

December 19, 2011

## REFUND POLICY

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for refunding payments received in error from both Veterans and third-party payers (TPPs) under the Medical Care Collections Fund (MCCF) or TRICARE-Department of Defense (DOD) Medical Sharing programs.

**2. BACKGROUND:** VHA Directive 2008-037 was originally issued to provide official policy and procedures for addressing refunds issued to Veterans for copayment bills or to TPPs for insurance claims. This resulted in establishment of a consistent internal review process for local review of refund requests received and processed. It established proactive communication and coordination among VHA facilities and VHA Central Office operations of the potential liability of high-dollar refund requests made by TPPs or agents acting on their behalf. This is an update to the original Directive and reflects new business oversight rules and provides additional clarification to further assist staff involved with the refund process.

**3. POLICY:** It is VHA policy that VHA Central Office staff, Veterans Integrated Services Networks (VISNs), Consolidated Patient Account Centers (CPACs), and facilities implement a standardized refund policy that encompasses the actions and tracking requirements documented in this Directive and associated attachments no later than January 31, 2012.

### 4. ACTION

a. **Chief Business Office (10NB).** The Chief Business Officer is responsible for:

(1) Notifying the Chief Financial Officer (CFO), Chief Compliance and Business Integrity (CBI) Officer, and the Office of General Counsel (OGC) of all TPP refund requests described in Attachment C and providing any correspondence, documents, and facility analyses regarding the request(s).

(2) Maintaining a continuum of communication and coordination with the CFO, CBI, and OGC throughout the review of refund requests and any potential overpayments exceeding \$25,000 as described in Attachment C.

(3) Issuing guidance for revenue staff on the routine management and processing of refund requests received as part of the daily business operations (such as refunds for Veteran retro-active service-connection awards or other change in eligibility).

(4) Providing assistance to revenue staff in evaluating potential refunds to TPPs in order to determine whether a valid overpayment exists and the amount due the TPP, if any.

**THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2016**

**VHA DIRECTIVE 2011-041**  
**December 19, 2011**

(5) Coordinating with CFO and CBI when a settlement agreement with a TPP is considered by OGC or Regional Counsel (RC).

(6) Ensuring that facility revenue staff receives proper training on VHA policy and procedures related to refund requests.

b. **VISN Director.** Each VISN Director is responsible for ensuring that each facility within the VISN establishes and implements proper procedures to review requests for refunds from both TPPs and Veterans for functions not aligned under a CPAC.

c. **Facility or CPAC Director.** Each facility Director, or designee, or CPAC Director, or designee, is responsible for ensuring that:

(1) The Revenue Supervisor, or designee, the Fiscal Officer, or designee, and the CBI Officer or CBI CPAC Liaison are actively involved in the review process for refunds.

(2) Refund requests below \$5,000 (whether for a single or multiple claims) are reviewed and approved by the Revenue Supervisor, or designee.

(3) Refund requests equal to or above \$5,000 (whether for a single or multiple claims) are reviewed and approved by the Revenue Supervisor, or designee, and the Chief Fiscal Service, or designee.

(a) The Revenue Supervisor, or designee, can be designated the certifying official for refunds. The responsibility of the certifying official is to ensure legality and propriety of the refund by review of official supporting documentation, computations, and correctness of payment under the appropriation or fund involved.

(b) If the Revenue Supervisor, or designee, is under the direct supervision of the Finance Activity, the Revenue Supervisor, or designee can be designated as a certifying official for refunds.

(4) There is compliance with the established nationally-approved refund requirements listed in Attachment A.

(5) Accurate refunds are made from the appropriate accounts and that documentation exists to support the refund using the following table for reference.

<b>Receivable Type</b>	<b>Fund Collections Deposited</b>	<b>Fund Refunds Recorded</b>
Third-party Reimbursable	36X528704	36X528704
Third-party Pharmacy	36X528711	36X528711
First-party Medication Copayments	36X528701	36X528701
First-party Medical Care Copayments; Humanitarian	36X528703	36X528703
Extended Care Copayments	36X528709	36X528709

**VHA DIRECTIVE 2011-041**  
**December 19, 2011**

Receivable Type	Fund Collections Deposited	Fund Refunds Recorded
Interest Paid on Receivables	36 1435	20X1807
Administrative Charges Paid on Receivables	36 3220	20X1807
Medical Services Fund Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), TRICARE, TRICARE Cost shares, Ineligible, Fugitive Felon	36_0160A1	36_0160A1
Funds Deposited to Suspense	36F3875	36F3875
Marshall Fee and Court Cost	36_0869	36_0869
Treasury Offset Program (TOP) Fee	None	36X0160X4

(a) If a bill was audited in Accounts Receivable (AR) using the incorrect fund, the same fund must be used when refunding. It is recommended that both the Fund and the Revenue Source Code be entered on the Standard Form (SF) 1047, Public Voucher for Refunds, as both are required when entering refunds in Financial Management Service (FMS).

(b) In the Veterans Health Information and Technology Architecture (VistA), there are two options that display the appropriate fund and Revenue Source Code (RSC) for a bill:

1. Bill Profile [RCDP BILL PROFILE] in the Agent Cashier's Menu, and
2. Calculate Revenue Source Code for a Bill [PRCA FMS RSC CALCULATE] in the FMS Utilities Menu Option.

(c) It is important to notify staff processing refunds when monies for bills were previously transferred to General Fund Receipt 36 3220, Proprietary Receipt-Not Otherwise Classified (3220), because the initial determination did not allow the Department of Veterans Affairs (VA) to retain the funds. A transfer of funds is required from 3220 to the original fund, prior to processing the refund in FMS.

(6) Refunds from MCCF accounts or TRICARE-DOD Medical Sharing are not issued until a thorough review of the request can be accomplished and documented. This may involve a review of the Veteran's eligibility, the claim that was submitted, the covered services under the insurance policy, amounts billed to and paid by TPPs and the Veteran, and the explanation of benefits, interest, administrative, or Treasury Offset Program (TOP) fees (see subpar. 5g, for detailed information on the TOP fee refunds). If a refund is determined to be appropriate, proper documentation must be maintained to justify the refund. Supporting documentation includes copies of applicable VA claims, the Veteran's insurance coverage information, related payments from the Veteran and/or TPP (this includes a copy of the receipt on which the original payment(s) was processed and a copy of the SF 215, Deposit Ticket), other documentation as appropriate, and the SF 1047. Similar actions must be taken if a refund is determined not to be due. Comments must be entered into VistA on all applicable receivables.

(7) Interest payments submitted from TPPs, under the Fair Claims Practices requirements of state law, are deposited into the General Fund Receipt account 36 1435, in accordance with Title

## **VHA DIRECTIVE 2011-041**

**December 19, 2011**

31 United States Code (U.S.C.) 3302(b) and Chapter 13, Section C, subparagraph 4a of the Government Accountability Office's (formerly known as the General Accounting Office) (GAO) Principles of Federal Appropriations Law. Therefore, subsequent refunds of interest payments are to be made out of the Treasury Miscellaneous Receipts account, 20X1807. **NOTE:** *There is no specific statutory authority to retain the interest payments for credit to the MCCF (5287) appropriation.*

(8) Miscellaneous vendor codes (e.g., MISCN, MISCE, MISCTORT) are not used in the FMS when processing payments to TPPs.

(9) TPPs are properly vendorized, and the vendor's Tax Identification Number (TIN) and demographic information is recorded in FMS in accordance with the VA FMS Guidebook.

(10) Regional Counsel staff are consulted in disputes over refunds which cannot be resolved at the station level.

(11) The guidance provided in the VHA Handbook 4800.14; Desk Guide to Third-party Payments, Refunds, Offsets, and Underpayments; and VHA Procedure Guide 1601C.04, is followed, if refund checks are returned to the VA facility,

## **5. REFERENCES**

- a. Title 31 U.S.C. 3302(b).
- b. Title 38 U.S.C. 1729A.
- c. Title 38 Code of Federal Regulations 17.106.
- d. OF Bulletin 07GA1.05, Treasury Offset Program (TOP) Fees.
- e. GAO Principles of Federal Appropriations Law, Chapter 13, Section C, subparagraph 4a.
- f. VA Financial Policy, Volume XII, Chapter 5, Medical Debt.
- g. VA Financial Policy Volume XII, Chapter 1E, Treasury Offset Program and Cross-Servicing.
- h. VA Financial Policy, Volume II, Chapter 2c, Clearing (Suspense) and Deposit Funds.
- i. VHA Procedure Guide 1601C.04.
- j. VHA Desk Guide to Third-party Payer Overpayments, Refunds, Offsets, Underpayments, and Returned Checks.
- k. VHA Financial Management and Accounting Systems Alert, Volume 2009, Issue 08, Separation of Duties for the Integrated Billing and Accounts Receivable VistA Applications.

1. VHA Financial Management and Accounting Systems Alert, Volume 2011, Issue 8, First Party Refunds.

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Business Office (10NB) has the lead responsibility for the contents of this Directive. Questions concerning this Directive are referred to (202) 461-1589.

**7. RECISSIONS:** VHA Directive 2011-021 is rescinded. This VHA Directive expires December 31, 2016.

Robert A. Petzel, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed to the VHA Publications Distribution List 12/20/2011

**ATTACHMENT A**

**GENERAL BUSINESS RULES FOR PROCESSING THIRD-PARTY PAYER (TPP) AND  
VETERAN REFUNDS**

The following procedures must be followed when a request for a refund has been received from a Third-party Payer (TPP) or a Veteran.

1. All requests for refunds received must be referred to the Revenue Supervisor, or designee.

a. There may be occasions when the Chief, Fiscal Service, or designee, and Utilization Review staff and the Chief Compliance and Business Integrity (CBI) Officer must be involved in the review process. An audit of the incoming request for refund includes, at minimum, a review of:

- (1) The applicable claims submission and supporting documentation,
- (2) Information regarding the covered services under the insurance policy,
- (3) The amount of reimbursement paid to the Department of Veterans Affairs (VA),
- (4) Any applicable copayments, and
- (5) The Veteran's eligibility status.

b. If a refund to a TPP is determined to be appropriate, documentation in the Third-party Joint Inquiry (TPJI) menu must be completed to record the actions that were taken to accomplish the refund. Comments entered into TPJI must include detailed information such as: contact names and dates, and specific outcomes. Similar actions must be taken if a refund is determined not to be due the TPP. If the revenue staff review results in an adjustment to the amount requested by the TPP, documentation in TPJI must be completed and applicable records retained to justify the amount refunded. If a refund to a Veteran is determined to be appropriate, similar comments must be entered into the Veterans Health Information System and Technology Architecture (VistA) Bill Comment Log, for all associated bills.

2. The Revenue Supervisor, or designee, must:

a. Issue a letter to the TPP within 5 business days of receipt of the refund request acknowledging the request and stating that VA is currently reviewing and will provide a timely response to their request (for TPP refund requests) (see Att. E for a sample letter).

b. Ensure that all hard copy documentation of refund requests is maintained in a file that may be periodically reviewed by the facility CBI Officer or CBI Consolidated Patient Account Centers (CPACs) Liaison.

**VHA DIRECTIVE 2011-041**  
**December 19, 2011**

c. Maintain a log of refund requests (see Att. F). Refund logs must be maintained for both first-party and third-party refunds, whether the request came from a TPP, from the Veteran, as a result of an audit, or the Veteran has been awarded a retroactive service connection. It is very important that facilities use the Financial Management Service (FMS) document identification (DOCID) number when corresponding with Third-party Insurance carriers to help more quickly identify why the refund was generated.

(d) Verify, prior to refunds being sent to the TPP, through a review of TPJI comments and transactions that the TPP has not initiated an automatic offset to recoup the overpayment that is being refunded. If offset has been previously applied, notification must be sent to all parties involved.

3. Voluntary refunds initiated by VA facilities resulting from items such as: discovery of a Veteran's retro-active service connection, a TPP overpayment, or bills prepared in error, must be reviewed and documented in the same manner as Veteran-initiated or TPP-initiated refund requests.

4. Every effort must be made to process refunds timely. The Regional Counsel is to be consulted, as necessary, in disputes over refunds which cannot be resolved at the station level.

5. Refund requests below \$5,000 (whether for a single or multiple claims) must be reviewed and approved by the Revenue Supervisor or designee. This review must be notated with the actions taken, the documentation reviewed, and disposition (approval or disapproval) of the request. Authorization by the designated reviewers is required prior to disbursement of funds.

6. Refund requests equal to or above \$5,000 (whether for a single or multiple claims) must be reviewed and approved by the Revenue Supervisor or designee, and the Chief, Fiscal Service, or designee. This review must be notated with the actions taken, documentation reviewed, and disposition (approval or disapproval) of the request. Authorization by both designated reviewers is required prior to disbursement of funds.

7. The Chief, Fiscal Service, either at the facility or in a CPAC, is the authorized certifying official for the facility. The Chief of Fiscal Service may delegate specific authority to certify refunds to staff in the Fiscal Service line of authority. This delegation must be documented and a Delegation of Authority memorandum issued stating the specific dollar amount of the individual's authority.

8. When a refund request involves application of TPP funds toward a Veteran's copayment, the revenue activity must carefully research the application of the insurance payments to ensure that the payments are accurately adjusted from each receivable. If it is determined that the TPP is due a refund and there was an application of the payment toward the Veteran's copayment, this may result in the Veteran's copayment being re-established to cover all or a portion of the original offset amount.

9. Each facility Director and CPAC Director is encouraged to work with their regional payers to develop a process so that supporting documentation is matched with the Treasury payment

information, which contains the FMS DOCID. If possible, request that the payer arrange a specific mailing address or secure fax number so that supporting documentation can be delivered to the payer. The corresponding FMS DOCID number needs to be added to the supporting documentation so that the payer can match with the treasury wire. It is important to notify the payer that they should match the first nine characters of the FMS DOCID even though there are actually eleven characters in total (FMS automatically adds a two digit number to the FMS DOCID).

10. A separation of duties conflict is determined to exist when the certifying official also has access to establish or cancel bills in VistA.

a. The certifying official must not have the Integrated Billing (IB) AUTHORIZE, IB EDIT, IB CANCEL in VistA Integrated Billing (IB) or PRCADJ in VistA Accounts Receivable (PRCA) security keys.

b. According to VA Financial Policy Volume VIII, Chapter 1, “The Chief, or other fiscal official must ensure effective internal controls are in place to ensure proper segregation of duties. For example, segregation of duties must preclude an employee from performing both certifying and disbursing functions.” *NOTE: Refer to VHA Office of Finance, Financial Management and Accounting Systems Alert, Volume 2009, Issue 08 dated July 14, 2009, Separation of Duties for the Integrated Billing and Accounts Receivable VistA.*



**ATTACHMENT B**

**SAMPLE MEMO FOR REQUESTING REFUNDS EXCEEDING \$5,000**

**DATE:**

**TO:** Chief, Fiscal Service

**FROM:** Revenue Supervisor

**SUBJ:** Request for a Refund equal to or exceeding \$5,000

1. Disbursement is requested to a Veteran, Third-party Payer (TPP), or health plan administrator. The disbursement is detailed as follows:

**Payee:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Payment Allocation Detail:**

Account	Description	Amount (\$)
36X528701	First-Party Medication Copayments	
36X528703	First-Party Medical Care Copayments; Humanitarian	
36X528704	Third-party Reimbursable	
36X528709	Extended Care Copayments	
36X528711	Third-party Pharmacy	
20X1807	Interest and Administrative Charges Paid on Receivables	
36F3875	Funds Deposited to Suspense	
36_0160A1	Medical Services Fund Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), TRICARE, TRICARE Cost shares, Ineligible, Fugitive Felon	
36X0160X4	Treasury Offset Program (TOP) Fee	
	<b>Total</b>	

**Justification:** \_\_\_\_\_  
\_\_\_\_\_

2. Supporting documentation, including copies of applicable Department of Veterans Affairs (VA) claims, Veteran's insurance coverage information, related payments from Veteran or TPP, Standard Form (SF) 1047, Public Voucher for Refunds, and other documentation, as appropriate, is attached for your review and consideration.

3. Review, comment, and approve or disapprove the preceding refund disbursement. Indicate your approval by dating and affixing your signature below and forwarding to the appropriate accounting staff to accomplish the necessary transactions for disbursement.

Fiscal Service Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Chief, Fiscal Service Approval)

\_\_\_\_\_  
(Date)

**ATTACHMENT C**

**BUSINESS RULES FOR PROCESSING REFUNDS EXCEEDING \$25,000**

1. In addition to the procedures documented in Attachment A, the following procedures for processing refunds of \$25,000 or greater must be utilized at each Veterans Health Administration (VHA) facility.

2. Any VHA facility, Veterans Integrated Service Network (VISN), Consolidated Patient Account Centers (CPAC), or Department of Veterans Affairs (VA) Central Office entity who receives correspondence for a single or aggregate refund for claimed overpayments in excess of \$25,000, must in, addition to local communication and coordination, make an entry into the Compliance Inquiry Reporting and Tracking System (CIRTS) within 5 days of notification. Entries into CIRTS are accomplished by the Compliance and Business Integrity (CBI) Officer, CBI CPAC Liaison or by contacting the CIRTS Helpline at 866-842-4357 (866-VHA-HELP). The CIRTS entry must include copies of all associated correspondence regarding the request.

3. On any occasion where refund requests (single or aggregate) are greater than \$25,000, the facility or CPAC Chief Financial Officer (CFO), or designee, and, if clinical determinations are required, Utilization Review staff, must be involved in the review process to determine the validity of the request. A review of the incoming request for refund includes, at minimum, a review of:

- (1) The applicable claims submission and supporting documentation,
- (2) Information regarding the covered services under the insurance policy,
- (3) The amount of reimbursement originally paid to VA,
- (4) Any applicable Veteran copayments made,
- (5) The validated or verified amount of potential refund,
- (6) The Veteran's eligibility status, and
- (7) Information regarding any related Third-party Payer (TPP) offsets.

4. Upon acceptance that the determination of payment of the requested refund is appropriate, a case disposition is made. Case disposition may include one or a combination of the following actions:

- a. The payment of the validated or verified refund amount is made by the affected facility.
- b. A recommendation that the case be forwarded to the Office of General Counsel (OGC) for pursuit of settlement action.

**VHA DIRECTIVE 2011-041**

**December 19, 2011**

5. Where a refund is determined to be appropriate, documentation in the Third-party Joint Inquiry (TPJI) menu must be completed by the facility staff (for TPP refunds) to record the actions that were taken to accomplish the refund. Similar actions must be taken if a refund is determined not to be due the TPP. If the audit results in an adjustment to the amount requested by the TPP, documentation in TPJI must be completed by the facility staff and applicable records retained to justify the amount refunded. If a refund to a Veteran is determined to be appropriate, similar comments must be entered into the Veterans Health Information System and Technology Architecture (VistA) Bill Comment Log for all associated bills.

**ATTACHMENT D**

**SAMPLE MEMO FOR REQUESTING REFUNDS EXCEEDING \$25,000**

**DATE:**

**TO:** Chief, Fiscal Service

**FROM:** Revenue Supervisor

**SUBJ:** Request for Refund exceeding \$25,000

1. Disbursement is requested to a Veteran, Third-party Payer (TPP), or health plan administrator. The disbursement is detailed as follows:

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

**Payment Allocation Detail:**

Account	Description	Amount (\$)
36X528701	First-Party Medication Copayments	
36X528703	First-Party Medical Care Copayments; Humanitarian	
36X528704	Third-party Reimbursable	
36X528709	Extended Care Copayments	
36X528711	Third-party Pharmacy	
20X1807	Interest and Administrative Charges Paid on Receivables	
36F3875	Funds Deposited to Suspense	
36_0160A1	Medical Services Fund Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), TRICARE, TRICARE Cost shares, Ineligible, Fugitive Felon	
36X0160X4	Treasury Offset Program (TOP) Fee	
	<b>Total</b>	

**Justification:** \_\_\_\_\_  
\_\_\_\_\_

2. Supporting documentation, including copies of applicable Department of Veterans Affairs (VA) claims, the Veteran's insurance coverage information, related payments from the Veteran or TPP, Standard Form (SF) 1047, Public Voucher for Refunds, and other documentation, as appropriate, is attached for your review and consideration.

3. Review, comment, and approve or disapprove the preceding refund disbursement. Indicate your approval by dating and affixing your signature below and forwarding to the appropriate accounting staff to accomplish the necessary transactions for disbursement.

Fiscal Service Comments: \_\_\_\_\_

\_\_\_\_\_  
(Chief, Fiscal Service Approval)

\_\_\_\_\_  
(Date)

**VHA DIRECTIVE 2011-041**  
**December 19, 2011**

cc: VA Medical Facility Compliance Officer  
VISN Compliance Officer  
CBI CPAC Liaison  
Regional Counsel  
CPAC Director  
VISN Business Implementation Manager

**ATTACHMENT E**

**SAMPLE LETTER TO THIRD-PARTY PAYER (TPP) ACKNOWLEDGING RECEIPT  
OF REFUND REQUEST**

\_\_(Current Date)\_\_

In reply refer to: \_\_(Mail Code)\_\_

Attn: Director of Claims  
[Insurance Policy Carrier]  
[Insurance Company Address]

Re: Refund request dated \_\_\_\_ (Date of Request) \_\_\_\_  
Third-party Payer (TPP) Internal Claim Number: \_\_\_\_ (Claim Number) \_\_\_\_  
Patient: \_\_\_\_ (Patient Name) \_\_\_\_  
Associated Date of Service (DOS): \_\_\_\_ (Associated DOS) \_\_\_\_

Dear Director of Claims,

This letter is to acknowledge receipt of your request for refund of payment(s) made to the  
\_\_\_\_ (Facility Name) \_\_\_\_ totaling \_\_\_\_ (\$X.XX) \_\_\_\_ . Your request was received on  
\_\_\_\_ (Date of Receipt) \_\_\_\_ . We are currently reviewing your overpayment claim in  
accordance with Department of Veterans Affairs (VA) policy and will provide a timely response  
to your request.

Please refrain from offsetting payments due VA for health claims related to this refund request  
during this time period.

Sincerely,

Signature Block for the Revenue Supervisor

ATTACHMENT F

TEMPLATE FOR REFUND LOG

The following is an explanation of the data required. It is a listing of column headers with an explanation of the data required to be completed on the First-party Refund Log:

**A. Patient** - Enter the Veteran's last name and first name.

**B. Last 4 SSN** – Enter the last four digits of the Veteran's Social Security Number (SSN).

**C. Date Request Received** – Enter the date the request was received or the refund was identified by the CPAC and Revenue staff.

**D. Source of Request** – Enter the source of the request, if the request was generated by the facility, enter Facility; if generated by the Veteran, enter the Veteran's name.

**E. Request Received By** – Enter the source of the request if it was received by e-mail, fax, in person etc.

**F. Bill No(s)**. – Enter the bill number(s) associated with the refund.

**G. Date(s) of Service** – Enter the date or dates of service associated with the refund.

**H. Financial Management System (FMS) Document Identification (DOCID) Number** – This number is assigned using the three digit station number, one digit Fiscal Year (for example use 1 for 2011), and the five digit number that will be assigned and entered into FMS. If the 5 digit assigned number goes over 99999 during the Fiscal Year, start again at 00001. Internally to FMS, there is automatically a two digit number that is added to each FMS DOCID number entered by VA. If it is necessary to start the numbering sequence again during the Fiscal Year, FMS will recognize the number as being used again and the two digit number added by FMS reflects that by assigning sequential numbers. *NOTE: If there is a national refund project, the Chief Business Office may assign an alpha character for specific tracking of the project.*

**I. Refund Date** – Enter the date the refund was processed in FMS.

**J. Refund Amt. RX 580701** – If money is being refunded for pharmacy, enter the amount associated with appropriation.

**VHA DIRECTIVE 2011-041**

**December 19, 2011**

**K. Refund Amt. IPT/OPT 580703** – If money is being refunded for inpatient or outpatient services, enter the amount associated with appropriation.

**L. Refund Amt. LTC 580709** – If money is being refunded for Long-term Care, enter the amount associated with this appropriation.

**M. Refund Amt. Interest 20X1807** – Enter the amount of interest to be refunded.

**N. Refund Amt. Admin.20X1807** – Enter the amount of administrative charges to be refunded.

**O. Refund Amt. TOP 0160X4** – Enter the amount of refund due to the Treasury Offset Program Fee.

**P. Refund Amt. Suspense 3875** – Enter the amount from Suspense.

**Q. Refund Amt. – TRICARE Copay 0160A1** – Enter amount from the TRICARE Copayment.

**R. Total Refund** – *NOTE: The total amount automatically calculates.* – Do not enter data into this column.

**S. Refund Reason** – Select the reason for the refund from the drop down box.

3. The following is a listing of column headers with an explanation of the data required to be completed on the Third-party Refund Log

**A. TPP** – Enter the name of the TPP requesting refund.

**B. TIN #** - Enter the TIN for the TPP.

**C. Date Request Received** – Enter the date the request was received or the refund was identified by the CPAC or Revenue staff.

**D. Source of Request** – Enter the source of the request. If the request was generated by the facility, enter F, if generated by the Payer, enter P, if generated by the Veteran enter V.

**E. Request Received by** – Enter the source of the request if it was received by e-mail, fax, in person, etc.

**F. Bill No(s).** – Enter the bill number(s) associated with the refund.

**G. Patient name** – Enter the Veterans last name, first name, and MI.

**H. Last 4 SSN** – Enter the Veterans last four digits of the Social Security Number.

**I. Subscriber ID** – Enter the subscriber ID number.

**J. TPP Claim No(s).** – Enter the TPP Claim number associated with the refund.

**K. Date(s) of Service** – Enter the date(s) of service associated with the refund.



**L. Refund Issued Y/N**– If the account required a refund, enter Yes. If the account did not require a refund, enter No.

**M. FMS DOCID** – This number should be used to help identify why the refund is being issued to TTPs. This number is assigned using the three digit station number, one digit alpha character (I for Third Party\*), one digit Fiscal Year (for example use 1 for 2011), and the four-digit sequential number that will be assigned and entered into FMS. If the 4-digit sequential number goes over 9999 during the Fiscal Year, start again at 0001. Internally to FMS, there is automatically a two digit number that is added to each FMS DOCID number entered by VA. If it is necessary to start the numbering sequence again during the Fiscal Year, FMS recognizes the number is being used again and the two digit number added by FMS reflects that by assigning sequential numbers. \* *NOTE: If there is a national refund project, the Chief Business Office may assign a different alpha character for specific tracking of the project*

**N. Refund Date** – Enter the date the refund was processed in FMS.

**O. Refund Amt. Reimbursable Ins. 528704** – If money is being refunded for third party payments, enter the amount associated with appropriation.

**P. Refund Amt. Third Party Pharmacy 528711** – If money is being refunded for third party pharmacy payments, enter the amount associated with appropriation.

**Q. Refund Amt. Suspense 3875** – If money is being refunded from Suspense, enter the amount associated with appropriation.

**R. Refund Amt. TRICARE Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Medical Sharing 0160A1** – If money is being refunded from TRICARE, CHAMPVA, or Department of Defense Medical Sharing, enter the amount associated with appropriation.

**S. Refund Amt. 20X1807** – If interest is being refunded, enter the amount associated with appropriation.

**T. Refund Reason** – Select the reason for the refund using the drop down box.