------------------------------------------
Source          Outpt Bill Cnt  Outpt Bill Amt  Outpt Pay Cnt   Outpt Pay Amt
ICB CARD READER      1,799          687,120.85        210            53,914.03
CONTRACT SERVICE       109           14,954.70          3               209.37
Outpt Total          4,456        2,028,736.61        732           266,160.82
Grand Total
Source                Bill Cnt        Bill Amt        Pay Cnt          Pay Amt
INTERVIEW               312          125,865.86         34            9,768.97
DATA MATCH               30           11,911.72          4            1,517.63
PRE-REGISTRATION        761          265,755.33         97           31,003.11
eIV                   1,468        1,006,248.30        407          231,808.44
HMS                     121           59,114.81         23            7,986.85
ICB CARD READER       1,815          691,775.97        211           54,000.25
CONTRACT SERVICE        110           15,319.16          3               209.37
Grand Total           4,617        2,175,991.15        779          336,294.62
Type <Enter> to continue or '^' to exit:
```

Sample Output for a Detail Report

```
SOURCE OF INFORMATION REPORT                                                                                Mar 23, 2020@10:05:56   PAGE 1
FOR THE BILLED DATE RANGE: Jan 01, 2015 TO Jan 30, 2015                                                                      TYPE: DETAILED
SOURCE OF INFORMATION: ALL
SORT: Source of Information
..................................................... Inpatient Bills Entered .....................................................
Patient Name      SSN   Bill Num    Insurance Company       Bill Amt  Bill Date       Coll Amt  Coll Date     F/P/N Source
IBPATIENT,ONE     XXXX   XXXXXXX    LIFE INVESTORS            364.46  Jan 23, 2015       0.00                  N   CONTRACT SERVICE
IBPATIENT,TWO     XXXX   XXXXXXX    SINCLAIR HEALTH SERVI     538.89  Jan 13, 2015      86.22  Jan 26, 2015   P   ICB CARD READER
IBPATIENT,THREE   XXXX   XXXXXXX    BCBS WY*                  277.73  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,FOUR    XXXX   XXXXXXX    BCBS WY*                  192.95  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,FIVE    XXXX   XXXXXXX    BCBS WY*                  277.73  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,SIX     XXXX   XXXXXXX    BCBS WY*                  277.73  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,SEVEN   XXXX   XXXXXXX    BCBS WY*                  192.95  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,EIGHT   XXXX   XXXXXXX    BCBS WY*                  195.87  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,NINE    XXXX   XXXXXXX    BCBS WY*                  538.89  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,TEN     XXXX   XXXXXXX    BCBS WY*                  192.95  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,ELEVEN  XXXX   XXXXXXX    BCBS WY*                  277.73  Jan 21, 2015       0.00                  N   ICB CARD READER
IBPATIENT,TWELVE  XXXX   XXXXXXX    BCBS WY*                  277.73  Jan 21, 2015       0.00                  N   ICB CARD READER
* Next to bill indicates bill is canceled and not used in totals
```

6.24.6. Interfacility Ins. Update Report

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12. The Interfacility Insurance Update Activity report can be run by picking the IFIU option from the Patient Insurance Menu (PI).

This option displays either all sent or received interfacility insurance update records. The report can be generated as a summary or detailed to provide insurance details.

This report is formatted to print at 132 columns for a detailed report.

Sample Screen

```
Summary or Detailed:// d  Detailed
To view what your facility sent to other VAMCs choose SENT.
To view what your facility received from other VAMCs choose RECEIVED.
Report Type - (S)ent or (R)eceived Report// r  Received
```

```
To know which records filed to buffer and which did not,
select "YES" to include processing status.
Include processing status? YES// y  YES

Receiving Date Range:
 Earliest Date Received:  6/11/2021//   (JUN 11, 2021)
 Latest Date Received:  TODAY//   (JUN 11, 2021)

Select Originating Facility: ALL//
(E)xcel Format or (R)eport Format: Report//

Select one of the following:
    D     Date Received
    P     Patient Name
    F     Facility Originated From
Sort the report by: d  Date Received
*** This report is 132 characters wide ***

DEVICE: HOME// ;132  HOME  (CRT)
```

Sample Output for a Summary Report

```
Interfacility Ins. Update Report-Summary          Mar 08, 2021@12:49:45  Page: 1
Date Range: 02/16/2021 - 03/08/2021                      Sent to other Facilities
-------------------------------------------------------------------------------


Total Number of Transmissions Sent                              4
Total Facilities                                                3
  BATTLE CREEK VAMC (XXX)                    2
  BECKLEY VAMC (XXX)                         1
  BEDFORD VAMC (XXX)                         1

                              *** END OF REPORT ***
```

Sample Output for a Detailed Report

```
Interfacility Ins. Update Report-Detail                                                 Oct 28, 2021@07:55:07  Page: 1
Date Range: 10/25/2021 - 10/28/2021          All Facilities, Received from other Facilities          Primary sort: Date

                        Last                                                Originating       Date
Patient Name            4 SSN Insurance Company        Subscriber ID       COB Facility          Received Processing Status
------------------------------------------------------------------------------------------------------------------------------
IBSUB,ACTIVE            XXXX  AETNA                    XXXXXXXX             P  CHARLESTON  (XXX) 10/25/21 DUPLICATE
IBSUB,TWOTRLRS          XXXX  MEDICARE (WNR)           XXXXXXXXXX              CHARLESTON  (XXX) 10/25/21 VISITED TOO LONG AGO
IBSUB,ACTIVE            XXXX  AETNA                    XXXXXXXX             P  CW BILL YOU (XXX) 10/26/21 DUPLICATE
IBSUB,ACTIVE            XXXX  AETNA                    XXXXXXXX             P  CW BILL YOU (XXX) 10/26/21 DUPLICATE
IBSUB,ACTIVE            XXXX  CIGNA                    XXXXXXXX             S  CW BILL YOU (XXX) 10/26/21 DUPLICATE

                                          *** END OF REPORT ***
```

6.24.7. Ins Company Link Report (aka “Insurance Company Link Report”)

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12.

Sample Screen

```
Insurance Company Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the eIV software or to transmit active
insurance to another VAMC via IIU, the Insurance Company needs to be
linked to an appropriate payer from the National EDI Payer list.
The National EDI Payer list contains the names of the payers that are
currently participating with the eIV and/or IIU process.
```

```
This report option provides information to assist with finding unlinked
insurance companies or payers, which can subsequently be linked through the
INSURANCE COMPANY EDIT option.

     Select one of the following:

          1         Unlinked insurance companies
          2         Linked insurance companies

Select type of insurance companies to display: // 2  Linked insurance companies

     Select one of the following:

          1         ALL insurance companies
          2         Keyword search in insurance companies
          3         Select insurance companies

Select companies to display: // 3  SELECTED insurance companies
Select INSURANCE COMPANY: ACORDIA
     1    ACORDIA    PO BOX 2451   CHARLESTON   WEST VIRGINIA   Y
     2    ACORDIA NATIONAL    PO BOX 3262   CHARLESTON   WEST VIRGINIA   Y
CHOOSE:  (1-2): 1  ACORDIA    PO BOX 2451   CHARLESTON   WEST VIRGINIA   Y
Select another INSURANCE COMPANY: ACORDIA
     1    ACORDIA    PO BOX 2451   CHARLESTON   WEST VIRGINIA   Y
     2    ACORDIA NATIONAL    PO BOX 3262   CHARLESTON   WEST VIRGINIA   Y
CHOOSE:  (1-2): 2  ACORDIA NATIONAL    PO BOX 3262   CHARLESTON   WEST VIRGINIA
  Y
Select another INSURANCE COMPANY:

(E)xcel Format or (R)eport Format: Report//

     Select one of the following:
          1         Insurance Company Name
          2         Payer Name
          3         VA National Payer ID

Select the primary sort field: 1//   Insurance Company Name

*** This report is 132 characters wide ***

DEVICE: HOME//
```

Sample Output

```
Insurance Company Link Report                                                                                    Mar 10, 2021@14:15:33  Page: 1
                                                Linked Insurance Companies - Selected

Insurance Company:             # Active                eIV Nationally     IIU Nationally     eIV Locally     Prof/Inst EDI#
  Payer Name                   Groups       VA ID      Enabled             Enabled            Enabled
-------------------------------------------------------------------------------------------------------------------------------------
ACORDIA                            1    PO BOX XXXX CITYXX, WV XXXXX                                                  XXXXX/XXXXX
   WELLS FARGO THIRD PARTY(CHIP PE           VAXXX      YES                                  YES                    XXXXX/XXXXX

 ACORDIA NATIONAL                  7    PO BOX 3262 CITYXX, WV XXXXX                                                  XXXXX/XXXXX
   WELLS FARGO THIRD PARTY(CHIP PE           VAXXX      YES                                  YES                    XXXXX/XXXXX

                              *** END OF REPORT ***

Type <Enter> to continue or '^' to exit:
```

6.24.8. Payer Link Report

To be eligible for electronic insurance eligibility communications via the eIV and IIU software, participating Insurance Companies must be linked to a payer from the National EDI Payer list. The National EDI Payer list contains the names of the payers that are currently participating in the eIV and IIU process.

This report provides information based on the relationship that the users set up in VistA between the insurance companies and the payers. This report can assist with finding insurance companies that are linked to the wrong payer. Also, the report can assist with identifying unlinked insurance companies or payers. Additionally, this report will indicate the payer's locally active status.

This report shows the relationship between the insurance companies in file #36 and the payers in file #365.12.

Sample Screen

```
Payer Link Report

In order for an Insurance Company to be eligible for electronic insurance
eligibility communications via the eIV software or to transmit active insurance
to another VAMC via IIU, the Insurance Company needs to be linked to an
appropriate payer from the National EDI Payer list. The National EDI Payer
list contains the names of the payers that are currently participating with
the eIV and/or IIU process.

This report provides access to the following information:
    -  A list of all payers with current eIV and IIU settings.
    -  A list of all payers with associated linked insurance company detail.
    -  A list of all payers with no insurance companies linked.

Include deactivated payers? YES//
Select a Payer (RETURN for ALL Payers):
(E)xcel Format or (R)eport Format: Report//

eIV Payer list - displays those payers who can send and receive
                 HIPAA 270/271 transactions for verification.
IIU Payer list - displays those payers who are             eligible to exchange
                 between VAMCs for active insurance.
Both           - includes any payer that is defined as either eIV or IIU
                 or both applications.

     Select one of the following:
          1         eIV Payer List
          2         IIU Payer List
          3         Both
Select a report option: 3//   Both

     Select one of the following:
          1         Unlinked Payers
          2         Linked Payers
          3         ALL Payers
Select the type of payers to display: 3//   ALL Payers

      Select one of the following:

          1         List linked insurance company detail
          2         Do not list linked insurance company detail
Select company detail option: 1//   List linked insurance company detail
```

```
     Select one of the following:
          1         Payer Name
          2         VA National Payer ID
          3         Nationally Enabled Status
          4         Locally Enabled Status
          5         # of Linked Insurance Companies
Select the primary sort field: 1//   Payer Name

*** This report is 132 characters wide ***

DEVICE: HOME//
```

Sample Output

```
Payer Link Report                    All EIV Payers, With Ins. Co. Detail                    Mar 25, 2021@10:09:04 Page: 1

                                          # Linked        Nationally        Locally        Auto          Prof/Inst.   Also
Payer Name:                    VA ID      Ins. Co.        Enabled           Enabled        Update        EDI#         IIU
-------------------------------------------------------------------------------------------------------------------------------
1199 NATIONAL BENEFIT FUND     VAXXXX     0               YES               YES            NO            XXXXX/XXXXX  NO
AARP HEALTH PLAN               VAXXX      1               YES               YES            YES           XXXXX/XXXXX  NO
  Linked Insurance Companies      Address                          City, State, Zip code
  AARP UNITEDHEALTHCARE           AARP HEALTHCARE OPTIONS          CITY, GA XXXXX-XXXX                   XXXXX/XXXXX
ACORDIA NATIONAL-MOHWK/HCKRY SPRVAXXXX    0               NO                YES            NO                         NO
ACS BENEFIT SERVICES           VAXXXX     0               YES               NO             NO            XXXXX/XXXXX  NO
ADVANTRA (TX, NM, AZ)          VAXXX      0               YES               YES            NO            XXXXX/XXXXX  NO
AETNA                          VAX        41              YES               YES            YES           XXXXX/XXXXX  YES
  Linked Insurance Companies      Address                          City, State, Zip code
  AETNA                           P.O. BOX XXXXXX                  CITY, TX XXXXX-XXXX                   XXXXX/XXXXX
  AETNA GLOBAL BENEFITS           PO BOX XXXXX                     CITY, FL XXXXX-XXXX
```

6.24.9. Coverage Limitations Report

This report generates a list of coverage limitations by company and group.

Sample Screen

```
Coverage Limitations Report

This report will generate a list of coverage limitations by company and
group. You must select one, multiple, or all insurance companies and anywhere
from one to all of the plans under each company. The results can be filtered
by coverage limitation status.

1 - List All 1293 Ins. Companies
2 - List Only Ins. Companies That You Select
     SELECT 1 or 2:  2  List Only Ins. Companies That You Select

1 - Select ACTIVE Insurance Companies
2 - Select INACTIVE Insurance Companies
3 - Select BOTH
     Select 1 or 2 or 3: 1// 1  ACTIVE

 1 - Select Insurance Companies that Begin with: XXX
 2 - Select Insurance Companies that Contain: XXX
 3 - Select Insurance Companies in Range: XXX - YYY
     Select 1, 2 or 3: 1// 2  Contains

     Select Insurance Companies that contain: aarp



Insurance Company Selection   Jan 04, 2022@09:44:41          Page:    1 of    1
Insurance Companies that contain: aarp
Showing Active Insurance Companies
0 Insurance Companies selected
```

```
      Name                              A/I   Street Address
1     AARP UNITEDHEALTHCARE              A    AARP HEALTHCARE OPTIONS
1>    AARP UNITEDHEALTHCARE              A
   AARP HEALTHCARE OPTIONS

          Enter ?? for more actions                                          >>>
SE  Select Ins Co         NE  New Search            SH  Show Selections
DE  Deselect Ins Co       EX  Exit
Select Action: Quit// SE   Select Ins Co
Select Insurance Company(s):  (1-1): 1



Insurance Company Selection   Jan 04, 2022@09:44:46          Page:    1 of    1
Insurance Companies that contain: aarp
Showing Active Insurance Companies
1 Insurance Companies selected
      Name                              A/I   Street Address
1>    AARP UNITEDHEALTHCARE              A    AARP HEALTHCARE OPTIONS

          Enter ?? for more actions                                          >>>
SE  Select Ins Co         NE  New Search            SH  Show Selections
DE  Deselect Ins Co       EX  Exit
Select Action: Quit//    QUIT


1 - List All 99 Group Plans
2 - List Only Group Plans That You Select
     SELECT 1 or 2:  1  List All 99 Group Plans

1 - Select ACTIVE Group Plans
2 - Select INACTIVE Group Plans
3 - Select BOTH
     Select 1 or 2 or 3: 1// 1  ACTIVE

1 - Select GROUP NAME
2 - Select GROUP NUMBER
3 - Select BOTH
     Select 1 or 2 or 3: 3  BOTH

1 - Select Group(s) that Begin with: XXX
2 - Select Group(s) that Contain: XXX
3 - Select Group(s) in Range: XXX - YYY
4 - Select Group(s) that are BLANK
     Select 1, 2, 3 or 4: 2  Contains

     Select Group(s) that contain: 1

1 - Select Coverage Status COVERED
2 - Select Coverage Status NOT COVERED
3 - Select Coverage Status CONDITIONAL
4 - Select Coverage Status BY DEFAULT (blank status)
5 - Show all Coverage Statuses
     Select 1, 2, 3, 4 or 5: 5  ALL

(E)xcel Format or (R)eport Format: Report//

We recommend you queue this report as it will take awhile.

*** You will need a 132 column printer for this report. ***

DEVICE: HOME// ;132  HOME  (CRT)
```

Sample Output

```
Coverage Limitations Report

COVERAGE LIMITATION REPORT                                                                                                    JAN 04, 2022@10:08 Page: 1
------------------------------------------------------------------------------------------------------------------------------------------------------
+ =>INDIV. PLAN    * => INACTIVE
Filters: Selected Insurances, All Group Plans, Contains = 1, All Coverage Statuses

COMPANY        GROUP NAME             GROUP NUMBER        CATEGORY                    EFFECTIVE DATE   COVERED?     LIMIT COMMENTS?
AARP UNITEDHEALTHCARE                     AARP HEALTHCARE OPTIONS, CITY, GA XXXXX-XXXX
               GROUP NAME             GRP NUM XXXX        << MEDIGAP PLAN F >>
                                                          INPATIENT                                  CONDITIONAL  YES
                                                          OUTPATIENT                                 BY DEFAULT
                                                          PHARMACY                    01/01/2001     NO
                                                          DENTAL                                     BY DEFAULT
                                                          MENTAL HEALTH                              BY DEFAULT
                                                          LONG TERM CARE                             BY DEFAULT
                                                          PROSTHETICS                                BY DEFAULT
                                                          VISION                                     BY DEFAULT

               <NO GROUP NAME>        GRP NUM XXX         << MEDIGAP PLAN C >>
                                                          INPATIENT                                  BY DEFAULT
                                                          OUTPATIENT                                 BY DEFAULT
                                                          PHARMACY                    06/01/1993     NO
                                                          DENTAL                                     BY DEFAULT

Type <Enter> to continue or '^' to exit:
```

7. Billing Supervisor Menu

*Documentation for the Unbilled Amounts Menu, which was released to the field as patch IB*2*19, has been included in this section of the manual as a matter of convenience. The Unbilled Amounts Menu [IBT UNBILLED MENU] need not be assigned to the Billing Supervisor Menu. It may be assigned to any menu in Integrated Billing, or a user's secondary menu, as deemed appropriate by IRMS.

7.1. Insurance Buffer Activity

This report provides a summary of the activity within the Insurance Buffer for a specified date range. Counts, percentages, and average processing times are included for both processed and unprocessed entries. The report can be printed with totals only or by month within the selected date range.

Sample Output

```
INS BUFFER ACTIVITY REPORT   Apr 17, 2001 - Nov 05, 2001 11/5/21 11:06 PAGE 1
-------------------------------------------------------------------------------
                                    TOTALS
                                          AVERAGE      LONGEST     SHORTEST
STATUS                  COUNT   PERCENT    # DAYS       # DAYS      # DAYS
-------------------------------------------------------------------------------
ENTERED                    24     66.6%       39.0        146.0         0.0
ACCEPTED                    5     13.8%       22.6        108.9         0.2
REJECTED                    7     19.4%       62.6        146.0         3.0
-------------------------------------------------------------------------------
NOT PROCESSED              24     66.6%       37.3        146.0         0.0
PROCESSED                  12     33.3%       42.8        146.0         0.2
TOTAL                      36    100.0%       39.0        146.0         0.0

  0 New Companies (0%), 1 New Group/Plans (2%), 1 New Patient Policy (2%)
```

7.2. Management Reports (Billing) Menu

7.2.1. Statistical Report (IB)

This report lists the total number of Integrated Billing actions by action type along with the total charge by type for a date range. Integrated Billing actions include inpatient copayments by treating specialty, inpatient, and NHCU per diems; and NHCU, outpatient, and pharmacy copayments.

Net statistics compute the current status for each new entry in the selected date range to calculate the net totals. Net totals are derived from the last update for a parent (even when the update is not within the date range) using the following formula: new entries (+) updates within the date range (-) cancellations.

The gross statistics count only the entries in the date range. It is possible that the net and gross statistics may not match. For example, if a charge was canceled after the selected date range of the report but before the report ran, the net figures would reflect this, but the gross figures would not.

Sample Output

INTEGRATED BILLING STATISTICAL REPORT

```
                                    INTEGRATED BILLING STATISTICAL REPORT
                                                  for
                                             CHEYENNE VAMC (XXX)
                                              From: JAN 01, 2018
                                               To: OCT 25, 2018
                                           Date Printed: OCT 25, 2018
                                                    Page: 1
                                           --------------------------
                                           NET TOTALS BY ACTION TYPE
                                              (INPT) NEW
                                            NUMBER ENTRIES: 6
                                            DOLLAR AMOUNT: $4389.4
                                               (OPT) NEW
                                            NUMBER ENTRIES: 9
                                            DOLLAR AMOUNT: $275
                                          (PER DIEM) NEW
                                            NUMBER ENTRIES: 3
                                            DOLLAR AMOUNT: $252
                                                (RX) NEW
                                            NUMBER ENTRIES: 13
                                            DOLLAR AMOUNT: $173
                                         MTF (INPT) NEW
                                            NUMBER ENTRIES: 14
                                            DOLLAR AMOUNT: $8049.2
                                          MTF (OPT) NEW
                                            NUMBER ENTRIES: 5
                                            DOLLAR AMOUNT: $113
                                   MTF (PER DIEM) NEW
                                            NUMBER ENTRIES: 5
                                            DOLLAR AMOUNT: $350
                                            MTF (RX) NEW
                                            NUMBER ENTRIES: 6
                                            DOLLAR AMOUNT: $127
                                              (INPT) NEW
                                            NUMBER ENTRIES: 2
                                            DOLLAR AMOUNT: $2400
```

```
                (OPT) NEW
              NUMBER ENTRIES: 3
              DOLLAR AMOUNT: $115
            (PER DIEM) NEW
              NUMBER ENTRIES: 2
              DOLLAR AMOUNT: $30
                  (RX) NEW
              NUMBER ENTRIES: 10
              DOLLAR AMOUNT: $164
                (INPT) NEW
              NUMBER ENTRIES: 4
              DOLLAR AMOUNT: $3880.2
                (OPT) NEW
              NUMBER ENTRIES: 2
              DOLLAR AMOUNT: $65
            (PER DIEM) NEW
              NUMBER ENTRIES: 3
              DOLLAR AMOUNT: $100
                  (RX) NEW
              NUMBER ENTRIES: 8
              DOLLAR AMOUNT: $174
     FEE SERVICE (OPT) NEW
              NUMBER ENTRIES: 2
              DOLLAR AMOUNT: $30
      INPT COPAY (MED) NEW
              NUMBER ENTRIES: 13
              DOLLAR AMOUNT: $10268
         INPT PER DIEM NEW
              NUMBER ENTRIES: 5
              DOLLAR AMOUNT: $10900
         LTC INPT NHCU NEW
              NUMBER ENTRIES: 2
              DOLLAR AMOUNT: $1166
             OPT COPAY NEW
              NUMBER ENTRIES: 5
              DOLLAR AMOUNT: $215
    TRICARE INPT COPAY NEW
              NUMBER ENTRIES: 2
              DOLLAR AMOUNT: $190
     TRICARE OPT COPAY NEW
              NUMBER ENTRIES: 4
              DOLLAR AMOUNT: $67
      TRICARE RX COPAY NEW
              NUMBER ENTRIES: 3
              DOLLAR AMOUNT: $42
     SERV NSC RX COPAY NEW
              NUMBER ENTRIES: 0
              DOLLAR AMOUNT: $0
           CC INPT CNH NEW
              NUMBER ENTRIES: 1
              DOLLAR AMOUNT: $2037
       CC INPT RESPITE NEW
              NUMBER ENTRIES: 1
              DOLLAR AMOUNT: $3007
          CC OPT ADHC NEW
              NUMBER ENTRIES: 4
              DOLLAR AMOUNT: $60
        CC OPT RESPITE NEW
              NUMBER ENTRIES: 4
              DOLLAR AMOUNT: $165
          CCN INPT CNH NEW
              NUMBER ENTRIES: 3
              DOLLAR AMOUNT: $3652
```

```
   CCN INPT RESPITE NEW
           NUMBER ENTRIES: 2
           DOLLAR AMOUNT: $3483
       CCN OPT ADHC NEW
           NUMBER ENTRIES: 3
           DOLLAR AMOUNT: $80
    CCN OPT RESPITE NEW
           NUMBER ENTRIES: 1
           DOLLAR AMOUNT: $50
    CHOICE INPT CNH NEW
           NUMBER ENTRIES: 1
           DOLLAR AMOUNT: $2716
CHOICE INPT RESPITE NEW
           NUMBER ENTRIES: 1
           DOLLAR AMOUNT: $3007
    CHOICE OPT ADHC NEW
           NUMBER ENTRIES: 3
           DOLLAR AMOUNT: $115
 CHOICE OPT RESPITE NEW
           NUMBER ENTRIES: 3
           DOLLAR AMOUNT: $80
      NSC RX COPAY NEW
           NUMBER ENTRIES: 2
           DOLLAR AMOUNT: $36
       SC RX COPAY NEW
           NUMBER ENTRIES: 0
           DOLLAR AMOUNT: $0
        GROSS TOTALS BY ACTION TYPE
            (INPT) NEW
           NUMBER ENTRIES: 9
           DOLLAR AMOUNT: $7108.6
              (OPT) NEW
           NUMBER ENTRIES: 11
           DOLLAR AMOUNT: $305
          (PER DIEM) NEW
           NUMBER ENTRIES: 5
           DOLLAR AMOUNT: $302
               (RX) NEW
           NUMBER ENTRIES: 34
           DOLLAR AMOUNT: $849
         MTF (INPT) NEW
           NUMBER ENTRIES: 14
           DOLLAR AMOUNT: $8049.2
        MTF (OPT) NEW
           NUMBER ENTRIES: 6
           DOLLAR AMOUNT: $163
    MTF (PER DIEM) NEW
           NUMBER ENTRIES: 5
           DOLLAR AMOUNT: $350
           MTF (RX) NEW
           NUMBER ENTRIES: 9
           DOLLAR AMOUNT: $193
             (INPT) NEW
           NUMBER ENTRIES: 2
           DOLLAR AMOUNT: $2400
              (OPT) NEW
           NUMBER ENTRIES: 3
           DOLLAR AMOUNT: $115
          (PER DIEM) NEW
           NUMBER ENTRIES: 2
           DOLLAR AMOUNT: $30
               (RX) NEW
           NUMBER ENTRIES: 10
```

```
                DOLLAR AMOUNT: $164
                  (INPT) NEW
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $4112.4
                   (OPT) NEW
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $145
              (PER DIEM) NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $150
                    (RX) NEW
                NUMBER ENTRIES: 9
                DOLLAR AMOUNT: $184
 FEE SERVICE (OPT) NEW
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $45
  INPT COPAY (MED) NEW
                NUMBER ENTRIES: 13
                DOLLAR AMOUNT: $10268
     INPT PER DIEM NEW
                NUMBER ENTRIES: 6
                DOLLAR AMOUNT: $10910
     LTC INPT NHCU NEW
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $1166
              OPT COPAY NEW
                NUMBER ENTRIES: 16
                DOLLAR AMOUNT: $765
TRICARE INPT COPAY NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $316
 TRICARE OPT COPAY NEW
                NUMBER ENTRIES: 8
                DOLLAR AMOUNT: $340
  TRICARE RX COPAY NEW
                NUMBER ENTRIES: 9
                DOLLAR AMOUNT: $634
 SERV NSC RX COPAY NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $32
       CC INPT CNH NEW
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $2037
   CC INPT RESPITE NEW
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $3580
       CC OPT ADHC NEW
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $75
    CC OPT RESPITE NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $165
      CCN INPT CNH NEW
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $3652
  CCN INPT RESPITE NEW
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $3483
      CCN OPT ADHC NEW
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $80
   CCN OPT RESPITE NEW
                NUMBER ENTRIES: 1
```

```
                DOLLAR AMOUNT: $50
        CHOICE INPT CNH NEW
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $3902
    CHOICE INPT RESPITE NEW
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $4153
        CHOICE OPT ADHC NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $130
     CHOICE OPT RESPITE NEW
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $130
            NSC RX COPAY NEW
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $36
             SC RX COPAY NEW
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $16
               (INPT) CANCEL
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $2719.2
                (OPT) CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $30
           (PER DIEM) CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $50
                  (RX) CANCEL
                NUMBER ENTRIES: 21
                DOLLAR AMOUNT: $676
            MTF (OPT) CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $50
             MTF (RX) CANCEL
                NUMBER ENTRIES: 3
                DOLLAR AMOUNT: $66
               (INPT) CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $232.2
                (OPT) CANCEL
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $95
           (PER DIEM) CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $50
                  (RX) CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $10
FEE SERVICE (INPT) CANCEL
                NUMBER ENTRIES: 12
                DOLLAR AMOUNT: $11767.2
 FEE SERVICE (OPT) CANCEL
                NUMBER ENTRIES: 14
                DOLLAR AMOUNT: $280
  INPT COPAY (MED) CANCEL
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $6048
     INPT PER DIEM CANCEL
                NUMBER ENTRIES: 7
                DOLLAR AMOUNT: $166
  LTC FEE OPT ADHC CANCEL
                NUMBER ENTRIES: 3
```

```
                DOLLAR AMOUNT: $45
      LTC INPT NHCU CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $52
   LTC INPT RESPITE CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $776
           OPT COPAY CANCEL
                NUMBER ENTRIES: 16
                DOLLAR AMOUNT: $730
 TRICARE INPT COPAY CANCEL
                NUMBER ENTRIES: 4
                DOLLAR AMOUNT: $291
  TRICARE OPT COPAY CANCEL
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $285
    TRICARE RX COPAY CANCEL
                NUMBER ENTRIES: 6
                DOLLAR AMOUNT: $592
 SERV INPT PER DIEM CANCEL
                NUMBER ENTRIES: 9
                DOLLAR AMOUNT: $240
  SERV NSC RX COPAY CANCEL
                NUMBER ENTRIES: 5
                DOLLAR AMOUNT: $43
     CC INPT RESPITE CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $573
         CC OPT ADHC CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $15
     CHOICE INPT CNH CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $1186
CHOICE INPT RESPITE CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $1146
     CHOICE OPT ADHC CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $15
 CHOICE OPT RESPITE CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $50
        NSC RX COPAY CANCEL
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $24
         SC RX COPAY CANCEL
                NUMBER ENTRIES: 2
                DOLLAR AMOUNT: $16
                (OPT) UPDATE
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $15
  FEE SERVICE (OPT) UPDATE
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $15
  SERV NSC RX COPAY UPDATE
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $11
                   ADMISSION
                NUMBER ENTRIES: 1
                DOLLAR AMOUNT: $0
                   ADMISSION
```

```
                                                    NUMBER ENTRIES: 17
                                                    DOLLAR AMOUNT: $0
                                                       ADMISSION
                                                    NUMBER ENTRIES: 3
                                                    DOLLAR AMOUNT: $0
```

7.2.2. Most used Outpatient CPT Codes

This option will list the most common ambulatory procedures and ambulatory surgeries performed within a date range for the selected clinic(s). This list may be used to help select which codes to include when building CPT check-off sheets through the Build CPT Check-off Sheet option under the Ambulatory Surgery Maintenance Menu.

The user can sort by clinic or procedure. When sorting by procedure, also include full procedure descriptions.

All reports provide the CPT code and procedure, a count of each procedure that has been entered for a clinic visit, the number billed, the OPC status, and the charge amount. The status and charge amount given are as of the current date. If no charge amount is shown, the procedure is not a billable procedure.

This output requires 132 column margin width.

Depending on the date range chosen, this report could be quite lengthy. Queue this to print during non-work hours.

Sample Output

```
CLINIC CPT USAGE FOR JAN 1,1991 - JAN 1,1992                              APR 16, 1992  11:22   PAGE 1
ALL DIVISIONS AND CLINICS
AMBULATORY PROCEDURE                                COUNT  #BILLED  OPC STATUS CHARGE
-------------------------------------------------------------------------------------------------------------
XXXXX  REMOVE FOREIGN BODY                            38      38   NATIONALLY ACTIVE 256.50
       INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;
       COMPLICATED
XXXXX  SURGICAL CLEANSING OF SKIN                     56           NATIONALLY ACTIVE
       DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF
       BODY SURFACE
XXXXX  REPAIR OF WOUND OR LESION                      89      34   NATIONALLY ACTIVE 394.20
       REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND / OR LIPS; 2.6 CM TO 7.5 CM
XXXXX  AMPUTATION FOLLOW-UP SURGERY                   29                    394.20
       AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION
XXXXX  REPAIR LIP                                      1       1   NATIONALLY ACTIVE 394.20
       REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR
       COMPLEX
XXXXX  REMOVE FOREIGN BODY FROM EYE                   18      15   INACTIVE   343.80
       REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS
XXXXX  INCISION, SECONDARY CATARACT                   36           NATIONALLY ACTIVE
       DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR
       LENS CAPSULE AND / OR ANTERIOR HYALOID; STAB INCISION TECHNIQUE
       (ZIEGLER OR WHEELER KNIFE)
XXXXX  BONE MARROW BIOPSY                             12           NATIONALLY ACTIVE
       BONE MARROW BIOPSY, NEEDLE OR TROCAR;
```

7.2.3. Insurance Buffer Employee

This report provides a summary of entries and actions in the Insurance Buffer by employee for a specified date range. It can be printed for those employees who create buffer entries (primarily non-insurance personnel) or for those employees who verify and process (accept/reject) buffer entries (primarily insurance personnel). The report can also be printed for one specific employee or all employees. Counts, percentages, and average processing times are included and can be printed with totals only or by month.

Sample Output

```
INS BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 1
-------------------------------------------------------------------------------
                              LASTNAME, FIRSTNAME  TOTALS
                                          AVERAGE      LONGEST     SHORTEST
STATUS                 COUNT   PERCENT      # DAYS       # DAYS      # DAYS
-------------------------------------------------------------------------------
ACCEPTED                   2     25.0%         0.0          0.2         0.2
REJECTED                   6     75.0%        72.5        146.0        21.7
TOTAL                      8    100.0%        72.5        146.0         0.2
  0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (12%)


INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 2
-------------------------------------------------------------------------------
                              LASTNAME, FIRSTNAME  TOTALS
                                          AVERAGE      LONGEST     SHORTEST
STATUS                 COUNT   PERCENT      # DAYS       # DAYS      # DAYS
-------------------------------------------------------------------------------
ACCEPTED                   8     88.8%       105.0        105.0       105.0
REJECTED                   1     11.1%         0.0          3.0         3.0
TOTAL                      9    100.0%       105.0        105.0         3.0
  0 New Companies (0%), 2 New Group/Plans (22%), 0 New Patient Policies (0%)


INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 3
-------------------------------------------------------------------------------
                                       TOTALS
                                          AVERAGE      LONGEST     SHORTEST
STATUS                 COUNT   PERCENT      # DAYS       # DAYS      # DAYS
-------------------------------------------------------------------------------
ACCEPTED                  10     58.8%        22.6        108.9         0.2
REJECTED                   7     41.1%        62.6        146.0         3.0
TOTAL                     17    100.0%        39.0        108.9         0.2
  0 New Companies (0%), 2 New Group/Plans (11.7%), 1 New Patient Policies (5%)
```

7.2.4. 0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%) Clerk Productivity

The Clerk Productivity option allows the user to print a report for bills entered, authorized, or printed within a selected date range. The report is sorted alphabetically by the clerk who first entered, authorized, or printed the bill.

The user can print either a full or summary report. If the user selects to print a full report, select specific clerk(s) and rate type(s) to include.

A summary report will list the clerk, rate type, and the count and dollar amount of bills entered for each rate type for each clerk. A subtotal is provided for each clerk. The total amount for the report is also displayed.

The full report will list the clerk, rate type, date entered, current status, bill number, total charges, patient name, and patient ID for each bill included in the report. The full report should be printed at 132 column margin width.

Depending on the date range and other specifications opted for, this report could be quite lengthy. Queue the report to print during off hours.

Sample Output

```
CLERK PRODUCTIVITY REPORT FOR JUN 1,1995 - NOV 26,1995   NOV 26,1995  13:02    PAGE 1
                                                                        BILL  TOTAL
ENTERED/EDITED BY     RATE TYPE           DATE ENTERED  CURRENT STATUS   NUMBER      AMOUNT  NAME
PATIENT ID
-------------------------------------------------------------------------------
JOHN                  REIMBURSABLE INS.   NOV 10,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                      REIMBURSABLE INS.   NOV 17,1995   ENTERED/NOT REV  XXXXXX IBpatient,two
XXX-XX-XXXX
                      REIMBURSABLE INS.   NOV 17,1995   ENTERED/NOT REV  XXXXXX IBpatient,three
XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                        0.00
SUBCOUNT                                                                  3
ANDREW                REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   AUTHORIZED       XXXXXX  00.00
IBpatient,two         XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,three
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,four
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,five
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,six
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,seven
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,eight
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,nine
XXX-XX-XXXX
                      REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  XXXXXX IBpatient,ten
XXX-XX-XXXX
                      REIMBURSABLE INS.   NOV 23,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                      REIMBURSABLE INS.   NOV 25,1995   ENTERED/NOT REV  XXXXXX IBpatient,two
XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                             5000.00
SUBCOUNT                                                                  12
CHARLES               REIMBURSABLE INS.   SEP 28,1995   ENTERED/NOT REV  XXXXXX IBpatient,one
XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                       0.00
SUBCOUNT                                                                  1
PAUL                  REIMBURSABLE INS.   SEP 10,1995   AUTHORIZED       XXXXXX  163.00
IBpatient,two         XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                     163.00
SUBCOUNT                                                                  1
LINDA                 REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV  XXXXXX IBpatient,three
XXX-XX-XXXX
                      REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV  XXXXXX  163.00
IBpatient,four        XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                     163.00
SUBCOUNT                                                                  2
BETH                  REIMBURSABLE INS.   SEP 15,1995   CANCELLED        XXXXXX       163.00
IBpatient,five         XXX-XX-XXXX
                                                                          -------  ---------
SUBTOTAL                                                                             163.00
SUBCOUNT                                                                  1
                                                                          -------  ---------
TOTAL                                                                                5489.00
COUNT                                                                     20
```

7.2.5. Rank Insurance Carriers By Amount Billed

The Rank Insurance Carriers By Amount Billed option is used to generate a listing of insurance carriers ranked by the total amount billed. The user will be prompted for a date range from which bills should be selected and the number of carriers to be ranked.

NOTE: *Insurance carriers that have been inactivated will be flagged as such on this report. If an inactivated company is associated with an active company to which all patients' policies have been recorded, the amount billed to the inactive company is credited to the active company.*

This option no longer allows the user to transmit the report to the MCCR Program Office. Now, the IRM Service has the capability to transmit the report electronically to the Program Office. A patch will be issued with specific instructions should this report be required to be transmitted.

Sample Output

```
        Ranking Of The Top 9 Insurance Carriers By Total Amount Billed
  Facility: ALBANY (XXX)                                  Run Date: 05/24/95
Date Range: 10/01/93 thru 05/24/95                            Page: 1
                                              ** - denotes an inactive company
================================================================================
  Rank              Insurance Carrier                  Total Amt Billed
================================================================================
   1.             HEALTH INSURANCE LTD.                  $215,868.78
                    23 3RD ST
                    Suite 450
                    ANYTOWN, NEW YORK   12181
   2.             ABC INS                                 $35,843.63
                    123 Ave Of The Moons
                    ANYTOWN, CALIFORNIA   00098
   3.             GHI                                      $4,902.00
                    675 THIRD AVE
                    ANYTOWN, NEW YORK   12345
   4.             ABC INS                                  $4,048.06
                    789 UBIQUITOUS STREET
                    ANYTOWN, UTAH   44432
   5.             ABC INS                                  $3,153.24
                    567 RAIN AVE.
                    ANYTOWN, IOWA   33321
   6.             XYZ INS                                  $2,862.43
                    123 MAIN STREET
                    ANYTOWN, NEW YORK   33343
   7.             ABC INS                                  $1,576.00
                    123 MASON STREET
                    ANYTOWN, NEW YORK   11234
   8.             STRAIT INSURANCE                           $950.00
                    98 PARK AVE
                    ANYTOWN, TEXAS   43222
   9.             TRAVELERS-RICHMOND                         $482.69
                    1234 THOMAS ST.
                    ANYTOWN, VIRGINIA   12345
Total Amount Billed to all Ranked Carriers:              $269,686.83
```

7.2.6. Billing Rates List

The Billing Rates List option will print a list of billing rates for a selected date range. It is an efficient way to verify that all billing rate entries have been entered correctly.

The output generated by this option displays the CHAMPVA, Health Care Finance Administration (HCFA) ambulatory surgery rates, Medicare deductibles, and copayments. The effective date, amount (basic rate), and additional amount will be shown for each rate, if applicable. Certain ambulatory surgeries may be billed at the HCFA rate. The amount shown (if any) in the **Additional Amount** column is an extra amount that may be charged for all procedures within that rate group. The amount shown under **Inpatient Per Diem** and **NHCU Per Diem** is the daily charge for Category C patients.

Any billing rate that is effective for any date within the selected range is displayed. If more than one rate was effective within the date range, both rates are displayed.

Sample Output

```
JUN 11,1997       ***Billing Rates Listing***                    PAGE 1
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
CHAMPVA LIMIT
  Effective Date      Amount    Additional Amount
  OCT 01, 1991        $25
CHAMPVA SUBSISTENCE
  Effective Date      Amount    Additional Amount
  OCT 01, 1994        $9.50
HCFA AMB. SURG. RATE 1
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $285
HCFA AMB. SURG. RATE 2
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $382
Sample Output
JUN 11,1997       ***Billing Rates Listing***                    PAGE 2
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 3
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $438
HCFA AMB. SURG. RATE 4
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $539
HCFA AMB. SURG. RATE 5
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $615
HCFA AMB. SURG. RATE 6
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $580      $200
JUN 11,1997       ***Billing Rates Listing***                    PAGE 3
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 7
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $853
HCFA AMB. SURG. RATE 8
  Effective Date      Amount    Additional Amount
```

```
  JAN 01, 1992        $705      $200
HCFA AMB. SURG. RATE 9
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $0
INPATIENT PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $10
Sample Output
JUN 11,1997       ***Billing Rates Listing***                    PAGE 4
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
MEDICARE DEDUCTIBLE
  Effective Date      Amount    Additional Amount
  JAN 01, 1996        $736
NHCU PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $5
NSC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1992        $2
  JUN 09, 1997        $5.00     $2.00
SC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $2
```

7.2.7. Revenue Code Totals by Rate Type

The Revenue Code Totals by Rate Type option prints the total amount billed by revenue code for a selected rate type and date range.

Circular 10-91-012 requires that revenue code 100 be used for the $10.00 hospital per diem and revenue code 550 be used for the $5.00 nursing home per diem. The purpose of this report is to allow sites to calculate the total amount billed for $5 (revenue code 550) and $10 (revenue code 100) Means Test per diems for input to Automated Management Information System (AMIS) segments 295 and 296.

Print a list of all revenue codes (for the date range) with the associated patient name, patient ID, bill #, and individual amount or a summary list that provides the total amount and the total number of bills for each code.

NOTE: *Because more than one revenue code may appear on a bill, the total number of bills does not equal the sum of the number of bills containing a specific revenue code.*

Sample Output

```
Revenue Code Totals for MEANS TEST/CAT. C        JUN  3, 1992@15:34:31  PAGE1
For Bills First Printed JUN  1, 1992  to  JUN  3, 1992
Patient               Pt. ID.      Bill No.        Rev. Code       Amount
--------------------------------------------------------------------------------
IBpatient,one         XXX-XX-XXXX    xxxxxx               510          $30.00
IBpatient,two         XXX-XX-XXXX    xxxxxx               100          $50.00
IBpatient,three       XXX-XX-XXXX    xxxxxx               001         $652.00
IBpatient,four        XXX-XX-XXXX    xxxxxx               550         $155.00
IBpatient,five        XXX-XX-XXXX    xxxxxx               100         $150.00
IBpatient,six         XXX-XX-XXXX    xxxxxx               550          $90.00
-----------------------------------------
```

```
REVENUE CODE TOTALS
Revenue Code: 001 ..........       $652.00             1 Bills
Revenue Code: 100 ..........       $200.00             2 Bills
Revenue Code: 510                   $30.00             1 Bills
Revenue Code: 550                  $245.00             2 Bills
                                ------------
                                 $1,127.00             6 Bills
```

7.2.8. Bill Status Report

The Bill Status Report option is used to print a listing of bills and bill status for a specified date range. The user can opt to include all statuses or a single status. The report may be sorted by the event date (the date beginning the bill's episode of care), bill date (the date the bill was initially printed), or entered date (the date the bill was first entered).

The following data items will be provided in the first portion of the report for each bill listed: bill number, patient name, and patient ID#, event date, initials of the person who entered the bill, rate type, Means Test category, charges, and bill status with the date of that status. If the user opts to sort by bill date or entered date, the bills are grouped for each date (billed or entered) of the selected range. The second portion of the report provides summary totals. The dollar amount and the total number of bills for each bill type and for each status are included. Grand totals are also provided.

For bills that have been disapproved during the authorization process, the report will show *REVIEWED/DISAPP (will appear only for bills prior to this version of the IB software) or *AUTHORIZED/DISAPP after the status. The bill status will be followed by the initials of the user responsible for that status and his/her DUZ number. This is a number that uniquely identifies the user to the system. If a bill is pending (i.e., not printed or canceled), the bill status will be preceded by an asterisk (*) on the report.

Sample Output

```
Date/Time Printed: DEC 16,1993@09:14
Medical Care Cost Recovery Bill Status Report for period covering JUN 1, 1993 through JUN 16,
1993                          Page 1
-------------------------------------------------------------------------------------------------
---------------------------------
                                      EVENT      ENTRD               MT
BILL NO. PATIENT NAME         PT.ID   DATE       BY     RATE TYPE    CATEGORY   CHARGES      BILL
STATUS
=================================================================================================
=================================
XXXXXX    IBpatient,one       XXXX    06/01/93   ARH    REIM INS-OPT   N/A      $936.40    *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,two       XXXX    06/02/93   ARH    REIM INS-OPT   A        $442.20    *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,three     XXXX    06/03/93   ARH    MT/CAT C-OPT   N/A      $30.00
PRINTED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,four      XXXX    06/03/93   ARH    REIM INS-OPT   R        $633.10
PRINTED 11/19/93 (XXX/XXXXX)
XXXXXX    IBpatient,five      XXXX    06/04/93   ARH    REIM INS-OPT   N/A      $623.60    *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,six       XXXX    06/07/93   ARH    REIM INS-OPT   N/A      $0.00 * ENTERED
09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,seven     XXXX    06/07/93   ARH    CRIME-OPT      N/A      $0.00 *
AUTHORIZED 09/07/93 (XXX/XXXXX)
XXXXXX    IBpatient,eight     XXXX    06/09/93   ARH    REIM INS-OPT   N        $150.00    *
ENTERED 09/07/93 (XXX/XXXXX)
XXXXX    IBpatient,nine       XXXX    06/09/93   ARH    REIM INS-OPT   A        $128.00    *
ENTERED 09/07/93 (XXX/XXXXX)
```

```
XXXXXX    IBpatient,ten        XXXX    06/10/93   LR     REIM INS-OPT   N/A      $491.80    *
ENTERED 06/10/93 (LR/700)
* Denotes that the bill status is not Printed or Cancelled
Date/Time Printed: DEC 16,1993@09:14
Medical Care Cost Recovery Bill Status Report for period covering JUN 1, 1993 through JUN 16,
1993                         Page 2
-------------------------------------------------------------------------------------------------
--------------------------------
                                                    REPORT STATISTICS
=================================================================================================
================================
CRIME-OPT          .....................          $0.00         1  BILLS
MT/CAT C-OPT       .....................         $30.00         1  BILLS
REIM INS-OPT       .....................      $3,405.10         8  BILLS
                                          -----------------   -------------
                                              $3,435.10        10  BILLS
AUTHORIZED         .....................      $2,002.20         4  BILLS
ENTERED            .....................        $769.80         4  BILLS
PRINTED            .....................        $663.10         2  BILLS
                                          -----------------   -------------
                                              $3,435.10        10  BILLS
```

7.2.9. Rate Type Billing Totals Report

The Rate Type Billing Totals Report option is used to obtain a listing of all billing totals for each rate type for a specified date range. The date range is selected by event date (the date beginning the bill's episode of care) or bill date (the date the bill was initially printed).

The report is generated in two sections. The first section divides all the bills for each rate type (Category C, Workman's Compensation, Tort Feasor, etc.) into the following categories: initiated, pending, printed, and canceled. The exact number of bills and dollar amount for each category is provided. The total amounts (sum of all rate types) are also given for each category.

The second section of the report is a breakdown of all the pending billing records (the **pending** category in the first section). All the pending bills for each rate type are divided into the following categories: no action, reviewed, and authorized. The exact number of bills and the dollar amount for each category is provided. The total amounts (sum of all rate types) are also given for each category.

The margin width of this output is 132.

Sample Output

```
Date/Time Printed: JUL 14,1988@07:46
Billing Summary Report for period covering JAN 3,1988 through MAR 1,1988 (by Event Date)
_____________________________________________________________________________________________
                      INITIATED    |     PENDING       |     PRINTED         |     CANCELLED
|
BILL TYPE         Number    Dollars|  Number    Dollars|  Number      Dollars|  Number Dollars|
=============================================================================================
===
CRIME VICTIM        0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
DENTAL              1      $127.00 |    0        $0.00 |    0          $0.00 |    1 $127.00 |
HUMANITARIAN        1        $0.00 |    1        $0.00 |    0          $0.00 |    0 $0.00 |
INTERAGENCY         1    $7,200.00 |    0        $0.00 |    1      $7,200.00 |    0 $0.00 |
MEANS TEST/CAT. C  13   $11,964.00 |    8   $11,284.00 |    4        $160.00 |    1 $520.00 |
MEDICARE ESRD       1  $124,900.00 |    1  $124,900.00 |    0          $0.00 |    0 $0.00 |
NO FAULT INS.     0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
REIMBURSABLE INS. 20  $138,852.00 |    6   $12,190.00 |    8    $102,985.00 |    6 $23,677.00 |
SHARING AGREEMENT   0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
TORT FEASOR         0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
UNKNOWN             0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
WORKERS' COMP.    1    $2,250.00 |    0        $0.00 |    1      $2,250.00 |    0 $0.00 |
_____________________________________________________________________________________________
TOTALS             38  $285,293.00 |   16  $148,374.00 |   14    $112,595.00 |    8 $24,324.00 |
```

```
Date/Time Printed: JUL 14,1988@07:46
Summary of Pending Bill Authorizations for period covering JAN 3,1988 through MAR 1,1988 (by
Event Date)
_____________________________________________________________________________________
                    TOTAL PENDING  |      NO ACTION    |      REVIEWED       |      AUTHORIZED
|
BILL TYPE         Number    Dollars|  Number    Dollars|  Number      Dollars|  Number Dollars|
=====================================================================================
CRIME VICTIM         0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
DENTAL               0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
HUMANITARIAN         1        $0.00 |    1        $0.00 |    0          $0.00 |    0 $0.00 |
INTERAGENCY          0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
MEANS TEST/CAT. C    8   $11,284.00 |    3        $0.00 |    0          $0.00 |    5 $11,284.00 |
MEDICARE ESRD        1  $124,900.00 |    1  $124,900.00 |    0          $0.00 |    0 $0.00 |
NO FAULT INS.     0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
REIMBURSABLE INS. 6   $12,190.00 |    2        $0.00 |    3     $12,140.00 |    1 $50.00 |
SHARING AGREEMENT    0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
TORT FEASOR          0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
UNKNOWN              0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
WORKERS' COMP.    0        $0.00 |    0        $0.00 |    0          $0.00 |    0 $0.00 |
_____________________________________________________________________________________
PENDING TOTALS      16  $148,374.00 |    7  $124,900.00 |    3     $12,140.00 |    6 $11,334.00 |
```

7.2.10. Insurance Payment Trend Report

This option allows the user to analyze payment trends among insurance companies and track receivables that are due to the facility. Many different criteria may be specified to limit the selection of bills such as rate type, inpatient or outpatient bills, open or closed bills, treatment dates, bill printed dates, and insurance companies.

The report may be run for a single insurance company or a range of companies. In addition, the user may analyze any specialized subset of bills by selecting an additional field from the BILL/CLAIMS file (#399) and specifying a range of values for that field.

The Insurance Payment Trend Report displays the Payer's Name/TIN in the Header on the Summary and Main reports using the Payer TIN and Name stored in the (835).

The Insurance Payment Trend Report displays the 835 indicator (%) in front of the Patient Name if an 835 (ERA) is attached to the reported claim.

Sample Output

```
REIMBURSABLE INS. PAYMENT TREND REPORT - OUTPATIENT BILLING        MAY 06, 2014 PAGE 1
DATE BILL PRINTED: 05/05/14 - 05/06/14
   Note: '*' after the Bill No. denotes a CLOSED bill
BILL          PATIENT                                        DATE     DATE BILL  #
    AMOUNT    AMOUNT       AMOUNT     AMOUNT    PERC
NUMBER        NAME (AGE)             BILL FROM  -  TO   PRINTED    CLOSED   DAYS
    BILLED    COLLECTED    UNPAID     PENDING   COLL
--------------------------------------------------------------------------------
                                                        M A I N  R E P O R T
               INSURANCE CARRIER: AARP/<PAYER TIN>
                                  P.O. BOX 819
                               ANYTOWN, GEORGIA   30374018        Phone: XXX XXX-XXXX
Group #42
XXXXXX      %<Patient Name>  04/07/14 04/07/14  05/06/14  ACTIVE     0
      19.11       0.00       19.11       19.11    0.00
```

The user has the option to run a detailed report for all claims that meet the report criteria or to print summary statistics only. The detailed report includes the bill number, patient name and age (as of the bill event date), the bill from and to dates, the date the bill was printed (authorized), the date the bill closed, the number of days the bill has been open (the difference between the DATE

PRINTED and the DATE BILL CLOSED fields), the amounts billed, collected, unpaid, remaining open, and percentage collected. The AMOUNT PENDING column has been added to differentiate the number of unpaid dollars and the number of dollars that are still pending collection. If the bill is not closed, the amount pending is the same as the amount unpaid. If the bill is closed (signified by an asterisk next to the bill number), the amount pending is zero.

The report is sorted alphabetically by insurance company name and a subtotal for the number of bills, amount billed, the amount collected, amount unpaid, amount pending, and percentage collected is given for each company. If the user opts only to print summary statistics, only these subtotals are printed. Also included, for either the detailed or summary report, are the grand totals for these categories. A margin width of 132 cols. is required for this output.

The DATE BILL CLOSED field will always have an entry. If the bill is not actually closed, the Accounts Receivable status of the bill will appear on the report in the DATE BILL CLOSED column. If a bill is closed, an asterisk (*) will appear after the bill number. If a bill is rejected, a **c** will display next to that bill number.

Sample Output for a Range of Insurance Companies

```
REIMBURSABLE INS. PAYMENT TREND REPORT  --  COMBINED INPATIENT AND OUTPATIENT BILLING NOV 26, 1993   PAGE: 1
      DATE BILL PRINTED: 01/01/92  -  03/04/92          Note: '*' after the Bill Number denotes a CLOSED bill
      DISCHARGE STATUS: ALL VALUES
BILL      PATIENT                                      DATE     DATE BILL   #     AMOUNT   AMOUNT      AMOUNT   AMOUNT    PERCENT
NUMBER    NAME/ (AGE)            BILL FROM  -  TO    PRINTED    CLOSED    DAYS   BILLED  COLLECTED    UNPAID   PENDING   COLLECTED
-------------------------------------------------------------------------------
        PRIMARY INSURANCE CARRIER: ABC
                                   123 AVE OF THE MOONS
                                   ANYTOWN, CALIFORNIA   00098              Phone: XXX-XXX-XXXX
XXXXXX  IBpatient,one    (49)      02/07/92  02/07/92  02/07/92  NEW BILL    658    200.00    100.00     100.00    100.00    50.00
                                                                              --------- ---------  --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                       200.00    100.00     100.00    100.00    50.00
        PRIMARY INSURANCE CARRIER: ABC
                                   789 UBIQUITOUS STREET
                                   ANYTOWN, UTAH   44432
XXXXXX  IBpatient,two    (33)    04/09/91  04/14/91  02/06/92  NEW BILL    659   2770.00      0.00    2770.00   2770.00     0.00
                                                                              --------- ---------  --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                      2770.00      0.00    2770.00   2770.00     0.00
        PRIMARY INSURANCE CARRIER: STRAIT INSURANCE
                                   98 PARK AVE
                                   ANYTOWN, TEXAS   43222
XXXXXX  IBpatient,three     (45)  02/05/91  02/05/91  02/18/92  11/26/93    647    950.00    702.50     247.50      0.00    75.00
                                                                              --------- ---------  --------- --------- -------
TOTAL NUMBER OF BILLS: 1                                                       950.00    702.50     247.50      0.00    75.00
      GRAND TOTAL NUMBER OF BILLS:           3
      GRAND TOTAL AMOUNT BILLED:        3920.00
      GRAND TOTAL AMOUNT COLLECTED:      802.50
      GRAND TOTAL AMOUNT UNPAID:        3117.50
      GRAND TOTAL AMOUNT PENDING:       2870.00
      PERCENTAGE COLLECTED:               20.47
```

Sample Output for a Single Insurance Company

```
REIMBURSABLE INS. PAYMENT TREND REPORT  --  COMBINED INPATIENT AND OUTPATIENT BILLING SEP 27, 1995   PAGE: 1
      DATE BILL PRINTED: 01/01/95  -  09/27/95          Note: '*' after the Bill Number denotes a CLOSED bill
BILL      PATIENT                                    DATE     DATE BILL  #       AMOUNT AMOUNT      AMOUNT    AMOUNT    PERC
NUMBER    NAME/ (AGE)          BILL FROM  -  TO    PRINTED    CLOSED   DAYS     BILLED COLLECTED    UNPAID    PENDING   COLL
-------------------------------------------------------------------------------
      PRIMARY INSURANCE CARRIER: ABC
                                 123 AVE OF THE MOONS
                                 LOS ANGELES, CALIFORNIA  00098         Phone: 618-555-9871
XXXXXX    IBpatient,one    (70)    06/22/95  07/10/95  09/20/95   NEW BILL    1      194.00       0.00    194.00     194.00   0.00
XXXXXX    IBpatient,two    (70)    07/17/95  07/31/95  09/20/95   NEW BILL    1      194.00       0.00    194.00     194.00   0.00
XXXXXX    IBpatient,three    (46)  01/01/92  07/02/92  03/28/95   NEW BILL  177     4460.00       0.00   4460.00    4460.00   0.00
XXXXXX    IBpatient,four    (68)   10/22/93  10/22/93  03/15/95   NEW BILL  190      178.00       0.00    178.00     178.00   0.00
                                                                               ----------  ---------  --------  ---------  -----
TOTAL NUMBER OF BILLS: 4                                                      5026.00 0.00   5026.00    5026.00   0.00
```

```
GRAND TOTAL NUMBER OF BILLS:            4
GRAND TOTAL AMOUNT BILLED:        5026.00
GRAND TOTAL AMOUNT COLLECTED:        0.00
GRAND TOTAL AMOUNT UNPAID:        5026.00
GRAND TOTAL AMOUNT PENDING:       5026.00
PERCENTAGE COLLECTED:                0.00
```

7.2.11. Unbilled BASC for Insured Patient Appointments

The Unbilled BASC for Insured Patient Appointments report lists all BASC (billable ambulatory surgical code) procedures for scheduled appointments of insured patients that could not be matched with BASC procedures entered on a bill for the patient for a selected date range. The match is based on the appointment date in Scheduling and the procedure date in Billing. The purpose of this report is to find all CPTs that were entered in Scheduling but never brought into Billing.

The list is printed in alphabetical order by patient name and provides the patient ID, appointment date, CPT code, and procedure.

Sample Output

```
   PATIENT NAME            PATIENT ID     APPOINTMENT DATE    BILLABLE AMBULATORY PROCEDURE
-------------------------------------------------------------------------------------------
   IBpatient,one           XXX-XX-XXXX      MAR 27,1992       XXXXX  REMOVE THIGH PRESSURE SORE
                                                              XXXXX  REMOVE THIGH PRESSURE SORE
   IBpatient,two           XXX-XX-XXXX      MAR 3,1992        XXXXX  BONE MARROW BIOPSY
   IBpatient,three         XXX-XX-XXXX      MAR 7,1992        XXXXX  CLEANSING OF SKIN/TISSUE
   IBpatient,four          XXX-XX-XXXX      MAR 13,1992       XXXXX  AMPUTATION FOLLOW-UP SURGERY
```

7.2.12. ROI Expired Consent

This report will list the ROI Special Consents that will expire within a user-specified date range.

Sample Output

```
ROI Special Consent To Expire Feb 01, 2013 - Apr 01, 20133/26/13  11:40 PAGE 1
Patient                                Effective       Expiration
-------------------------------------------------------------------------------
IBpatient,one                          Jun 26, 2012    Mar 31, 2013
IBpatient,one                          Jun 26, 2012    Apr 01, 2013
IBpatient,five                         Mar 01, 2013    Mar 31, 2013
IBpatient,six                          Jan 01, 2013    Mar 20, 2013
IBpatient,nine                         Jan 01, 2013    Apr 01, 2013
IBpatient,nine                         Feb 01, 2013    Mar 20, 2013
```

7.3. Medication Copayment Income Exemption Menu

7.3.1. Print Charges Canceled Due to Income Exemption

This option enables the user to print a report that lists patients and medication copayment charges that are canceled due to the income exemption (charges to patients determined to be exempt from the medication copayment requirement).

The user is prompted for a date range. The **start date** defaults to the effective date of the medication copayment legislation (Public Law 102-568), October 30, 1992, and the **to date** defaults to the date of the conversion completion.

This report should be reconciled periodically with the Accounts Receivable Medication Co-Pay Exemption Report (Medication Co-Pay Exemption Report option) to ensure the accuracy of patients' accounts.

Initially, this report will print a list of charges canceled during the installation/conversion process. Later, this report may be used to list charges automatically canceled. This occurs when a

patient with a status of NON-EXEMPT due to no income data becomes EXEMPT due to income below the threshold level.

This report includes the patient's name and ID, prescription date and number, cancel date and IB number, bill number and amount, patient count, and the dollar total. The user can also print a Conversion Quick Status Report with the listing that includes data such as the dates the conversion started and completed, the total number of patients checked, the number of patients exempt and non-exempt, the number of bills checked, dollar amount checked, total bills canceled, and amount canceled.

Queue this report to print during non-work hours as it may be very lengthy. The output for this option requires 132 columns.

Sample Output

```
Medication Copayment Exemption Conversion Status
Conversion was started on:  FEB  4, 1993@11:18:28
The conversion completed on: FEB  4, 1993@18:19:01
Elapse time for Conversion was: 7 Hours,  0 Minutes,  33 Seconds
            Last Patient DFN Checked  ==         91
  1.        Total Patients Checked  ==       7455
                    Exempt Patients  ==       2069
                Non-Exempt Patients  ==       5386
  2. Total Number of Bills checked    ==      36568
               Dollar Amount Checked  == $    86252
         No. of Exempt Bills Checked  ==      14218
               Exempt Dollar amount  == $    33426
     No. of Non-Exempt Bills Checked  ==      22350
            Non-exempt Dollar amount  == $    52826
  3. Total Bills Actually canceled  ==      14113
            Amount Actually canceled  == $    33158
Rx Copay Income Exemption Report                              MAR  4, 1993 11:18:43  Page 1
                                                 Cancel     Cancel       Original
Name               Pt. ID        Rx Date   Rx/Refill  Date       IB Number   Bill No.    Amount
-------------------------------------------------------------------------------------------------
IBpatient,one      XXX-XX-XXXX  02/01/93    XXXXXX    02/02/93   XXXXXX       XXX-XXXXXX      $2
                                02/01/93    XXXXXX    02/02/93   XXXXXX       XXX-XXXXXX      $2
                                                                                 --------------
                                                                                 Count  =     2
                                                                                 Amount = $   4
IBpatient,two      XXX-XX-XXXX  01/26/93    XXXXXX/1  01/27/93   XXXXXX       XXX-XXXXXX     $4
                                01/26/93    XXXX      01/27/93   XXXXXX       XXX-XXXXXX     $2
                                                                                 --------------
                                                                                Count  =     2
                                                                                Amount = $   6
IBpatient,three     XXX-XX-XXXX  01/26/93   XXXXXX    01/27/93   XXXXXX       XXX-XXXXXX     $2
                                 01/26/93   XXXXXX/1  01/27/93   XXXXXX       XXX-XXXXXX     $2
                                                                                 --------------
                                                                                Count  =     2
                                                                                Amount = $   4
                                 ======================================
                                     Total Patient Count =       3
                                     Total Rx Count      =       6
                                     Total Dollar amount = $    14
```

7.3.2. Edit Copay Exemption Letter

This option allows the user to edit IB form letters. The user is prompted to edit the HEADER field. This text is automatically centered at the top of the letter (it is not necessary to center text) and must be edited to the facility's name and address. There is a limit of six lines of text.

The second field, the MAIN BODY, contains the text of the letter including the signer's title. Because the person signing this letter may be site-specific, it might be necessary to edit the signer's title.

The default for the starting address line (patient address) is 15. This may be edited to any number between 10 and 25. This feature is provided to account for slight differences in printers and automated letter folders at each site.

When editing the IB Income Test Reminder letter, the user is prompted for a reprint date, whether to exclude domiciliary patients, and to schedule the days on which the letters are to print. The days selected to print the letters represent the mornings the user wants to pick up the letters from the printer. For example, if Monday is chosen, the letters print Sunday evening and are ready to be picked up on Monday morning. The user can prevent the letters from being printed by answering **YES** to the **Do you wish to stop this job from running?** prompt.

After editing is completed, test print one letter. If the user opts to test print, a prompt to select a patient and device will appear. The letter is queueable to any printer.

Sample Letter

```
                    Department of Veterans Affairs Medical Center
                                113 Holland Avenue
                             ANYTOWN, New York   12208



DEC 14, 1995
                                                      In Reply Refer To:
                                                      XXX-XX-XXXX
     ONE IBPATIENT
     54 BROADWAY
     ANYTOWN, MA  XXXXX
The VA is required by law to charge Veterans who receive medications
on an outpatient basis for the treatment of nonservice-connected
conditions, a copayment of $2.00 for each 30-day (or less) supply
of medication provided. Based on the income information requested
each year, some Veterans may be exempt from the copayment.
Our records indicate that your medication copayment exemption
status will expire on December 31, 1995.
To update your income information so we may review your
copayment exemption status, please call XXX-XXXX xXXXX
to set up an appointment to provide us with current
income information.
Chief, MAS
```

7.3.3. Inquire to Medication Copay Income Exemptions

This option allows the user to print a brief or full inquiry of exemptions for a patient. The brief inquiry is used to view past and/or present exemptions, and the full inquiry is used to view the entire audit history of all changes to a patient's exemption status.

Both inquiries provide the patient’s name and current status. The brief inquiry provides the following information on all active exemptions for the selected patient: effective date, type, status, reason, how the entry was added, and when. The full inquiry provides the following information for each exemption for the patient: effective date, status, whether active or inactive, how the entry was added, by whom and when, type, and reason for exemption.

NOTE: *Programmers: For users whose FileMan Access ="@" (DUZ(0)="@"), the full inquiry feature will display the patient internal entry number and the billing exemption internal entry number to aid in problem resolution.*

All Medal of Honor recipients will be exempt from Medication Copayment (Public Law 114-315).

Sample Output

```
Billing Exemption Inquiry              MAR  5, 1993 13:10:46  Page 1
IBpatient,one          XXXX   Currently: NON-EXEMPT-INCOME>PENSION   02/10/93
-------------------------------------------------------------------------------
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT           Reason: NO INCOME DATA
          Active: NO, INACTIVE           User: ALAN
       How Added: SYSTEM           When Added: FEB 10, 1993@15:14:12
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE           User: MICHAEL
       How Added: MANUAL           When Added: FEB 11, 1993@09:17:06
Charges Canceled: FEB 10, 1993             To: FEB 11, 1993
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT           Reason: INCOME>PENSION
          Active: NO, INACTIVE           User: MICHAEL
       How Added: SYSTEM           When Added: FEB 11, 1993@09:55:38
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE           User: PETER
       How Added: MANUAL           When Added: FEB 11, 1993@09:56:22
Charges Canceled: FEB 10, 1993             To: FEB 11, 1993
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT           Reason: INCOME>PENSION
          Active: NO, INACTIVE           User: STEPHEN
       How Added: SYSTEM           When Added: FEB 11, 1993@10:00:37
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: EXEMPT               Reason: HARDSHIP
          Active: NO, INACTIVE           User: PETER
       How Added: MANUAL           When Added: FEB 11, 1993@10:00:49
Charges Canceled: FEB 10, 1993             To: FEB 11, 1993
  Effective Date: FEB 10, 1993           Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT           Reason: INCOME>PENSION
          Active: NO, INACTIVE           User: PETER
       How Added: SYSTEM           When Added: FEB 17, 1993@15:28:39
```

Sample Brief Output for Medal of Honor Exemption

```
Medication Copayment Income Exemption Status
IBPATIENT,MOH            XXXX Currently: EXEMPT-MEDAL OF HONOR      01/30/19
EFFECTIVE   TYPE      STATUS      REASON                ADDED BY/ON
-------------------------------------------------------------------------------
01/30/19    RX COPAY  EXEMPT      MEDAL OF HONOR        SYSTEM/ 01/30/19
Medication Copayment Exemption Status Currently computes to: EXEMPT
Patient awarded Medal of Honor
```

Sample Full Output for Medal of Honor Exemption

```
Billing Exemption Inquiry                    FEB 11, 2019 16:36:41  Page 1
IBPATIENT,MOH   XXXX       Currently: EXEMPT-MEDAL OF HONOR       02/11/19
-------------------------------------------------------------------------------
**Effective Date: FEB 11, 2019            Type: COPAY INCOME EXEMPTION
          Status: EXEMPT                Reason: MEDAL OF HONOR
          Active: YES, ACTIVE             User: IBTEST,USER
      How Added: SYSTEM              When Added: FEB 11, 2019@16:06:19
     Patient DFN: XXXXXXX            Ex. Number: XXXXXX
  Effective Date: FEB 11, 2019            Type: COPAY INCOME EXEMPTION
          Status: NON-EXEMPT            Reason: INCOME>PENSION
          Active: NO, INACTIVE            User: IBTEST,USER
       How Added: SYSTEM              When Added: FEB 11, 2019@14:50
     Patient DFN: XXXXXXX            Ex. Number: XXXXX
```

7.3.4. Manually Change Copay Exemption (Hardships)

This option is designed to grant and/or remove hardship waivers for patients who request the new copay income test. It may also be used to grant exemptions to Means Test patients; however, if MAS grants a hardship waiver to the Means Test by changing a patient's Means Test status from Category C to Category A, a hardship exemption is automatically generated.

A message or alert is generated anytime a hardship exemption is granted or removed. If the USE ALERTS site parameter is set to NO (or the field is left unanswered), a mail bulletin is generated; if set to YES, an alert is generated. A sample mail bulletin is provided in the example.

The system attempts to keep the effective date of the exemption the same as the effective date of the income test by defaulting to the effective date of the last exemption at the **Select Effective Date** prompt. Only the date of previous exemptions or the current date may be entered at this prompt.

Occasionally, the creation of a patient's exemption may be interrupted unexpectedly. In such cases, this option may be used to detect copay exemption discrepancies and correct/update the patient's exemption status.

Once a waiver is granted, the exemption is good for one year from the date it is granted. An electronic signature code is required to grant a hardship waiver.

Sample Output

```
Subj: Medication Copayment Exemption Status Change  [#547] 20 Apr 93 14:53
  11 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
-------------------------------------------------------------------------
The following Patient's Medication Copayment Exemption Status has changed:
    Patient: IBpatient,one              PT. ID: XXX-XX-XXXX
 Old Status: NON-EXEMPT - NO INCOME DATA  Dated 03/09/93
 New Status: EXEMPT     - HARDSHIP  Dated 03/10/93
Patient has been given a Hardship Exemption.
    by: MARK/(Manual)
    on: MAR 10, 1993 @ 14:53:40
Select MESSAGE Action: DELETE (from IN basket)//
```

7.3.5. Letters to Exempt Patients

This option is used to print the letters to be sent to patients who have been determined to be exempt from the medication copay. A range of patients and exemption effective dates may be specified. No letters will print for deceased patients, non-Veterans, and patients who are SC>50%.

When this option is initially run, the user is prompted would like to store the results of the search in a template. If the answer YES, a search template, IB EXEMPTION LETTER, is created. This data may be accessed through the Print File Entries option in FileMan. For each subsequent search, the user is prompted to delete the results of the previous search. If YES, the previous search template is deleted, and an option of storing the results of the search. Only one IB EXEMPTION LETTER search template may exist at a time.

Medication copayment exemptions based on annual income must be re-evaluated yearly on the anniversary of a patient's copayment test. If a patient is exempt due to income below the threshold, a renewal date is shown below the **in reply** heading of the letter. The patient must complete a new copay income test by the renewal date, or he/she will no longer be considered exempt from the pharmacy copayment requirement.

This letter is designed to be one page and to print to a pin fed printer, on plain paper, in either 10 or 12 pitch. The default is set to start the address on line 15; however, this may be edited through the Edit Copay Exemption Letter option. If address line three contains data, that data prints at the end of address line two. If defined, temporary addresses are used.

IB*2.0*385 is part of VistA host file DG_53_P858.KID and provides Integrated Billing (IB) enhancements to support the Veterans Financial Assessment (VFA) Project. The VFA Project eliminates the annual means test renewal requirement for Veterans subject to means testing. Prior to the implementation of VFA, means test with a status of MT COPAY EXEMPT, GMT COPAY REQUIRED, or PENDING ADJUDICATION were considered **expired** 365 days from the effective date. Means tests with these statuses will no longer expire and will be considered **current** when the means test effective date is less than one year old from the VFA start date and forward. The VFA START DATE is a new field in the MAS PARAMETER File set to 1/1/2013 during the installation of the VFA host file.

NOTE: *The VFA Project did not include nor make any enhancements to copay exemption tests.*

The following business rules pertain to exemptions letters where the billing exemption record was based on current means tests:

Exemptions letters based on a current means test will not include the renewal date. The letter should not state the means test needs to be re-evaluated yearly on the means test anniversary date.

Sample Letter

```
Department of Veterans Affairs Medical Center
113 Holland Avenue
ANYTOWN, NY  12208
MAY  5, 1993
                                                    In Reply Refer To:
                                                    XXX-XX-XXXX
```

```
                                                  Renewal Date: MAY  3, 1994
     ONE IBPATIENT
     77 MAIN ST
     ANYTOWN, ME  XXXXX
Public Law 102-568 enacted on October 29, 1992, provided for an exemption
to the prescription copayment for those Veterans who had income levels
less than the maximum rate of VA pension. Charges established before
October 29, 1992, were not exempted by the legislation.
We have reviewed your income and eligibility information contained in our
records and determined that you are eligible for the exemption. We are
currently reviewing your account and will make the appropriate adjustments
to it in the near future. If you are eligible for a refund for payments
made on charges established since October 29, 1992, we will forward you a
check. While we are reviewing your account we will not be sending out a
statement.
Medication copayment exemptions based upon annual income must be
re-evaluated yearly on the anniversary of your means test or copayment
test. If a renewal date is shown below the 'in reply' heading you must complete a new
copay income test by that date or you will no longer be considered exempt from the
pharmacy copayment requirement.
Please do not send in any more payments until we have completed this review
and forwarded a statement to you.
FINANCE OFFICER
```

7.3.6. List Income Thresholds

This option allows the user to print an output that lists the income thresholds used in the medication copayment income exemption process sorted by type of threshold and effective date.

If the default of FIRST is accepted at the start date prompt, first to last is assumed.

This output requires 132 columns.

Sample Output

```
Medication Copayment Income Thresholds                    MAR 15,1993  08:29    PAGE 1
EFFECTIVE                    1          2           3           4           5
6           7           8   ADDITIONAL
DATE       BASE RATE  DEPENDENT  DEPENDENTS  DEPENDENTS  DEPENDENTS  DEPENDENTS
DEPENDENTS  DEPENDENTS  DEPENDENTS      AMOUNT
-------------------------------------------------------------------------------
        TYPE: PENSION PLUS A&A
DEC  1,1992   12187.00   14548.00   15844.00    17140.00    18436.00   19732.00
21028.00    22324.00    23620.00     1296.00
```

7.3.7. Print Patient Exemptions or Summary

This option allows the user to print a list of copayment exemption statistics. Both exempt and non-exempt patients are included.

The user is given the option to print a detailed patient listing or a summary. The detailed report may be sorted by either exemption status or exemption reason. The information given includes the patient's name, patient ID, primary eligibility code, status, the reason for exemption/non-exemption, and status date. This data is followed by a summary showing subtotals for each exemption reason and totals for exempt and non-exempt patients. If the user opts to **Print Summary Only**, the detailed portion of the output is omitted. Deceased patients are not included in the summary provided with the detailed listing; however, if print the summary only is selected, deceased patients are included. Exemptions will now include Medal of Honor (Public Law 114-315).

When printing only a summary, sorting by the EXEMPTION STATUS default reduces the time required to produce the report.

The detailed patient listing requires 132 columns. Queue this output to print during non-work hours as it may be very lengthy.

Sample Output

```
Patient Medication Copayment Exemption Report                    FEB 11, 2019@11:24   PAGE 1BI
PATIENT           PT ID        PRIMARY ELIGIBILITY     STATUS      REASON              STATUS DATE
-------------------------------------------------------------------------------------------------
IBPATIENT,ONE     XXX-XX-XXXX  NSC                     EXEMPT      MEDAL OF HONOR      JAN 25,2019
IBPATIENT,TWO     XXX-XX-XXXX  NSC                     EXEMPT      MEDAL OF HONOR      JAN 25,2019
IBPATIENT,THREE   XXX-XX-XXXX  SERVICE CONNECTED 50   EXEMPT      SC>50               JAN 2,2019
IBPATIENT,FOUR    XXX-XX-XXXX  SERVICE CONNECTED 50   EXEMPT      SC>50               JAN 1,2019
IBPATIENT,FIVE    XXX-XX-XXXX  AID & ATTENDANCE       EXEMPT      IN RECEIPT OF A&A   JAN 1,2019
IBPATIENT,SIX     XXX-XX-XXXX  NSC                     EXEMPT      DIS. RETIREMENT     JAN 17,2019
IBPATIENT,SEVEN   XXX-XX-XXXX  NSC                     EXEMPT      DIS. RETIREMENT     JAN 10,2019
IBPATIENT,EIGHT   XXX-XX-XXXX  NSC                     EXEMPT      DIS. RETIREMENT     JAN  5,2019
IBPATIENT,NINE    XXX-XX-XXXX  NSC                     EXEMPT      HARDSHIP            JAN  5,2019
IBPATIENT,TEN     XXX-XX-XXXX  HUMANITARIAN           EXEMPT      NON-VETERAN         JAN 29,2019
IBPATIENT,ELEVEN  XXX-XX-XXXX  HUMANITARIAN           EXEMPT      NON-VETERAN         JAN 25,2019
================================================
Exempt Status:
     CATASTROPHICALLY DISABLED          = 1
     FORMER POW                         = 1
     IN RECEIPT OF A&A                  = 18
     IN RECEIPT OF HB                   = 6
     IN RECEIPT OF PENSION              = 10
     INCOME<PENSION                     = 19
     MEDAL OF HONOR                     = 77
     NON-VETERAN                        = 8
     SC>50                              = 44
Total Exempt Patients                   = 184
Statistics and report DO NOT include deceased patients.
```

7.3.8. Reprint Single Income Test Reminder Letter

This option is used to generate an Income Test reminder letter for a patient whose effective copay exemption is based upon income.

If the patient is currently non-exempt due to no income data reported, a letter may be generated if the patient's previous exemption status is based on income.

IB*2.0*385 is part of VistA host file DG_53_P858.KID and provides Integrated Billing (IB) enhancements to support the Veterans Financial Assessment (VFA) Project. The VFA Project eliminates the annual means test renewal requirement for Veterans subject to means testing. Prior to the implementation of VFA, means test with a status of MT COPAY EXEMPT, GMT COPAY REQUIRED, or PENDING ADJUDICATION were considered **expired** 365 days from the effective date. Means tests with these statuses will no longer expire and will be considered **current** when the means test effective date is less than one year old from the VFA start date and forward. The VFA START DATE is a new field in the MAS PARAMETER File set to 1/1/2013 during the installation of the VFA host file.

NOTE: *The VFA Project did not include nor make any enhancements to copay exemption tests.*

The following business rules pertain to reminder letters where the billing exemption record was based on current means tests:

Reminder Letters

The user will receive a warning when the Veteran's current medication copayment exemption is based on a current means test. The user is returned to the (menu or select patient prompt) and the letter is not printed.

Sample Letter

```
                    Department of Veterans Affairs Medical Center
                                 113 Holland Avenue
                              ANYTOWN, New York   12208


DEC 14, 1995
                                                      In Reply Refer To:
                                                      XXX-XX-XXXX
     ONE IBPATIENT
     00 BROADWAY
     ANYTOWN, MA  XXXXX
The VA is required by law to charge Veterans who receive medications
on an outpatient basis for the treatment of nonservice-connected
conditions, a copayment of $2.00 for each 30-day (or less) supply
of medication provided. Based on the income information requested
each year, some Veterans may be exempt from the copayment.
Our records indicate that your medication copayment exemption
status will expire on December 31, 1995.
To update your income information so we may review your
copayment exemption status, please call XXX-XXXX xXXXX
to set up an appointment to provide us with current
income information.
Chief, MAS
```

7.3.9. Add Income Thresholds

This option is used to enter/edit the income thresholds used in the medication copayment income exemption.

The thresholds are determined and released by VBA (Veterans Benefits Administration) on December 1st of each year. These are the same thresholds used for A&A pensions.

Once the ADDITIONAL DEPENDENT AMOUNT is entered, the amount for each additional dependent can be automatically calculated when the copayment income exemptions are built. However, if the amount for each additional dependent does not have to be calculated, the exemption can be built much faster; therefore, it is advantageous to enter the amount for each dependent.

If the new income thresholds are released or entered after the normal effective date, this package was designed to note exemptions created with thresholds over one year old and to allow automatic recompilation of just those exemptions.

7.3.10. Print / Verify Patient Exemption Status

This option will search the BILLING EXEMPTIONS file (#354.1) and compare the currently stored active exemption for each patient against what the system calculates to be the correct exemption status for the patient based on current data from the MAS files.

Once a date range is selected, the user is asked whether to update each incorrect exemption status. If NO, a list of discrepancies is printed without updating the incorrect statuses. If YES, the same report will print, and the statuses are updated. Initially, the report should be run without updating the exemptions.

The Manually Change Copay Exemptions (Hardship) option may also be used to update exemptions to the correct status one patient at a time.

Print/Verify Patient Exemption Status option will identify existing patients with incorrect exemptions that should be Medal of Honor exemptions and update the status of Medal of Honor recipients (Public Law 114-315).

This output requires 132 columns. Queue to print during non-work hours as it can be quite lengthy.

Sample Output

```
Medication Copayment Exemption Problem Report                FEB 11, 2019 16:49 Page 1
Patient               PT. ID          Error                  Current Exemption Computed
ExemptionAction
-------------------------------------------------------------------------------------
IBPATIENT,ONE        XXX-XX-XXXX      Exemption incorrect   10/08/18 NO INCOME DATA 01/11/17
INCOME>PENSION    Nothing Updated
IBPATIENT,TWO        XXX-XX-XXXX      Exemption incorrect   01/08/19 INCOME>PENSION
INCOME<PENSION            Nothing Updated
IBPATIENT,THREE      XXX-XX-XXXX      Exemption incorrect   01/02/19 NO INCOME DATA 12/28/16
INCOME>PENSION    Nothing Updated
IBPATIENT,FOUR       XXX-XX-XXXX      Exemption incorrect   01/04/19 02/11/19 MEDAL OF HONOR
Nothing Updated
There were 4 discrepancies found in 2107 exemptions checked.
```

7.4. MCCR System Definition Menu

The MCCR System Definition Menu is locked with the IB SUPERVISOR security key.

7.4.1. Enter / Edit Automated Billing Parameters

The Enter/Edit Automated Billing Parameters option is used to enter or edit the parameters that control automated third-party billing. Only entries in the Claims Tracking module will be billed automatically. Currently, only inpatient stays, outpatient encounters, and prescription refills are included in automated billing.

The following table lists a brief description of the parameters:

Table 25: Parameter Descriptions

Parameter	Description
AUTO BILLER FREQUENCY	Number of days between each execution of the automated biller. For example, if the auto biller should run once a week, enter 7; if it should run every night, enter 1. If this field is left blank, the auto biller will never run.
INPATIENT STATUS (AB)	This is the status that a PTF record must be in before the automated biller will attempt to create an inpatient bill. The PTF record must be closed before an automated bill can be created.

Parameter	Description
AUTOMATE BILLING	This parameter controls the automated creation of bills. If this field is set to YES, the bills will be automatically created for possible billable events with no user interaction. If this field is left blank, the earliest auto bill date must be added to each event in Claims Tracking before a bill is automatically created by the auto biller.
BILLING CYCLE	This is the maximum number of days allowed to be billed on a single bill. If this field is left blank, the date range will default to the event date through the end of the month in which the event took place or for inpatient interim bills, the next month after the last interim bill. Claims Tracking events may be added to the list of events for which an auto bill should be created by adding a date to the earliest auto bill date in Claims Tracking. Events may be removed from the auto biller list by adding a reason not billable or deleting the earliest auto bill date.
DAYS DELAY	This field controls the number of days after the end of the BILLING CYCLE that a bill should be created. This parameter is used at two different points to determine if a bill should be created. The first is when the Claims Tracking entry is first created. At that time, the EARLIEST AUTO BILL DATE will be set to the current date plus the number of DAYS DELAY. The second time this parameter is used is when the auto biller is trying to set up a date range for the events bill. In that case, DAYS DELAY is added to the BILLING CYCLE to determine if the correct amount of time has elapsed for the bill to be created. For example, if DAYS DELAY is 3 and BILLING CYCLE is 10, a bill will not be created for at least 13 days after the initial entry was created in Claims Tracking. Inpatients are slightly different. If an inpatient is discharged, the auto biller will try to create a bill for that stay DAYS DELAY after the discharge date. The auto biller cannot, however, create a bill until the PTF record is closed. Therefore, the actual delay before bill creation for inpatient bills may be longer than DAYS DELAY.

7.5. Charge Master Menu

7.5.1. Enter / Edit Charge Master

This option is used for the maintenance of Third-Party rates and charges. It contains the List Manager screens, which display all rate elements/fields. It also includes enter and edit actions so each element can be updated. All edit actions within these screens require the IB SUPERVISOR key.

Table 26: Screen Descriptions

Screen	Description
Introduction Screen	This screen displays a brief description of the elements of the Charge Master that may be viewed / edited through this option. The user can display / edit rate types, billing rates, charge sets, and rate schedules.
Rate Type Screen	This is a display / edit screen for Billing Rate Types. All Rate Types currently defined are displayed.
Billing Rates Screen	This is a display / edit screen for Billing Rates. All Billing Rates currently defined are displayed. Part of the definition of a Billing Rate includes what types of items the rate's charges are associated with (Billable Item) and how the charge should be calculated (Charge Method).
Charge Set Screen	This is a display / edit screen for Charge Sets. All Charge Sets currently defined will be displayed. These sets define a sub-set of charges for a Billing Rate. The editing of Charge Sets is restricted to non-critical elements if there are Charge Items defined for the set. Since Revenue Code and Bed section are required to add charges to a bill, the Default Revenue Code and Default Bed section are required unless these are defined for each individual Charge Item in the Set.
Charge Item Screen	This is a display / edit screen for Charge Items. These are the actual records of the item and its corresponding charge. This screen displays items that have active charges in a specified date range for the selected Charge Set. All active Charge Items are displayed for a Charge Set with a Billable Item of Bed section. However, this screen has been specifically limited to displaying either one CPT or one AWP item at a time. The Effective Date is required for all entries and controls when the charge is active. Each item entry overrides any previously effective charge for the item. A Revenue Code is only required if the Revenue Code for the item is different from the Default Revenue Code of the Charge Set.
Billing Regions Screen	This is a display / edit screen for Billing Regions. All Billing Regions currently defined will be displayed. Billing Regions can be set up that show the set of divisions that are billed the same charges for a Billing Rate. A Billing Region need only be defined if the charges for a rate vary by region/locality/division and more than one Region will be billed at the site. Currently, only Billing Rates based on CPT charges may vary by region.

Screen	Description
Rate Schedule Screen	This is a display / edit screen for Rate Schedules. These schedules link charges and types of bills to be added to. All Rate Schedules currently defined are displayed. Rate Schedules must be defined for both inpatient and outpatient charges for a Rate Type and all Charge Sets that may be charged to that type of bill should be added. A Charge Set can be set up to be automatically added to bills or to require user input before the charges are added. The effective dates should only be added if there is a specific date that billing to the payer can start or stop.

Sample Output

RATE SCHEDULE LIST

RATE SCHEDULE List OCT 25, 2018@17:16 PAGE 1

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
RATE TYPE: CC MTF REIMB INS							
CC-DOD-INPT	INPAT	INPATIENT	DEC 19,2003			RC-INPT R&B 442	YES
						RC-INPT ANC 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT R&B ICU 442	YES
						RC-INPT ANC ICU 442	YES
						RC-PHYSICIAN INPT PR 442	YES
						RC-PHYSICIAN INPT MN 442	YES
CC-DOD-SNF	INPAT	SKILLED NU	DEC 19,2003			RC-SNF INC 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-PHYSICIAN SNF PR 442	YES
						RC-PHYSICIAN SNF MN 442	YES

RATE SCHEDULE List OCT 25, 2018@17:16 PAGE 2

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CC-DOD-OPT	OUTPA	OUTPATIENT	DEC 19,2003			RC-PHYSICIAN FS PR 442GB	YES
						RC-PHYSICIAN FS PR 442GC	YES
						RC-PHYSICIAN FS PR 442GD	YES
						RC-PHYSICIAN FS MN 442GD	YES
						RC-PHYSICIAN FS ML 442GD	YES
						RC-OPT FAC PR 442	YES
						RC-OPT FAC HR 442	YES
						RC-OPT FAC ML 442	YES
						RC-OPT MISC 442	
						RC-PHYSICIAN OPT PR 442	YES
						RC-PHYSICIAN OPT MN 442	YES
						RC-PHYSICIAN FS MN 442GB	YES
						RC-PHYSICIAN FS ML 442GB	YES
						RC-PHYSICIAN FS MN 442GC	YES
						RC-PHYSICIAN FS ML 442GC	YES
						RC-OPT FAC PR 442GD	YES
						RC-OPT FAC HR 442GD	YES
						RC-OPT FAC ML 442GD	YES

```
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 3
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT MISC 442GD
                                                                                RC-PHYSICIAN OPT PR 442GD    YES
                                                                                RC-PHYSICIAN OPT MN 442GD    YES
                                                                                RC-OPT FAC PR 442GC          YES
                                                                                RC-OPT FAC HR 442GC          YES
                                                                                RC-OPT FAC ML 442GC          YES
                                                                                RC-OPT MISC 442GC
                                                                                RC-PHYSICIAN OPT PR 442GC    YES
                                                                                RC-PHYSICIAN OPT MN 442GC    YES
                                                                                RC-OPT FAC PR 442HK          YES
                                                                                RC-OPT FAC HR 442HK          YES
                                                                                RC-OPT FAC ML 442HK          YES
                                                                                RC-OPT MISC 442HK
                                                                                RC-PHYSICIAN OPT PR 442HK    YES
                                                                                RC-PHYSICIAN OPT MN 442HK    YES
                                                                                RC-OPT FAC PR 442GB          YES
                                                                                RC-OPT FAC HR 442GB          YES
                                                                                RC-OPT FAC ML 442GB          YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 4
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT MISC 442GB
                                                                                RC-PHYSICIAN OPT PR 442GB    YES
                                                                                RC-PHYSICIAN OPT MN 442GB    YES
                                                                                RC-OPT FAC PR 442MA          YES
                                                                                RC-OPT FAC HR 442MA          YES
                                                                                RC-OPT FAC ML 442MA          YES
                                                                                RC-OPT MISC 442MA
                                                                                RC-PHYSICIAN OPT PR 442MA    YES
                                                                                RC-PHYSICIAN OPT MN 442MA    YES
                                                                                RC-PHYSICIAN FS PR 442QB     YES
                                                                                RC-PHYSICIAN FS MN 442QB     YES
                                                                                RC-PHYSICIAN FS ML 442QB     YES
                                                                                RC-PHYSICIAN FS PR 442QA     YES
                                                                                RC-PHYSICIAN FS MN 442QA     YES
                                                                                RC-PHYSICIAN FS ML 442QA     YES
                                                                                RC-OPT FAC PR 442QA          YES
                                                                                RC-OPT FAC HR 442QA          YES
                                                                                RC-OPT FAC ML 442QA          YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 5
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT MISC 442QA
                                                                                RC-PHYSICIAN OPT PR 442QA    YES
                                                                                RC-PHYSICIAN OPT MN 442QA    YES
```

```
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
CC-DOD-RX              OUTPA              JAN 1,2018            RX COST                         YES
        RATE TYPE: CC NO-FAULT AUTO
CC-NF-INPT             INPAT              DEC 19,2003           RC-INPT R&B 442                 YES
                                                                RC-INPT ANC 442                 YES
                                                                RC-INPT FAC PR 442              YES
                                                                RC-INPT FAC HR 442              YES
                                                                RC-INPT FAC ML 442              YES
                                                                RC-INPT R&B ICU 442             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 6
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------------
                                                                RC-INPT ANC ICU 442             YES
                                                                RC-PHYSICIAN INPT PR 442        YES
                                                                RC-PHYSICIAN INPT MN 442        YES
CC-NF-SNF              INPAT  SKILLED NU  DEC 19,2003           RC-SNF INC 442                  YES
                                                                RC-SNF FAC PR 442               YES
                                                                RC-SNF FAC HR 442               YES
                                                                RC-SNF FAC ML 442               YES
                                                                RC-PHYSICIAN SNF PR 442         YES
                                                                RC-PHYSICIAN SNF MN 442         YES
CC-NF-OPT              OUTPA              DEC 19,2003           RC-PHYSICIAN FS PR 442GB        YES
                                                                RC-PHYSICIAN FS PR 442GC        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS ML 442GD        YES
                                                                RC-OPT FAC PR 442               YES
                                                                RC-OPT FAC HR 442               YES
                                                                RC-OPT FAC ML 442               YES
                                                                RC-OPT MISC 442
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 7
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------------
                                                                RC-PHYSICIAN OPT PR 442         YES
                                                                RC-PHYSICIAN OPT MN 442         YES
                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
                                                                RC-OPT FAC PR 442GD             YES
                                                                RC-OPT FAC HR 442GD             YES
                                                                RC-OPT FAC ML 442GD             YES
                                                                RC-OPT MISC 442GD
                                                                RC-PHYSICIAN OPT PR 442GD       YES
```

```
                                                                    RC-PHYSICIAN OPT MN 442GD       YES
                                                                    RC-OPT FAC PR 442GC             YES
                                                                    RC-OPT FAC HR 442GC             YES
                                                                    RC-OPT FAC ML 442GC             YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC       YES
                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 8
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 9
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
```

```
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 10
                      BILL   BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CC-NF-RX              OUTPA               JAN 1,2018                           RX COST                        YES
        RATE TYPE: CC REIMB INS
CC-RI-INPT            INPAT               DEC 19,2003                          RC-INPT R&B 442                YES
                                                                               RC-INPT ANC 442                YES
                                                                               RC-INPT FAC PR 442             YES
                                                                               RC-INPT FAC HR 442             YES
                                                                               RC-INPT FAC ML 442             YES
                                                                               RC-INPT R&B ICU 442            YES
                                                                               RC-INPT ANC ICU 442            YES
                                                                               RC-PHYSICIAN INPT PR 442       YES
                                                                               RC-PHYSICIAN INPT MN 442       YES
CC-RI-SNF             INPAT  SKILLED NU  DEC 19,2003                          RC-SNF INC 442                 YES
                                                                               RC-SNF FAC PR 442              YES
                                                                               RC-SNF FAC HR 442              YES
                                                                               RC-SNF FAC ML 442              YES
                                                                               RC-PHYSICIAN SNF PR 442        YES
                                                                               RC-PHYSICIAN SNF MN 442        YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 11
                      BILL   BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CC-RI-OPT             OUTPA               DEC 19,2003                          RC-PHYSICIAN FS PR 442GB       YES
                                                                               RC-PHYSICIAN FS PR 442GC       YES
                                                                               RC-PHYSICIAN FS PR 442GD       YES
                                                                               RC-PHYSICIAN FS MN 442GD       YES
                                                                               RC-PHYSICIAN FS ML 442GD       YES
                                                                               RC-OPT FAC PR 442              YES
                                                                               RC-OPT FAC HR 442              YES
                                                                               RC-OPT FAC ML 442              YES
                                                                               RC-OPT MISC 442
                                                                               RC-PHYSICIAN OPT PR 442        YES
                                                                               RC-PHYSICIAN OPT MN 442        YES
                                                                               RC-PHYSICIAN FS MN 442GB       YES
                                                                               RC-PHYSICIAN FS ML 442GB       YES
                                                                               RC-PHYSICIAN FS MN 442GC       YES
                                                                               RC-PHYSICIAN FS ML 442GC       YES
                                                                               RC-OPT FAC PR 442GD            YES
                                                                               RC-OPT FAC HR 442GD            YES
                                                                               RC-OPT FAC ML 442GD            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 12
                      BILL   BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                               RC-OPT MISC 442GD
                                                                               RC-PHYSICIAN OPT PR 442GD      YES
                                                                               RC-PHYSICIAN OPT MN 442GD      YES
                                                                               RC-OPT FAC PR 442GC            YES
```

```
                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 13
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 14
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
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CC-RI-RX              OUTPA             JAN 1,2018                          RX COST                          YES
        RATE TYPE: CC TORT FEASOR
CC-TF-INPT            INPAT             JAN 7,2004                          RC-INPT R&B 442                  YES
                                                                            RC-INPT ANC 442                  YES
                                                                            RC-INPT FAC PR 442               YES
                                                                            RC-INPT FAC HR 442               YES
                                                                            RC-INPT FAC ML 442               YES
                                                                            RC-INPT R&B ICU 442              YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 15
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                            RC-INPT ANC ICU 442              YES
                                                                            RC-PHYSICIAN INPT PR 442         YES
                                                                            RC-PHYSICIAN INPT MN 442         YES
CC-TF-SNF             INPAT  SKILLED NU  JAN 7,2004                          RC-SNF INC 442                   YES
                                                                            RC-SNF FAC PR 442                YES
                                                                            RC-SNF FAC HR 442                YES
                                                                            RC-SNF FAC ML 442                YES
                                                                            RC-PHYSICIAN SNF PR 442          YES
                                                                            RC-PHYSICIAN SNF MN 442          YES
CC-TF-OPT             OUTPA             JAN 7,2004                          RC-PHYSICIAN FS PR 442GB         YES
                                                                            RC-PHYSICIAN FS PR 442GC         YES
                                                                            RC-PHYSICIAN FS PR 442GD         YES
                                                                            RC-PHYSICIAN FS MN 442GD         YES
                                                                            RC-PHYSICIAN FS ML 442GD         YES
                                                                            RC-OPT FAC PR 442                YES
                                                                            RC-OPT FAC HR 442                YES
                                                                            RC-OPT FAC ML 442                YES
                                                                            RC-OPT MISC 442
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 16
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                            RC-PHYSICIAN OPT PR 442          YES
                                                                            RC-PHYSICIAN OPT MN 442          YES
                                                                            RC-PHYSICIAN FS MN 442GB         YES
                                                                            RC-PHYSICIAN FS ML 442GB         YES
                                                                            RC-PHYSICIAN FS MN 442GC         YES
                                                                            RC-PHYSICIAN FS ML 442GC         YES
                                                                            RC-OPT FAC PR 442GD              YES
                                                                            RC-OPT FAC HR 442GD              YES
                                                                            RC-OPT FAC ML 442GD              YES
                                                                            RC-OPT MISC 442GD
                                                                            RC-PHYSICIAN OPT PR 442GD        YES
                                                                            RC-PHYSICIAN OPT MN 442GD        YES
                                                                            RC-OPT FAC PR 442GC              YES
                                                                            RC-OPT FAC HR 442GC              YES
                                                                            RC-OPT FAC ML 442GC              YES
                                                                            RC-OPT MISC 442GC
                                                                            RC-PHYSICIAN OPT PR 442GC        YES
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                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 17
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 18
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
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RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 19
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CC-TF-RX              OUTPA               JAN 1,2018                            RX COST                        YES
        RATE TYPE: CC WORKERS' COMP
CC-WC-INPT            INPAT               DEC 19,2003                           RC-INPT R&B 442                YES
                                                                                RC-INPT ANC 442                YES
                                                                                RC-INPT FAC PR 442             YES
                                                                                RC-INPT FAC HR 442             YES
                                                                                RC-INPT FAC ML 442             YES
                                                                                RC-INPT R&B ICU 442            YES
                                                                                RC-INPT ANC ICU 442            YES
                                                                                RC-PHYSICIAN INPT PR 442       YES
                                                                                RC-PHYSICIAN INPT MN 442       YES
CC-WC-SNF             INPAT   SKILLED NU  DEC 19,2003                           RC-SNF INC 442                 YES
                                                                                RC-SNF FAC PR 442              YES
                                                                                RC-SNF FAC HR 442              YES
                                                                                RC-SNF FAC ML 442              YES
                                                                                RC-PHYSICIAN SNF PR 442        YES
                                                                                RC-PHYSICIAN SNF MN 442        YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 20
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CC-WC-OPT             OUTPA               DEC 19,2003                           RC-PHYSICIAN FS PR 442GB       YES
                                                                                RC-PHYSICIAN FS PR 442GC       YES
                                                                                RC-PHYSICIAN FS PR 442GD       YES
                                                                                RC-PHYSICIAN FS MN 442GD       YES
                                                                                RC-PHYSICIAN FS ML 442GD       YES
                                                                                RC-OPT FAC PR 442              YES
                                                                                RC-OPT FAC HR 442              YES
                                                                                RC-OPT FAC ML 442              YES
                                                                                RC-OPT MISC 442
                                                                                RC-PHYSICIAN OPT PR 442        YES
                                                                                RC-PHYSICIAN OPT MN 442        YES
                                                                                RC-PHYSICIAN FS MN 442GB       YES
                                                                                RC-PHYSICIAN FS ML 442GB       YES
                                                                                RC-PHYSICIAN FS MN 442GC       YES
                                                                                RC-PHYSICIAN FS ML 442GC       YES
                                                                                RC-OPT FAC PR 442GD            YES
                                                                                RC-OPT FAC HR 442GD            YES
                                                                                RC-OPT FAC ML 442GD            YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 21
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT MISC 442GD
                                                                                RC-PHYSICIAN OPT PR 442GD      YES
                                                                                RC-PHYSICIAN OPT MN 442GD      YES
                                                                                RC-OPT FAC PR 442GC            YES
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                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 22
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 23
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
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CC-WC-RX              OUTPA              JAN 1,2018                          RX COST                          YES
        RATE TYPE: CCN NO-FAULT AUTO
CCN-NF-INPT           INPAT              DEC 19,2003                         RC-INPT R&B 442                  YES
                                                                             RC-INPT ANC 442                  YES
                                                                             RC-INPT FAC PR 442               YES
                                                                             RC-INPT FAC HR 442               YES
                                                                             RC-INPT FAC ML 442               YES
                                                                             RC-INPT R&B ICU 442              YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 24
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                             RC-INPT ANC ICU 442              YES
                                                                             RC-PHYSICIAN INPT PR 442         YES
                                                                             RC-PHYSICIAN INPT MN 442         YES
CCN-NF-SNF            INPAT  SKILLED NU  DEC 19,2003                         RC-SNF INC 442                   YES
                                                                             RC-SNF FAC PR 442                YES
                                                                             RC-SNF FAC HR 442                YES
                                                                             RC-SNF FAC ML 442                YES
                                                                             RC-PHYSICIAN SNF PR 442          YES
                                                                             RC-PHYSICIAN SNF MN 442          YES
CCN-NF-OPT            OUTPA              DEC 19,2003                         RC-PHYSICIAN FS PR 442GB         YES
                                                                             RC-PHYSICIAN FS PR 442GC         YES
                                                                             RC-PHYSICIAN FS PR 442GD         YES
                                                                             RC-PHYSICIAN FS MN 442GD         YES
                                                                             RC-PHYSICIAN FS ML 442GD         YES
                                                                             RC-OPT FAC PR 442                YES
                                                                             RC-OPT FAC HR 442                YES
                                                                             RC-OPT FAC ML 442                YES
                                                                             RC-OPT MISC 442
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 25
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                             RC-PHYSICIAN OPT PR 442          YES
                                                                             RC-PHYSICIAN OPT MN 442          YES
                                                                             RC-PHYSICIAN FS MN 442GB         YES
                                                                             RC-PHYSICIAN FS ML 442GB         YES
                                                                             RC-PHYSICIAN FS MN 442GC         YES
                                                                             RC-PHYSICIAN FS ML 442GC         YES
                                                                             RC-OPT FAC PR 442GD              YES
                                                                             RC-OPT FAC HR 442GD              YES
                                                                             RC-OPT FAC ML 442GD              YES
                                                                             RC-OPT MISC 442GD
                                                                             RC-PHYSICIAN OPT PR 442GD        YES
                                                                             RC-PHYSICIAN OPT MN 442GD        YES
                                                                             RC-OPT FAC PR 442GC              YES
                                                                             RC-OPT FAC HR 442GC              YES
                                                                             RC-OPT FAC ML 442GC              YES
                                                                             RC-OPT MISC 442GC
                                                                             RC-PHYSICIAN OPT PR 442GC        YES
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                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 26
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 27
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 28
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CCN-NF-RX             OUTPA                JAN 1,2018                           RX COST                        YES
        RATE TYPE: CCN REIMB INS
CCN-RI-INPT           INPAT                DEC 19,2003                          RC-INPT R&B 442                YES
                                                                                RC-INPT ANC 442                YES
                                                                                RC-INPT FAC PR 442             YES
                                                                                RC-INPT FAC HR 442             YES
                                                                                RC-INPT FAC ML 442             YES
                                                                                RC-INPT R&B ICU 442            YES
                                                                                RC-INPT ANC ICU 442            YES
                                                                                RC-PHYSICIAN INPT PR 442       YES
                                                                                RC-PHYSICIAN INPT MN 442       YES
CCN-RI-SNF            INPAT   SKILLED NU   DEC 19,2003                          RC-SNF INC 442                 YES
                                                                                RC-SNF FAC PR 442              YES
                                                                                RC-SNF FAC HR 442              YES
                                                                                RC-SNF FAC ML 442              YES
                                                                                RC-PHYSICIAN SNF PR 442        YES
                                                                                RC-PHYSICIAN SNF MN 442        YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 29
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CCN-RI-OPT            OUTPA                DEC 19,2003                          RC-PHYSICIAN FS PR 442GB       YES
                                                                                RC-PHYSICIAN FS PR 442GC       YES
                                                                                RC-PHYSICIAN FS PR 442GD       YES
                                                                                RC-PHYSICIAN FS MN 442GD       YES
                                                                                RC-PHYSICIAN FS ML 442GD       YES
                                                                                RC-OPT FAC PR 442              YES
                                                                                RC-OPT FAC HR 442              YES
                                                                                RC-OPT FAC ML 442              YES
                                                                                RC-OPT MISC 442
                                                                                RC-PHYSICIAN OPT PR 442        YES
                                                                                RC-PHYSICIAN OPT MN 442        YES
                                                                                RC-PHYSICIAN FS MN 442GB       YES
                                                                                RC-PHYSICIAN FS ML 442GB       YES
                                                                                RC-PHYSICIAN FS MN 442GC       YES
                                                                                RC-PHYSICIAN FS ML 442GC       YES
                                                                                RC-OPT FAC PR 442GD            YES
                                                                                RC-OPT FAC HR 442GD            YES
                                                                                RC-OPT FAC ML 442GD            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 30
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT MISC 442GD
                                                                                RC-PHYSICIAN OPT PR 442GD      YES
                                                                                RC-PHYSICIAN OPT MN 442GD      YES
                                                                                RC-OPT FAC PR 442GC            YES
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                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 31
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 32
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
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CCN-RI-RX             OUTPA              JAN 1,2018                          RX COST                          YES
        RATE TYPE: CCN TORT FEASOR
CCN-TF-INPT           INPAT              JAN 7,2004                          RC-INPT R&B 442                  YES
                                                                             RC-INPT ANC 442                  YES
                                                                             RC-INPT FAC PR 442               YES
                                                                             RC-INPT FAC HR 442               YES
                                                                             RC-INPT FAC ML 442               YES
                                                                             RC-INPT R&B ICU 442              YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 33
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                             RC-INPT ANC ICU 442              YES
                                                                             RC-PHYSICIAN INPT PR 442         YES
                                                                             RC-PHYSICIAN INPT MN 442         YES
CCN-TF-SNF            INPAT  SKILLED NU  JAN 7,2004                          RC-SNF INC 442                   YES
                                                                             RC-SNF FAC PR 442                YES
                                                                             RC-SNF FAC HR 442                YES
                                                                             RC-SNF FAC ML 442                YES
                                                                             RC-PHYSICIAN SNF PR 442          YES
                                                                             RC-PHYSICIAN SNF MN 442          YES
CCN-TF-OPT            OUTPA              JAN 7,2004                          RC-PHYSICIAN FS PR 442GB         YES
                                                                             RC-PHYSICIAN FS PR 442GC         YES
                                                                             RC-PHYSICIAN FS PR 442GD         YES
                                                                             RC-PHYSICIAN FS MN 442GD         YES
                                                                             RC-PHYSICIAN FS ML 442GD         YES
                                                                             RC-OPT FAC PR 442                YES
                                                                             RC-OPT FAC HR 442                YES
                                                                             RC-OPT FAC ML 442                YES
                                                                             RC-OPT MISC 442
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 34
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                             RC-PHYSICIAN OPT PR 442          YES
                                                                             RC-PHYSICIAN OPT MN 442          YES
                                                                             RC-PHYSICIAN FS MN 442GB         YES
                                                                             RC-PHYSICIAN FS ML 442GB         YES
                                                                             RC-PHYSICIAN FS MN 442GC         YES
                                                                             RC-PHYSICIAN FS ML 442GC         YES
                                                                             RC-OPT FAC PR 442GD              YES
                                                                             RC-OPT FAC HR 442GD              YES
                                                                             RC-OPT FAC ML 442GD              YES
                                                                             RC-OPT MISC 442GD
                                                                             RC-PHYSICIAN OPT PR 442GD        YES
                                                                             RC-PHYSICIAN OPT MN 442GD        YES
                                                                             RC-OPT FAC PR 442GC              YES
                                                                             RC-OPT FAC HR 442GC              YES
                                                                             RC-OPT FAC ML 442GC              YES
                                                                             RC-OPT MISC 442GC
                                                                             RC-PHYSICIAN OPT PR 442GC        YES
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                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 35
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 36
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
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RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 37
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CCN-TF-RX             OUTPA              JAN 1,2018                            RX COST                        YES
        RATE TYPE: CCN WORKERS' COMP
CCN-WC-INPT           INPAT              DEC 19,2003                           RC-INPT R&B 442                YES
                                                                               RC-INPT ANC 442                YES
                                                                               RC-INPT FAC PR 442             YES
                                                                               RC-INPT FAC HR 442             YES
                                                                               RC-INPT FAC ML 442             YES
                                                                               RC-INPT R&B ICU 442            YES
                                                                               RC-INPT ANC ICU 442            YES
                                                                               RC-PHYSICIAN INPT PR 442       YES
                                                                               RC-PHYSICIAN INPT MN 442       YES
CCN-WC-SNF            INPAT  SKILLED NU  DEC 19,2003                           RC-SNF INC 442                 YES
                                                                               RC-SNF FAC PR 442              YES
                                                                               RC-SNF FAC HR 442              YES
                                                                               RC-SNF FAC ML 442              YES
                                                                               RC-PHYSICIAN SNF PR 442        YES
                                                                               RC-PHYSICIAN SNF MN 442        YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 38
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CCN-WC-OPT            OUTPA              DEC 19,2003                           RC-PHYSICIAN FS PR 442GB       YES
                                                                               RC-PHYSICIAN FS PR 442GC       YES
                                                                               RC-PHYSICIAN FS PR 442GD       YES
                                                                               RC-PHYSICIAN FS MN 442GD       YES
                                                                               RC-PHYSICIAN FS ML 442GD       YES
                                                                               RC-OPT FAC PR 442              YES
                                                                               RC-OPT FAC HR 442              YES
                                                                               RC-OPT FAC ML 442              YES
                                                                               RC-OPT MISC 442
                                                                               RC-PHYSICIAN OPT PR 442        YES
                                                                               RC-PHYSICIAN OPT MN 442        YES
                                                                               RC-PHYSICIAN FS MN 442GB       YES
                                                                               RC-PHYSICIAN FS ML 442GB       YES
                                                                               RC-PHYSICIAN FS MN 442GC       YES
                                                                               RC-PHYSICIAN FS ML 442GC       YES
                                                                               RC-OPT FAC PR 442GD            YES
                                                                               RC-OPT FAC HR 442GD            YES
                                                                               RC-OPT FAC ML 442GD            YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 39
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                               RC-OPT MISC 442GD
                                                                               RC-PHYSICIAN OPT PR 442GD      YES
                                                                               RC-PHYSICIAN OPT MN 442GD      YES
                                                                               RC-OPT FAC PR 442GC            YES
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                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 40
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 41
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
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CCN-WC-RX             OUTPA             JAN 1,2018                          RX COST                         YES
        RATE TYPE: CHAMPVA
CVA-INPT              INPAT             JAN 1,2010                          RC-INPT R&B 442                 YES
                                                                            RC-INPT ANC 442                 YES
                                                                            RC-INPT FAC PR 442              YES
                                                                            RC-INPT FAC HR 442              YES
                                                                            RC-INPT FAC ML 442              YES
                                                                            RC-INPT R&B ICU 442             YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 42
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                            RC-INPT ANC ICU 442             YES
                                                                            RC-PHYSICIAN INPT PR 442        YES
                                                                            RC-PHYSICIAN INPT MN 442        YES
CVA-SNF               INPAT  SKILLED NU  JAN 1,2010                          RC-SNF INC 442                  YES
                                                                            RC-SNF FAC PR 442               YES
                                                                            RC-SNF FAC HR 442               YES
                                                                            RC-SNF FAC ML 442               YES
                                                                            RC-PHYSICIAN SNF PR 442         YES
                                                                            RC-PHYSICIAN SNF MN 442         YES
CVA-OPT               OUTPA             JAN 1,2010                          RC-PHYSICIAN FS PR 442GB        YES
                                                                            RC-PHYSICIAN FS PR 442GC        YES
                                                                            RC-PHYSICIAN FS PR 442GD        YES
                                                                            RC-PHYSICIAN FS MN 442GD        YES
                                                                            RC-PHYSICIAN FS ML 442GD        YES
                                                                            RC-OPT FAC PR 442               YES
                                                                            RC-OPT FAC HR 442               YES
                                                                            RC-OPT FAC ML 442               YES
                                                                            RC-OPT MISC 442
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 43
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                            RC-PHYSICIAN OPT PR 442         YES
                                                                            RC-PHYSICIAN OPT MN 442         YES
                                                                            RC-PHYSICIAN FS MN 442GB        YES
                                                                            RC-PHYSICIAN FS ML 442GB        YES
                                                                            RC-PHYSICIAN FS MN 442GC        YES
                                                                            RC-PHYSICIAN FS ML 442GC        YES
                                                                            RC-OPT FAC PR 442GD             YES
                                                                            RC-OPT FAC HR 442GD             YES
                                                                            RC-OPT FAC ML 442GD             YES
                                                                            RC-OPT MISC 442GD
                                                                            RC-PHYSICIAN OPT PR 442GD       YES
                                                                            RC-PHYSICIAN OPT MN 442GD       YES
                                                                            RC-OPT FAC PR 442GC             YES
                                                                            RC-OPT FAC HR 442GC             YES
                                                                            RC-OPT FAC ML 442GC             YES
                                                                            RC-OPT MISC 442GC
                                                                            RC-PHYSICIAN OPT PR 442GC       YES
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                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 44
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 45
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 46
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CVA-RX                OUTPA  PRESCRIPTI  JAN 1,2010                YES         RX COST                        YES
CHAMPVA RX COST+5     OUTPA  PRESCRIPTI               DEC 31,2009  YES         RX COST                        YES
CHAMPVA OPT           OUTPA  OUTPATIENT               DEC 31,2009              CMAC 389 C1 WYO                YES
                                                                                CMAC 314 C1 COLO               YES
                                                                                CMAC 314 FAC/PHYS              YES
                                                                                CMAC 314 FAC/NONPHYS
                                                                                CMAC 389 FAC/PHYS              YES
                                                                                CMAC 389 FAC/NONPHYS
                                                                                CMAC 314 NONFAC/PHYS
                                                                                CMAC 314 NONFAC/NONPHYS
                                                                                CMAC 389 NONFAC/PHYS
                                                                                CMAC 389 NONFAC/NONPHYS
       RATE TYPE: CHAMPVA REIMB. INS.
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 47
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
CVA RI-INPT           INPAT              JAN 1,2010                           RC-INPT R&B 442                YES
                                                                              RC-INPT ANC 442                YES
                                                                              RC-INPT FAC PR 442             YES
                                                                              RC-INPT FAC HR 442             YES
                                                                              RC-INPT FAC ML 442             YES
                                                                              RC-INPT R&B ICU 442            YES
                                                                              RC-INPT ANC ICU 442            YES
                                                                              RC-PHYSICIAN INPT PR 442       YES
                                                                              RC-PHYSICIAN INPT MN 442       YES
CVA RI-SNF            INPAT  SKILLED NU  JAN 1,2010                           RC-SNF INC 442                 YES
                                                                              RC-SNF FAC PR 442              YES
                                                                              RC-SNF FAC HR 442              YES
                                                                              RC-SNF FAC ML 442              YES
                                                                              RC-PHYSICIAN SNF PR 442        YES
                                                                              RC-PHYSICIAN SNF MN 442        YES
CHAMPVA REIMB INS     INPAT  INPATIENT   DEC 19,2003  DEC 31,2009             RC-OPT FAC HR 442              YES
                                                                              RC-OPT FAC ML 442              YES
                                                                              RC-OPT FAC PR 442              YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 48
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                              RC-OPT MISC 442                YES
                                                                              RC-PHYSICIAN OPT MN 442        YES
                                                                              RC-PHYSICIAN OPT PR 442        YES
                                                                              RC-PHYSICIAN 442GC
                                                                              RC-PHYSICIAN 442GD
                                                                              RC-PHYSICIAN FS PR 442GB       YES
                                                                              RC-PHYSICIAN FS PR 442GC       YES
                                                                              RC-PHYSICIAN FS ML 442GD       YES
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                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
                                                                RC-INPT ANC 442                 YES
                                                                RC-INPT ANC ICU 442             YES
                                                                RC-INPT R&B 442                 YES
                                                                RC-INPT R&B ICU 442             YES
RATE SCHEDULE List                                                          OCT 25, 2018@17:16   PAGE 49
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------
CVA RI-OPT           OUTPA              JAN 1,2010                            RC-PHYSICIAN FS PR 442GB        YES
                                                                RC-PHYSICIAN FS PR 442GC        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS ML 442GD        YES
                                                                RC-OPT FAC PR 442               YES
                                                                RC-OPT FAC HR 442               YES
                                                                RC-OPT FAC ML 442               YES
                                                                RC-OPT MISC 442
                                                                RC-PHYSICIAN OPT PR 442         YES
                                                                RC-PHYSICIAN OPT MN 442         YES
                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
                                                                RC-OPT FAC PR 442GD             YES
                                                                RC-OPT FAC HR 442GD             YES
                                                                RC-OPT FAC ML 442GD             YES
RATE SCHEDULE List                                                          OCT 25, 2018@17:16   PAGE 50
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GD
                                                                RC-PHYSICIAN OPT PR 442GD       YES
                                                                RC-PHYSICIAN OPT MN 442GD       YES
                                                                RC-OPT FAC PR 442GC             YES
                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
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                                                                    RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 51
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 52
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
CVA RI-RX            OUTPA  PRESCRIPTI  JAN 1,2010                  YES         RX COST                     YES
CHAMPVA REINS COST+5 OUTPA  PRESCRIPTI                 DEC 31,2009  YES         RX COST                     YES
CHAMPVA REIMB INS    OUTPA  OUTPATIENT                 DEC 18,2003              RC-OPT FAC 442              YES
                                                                    RC-PHYSICIAN 442                YES
                                                                    RC-PHYSICIAN 442GB              YES
                                                                    RC-PHYSICIAN 442GC              YES
                                                                    RC-PHYSICIAN 442GD              YES
                                                                    RC-PHYSICIAN 442X1              YES
CHAMPVA REIMB INS    OUTPA  OUTPATIENT  DEC 19,2003  DEC 31,2009              RC-PHYSICIAN 442            YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 53
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
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                                                                    RC-PHYSICIAN 442GB              YES
                                                                    RC-PHYSICIAN 442GC              YES
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                                                                RC-PHYSICIAN 442GD              YES
                                                                RC-PHYSICIAN 442X1              YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
                                                                RC-PHYSICIAN FS ML 442GD        YES
                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS PR 442GB        YES
                                                                RC-PHYSICIAN FS PR 442GC        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
                                                                RC-PHYSICIAN OPT MN 442         YES
                                                                RC-PHYSICIAN OPT PR 442         YES
                                                                RC-OPT FAC HR 442               YES
                                                                RC-OPT FAC ML 442               YES
                                                                RC-OPT FAC PR 442               YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 54
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
        RATE TYPE: CHOICE NO-FAULT AUTO
CCC-NF-INPT          INPAT              DEC 19,2003                          RC-INPT R&B 442              YES
                                                                             RC-INPT ANC 442              YES
                                                                             RC-INPT FAC PR 442           YES
                                                                             RC-INPT FAC HR 442           YES
                                                                             RC-INPT FAC ML 442           YES
                                                                             RC-INPT R&B ICU 442          YES
                                                                             RC-INPT ANC ICU 442          YES
                                                                             RC-PHYSICIAN INPT PR 442     YES
                                                                             RC-PHYSICIAN INPT MN 442     YES
CCC-NF-SNF           INPAT  SKILLED NU  DEC 19,2003                          RC-SNF INC 442               YES
                                                                             RC-SNF FAC PR 442            YES
                                                                             RC-SNF FAC HR 442            YES
                                                                             RC-SNF FAC ML 442            YES
                                                                             RC-PHYSICIAN SNF PR 442      YES
                                                                             RC-PHYSICIAN SNF MN 442      YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 55
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
CCC-NF-OPT           OUTPA              DEC 19,2003                          RC-PHYSICIAN FS PR 442GB     YES
                                                                             RC-PHYSICIAN FS PR 442GC     YES
                                                                             RC-PHYSICIAN FS PR 442GD     YES
                                                                             RC-PHYSICIAN FS MN 442GD     YES
                                                                             RC-PHYSICIAN FS ML 442GD     YES
                                                                             RC-OPT FAC PR 442            YES
                                                                             RC-OPT FAC HR 442            YES
                                                                             RC-OPT FAC ML 442            YES
                                                                             RC-OPT MISC 442
                                                                             RC-PHYSICIAN OPT PR 442      YES
                                                                             RC-PHYSICIAN OPT MN 442      YES
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                                                                    RC-PHYSICIAN FS MN 442GB        YES
                                                                    RC-PHYSICIAN FS ML 442GB        YES
                                                                    RC-PHYSICIAN FS MN 442GC        YES
                                                                    RC-PHYSICIAN FS ML 442GC        YES
                                                                    RC-OPT FAC PR 442GD             YES
                                                                    RC-OPT FAC HR 442GD             YES
                                                                    RC-OPT FAC ML 442GD             YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 56
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD       YES
                                                                    RC-PHYSICIAN OPT MN 442GD       YES
                                                                    RC-OPT FAC PR 442GC             YES
                                                                    RC-OPT FAC HR 442GC             YES
                                                                    RC-OPT FAC ML 442GC             YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC       YES
                                                                    RC-PHYSICIAN OPT MN 442GC       YES
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 57
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
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                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
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RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 58
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                    RC-OPT MISC 442QA
                                                                                    RC-PHYSICIAN OPT PR 442QA      YES
                                                                                    RC-PHYSICIAN OPT MN 442QA      YES
                                                                                    RC-OPT FAC PR 442QB            YES
                                                                                    RC-OPT FAC HR 442QB            YES
                                                                                    RC-OPT FAC ML 442QB            YES
                                                                                    RC-OPT MISC 442QB
                                                                                    RC-PHYSICIAN OPT PR 442QB      YES
                                                                                    RC-PHYSICIAN OPT MN 442QB      YES
CCC-NF-RX               OUTPA                JAN 1,2018                             RX COST                        YES
        RATE TYPE: CHOICE REIMB INS
CCC-RI-INPT             INPAT                DEC 19,2003                            RC-INPT R&B 442                YES
                                                                                    RC-INPT ANC 442                YES
                                                                                    RC-INPT FAC PR 442             YES
                                                                                    RC-INPT FAC HR 442             YES
                                                                                    RC-INPT FAC ML 442             YES
                                                                                    RC-INPT R&B ICU 442            YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 59
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                    RC-INPT ANC ICU 442            YES
                                                                                    RC-PHYSICIAN INPT PR 442       YES
                                                                                    RC-PHYSICIAN INPT MN 442       YES
CCC-RI-SNF              INPAT   SKILLED NU   DEC 19,2003                            RC-SNF INC 442                 YES
                                                                                    RC-SNF FAC PR 442              YES
                                                                                    RC-SNF FAC HR 442              YES
                                                                                    RC-SNF FAC ML 442              YES
                                                                                    RC-PHYSICIAN SNF PR 442        YES
                                                                                    RC-PHYSICIAN SNF MN 442        YES
CCC-RI-OPT              OUTPA                DEC 19,2003                            RC-PHYSICIAN FS PR 442GB       YES
                                                                                    RC-PHYSICIAN FS PR 442GC       YES
                                                                                    RC-PHYSICIAN FS PR 442GD       YES
                                                                                    RC-PHYSICIAN FS MN 442GD       YES
                                                                                    RC-PHYSICIAN FS ML 442GD       YES
                                                                                    RC-OPT FAC PR 442              YES
                                                                                    RC-OPT FAC HR 442              YES
                                                                                    RC-OPT FAC ML 442              YES
                                                                                    RC-OPT MISC 442
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 60
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                    RC-PHYSICIAN OPT PR 442        YES
                                                                                    RC-PHYSICIAN OPT MN 442        YES
                                                                                    RC-PHYSICIAN FS MN 442GB       YES
                                                                                    RC-PHYSICIAN FS ML 442GB       YES
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                                                                    RC-PHYSICIAN FS MN 442GC        YES
                                                                    RC-PHYSICIAN FS ML 442GC        YES
                                                                    RC-OPT FAC PR 442GD             YES
                                                                    RC-OPT FAC HR 442GD             YES
                                                                    RC-OPT FAC ML 442GD             YES
                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD       YES
                                                                    RC-PHYSICIAN OPT MN 442GD       YES
                                                                    RC-OPT FAC PR 442GC             YES
                                                                    RC-OPT FAC HR 442GC             YES
                                                                    RC-OPT FAC ML 442GC             YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC       YES
                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 61
                        BILL    BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE    SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
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                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 62
                        BILL    BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                    TYPE    SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
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                                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                                RC-OPT FAC PR 442QB             YES
                                                                                RC-OPT FAC HR 442QB             YES
                                                                                RC-OPT FAC ML 442QB             YES
                                                                                RC-OPT MISC 442QB
                                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                                RC-PHYSICIAN OPT MN 442QB       YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 63
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------
CCC-RI-RX             OUTPA              JAN 1,2018                            RX COST                          YES
        RATE TYPE: CHOICE TORT FEASOR
CCC-TF-INPT           INPAT              JAN 7,2004                            RC-INPT R&B 442                  YES
                                                                                RC-INPT ANC 442                  YES
                                                                                RC-INPT FAC PR 442               YES
                                                                                RC-INPT FAC HR 442               YES
                                                                                RC-INPT FAC ML 442               YES
                                                                                RC-INPT R&B ICU 442              YES
                                                                                RC-INPT ANC ICU 442              YES
                                                                                RC-PHYSICIAN INPT PR 442         YES
                                                                                RC-PHYSICIAN INPT MN 442         YES
CCC-TF-SNF            INPAT  SKILLED NU  JAN 7,2004                            RC-SNF INC 442                   YES
                                                                                RC-SNF FAC PR 442                YES
                                                                                RC-SNF FAC HR 442                YES
                                                                                RC-SNF FAC ML 442                YES
                                                                                RC-PHYSICIAN SNF PR 442          YES
                                                                                RC-PHYSICIAN SNF MN 442          YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 64
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
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CCC-TF-OPT            OUTPA              JAN 7,2004                            RC-PHYSICIAN FS PR 442GB         YES
                                                                                RC-PHYSICIAN FS PR 442GC         YES
                                                                                RC-PHYSICIAN FS PR 442GD         YES
                                                                                RC-PHYSICIAN FS MN 442GD         YES
                                                                                RC-PHYSICIAN FS ML 442GD         YES
                                                                                RC-OPT FAC PR 442                YES
                                                                                RC-OPT FAC HR 442                YES
                                                                                RC-OPT FAC ML 442                YES
                                                                                RC-OPT MISC 442
                                                                                RC-PHYSICIAN OPT PR 442          YES
                                                                                RC-PHYSICIAN OPT MN 442          YES
                                                                                RC-PHYSICIAN FS MN 442GB         YES
                                                                                RC-PHYSICIAN FS ML 442GB         YES
                                                                                RC-PHYSICIAN FS MN 442GC         YES
                                                                                RC-PHYSICIAN FS ML 442GC         YES
                                                                                RC-OPT FAC PR 442GD              YES
                                                                                RC-OPT FAC HR 442GD              YES
                                                                                RC-OPT FAC ML 442GD              YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 65
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                    RC-OPT MISC 442GD
                                                                                    RC-PHYSICIAN OPT PR 442GD      YES
                                                                                    RC-PHYSICIAN OPT MN 442GD      YES
                                                                                    RC-OPT FAC PR 442GC            YES
                                                                                    RC-OPT FAC HR 442GC            YES
                                                                                    RC-OPT FAC ML 442GC            YES
                                                                                    RC-OPT MISC 442GC
                                                                                    RC-PHYSICIAN OPT PR 442GC      YES
                                                                                    RC-PHYSICIAN OPT MN 442GC      YES
                                                                                    RC-OPT FAC PR 442HK            YES
                                                                                    RC-OPT FAC HR 442HK            YES
                                                                                    RC-OPT FAC ML 442HK            YES
                                                                                    RC-OPT MISC 442HK
                                                                                    RC-PHYSICIAN OPT PR 442HK      YES
                                                                                    RC-PHYSICIAN OPT MN 442HK      YES
                                                                                    RC-OPT FAC PR 442GB            YES
                                                                                    RC-OPT FAC HR 442GB            YES
                                                                                    RC-OPT FAC ML 442GB            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 66
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                    RC-OPT MISC 442GB
                                                                                    RC-PHYSICIAN OPT PR 442GB      YES
                                                                                    RC-PHYSICIAN OPT MN 442GB      YES
                                                                                    RC-OPT FAC PR 442MA            YES
                                                                                    RC-OPT FAC HR 442MA            YES
                                                                                    RC-OPT FAC ML 442MA            YES
                                                                                    RC-OPT MISC 442MA
                                                                                    RC-PHYSICIAN OPT PR 442MA      YES
                                                                                    RC-PHYSICIAN OPT MN 442MA      YES
                                                                                    RC-PHYSICIAN FS PR 442QB       YES
                                                                                    RC-PHYSICIAN FS MN 442QB       YES
                                                                                    RC-PHYSICIAN FS ML 442QB       YES
                                                                                    RC-PHYSICIAN FS PR 442QA       YES
                                                                                    RC-PHYSICIAN FS MN 442QA       YES
                                                                                    RC-PHYSICIAN FS ML 442QA       YES
                                                                                    RC-OPT FAC PR 442QA            YES
                                                                                    RC-OPT FAC HR 442QA            YES
                                                                                    RC-OPT FAC ML 442QA            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 67
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                    RC-OPT MISC 442QA
                                                                                    RC-PHYSICIAN OPT PR 442QA      YES
                                                                                    RC-PHYSICIAN OPT MN 442QA      YES
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                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
CCC-TF-RX             OUTPA              JAN 1,2018                 RX COST                         YES
        RATE TYPE: CHOICE WORKERS' COMP
CCC-WC-INPT           INPAT              DEC 19,2003                RC-INPT R&B 442                 YES
                                                                    RC-INPT ANC 442                 YES
                                                                    RC-INPT FAC PR 442              YES
                                                                    RC-INPT FAC HR 442              YES
                                                                    RC-INPT FAC ML 442              YES
                                                                    RC-INPT R&B ICU 442             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 68
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                         AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET          ADD
-------------------------------------------------------------------------------------------------------------------
                                                                    RC-INPT ANC ICU 442             YES
                                                                    RC-PHYSICIAN INPT PR 442        YES
                                                                    RC-PHYSICIAN INPT MN 442        YES
CCC-WC-SNF            INPAT  SKILLED NU  DEC 19,2003                RC-SNF INC 442                  YES
                                                                    RC-SNF FAC PR 442               YES
                                                                    RC-SNF FAC HR 442               YES
                                                                    RC-SNF FAC ML 442               YES
                                                                    RC-PHYSICIAN SNF PR 442         YES
                                                                    RC-PHYSICIAN SNF MN 442         YES
CCC-WC-OPT            OUTPA              DEC 19,2003                RC-PHYSICIAN FS PR 442GB        YES
                                                                    RC-PHYSICIAN FS PR 442GC        YES
                                                                    RC-PHYSICIAN FS PR 442GD        YES
                                                                    RC-PHYSICIAN FS MN 442GD        YES
                                                                    RC-PHYSICIAN FS ML 442GD        YES
                                                                    RC-OPT FAC PR 442               YES
                                                                    RC-OPT FAC HR 442               YES
                                                                    RC-OPT FAC ML 442               YES
                                                                    RC-OPT MISC 442
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 69
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                         AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET          ADD
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                                                                    RC-PHYSICIAN OPT PR 442         YES
                                                                    RC-PHYSICIAN OPT MN 442         YES
                                                                    RC-PHYSICIAN FS MN 442GB        YES
                                                                    RC-PHYSICIAN FS ML 442GB        YES
                                                                    RC-PHYSICIAN FS MN 442GC        YES
                                                                    RC-PHYSICIAN FS ML 442GC        YES
                                                                    RC-OPT FAC PR 442GD             YES
                                                                    RC-OPT FAC HR 442GD             YES
                                                                    RC-OPT FAC ML 442GD             YES
                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD       YES
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                                                                    RC-PHYSICIAN OPT MN 442GD       YES
                                                                    RC-OPT FAC PR 442GC             YES
                                                                    RC-OPT FAC HR 442GC             YES
                                                                    RC-OPT FAC ML 442GC             YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC       YES
                                                                    RC-PHYSICIAN OPT MN 442GC       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 70
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
                                                                    RC-OPT FAC ML 442GB             YES
                                                                    RC-OPT MISC 442GB
                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                    OCT 25, 2018@17:16   PAGE 71
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 72
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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CCC-WC-RX            OUTPA              JAN 1,2018                            RX COST                        YES
        RATE TYPE: CRIME VICTIM
CV-INPT              INPAT  INPATIENT                                        TL-INPT (NPF)                  YES
                                                                            TL-INPT (PF)                   YES
CV-OPT               OUTPA                                                 TL-OPT VST                     YES
                                                                            TL-RX FILL                     YES
                                                                            TL-OPT VST PM&RS
                                                                            TL-OPT VST POLYTRAUMA
        RATE TYPE: DENTAL
DNTL-OPT DENTAL      OUTPA                                                 TL-OPT DENTAL                  YES
        RATE TYPE: DENTAL REIMB. INS.
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 73
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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HR-OPT DENTAL        OUTPA                                                 TL-OPT DENTAL                  YES
        RATE TYPE: DOD BLIND REHABILITATION
DOD-BR-INPT          INPAT  INPATIENT   DEC 19,2003                        RC-INPT R&B 442                YES
                                                                            RC-INPT ANC 442                YES
                                                                            RC-INPT FAC PR 442             YES
                                                                            RC-INPT FAC HR 442             YES
                                                                            RC-INPT FAC ML 442             YES
                                                                            RC-INPT R&B ICU 442            YES
                                                                            RC-INPT ANC ICU 442            YES
                                                                            RC-PHYSICIAN INPT PR 442       YES
                                                                            RC-PHYSICIAN INPT MN 442       YES
DOD-BR-SNF           INPAT  SKILLED NU  DEC 19,2003                        RC-SNF INC 442                 YES
                                                                            RC-SNF FAC PR 442              YES
                                                                            RC-SNF FAC HR 442              YES
                                                                            RC-SNF FAC ML 442              YES
                                                                            RC-PHYSICIAN SNF PR 442        YES
                                                                            RC-PHYSICIAN SNF MN 442        YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 74
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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DOD-BR-OPT           OUTPA  OUTPATIENT  DEC 19,2003                        RC-PHYSICIAN FS PR 442GB       YES
                                                                            RC-PHYSICIAN FS PR 442GC       YES
                                                                            RC-PHYSICIAN FS PR 442GD       YES
                                                                            RC-PHYSICIAN FS MN 442GD       YES
                                                                            RC-PHYSICIAN FS ML 442GD       YES
                                                                            RC-OPT FAC PR 442              YES
                                                                            RC-OPT FAC HR 442              YES
                                                                            RC-OPT FAC ML 442              YES
                                                                            RC-OPT MISC 442
                                                                            RC-PHYSICIAN OPT PR 442        YES
                                                                            RC-PHYSICIAN OPT MN 442        YES
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                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
                                                                RC-OPT FAC PR 442GD             YES
                                                                RC-OPT FAC HR 442GD             YES
                                                                RC-OPT FAC ML 442GD             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 75
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GD
                                                                RC-PHYSICIAN OPT PR 442GD       YES
                                                                RC-PHYSICIAN OPT MN 442GD       YES
                                                                RC-OPT FAC PR 442GC             YES
                                                                RC-OPT FAC HR 442GC             YES
                                                                RC-OPT FAC ML 442GC             YES
                                                                RC-OPT MISC 442GC
                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 76
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                          AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET           ADD
-------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 77
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                RC-OPT MISC 442QA
                                                                                RC-PHYSICIAN OPT PR 442QA      YES
                                                                                RC-PHYSICIAN OPT MN 442QA      YES
                                                                                RC-OPT FAC PR 442QB            YES
                                                                                RC-OPT FAC HR 442QB            YES
                                                                                RC-OPT FAC ML 442QB            YES
                                                                                RC-OPT MISC 442QB
                                                                                RC-PHYSICIAN OPT PR 442QB      YES
                                                                                RC-PHYSICIAN OPT MN 442QB      YES
       RATE TYPE: DOD DISABILITY EVALUATION
DOD-DIS EXAM-OPT      OUTPA  OUTPATIENT  DEC 19,2003                           RC-PHYSICIAN FS PR 442GB       YES
                                                                                RC-PHYSICIAN FS PR 442GC       YES
                                                                                RC-PHYSICIAN FS PR 442GD       YES
                                                                                RC-PHYSICIAN FS MN 442GD       YES
                                                                                RC-PHYSICIAN FS ML 442GD       YES
                                                                                RC-OPT FAC PR 442              YES
                                                                                RC-OPT FAC HR 442              YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 78
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-OPT FAC ML 442              YES
                                                                                RC-OPT MISC 442
                                                                                RC-PHYSICIAN OPT PR 442        YES
                                                                                RC-PHYSICIAN OPT MN 442        YES
                                                                                RC-PHYSICIAN FS MN 442GB       YES
                                                                                RC-PHYSICIAN FS ML 442GB       YES
                                                                                RC-PHYSICIAN FS MN 442GC       YES
                                                                                RC-PHYSICIAN FS ML 442GC       YES
                                                                                RC-OPT FAC PR 442GD            YES
                                                                                RC-OPT FAC HR 442GD            YES
                                                                                RC-OPT FAC ML 442GD            YES
                                                                                RC-OPT MISC 442GD
                                                                                RC-PHYSICIAN OPT PR 442GD      YES
                                                                                RC-PHYSICIAN OPT MN 442GD      YES
                                                                                RC-OPT FAC PR 442GC            YES
                                                                                RC-OPT FAC HR 442GC            YES
                                                                                RC-OPT FAC ML 442GC            YES
                                                                                RC-OPT MISC 442GC
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 79
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                                RC-PHYSICIAN OPT PR 442GC      YES
                                                                                RC-PHYSICIAN OPT MN 442GC      YES
                                                                                RC-OPT FAC PR 442HK            YES
                                                                                RC-OPT FAC HR 442HK            YES
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                                                                                RC-OPT FAC ML 442HK             YES
                                                                                RC-OPT MISC 442HK
                                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                                RC-OPT FAC PR 442GB             YES
                                                                                RC-OPT FAC HR 442GB             YES
                                                                                RC-OPT FAC ML 442GB             YES
                                                                                RC-OPT MISC 442GB
                                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                                RC-OPT FAC PR 442MA             YES
                                                                                RC-OPT FAC HR 442MA             YES
                                                                                RC-OPT FAC ML 442MA             YES
                                                                                RC-OPT MISC 442MA
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 80
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
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                                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                                RC-OPT FAC PR 442QA             YES
                                                                                RC-OPT FAC HR 442QA             YES
                                                                                RC-OPT FAC ML 442QA             YES
                                                                                RC-OPT MISC 442QA
                                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                                RC-OPT FAC PR 442QB             YES
                                                                                RC-OPT FAC HR 442QB             YES
                                                                                RC-OPT FAC ML 442QB             YES
                                                                                RC-OPT MISC 442QB
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 81
                       BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                   TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                                RC-PHYSICIAN OPT MN 442QB       YES
       RATE TYPE: DOD SPINAL CORD INJURY
DOD-SCI-INPT           INPAT  INPATIENT   DEC 19,2003                           RC-INPT R&B 442                 YES
                                                                                RC-INPT ANC 442                 YES
                                                                                RC-INPT FAC PR 442              YES
                                                                                RC-INPT FAC HR 442              YES
                                                                                RC-INPT FAC ML 442              YES
                                                                                RC-INPT R&B ICU 442             YES
                                                                                RC-INPT ANC ICU 442             YES
                                                                                RC-PHYSICIAN INPT PR 442        YES
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                                                                    RC-PHYSICIAN INPT MN 442        YES
DOD-SCI-SNF           INPAT  SKILLED NU  DEC 19,2003                RC-SNF INC 442                  YES
                                                                    RC-SNF FAC PR 442               YES
                                                                    RC-SNF FAC HR 442               YES
                                                                    RC-SNF FAC ML 442               YES
                                                                    RC-PHYSICIAN SNF PR 442         YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 82
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN SNF MN 442         YES
DOD-SCI-OPT           OUTPA  OUTPATIENT  DEC 19,2003                RC-PHYSICIAN FS PR 442GB        YES
                                                                    RC-PHYSICIAN FS PR 442GC        YES
                                                                    RC-PHYSICIAN FS PR 442GD        YES
                                                                    RC-PHYSICIAN FS MN 442GD        YES
                                                                    RC-PHYSICIAN FS ML 442GD        YES
                                                                    RC-OPT FAC PR 442               YES
                                                                    RC-OPT FAC HR 442               YES
                                                                    RC-OPT FAC ML 442               YES
                                                                    RC-OPT MISC 442
                                                                    RC-PHYSICIAN OPT PR 442         YES
                                                                    RC-PHYSICIAN OPT MN 442         YES
                                                                    RC-PHYSICIAN FS MN 442GB        YES
                                                                    RC-PHYSICIAN FS ML 442GB        YES
                                                                    RC-PHYSICIAN FS MN 442GC        YES
                                                                    RC-PHYSICIAN FS ML 442GC        YES
                                                                    RC-OPT FAC PR 442GD             YES
                                                                    RC-OPT FAC HR 442GD             YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 83
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-OPT FAC ML 442GD             YES
                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD       YES
                                                                    RC-PHYSICIAN OPT MN 442GD       YES
                                                                    RC-OPT FAC PR 442GC             YES
                                                                    RC-OPT FAC HR 442GC             YES
                                                                    RC-OPT FAC ML 442GC             YES
                                                                    RC-OPT MISC 442GC
                                                                    RC-PHYSICIAN OPT PR 442GC       YES
                                                                    RC-PHYSICIAN OPT MN 442GC       YES
                                                                    RC-OPT FAC PR 442HK             YES
                                                                    RC-OPT FAC HR 442HK             YES
                                                                    RC-OPT FAC ML 442HK             YES
                                                                    RC-OPT MISC 442HK
                                                                    RC-PHYSICIAN OPT PR 442HK       YES
                                                                    RC-PHYSICIAN OPT MN 442HK       YES
                                                                    RC-OPT FAC PR 442GB             YES
                                                                    RC-OPT FAC HR 442GB             YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 84
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                   RC-OPT FAC ML 442GB            YES
                                                                                   RC-OPT MISC 442GB
                                                                                   RC-PHYSICIAN OPT PR 442GB      YES
                                                                                   RC-PHYSICIAN OPT MN 442GB      YES
                                                                                   RC-OPT FAC PR 442MA            YES
                                                                                   RC-OPT FAC HR 442MA            YES
                                                                                   RC-OPT FAC ML 442MA            YES
                                                                                   RC-OPT MISC 442MA
                                                                                   RC-PHYSICIAN OPT PR 442MA      YES
                                                                                   RC-PHYSICIAN OPT MN 442MA      YES
                                                                                   RC-PHYSICIAN FS PR 442QB       YES
                                                                                   RC-PHYSICIAN FS MN 442QB       YES
                                                                                   RC-PHYSICIAN FS ML 442QB       YES
                                                                                   RC-PHYSICIAN FS PR 442QA       YES
                                                                                   RC-PHYSICIAN FS MN 442QA       YES
                                                                                   RC-PHYSICIAN FS ML 442QA       YES
                                                                                   RC-OPT FAC PR 442QA            YES
                                                                                   RC-OPT FAC HR 442QA            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 85
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                   RC-OPT FAC ML 442QA            YES
                                                                                   RC-OPT MISC 442QA
                                                                                   RC-PHYSICIAN OPT PR 442QA      YES
                                                                                   RC-PHYSICIAN OPT MN 442QA      YES
                                                                                   RC-OPT FAC PR 442QB            YES
                                                                                   RC-OPT FAC HR 442QB            YES
                                                                                   RC-OPT FAC ML 442QB            YES
                                                                                   RC-OPT MISC 442QB
                                                                                   RC-PHYSICIAN OPT PR 442QB      YES
                                                                                   RC-PHYSICIAN OPT MN 442QB      YES
       RATE TYPE: DOD TRAUMATIC BRAIN INJURY
DOD-TBI-INPT            INPAT  INPATIENT   DEC 19,2003                              RC-INPT R&B 442                YES
                                                                                   RC-INPT ANC 442                YES
                                                                                   RC-INPT FAC PR 442             YES
                                                                                   RC-INPT FAC HR 442             YES
                                                                                   RC-INPT FAC ML 442             YES
                                                                                   RC-INPT R&B ICU 442            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 86
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                   RC-INPT ANC ICU 442            YES
                                                                                   RC-PHYSICIAN INPT PR 442       YES
                                                                                   RC-PHYSICIAN INPT MN 442       YES
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DOD-TBI-SNF           INPAT  SKILLED NU  DEC 19,2003                    RC-SNF INC 442                 YES
                                                                         RC-SNF FAC PR 442              YES
                                                                         RC-SNF FAC HR 442              YES
                                                                         RC-SNF FAC ML 442              YES
                                                                         RC-PHYSICIAN SNF PR 442        YES
                                                                         RC-PHYSICIAN SNF MN 442        YES
DOD-TBI-OPT           OUTPA  OUTPATIENT  DEC 19,2003                    RC-PHYSICIAN FS PR 442GB       YES
                                                                         RC-PHYSICIAN FS PR 442GC       YES
                                                                         RC-PHYSICIAN FS PR 442GD       YES
                                                                         RC-PHYSICIAN FS MN 442GD       YES
                                                                         RC-PHYSICIAN FS ML 442GD       YES
                                                                         RC-OPT FAC PR 442              YES
                                                                         RC-OPT FAC HR 442              YES
                                                                         RC-OPT FAC ML 442              YES
                                                                         RC-OPT MISC 442
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 87
                      BILL   BILL        EFFECTIVE    INACTIVE    CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE        ADJUSTED    CHARGE SET                     ADD
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                                                                         RC-PHYSICIAN OPT PR 442        YES
                                                                         RC-PHYSICIAN OPT MN 442        YES
                                                                         RC-PHYSICIAN FS MN 442GB       YES
                                                                         RC-PHYSICIAN FS ML 442GB       YES
                                                                         RC-PHYSICIAN FS MN 442GC       YES
                                                                         RC-PHYSICIAN FS ML 442GC       YES
                                                                         RC-OPT FAC PR 442GD            YES
                                                                         RC-OPT FAC HR 442GD            YES
                                                                         RC-OPT FAC ML 442GD            YES
                                                                         RC-OPT MISC 442GD
                                                                         RC-PHYSICIAN OPT PR 442GD      YES
                                                                         RC-PHYSICIAN OPT MN 442GD      YES
                                                                         RC-OPT FAC PR 442GC            YES
                                                                         RC-OPT FAC HR 442GC            YES
                                                                         RC-OPT FAC ML 442GC            YES
                                                                         RC-OPT MISC 442GC
                                                                         RC-PHYSICIAN OPT PR 442GC      YES
                                                                         RC-PHYSICIAN OPT MN 442GC      YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 88
                      BILL   BILL        EFFECTIVE    INACTIVE    CHARGES                                    AUTO
NAME                  TYPE   SERVICE     DATE         DATE        ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
                                                                         RC-OPT FAC PR 442HK            YES
                                                                         RC-OPT FAC HR 442HK            YES
                                                                         RC-OPT FAC ML 442HK            YES
                                                                         RC-OPT MISC 442HK
                                                                         RC-PHYSICIAN OPT PR 442HK      YES
                                                                         RC-PHYSICIAN OPT MN 442HK      YES
                                                                         RC-OPT FAC PR 442GB            YES
                                                                         RC-OPT FAC HR 442GB            YES
                                                                         RC-OPT FAC ML 442GB            YES
                                                                         RC-OPT MISC 442GB
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                                                                    RC-PHYSICIAN OPT PR 442GB       YES
                                                                    RC-PHYSICIAN OPT MN 442GB       YES
                                                                    RC-OPT FAC PR 442MA             YES
                                                                    RC-OPT FAC HR 442MA             YES
                                                                    RC-OPT FAC ML 442MA             YES
                                                                    RC-OPT MISC 442MA
                                                                    RC-PHYSICIAN OPT PR 442MA       YES
                                                                    RC-PHYSICIAN OPT MN 442MA       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 89
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                    RC-PHYSICIAN FS PR 442QB        YES
                                                                    RC-PHYSICIAN FS MN 442QB        YES
                                                                    RC-PHYSICIAN FS ML 442QB        YES
                                                                    RC-PHYSICIAN FS PR 442QA        YES
                                                                    RC-PHYSICIAN FS MN 442QA        YES
                                                                    RC-PHYSICIAN FS ML 442QA        YES
                                                                    RC-OPT FAC PR 442QA             YES
                                                                    RC-OPT FAC HR 442QA             YES
                                                                    RC-OPT FAC ML 442QA             YES
                                                                    RC-OPT MISC 442QA
                                                                    RC-PHYSICIAN OPT PR 442QA       YES
                                                                    RC-PHYSICIAN OPT MN 442QA       YES
                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 90
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
        RATE TYPE: FEE REIMB INS
FR-INPT              INPAT  INPATIENT   DEC 19,2003                         RC-INPT R&B 442                YES
                                                                            RC-INPT ANC 442                YES
                                                                            RC-INPT FAC PR 442             YES
                                                                            RC-INPT FAC HR 442             YES
                                                                            RC-INPT FAC ML 442             YES
                                                                            RC-INPT R&B ICU 442            YES
                                                                            RC-INPT ANC ICU 442            YES
                                                                            RC-PHYSICIAN INPT PR 442       YES
                                                                            RC-PHYSICIAN INPT MN 442       YES
FR-SNF               INPAT  SKILLED NU  DEC 19,2003                         RC-SNF INC 442                 YES
                                                                            RC-SNF FAC PR 442              YES
                                                                            RC-SNF FAC HR 442              YES
                                                                            RC-SNF FAC ML 442              YES
                                                                            RC-PHYSICIAN SNF PR 442        YES
                                                                            RC-PHYSICIAN SNF MN 442        YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 91
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------------
FR-OPT                  OUTPA                DEC 19,2003                          RC-PHYSICIAN FS PR 442GB       YES
                                                                                  RC-PHYSICIAN FS PR 442GC       YES
                                                                                  RC-PHYSICIAN FS PR 442GD       YES
                                                                                  RC-PHYSICIAN FS MN 442GD       YES
                                                                                  RC-PHYSICIAN FS ML 442GD       YES
                                                                                  RC-OPT FAC PR 442              YES
                                                                                  RC-OPT FAC HR 442              YES
                                                                                  RC-OPT FAC ML 442              YES
                                                                                  RC-OPT MISC 442
                                                                                  RC-PHYSICIAN OPT PR 442        YES
                                                                                  RC-PHYSICIAN OPT MN 442        YES
                                                                                  RC-PHYSICIAN FS MN 442GB       YES
                                                                                  RC-PHYSICIAN FS ML 442GB       YES
                                                                                  RC-PHYSICIAN FS MN 442GC       YES
                                                                                  RC-PHYSICIAN FS ML 442GC       YES
                                                                                  RC-OPT FAC PR 442GD            YES
                                                                                  RC-OPT FAC HR 442GD            YES
                                                                                  RC-OPT FAC ML 442GD            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 92
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                  RC-OPT MISC 442GD
                                                                                  RC-PHYSICIAN OPT PR 442GD      YES
                                                                                  RC-PHYSICIAN OPT MN 442GD      YES
                                                                                  RC-OPT FAC PR 442GC            YES
                                                                                  RC-OPT FAC HR 442GC            YES
                                                                                  RC-OPT FAC ML 442GC            YES
                                                                                  RC-OPT MISC 442GC
                                                                                  RC-PHYSICIAN OPT PR 442GC      YES
                                                                                  RC-PHYSICIAN OPT MN 442GC      YES
                                                                                  RC-OPT FAC PR 442HK            YES
                                                                                  RC-OPT FAC HR 442HK            YES
                                                                                  RC-OPT FAC ML 442HK            YES
                                                                                  RC-OPT MISC 442HK
                                                                                  RC-PHYSICIAN OPT PR 442HK      YES
                                                                                  RC-PHYSICIAN OPT MN 442HK      YES
                                                                                  RC-OPT FAC PR 442GB            YES
                                                                                  RC-OPT FAC HR 442GB            YES
                                                                                  RC-OPT FAC ML 442GB            YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 93
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                     ADD
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                                                                                  RC-OPT MISC 442GB
                                                                                  RC-PHYSICIAN OPT PR 442GB      YES
                                                                                  RC-PHYSICIAN OPT MN 442GB      YES
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                                                                                RC-OPT FAC PR 442MA             YES
                                                                                RC-OPT FAC HR 442MA             YES
                                                                                RC-OPT FAC ML 442MA             YES
                                                                                RC-OPT MISC 442MA
                                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                                RC-PHYSICIAN FS ML 442QA        YES
FR-RX                 OUTPA             MAR 18,2011                             RX COST                         YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 94
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------------------
        RATE TYPE: HUMANITARIAN
HMN-INPT              INPAT  INPATIENT                                           TL-INPT (INCLUSIVE)             YES
HMN-OPT               OUTPA                               AUG 12,2013             TL-OPT VST                      YES
                                                                                  TL-RX FILL                      YES
                                                                                  TL-OPT VST PM&RS
                                                                                  TL-OPT VST POLYTRAUMA
HMN-RX                OUTPA             AUG 13,2013  DEC 31,2013  YES         RX COST                         YES
HMN-OPT               OUTPA             AUG 13,2013                             TL-OPT VST                      YES
                                                                                  TL-OPT VST PM&RS
                                                                                  TL-OPT VST POLYTRAUMA
HMN-RX                OUTPA             JAN 1,2014   DEC 31,2014  YES         RX COST                         YES
HMN-RX                OUTPA             JAN 1,2015   DEC 31,2015  YES         RX COST                         YES
HMN-RX                OUTPA             JAN 1,2016   DEC 31,2016  YES         RX COST                         YES
HMN-RX                OUTPA             JAN 1,2017   DEC 31,2017  YES         RX COST                         YES
HMN-RX                OUTPA             JAN 1,2018                YES         RX COST                         YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 95
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------------------
        RATE TYPE: HUMANITARIAN REIMB. INS.
HR-INPT               INPAT  INPATIENT                                           TL-INPT (INCLUSIVE)             YES
HR-OPT                OUTPA                               AUG 12,2013             TL-OPT VST                      YES
                                                                                  TL-RX FILL                      YES
                                                                                  TL-OPT VST PM&RS
                                                                                  TL-OPT VST POLYTRAUMA
HR-OPT                OUTPA             AUG 13,2013                             TL-OPT VST                      YES
                                                                                  TL-OPT VST PM&RS
                                                                                  TL-OPT VST POLYTRAUMA
HR-RX                 OUTPA             AUG 13,2013  DEC 31,2013               RX COST                         YES
HR-RX                 OUTPA             JAN 1,2014   DEC 31,2014               RX COST                         YES
HR-RX                 OUTPA             JAN 1,2015   DEC 31,2015               RX COST                         YES
HR-RX                 OUTPA             JAN 1,2016   DEC 31,2016               RX COST                         YES
HR-RX                 OUTPA             JAN 1,2017                             RX COST                         YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 96
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
        RATE TYPE: INELIGIBLE
INELIG-INPT          INPAT  INPATIENT                                        TL-INPT (INCLUSIVE)            YES
INELIG-OPT           OUTPA  OUTPATIENT              AUG 12,2013              TL-OPT VST                     YES
                                                                             TL-RX FILL                     YES
                                                                             TL-OPT VST PM&RS
                                                                             TL-OPT VST POLYTRAUMA
INELIG-RX            OUTPA  OUTPATIENT  AUG 13,2013  DEC 31,2013  YES      RX COST                        YES
INELIG-OPT           OUTPA  OUTPATIENT  AUG 13,2013                         TL-OPT VST                     YES
                                                                             TL-OPT VST PM&RS
                                                                             TL-OPT VST POLYTRAUMA
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2014   DEC 31,2014  YES      RX COST                        YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2015   DEC 31,2015  YES      RX COST                        YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2016   DEC 31,2016  YES      RX COST                        YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2017   DEC 31,2017  YES      RX COST                        YES
INELIG-RX            OUTPA  OUTPATIENT  JAN 1,2018                YES      RX COST                        YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 97
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
        RATE TYPE: INELIGIBLE REIMB. INS.
IR-INPT              INPAT  INPATIENT                                        TL-INPT (INCLUSIVE)            YES
IR-OPT               OUTPA                         AUG 12,2013              TL-OPT VST                     YES
                                                                             TL-RX FILL                     YES
                                                                             TL-OPT VST PM&RS
                                                                             TL-OPT VST POLYTRAUMA
IR-OPT               OUTPA              AUG 13,2013                          TL-OPT VST                     YES
                                                                             TL-OPT VST PM&RS
                                                                             TL-OPT VST POLYTRAUMA
IR-RX                OUTPA              AUG 13,2013  DEC 31,2013            RX COST                        YES
IR-RX                OUTPA              JAN 1,2014   DEC 31,2014            RX COST                        YES
IR-RX                OUTPA              JAN 1,2015   DEC 31,2015            RX COST                        YES
IR-RX                OUTPA              JAN 1,2016   DEC 31,2016            RX COST                        YES
IR-RX                OUTPA              JAN 1,2017                          RX COST                        YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 98
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                    AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                     ADD
-------------------------------------------------------------------------------------------------------------------
        RATE TYPE: INTERAGENCY
IA-INPT              INPAT  INPATIENT                                        IA-INPT
IA-OPT               OUTPA                         DEC 31,2013              IA-OPT VST
                                                                             IA-RX FILL
                                                                             IA-OPT VST PM&RS
                                                                             IA-OPT VST POLYTRAUMA
IA-RX                OUTPA              JAN 1,2014   DEC 31,2014  YES      RX COST                        YES
IA-OPT               OUTPA              JAN 1,2014                          IA-OPT VST
                                                                             IA-OPT VST PM&RS
                                                                             IA-OPT VST POLYTRAUMA
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                                                                                IA-OPT DENTAL
IA-RX                OUTPA             JAN 1,2015   DEC 31,2015  YES          RX COST                          YES
IA-RX                OUTPA             JAN 1,2016   DEC 31,2016  YES          RX COST                          YES
IA-RX                OUTPA             JAN 1,2017   DEC 31,2017  YES          RX COST                          YES
IA-RX                OUTPA             JAN 1,2018                YES          RX COST                          YES
RATE SCHEDULE List                                                                                OCT 25, 2018@17:16   PAGE 99
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED     CHARGE SET                        ADD
-------------------------------------------------------------------------------------------------------------------------------
        RATE TYPE: NO FAULT INS.
NF-INPT              INPAT  INPATIENT                AUG 31,1999               TL-INPT (NPF)                    YES
                                                                               TL-INPT (PF)                     YES
NF-INPT              INPAT              SEP 1,1999   DEC 18,2003               RC-INPT R&B 442                  YES
                                                                               RC-INPT ANC 442                  YES
                                                                               RC-SNF 442
                                                                               RC-PHYSICIAN 442                 YES
NF-INPT              INPAT              DEC 19,2003                           RC-INPT R&B 442                  YES
                                                                               RC-INPT ANC 442                  YES
                                                                               RC-INPT FAC PR 442               YES
                                                                               RC-INPT FAC HR 442               YES
                                                                               RC-INPT FAC ML 442               YES
                                                                               RC-INPT R&B ICU 442              YES
                                                                               RC-INPT ANC ICU 442              YES
                                                                               RC-PHYSICIAN INPT PR 442         YES
                                                                               RC-PHYSICIAN INPT MN 442         YES
NF-SNF               INPAT  SKILLED NU  DEC 19,2003                           RC-SNF INC 442                   YES
RATE SCHEDULE List                                                                                OCT 25, 2018@17:16   PAGE 100
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED     CHARGE SET                        ADD
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                                                                               RC-SNF FAC PR 442                YES
                                                                               RC-SNF FAC HR 442                YES
                                                                               RC-SNF FAC ML 442                YES
                                                                               RC-PHYSICIAN SNF PR 442          YES
                                                                               RC-PHYSICIAN SNF MN 442          YES
NF-OPT               OUTPA                     AUG 31,1999                   TL-OPT VST                       YES
                                                                               TL-RX FILL                       YES
NF-OPT               OUTPA              SEP 1,1999   DEC 18,2003               RC-OPT FAC 442                   YES
                                                                               RC-PHYSICIAN 442                 YES
                                                                               RC-OPT FAC 442GB                 YES
                                                                               RC-PHYSICIAN 442GB               YES
                                                                               RC-OPT FAC 442GC                 YES
                                                                               RC-PHYSICIAN 442GC               YES
                                                                               RC-OPT FAC 442GD                 YES
                                                                               RC-PHYSICIAN 442GD               YES
                                                                               RC-OPT FAC 442X1                 YES
                                                                               RC-PHYSICIAN 442X1               YES
NF-RX                OUTPA              SEP 1,1999   DEC 18,2003               TL-RX FILL                       YES
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RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 101
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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NF-OPT                OUTPA              DEC 19,2003                          RC-PHYSICIAN FS PR 442GB           YES
                                                                              RC-PHYSICIAN FS PR 442GC           YES
                                                                              RC-PHYSICIAN FS PR 442GD           YES
                                                                              RC-PHYSICIAN FS MN 442GD           YES
                                                                              RC-PHYSICIAN FS ML 442GD           YES
                                                                              RC-OPT FAC PR 442                  YES
                                                                              RC-OPT FAC HR 442                  YES
                                                                              RC-OPT FAC ML 442                  YES
                                                                              RC-OPT MISC 442
                                                                              RC-PHYSICIAN OPT PR 442            YES
                                                                              RC-PHYSICIAN OPT MN 442            YES
                                                                              RC-PHYSICIAN FS MN 442GB           YES
                                                                              RC-PHYSICIAN FS ML 442GB           YES
                                                                              RC-PHYSICIAN FS MN 442GC           YES
                                                                              RC-PHYSICIAN FS ML 442GC           YES
                                                                              RC-OPT FAC PR 442GD                YES
                                                                              RC-OPT FAC HR 442GD                YES
                                                                              RC-OPT FAC ML 442GD                YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 102
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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                                                                              RC-OPT MISC 442GD
                                                                              RC-PHYSICIAN OPT PR 442GD          YES
                                                                              RC-PHYSICIAN OPT MN 442GD          YES
                                                                              RC-OPT FAC PR 442GC                YES
                                                                              RC-OPT FAC HR 442GC                YES
                                                                              RC-OPT FAC ML 442GC                YES
                                                                              RC-OPT MISC 442GC
                                                                              RC-PHYSICIAN OPT PR 442GC          YES
                                                                              RC-PHYSICIAN OPT MN 442GC          YES
                                                                              RC-OPT FAC PR 442HK                YES
                                                                              RC-OPT FAC HR 442HK                YES
                                                                              RC-OPT FAC ML 442HK                YES
                                                                              RC-OPT MISC 442HK
                                                                              RC-PHYSICIAN OPT PR 442HK          YES
                                                                              RC-PHYSICIAN OPT MN 442HK          YES
                                                                              RC-OPT FAC PR 442GB                YES
                                                                              RC-OPT FAC HR 442GB                YES
                                                                              RC-OPT FAC ML 442GB                YES
RATE SCHEDULE List                                                                                    OCT 25, 2018@17:16   PAGE 103
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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                                                                              RC-OPT MISC 442GB
                                                                              RC-PHYSICIAN OPT PR 442GB          YES
                                                                              RC-PHYSICIAN OPT MN 442GB          YES
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                                                                                RC-OPT FAC PR 442MA             YES
                                                                                RC-OPT FAC HR 442MA             YES
                                                                                RC-OPT FAC ML 442MA             YES
                                                                                RC-OPT MISC 442MA
                                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                                RC-OPT FAC PR 442QA             YES
                                                                                RC-OPT FAC HR 442QA             YES
                                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 104
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                       ADD
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                                                                                RC-OPT MISC 442QA
                                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                                RC-OPT FAC PR 442QB             YES
                                                                                RC-OPT FAC HR 442QB             YES
                                                                                RC-OPT FAC ML 442QB             YES
                                                                                RC-OPT MISC 442QB
                                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                                RC-PHYSICIAN OPT MN 442QB       YES
NF-RX                 OUTPA               DEC 19,2003  MAR 17,2011             TL-RX FILL                      YES
NF-RX                 OUTPA               MAR 18,2011  DEC 31,2011  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2012   DEC 31,2012  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2013   DEC 31,2013  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2014   DEC 31,2014  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2015   DEC 31,2015  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2016   DEC 31,2016  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2017   DEC 31,2017  YES        RX COST                         YES
NF-RX                 OUTPA               JAN 1,2018                YES        RX COST                         YES
RATE SCHEDULE List                                                                                 OCT 25, 2018@17:16   PAGE 105
                      BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                      AUTO
NAME                  TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                       ADD
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        RATE TYPE: REIMBURSABLE INS.
RI-INPT               INPAT   INPATIENT                 AUG 31,1999              TL-INPT (NPF)                   YES
                                                                                TL-INPT (PF)                    YES
RI-INPT               INPAT               SEP 1,1999   DEC 18,2003              RC-INPT R&B 442                 YES
                                                                                RC-INPT ANC 442                 YES
                                                                                RC-SNF 442
                                                                                RC-PHYSICIAN 442                YES
RI-INPT               INPAT               DEC 19,2003                          RC-INPT R&B 442                 YES
                                                                                RC-INPT ANC 442                 YES
                                                                                RC-INPT FAC PR 442              YES
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                                                                RC-INPT FAC HR 442              YES
                                                                RC-INPT FAC ML 442              YES
                                                                RC-INPT R&B ICU 442             YES
                                                                RC-INPT ANC ICU 442             YES
                                                                RC-PHYSICIAN INPT PR 442        YES
                                                                RC-PHYSICIAN INPT MN 442        YES
RI-SNF                INPAT  SKILLED NU  DEC 19,2003            RC-SNF INC 442                  YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 106
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------------
                                                                RC-SNF FAC PR 442               YES
                                                                RC-SNF FAC HR 442               YES
                                                                RC-SNF FAC ML 442               YES
                                                                RC-PHYSICIAN SNF PR 442         YES
                                                                RC-PHYSICIAN SNF MN 442         YES
RI-OPT                OUTPA                     AUG 31,1999     TL-OPT VST                      YES
                                                                TL-RX FILL                      YES
RI-OPT                OUTPA              SEP 1,1999   DEC 18,2003 RC-OPT FAC 442                YES
                                                                RC-PHYSICIAN 442                YES
                                                                RC-OPT FAC 442GB                YES
                                                                RC-PHYSICIAN 442GB              YES
                                                                RC-OPT FAC 442GC                YES
                                                                RC-PHYSICIAN 442GC              YES
                                                                RC-OPT FAC 442GD                YES
                                                                RC-PHYSICIAN 442GD              YES
                                                                RC-OPT FAC 442X1                YES
                                                                RC-PHYSICIAN 442X1              YES
RI-RX                 OUTPA  PRESCRIPTI  SEP 1,1999   DEC 18,2003 TL-RX FILL                   YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 107
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                        AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET         ADD
-------------------------------------------------------------------------------------------------------------
RI-OPT                OUTPA              DEC 19,2003               RC-PHYSICIAN FS PR 442GB        YES
                                                                RC-PHYSICIAN FS PR 442GC        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS ML 442GD        YES
                                                                RC-OPT FAC PR 442               YES
                                                                RC-OPT FAC HR 442               YES
                                                                RC-OPT FAC ML 442               YES
                                                                RC-OPT MISC 442
                                                                RC-PHYSICIAN OPT PR 442         YES
                                                                RC-PHYSICIAN OPT MN 442         YES
                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
                                                                RC-OPT FAC PR 442GD             YES
                                                                RC-OPT FAC HR 442GD             YES
                                                                RC-OPT FAC ML 442GD             YES
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RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 108
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                         ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                    RC-OPT MISC 442GD
                                                                                    RC-PHYSICIAN OPT PR 442GD          YES
                                                                                    RC-PHYSICIAN OPT MN 442GD          YES
                                                                                    RC-OPT FAC PR 442GC                YES
                                                                                    RC-OPT FAC HR 442GC                YES
                                                                                    RC-OPT FAC ML 442GC                YES
                                                                                    RC-OPT MISC 442GC
                                                                                    RC-PHYSICIAN OPT PR 442GC          YES
                                                                                    RC-PHYSICIAN OPT MN 442GC          YES
                                                                                    RC-OPT FAC PR 442HK                YES
                                                                                    RC-OPT FAC HR 442HK                YES
                                                                                    RC-OPT FAC ML 442HK                YES
                                                                                    RC-OPT MISC 442HK
                                                                                    RC-PHYSICIAN OPT PR 442HK          YES
                                                                                    RC-PHYSICIAN OPT MN 442HK          YES
                                                                                    RC-OPT FAC PR 442GB                YES
                                                                                    RC-OPT FAC HR 442GB                YES
                                                                                    RC-OPT FAC ML 442GB                YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 109
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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                                                                                    RC-OPT MISC 442GB
                                                                                    RC-PHYSICIAN OPT PR 442GB          YES
                                                                                    RC-PHYSICIAN OPT MN 442GB          YES
                                                                                    RC-OPT FAC PR 442MA                YES
                                                                                    RC-OPT FAC HR 442MA                YES
                                                                                    RC-OPT FAC ML 442MA                YES
                                                                                    RC-OPT MISC 442MA
                                                                                    RC-PHYSICIAN OPT PR 442MA          YES
                                                                                    RC-PHYSICIAN OPT MN 442MA          YES
                                                                                    RC-PHYSICIAN FS PR 442QB           YES
                                                                                    RC-PHYSICIAN FS MN 442QB           YES
                                                                                    RC-PHYSICIAN FS ML 442QB           YES
                                                                                    RC-PHYSICIAN FS PR 442QA           YES
                                                                                    RC-PHYSICIAN FS MN 442QA           YES
                                                                                    RC-PHYSICIAN FS ML 442QA           YES
                                                                                    RC-OPT FAC PR 442QA                YES
                                                                                    RC-OPT FAC HR 442QA                YES
                                                                                    RC-OPT FAC ML 442QA                YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 110
                        BILL    BILL         EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE    SERVICE      DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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                                                                                    RC-OPT MISC 442QA
                                                                                    RC-PHYSICIAN OPT PR 442QA          YES
                                                                                    RC-PHYSICIAN OPT MN 442QA          YES
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                                                                    RC-OPT FAC PR 442QB             YES
                                                                    RC-OPT FAC HR 442QB             YES
                                                                    RC-OPT FAC ML 442QB             YES
                                                                    RC-OPT MISC 442QB
                                                                    RC-PHYSICIAN OPT PR 442QB       YES
                                                                    RC-PHYSICIAN OPT MN 442QB       YES
RI-RX                OUTPA             DEC 19,2003  MAR 17,2011                TL-RX FILL                      YES
RI-RX                OUTPA             MAR 18,2011  DEC 31,2011  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2012   DEC 31,2012  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2013   DEC 31,2013  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2014   DEC 31,2014  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2015   DEC 31,2015  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2016   DEC 31,2016  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2017   DEC 31,2017  YES           RX COST                         YES
RI-RX                OUTPA             JAN 1,2018                YES           RX COST                         YES
RATE SCHEDULE List                                                                                OCT 25, 2018@17:16   PAGE 111
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                       AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                        ADD
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        RATE TYPE: SHARING AGREEMENT
SHARING AGREEMENT    OUTPA  OUTPATIENT                            YES         CMAC 389 C1 WYO                 YES
                                                                    CMAC 314 C1 COLO                YES
                                                                    CMAC 314 FAC/PHYS               YES
                                                                    CMAC 314 FAC/NONPHYS
                                                                    CMAC 389 FAC/PHYS               YES
                                                                    CMAC 389 FAC/NONPHYS
                                                                    CMAC 314 NONFAC/PHYS
                                                                    CMAC 314 NONFAC/NONPHYS
                                                                    CMAC 389 NONFAC/PHYS
                                                                    CMAC 389 NONFAC/NONPHYS
        RATE TYPE: TORT FEASOR
RATE SCHEDULE List                                                                                OCT 25, 2018@17:16   PAGE 112
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                       AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                        ADD
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TF-INPT              INPAT  INPATIENT                 JAN 6,2004               TL-INPT (NPF)                   YES
                                                                    TL-INPT (PF)                    YES
TF-INPT              INPAT              JAN 7,2004                RC-INPT R&B 442                 YES
                                                                    RC-INPT ANC 442                 YES
                                                                    RC-INPT FAC PR 442              YES
                                                                    RC-INPT FAC HR 442              YES
                                                                    RC-INPT FAC ML 442              YES
                                                                    RC-INPT R&B ICU 442             YES
                                                                    RC-INPT ANC ICU 442             YES
                                                                    RC-PHYSICIAN INPT PR 442        YES
                                                                    RC-PHYSICIAN INPT MN 442        YES
TF-SNF               INPAT  SKILLED NU  JAN 7,2004                RC-SNF INC 442                  YES
                                                                    RC-SNF FAC PR 442               YES
                                                                    RC-SNF FAC HR 442               YES
                                                                    RC-SNF FAC ML 442               YES
                                                                    RC-PHYSICIAN SNF PR 442         YES
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                                                                    RC-PHYSICIAN SNF MN 442         YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 113
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
TF-OPT               OUTPA                           JAN 6,2004               TL-OPT VST             YES
                                                                              TL-RX FILL             YES
TF-OPT               OUTPA              JAN 7,2004                            RC-PHYSICIAN FS PR 442GB   YES
                                                                              RC-PHYSICIAN FS PR 442GC   YES
                                                                              RC-PHYSICIAN FS PR 442GD   YES
                                                                              RC-PHYSICIAN FS MN 442GD   YES
                                                                              RC-PHYSICIAN FS ML 442GD   YES
                                                                              RC-OPT FAC PR 442          YES
                                                                              RC-OPT FAC HR 442          YES
                                                                              RC-OPT FAC ML 442          YES
                                                                              RC-OPT MISC 442
                                                                              RC-PHYSICIAN OPT PR 442    YES
                                                                              RC-PHYSICIAN OPT MN 442    YES
                                                                              RC-PHYSICIAN FS MN 442GB   YES
                                                                              RC-PHYSICIAN FS ML 442GB   YES
                                                                              RC-PHYSICIAN FS MN 442GC   YES
                                                                              RC-PHYSICIAN FS ML 442GC   YES
                                                                              RC-OPT FAC PR 442GD        YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 114
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                              RC-OPT FAC HR 442GD        YES
                                                                              RC-OPT FAC ML 442GD        YES
                                                                              RC-OPT MISC 442GD
                                                                              RC-PHYSICIAN OPT PR 442GD  YES
                                                                              RC-PHYSICIAN OPT MN 442GD  YES
                                                                              RC-OPT FAC PR 442GC        YES
                                                                              RC-OPT FAC HR 442GC        YES
                                                                              RC-OPT FAC ML 442GC        YES
                                                                              RC-OPT MISC 442GC
                                                                              RC-PHYSICIAN OPT PR 442GC  YES
                                                                              RC-PHYSICIAN OPT MN 442GC  YES
                                                                              RC-OPT FAC PR 442HK        YES
                                                                              RC-OPT FAC HR 442HK        YES
                                                                              RC-OPT FAC ML 442HK        YES
                                                                              RC-OPT MISC 442HK
                                                                              RC-PHYSICIAN OPT PR 442HK  YES
                                                                              RC-PHYSICIAN OPT MN 442HK  YES
                                                                              RC-OPT FAC PR 442GB        YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 115
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                            AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET             ADD
-------------------------------------------------------------------------------------------------------------
                                                                              RC-OPT FAC HR 442GB        YES
                                                                              RC-OPT FAC ML 442GB        YES
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                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 116
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
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                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
TF-RX                OUTPA             JAN 7,2004   MAR 17,2011              TL-RX FILL                  YES
TF-RX                OUTPA             MAR 18,2011  DEC 31,2011  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2012   DEC 31,2012  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2013   DEC 31,2013  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2014   DEC 31,2014  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2015   DEC 31,2015  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2016   DEC 31,2016  YES         RX COST                     YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 117
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
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TF-RX                OUTPA             JAN 1,2017   DEC 31,2017  YES         RX COST                     YES
TF-RX                OUTPA             JAN 1,2018                YES         RX COST                     YES
        RATE TYPE: TRICARE
TRICARE Inpt         INPAT  INPATIENT   OCT 1,2005   DEC 31,2007              CMAC 389 FAC/NONPHYS        YES
                                                                CMAC 389 FAC/PHYS               YES
                                                                CMAC 389 NONFAC/NONPHYS         YES
                                                                CMAC 389 NONFAC/PHYS            YES
TR-INPT              INPAT  INPATIENT   JAN 1,2008               RC-INPT ANC 442             YES
                                                                RC-INPT ANC ICU 442             YES
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                                                                               RC-INPT FAC HR 442              YES
                                                                               RC-INPT FAC ML 442              YES
                                                                               RC-INPT FAC PR 442              YES
                                                                               RC-INPT R&B 442                 YES
                                                                               RC-INPT R&B ICU 442             YES
                                                                               RC-PHYSICIAN INPT MN 442        YES
                                                                               RC-PHYSICIAN INPT PR 442        YES
TR-SNF                INPAT  SKILLED NU  JAN 1,2008                            RC-SNF FAC HR 442               YES
RATE SCHEDULE List                                                                                     OCT 25, 2018@17:16   PAGE 118
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                      ADD
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                                                                               RC-SNF FAC ML 442               YES
                                                                               RC-SNF FAC PR 442               YES
                                                                               RC-SNF INC 442                  YES
                                                                               RC-PHYSICIAN SNF MN 442         YES
                                                                               RC-PHYSICIAN SNF PR 442         YES
TR-RX                 OUTPA  PRESCRIPTI  JAN 1,2006   JAN 22,2012  YES         RX COST                         YES
TR-RX                 OUTPA  PRESCRIPTI  JAN 23,2012  DEC 31,2013  YES         RX COST                         YES
TR-RX                 OUTPA  PRESCRIPTI  JAN 1,2014   FEB 19,2015  YES         RX COST                         YES
TR-RX                 OUTPA  PRESCRIPTI  FEB 20,2015  DEC 31,2015  YES         RX COST                         YES
TR-RX                 OUTPA  PRESCRIPTI  JAN 1,2016   DEC 31,2016  YES         RX COST                         YES
TR-RX                 OUTPA  PRESCRIPTI  JAN 1,2017   DEC 31,2017  YES         RX COST                         YES
TRICARE Opt           OUTPA  OUTPATIENT               DEC 31,2007              CMAC 389 C1 WYO                 YES
                                                                               CMAC 389 C1 (PC) WYO
                                                                               CMAC 389 C1 (TC) WYO
                                                                               CMAC 389 C2 WYO
                                                                               CMAC 389 C3&4 WYO
                                                                               CMAC 389 C4 (PC) WYO
                                                                               CMAC 314 C1 COLO                YES
RATE SCHEDULE List                                                                                     OCT 25, 2018@17:16   PAGE 119
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                      ADD
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                                                                               CMAC 314 C1 (PC) COLO
                                                                               CMAC 314 C1 (TC) COLO
                                                                               CMAC 314 C2 COLO
                                                                               CMAC 314 C3&4 COLO
                                                                               CMAC 314 C4 (PC) COLO
                                                                               CMAC 314 C4 (TC) COLO
                                                                               CMAC 314 FAC/PHYS               YES
                                                                               CMAC 314 FAC/NONPHYS
                                                                               CMAC 389 FAC/PHYS               YES
                                                                               CMAC 389 FAC/NONPHYS
                                                                               CMAC 314 NONFAC/PHYS
                                                                               CMAC 314 NONFAC/NONPHYS
                                                                               CMAC 389 NONFAC/PHYS
                                                                               CMAC 389 NONFAC/NONPHYS
TR-OPT                OUTPA  OUTPATIENT  JAN 1,2008                            RC-OPT FAC HR 442               YES
                                                                               RC-OPT FAC ML 442               YES
                                                                               RC-OPT FAC PR 442               YES
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                                                                    RC-OPT MISC 442
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 120
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
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                                                                    RC-PHYSICIAN OPT MN 442      YES
                                                                    RC-PHYSICIAN OPT PR 442      YES
                                                                    RC-PHYSICIAN FS ML 442GB     YES
                                                                    RC-PHYSICIAN FS ML 442GC     YES
                                                                    RC-PHYSICIAN FS ML 442GD     YES
                                                                    RC-PHYSICIAN FS MN 442GB     YES
                                                                    RC-PHYSICIAN FS MN 442GC     YES
                                                                    RC-PHYSICIAN FS MN 442GD     YES
                                                                    RC-PHYSICIAN FS PR 442GB     YES
                                                                    RC-PHYSICIAN FS PR 442GC     YES
                                                                    RC-PHYSICIAN FS PR 442GD     YES
TR-RX                OUTPA  PRESCRIPTI  JAN 1,2018                  YES         RX COST                      YES
        RATE TYPE: TRICARE DENTAL
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 121
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
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TR-DENTAL            OUTPA  OUTPATIENT  DEC 19,2003                             RC-PHYSICIAN FS PR 442GB     YES
                                                                    RC-PHYSICIAN FS PR 442GC     YES
                                                                    RC-PHYSICIAN FS PR 442GD     YES
                                                                    RC-PHYSICIAN FS MN 442GD     YES
                                                                    RC-PHYSICIAN FS ML 442GD     YES
                                                                    RC-OPT FAC PR 442            YES
                                                                    RC-OPT FAC HR 442            YES
                                                                    RC-OPT FAC ML 442            YES
                                                                    RC-OPT MISC 442
                                                                    RC-PHYSICIAN OPT PR 442      YES
                                                                    RC-PHYSICIAN OPT MN 442      YES
                                                                    RC-PHYSICIAN FS MN 442GB     YES
                                                                    RC-PHYSICIAN FS ML 442GB     YES
                                                                    RC-PHYSICIAN FS MN 442GC     YES
                                                                    RC-PHYSICIAN FS ML 442GC     YES
                                                                    RC-OPT FAC PR 442GD          YES
                                                                    RC-OPT FAC HR 442GD          YES
                                                                    RC-OPT FAC ML 442GD          YES
RATE SCHEDULE List                                                                  OCT 25, 2018@17:16   PAGE 122
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                  AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                   ADD
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                                                                    RC-OPT MISC 442GD
                                                                    RC-PHYSICIAN OPT PR 442GD    YES
                                                                    RC-PHYSICIAN OPT MN 442GD    YES
                                                                    RC-OPT FAC PR 442GC          YES
                                                                    RC-OPT FAC HR 442GC          YES
                                                                    RC-OPT FAC ML 442GC          YES
                                                                    RC-OPT MISC 442GC
```

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                                                                RC-PHYSICIAN OPT PR 442GC       YES
                                                                RC-PHYSICIAN OPT MN 442GC       YES
                                                                RC-OPT FAC PR 442HK             YES
                                                                RC-OPT FAC HR 442HK             YES
                                                                RC-OPT FAC ML 442HK             YES
                                                                RC-OPT MISC 442HK
                                                                RC-PHYSICIAN OPT PR 442HK       YES
                                                                RC-PHYSICIAN OPT MN 442HK       YES
                                                                RC-OPT FAC PR 442GB             YES
                                                                RC-OPT FAC HR 442GB             YES
                                                                RC-OPT FAC ML 442GB             YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 123
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442GB
                                                                RC-PHYSICIAN OPT PR 442GB       YES
                                                                RC-PHYSICIAN OPT MN 442GB       YES
                                                                RC-OPT FAC PR 442MA             YES
                                                                RC-OPT FAC HR 442MA             YES
                                                                RC-OPT FAC ML 442MA             YES
                                                                RC-OPT MISC 442MA
                                                                RC-PHYSICIAN OPT PR 442MA       YES
                                                                RC-PHYSICIAN OPT MN 442MA       YES
                                                                RC-PHYSICIAN FS PR 442QB        YES
                                                                RC-PHYSICIAN FS MN 442QB        YES
                                                                RC-PHYSICIAN FS ML 442QB        YES
                                                                RC-PHYSICIAN FS PR 442QA        YES
                                                                RC-PHYSICIAN FS MN 442QA        YES
                                                                RC-PHYSICIAN FS ML 442QA        YES
                                                                RC-OPT FAC PR 442QA             YES
                                                                RC-OPT FAC HR 442QA             YES
                                                                RC-OPT FAC ML 442QA             YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 124
                     BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                 AUTO
NAME                 TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                  ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-OPT MISC 442QA
                                                                RC-PHYSICIAN OPT PR 442QA       YES
                                                                RC-PHYSICIAN OPT MN 442QA       YES
                                                                RC-OPT FAC PR 442QB             YES
                                                                RC-OPT FAC HR 442QB             YES
                                                                RC-OPT FAC ML 442QB             YES
                                                                RC-OPT MISC 442QB
                                                                RC-PHYSICIAN OPT PR 442QB       YES
                                                                RC-PHYSICIAN OPT MN 442QB       YES
       RATE TYPE: TRICARE PHARMACY
TR-PHARM             OUTPA       JAN 1,2018                     RX COST                         YES
       RATE TYPE: TRICARE REIMB. INS.
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
TRRI-INPT	INPAT	INPATIENT	JAN 1,2008			RC-INPT ANC 442	YES
						RC-INPT ANC ICU 442	YES
						RC-INPT FAC HR 442	YES
						RC-INPT FAC ML 442	YES
						RC-INPT FAC PR 442	YES
						RC-INPT R&B 442	YES
						RC-INPT R&B ICU 442	YES
						RC-PHYSICIAN INPT MN 442	YES
						RC-PHYSICIAN INPT PR 442	YES
TRRI-SNF	INPAT	SKILLED NU	JAN 1,2008			RC-SNF FAC HR 442	YES
						RC-SNF FAC ML 442	YES
						RC-SNF FAC PR 442	YES
						RC-SNF INC 442	YES
						RC-PHYSICIAN SNF MN 442	YES
						RC-PHYSICIAN SNF PR 442	YES

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
TRRI-RX	OUTPA	PRESCRIPTI	JAN 1,2006	JAN 22,2012	YES	RX COST	YES
TRRI-RX	OUTPA	PRESCRIPTI	JAN 23,2012	DEC 31,2013	YES	RX COST	YES
TRRI-RX	OUTPA	PRESCRIPTI	JAN 1,2014	FEB 19,2015	YES	RX COST	YES
TRRI-RX	OUTPA	PRESCRIPTI	FEB 20,2015	DEC 31,2015	YES	RX COST	YES
TRRI-RX	OUTPA	PRESCRIPTI	JAN 1,2016	DEC 31,2016	YES	RX COST	YES
TRRI-RX	OUTPA	PRESCRIPTI	JAN 1,2017	DEC 31,2017	YES	RX COST	YES
TRICARE Ins Opt	OUTPA	OUTPATIENT		DEC 31,2007		CMAC 389 C1 WYO	YES
						CMAC 389 C1 (PC) WYO	
						CMAC 389 C1 (TC) WYO	
						CMAC 389 C2 WYO	
						CMAC 389 C3&4 WYO	
						CMAC 389 C4 (PC) WYO	
						CMAC 389 C4 (TC) WYO	
						CMAC 314 C1 (PC) COLO	
						CMAC 314 C1 COLO	YES
						CMAC 314 C1 (TC) COLO	
						CMAC 314 C2 COLO	
						CMAC 314 C3&4 COLO	

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						CMAC 314 C4 (PC) COLO	
						CMAC 314 C4 (TC) COLO	
						CMAC 314 FAC/PHYS	YES
						CMAC 314 FAC/NONPHYS	
						CMAC 389 FAC/PHYS	YES
						CMAC 389 FAC/NONPHYS	

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                                                                CMAC 314 NONFAC/PHYS
                                                                CMAC 314 NONFAC/NONPHYS
                                                                CMAC 389 NONFAC/PHYS
                                                                CMAC 389 NONFAC/NONPHYS
TRRI-OPT              OUTPA  OUTPATIENT  JAN 1,2008             RC-OPT FAC HR 442               YES
                                                                RC-OPT FAC ML 442               YES
                                                                RC-OPT FAC PR 442               YES
                                                                RC-OPT MISC 442
                                                                RC-PHYSICIAN OPT MN 442         YES
                                                                RC-PHYSICIAN OPT PR 442         YES
                                                                RC-PHYSICIAN FS ML 442GB        YES
                                                                RC-PHYSICIAN FS ML 442GC        YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 128
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                 ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-PHYSICIAN FS ML 442GD        YES
                                                                RC-PHYSICIAN FS MN 442GB        YES
                                                                RC-PHYSICIAN FS MN 442GC        YES
                                                                RC-PHYSICIAN FS MN 442GD        YES
                                                                RC-PHYSICIAN FS PR 442GB        YES
                                                                RC-PHYSICIAN FS PR 442GC        YES
                                                                RC-PHYSICIAN FS PR 442GD        YES
TRRI-RX               OUTPA  PRESCRIPTI  JAN 1,2018                YES         RX COST                    YES
        RATE TYPE: WORKERS' COMP.
WC-INPT               INPAT  INPATIENT               AUG 31,1999              TL-INPT (NPF)              YES
                                                                TL-INPT (PF)                    YES
WC-INPT               INPAT              SEP 1,1999   DEC 18,2003           RC-INPT R&B 442            YES
                                                                RC-INPT ANC 442                 YES
                                                                RC-SNF 442
                                                                RC-PHYSICIAN 442                YES
WC-INPT               INPAT              DEC 19,2003                       RC-INPT R&B 442            YES
                                                                RC-INPT ANC 442                 YES
RATE SCHEDULE List                                                                 OCT 25, 2018@17:16   PAGE 129
                      BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                AUTO
NAME                  TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                 ADD
-------------------------------------------------------------------------------------------------------------------
                                                                RC-INPT FAC PR 442              YES
                                                                RC-INPT FAC HR 442              YES
                                                                RC-INPT FAC ML 442              YES
                                                                RC-INPT R&B ICU 442             YES
                                                                RC-INPT ANC ICU 442             YES
                                                                RC-PHYSICIAN INPT PR 442        YES
                                                                RC-PHYSICIAN INPT MN 442        YES
WC-SNF                INPAT  SKILLED NU  DEC 19,2003           RC-SNF INC 442                  YES
                                                                RC-SNF FAC PR 442               YES
                                                                RC-SNF FAC HR 442               YES
                                                                RC-SNF FAC ML 442               YES
                                                                RC-PHYSICIAN SNF PR 442         YES
                                                                RC-PHYSICIAN SNF MN 442         YES
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WC-OPT                OUTPA                          AUG 31,1999             TL-OPT VST                      YES
                                                                             TL-RX FILL                      YES
WC-OPT                OUTPA              SEP 1,1999  DEC 18,2003             RC-OPT FAC 442                  YES
                                                                             RC-PHYSICIAN 442                YES
                                                                             RC-OPT FAC 442GB                YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 130
                      BILL   BILL        EFFECTIVE   INACTIVE    CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE        DATE        ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------
                                                                             RC-PHYSICIAN 442GB              YES
                                                                             RC-OPT FAC 442GC                YES
                                                                             RC-PHYSICIAN 442GC              YES
                                                                             RC-OPT FAC 442GD                YES
                                                                             RC-PHYSICIAN 442GD              YES
                                                                             RC-OPT FAC 442X1                YES
                                                                             RC-PHYSICIAN 442X1              YES
WC-RX                 OUTPA              SEP 1,1999  DEC 18,2003             TL-RX FILL                      YES
WC-OPT                OUTPA              DEC 19,2003                         RC-PHYSICIAN FS PR 442GB        YES
                                                                             RC-PHYSICIAN FS PR 442GC        YES
                                                                             RC-PHYSICIAN FS PR 442GD        YES
                                                                             RC-PHYSICIAN FS MN 442GD        YES
                                                                             RC-PHYSICIAN FS ML 442GD        YES
                                                                             RC-OPT FAC PR 442               YES
                                                                             RC-OPT FAC HR 442               YES
                                                                             RC-OPT FAC ML 442               YES
                                                                             RC-OPT MISC 442
                                                                             RC-PHYSICIAN OPT PR 442         YES
RATE SCHEDULE List                                                                          OCT 25, 2018@17:16   PAGE 131
                      BILL   BILL        EFFECTIVE   INACTIVE    CHARGES                                      AUTO
NAME                  TYPE   SERVICE     DATE        DATE        ADJUSTED    CHARGE SET                       ADD
-------------------------------------------------------------------------------------------------------------------
                                                                             RC-PHYSICIAN OPT MN 442         YES
                                                                             RC-PHYSICIAN FS MN 442GB        YES
                                                                             RC-PHYSICIAN FS ML 442GB        YES
                                                                             RC-PHYSICIAN FS MN 442GC        YES
                                                                             RC-PHYSICIAN FS ML 442GC        YES
                                                                             RC-OPT FAC PR 442GD             YES
                                                                             RC-OPT FAC HR 442GD             YES
                                                                             RC-OPT FAC ML 442GD             YES
                                                                             RC-OPT MISC 442GD
                                                                             RC-PHYSICIAN OPT PR 442GD       YES
                                                                             RC-PHYSICIAN OPT MN 442GD       YES
                                                                             RC-OPT FAC PR 442GC             YES
                                                                             RC-OPT FAC HR 442GC             YES
                                                                             RC-OPT FAC ML 442GC             YES
                                                                             RC-OPT MISC 442GC
                                                                             RC-PHYSICIAN OPT PR 442GC       YES
                                                                             RC-PHYSICIAN OPT MN 442GC       YES
                                                                             RC-OPT FAC PR 442HK             YES
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RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 132
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
-------------------------------------------------------------------------------------------------------------------------
                                                                                   RC-OPT FAC HR 442HK                YES
                                                                                   RC-OPT FAC ML 442HK                YES
                                                                                   RC-OPT MISC 442HK
                                                                                   RC-PHYSICIAN OPT PR 442HK          YES
                                                                                   RC-PHYSICIAN OPT MN 442HK          YES
                                                                                   RC-OPT FAC PR 442GB                YES
                                                                                   RC-OPT FAC HR 442GB                YES
                                                                                   RC-OPT FAC ML 442GB                YES
                                                                                   RC-OPT MISC 442GB
                                                                                   RC-PHYSICIAN OPT PR 442GB          YES
                                                                                   RC-PHYSICIAN OPT MN 442GB          YES
                                                                                   RC-OPT FAC PR 442MA                YES
                                                                                   RC-OPT FAC HR 442MA                YES
                                                                                   RC-OPT FAC ML 442MA                YES
                                                                                   RC-OPT MISC 442MA
                                                                                   RC-PHYSICIAN OPT PR 442MA          YES
                                                                                   RC-PHYSICIAN OPT MN 442MA          YES
                                                                                   RC-PHYSICIAN FS PR 442QB           YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 133
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
-------------  ----------------------------------------------------------------------------------------------------------
                                                                                   RC-PHYSICIAN FS MN 442QB           YES
                                                                                   RC-PHYSICIAN FS ML 442QB           YES
                                                                                   RC-PHYSICIAN FS PR 442QA           YES
                                                                                   RC-PHYSICIAN FS MN 442QA           YES
                                                                                   RC-PHYSICIAN FS ML 442QA           YES
                                                                                   RC-OPT FAC PR 442QA                YES
                                                                                   RC-OPT FAC HR 442QA                YES
                                                                                   RC-OPT FAC ML 442QA                YES
                                                                                   RC-OPT MISC 442QA
                                                                                   RC-PHYSICIAN OPT PR 442QA          YES
                                                                                   RC-PHYSICIAN OPT MN 442QA          YES
                                                                                   RC-OPT FAC PR 442QB                YES
                                                                                   RC-OPT FAC HR 442QB                YES
                                                                                   RC-OPT FAC ML 442QB                YES
                                                                                   RC-OPT MISC 442QB
                                                                                   RC-PHYSICIAN OPT PR 442QB          YES
                                                                                   RC-PHYSICIAN OPT MN 442QB          YES
WC-RX                   OUTPA              DEC 19,2003  MAR 17,2011               TL-RX FILL                         YES
RATE SCHEDULE List                                                                                  OCT 25, 2018@17:16   PAGE 134
                        BILL   BILL        EFFECTIVE    INACTIVE     CHARGES                                        AUTO
NAME                    TYPE   SERVICE     DATE         DATE         ADJUSTED    CHARGE SET                         ADD
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WC-RX                   OUTPA              MAR 18,2011  DEC 31,2011  YES         RX COST                            YES
WC-RX                   OUTPA              JAN 1,2012   DEC 31,2012  YES         RX COST                            YES
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WC-RX                OUTPA            JAN 1,2013   DEC 31,2013  YES         RX COST                        YES
WC-RX                OUTPA            JAN 1,2014   DEC 31,2014  YES         RX COST                        YES
WC-RX                OUTPA            JAN 1,2015   DEC 31,2015  YES         RX COST                        YES
WC-RX                OUTPA            JAN 1,2016   DEC 31,2016  YES         RX COST                        YES
WC-RX                OUTPA            JAN 1,2017   DEC 31,2017  YES         RX COST                        YES
WC-RX                OUTPA            JAN 1,2018                YES         RX COST                        YES
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BILLING RATE LIST

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BILLING RATE List             OCT 25, 2018@17:26   PAGE 1
                                                                 CHARGE
NAME                           ABBREVIATION  DISTRIBUTION  BILLABLE ITEM  METHOD
-------------------------------------------------------------------------------
INTERAGENCY                    IA            NATIONAL      BEDSECTION     COUNT
RC FACILITY HR                 RC F/HR       NATIONAL      CPT            HOURS
RC FACILITY ML                 RC F/ML       NATIONAL      CPT            MILES
RC FACILITY PER DIEM           RC F/PD       NATIONAL      BEDSECTION     COUNT
RC FACILITY PR                 RC F/PR       NATIONAL      CPT            COUNT
RC INPATIENT FACILITY          RC INPT       NATIONAL      DRG            COUNT
RC MISCELLANEOUS               RC MISC       NATIONAL      MISCELLANEOUS  COUNT
RC PHYSICIAN ML                RC P/ML       NATIONAL      CPT            MILES
RC PHYSICIAN MN                RC P/MN       NATIONAL      CPT            MINUTES
RC PHYSICIAN PR                RC P/PR       NATIONAL      CPT            COUNT
RC SKILLED NURSING/SUB-ACUTE   RC SN/SA      NATIONAL      MISCELLANEOUS  COUNT
TORTIOUSLY LIABLE              TORT          NATIONAL      BEDSECTION     COUNT
TORTIOUSLY LIABLE MISC         TORT MIS      NATIONAL      MISCELLANEOUS  COUNT
TP INPATIENT                   TP INPT       NATIONAL      DRG            COUNT
TP OUTPATIENT                  TP OPT        NATIONAL      CPT            COUNT
VA COST                        VA COST       NATIONAL                     VA COST
AMBULATORY SURGERY             ASC           LOCAL         CPT            COUNT
AVERAGE WHOLESALE PRICE        AWP           LOCAL         NDC #          QUANTITY
CMAC                           CMAC          LOCAL         CPT            COUNT
SHARING AGREEMENT              SHARING       LOCAL         CPT            COUNT
```

Charge Set List

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CHARGE SET List                          OCT 25, 2018@17:19   PAGE 1
                                                                 DEFAULT
                                                                 REVENUE  DEFAULT
NAME                           BILLABLE EVENT             CHARGE TYPE    CODE     BEDSECTION REGION
-------------------------------------------------------------------------------
        BILLING RATE: CMAC
CMAC 314 FAC/PHYS              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 314 FAC/NONPHYS           PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 389 FAC/PHYS              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  CMAC 389
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CMAC 389 FAC/NONPHYS            PROCEDURE                 PROFESSIONAL   510 OUTPATIENT VISI  CMAC 389
CMAC 314 NONFAC/PHYS            PROCEDURE                 PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 314 NONFAC/NONPHYS         PROCEDURE                 PROFESSIONAL   510 OUTPATIENT VISI  CMAC 314
CMAC 389 NONFAC/PHYS            PROCEDURE                 PROFESSIONAL   510 OUTPATIENT VISI  CMAC 389
CMAC 389 NONFAC/NONPHYS         PROCEDURE                 PROFESSIONAL   510 OUTPATIENT VISI  CMAC 389
CMAC 389 C1 WYO                 PROCEDURE                                510 UTPATIENT VISI  REGION 389
CMAC 389 C2 WYO                 PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 389 C3&4 WYO               PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 389 C1 (PC) WYO            PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 389 C1 (TC) WYO            PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 389 C4 (PC) WYO            PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 389 C4 (TC) WYO            PROCEDURE                                510 OUTPATIENT VISI  REGION 389
CMAC 314 C1 COLO                PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C1 (PC) COLO           PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C1 (TC) COLO           PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C2 COLO                PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C3&4 COLO              PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C4 (PC) COLO           PROCEDURE                                510 OUTPATIENT VISI  REGION 314
CMAC 314 C4 (TC) COLO           PROCEDURE                                510 OUTPATIENT VISI  REGION 314
        BILLING RATE: INTERAGENCY
IA-INPT                         INPATIENT BEDSECTION STAY                001  GENERAL MEDICAL
IA-OPT VST                      OUTPATIENT VISIT DATE                    510
IA-OPT DENTAL                   OUTPATIENT VISIT DATE                    512
IA-OPT VST PM&RS                OUTPATIENT VISIT DATE                    500
IA-OPT VST POLYTRAUMA           OUTPATIENT VISIT DATE                    500
IA-RX FILL                      PRESCRIPTION FILL                        250
        BILLING RATE: RC FACILITY HR
RC-INPT FAC HR 442              PROCEDURE                 INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC HR 442               PROCEDURE                 INSTITUTIONAL  240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC HR 442               PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC HR 442GD             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC HR 442GC             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC HR 442HK             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442HK - ANYTOWN, MOC, WY
RC-OPT FAC HR 442GB             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC HR 442MA             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC HR 442QA             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC HR 442QB             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC FACILITY ML
RC-INPT FAC ML 442              PROCEDURE                 INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC ML 442               PROCEDURE                 INSTITUTIONAL  240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC ML 442               PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC ML 442GD             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC ML 442GC             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC ML 442HK             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442HK - ANYTOWN MOC, WY
RC-OPT FAC ML 442GB             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC ML 442MA             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC ML 442QA             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC ML 442QB             PROCEDURE                 INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
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        BILLING RATE: RC FACILITY PER DIEM
RC-SNF INC 442                  INPATIENT BEDSECTION STAY   INSTITUTIONAL  101  SKILLED NURSING  RC 442 - ANYTOWN, WY
        BILLING RATE: RC FACILITY PR
RC-OPT FAC 442                  PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC 442GB                PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC 442GC                PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC 442GD                PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC 442X1                PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442X1 - ANYTOWN, NE
RC-INPT FAC PR 442              PROCEDURE                   INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-SNF FAC PR 442               PROCEDURE                   INSTITUTIONAL  240  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-OPT FAC PR 442               PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-OPT FAC PR 442GD             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-OPT FAC PR 442GC             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-OPT FAC PR 442HK             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442HK - ANYTOWN MOC, WY
RC-OPT FAC PR 442GB             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-OPT FAC PR 442MA             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-OPT FAC PR 442QA             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-OPT FAC PR 442QB             PROCEDURE                   INSTITUTIONAL  510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC INPATIENT FACILITY
RC-INPT R&B 442                 INPATIENT DRG               INSTITUTIONAL  101  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-INPT ANC 442                 INPATIENT DRG               INSTITUTIONAL  240  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-INPT R&B ICU 442             INPATIENT DRG               INSTITUTIONAL  200      ICU         RC 442 - ANYTOWN, WY
RC-INPT ANC ICU 442             INPATIENT DRG               INSTITUTIONAL  240      ICU         RC 442 - ANYTOWN, WY
        BILLING RATE: RC MISCELLANEOUS
RC-OPT MISC 442                 UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442 - ANYTOWN, WY
RC-OPT MISC 442GD               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GD - ANYTOWN, CO
RC-OPT MISC 442GC               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GC - ANYTOWN, CO
RC-OPT MISC 442HK               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442HK - ANYTOWN MOC, WY
RC-OPT MISC 442GB               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442GB - ANYTOWN, NE
RC-OPT MISC 442MA               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442MA - ANYTOWN, WY (DE
RC-OPT MISC 442QA               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442QA - RAWLINS VA CLINIC,
RC-OPT MISC 442QB               UNASSOCIATED                INSTITUTIONAL  912  PARTIAL HOSPITA  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC PHYSICIAN ML
RC-PHYSICIAN FS ML 442GD        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN FS ML 442GB        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS ML 442GC        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN FS ML 442QB        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS ML 442QA        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
        BILLING RATE: RC PHYSICIAN MN
RC-PHYSICIAN FS MN 442GD        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN INPT MN 442        PROCEDURE                   PROFESSIONAL   960  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-PHYSICIAN SNF MN 442         PROCEDURE                   PROFESSIONAL   960  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT MN 442         PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN FS MN 442GB        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS MN 442GC        PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442GD       PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442GC       PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT MN 442HK       PROCEDURE                   PROFESSIONAL   510 OUTPATIENT VISI  RC 442HK - CHEYENNE MOC, WY
```

```
RC-PHYSICIAN OPT MN 442GB       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN OPT MN 442MA       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-PHYSICIAN FS MN 442QB        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS MN 442QA        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT MN 442QA       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT MN 442QB       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC PHYSICIAN PR
RC-PHYSICIAN 442                PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN 442GB              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN 442GC              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN 442GD              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN 442X1              PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442X1 - ANYTOWN, NE
RC-PHYSICIAN FS PR 442GB        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN FS PR 442GC        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN FS PR 442GD        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN INPT PR 442        PROCEDURE                  PROFESSIONAL   960  GENERAL MEDICAL  RC 442 - ANYTOWN, WY
RC-PHYSICIAN SNF PR 442         PROCEDURE                  PROFESSIONAL   960  SKILLED NURSING  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442         PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442 - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442GD       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GD - ANYTOWN, CO
RC-PHYSICIAN OPT PR 442GC       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GC - ANYTOWN, CO
RC-PHYSICIAN OPT PR 442HK       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442HK - ANYTOWN, WY
RC-PHYSICIAN OPT PR 442GB       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442GB - ANYTOWN, NE
RC-PHYSICIAN OPT PR 442MA       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442MA - ANYTOWN, WY (DE
RC-PHYSICIAN FS PR 442QB        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
RC-PHYSICIAN FS PR 442QA        PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT PR 442QA       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QA - RAWLINS VA CLINIC,
RC-PHYSICIAN OPT PR 442QB       PROCEDURE                  PROFESSIONAL   510 OUTPATIENT VISI  RC 442QB - TORRINGTON VA MOBIL
        BILLING RATE: RC SKILLED NURSING/SUB-ACUTE
RC-SNF 442                      UNASSOCIATED               INSTITUTIONAL  100  SKILLED NURSING  RC 442 - ANYTOWN, WY
        BILLING RATE: TORTIOUSLY LIABLE
TL-INPT (INCLUSIVE)             INPATIENT BEDSECTION STAY                 001
TL-INPT (NPF)                   INPATIENT BEDSECTION STAY                 240
TL-INPT (PF)                    INPATIENT BEDSECTION STAY                 960
TL-OPT VST                      OUTPATIENT VISIT DATE                     510
TL-OPT DENTAL                   OUTPATIENT VISIT DATE                     512
TL-OPT VST PM&RS                OUTPATIENT VISIT DATE                     500
TL-OPT VST POLYTRAUMA           OUTPATIENT VISIT DATE                     500
TL-X FILL                      PRESCRIPTION FILL                        250 PRESCRIPTIO
        BILLING RATE: TORTIOUSLY LIABLE MISC
TL-MT OPT COPAY                 UNASSOCIATED                              510
        BILLING RATE: TP INPATIENT
TP-INPT                         INPATIENT DRG             TP 442 ANYTOWN, WY
        BILLING RATE: TP OUTPATIENTTP-OPT 666          PROCEDURE TP 666 ANYTOWN, WY
TP-OPT                          PROCEDURE                  TP 442 ANYTOWN, WY
     BILLING RATE: VA COST  RX COST                    PRESCRIPTION FILL 250 RESCRIPTION
PI COST                         PROSTHETICS ITEM                          274 OUTPATIENT VISI
```

Billing Region List

```
BILLING REGION List                OCT 25, 2018@17:28   PAGE 1
REGION                          DIVISION
-------------------------------------------------------------
CMAC 314                        FORT COLLINS
                                GREELEY
                                CHEYENNE MOC
CMAC 389                        CHEYENNE VAMROC
RC 442 - ANYTOWN, WY            CHEYENNE VAMROC
RC 442GB - ANYTOWN, NE           SIDNEY
RC 442GC - ANYTOWN, CO     FORT COLLINS
RC 442GD - ANYTOWN, CO          GREELEY
RC 442HK - ANYTOWN MOC, WY     CHEYENNE MOC
RC 442MA - ANYTOWN, WY (DE  IDES - F.E. WARREN AFB
RC 442QA - RAWLINS VA CLINIC,   RAWLINS
RC 442QB - TORRINGTON VA MOBIL
RC 442X1 - ANYTOWN, NE
REGION 314                      FORT COLLINS
                                GREELEY
                                CHEYENNE MOC
REGION 389                      CHEYENNE VAMROC
TP 442 ANYTOWN, WY
TP 666 ANYTOWN, WY
```

7.5.2. Print Charge Master

This option provides reports for all elements of the Charge Master and maintenance of Third-Party rates. The full Charge Item report could be lengthy if many items have been added, such as CMAC (CHAMPUS Maximum Allowable Charges) charges.

Sample Output

```
RATE TYPE LIST                                    MAY 27,1997  08:48    PAGE 1
                                                                          NSC
                                                              THIRD     STATEMENT
                                                              PARTY  ACCOUNTS RECEIVABLE   WHO'S        REIMB  ON UB
NAME                  BILL NAME             INACTIVE  ABBREVIATION  BILL?  CATEGORY RESPONSIBLE  INS?   BILLS
-------------------------------------------------------------------------------------------------------------------
-
CHAMPUS               CHAMPUS                         CHAMPUS       YES    CHAMPUS INSURER      YES    YES
CHAMPVA REIMB. INS. REIMBURSABLE INS.            REIM INS      YES    CHAMPVA THIRD PARTY   INSURER      YES    YES
CRIME VICTIM          THIRD PARTY                     CRIME         YES    CRIME OF PER.VIO.   INSURER      NO     YES
DENTAL                DENTAL                          DENTAL        NO     EMERGENCY/HUMANITARI  PATIENT      YES    YES
HUMANITARIAN          HUMANITARIAN                    HUMAN         NO     EMERGENCY/HUMANITARI  PATIENT      NO     NO
INTERAGENCY           INTERAGENCY                     INTER         YES    INTERAGENCY OTHER (INST         YES
```

MEANS TEST/CAT. C	MEANS TEST/CAT. C	NO	MT/CAT C	NO	C (MEANS TEST)	PATIENT	NO	YES	
MEDICARE ESRD	MEDICARE ESRD		MEDICARE	YES	INTERAGENCY OTHER (INST	NO	YES		
MILITARY	MILITARY	NO	MIL	YES	INTERAGENCY OTHER (INST		YES		
NO FAULT INS.	NO FAULT INS.		NO FAULT	YES	REIMBURS.HEALTH INS. INSURER		NO	YES	
REIMBURSABLE INS.	REIMBURSABLE INS.		REIM INS	YES	REIMBURS.HEALTH INS. INSURER		YES	YES	
SHARING AGREEMENT	SHARING AGREEMENT		SHARING	YES	SHARING AGREEMENTS	OTHER (INST		YES	

7.5.3. Activate Revenue Codes

The Activate Revenue Codes option allows sites to activate revenue codes used for third-party billing.

The revenue codes are provided by the National Uniform Billing Committee. The full set of 999 codes is sent to each site. All codes have an INACTIVE status when received. The site chooses which codes to use for billing purposes by activating the codes through this option. Some of the codes are reserved for national assignment (no definition yet). These reserve codes cannot be activated. Only activated revenue codes may be selected during the billing process.

Adding or deleting codes from the REVENUE CODE file is NOT allowed.

7.5.4. Enter / Edit Billing Rates

The Enter/Edit Billing Rates option is used to edit billing rates for per diem rates; the Medicare deductible (this is the only place the Medicare deductible is entered); the HCFA ambulatory surgery rates, pharmacy copayment amounts, and CHAMPVA subsistence rates that are used in the automatic calculation of costs when preparing a third-party bill.

Although the option allows entry of new rates, it should only be used for editing and for the entry of duplicate rates. Duplicate rates are those where two different rates are used for the same revenue code/bed section/effective date dependent on the payor. All other new billing rates should be entered through the Fast Enter New Billing Rates option.

If YES is answered at the **NON-STANDARD RATE** prompt, that billing rate will only be used with insurance companies where the selected revenue code has been listed in the DIFFERENT REVENUE CODES TO USE field of the INSURANCE COMPANY file.

The user may enter an additional amount as well as the basic amount to be charged for all rates. This is a fixed additional dollar amount that will be added to the basic charge after it has been computed. An example would be the additional charge of $200 added to HCFA Ambulatory Surgery rate groups for inter-ocular lens implants.

Accuracy in entering billing rates is critical. Incorrect entries will result in erroneous bills. After new rates are entered, it is suggested to print the Billing Rates List (Billing Rates List option on the Management Reports Menu) and verify that all entries are correctly recorded.

7.5.5. Flag Stop Codes / Dispositions / Clinics

Outpatient encounters recorded in the Scheduling package as either registrations or **stand-alone** stop codes will be billed automatically as those events are checked out. The Flag Stop Codes/Dispositions/Clinics option is used to flag/unflag those stop codes and dispositions that should not be billed. The option may also be used to flag clinics where Means Test billing is not appropriate.

If the user makes more than one selection, an opportunity to review the selections and deselect any, if necessary. All selections will be assigned the same effective date and billable status.

NOTE: *Once a selection has been flagged as non-billable, it may later be flagged as billable if it is subsequently determined it would be appropriate to continue billing.*

7.5.6. Flag Stop Codes / Clinics for Third-Party

Non-billable stop codes or clinics are those that should not be billed to a Third-Party payer. By default, if a stop code or clinic is non-billable, it will not be billed by the auto biller; and therefore, is non-auto billable.

Non-auto billable stop codes or clinics are those that may be billable to a Third-Party payer, but the auto biller should not be used for billing. These are visits that need more research than can be performed by the auto biller to determine if billable.

These parameters are flagged by date, may be inactivated, and reactivated.

7.5.7. Insurance Company Entry / Edit

The Insurance Company Entry/Edit option is used to enter new insurance companies into the INSURANCE COMPANY file and edit data on existing companies. An insurance company must be in the INSURANCE COMPANY file before it can be entered into a patient's record.

When entering new insurance companies, the user will be prompted for the company street address, city, and whether the company will reimburse for treatment.

The following sections are lists of the actions found on the screen in this option and a brief description of each. Once an action has been selected, <??> may be entered at most of the prompts that appear for lists of acceptable responses or instructions on how to respond.

7.5.7.1. Insurance Company Editor Screen

Once the insurance company is selected, this screen is displayed listing the following groups of information for that company: billing parameters, main mailing address, inpatient claims office data, outpatient claims office data, prescription claims office data, appeals office data, inquiry office data, remarks, and synonyms.

Table 27: Common Actions

Acronym	Description	Action
BP	Billing Parameters	Allows the user to add / edit the billing parameters for the selected insurance company.
MM	Main Mailing Address	Allows the user to add / edit the company's main mailing address. The address entered here will automatically be entered for the other office addresses.
IC	Inpt Claims Office	Allows the user to add / edit the company's inpatient claims office name, address, phone, and fax numbers.
OC	Opt Claims Office	Allows the user to add / edit the company's outpatient claims office name, address, phone, and fax numbers.
PC	Prescr Claims Of	Allows the user to add / edit the company's prescription claims office name, address, phone, and fax numbers.
AO	Appeals Office	Allows the user to add / edit the company's appeals office name, address, phone, and fax numbers.
IO	Inquiry Office	Allows the user to add / edit the company's inquiry office name, address, phone, and fax numbers.

Acronym	Description	Action
RE	Remarks	Allows the user to enter comments concerning the selected insurance company.
SY	Synonyms	Allows the user to add / edit any synonyms for the selected company.
EA	Edit All	Lists editable fields line by line for quick data entry.
IA	(In)Activate Company	Allows the user to activate / inactivate the selected insurance company. This may be used to inactivate duplicate companies in the system. When an insurance company is no longer valid, it is important to inactivate the company rather than delete it from the system. The IB INSURANCE SUPERVISOR security key is required. Once a company has been inactivated, it may not be selected when entering billing information. The user may also obtain a report of patients insured by a given company through this action.
CC	Change Insurance Co.	Allows the user to change to another company without returning to the beginning of the option.
DC	Delete Company	Allows the user to delete an entry from the INSURANCE COMPANY (#36) file. If claims have been submitted to the company, another company must be selected in which to point all claims and receivables information.
PL	Plans (accesses Insurance Plan List screen)	Allows the user to display and change plan attributes associated with the insurance company.

7.5.7.2. Insurance Plan List Screen

This screen lists all plans (active and inactive, group and individual) for the selected insurance company.

Table 28: Common Actions

Acronym	Description	Action
VP	View/Edit Plan (accesses the View/Edit Plan screen)	Allows the user to display / change plan detailed information.
IP	Inactive Plan	Allows the user to inactivate an insurance plan or move subscribers from multiple insurance plans into one master plan.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.

7.5.7.3. Annual Benefits Editor Screen

Once the benefit year is selected, this screen is displayed listing all the benefits for the selected insurance policy and benefit year. Benefit categories may include inpatient benefits, outpatient benefits, mental health, home health care, hospice, rehabilitation, and IV management.

Table 29: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out-of-pocket and ambulance coverage.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
OP	Outpatient	Allows entry / edit of outpatient benefits data.
MH	Mental Health	Allows entry / edit of mental health inpatient and outpatient benefits data.
HH	Home Health	Allows entry / edit of home health care benefits data.
HS	Hospice	Allows entry / edit of hospice benefits data.
RH	Rehab	Allows entry / edit of rehabilitation benefits data.
IV	IV Mgmt.	Allows entry / edit of intravenous management benefits data.
EA	Edit All	Lists editable fields line by line for quick data entry.
CY	Change Year	Allows the user to change to another benefit year.

7.5.7.4. View / Edit Plan Screen

This screen displays plan information for viewing/editing including utilization review info, plan coverage limitations, annual benefit dates, user information, and plan comments.

Table 30: Common Actions

Acronym	Description	Action
PI	Policy Information	Allows entry / edit of maximum out-of-pocket and ambulance coverage.
UI	UR Info	Allows entry / edit of utilization review information.
CV	Add/Edit Coverage	Allows the user to add, edit, or delete (unwanted) coverage limitations for a specific plan.
PC	Plan Comments	Allows editing of comments for the plan.
IP	Inpatient	Allows entry / edit of inpatient benefits data.
AB	Annual Benefits - (accesses Annual Benefits Editor screen)	Used to enter annual benefits data for the selected policy.

Acronym	Description	Action
CP	Change Plan	Allows the user to select another plan for this insurance company without having to exit back to the previous screen.

Sample Screen

```
Insurance Company Editor      Nov 26, 2014@12:19:25          Page:    1 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                     Currently Active
--------------------------------------------------------------------------------
                           Billing Parameters
  Signature Required?: YES                      Type Of Coverage: HEALTH INSURANCE
           Reimburse?: WILL NOT REIMBURSE          Billing Phone:
    Mult. Bedsections: YES                     Verification Phone:
       One Opt. Visit: NO                      Precert Comp. Name:
     Diff. Rev. Codes:                              Precert Phone:
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (1 YEAR(S))

                              EDI Parameters
             Transmit?: YES-LIVE                Insurance Type: GROUP POLICY
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:24:58          Page:    2 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------------
  Inst Payer Primary ID:                  Prof Payer Primary ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                      Prof Payer Sec ID:
 Inst Payer Sec ID Qual:                 Prof Payer Sec ID Qual:
      Inst Payer Sec ID:                      Prof Payer Sec ID:
             Bin Number:              Prnt Sec/Tert Auto Claims:
              HPID/OEID:            Prnt Med Sec Claims w/o MRA: YES

                         Main Mailing Address
        Street:                                  City/State:
      Street 2:                                       Phone:
      Street 3:                                         Fax:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:11          Page:    3 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                     Currently Active
+------------------------------------------------------------------------------
```

```
                    Inpatient Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                      Fax:

                    Outpatient Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:26:53          Page:    4 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
      Street 2:                                      Phone:
                                                       Fax:

                   Prescription Claims Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                       Fax:

                           Appeals Office Information
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:16          Page:    5 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                       Fax:

                           Inquiry Office Information
  Company Name: INSURANCE COMPANY               Street 3:
        Street:                                City/State:
     Street 2:                                      Phone:
                                                       Fax:

+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
```

```
Insurance Company Editor      Nov 26, 2014@12:27:39          Page:    6 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------

                         Associated Insurance Companies
  This insurance company is not defined as either a Parent or a Child.

                          Provider IDs
Billing Provider Secondary ID

Additional Billing Provider Secondary IDs

VA-Laboratory or Facility Secondary IDs

+---------Enter ?? for more actions-------------------------------------------->>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:27:51          Page:    7 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------

                          ID Parameters
Attending/Rendering Provider Secondary ID Qualifier (1500):
Attending/Rendering Provider Secondary ID Qualifier (UB-04):
Attending/Rendering Secondary ID Requirement: NONE REQUIRED
Referring Provider Secondary ID Qualifier (1500): UPIN
Referring Provider Secondary ID Requirement: NONE
Use Att/Rend ID as Billing Provider Sec. ID (1500): NO
Use Att/Rend ID as Billing Provider Sec. ID (UB-04): NO
Always use main VAMC as Billing Provider (1500)?: NO
Always use main VAMC as Billing Provider (UB-04)?: NO
Transmit no Billing Provider Sec. ID for the Electronic Plan Types:
+---------Enter ?? for more actions-------------------------------------------->>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:12          Page:    8 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+---------------------------------------------------------------------------

                           Payer Information:  e-IV
        Payer Name: Payer A
    VA National ID: VA1                          CMS National ID:

 Payer Application: eIV                          FSC Auto-Update: YES
Nationally Enabled: YES                              Deactivated: NO
   Locally Enabled: YES

  Remarks
```

```
+---------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen//
Insurance Company Editor      Nov 26, 2014@12:28:30          Page:    9 of   9
Insurance Company Information for: INSURANCE COMPANY
Type of Company: HEALTH INSURANCE                    Currently Active
+-------------------------------------------------------------------------
   6/05 Will not pay for Omeprazole/Prilosec..jc
   1/1/04 All XXXXX are combined to this one this year and an all inclusive
   # is xxx-xxx-xxxx..ID# are changing over to W + 9 digits now too..jc
   This insurance carrier entry and phone number is inclusive for the
   'Bxxxxx Company'. mdm

  Synonyms
   XXX
----------Enter ?? for more actions------------------------------------------>>>
BP  Billing/EDI Param     IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Quit//
```

7.5.8. List Flagged Stop Codes / Dispositions / Clinics

The List Flagged Stop Codes/Dispositions/Clinics option is used to generate a list of all stop codes, dispositions, and clinics That have been flagged as not being billable for Means Test billing.

The user is prompted for the effective date of the list and a device. The output contains a separate page for non-billable dispositions, stop codes, and clinics.

Sample Output

```
                        LIST OF NON-BILLABLE DISPOSITIONS
                                  As Of: 12/16/93
                                                                Page: 1
                                                            Run Date: 12/16/93
================================================================================
DEAD ON ARRIVAL
================================================================================
                      LIST OF NON-BILLABLE CLINIC STOP CODES
                                  As Of: 12/16/93
                                                                Page: 2
                                                            Run Date: 12/16/93
================================================================================
EMPLOYEE HEALTH
================================================================================
                           LIST OF NON-BILLABLE CLINICS
                                  As Of: 12/16/93
                                                                Page: 3
                                                            Run Date: 12/16/93
================================================================================
ALLERGY RESEARCH
```

7.5.8.1. List Flagged Stop Codes / Clinics for Third-Party

This output is used to generate a list of all stop codes and clinics that are flagged through the Flag Stop Codes/Clinics for Third-Party option as *non-billable* or *non-auto billable*. These flags can be deactivated and reactivated through the above-mentioned option.

Non-billable stop codes or clinics are those that should not be billed to a Third-Party payer. By default, if a stop code or clinic is non-billable, it will not be billed by the auto biller; and therefore, is non-auto billable.

Non-auto billable stop codes or clinics are those that may be billable to a Third-Party payer, but the auto biller should not be used for billing. These are visits that may need more research than can be performed by the auto biller to determine if billable.

Sample Output

```
           LIST OF CLINIC STOP CODES FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                              Page: 1
                                                          Run Date: 10/01/96
================================================================================
                                 NON-BILLABLE
AMPUTATION CLINIC                      CARDIAC SURGERY
CARDIOVASCULAR NUCLEAR MED             CWT SUBSTANCE ABUSE
CWT/TR-HCMI                            CWT/TR-SUBSTANCE ABUSE
EMPLOYEE HEALTH                        ENT
RMS COMPENSATED WORK THERAPY           RMS COMPENSATED WORK THERAPY
RMS INCENTIVE THERAPY                  RMS INCENTIVE THERAPY
RMS VOCATIONAL ASSISTANCE              RMS VOCATIONAL ASSISTANCE
TELEPHONE TRIAGE                       TELEPHONE/ALCOHOL DEPENDENCE
TELEPHONE/ANCILLARY                    TELEPHONE/DENTAL
TELEPHONE/DIAGNOSTIC                   TELEPHONE/DIALYSIS
TELEPHONE/DRUG DEPENDENCE              TELEPHONE/GENERAL PSYCHIATRY
TELEPHONE/MEDICINE                     TELEPHONE/PROSTHETICS/ORTHOTIC
Enter RETURN to continue or '^' to exit: <RET>
================================================================================
           LIST OF CLINIC STOP CODES FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                              Page: 2
                                                          Run Date: 10/01/96
================================================================================
TELEPHONE/PTSD                         TELEPHONE/REHAB AND SUPPORT
TELEPHONE/SPECIAL PSYCHIATRY           TELEPHONE/SUBSTANCE ABUSE
TELEPHONE/SURGERY
                               NOT AUTO BILLED
GENERAL MEDICINE
================================================================================
                LIST OF CLINICS FLAGGED FOR THIRD PARTY BILLING
                              As Of: 10/01/96
                                                              Page: 3
                                                          Run Date: 10/01/96
================================================================================
                                 NON-BILLABLE
No clinics are flagged as NON-BILLABLE
                               NOT AUTO BILLED
GENERAL MEDICAL
```

7.5.9. Billing Rates List

The Billing Rates List option will print a list of billing rates for a selected date range. It is an efficient way to verify that all billing rate entries have been entered correctly.

The output generated by this option displays the CHAMPVA, Health Care Finance Administration (HCFA) ambulatory surgery rates, Medicare deductibles, and copayments. The effective date, amount (basic rate), and additional amount will be shown for each rate, if applicable. Certain ambulatory surgeries may be billed at the HCFA rate. The amount shown (if any) in the **Additional Amount** column is an extra amount that may be charged for all procedures within that rate group. The amount shown under **Inpatient Per Diem** and **NHCU Per Diem** is the daily charge for Category C patients.

Any billing rate that is effective for any date within the selected range is displayed. If more than one rate was effective within the date range, both rates are displayed.

Sample Output

```
JUN 11,1997       ***Billing Rates Listing***                    PAGE 1
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
CHAMPVA LIMIT
  Effective Date      Amount    Additional Amount
  OCT 01, 1991        $25
CHAMPVA SUBSISTENCE
  Effective Date      Amount    Additional Amount
  OCT 01, 1994        $9.50
HCFA AMB. SURG. RATE 1
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $285
HCFA AMB. SURG. RATE 2
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $382
JUN 11,1997       ***Billing Rates Listing***                    PAGE 2
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 3
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $438
HCFA AMB. SURG. RATE 4
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $539
HCFA AMB. SURG. RATE 5
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $615
HCFA AMB. SURG. RATE 6
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $580      $200
JUN 11,1997       ***Billing Rates Listing***                    PAGE 3
                           Rates in effect from: JAN 01, 1997
                                             to: JUN 11, 1997
================================================================================
HCFA AMB. SURG. RATE 7
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $853
HCFA AMB. SURG. RATE 8
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $705      $200
```

```
HCFA AMB. SURG. RATE 9
  Effective Date      Amount    Additional Amount
  JAN 01, 1992        $0
INPATIENT PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $10
JUN 11,1997       ***Billing Rates Listing***                    PAGE 4
                          Rates in effect from: JAN 01, 1997
                                            to: JUN 11, 1997
================================================================================
MEDICARE DEDUCTIBLE
  Effective Date      Amount    Additional Amount
  JAN 01, 1996        $736
NHCU PER DIEM
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $5
NSC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1992        $2
  JUN 09, 1997        $5.00     $2.00
SC PHARMACY COPAY
  Effective Date      Amount    Additional Amount
  OCT 01, 1990        $2
```

7.5.10. MCCR Site Parameter Enter / Edit

The MCCR Site Parameter Enter/Edit option allows the user to define and edit the MCCR site-specific billing parameters. The parameters are displayed upon entering the option and are divided into groups for editing. Each group is labeled with a number to the left of the data items. Some values may be filled in by the system.

- **Group 1:** The medical center name is automatically filled in and is not editable. The federal tax number is the tax ID# assigned to the medical center and is a required field. There may be more than one Blue Cross/Blue Shield provider number assigned to a site for different categories of care. The main Blue Cross/Blue Shield provider number should be entered here. This is a required field. The Medicare provider number is furnished to the facility by Medicare. The MAS Service Pointer is Medical Administration Service the way it is entered in the HOSPITAL SERVICE file. The default division will appear as the default to the division question when entering Billable Ambulatory Surgical Codes on a bill.
- **Group 2:** The name and title of bill signer will appear on the third-party billing form. The billing supervisor name does not appear on the form. This is used in conjunction with the Bill Cancellation and Bill Disapproval Mail Groups. If these groups are not specified, the billing supervisor will be one of the few recipients of both messages.
- **Group 3:** The Multiple Form Types parameter should be set to YES if the facility uses more than one health insurance billing form. UB forms and HCFA-1500 are the forms currently available. If this field is left blank or answered NO, only UB forms will be allowed. Beginning with version 1.5 of Integrated Billing, the review step of creating a bill has been eliminated. If the CAN INITIATOR AUTHORIZE parameter is set to YES and the initiator holds the IB AUTHORIZE security key, the initiator of the bill will be allowed to authorize the bill. If this parameter is set to NO, another user who holds the IB AUTHORIZE key will have to authorize the bill.

The CAN CLERK ENTER NON-PTF CODES parameter affects editing of diagnosis and procedure codes on inpatient bills. If this parameter is set to YES, diagnosis and procedure codes not found in the PTF record may be entered into the billing record. The ASK HINQ IN MCCR parameter, if set to YES, will allow the billing clerk to enter a request in the HINQ Suspense file while entering a bill for a patient whose eligibility has not been verified. If set to YES, the USE OP CPT SCREEN parameter will allow the Current Procedural Terminology Codes Screen for outpatient bills to be displayed on Billing Screen 5. The date range of this listing will be determined by the OP VISIT DATE(S) on file in the bill. If there are none, the STATEMENT COVERS FROM and TO dates will be used to determine which CPT codes can be selected for inclusion in the bill.

When billing Billable Ambulatory Surgical Codes (BASC), the entry at the DEFAULT AMB SURG REV CODE parameter will be the default revenue code stored in the bill. If this is not appropriate for any insurance company, the AMBULATORY SURG. REV. CODE field in the Insurance Company file may be entered and used for that insurance company entry.

CPT procedures may be stored as ambulatory procedures in the SCHEDULING VISITS file (using the Add/Edit Stop Code option) and stored in the billing record as procedures to print on a bill. There is now a two-way sharing of information between these two files. If the TRANSFER PROCEDURES TO SCHED parameter is answered YES, as CPT procedures that are also ambulatory procedures are entered into a bill, the user will be prompted to indicate whether it should also be transferred to the SCHEDULING VISITS file. Conversely, the USE OP CPT SCREEN parameter allows importing of ambulatory procedures into a bill. Only CPT procedures that are either Billable Ambulatory Surgical Codes or nationally or locally active ambulatory procedures may be transferred.

The per diem start date is the date that the facility informed Category C patients of the new per diem charges and began per diem billing. This field represents the earliest date the hospital or nursing home per diem charge may be billed to a Category C patient. This billing is mandated by Public Law 101-508, which was implemented on November 5, 1990.

NOTE: *Per diem billing will not occur if this field is blank.*

A default revenue code, diagnosis code, and CPT procedure code can be set to be used on every bill that has prescription refills. The revenue code default will be overridden by the PRESCRIPTION REFILL REV. CODE for an insurance company if one exists. Only activated revenue codes can be entered.

Set the SUPPRESS MT INS BULLETIN parameter to YES to suppress the bulletin sent when any Means Test charge covered by the patient's health insurance is billed.

- **Group 4:** This number is the revenue code for total charges. If the HOLD MT BILLS W/INS parameter is answered YES, automated Category C bills will automatically be placed on hold if the patient has active insurance. The bills may be released to Accounts Receivable after claim disposition from the insurance company. The next parameter allows the user to enter remarks to appear on every printed UB billing form type. The

UB-92 Address Col and HCFA 1500 Addr Col parameters determine where the mailing address will begin printing on the billing form. The cancellation remark is the message that will be sent to Fiscal Service every time a bill is canceled in MAS.

The next two parameters in this group allow mail groups to be set up so that whenever a bill is canceled or disapproved, members of these groups are notified via electronic mail. If these groups are not specified, only the billing supervisor, the user who canceled/disapproved, and the initiator of the bill (for disapproval message only) will be notified. The Copay Background Error group is the mail group that will receive mail messages from the IBE filer when an unsuccessful attempt to file is detected. The Category C Billing mail group members will receive messages when Means Test t/ Category C billing processing errors have been encountered, and when movements and Means Tests for Category C patients have been edited or deleted. The mail groups must have been established through MailMan to be entered at these prompts.

- **Group 5:** The agent cashier's mailing symbol, complete address, and telephone number are specified here. The street address will not appear on the screen. All billing payments made to the site should be received at the agent cashier's office.

  The default form type is the form most used at the facility (UB-82 or UB-92). All new bills and all follow-up bills will be printed on this form unless the primary insurer has the other UB form defined as the form type. The DEFAULT FORM TYPE parameter helps to control the transition between the UB-82 and the UB-92.

  The MCCR System Definition Menu and this option is locked with the IB SUPERVISOR security key.

  If necessary, please refer to the Data Supplement at the end of this option documentation for an explanation of the required response for each parameter.

Sample Screen

```
            MEDICAL CARE COST RECOVERY PARAMETER ENTER/EDIT
================================================================================
[1] Medical Center Name: SAN DIEGO        Federal Tax #     : XX-XXXXXXX
    Default BC/BS #    : 10297XXX84123    Medicare Number   : XXXXXXXX
    MAS Service Pointer: MEDICAL ADMIN. Default Division  : SAN DIEGO
[2] Bill Signer Name   : HARVEY           Title: CHIEF, MAS
    Billing Supervisor : PATRICIA
[3] Multiple Form Types: YES             Initiator Authorize: YES
    Use Non-PTF Codes? : UNSPECIFIED       Ask Hinq in MCCR?: UNSPECIFIED
    Use OP CPT Screen? : UNSPECIFIED     Default ASC Rev. Cd: 490
    Xfer Proc to Sched?: YES             Per Diem Start Date: NOV  5, 1990
    Default RX Rev. Cd : 257        Suppress MT Ins Bulletin: UNSPECIFIED
    Default RX Dx Cd   : V68.1             Default RX CPT Cd: 99070
[4] '001' for Total?   : YES            Hold MT Bills W/Ins: YES
    Remark on each bill: TEST BILL         UB-92 Address Col: UNSPECIFIED
    Cancellation Remark: TESTING          HCFA 1500 Addr Col: 25
    Cancelled Mailgroup: PTF                Disap. Mailgroup: PTF
    Copay Mailgroup    : IB ERROR             Cat C Mailgroup: IB CAT C
[5] Agent Cashier      : ISC-04
    Phone              : XXX-XXX-XXXX    Default Form Type  : UB-92
Enter 1-5 to EDIT, or '^' to QUIT:
```

DATA SUPPLEMENT

Table 31: Data Descriptions

Data	Description
AGENT CASHIER MAIL SYMBOL	Mailing symbol of agent cashier at the facility.
AGENT CASHIER STREET ADDRESS	Mailing address of agent cashier at the facility.
AGENT CASHIER CITY	
AGENT CASHIER STATE	
AGENT CASHIER ZIP CODE	
AGENT CASHIER PHONE NUMBER	Telephone number of agent cashier at the facility.
ASK HINQ IN MCCR	YES or NO: Allow billing clerk to enter a request in the HINQ Suspense file while entering a bill for a patient whose eligibility is not verified.
BILL CANCELLATION MAIL GROUP	Specify the mail group to notify whenever a third-party bill is canceled.
BILL DISAPPROVED MAIL GROUP	Specify the mail group to notify whenever a third-party bill is disapproved.
BILLING SUPERVISOR NAME	Name of billing supervisor at the facility.
BLUE CROSS/SHIELD PROVIDER #	Main provider number (3 - 13 characters).
CAN CLERK ENTER NON-PTF CODES	YES or NO - Can diagnosis and procedure codes not found in the PTF record be entered into the billing record.
CAN INITIATOR AUTHORIZE	YES or NO - Beginning with Version 1.5 of Integrated Billing, the review step of creating a bill has been eliminated. If this parameter is answered YES and the initiator holds the IB AUTHORIZE key, the initiator of the bill will be allowed to authorize the bill. If this field is answered NO, another user who holds the IB AUTHORIZE key must authorize the bill.
CANCELLATION REMARK FOR FISCAL	Remark (reason for cancellation, 3-75 characters) that will be sent to Fiscal Svc. every time a bill is canceled in MAS.
CATEGORY C BILLING MAIL GROUP	Members of this mail group will receive messages when Means Test / Category C billing processing errors have been encountered, and when movements and Means Tests for Category C patients have been edited or deleted.

Data	Description
COPAY BACKGROUND ERROR GROUP	This is the mail group that will receive mail messages from the IBE filer when an unsuccessful attempt to file is detected.
DEFAULT AMB SURG REV CODE	When billing BASCs (Billable Ambulatory Surgical Codes), this will be the default revenue code stored in the bill. If this is not appropriate for any insurance company, the AMBULATORY SURG. REV. CODE field in the INSURANCE COMPANY file may be used for that insurance company entry.
DEFAULT DIVISION	This field will appear as the default answer to the division question when entering Billable Ambulatory Surgeries on a bill.
DEFAULT FORM TYPE	Enter the form type most used at the facility. Choose from UB-82 or UB-92.
DEFAULT RX REFILL CPT	Enter a CPT procedure code that should be printed on every bill that contains RX refills. If entered, this procedure will automatically be added to every bill that has a prescription refill.
DEFAULT RX REFILL DX	Enter a diagnosis code that should be added to every RX refill bill. If entered, this diagnosis will automatically be added to every bill that has a prescription refill.
DEFAULT RX REFILL REV CODE	Enter the revenue code that should be used for RX refills. This default will be overridden by the PRESCRIPTION REFILL REV. CODE for an insurance company if one exists. Only activated revenue codes can be selected.
FEDERAL TAX NUMBER	Enter the federal tax number for the facility in NN-NNNNNNN format.
HCFA 1500 ADDRESS COLUMN	This is the column the mailing address should begin printing on row 1 of the HCFA-1500 form.
HOLD MT BILLS W/INS	If this parameter is answered YES, the automated Category C bills will automatically be placed on hold for patients with active insurance. The bills may be released to Accounts Receivable after claim disposition from the insurance company.
MAS SERVICE POINTER	Medical Administration Service as it is entered in the HOSPITAL SERVICE file.
MEDICARE PROVIDER NUMBER	Provided by Medicare to the facility (1-8 characters). This number will print in Form Locator 7 on the UB-82 form.
MULTIPLE FORM TYPES	YES or NO - Set this field to YES if the facility uses more than one type of health insurance form. The UB forms and the HCFA-1500 are the form types currently available. If this parameter is set to NO or left blank, only UB forms will be allowed.
NAME OF CLAIM FORM SIGNER	Name of person responsible for signing.

Data	Description
PER DIEM START DATE	This is the date that the facility informed Category C patients of the new per diem charges and began per diem billing. Per diem billing will not occur if this field is left blank.
PRINT '001' FOR TOTAL CHARGES	YES or NO - Print '001' (revenue code for total charges) next to total charges on third-party bill.
REMARKS TO APPEAR ON EACH FORM	Facility specific remarks to print on every UB type bill.
SUPPRESS MT INS BULLETIN	YES or NO - Set this parameter to YES to suppress the bulletin sent when any Means Test charge covered by the patient's health insurance is billed.
TITLE OF CLAIM FORM SIGNER	Title of person responsible for signing.
TRANSFER PROCEDURES TO SCHED	YES or NO - If this parameter is answered.
UB-92 ADDRESS COLUMN	This is the column the mailing address should begin printing on the UB-92.
USE OP CPT SCREEN	YES or NO - Allow Current Procedural Terminology Codes Screen to appear when editing procedure codes on Screen 5. The screen will list CPT codes for the dates associated with the bill.

7.5.11. Purge Insurance Buffer

When a Buffer entry is processed, most of the data is immediately deleted from that entry leaving only a stub entry for tracking and reporting purposes. This option deletes Insurance Buffer entries that were processed (accepted or rejected) before the selected date. A minimum of 1 year of buffer processed records is maintained online; therefore, the latest selectable date is one year prior to the current date.

Sample Screen

```
                          INSURANCE BUFFER PURGE
   This option will purge Buffer file records Processed before a given date.
   When a Buffer record is Processed a stub entry remains in the Buffer file
   for tracking and reporting purposes. This option deletes all stub entries
   of Buffer records processed at least a year ago. Once a record is purged,
   it can not be retrieved and will no longer be included in Buffer reports.
   To maintain a record of the Buffer activity, consider printing the Buffer
   reports for the date range you are going to be purging.
Purge Buffer Records Processed Before: Nov 05, 1997// 6/1/97  (JUN 01, 1997)
Ok to Purge Buffer records Processed before Jun 01, 1997? y  YES
Purge of Insurance Buffer queued for this evening at 8:00pm.
```

7.5.12. MCCR Site Parameter Display / Edit

Table 32: Parameter Group and Key

Parameter Group	Security Key Required
IB Site Parameters	IB PARAMETER EDIT
Claims Tracking Parameters	IB PARAMETER EDIT; IB PARAMETER EDIT
Third-Party Auto Billing Parameters	IB PARAMETER EDIT
Insurance Verification	IB SUPERVISOR
MCCR SITE PARAMETERS	IB PARAMETER EDIT

This option consolidates parameters from the Enter/Edit IB Site Parameters, MCCR Site Parameter Enter/Edit, Claims Tracking Parameter Edit, and Enter/Edit Automated Billing Parameters options. The initial screen lists three parameter groups.

The following table lists the screens, the actions provided, and a brief description of each action. Actions shown in *italics* access other screens.

7.5.12.1. MCCR Site Parameters Screen

Table 33: Parameter Descriptions

Parameter	Description
IB Site Parameters	Accesses the IB Site Parameter screen that displays general Integrated Billing site parameters.
Claims Tracking Parameters	Accesses the Claims Tracking Parameters screen that displays parameters specific to the set-up and control of Claims Tracking functions.
Third-Party Auto Billing Parameters	Accesses the Automated Billing Parameters screen that displays the control parameters for the Third-Party Automated Biller.
Insurance Verification	Accesses the IV site parameters screen. More details regarding the IV site parameters are provided in the eIV User Guide, Section 2.

7.5.12.2. IB Site Parameters Screen

Descriptions for most of the parameters included on this screen can be found in the Enter/Edit IB Site Parameters and MCCR Site Parameter Enter/Edit option documentation. The following table is a description of the six parameters (group 12) used to configure the Tricare Pharmacy billing interfaces that are user set. The other seven parameters in this group that appear on the right-hand side of the screen are set by the system.

Table 34: IB Site Parameters

Parameter	Description
Rx Billing Port	This is the logical port that is opened to establish a Transmission Control Protocol / Internet Protocol (TCP / IP) connection with the RNA package to submit Pharmacy claims. This is normally a number between 2000 and 10000. The number that is selected is programmed into the RNA package, as this is the port that the RNA package constantly polls for input from VistA. The Billing port must be entered to start the billing engine.
AWP Update Port	This is the logical port that is opened to establish a TCP/IP connection with the RNA package to receive AWP updates. This is normally a number between 2000 and 10000. This number is also programmed into the RNA package, as it is the port through which the RNA package transmits the AWP updates. This port number must be different from the Billing port number, or the background job to receive AWP updates will not be queued to run.
TCP/IP Address	This is the TCP / IP address used to reach the RNA package. This address is usually determined by the facility systems manager and supplied to RNA on the Plan Installation Worksheet. This address must be entered to start the billing engine.
Task UCI, VOL	This is UCI and Volume set on which the queued background jobs should run. If this field has no value (i.e., for Alpha sites), the jobs will be queued to run on the current UCI and Volume.
AWP Charge Set	This is the Charge Set within the Charge Master that was used to load the AWP. The interface must know which Charge Set should be used to extract a unit price for a specific NDC number (drug). A valid Charge Set must be entered to start the billing engine.
Prescriber ID	This is the DEA number assigned to the facility, which should determine prior to the installation of the RNA package. This number must be submitted with the Pharmacy Billing transaction. The number must be entered to start the billing engine.
Edit Set	This action allows the user to view/edit the fields included in the 12 sets displayed.

7.5.12.3. Claims Tracking Parameters Screen

Descriptions of the parameters included on this screen can be found in the Claims Tracking Parameter Edit option documentation.

Table 35: Claims Tracking Parameters

Parameter	Description
Tracking	Allows the user to edit the data displayed under the Tracking Parameters heading. These parameters control which episodes of care are added to Claims Tracking.

Parameter	Description
Random Sample	Allows the user to edit the data displayed under the Random Sample Parameters heading. These parameters control the selection of random samples.
General	Allows the user to edit the data displayed under the General Parameters heading.
Edit All	Allows the user to edit all data displayed on the Claims Tracking Parameters screen.

7.5.12.4. Automated Billing Parameters Screen

Descriptions of the parameters included on this screen can be found in the Enter/Edit Automated Billing Parameters option documentation.

Table 36: Automated Billing Parameters

Parameter	Description
General	Allows the user to edit the data displayed under the General Parameters heading.
Inpatient	Allows the user to edit the data displayed under the Inpatient Admission heading. These parameters control when inpatient episodes of care are processed by the Third-Party automated biller.
Outpatient	Allows the user to edit the data displayed under Outpatient Visit the heading. These parameters control when outpatient visits are processed by the Third-Party automated biller.
Prescription	Allows the user to edit the data displayed under the Prescription Refill heading. These parameters control when prescription refills are processed by the Third-Party automated biller.

Sample Screens

```
MCCR Site Parameters         May 13, 1996 10:45:52          Page:   1 of    1
Display/Edit MCCR Site Parameters.
Only authorized persons may edit this data.

IB Site Parameters                          Claims Tracking Parameters
    Facility Definition                         General Parameters
    Mail Groups                                 Tracking Parameters
    Patient Billing                             Random Sampling
    Third-Party Billing                         HCSR Parameters
    Provider Id
    EDI Transmission

 Third-Party Auto Billing Parameters       Insurance Verification
    General Parameters                          General Parameters
    Inpatient Admission                         eIV Parameters
    Outpatient Visit                            eIV Batch Extracts
    Prescription Refill                         IIU Parameters
Enter ?? for more actions
IB  Site Parameter        CT  Claims Tracking       EX  Exit Action
CT  Claims Tracking       IV  Ins. Verification
```

```
Select Action: Quit//
 IB Site Parameters          Mar 10, 1998 11:49:27          Page:   1 of    3
Only authorized persons may edit this data.

[1] Copay Background Error Mg: IB ERROR
    Copay Exemption Mailgroup: IB ERROR
    Use Alerts for Exemption : NO

[2] Hold MT Bills w/Ins      : YES            # of Days Charges Held: 90
    Suppress MT Ins Bulletin : NO
    Cat C Mailgroup          : IB CAT C
    Per Diem Start Date      : 01/01/91

[3] Disapproval Mailgroup
    Cancellation Mailgroup   :
    Cancellation Remark      : CANCELLED BY MAS

[4] New Insurance Mailgroup  : IB NEW INSURANCE
    Unbilled Mailgroup       : IB UNBILLED AMOUNTS
    Auto Print Unbilled List : NO

+         Enter ?? for more actions
EP  Edit Set                                        EX  Exit Action
Select Action: Next Screen// MCCR System Definition Menu
Claims Tracking Parameters   May 13, 1996 10:52:27         Page:   1 of    1
Only authorized persons may edit this data.

          Tracking Parameters                  Random Sample Parameters
     Track Inpatient: ALL PATIENTS              Medicine Sample: 5
    Track Outpatient: INSURED ONLY          Medicine Admissions: 5
            Track Rx: ALL PATIENTS               Surgery Sample: 5
   Track Prosthetics: INSURED ONLY           Surgery Admissions: 5
  Reports Can Add CT: YES                          Psych Sample: 0
                                             Psych Admissions: 5

          General Parameters
 Initialization Date: 09/01/94
 Use Admission Sheet: YES
       Header Line 1: ALBANY VAMC
       Header Line 2: 113 HOLLAND AVE
       Header Line 3: ANYTOWN, NY 12305
          Enter ?? for more actions
TP  Tracking              RS  Random Sample         GP  General
EA  Edit All                                        EX  Exit Action
Select Action: Quit//
Automated Billing Parameters  May 13, 1996 10:54:11                Page:   1 of    1
Only authorized persons may edit this data.

          GENERAL PARAMETERS                    INPATIENT ADMISSION
 Auto Biller Frequency: 1                   Automate Billing: YES
   Date Last Completed: 04/30/96               Billing Cycle: 20
      Inpatient Status: Closed                    Days Delay: 1

          OUTPATIENT VISIT                      PRESCRIPTION REFILL
     Automate Billing: YES                  Automate Billing: YES
        Billing Cycle: 10                      Billing Cycle: 3
           Days Delay: 1                          Days Delay: 1

          Enter ?? for more actions
GP  General               IP  Inpatient             OP  Outpatient
RX  Prescription                                    EX  Exit Action
Select Action: Quit//
```

7.5.12.5. Re-Generate Average Bill Amounts

This option is used to rebuild and store the monthly and yearly counts and dollar amounts of inpatient and outpatient bills for a single month. This data will overwrite any previously stored data.

If a past month is selected, the monthly totals for that month are recomputed and the subsequent yearly totals are updated. Previous months' data is also calculated, when required, to obtain yearly values. This information is used to compute the average bill amount for the Unbilled Amounts Report.

Once the average bill amounts are calculated, the Unbilled Amounts Report is automatically generated, via electronic mail, for the selected month. This mail message is sent to the mail group specified in the UNBILLED MAIL GROUP field of the IB SITE PARAMETERS file.

7.5.13. Re-Generate Unbilled Amounts Report

This option is used to regenerate the Unbilled Amounts Report for a single month. This recomputes the unbilled care for the month and updates the unbilled amounts. To simply view previously computed data, please use the View Unbilled Amounts option.

Sample Output

```
Unbilled Inpatient Patient Listing for: 01/95                    Page 1  Mar 20, 1995@10:40:09
                                                  Claims
Patient Name        Pt. ID.    Date of Care       Tracking ID  Eligibility       Insurance Companies
-------------------------------------------------------------------------------------------------
IBpatient,one       XXX-XX-XXXX  Nov 27, 1993@11:22  XXXXXX       NON-SERVICE CONN  GHI,BIG TREE I
IBpatient,two       XXX-XX-XXXX  Mar 29, 1994@13:00  XXXXXX       SC, LESS THAN 50  BLUE CROSS
IBpatient,three     XXX-XX-XXXX  Mar 24, 1994@07:34  XXXXXX       HUMANITARIAN EME  HEALTH INS
IBpatient,four      XXX-XX-XXXX  Sep 01, 1993@17:07  XXXXX        SC, 50% TO 100%   GHI
```

7.5.14. Send Test Unbilled Amounts Bulletin

This option allows the user to send a test mail message to the mail group receiving the unbilled amounts messages. This option should be used prior to reporting problems to assist sites in determining whether the mail groups are set up correctly. The mail group to receive the message should be specified in the UNBILLED MAIL GROUP (6.25) field in the IB SITE PARAMETERS file (350.9).

Sample Message

```
Subj: UNBILLED AMOUNTS Report for Oct. 2099  [#121659] 06 Jul 95 09:38
  20 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
-------------------------------------------------------------------------------
The Unbilled Amounts for Oct. 2099 has successfully completed for
ALBANY (XXX).
Test Data Only, Test Data Only, Test Data Only
Inpatient Care
   Number of Unbilled Inpt Cases :       1,111
   Average Inpt. Bill Amount     :      $9,999.99
   Total Unbilled Inpt Care      : $11,109,988.89
Outpatient Care:
   Number of Unbilled Opt Cases  :      33,333
   Average Opt. Bill Amount      :        $222.22
   Total Unbilled Opt. Care      :  $7,407,259.26
Total Unbilled Amount all care   : $18,517,248.15
Enter RETURN to continue or '^' to exit: <RET>
Subj: UNBILLED AMOUNTS Report for Oct. 2099  [XXXXXX]    Page 2
```

```
--------------------------------------------------------------------------------
Note: Average bill Amount is based on Bills Authorized during the 12
      months preceding the month of this report.
Note: Number of cases is insured cases in Claims Tracking that are
      not billed (or bill not authorized) but appear to be billable.
Select MESSAGE Action: IGNORE (in IN basket)//
```

7.5.15. View Unbilled Amounts

This option is used to view previously computed unbilled amounts without having to re-compile the data.

Sample Output

```
Unbilled Amounts Report                          Page 1  Mar 22, 1995@09:09:28
--------------------------------------------------------------------------------
           Inpatient Care: 02/95
   Number of Unbilled Inpt. Cases:          54
        Average Inpt. Bill Amount:    $5,552.22
         Total Inpatient Unbilled:  $299,819.88
           Outpatient Care: 02/95
   Number of Unbilled Opt. Cases:         192
         Average Opt. Bill Amount:      $179.00
        Total Outpatient Unbilled:   $34,368.00
           Inpatient Care: 01/95
   Number of Unbilled Inpt. Cases:          16
        Average Inpt. Bill Amount:    $5,832.75
         Total Inpatient Unbilled:   $93,324.00
           Outpatient Care: 01/95
   Number of Unbilled Opt. Cases:           0
         Average Opt. Bill Amount:      $178.93
        Total Outpatient Unbilled:        $0.00
```

7.5.16. Third-Party Joint Inquiry

This option provides information needed to answer questions from insurance carriers regarding specific bills or episodes of care. This information is presented in List Manager Screens.

Because the same actions are available on most screens, and most screens can be accessed from any other screen; these **Common Actions** are listed first and are not repeated under each screen description. Only actions specific to a screen are included with that screen description.

The user may **QUIT** from any screen; this will bring the user back one level or screen. **EXIT** is also available on most screens. **EXIT** returns the user to the menu. For more information on the use of the List Manager utility, please refer to the appendix at the end of this manual.

Actions *shown in italics* access other screens.

Table 37: Common Actions

Acronym	Description	Action
BC	Bill Charges	Accesses the Bill Charges screen.
DX	Bill Diagnoses	Accesses the Bill Diagnoses screen.
PR	Bill Procedures	Accesses the Bill Procedures screen.

Acronym	Description	Action
CI	Go to Claim Screen	Returns the user to the Claim Information screen. Available on all screens that may be opened from the Claim Information screen.
AR	Account Profile	Accesses the AR Account Profile screen.
CM	Comment History	Accesses the AR Comment History screen.
IR	Insurance Reviews	Accesses the Insurance Reviews / Contacts screen.
HS	Health Summary	Displays a Health Summary report. The information displayed on the Health Summary is site specified through the MCCR Site Parameter Display/Edit option.
AL	Go to Active List	Returns the user to the Third-Party Active Bills screen if that screen was accessed upon entering this option; otherwise, this action returns the user to the menu.
VI	Insurance Company	Accesses the Insurance Company screen.
VP	Policy	Accesses the Patient Policy Information screen.
AB	Annual Benefits	Accesses the Annual Benefits screen.
EL	Patient Eligibility	Accesses the Patient Eligibility screen.
EX	Exit Action	Exits the option.

7.5.16.1. Third-Party Active Bills Screen

This is the first screen displayed if a patient's name is entered at the first prompt. It lists all active third-party bills for the specified patient in order of date created. All bills created in the Integrated Billing Third-Party Billing module can be found on this screen or the Inactive Bills screen.

Table 38: Common Actions

Acronym	Description	Action
IL	Inactive Bills	Accesses the Inactive Bills screen.
PI	Patient Insurance	Accesses the Patient Insurance screen.
CP	Change Patient	Allows the user to choose another patient and re-display the Third-Party Active Bills screen for that patient.

7.5.16.2. Inactive Bills Screen

This screen lists inactive bills for a specified patient. All bills created in the Integrated Billing Third-Party Billing module are found on this screen or the Third-Party Active Bills screen. Bills are displayed beginning with the most recent **statement from** date.

Table 39: Common Actions

Acronym	Description	Action
CD	Change Dates	Allows the user to change the bills listed by changing the most recent **statement from** date to be displayed.

7.5.16.3. Patient Insurance Screen

This screen displays the list of insurance policies for a patient. It is based on the Patient Insurance Management screen of the Patient Insurance Info View/Edit option. It is only available from the Third-Party Active Bills screen.

7.5.16.4. Claim Information Screen

This screen contains bill data and status information to provide an overall status of the bill. This is the primary claim screen for the inquiry, and many actions are provided to expand on the details of the claim.

If a policy has been updated but the bill has not, those changes are not reflected on this screen. Updated or current insurance information may be viewed using the three insurance screens.

Table 40: Common Actions

Acronym	Description	Action
CB	Change Bill	Allows the user to change the bill being displayed. If the user entered a patient name at the first prompt of this option, only bills for that patient may be selected. If the user entered a bill number at the first prompt, any bill may be selected.

7.5.16.5. Bill Charges Screen

This screen displays a bill's charge information as it would print on the bill. For UB-92 bills, this closely corresponds to Form Locators 42-49; therefore, any prosthetic items, Rx refills, or additional diagnoses and procedures are included. For HCFA 1500 bills, this closely corresponds to Block 24.

7.5.16.6. Bill Diagnosis Screen

This screen displays all diagnoses assigned to the bill, in the order printed.

7.5.16.7. Bill Procedures Screen

This screen lists all procedures assigned to a bill, in the order printed.

7.5.16.8. AR Account Profile Screen

This screen provides the financial history of a claim's account. This includes the current status of the bill in both IB and AR, as well as the payment or transaction history of the bill from Accounts Receivable. This screen is loosely based on the Profile of Accounts Receivable option.

Table 41: Common Actions

Acronym	Description	Action
VT	Transaction Profile	Accesses the AR Transaction Profile screen for a selected transaction.

7.5.16.9. AR Transaction Profile Screen

This screen displays detailed account transaction information for individual claim transactions. It is loosely based on the Accounts Receivable Transaction Profile option.

7.5.16.10. AR Comment History Screen

This screen displays AR comments for the claim's account.

Table 42: Common Actions

Acronym	Description	Action
AD	Add AR Comment	Allows the user to add an AR Transaction Comment to the bill being displayed. Comment transactions may not be added to a bill that has not been authorized in IB.

7.5.16.11. Insurance Reviews / Contacts Screen

This screen displays all insurance reviews and contacts for the episodes of care on a bill. It is based on the Insurance Reviews/Contacts screen of the Claims Tracking Insurance Review Edit option. The primary difference between the two screens is that this screen consolidates all contacts for each episode being billed on a claim, while the Claims Tracking screen displays the contacts for a single episode of care.

Table 43: Common Actions

Acronym	Description	Action
VR	Reviews/Appeals	Displays expanded information on a selected insurance contact. The screen accessed by this action will depend on the type of contact selected. If the contact is an appeal or denial, the Expanded Appeals / Denials screen is opened; otherwise, the Expanded Insurance Reviews screen is opened.

7.5.16.12. Expanded Appeals / Denials Screen

This screen displays expanded information on insurance appeals and denials listed on the Insurance Review/Contacts screen. This screen is based on the Expanded Appeals/Denials screen of the Claims Tracking Appeal/Denial Edit option.

7.5.16.13. Expanded Insurance Reviews Screen

This screen displays expanded information on insurance reviews listed on the Insurance Reviews/Contacts screen. This screen is based on the Expanded Insurance Reviews screen of the Claims Tracking Insurance Review Edit option.

7.5.16.14. Insurance Company Screen

This screen displays extended information on an Insurance Company. It is based on the Insurance Company Editor screen of the Insurance Company Entry/Edit option. This screen may be entered from the Patient Insurance screen or any of the bill-specific screens. Once a bill is selected, this screen displays only information related to the insurance carriers assigned to that bill.

7.5.16.15. Patient Policy Information Screen

This screen displays extended information on insurance policies. It is based on the Patient Policy Information screen of the Patient Insurance Info View/Edit option. This screen may be entered from either the Patient Insurance screen or from any of the bill-specific screens. Once a bill is selected, this screen will only display information related to the insurance policies assigned to the bill.

7.5.16.16. Annual Benefits Screen

This screen displays extended information on the annual benefits of insurance policies. It is based on the Annual Benefits Editor screen of the Patient Insurance Info View/Edit option. This screen may be entered from the Patient Insurance screen or any of the bill-specific screens. Once a bill has been chosen, this screen displays information related to the insurance policies assigned to that bill.

7.5.16.17. Patient Eligibility Screen

This screen displays the current information on the patient's eligibility for care and service connection status. It is loosely based on the Eligibility Inquiry for Patient Billing option. This screen is available from the Third-Party Active Bills screen and the bill-specific screens.

If this screen is accessed from one of the bill-specific screens, such as the Claim Information screen, the standard list of bill screen actions will be available from this screen.

If this screen is accessed from the Patient Insurance screen, no other screens are, and the user must return to a previous screen to access other screens.

Sample Screens

```
Third-Party Active Bills      May 31, 1995 @10:07:11 Page 1 of 1
IBpatient,one         XXXX    NSC
Bill #        From     To         Type   Stat Rate       Insurer   Orig Amt Curr Amt
1    XXXXXX   04/20/92 04/20/92   O/P/O  BI  REIM INS    HEALTH    0.00     0.00
2    XXXXXX   04/20/92 04/24/92   O/P/O  PC  REIM INS    HEALTH    698.30   698.30
3    XXXXXX * 11/16/93 11/17/93   O/P/O  N   REIM INS  + HEALTH    199.00   199.00
4    XXXXXX   02/16/94 02/16/94   O/P/I  PC  REIM INS  + HEALTH    196.00   196.00
5    XXXXXX * 03/01/94 03/15/94   O/P/O  BI  REIM INS  + HEALTH    0.00     0.00
6    XXXXXX * 03/14/94 03/15/94   O/P/R  BI  REIM INS  + ABC       0.00     0.00
7    XXXXXX * 03/02/94 03/03/94   O/P/P  BI  REIM INS    ABC       0.00     0.00
8    XXXXXX * 03/06/94 03/07/94   O/I/O  N   REIM INS    ABC       356.00   356.00
9    XXXXXX   05/01/94 05/31/94   I/P/I  BI  REIM INS    HEALTH    0.00     0.00
10   XXXXXX   06/01/94 06/05/94   I/P/P  BI  REIM INS    HEALTH    0.00     0.00
11   XXXXXX * 03/03/94 03/31/94   I/I/P  A   REIM INS  + HEALTH    11221.00 856.45
12   XXXXXX   08/30/94 09/30/94   I/P/I  BI  REIM INS    ABC       0.00     0.00
+         | * Cat C Charges on Hold | + 2nd/3rd Carrier |
CI  Claim Information     IL  Inactive Bills        PI  Patient Insurance
CP  Change Patient        HS  Health Summary        EL  Patient Eligibility
Select Action: Next Screen//
Inactive Bills                May 17, 1996 13:30:26  Page:   1 of    2
IBpatient,one         XXXX    ** All Inactive Bills **  (9)
```

```
Bill #        From     To         Type   Stat Rate       Insurer   Orig Amt Curr Amt
1    XXXXXX   06/01/94 06/05/94   I/P/I  CC  REIM INS  + ABC       935.00   0.00
2    XXXXXX   06/01/94 06/05/94   I/P/R  CB  REIM INS  + HEALTH    0.00     0.00
3    XXXXXX   05/07/94 05/12/94   I/P/R  CB  REIM INS    HEALTH    0.00     0.00
4    XXXXXX * 03/02/94 03/03/94   O/P/P  CB  REIM INS              0.00     0.00
5    XXXXXX * 03/02/94 03/03/94   O/P/R  CB  REIM INS              0.00     0.00
6    XXXXXX   02/16/94 02/16/94   O/P/O  CB  REIM INS              0.00     0.00
7    XXXXXX   04/14/92 04/20/92   O/P/O  CB  REIM INS    ABC       1026.02  1026.02
8    XXXXXX   02/08/90 02/08/90   O/P/R  CC  REIM INS    BC/BS     26.00    0.00
9    XXXXXX   02/07/90 02/07/90   O/P/R  CC  REIM INS    BC/BS     26.00    0.00
+         |* Cat C Charges on Hold |+ 2nd/3rd Carrier |
CI  Claim Information     AL  Go to Active List     CD  Change Dates
                                                    EX  Exit Action
Select Action: Next Screen//
```

Sample Screens

```
Claim Information              Dec 12, 2013@08:10:10          Page:    1 of    3
XXXXXXXX    PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
--------------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CAREMARK 6XXXXX
 Claim Address: PO BOX XXXXX
                ANYTOWN, AZ XXXXX
   Claim Phone: XXX-XXX-XXXX
  Subscriber Demographics
  Group Number: GRP PLN 1605501
    Group Name: GICRX
 Subscriber ID: XXXXXXXXX
      Employer: BIG COMPANY
 Insured's Name: IB,SPOUSE
  Relationship: SPOUSE
+---------|% EEOB | Enter ?? for more actions|---------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

Sample Screens

```
Claim Information              Dec 12, 2013@08:10:21          Page:    2 of    3
XXXXXXX   PATIENT,IB PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
+-------------------------------------------------------------------------------
                            Claim Information
  Bill Type: OUTPATIENT                    Charge Type:
 Time Frame: ADMIT THRU DISCHARGE        Service Dates: 01/31/12 - 01/31/12
  Rate Type: REIMBURSABLE INS.             Orig Claim:     12.85
  AR Status: COLLECTED/CLOSED              Balance Due:      0.00
   Sequence: PRIMARY
  Purch Svc: NO
    ECME No: XXXXXXXXXXXX
 ECME Ap No: XXXXXXXXXXXXXXXXXXX
        NPI: XXXXXXXXXX
       HPID: XXXXXXXXXX
+---------Enter ?? for more actions-----------------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
```

```
Select Action: Next Screen//    NEXT SCREEN

Claim Information             Dec 12, 2013@08:10:24          Page:    3 of    3
XXXXXXXXX   PATIENT,IB  PXXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXXX
+---------------------------------------------------------------------------
        Entered: 01/31/12  by  IB,TESTER
     Authorized: 01/31/12  by  IB,TESTER
  First Printed: 01/31/12  by  IB,TESTER
  Related Prescription Copay Information
 Rx: XXXXXXX  Chg: $8.00   Status: On Hold   Bill:
----------Enter ?? for more actions-----------------------------------------
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CB  Change Bill           HS  Health Summary        EL  Patient Eligibility
ED  EDI Status            AL  Go to Active List     EB  Expand Benefits
RX  ECME Information      EX  Exit
Select Action: Quit//
```

Sample Screens

```
Patient Insurance   May 31, 1995 @10:07:11     Page 1 of   1
Insurance Management for Patient: IBpatient,one         XXXX
       Insurance Co.       Type of Policy      Group  Holder Effect.       Expires
1 HEALTH INS LTD           GN 48923222   SELF   01/01/87
2 ABC         MAJOR MEDICAL AE 76899354   SPOUSE 10/1/90       19/30/95
3 XYZ INS     INDEMNITY     T109   OTHER  10/1/94       01/01/95
4 BC/BS       MAJOR MEDICAL GN 392043     SELF   01/01/90      12/31/92

VI     Insurance Company   VP     Policy AB     Annual Benefits
AL     Go to Active List                 EX     Exit Action
Select Action: Quit//
Bill Charges May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: XX/XX/XX Subsc ID: XXXXXXXX
11/16/93 - 11/17/93 ADMIT THRU DISCHARGE      Orig Amt:   199.00

       OUTPATIENT VISIT
500    OUTPATIENT SVS      178.00        1      178.00
       PRESCRIPTION
257    DRGS/NONSCRPT       21.00         1      21.00
001    TOTAL CHARGE                              199.00

       OP VISIT DATE(S) BILLED:          NOV 16, 1993

       PRESCRIPTION REFILLS:
       30948  NOV 17, 1993        ABBOCATH-T 18G 1.25 IN
                          QTY: 20 for 10 days supply
Bill Remark: This is a demonstration bill created for Joint Billing Inquiry.

          Enter ?? for more actions
DX  Bill Diagnosis        AR  Account Profile       VI  Insurance Company
PR  Bill Procedures       CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Charges  May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one      XXXX    DOB: XX/XX/XX Subsc ID: XXXXXXXX
03/02/94 - 03/31/94 INTERIM - FIRST CLAIM      Orig Amt: 11221.00

30 DAYS INPATIENT CARE
       INTERMEDIATE CARE
101    ALL INCL R&B         246.00        30     7380.00
240    ALL INCL ANCIL        48.00        30     1440.00
960    PRO FEE               49.00        30     1470.00
274    PROSTH/ORTH DEV      931.00        1       931.00
001    TOTAL CHARGE                               11221.00
       PROSTHETIC ITEMS:
       Sep 18, 1994  WHEELCHAIR
       Sep 21, 1994  CANE-ALL OTHER

          Enter ?? for more actions
DX  Bill Diagnosis         AR  Account Profile       VI  Insurance Company
PR  Bill Procedures        CM  Comment History       VP  Policy
CI  Go to Claim Screen     IR  Insurance Reviews     AB  Annual Benefits
                           HS  Health Summary        EL  Patient Eligibility
                           AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Diagnosis                 May 17, 1996 14:07:56         Page:   1 of    1
XXXXXX   IBpatient,one      XXXX        DOB:  XX/XX/XX     Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

       1)     490.   BRONCHITIS NOS
       2)     030.1  TUBERCULOID LEPROSY
       3)     101.   VINCENT'S ANGINA
       4)     330.1  CEREBRAL LIPIDOSES
       5)     461.0  AC MAXILLARY SINUSITIS
       6)     310.0  FRONTAL LOBE SYNDROME
       7)     200.01 RETICULOSARCOMA HEAD

          Enter ?? for more actions
BC  Bill Charges           AR  Account Profile       VI  Insurance Company
PR  Bill Procedures        CM  Comment History       VP  Policy
CI  Go to Claim Screen     IR  Insurance Reviews     AB  Annual Benefits
                           HS  Health Summary        EL  Patient Eligibility
                           AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Bill Procedures                May 17, 1996 14:12:58         Page:   1 of    1
XXXXXX   IBpatient,one      XXXX        DOB: XX/XX/XX    Subsc ID: XXXXXXXX
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

 XXXXX SURGICAL CLEANSING OF SKIN 11/16/93
 XXXXX ADDITIONAL CLEANSING OF SKIN     11/16/93
 XXXXX REPAIR SUPERFICIAL WOUND(S)      11/16/93
```

```
          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
CI  Go to Claim Screen    IR  Insurance Reviews     AB  Annual Benefits
                          HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Account Profile            May 31, 1995 @10:07:11        Page:   1 of    1
XXXXXX   IBpatient,one         XXXX       DOB: XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE          Orig Amt:   11221.00       Balance Due: 856.45

              04/01/94     IB Status: Printed  (Last) 11221.00     11221.00
1      1578   05/07/94     PAYMENT (IN PART)   7856.21      3364.79
2      1598   07/07/94     PAYMENT (IN PART)   2508.34      856.45
3      1601   07/08/94     COMMENT      0.00   856.45
       Total Collected:    10364.55
       Percent Collected:  92.37%
          Enter ?? for more actions
BC  Bill Charges          VT  Transaction Profile   VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Transaction Profile     May 31, 1995 @10:07:11           Page 1 of 1
XXXXXX IBpatient,one        XXXX  DOB: XX/XX/XX   Subsc ID: XXXXXXXX
AR Status: ACTIVE             Orig Amt:   11221.00   Balance Due: 856.45

       TRANS. NO:    1578   TRANS. TYPE:  PAYMENT (IN PART)
       TRANS. DATE:  05/07/94      DATE POSTED:  05/10/94    (ARH)
       TRANS. AMOUNT:      7856.21      RECEIPT #:    XXXXXXXX
              BALANCE      COLLECTED
              ------------ ---------------
       PRINCIPLE:    3364.79      7856.21
       INTEREST:     0.00   0.00
       ADMINISTRATIVE:     0.00   0.00
       MARSHALL FEE: 0.00   0.00
       COURT COST:   0.00    0.00
              --------     ---------
       TOTAL: 3364.79      7856.21

       FY: 94 PR AMT: 3364.79           FY TR AMT: 7856.21
COMMENTS:  Date of Deposit: MAY 10, 1994

          Enter ?? for more actions
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

Sample Screens

```
AR Comment History            May 17, 1996 14:21:37         Page:   1 of    1
XXXXXX   IBpatient,one         XXXX        DOB: 5 XX/XX/XX    Subsc ID: XXXXXXX
AR Status: CANCELLED          Orig Amt: 1026.02       Balance Due: 1026.02

1582   04/21/92     Copy of bill sent.  FOLLOW-UP DT: 05/12/92
              Carrier did not receive initial bill.
```

```
1594   05/20/92     Bill canceled, wrong form type.  FOLLOW-UP DT: 06/01/92
             Carrier refuses to process this type of bill on a UB-92.
       They are requiring the HCFA 1500 form.

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        AD  Add AR Comment        VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Insurance Reviews/Contacts    May 31, 1995 @10:07:11        Page:   1 of    1
Insurance Review Entries for: XXXXXX     IBpatient,one         XXXX
    Date       Ins. Co.         Type Contact       Action    Auth. No. Days
       OUTPATIENT VISIT of AMBULATORY SURGERY OFFICE on 11/16/93
1      11/30/93     HEALTH INS LIMITED  1st Appeal-Clin     APPROVED      AU XXXXX
2      11/17/93     HEALTH INS LIMITED  OPT    DENIAL       0
       PRESCRIPTION REFILL of XXXXX on 11/17/93
3      11/17/93     HEALTH INS LIMITED  OPT    APPROVED     RN XXXXXXX

         Service Connected: NO   Previous Spec. Bills: TORT                >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       VR  Reviews/Appeals       AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Expanded Appeals/Denials   May 31, 1995 @10:07:11     Page 1 of  2
Insurance Appeal/Denial for:     IBpatient,one        XXXX  ROI: NOT REQUIRED

       Visit Information   Action Information
       Visit Type:  OUTPATIENT VISIT    Type Contact: INITIAL APPEAL
       Visit Date:  03/09/94 9:00 am    Appeal Type:  CLINICAL
       Clinic:      AMBULATORY SURGERY  Case Status:  OPEN
       Appt. Status: CHECKED OUT  No Days Pending:
       Appt. Type:  REGULAR      Final Outcome:
       Special Cond:
       Clinical Information      Appeal Address Information
       Provider:           Ins. Co. Name:      HEALTH INS LIMITED
       Provider:           Alternate Name:
       Diagnosis:          Street line 1:      HIL - APPEALS OFFICE
       Diagnosis:          Street line 2:      1099 THIRD AVE, SUITE
       Special Cond:       Street line 3:
                  City/State/Zip:     ANYTOWN, NY  12345
Insurance Policy Information
       Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
       Group Number: GN 48923222  Subscriber ID:      XXXXXXXX
       Whose Insurance:    VETERAN      Effective Date:     01/01/87
       Pre-Cert Phone:     XXX-XXX-XXX E Expiration Date:
       User Information    Contact Information
       Entered By:  EMPLOYEE     Contact Date: 04/01/94
       Entered On:  11/16/93 3:30 pm    Person Contacted:   SPOUSE
       Last Edited By:           Contact Method:     PHONE
       Last Edited On:           Call Ref. Number:   RN XXXXXXX
                  Review Date:  06/02/95
```

```
 Comments
 Policy should cover treatment.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                          >>>
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

Sample Screens

```
Expanded Insurance Reviews        May 31, 1995 @10:07:11     Page 1 of   2
Insurance Review Entries for:     IBpatient,one        XXXX  ROI: NOT REQUIRED

       Contact Information Action Information
       Contact Date: 11/17/93      Type Contact: OUTPATIENT TREATMEN
       Person Contacted:   Steve  Opt Treatment:      RX REFILL
       Contact Method:     PHONE  Action:       APPROVED
       Call Ref. Number:   RN XXXXXXX    Auth. Number: RN XXXXXXX
       Review Date:  06/02/95
       Insurance Policy Information
       Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
       Group Number: GN 48923222  Subscriber ID:      XXXXXXXX
       Whose Insurance:    VETERAN      Effective Date:     01/01/87
       Pre-Cert Phone:     XXX-XXXX     Expiration Date:
       Appeal Address Information User Information
       Ins. Co. Name:      HEALTH INS LIMITED  Entered By:   EMPLOYEE
       Alternate Name:           Entered On:   11/17/93 12:54 pm
       Street line 1:      HIL - APPEALS OFFICE       Last Edited By: EMPLOYEE
       Street line 2:      1099 THIRD AVE, SUITE 301  Last Edited On: 11/20/93 12:55 pm
       Street line 3:
       City/State/Zip:     ANYTOWN, NY 12345
 Comments
 One refill of prescription approved.
 Service Connected Conditions:
 Service Connected: NO
 NO SC DISABILITIES LISTED
          Enter ?? for more actions                                          >>>
CI     Go to Claim Screen  AL     Go to Active List   EX     Exit Action
Select Action: Quit//
```

Sample Screens

```
Insurance Company            May 17, 1996 15:25:42          Page:   1 of    5
Insurance Company Information for: HEALTH INS LIMITED                  Primary
Type of Company: HEALTH INSURANCE                     Currently Active

       Billing Parameters
       Signature Required?:       YES    Attending Phys. ID: AT PH ID VAXXXXXXX
       Reimburse?:  WILL REIMBURSE      Hosp. Provider No.:
       Mult. Bedsections:  YES    Primary Form Type:
       Diff. Rev. Codes:          Billing Phone:
       One Opt. Visit:     NO     Verification Phone:
       Amb. Sur. Rev. Code:              Precert Comp. Name: ABC INSURANCE
       Rx Refill Rev. Code:              Precert Phone:      XXX-XXX-XXXX E
       Filing Time Frame:
       Main Mailing Address
       Street:       2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
       Street 2:     FREAR BUILDING      Phone: XXX-XXXX
       Street 3:           Fax:   XXX-XXXX
       Inpatient Claims Office Information
       Street:       2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
       Street 2:     FREAR BUILDING      Phone: XXX-XXXX
```

```
      Street 3:           Fax:   XXX-XXXX
      Outpatient Claims Office Information
      Street:       789 3RD STREET      City/State:  ANYTOWN, NY 12345
      Street 2:           Phone: XXX-XXX-XXXX
      Street 3:           Fax:   XXX- XXX-XXXX
      Prescription Claims Office Information
      Company Name: GHI PROCESSING      Street 3:
      Street:       1933 CORPORATE DRIVE      City/State:  ANYTOWN, NY 39332
      Street 2:     TANGLEWOOD PARK     Phone: XXX-XXXX
      Fax:
      Appeals Office Information
      Street:       HIL - APPEALS OFFICE      City/State:  ANYTOWN, NY 12345
      Street 2:     1099 THIRD AVE, SUITE 301  Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
      Inquiry Office Information
      Street:       2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
      Street 2:     FREAR BUILDING      Phone: XXX-XXXX
      Street 3:           Fax:   XXX-XXXX
  Remarks

  Synonyms

          Enter ?? for more actions                                          >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Patient Policy Information    Dec 12, 2013@08:13:21          Page:    1 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX
MEDICARE (WNR) Insurance Company               ** Plan Currently Active **
--------------------------------------------------------------------------------
  Insurance Company
    Company: MEDICARE (WNR)
     Street: PO BOX 10066
   Street 2: HEALTH CARE FINANCING
 City/State: ANYTOWN, MD 21207
 Billing Ph: (XXX)XXX-XXXX
 Precert Ph: (XXX)XXX-XXXX
  Plan Information
    Is Group Plan: YES
       Group Name: MEDICARE PART A
     Group Number: XXXXXXXXXXX
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:30          Page:    2 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company               ** Plan Currently Active **
+-------------------------------------------------------------------------------
              BIN:
              PCN:
     Type of Plan: MEDICARE (M)
```

```
    Plan Category: MEDICARE PART A
  Electronic Type: MEDICARE A or B
   Plan Filing TF: 1 YEAR (1 YEAR(S))
       ePharmacy Plan ID:
     ePharmacy Plan Name:
   ePharmacy Natl Status:
  ePharmacy Local Status:
  Utilization Review Info                Effective Dates & Source
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    3 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-------------------------------------------------------------------------------
          Require UR: NO                     Effective Date: 01/01/13
    Require Amb Cert: NO                    Expiration Date:
    Require Pre-Cert: NO                     Source of Info: INTERVIEW
    Exclude Pre-Cond: NO                Policy Not Billable: NO
 Benefits Assignable: YES
  Subscriber Information
   Whose Insurance: VETERAN
   Subscriber Name: IBSUB,TWOTRLRS
      Relationship: SELF
        Primary ID: XXXXXXXXXX
  Coord. Benefits: PRIMARY
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:31          Page:    4 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+-------------------------------------------------------------------------------
  Subscriber's Employer Information
  Employment Status:                  Emp Sponsored Plan: No
           Employer:                  Claims to Employer: No, Send to Insurance
             Street:                     Retirement Date:
         City/State:
              Phone:
 Primary Provider:
  Prim Prov Phone:
  Subscriber's Information (use Subscriber Update Action)
+---------Enter ?? for more actions-----------------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN
```

```
Patient Policy Information    Dec 12, 2013@08:13:32          Page:    5 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+---------------------------------------------------------------------------
    Subscriber's DOB: XX/XX/XX
             Str 1: PALMER HOUSE HEALTH CARE
             Str 2: SHEARER ST
              City: ANYTOWN
            St/Zip: MA  01069
            SubDiv:
           Country:
             Phone: XXX-XXX-XXXX
    Subscriber's Sex: MALE
 Subscriber's Branch: ARMY
   Subscriber's Rank:
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:36          Page:    6 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+---------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXXXXXX
  Plan Coverage Limitations
   Coverage            Effective Date   Covered?       Limit Comments
   --------            --------------   --------       --------------
   INPATIENT           07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   OUTPATIENT          07/01/1998       NO
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:37          Page:    7 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+---------------------------------------------------------------------------
                       01/01/1998       NO
                       11/01/1996       NO
   PHARMACY            08/29/2008       NO
                       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   DENTAL              07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
   MENTAL HEALTH       07/01/1998       NO
                       01/01/1998       NO
                       11/01/1996       NO
+---------Enter ?? for more actions-----------------------------------------
```

```
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:38          Page:    8 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+---------------------------------------------------------------------------
   LONG TERM CARE      07/01/1998       NO
                       01/01/1998       NO
   PROSTHETICS         07/01/1998       NO
                       01/01/1998       NO
   VISION              07/01/1998       NO
  User Information                        Insurance Contact (last)
       Entered By: IB,TESTER     Person Contacted:
       Entered On: 06/05/13               Method of Contact: PHONE
 Last Verified By:                          Contact's Phone:
 Last Verified On:                            Call Ref. No.:
  Last Updated By: IB,TESTER               Contact Date: SEP 24, 2013
  Last Updated On: 09/24/13
+---------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//    NEXT SCREEN

Patient Policy Information    Dec 12, 2013@08:13:39          Page:    9 of    9
For: IBSUB,TWOTRLRS  XXX-XX-XXXX                             DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company              ** Plan Currently Active **
+---------------------------------------------------------------------------
  Comment -- Group Plan
  This is a long group comment. This area can hold much more than 80
  Characters in the field.
  Comment -- Patient Policy
Dt Entered  Entered By                Method     Person Contacted
  09/25/15    IBCLERK,TWO               PHONE      USER-A
  JUST A COMMENT AND NOTHING ELSE

  +09/25/15    IBCLERK,TWO               PHONE      USER-A
  THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDICATO
  Personal Riders
    Rider #1: DENTAL COVERAGE
----------Enter ?? for more actions-----------------------------------------
PI  Change Plan Info      GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info               EM  Employer Info         VC  Verify Coverage
ED  Effective Dates       CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update     PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

Sample Screens

```
Annual Benefits                May 17, 1996 15:39:23          Page:   1 of    3
Annual Benefits for: ABC Ins. Co                                        Primary
             Policy: GN 48923222               Ben Yr: MAR 01, 1993

       Policy Information
       Max. Out of Pocket: $      500
       Ambulance Coverage (%):    85     %
       Inpatient
       Annual Deductible:  $      500    Drug/Alcohol Lifet. Max:   $
       Per Admis. Deductible:     $      100    Drug/Alcohol Annual Max:   $
       Inpt. Lifetime Max: $             Nursing Home (%):
       Inpt. Annual Max:   $             Other Inpt. Charges (%):
       Room & Board (%):
       Outpatient
       Annual Deductible:  $      50     Surgery (%):
       Per Visit Deductible:      $      50     Emergency (%):              85%
       Lifetime Max: $            Prescription (%):          80%
       Annual Max:   $            Adult Day Health Care?:    UNK
       Visit (%):                 Dental Cov. Type:   PERCENTAGE AMOU
       Max Visits Per Year:                  Dental Cov. (%):    48%
       Mental Health Inpatient    Mental Health Outpatient
       MH Inpt. Max Days/Year:               MH Opt. Max Days/Year:
       MH Lifetime Inpt. Max:     $          MH Lifetime Opt. Max:      $
       MH Annual Inpt. Max:       $          MH Annual Opt. Max: $
       Mental Health Inpt. (%):              Mental Health Opt. (%):
       Home Health Care    Hospice
       Care Level:                Annual Deductible:  $
       Visits Per Year:                 Inpatient Annual Max.:     $
       Max. Days Per Year:              Lifetime Max.:      $
       Med. Equipment (%):              Room and Board (%):
       Visit Definition:                Other Inpt. Charges (%):
       Rehabilitation      IV Management
       OT Visits/Yr:              IV Infusion Opt?:   UNK
       PT Visits/Yr:              IV Infusion Inpt?:  UNK
       ST Visits/Yr:              IV Antibiotics Opt?:       UNK
       Med Cnslg. Visits/Yr:                 IV Antibiotics Inpt?:      UNK
       User Information
       Entered By:  EMPLOYEE
       Entered On:  02/02/94
       Last Updated By:    EMPLOYEE
       Last Updated On:    02/18/94

          Enter ?? for more actions                                        >>>
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EL  Patient Eligibility
                          AL  Go to Active List     EX  Exit Action
Select Action: Quit//
```

Sample Screens

```
Patient Eligibility            May 20, 1996 07:45:44          Page:   1 of    1
XXXXXX   IBpatient,one      XXXX            DOB: XX/XX/XX    Subsc ID:

             Means Test: CATEGORY A                     Insured: Yes
           Date of Test: 08/24/94                   A/O Exposure:
  Co-pay Exemption Test:                          Rad. Exposure:
           Date of Test:
```

```
     Primary Elig. Code: NSC
    Other Elig. Code(s): EMPLOYEE
                         AID & ATTENDANCE
      Service Connected: No
     Rated Disabilities: BONE DISEASE (0%-NSC)
                         DEGENERATIVE ARTHRITIS (40%-NSC)

          Enter ?? for more actions
BC  Bill Charges          AR  Account Profile       VI  Insurance Company
DX  Bill Diagnosis        CM  Comment History       VP  Policy
PR  Bill Procedures       IR  Insurance Reviews     AB  Annual Benefits
CI  Go to Claim Screen    HS  Health Summary        EX  Exit Action
                          AL  Go to Active List
Select Action: Quit//
```

7.5.17. Fast Enter of New Billing Rates

The IB SUPERVISOR security key is required to edit.

This option is designed to allow quick entry of new rates into the Charge Master for Interagency and Tortiously Liable Billing Rates. This option should only be used for the annual updated Interagency and Tortiously Liable Rates. The charges will be asked for by charge type category: inpatient, outpatient, prescription, outpatient dental, Cat C copayment. Enter all charges for a category, then move to the next section for the next category. For example, when first prompted for Inpatient Charges. When the user has entered all inpatient bed sections and related charges, a <RET> entered at the **Select Inpatient Bed section** prompt will bring the user to the next charge type, Outpatient, and so on until the user has entered the charges for all charge types.

Revenue codes may be edited through the Enter/Edit Charge Master option.

7.5.18. Delete Charges from the Charge Master

The IB SUPERVISOR security key is required to edit.

This option is used to delete charges from a Charge Set that are no longer needed. All charges that are inactive or that have been replaced before the specified date are deleted. A report of charges that *will be* deleted based on the date entered can be printed before the actual deletion to confirm the charges should be deleted.

Sample Output

```
Charges (to be deleted) in TL-OPT DENTAL set (ALL CHARGES IN SET) May 28, 1997  09:49
Page 1
Charge Item                      Effective   Inactive        Charge   Rev Cd
-------------------------------------------------------------------------------
                    CHARGE SET: TL-OPT DENTAL
OUTPATIENT DENTAL                10/01/92                     97.00
OUTPATIENT DENTAL                10/01/93                    102.00
OUTPATIENT DENTAL                10/01/94                    119.00
OUTPATIENT DENTAL                10/01/95                    104.00
OUTPATIENT DENTAL                10/01/96                    121.00
5 Charges to be deleted
Enter RETURN to continue or '^' to exit:
```

7.5.19. Inactivate / List Inactive Codes in Charge Master

This option searches the charges in the Charge Master for inactive CPT codes. It then inactivates all charges associated with those inactive CPT codes. To confirm the charges should be inactivated, a report of charges for inactive CPT codes may be printed.

Sample Output

```
Charges for Inactive CPT's                          May 29, 1997  13:47  Page 1
Charge Item        Effective   Inactive    Charge Set          Charge   Rev Cd
-------------------------------------------------------------------------------
00806              02/01/95                AMB SURG REGION     394.00    333
11701              02/01/95                AMB SURG REGION     343.34
11701 - 54         05/01/96                AMB SURG REGION      34.20
25146 - 66         02/01/95                AMB SURG REGION     942.00
25153              05/01/96                AMB SURG REGION     234.23
5 Charges for Inactive CPT's
```

8. IRM System Manager's Integrated Billing Menu

8.1. Purge Functionality

The first option in the Purge Menu, Purge Update File, is used to delete all CPT entries from the temporary file, UPDATE BILLABLE AMBULATORY SURGICAL CODE (#350.41), after transferred to the permanent file, BILLABLE AMBULATORY SURGICAL CODES (#350.4). This is usually done yearly, after a HCFA update of the CPT codes.

The remainder of the options in this menu are used to archive and purge billing data. The files that may be archived and subsequently purged are the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and the BILL/CLAIMS file (#399).

Billing data from the current and one previous fiscal year, at a minimum, must be maintained online; however, the user may opt to maintain data from additional fiscal years, if desired.

The following criteria must be met to purge billing data.

Table 44: Common Actions

Action	Description
INTEGRATED BILLING ACTION File (pharmacy copayment actions)	The prescription that caused the action to be created must have been purged from the pharmacy database before the action may be archived. In addition, the bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
CATEGORY C	Only clocks with a status of CLOSED or
BILLING CLOCK file	CANCELLED and a clock end date prior to the selected time frame are included.
BILL/CLAIMS file	The bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.

There are three steps involved in the archiving and purging of these files.

1. A search is conducted to find all entries that may be archived through the Find Billing Data to Archive option. The user selects which of the three files to include in the search. The entries found are temporarily stored in a sort (search) template in the SORT TEMPLATE file (#.401). An entry is also made to the IB ARCHIVE/PURGE LOG file (#350.6). This log may be viewed through the Archive/Purge Log Inquiry and List Archive/Purge Log Entries options.

   The List Search Template Entries option allows the user to view the contents of a search template. The user may delete entries from the search template using the Delete Entry from Search Template option.

2. The entries are archived using the Archive Billing Data option. It is highly recommended to archive the entries to paper (print to a non-slave printer) as there is currently no functionality to retrieve or restore data that has been archived.

3. The data is purged from the database using the Purge Billing Data option. The search template containing the purged entries is also deleted. An electronic signature code and the XUMGR security key are required to archive and purge data.

8.1.1. Select Default Device for Forms

This option is used to select the default devices on which third-party claim forms will print. The devices entered through this option will appear as the default devices when using options that generate these forms. Separate devices may be entered for each type of form.

The user will be prompted for the form type. To avoid making duplicate entries of the same form type, it is suggested to type <??> at this prompt to first view the selections.

The user will then be prompted for a default printer (in Billing) and a follow-up printer (in Accounts Receivable). The user **must** enter an Accounts Receivable default device for follow-ups for every form except the UB-82.

In order to utilize the Print Authorized Bills option on the Third-Party Billing Menu, the user must set up billing default printers for each form type through this option. Any form type not set up with a billing default printer will not print when utilizing the Print Authorized Bills option.

The billing default printer must be added for the BILL ADDENDUM form type for the addendums to automatically print for every HCFA-1500 bill with prescription refills or prosthetic items.

8.1.2. Display Integrated Billing Status

The Display Integrated Billing Status option allows the user to view data from the IB SITE PARAMETER file and pertinent information about the status of the IB background filer. For further explanation of the IB site parameters, please refer to the Enter/Edit IB Site Parameters option documentation.

One or more of the following messages may appear:

- The Integrated Billing filer has more than 10 transactions in the queue.
- The Integrated Billing filer is not running and has transactions to file.
- The Integrated Billing filer is late. It hasn't run since {date/time}.

If the second message appears, use the Start the Integrated Billing Background Filer option to start the filer. If the first or third message appear, recheck the status in a few minutes. If the message(s) persists or the **Number of Transactions in Queue** increases, use the Start the Integrated Billing Background Filer option to start the filer.

8.1.3. Enter / Edit IB Site Parameters

The Enter/Edit IB Site Parameters option allows the user to enter or edit the INTEGRATED BILLING SITE PARAMETER file.

The following is a list of the parameters that may be entered/edited through this option. It should be noted that modification of these parameters may affect the performance of the Integrated Billing background filer.

Table 45: IB Site Parameters

Parameter	Description
FACILITY NAME	The name of the facility from the INSTITUTION file (there must be a station number associated with this entry). This value will be used by IFCAP in determining the bill number.
FILE IN BACKGROUND	If set to YES, the background filer will run as a background job. If set to NO or left blank, filing will occur as applications pass data to Integrated Billing.
FILER UCI, VOL	The UCI and volume set where the user want the IBE filer to run. It is recommended that the filer run on the volume set that contains either the IB globals or the PRC globals. VAX sites should leave this field blank.
FILER HANG TIME	The number of seconds that the filer will remain idle after finishing all transactions and before checking for more transactions to file. The filer will shut itself down after 200 hangs with no activity detected. If this field is left blank, the default value is two.
COPAY BACKGROUND ERROR GROUP	The mail group to receive mail messages from the IBE filer when an unsuccessful attempt to file is detected. **IB ERROR** will be entered during installation and will appear as a default the first time this option is used; however, it may be edited to any mail group.
COPAY EXEMPTION MAIL GROUP	The mail group to receive the copay exemption messages. The mail group specified as the Copay Background Error Group will be entered during installation and will appear as the default the first time this option is used. It may be edited to any mail group.

Parameter	Description
USE ALERTS	If the facility has Version 7 or higher of Kernel installed, select whether to use alerts or bulletins for internal messages in Integrated Billing. The same mail group (Copay Background Error Group) will receive both alerts and bulletins. This functionality is only available for the Medication Copayment Exemption software; however, if this is a desirable feature it may be expanded in the future. If this field is left unanswered, it defaults to NO and IB will use bulletins.
CATEGORY C BILLING MAIL GROUP	Members of this mail group will receive messages when Means Test / Category C billing processing errors have been encountered and when movements and Means Tests for Category C patients have been edited or deleted. **IB CAT C** will be entered during installation and will appear as a default the first time this option is used; however, it may be edited to any mail group.
PER DIEM START DATE	The date that the facility informed Category C patients of the new per diem charges and began per diem billing. This field represents the earliest date for which the hospital ($10.00) or nursing home ($5.00) per diem charge may be billed to a Category C patient as mandated by Public Law 101-508 (implemented on November 5, 1990). Per diem billing will not occur if this field is left blank.
MEANS TEST BILLING MAIL GROUP	Members of this mail group will receive bulletins when Means Test billing processing errors have been encountered, and when movements and Means Tests have been edited or deleted for Veterans that require Means Test charges.
IB MEANS TEST	Members of this mail group will receive messages to review the charge(s) for a patient with a National Category 1 High Risk for Suicide flag that were activated or inactivated on the previous day.

Sample Screen

```
Subj: IB SHRPE 'HRfS' IB charges review for 6/20/2018 [XXXXXXX] 06/20/18@18:24
11 linesFrom: INTEGRATED BILLING PACKAGE In 'IN' basket. Page 1

The following patient had the HRfS (Cat I) flag activated/inactivated,
and the following charges created on 6/19/2018 should be reviewed by
IB revenue staff:
Patient: IBPATIENT,BEIGHT Pt. ID: XXXXX
User: XXXXXXXXX
XXXXXXXX-THROAT LO-1 : XXX-XXXXXXX
OPT COPAYMENT : XXX-XXXXXXX
XXXXXXX-HALOPERIDO-1 : Pending
XXXXXXX-MICONAZOLE-1 (r): XXX-XXXXXXX
```

8.1.4. Inquire an IB Action

The Inquire an IB Action option provides a display of a captioned inquiry for a specified IB action. The purpose of this inquiry is to provide a quick reference of all the fields for all IB actions for a reference number.

8.1.5. Patient IB Action Inquiry

The Patient IB Action Inquiry option provides a brief display of IB actions for a selected patient and date range. The purpose of this inquiry is to provide a quick reference of all the fields for all IB actions for a patient.

8.1.6. Repost IB Action to Filer

The Repost IB Action to Filer option allows Integrated Billing action entries that did not successfully pass to Accounts Receivable to be reposted to the IB filer.

Though this option will seldom, if ever, be used, it allows transactions with a status of COMPLETE (which do not have an Accounts Receivable transaction number assigned) to be reposted.

If there is not enough data to repost the action or if the number selected already has an Accounts Receivable transaction number assigned to it, an appropriate message will be displayed, and the first prompt will be repeated. If the reposting is successful, the user will simply return to the first prompt.

8.1.7. Start the Integrated Billing Background Filer

When a filer job has terminated unexpectedly, this option may be used to force a filer to start running.

If a filer is currently running, the following message will be displayed:

```
<<<<WARNING!!! Filer appears to have been started on (date/time)>>>>
```

The user will then be given the option of starting a second filer.

8.1.8. Stop the Integrated Billing Background Filer

This option may be used to shut down the IB background filer. The filer will cease when it has finished processing all its known transactions. Processing with Accounts Receivable will then be accomplished in the foreground.

When the user shutdown the filer through this option, the FILE IN BACKGROUND site parameter is automatically edited to NO. The IB engine will file in the foreground until that parameter is edited to YES through the Enter/Edit IB Site Parameters option.

8.1.9. Verify RX Co-Pay Links

The Verify RX Co-Pay Links option compares the soft link stored in Integrated Billing with the pointer in the PRESCRIPTION file pointing back to Integrated Billing to provide a display/printout of all integrated billing actions that do not verify for a selected range of reference numbers.

Means Test charges may appear on this report if listed in the B cross-reference when there is no actual entry for the reference (this should rarely happen) or if the Means Test charge has no soft link.

This option should be used as a tool for resolving problems. False errors may be reported for several legitimate occurrences, such as the RX was deleted, or the copay canceled.

The Cerner entries for Rx Co-Pay use an HL7 connection. The Logical Link is IBARXCVDF. Failure of a message to or from Cerner will generate an error in the HL7 Log, but will still appear in this list. There is no other difference with the Cerner Rx Co-Pay process than the method of communication to Cerner.

Sample Output

```
Verify Integrated Billing links to Pharmacy            APR 10, 1991  Page:1
Verify IB Reference Number 5001 to 50010
REF. NO.   PATIENT                  SSN   RX#       REFILL    IB LINK
CHARGE ID   TRANS ERROR MESSAGE
--------------------------------------------------------------------------------
XXXX         IBpatient,one          XXXX  RX#XXX 120          52:125
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,two          XXXX  RX#XXXXXX 51        52:111125;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,three        XXXX  RX#XXXXXX 1         52:111128;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,four         XXXX  RX#XXXXXX 99991     52:111199;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,five         XXXX  RX#XXX 120          52:125
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,six          XXXX  RX#XXXXXX 51        52:111125;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,seven        XXXX  RX#XXXXXX 1         52:111128;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
XXXX         IBpatient,eight        XXXX  RX#XXXXXX 1         52:111128;1:1
XXX-XXXXXX X      IB CROSS-REFERENCE BUT NO ENTRY
XXXXX        IBpatient,nine         XXXX  RX#XXXXXX 99991     52:111199;1:1
XXX-XXXXXX X      RX ENTRY MISSING IB NODE
```

8.1.10. Forms Output Utility

This option displays a list of local forms defined for the site and the associated actions allow the user to add local forms and data elements and to override specific fields on a local form associated with the national one. It also allows the user to define a local SCREEN 9 for bill data entry.

8.1.10.1. List of Local Forms Screen

Add Local Form

This action allows the user to define local output billing forms and local input data screens that are not supported nationally but are needed for specific insurance companies or bill types. It provides the ability to create new forms/screens from scratch, as well as provides for two ways to easily create a new form **copy** based on an existing nationally released form.

The WANT TO ASSOCIATE THIS FORM WITH A NATIONAL FORM? field allows the user to associate a new local form with a nationally released form without copying any data. This association allows each site to create a local form, but only require modifications to the fields of

the form that are different from the nationally released definitions. Any form field definition that is not changed on the local form will continue to use the standard national definition. Any changes from the national definition, however, will be stored as local entries that, when a bill is generated using this local form definition, will override the nationally released definition for these changed fields only. This way, data changes can be made without the site having to take responsibility for maintaining the entire form. Only forms that have the same BASE FILE NUMBER and FORM TYPE can be copied. Any local changes made must be tracked carefully as the site will be responsible for maintaining any locally modified fields should future changes become necessary. Since unmodified fields still rely on the national form for definition, any changes made via a nationally released update to unmodified fields on the form will be automatically incorporated into a local form definition associated with a national form definition.

The WANT TO COPY ALL FIELDS FROM AN EXISTING FORM? field allows a straight copy, where the field definitions for a selected form are all copied into new entries referencing the new local form. Any local form created via an **unassociated** copy will have NO link back to the national form once the copy is completed.

Since no changes to nationally released software will be made to these local entries, the user is free to modify the new form definition in whatever way needed and is responsible for all changes that are made or will need to be made in the future.

Form View/Edit

Allows the user to view and edit a selected form. This action brings the user to the Detailed View of Local Form Screen. See below.

Add/Edit Local Data Elements

Allows the user to define local data elements that are not supported nationally but are needed to be included on one or more local billing form(s). Nationally released data element definitions CANNOT be modified via this action.

View Data Element

Allows the user to view the description, extract code, and other attributes of any data element defined at the site, both national and local.

Test Form

Allows the user to test the output of a selected form.

8.1.10.2. Detailed View of Local Form Screen

Edit Local Form Demographics

Allows the user to edit the name, description, pre and post processing logic and the extract and output logic for local forms.

Delete A Local Form

Allows the user to delete a locally defined form. When the form is deleted, all form fields and form field definitions (not data element definitions) associated with that form are also deleted.

Edit Form Fields

Allows the user to edit the field content defined for a local form associated with a national form that has local **override** field content definitions; or to edit any local, unassociated form field's form position data and field content definitions. This action brings the user to the Bill Form Fields Screen. See below.

Switch Form

Allows the user to switch between forms without exiting the option.

8.1.10.3. Bill Form Fields Screen

Add Local/Override Field

Allows the user to add fields to a local unassociated form and allows the addition of 'override' fields for local modifications to any form.

Delete Local Form Field

Allows the user to delete the 'override' form field content definitions for a local form associated with a national form or to delete any fields defined for an unassociated local form that do not have override fields defined (the user must delete any override fields first).

Edit Local Form Field

Allows the user to edit the field content for a local form such as page or sequence, first line number, starting column or piece, maximum number of lines, short description, etc.

Local Field Content Definition

Allows the user to edit the **override** form field content definitions for a local form associated with a national form, or to edit the form field content of any field on an unassociated local form.

Add/Edit Local Data Elements

Allows the user to define local data elements that are not supported nationally but are needed to be included on one or more local billing form(s). Nationally released data element definitions CANNOT be modified via this action.

View Data Element

Allows the user to view the description, extract code, and other attributes of any data element defined at the site, both national and local.

View Form Fields

Allows the user to view the composition of a local 'override' or national form field for a local form. This includes both the form field's form position data as well as the associated form field content definition.

Example 1 - CUSTOM BILL PRINT

The site needs to print the total charge, not unit charge, in Block 24F on the HCFA 1500.

1. If there is not currently a local form defined for the HCFA 1500, use the ADD A LOCAL FORM option to add a form that will become the local HCFA 1500. Base file will be 399, print form type will be P (printed). Respond Yes to associate with national form

question and choose the HCFA 1500 as the parent form. Give it a form length of 66 and enter a short description like Local 1500. Since this form is now **associated** with the national HCFA 1500 form, all the fields will default to the definition provided by the national HCFA 1500 form when the bills are printed. The only time to change the pre and post processing, edit or output routines, is if the user does not want the national defaults, but wants to write on the users own. Be very careful of any change to these executable fields.

2. Select View Form and, if prompted for selection, enter the local HCFA 1500 form sequence # from the list displayed. This will display the general characteristics of this form.
3. Choose the Edit Form Fields action (FF). This will display a list of the form fields that make up this form.
4. Press return for NEXT SCREEN until the field CHARGES (BX-24F) appears in the field list.
5. The charge field is a data element that is not able to be extracted on its own. Its value depends on the "line" within box 24 that it will print on because it depends on revenue, code, date, etc. This kind of data element is considered part of a "group" element and that group element must be extracted before any of its group member data element can be output. The group data element for charges is N-HCFA 1500 SERVICES (PRINT). If the user utilizes the View Data Element option and enter this group element name, it sets up the array, IBXSAVE ("BOX24", line #) for later use by its group member elements. The user will also see that the 9th "^" piece of this array is the # of units. This is a calculate only field (no output from it when it is processed).
6. Select the Add Local/Override Field option and enter the sequence number of the CHARGES field.
7. Respond Yes to OK? prompt and to the copy over from the original field question. This is always a good idea so the user can see what the original format of the field was.
8. Leave the data element field the same and do not enter an insurance company or bill type unless the user wants to restrict this change to a specific insurance company and/or bill type.
9. Now change the format field to multiply the value of charges (in variable IBXDATA (line #)) by the value of the units on the corresponding line # (in the 9th "^" piece of IBXSAVE ("BOX24", line #)).

   Replace $J(IBXDATA(Z) With
   $J(IBXDATA(Z)*$P($G(IBXSAVE("BOX24",Z)),"^",9)

10. Now modify the format description to reflect the change just made, and the override of the field is complete.
11. To make the formatter print the local copy of the HCFA 1500, use the IRM menu option, Select Default Device for Forms, and enter the name of the local form as the value of the PRINT FORM field. The next time a HCFA 1500 bill prints, it will print the charges as total charges, not a unit charge.

Example 2 - LOCAL SCREEN 9

The site needs to print the provider's phone number in Form Locator 11 on the UB-92 for inpatient bills for insurance company Blue Cross of East Wherever and this data is not currently captured in VistA.

There are several steps involved in this task. First, the user must set up a local field for this data in the bill/claims file and define a local data element in the forms data element file, then create or modify a local Screen 9 to enable the clerks to input this data for this insurance company's bills. The user then needs to edit the local UB-92 print form to include this data in Form Locator 11 for this insurance company and attach this local Screen 9 to the national UB-92 bill form. Only the steps for the creation of local Screen 9 are included here.

1. Use FileMan to add a local form field, numbered at least 10000 and stored on a numeric node of at least 10000 for this new data element. These are the only kind of fields that can be INPUT on a local Screen 9 (any field can be displayed).
2. Using the output formatter, select the Add/Edit Local Data Elements action. Enter a name for this new data element. Only national fields can start with N-, so any other name is valid. Set the base file to 399 and the type of element to **F** (FileMan). Type the name that the user gave the local field in step 1 as the FileMan field reference. Make sure the user types it correctly as no edit checks are made on the field at this point. For FileMan return format, use **I** if the user wants the **raw** data returned or **E** if the user wants FileMan to return it in display format. Then enter a description of the field to identify the list of local data elements.
3. Again, using the output formatter, if there is not currently a local form defined for local Screen 9 for the national UB-92 form, use the ADD A LOCAL FORM option to add this form. Base file will be 399, print form type will be S (screen). Respond No to associate with national form question and to the copy fields form another form question. Enter a short description. For now, do not put any code in the form pre and post processing fields. Code can be written to do edits for the data on the screen that will prevent it from being authorized unless the edits are passed (post-processing). The pre-processing is used to set up any variables that may be needed to process this screen. The pre-processing is executed before the screen is displayed; the post-processing takes place after the standard authorize edits are executed upon leaving the bill.
4. Select View Form (VF) and, if prompted for selection, enter the local UB-92 screen form sequence #. This will display the general characteristics of this form.
5. Choose the Edit Form Fields action (FF). This will display a list of the form fields that make up this form or, if a new form, will display **No fields currently defined for this form**.
6. Choose Add Local/Override Field action (AF). If there are any fields already defined for this screen, there will be a prompt to allow the user to override an existing field. Respond No if this question is asked. Respond 1 for page/seq then enter the number of the line on the screen where the user wants to prompt for this field to appear and the column the prompt should start in. Skip max # of lines since this data element can have only one value per bill. Enter a length for the field and it should be long enough to hold the data and its prompt if one is desired. Leave pad as none and edit status as editable. Give it an

edit group number that is different from any other group that may already be on the screen. For this data element, assume the field will be output exactly as it is stored, so no format code is needed.

7. Now follow steps 1-3 in the first example but use the UB-92 national form wherever it says to use the HCFA 1500.
8. Press return for NEXT SCREEN until the field FORM LOCATOR 11 (FL-11/1) appears in the field display area.
9. Select the Add Local/Override Field action and enter the sequence number of the FORM LOCATOR 11 (FL-11/1) field.
10. Respond Yes to OK? prompt and No to the copy over from the original field question. This is OK in this case because the new data element is a single-valued field that has absolutely nothing to do with the field it is overriding.
11. Enter the name of the local data element for the provider phone number in the data element field. Enter the BLUE CROSS of EAST WHEREVER insurance company name at the insurance company prompt. Enter bill type as inpatient to restrict this change to a specific bill type for this one insurance company. There is no need to enter Format code or description as we're assuming the data is displayed the same way it is stored in the database. If the user wants it displayed with dashes, but store just the numeric, reformat it using M code here. Make sure there is a FileMan input transform on the data field to strip out the dashes before it stores it. This will now be the override field output for inpatient bills for the BL CR of EAST WHEREVER insurance company's form locator 11.
12. To make the formatter print the local copy of the UB-92 and to associate this local Screen 9 with the UB-92 form type, use the IRM menu option, Select Default Device For Forms, and enter the name of the local form as the value of the PRINT FORM field and the name of the local UB-92 Screen 9 as the local form just created/edited.
13. The next time a UB-92 bill is entered/edited whose insurance company is BL CROSS of EAST WHEREVER, there will be a Screen 9 available to allow entry of the provider phone #. This field will also print on the UB-92 as the first line in Form Locator 11 when the bill is printed.

8.2. Purge Menu

8.2.1. Purge Update File

The XUMGR security key is required to access this option.

The Purge Update File option is used to delete all CPT entries in the temporary file, UPDATE BILLABLE AMBULATORY SURGICAL CODE (#350.41) that have been successfully transferred to the permanent file, BILLABLE AMBULATORY SURGICAL CODE (#350.4). Upon completion, a total number of entries deleted is provided.

If the UPDATE BILLABLE AMBULATORY SURGICAL CODE file is not purged, the next file transfer through the Run Amb. Surg. Update option, all entries previously transferred successfully will show as errors under: **Codes already have entries for given effective date** and **Codes unable to transfer**.

8.2.2. Archive Billing Data

The XUMGR security key and an electronic signature code are required to complete the archive process.

This option is used to archive data contained in search templates. Search templates are created from the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and/or the BILL/CLAIMS file (#399) using the Find Billing Data to Archive option. Select which of the files to archive.

It is recommended the user archive the entries to paper (print to a device) as there is currently no functionality to retrieve or restore archived data.

The archive process is automatically queued. All data elements in the file for each entry in the search template are archived.

The user will be notified of the results via electronic mail. The ARCHIVE/PURGE LOG file (#350.6) is updated when the purge is completed. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING ARCHIVING OF BILLING DATA  [#109348] 24 Jun 92 15:32  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
------------------------------------------------------------------------------
The subject job has yielded the following results:
                                  Archive           Archive       # Records
File                        Log#  Begin Date/Time    End Date/Time     Archived
------------------------------------------------------------------------------
CATEGORY C BILLING CLOCK    120  06/24/92@15:29:26  06/24/92@15:51:07    235
BILL/CLAIMS                 121  06/24/92@15:51:10  06/24/92@16:32:39    463
Select MESSAGE Action: IGNORE (in IN basket)//
```

Sample Outputs

```
Archived CATEGORY C BILLING CLOCK        JUN 24, 1992@15:29:28         Page: 1
------------------------------------------------------------------------------
REFERENCE NUMBER: 50045    PATIENT: IBpatient,one
  CLOCK BEGIN DATE: JAN 11, 1986  STATUS: CLOSED
  1ST 90 DAY INPATIENT AMOUNT: 1738.00  NUMBER INPATIENT DAYS: 2
  CLOCK END DATE: JAN 10, 1987
REFERENCE NUMBER: 50178    PATIENT: IBpatient,two
  CLOCK BEGIN DATE: MAR 16, 1989  STATUS: CANCELLED
  1ST 90 DAY INPATIENT AMOUNT: 754.00   NUMBER INPATIENT DAYS: 1
  CLOCK END DATE: MAR 17, 1989   USER ADDING ENTRY: JOHN
  DATE ENTRY ADDED: MAR 19, 1989
Archived BILL/CLAIMS                     JUN 24, 1992@15:30:30         Page: 1
------------------------------------------------------------------------------
ACCOUNTS RECEIVABLE NUMBER: XXX-XXXXX   BILL NUMBER: XXXXX
PATIENT NAME: IBpatient,one      EVENT DATE: NOV  3, 1988
LOCATION OF CARE: HOSPITAL (INCLUDES CLINIC) - INPT. OR OPT.
BILL CLASSIFICATION: OUTPATIENT
TIMEFRAME OF BILL: ADMIT THRU DISCHARGE CLAIM
RATE TYPE: MEANS TEST/CAT. C     WHO'S RESPONSIBLE FOR BILL?: PATIENT
STATUS: PRINTED     STATUS DATE: JAN 30, 1990
PRIMARY BILL: XXXXXX       SC AT TIME OF CARE: YES
FORM TYPE: UB-82
MAILING ADDRESS NAME: ONE IBPATIENT
MAILING ADDRESS STREET: 123 MAIN STREET
MAILING ADDRESS CITY: ANYTOWN    MAILING ADDRESS STATE: ANYTOWN
```

```
MAILING ADDRESS ZIP CODE: 12208
NUMBER: 500  REVENUE CODE: 500
CHARGES: 127.00     UNITS OF SERVICE: 1
TOTAL: 127.00 BEDSECTION: OUTPATIENT VISIT
DATE ENTERED: NOV  3, 1988
ENTERED/EDITED BY: RICHARD
INITIAL REVIEW: YES INITIAL REVIEW DATE: NOV  3, 1988
INITIAL REVIEWER: RICHARD
SECONDARY REVIEW: YES      SECONDARY REVIEW DATE: NOV  3, 1988
SECONDARY REVIEWER: RICHARD
AUTHORIZE BILL GENERATION?: YES  AUTHORIZATION DATE: NOV  3, 1988
AUTHORIZER: RICHARD DATE FIRST PRINTED: NOV  3, 1988
FIRST PRINTED BY: RICHARD
DATE LAST PRINTED: NOV  3, 1988  LAST PRINTED BY: RICHARD
STATEMENT COVERS FROM: NOV  3, 1988     STATEMENT COVERS TO: NOV  3, 1988
IS THIS A SENSITIVE RECORD?: NO  BC/BS PROVIDER #: XXXXXXXX
TOTAL CHARGES: 127.00      FISCAL YEAR 1: 89
FY 1 CHARGES: 127.00
```

8.2.3. Archive / Purge Log Inquiry

The XUMGR security key is required to access this option.

This option is used to provide a full inquiry of any entry in the IB ARCHIVE/PURGE LOG file (#350.6). Once the user enters the log #, all fields in the file for the selected entry will be displayed.

This output may be used to determine the status of a search template, whether archiving or purging has been completed, and who completed the search and/or archive/purge. The number of records, log status, initiator, and begin and end time for each of the three stages of the process (if applicable) are provided. The number of records found, archived, or purged will differ if records are deleted from the search template between processing steps.

Sample Output

```
LOG #: 121    BILL/CLAIMS                                JUN 24, 1992@17:38:16
================================================================================
         Search Template : IB ARCHIVE/PURGE #121
        # Records Purged : 33
              Log Status : CLOSED
  Search Begin Date/Time : JUN 24, 1992@14:51:38
    Search End Date/Time : JUN 24, 1992@15:24:08
        Search Initiator : EMPLOYEE
 Archive Begin Date/Time : JUN 24, 1992@15:40:10
   Archive End Date/Time : JUN 24, 1992@16:15:39
       Archive Initiator : EMPLOYEE
   Purge Begin Date/Time : JUN 24, 1992@16:32:47
     Purge End Date/Time : JUN 24, 1992@17:10:05
         Purge Initiator : EMPLOYEE
```

8.2.4. Delete Entry from Search Template

Once an entry meets the search criteria to be archived and subsequently purged and has been included in a search template, this option may be used to remove the entry from the template and prevent it from being purged. This option might be used for entries that meet the search criteria but because of unusual circumstances must be maintained online.

If more than one search template exists, it will be displayed for selection. Once selected, all records in that template will be displayed. The user will then be allowed to choose which records to delete from the template.

8.2.5. Find Billing Data to Archive

The Purge Menu and this option are locked with the XUMGR security key.

This option is used to identify records that meet the criteria to be archived and purged from the INTEGRATED BILLING ACTION file (#350), the CATEGORY C BILLING CLOCK file (#351), and the BILL/CLAIMS file (#399). Entries that are selected to be archived and subsequently purged are placed in a search (sort) template in the SORT TEMPLATE file (#.401). These entries may be viewed/printed through the List Search Template Entries option.

The user opts to which of the three files to include in the search and specifies a different archive/purge time frame for each file; however, a minimum of the current plus one previous fiscal year must be maintained online. In cases where interim claims exist, the claim may only be archived/purged if the final claim can be archived/purged.

The following criteria must be met for the prescription, clock, or bill to be included.

Table 46: Common Actions

File	Description
INTEGRATED BILLING ACTION File (pharmacy copay actions)	The prescription that caused the action to be created must have been purged from the pharmacy database before the action may be archived. In addition, the bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
BILLING CLOCK File	Only clocks with a status of CLOSED or CANCELLED and a clock end date prior to the selected time frame are included.
BILL/CLAIMS File	The bill must be closed in Accounts Receivable. The date the bill was closed is used to determine whether it will be included. The search is automatically queued, and the user is notified of the results via electronic mail. An entry is made in the ARCHIVE/PURGE LOG file (#350.6) each time a search template is created. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING SEARCH OF BILLING DATA  [XXXXXXX] 16 Dec 93 14:41
  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
------------------------------------------------------------------------------
The subject job has yielded the following results:
                                  Search            Search        # Records
File                        Log#  Begin Date/Time    End Date/Time      Found
------------------------------------------------------------------------------
CATEGORY C BILLING CLOCK    154  12/16/93@14:40:50  12/16/93@14:40:54     82
BILL/CLAIMS                 155  12/16/93@14:40:55  12/16/93@14:40:58      1
Select MESSAGE Action: IGNORE (in IN basket)//
```

8.2.6. List Archive / Purge Log Entries

The XUMGR security key is required to access this option.

This option is used to list all log entries in the IB ARCHIVE/PURGE LOG file (#350.6). Entries are listed in the order added to the file. A new entry is filed each time a new search template is created through the Find Billing Data to Archive option. The log number, archive file, date created, initiator, and status is provided for each entry.

For a more detailed display on specific entries, please use the Archive/Purge Log Inquiry option.

Sample Output

```
INTEGRATED BILLING ARCHIVE/PURGE LOG ENTRIES   JUN 25,1992  07:57    PAGE 1
                                 DATE
LOG#  ARCHIVE FILE               CREATED    INITIATOR                STATUS
-------------------------------------------------------------------------------
1     INTEGRATED BILLING ACTION  05/01/92   IBpatient,one            CLOSED
2     CATEGORY C BILLING CLOCK   05/01/92   IBpatient,two            CANCELLED
3     CATEGORY C BILLING CLOCK   05/01/92   IBpatient,three          CLOSED
4     BILL/CLAIMS                05/01/92   IBpatient,four           CLOSED
5     INTEGRATED BILLING ACTION  06/01/92   IBpatient,five           CLOSED
6     CATEGORY C BILLING CLOCK   06/01/92   IBpatient,six            CLOSED
7     BILL/CLAIMS                06/01/92   IBpatient,seven          CLOSED
8     INTEGRATED BILLING ACTION  07/02/92   IBpatient,eight          CLOSED
9     CATEGORY C BILLING CLOCK   07/02/92   IBpatient,nine          CANCELLED
10    BILL/CLAIMS                07/02/92   IBpatient, ten           CLOSED
```

8.2.7. List Search Template Entries

A search template is created in the SORT TEMPLATE file (#.401) each time the Find Billing Data to Archive option is used. The List Search Template Entries option is used to list all entries in a search template that are scheduled to be archived and subsequently purged. This list may be used to review entries and ensure entries are included in the archive/purge of the file. If the user has an entry that meets the purge criteria, but due to unusual circumstances must be maintained online, it may be deleted from the search template through the Delete Entry from Search Template option.

If more than one template exists, these templates will be listed for selection. The output may be sorted by patient as well as an additional specified field. <??> may be entered for a list of appropriate fields for selection and additional commands that may be used to customize the list. The selectable fields differ depending on the file. The user will be prompted to enter a range for patient name(s) and the additional field (if selected). If the user accepts the default of FIRST, the system will assume to include all entries.

The fields included in the display will depend on which of the three files the template is created from. The patient's name and status are displayed for all three files. The INTEGRATED BILLING ACTION file (#350) also displays a brief description of the pharmacy prescription and the date it was added to the field. The CATEGORY C BILLING CLOCK file (#351) displays the clock begin and end dates. The BILL/CLAIMS file (#399) displays the rate type and status date.

Sample Output

```
CATEGORY C BILLING CLOCK SEARCH TEMPLATE       JUN 23,1992  16:35    PAGE 1
                                CLOCK BEGIN             CLOCK END
PATIENT                         DATE         STATUS     DATE
-------------------------------------------------------------------------------
IBpatient,one                   JUN 28,1988  CLOSED     JUN 27,1989
IBpatient,two                   MAY 30,1989  CANCELLED  MAY 29,1990
IBpatient,three                 MAR 15,1989  CLOSED     MAR 14,1990
IBpatient,four                  SEP  1,1988  CLOSED     AUG 31,1989
IBpatient,five                  JAN  2,1989  CLOSED     JAN  1,1990
```

8.2.8. Purge Billing Data

This option is used to purge data from the INTEGRATED BILLING ACTION file (#350) (pharmacy copayment transactions only), the CATEGORY C BILLING CLOCK file (#351), and/or the BILL/CLAIMS file (#399). For entries to be purged, they must first be stored in a search template created by the Find Billing Data to Archive option and archived through the Archive Billing Data option. If there is more than one search template created and archived, select which file(s) to purge.

The XUMGR security key and an electronic signature code are required to complete the purge process. The purge is automatically queued, all data elements in the file for each entry in the search template are purged, and the search template is deleted.

The user will be notified of the results via electronic mail. The ARCHIVE/PURGE LOG file (#350.6) is updated when the archive is completed. The log # provided in the mail message may be used for inquiries to this file.

Sample Message

```
Subj: INTEGRATED BILLING PURGING OF BILLING DATA  [XXXXXXX] 24 Jun 92 15:41
  8 Lines
From: INTEGRATED BILLING PACKAGE  in 'IN' basket. Page 1  **NEW**
-------------------------------------------------------------------------------
The subject job has yielded the following results:
                                    Purge             Purge        # Records
File                         Log#  Begin Date/Time    End Date/Time      Purged
-------------------------------------------------------------------------------
CATEGORY C BILLING CLOCK     120  06/24/92@15:35:56  06/24/92@15:50:29    235
BILL/CLAIMS                  121  06/24/92@15:50:47  06/24/92@16:41:05    463
Select MESSAGE Action: IGNORE (in IN basket)//
```

8.3. Charge Master IRM Menu

8.3.1. Load Host File into Charge Master

This option allows new rates and charges to be added to the Charge Master form host files. This is only available for specific rates and charges. The Host file must be in a predefined format to be read correctly.

The following is a list of available choices.

- Load CMAC into XTMP - Upload the CMAC from a host file.
- Load AWP into XTMP - Upload Average Wholesale Price list from a host file.
- Assign Charge Set - Assign charges loaded into XTMP to Charge Sets.

- Check Data Validity - Check files waiting to be loaded into the Charge Master for data validity.
- Load into Charge Master - Check files waiting to be loaded into the Charge Master for data validity and upload files.
- Delete XTMP files - Delete files in XTMP.

8.3.2. Rate Schedule Adjustment Enter / Edit

This option allows the enter/edit of the Rate Schedule Adjustment field (#363.10). This field causes all charges for a schedule to be adjusted by a site defined amount. It requires M-code that is executed to provide the adjusted amounts and therefore, requires programmer access (DUZ(0)="@").

This Adjustment will have an immediate effect on the charges of the Rate Schedule. The user can confirm the adjustment with a **YES** response, deny the adjustment with a **NO** response, or enter ^ to exit the option and not change the adjustment.

8.3.3. RC Change Facility Type

This option allows a site to change the Facility Designation of a division for which charges have been installed from Provider Based to Non-provider Based or vice versa. This entails multiple steps to inactivate the existing charges and then calculate and load the new charges.

8.3.4. Start the CHAMPUS Rx Billing Engine

This option is used by IRM personnel to queue the background filer. Several parameters must be set before this job can be queued to run; if not set, the job will not be queued. This job will cause four jobs to be queued. The first job is the background filer itself. After this job has been queued and has successfully opened a TCP/IP channel with the RNA system, this job will queue off a secondary filer job. If the first job aborts in any way, the secondary filer will assume the responsibilities of the primary filer and spawn another secondary filer. The option also directly queues a second job to open a separate TCP/IP channel with the RNA system to receive updates of the Average Wholesale Pricelist (AWP). This update is normally received weekly. The AWP Update job will also spawn a secondary job, in a manner like the background filer, which will take over for the primary AWP update job if that job aborts.

NOTE: *After the AWP Update is received, members of the IB CHAMP RX START mail group will receive an alert notifying the user that the update has completed.*

8.3.5. Stop the CHAMPUS Rx Billing Engine

This option may be used to gracefully shut down the billing engine if a planned system shutdown is scheduled to occur, or if the RNA system is scheduled to be shutdown. The option sets a flag that calls for both the background filer and AWP update engine to stop running. The secondary jobs for both jobs will shut down as well.

8.3.6. Edit the CIDC Insurance Switch

The IB SUPERVISOR security key is required to access this option.

This option is used to edit the Clinical Indicators Data Capture (CIDC) insurance switch. The CIDC switch controls how CIDC will function in related VistA applications.

Depending on how the parameter is set, users who hold a PROVIDER KEY will, or will not be prompted with CIDC questions.

The following list are the parameters for the CIDC switch. The default is set to '0'. Changing this default parameter will affect how other CIDC related applications interact with both Providers and Back Door users.

- 0 = Do not prompt any patients (CIDC prompts do not appear).
- 1 = Prompt patients only with active billable insurance (CIDC prompts appear; conditional).
- 2 = Prompt for all patients (CIDC prompts appear).

9. APPENDIX A – Acronyms and Abbreviations

The following table provides definitions and explanations for terms and acronyms relevant to the content presented within this document. For additional terms and acronyms, include references to other VA acronym and glossary repositories (e.g., VA Acronym Lookup and OIT Master Glossary).

Table 47: Acronyms and Abbreviations

Acronym or Term	Definition / Explanation
AC	Add Charges
Admission Sheet	Worksheet commonly used in front of inpatient charts with a workspace available for concurrent reviews.
ALOS	Average Length of Stay.
AMIS	Automated Management Information System
AR	Accounts Receivable
Automated Biller	Utility that establishes third-party bills with no user intervention.
AWP	Average Wholesale Pricelist
Background Filer	A background job that accumulates charges and causes adjustment transactions to a bill.
BASC	Billable Ambulatory Surgical Code.
Billing Clock	A 365-day period, usually beginning when a patient is Means Tested and is placed in Category C, through which a patient's Means Test charges are tracked. An inpatient's Medicare deductible copayment entitles the patient to 90 days of hospital/nursing home care. These 90 days must fall within the 365-day billing clock.
CMAC	CHAMPUS Maximum Allowable Charges
Category C Patient	Those patients responsible for making copayments as a result of Means Test legislation.
CC	Community Care
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services; former TRICARE
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
Check-off Sheet	A site-configurable printed form containing CPT codes, descriptions, and dollar amounts (optional). Each check-off sheet may be assigned to an individual clinic or multiple clinics.
CIDC	Clinical Indicators Data Capture
Claims Tracking	Module that allows for the tracking of an episode of care, from scheduling through final disposition of the bill.

Acronym or Term	Definition / Explanation
Collateral Visit	A visit by a non-Veteran patient whose appointment is related to or associated with a patient's treatment.
Continuous Patients	Continuously hospitalized at the same level of care Patient since July 1, 1986.
Converted Charges	During the conversion, the BILLS/CLAIMS file (#399) is checked to ensure that each outpatient visit has been billed. For each visit without an established bill, one is established and given a status of CONVERTED.
Copayment	The charges, required by legislation, that a patient is billed for services or supplies.
CPT	Current Procedural Terminology - A coding method developed by the American Hospital Association to assign code numbers to procedures that are used for research, statistical, and reimbursement purposes.
CSA	Claim Status Awaiting Resolution
Diagnosis Code	A numeric or alpha-numeric classification of the terms describing medical conditions, causes, or diseases.
DOS	Date of Service.
EDI	Electronic Data Interchange (EDI).
eIV	Electronic Insurance Verification.
Encounter Form	A paper form used to display data pertaining to an out-patient visit and used to collect additional data pertaining to that visit.
ERA	Electronic Remittance Advice.
FI	Fiscal Intermediary – the company with which a Tricare patient holds Tricare insurance coverage).
Form Locator	A block on the UB-82 or UB-92 bill form.
FR	Facility Revenue.
HCFA	Health Care Finance Administration.
HCFA-1500	AMA approved health insurance claim form used for outpatient third-party billings.
HINQ	Hospital Inquiry.
HPID	Health Plan Identifier.
IB	Integrated Billing.
ICD	International Classification of Disease.

Acronym or Term	Definition / Explanation
ICD-9	International Classification of Diseases, Ninth Modification: A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.
ICD-10	International Classification of Diseases, Tenth Modification A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.
IIU	Interfacility Insurance Update.
Integrated Billing Action	The billing record of an event or an increase/decrease in the charges related to an event. An event is any billable goods or services provided by the VA.
InterQual Criteria	A method of evaluating appropriateness of care.
IVM	Income Verification Match.
Locality Rate Modifier	The Geographic Wage Index that is used to account for wage differences in different localities when calculating the ambulatory surgery charge. It is multiplied by the wage component to get the final geographic wage component of the charge.
LTC	Long-Term Care.
MAS	Medical Administration Service.
MCCF	Medical Care Collections Fund.
MCCR	Medical Care Cost Recovery - The collection of monies by the Department of Veterans Affairs (VA).
Means Test	A financial report used to determine if a patient may be required to make copayments for care.
MISSION	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act.
MOH	Medal of Honor.
MRW	Medicare Remittance Advice Worklist.
NDC	National Drug Code.
NHCU	Nursing Home Care Unit.
OEID	Other Entity Identifier.
OIT	Office of Information and Technology.
OTH	Other Than Honorable.
PDOD	Payer Date of Death Report.
PI	Patient Insurance.

Acronym or Term	Definition / Explanation
Principal Diagnosis	Condition, established after study, to be chiefly responsible for the patient's admission.
Provider	A person, facility, organization, or supplier that furnishes health care services.
PTF	Patient Treatment File.
QM	Quality Management.
Reimbursable Insurance	Health insurance that will reimburse VA for the cost of medical care provided to its subscribers.
Revenue Code	A code on a third-party bill identifying a specific accommodation, ancillary service, or billing calculation.
ROI	Release of Information.
SSN	Social Security Number.
Stop Code	A three-digit number corresponding to an additional stop / service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.
TAS	Transaction Applications Suite.
TCP/IP	Transmission Control Protocol / Internet Protocol.
Third-Party Billings	Instances where a party other than the patient is charged.
TPJI	Third-Party Joint Inquiry.
UB-82	AMA-approved health insurance claim form previously used for third-party billings.
UB-92	AMA-approved health insurance claim form used for third-party billings.
UC	Urgent Care - A visit to a local health care facility approved by VA for non-emergent health situations authorized under the MISSION Act of 2018 legislation.
UR	Utilization Review - A review carried out by allied health personnel at predetermined times during the hospital stay to assess the appropriateness of care.
VA	Department of Veterans Affairs.
VACO	VA Central Office.
VBA	Veterans Benefits Administration.
VFA	Veterans Financial Assessment Project.
VHA	Veterans Health Administration.

Acronym or Term	Definition / Explanation
VistA	Veterans Health Information System and Technology Architecture.
VAMC	VA Medical Center.
Wage Percentage	The percentage of the rate group unit charge that is the wage component to be used in calculating the HCFA charge for ambulatory surgical procedures.
XPIR	Expire Group Plan.

10. APPENDIX B – Military Time Conversion Table

Table 48: Military Time Conversion Table

Standard	Military
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

11. APPENDIX C – List Manager Appendix

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality:

- Browse through the list.
- Select items that need action.
- Act against those items.
- Select other List Manager actions without leaving the option.

Actions(s) are entered by typing the name(s) or mnemonics(s) at the **Select Action** prompt. Where applicable, multiple actions may be selected with one entry by separating actions with a semicolon (;). For example, the single entry **AL;CI** would cause the software to advance through two separate actions (Appointment Lists and Check In).

Select an action and entry number by using an equals sign (=).

- CI=1: will process entry 1 for check-in.
- CI=3 4 5: will process entries 3, 4, 5 for check-in.
- CI=1-3 : will process entries 1, 2, 3 for check-in.

In addition to the various actions that may be available specific to the option the user is working in, List Manager provides generic actions applicable to any List Manager screen. Enter double question marks (??) at the **Select Action** prompt for a list of all actions available. On the following page is a list of generic List Manager actions with a brief description. The mnemonic for each action is shown in brackets ([ ]) following the action name. Entering the mnemonic is the quickest way to select an action.

Table 49: List Manager Actions

Action	Action
Next Screen [+]	Move to the next screen.
Previous Screen [-]	Move to the previous screen.
Up a Line [UP]	Move up one line.
Down a Line [DN]	Move down one line.
Shift View to Right [>]	Move the screen to the right if the screen width is more than 80 characters.
Shift View to Left [<]	Move the screen to the left if the screen width is more than 80 characters.
First Screen [FS]	Move to the first screen.
Last Screen [LS]	Move to the last screen.
Go to Page [GO]	Move to any selected page in the list.
Re Display Screen (RD)	Redisplay the current screen.

Action	Action
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 the selected text in the list of entries.
Auto Display (On/Off) [ADPL]	Toggles the menu of actions to be displayed / not displayed automatically.
Quit [QU]	Exits the screen.