

## PATIENT INFORMATION COLLECTION MANAGEMENT (PICM) PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy for the Patient Information Collection Management (PICM) program at Department of Veterans Affairs (VA) medical facilities.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA directive updates the information for the use of national PICM processes at VA medical facilities.
- 3. RELATED ISSUES:** VHA Directive 1604, Data Entry Requirements for Administrative Data, dated April 22, 2016.
- 4. RESPONSIBLE OFFICE:** Member Services (10NF) and Office of Community Care (10D) is responsible for the contents of this directive. Questions may be referred to the Member Services Business Policy Office by Email at [VHAMSBusinessPolicyOffice@va.gov](mailto:VHAMSBusinessPolicyOffice@va.gov).
- 5. RESCISSIONS:** VHA Directive 1910, Patient Information Collection Management (PICM) Processes, dated May 6, 2016, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is due to be recertified on or before the last working day of July 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.  
Executive in Charge

**NOTE:** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on July 18, 2018.

**PATIENT INFORMATION COLLECTION MANAGEMENT (PICM) PROGRAM**

**CONTENTS**

1. PURPOSE ..... 1

2. BACKGROUND ..... 1

3. POLICY ..... 2

4. RESPONSIBILITIES ..... 2

5. TRAINING ..... 6

6. RECORDS MANAGEMENT ..... 6

7. REFERENCE ..... 6

APPENDIX A

PATIENT INFORMATION COLLECTION MANAGEMENT (PICM) PROCESSES .....A-1

## PATIENT INFORMATION COLLECTION MANAGEMENT (PICM) PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy for the Patient Information Collection Management (PICM) program at Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

### 2. BACKGROUND

a. Under Title 38 CFR 17.36, a Veteran who wishes to be enrolled in the VA health care system may apply online at Vets.gov or by submitting a VA Form 10-10EZ, Application for Health Benefits. This information is used to determine Veterans eligibility, enrollment priority group, demographics, copayment requirements, and third-party health insurance liabilities.

b. Title 38 United States Code (U.S.C.) Section 1729 authorizes VA to recover or collect for care or services, reasonable charges, as determined by the Secretary of Veterans Affairs, for care and services, provided for a non-service connected disability in or through a VA medical facility to a Veteran who is also a beneficiary under a third-party payer's insurance plan. VA's right to recover or collect is limited to the extent that the Veteran or a Community care provider of the care or services would be eligible to receive reimbursement or indemnification from the third-party payer, if the care or services had not been furnished by a department or agency of the United States. VA implements this authority under Title 38 CFR Section 17.101 and 17.106.

c. Title 38 U.S.C. Section 8111 authorizes the VA to recover or collect for care or services provided to a beneficiary that is covered under TRICARE entitlements.

d. VA medical facilities and Consolidated Patient Account Centers (CPAC) must utilize nationally standardized Patient Information Collection Management (PICM) processes to update the Veteran's or other patient record in the Veterans Health Information Systems and Technology Architecture (Vista) system (see Appendix A).

e. Requesting and verifying insurance information is vital to the success of the VA revenue collection process because accurate information is required to effectively bill and collect reimbursements from third-party payers for services to Veterans and other beneficiaries. It is required to contact the third-party payer and verify the Veteran's or other beneficiary specific policy coverage and other information before submitting claims to the third-party payer(s).

f. Accurate patient demographic information is essential in the successful delivery of VA healthcare programs and services to Veterans and their families. Accurate patient contact, emergency contact and next of kin contact information ensures the Veteran receives appointment information and reminders, medications by mail and provides clinical and administrative staff the information needed to coordinate care with the Veterans emergency contact or next of kin in the event the Veteran is unconscious or deceased.

g. Complete and accurate administrative and demographic information is a key component of establishing and managing a patient's record and supporting VHA business functions. See VHA Directive 1604, Data Entry Requirements for Administrative Data, dated April 22, 2016.

### 3. POLICY

It is VHA policy that all Veteran administrative and demographic information, including third-party insurance information, will be gathered, monitored, and maintained at all VA medical facilities through nationally standardized PICM processes outlined in Appendix A.

### 4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN);

(2) Ensuring that each VISN Director has the sufficient resources to fulfill the terms of this directive in all VHA health facilities within that VISN; and

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations.

c. **Member Services Director and Office of Community Care Director.** Training Departments from Member Services and the Office of Community Care are responsible for:

(1) Ensuring education and training materials for their respective subject matter areas are available; and

(2) Supporting local training opportunities provided to PICM staff in accordance with processes specified in Appendix A.

d. **Veterans Integrated Services Network (VISN) Director.** The VISN Director is responsible for:

(1) Ensuring the VISN Business Implementation Manager monitors the progress of each assigned medical facility's PICM process to ensure compliance with national requirements outlined in Appendix A.

(2) Certifying all VA medical facilities and intake staff (including all Veteran and beneficiary points of contact, e.g., appointment scheduling, pre-registration, clinic

check-in, registration and enrollment) utilize Insurance Capture Buffer (ICB) software to obtain patient's insurance policy(s) with third-party payers and national entitlement programs to maintain accurate insurance information for each patient.

(3) Ensuring an ICB point of contact is designated for each VA medical facility.

e. **VISN Business Implementation Manager (BIM)** The BIM is responsible for:

(1) Monitoring the progress of each assigned medical facility's PICM process to ensure compliance with national requirements outlined in Appendix A.

(2) Each VA medical facility, including but not limited to all outpatient clinics and Community Based Outpatient Clinics (CBOCs), collects Veteran and beneficiary health insurance utilizing Insurance Capture Buffer (ICB) software and scanners to achieve at least a 90 percent insurance capture rate as reported monthly on the Insurance Compliance Dashboard on VHA Support Service Center (VSSC).

(3) Capture rates are reviewed monthly with stakeholders and actions are in place to increase capture rates that fall below the 90 percent target, to maximize collections for the VA medical centers that support healthcare access and programs for the Veterans.

(4) Insurance Capture Compliance Dashboard reports are used to monitor the quality of the insurance buffer entries on a monthly basis.

f. **VA Medical Facility Director**. The VA Medical Facility Director is responsible for:

(1) Designating a PICM Coordinator, which may be a collateral duty, with responsibilities listed in paragraph 4.g. below, and ensure local training is provided to support PICM staff in accordance with processes specified in Appendix A.

(2) Designating a TRICARE Coordinator as required by VHA Directive 1305 Treatment of Active Duty and Reserve Component Service members in VA Health Care Facilities, dated March 10, 2017, with responsibilities listed in paragraph 4.h. below. This position may be a collateral duty to oversee non-Medical Care Cost Fund (MCCF) revenue activities, functions, and reports.

(3) Ensuring administrative information is entered in accordance with VHA Directive 1604.

(4) Ensuring that national PICM processes have been incorporated into the VA medical facility training program outlined in Appendix A, and ensure that all staff involved with the collection of patient information receive the appropriate training.

(5) Implementing the use of standardized best practice communication tools to emphasize the importance of sharing insurance information with VHA and maximize insurance capture. These materials were developed by VHA Office of Community Care (OCC) and can be found on OCC Knowledge Management System, available at, [https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/e](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/e)

[n-US/portal/55440000001031/content/554400000054182/Welcome-to-the-Office-of-Community-Care-Knowledge-Management-System](https://www.va.gov/portal/55440000001031/content/554400000054182/Welcome-to-the-Office-of-Community-Care-Knowledge-Management-System). **NOTE:** This is an internal VA Web site that is not available to the public.

(a) Video: "Private Health Insurance: How it Helps You", available at, <https://youtu.be/rBH-b2B0X3E>.

(b) Digital Monitor Slide/Poster.

(c) Fact Sheet: Veterans Health Insurance Information.

(d) VistA Standard Appointment Reminder (sample language).

(6) Ensuring that an ICB point of contact is designated to their facility.

g. **Facility Patient Information Collection Management (PICM) Coordinator**. The PICM Coordinator is responsible for:

(1) Ensuring that administrative information is updated accurately utilizing national data entry requirements for administrative data to support PICM activities. (See Appendix A.) This information includes but is not limited to names, addresses, personal contacts, employment and insurance information, military history, and eligibility for VA health care benefits as required by VHA Directive 1604, Data Entry Requirements for Administrative Data, dated April 22, 2016.

(2) Confirming that necessary resources (including but not limited to: insurance scanners, training courses and applicable software applications) are identified for optimal performance for the collection of patient information.

(3) Ensuring staff members are informed of the need for obtaining complete and accurate administrative information. **NOTE:** *When the VA is calling the Veteran, the VA staff must not request the Veteran verify sensitive information (i.e., Social Security Number, date or place of birth, or mother's maiden name) by telephone.*

(4) Ensuring that efforts are concentrated on obtaining required information before the day of the Veteran's appointment. Information for patients who cannot be reached prior to their appointments, who prefer to give information in person, or who are seeking urgent or emergent care must be updated at the point of service or on the same day of the appointment.

(5) Ensuring the accurate and complete capture of third party and non-MCCF insurance information and eligibility determinations for first-party copayment responsibilities as an essential part of successful revenue collection efforts.

(6) Ensuring that the following minimum insurance collection time frames are followed:

(a) For all active patient policies (patients with appointments): 180 days.

(b) For all active patients with no previously identified insurance: 90 days.

h. **Facility TRICARE Coordinator**. The VA medical facility TRICARE Coordinator is responsible for ensuring that:

(1) All non-MCCF insurance policies and entitlements, including associated pharmacy policies, are verified with appropriate effective dates.

(2) All non-MCCF buffer entries are processed through the appropriate software no more than 14 calendar days from date of entry.

(3) TRICARE and Civilian Health and Medical Program of the Veterans Administration (CHAMPVA) companies and group plans are maintained in the VistA insurance files to include proper standard naming conventions as required by the published procedure guide(s) available at, <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCF%20Program.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) TRICARE and CHAMPVA insurance company linking activities are maintained in VistA for optimal electronic Insurance Verification (eIV) functionality as required by the published procedure guide(s) available at, <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Insurance%20Verification.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(5) TRICARE and CHAMPVA eIV rejections report(s), provided on the designated reporting repository are reviewed monthly and appropriate action is taken to correct and improve future eIV transactions, available at, <https://vaww.cpac.portal.va.gov/comm/sat/BOC/BOC%20WG/IVWG/Lists/eIV%20CPAC%20Transaction%20Report/AllItems.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

i. **VA Medical Facility Compliance Officer**. The VA medical facility Compliance Officer is responsible for verifying that:

(1) Each VA medical facility, PICM and TRICARE Coordinator, including but not limited to all outpatient clinics and Community Based Outpatient Clinics (CBOCs), reports on the collection of Veteran and beneficiary health insurance utilizing Insurance Capture Buffer (ICB) software and scanners to achieve at least a 90 percent insurance capture rate as reported monthly on the Insurance Compliance Dashboard on VHA Support Service Center (VSSC).

(2) Capture rates are reviewed monthly with stakeholders during the Compliance Committee meetings and corrective actions are in place to increase capture rates that fall below the 90 percent target, to maximize collections for the VA medical centers that support healthcare access and programs for the Veterans.

(3) Insurance Capture Compliance Dashboard reports are reviewed during the

Compliance Committee meeting to monitor the quality of the insurance buffer entries on a monthly basis.

(4) Efforts are coordinated with the process owners to ensure Corrective Action Plans (CCAPs) are in place.

(5) Reporting/Tracking CCAP outcomes as provided by the process owner(s) are reviewed at monthly Compliance Committee meetings.

## 5. TRAINING

- a. TMS EES-067 Intake Professional Training Series.
- b. TMS 9350 ICB Show Me Demonstrations-Getting Started.
- c. TMS 34885 Insurance Capture Buffer (ICB) Dashboard Recording.

**NOTE:** *The trainings listed in this section are highly recommended to ensure appropriate collection and processing of patient information and insurance capture.*

## 6. RECORDS MANAGEMENT

All records in any medium (paper, electronic, electronic systems) created in response to this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. If you have any question regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

## 7. REFERENCE

- a. 38 U.S.C.1729.
- b. 38 U.S.C. 7301(b).
- c. 38 U.S.C. 8111.
- d. 38 CFR 17.36.
- e. 38 CFR 17.101.
- f. 38 CFR 17.106.
- g. VHA Directive 1230, Outpatient Scheduling Processes and Procedures, dated July 15, 2016.
- h. VHA Directive 1305, Treatment of Active Duty and Reserve Component Servicemembers in VA Health Care Facilities, dated March 10, 2017.

i. VHA Handbook 1601D.05 Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

j. VHA Directive 1604, Data Entry Requirements for Administrative Data, dated April 22, 2016.

k. VHA Form 10-10EZ, Application for Health Benefits.

l. eIV Rejection Report(s), available at, <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Insurance%20Verification.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

m. TMS EES-067 Intake Professional Training Series.

n. TMS 9350 ICB Show Me Demonstrations-Getting Started.

o. TMS 34885 Insurance Capture Buffer (ICB) Dashboard Recording.

p. Revenue Resources: Insurance Verification. Available at, <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Insurance%20Verification.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

q. Revenue Resources: Non-MCCF Program. Available at, <https://vaww.vashare.vha.va.gov/sites/eRevenueResources/Pages/Non-MCCF%20Program.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

r. OCC Knowledge Management System. Available at, [https://vaww.vrm.km.va.gov/system/templates/selfservice/va\\_kanew/help/agent/locale/en-US/portal/55440000001031/content/554400000054182/Welcome-to-the-Office-of-Community-Care-Knowledge-Management-System](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/55440000001031/content/554400000054182/Welcome-to-the-Office-of-Community-Care-Knowledge-Management-System).

s. Vets.gov: Apply for Healthcare. Available at, <https://www.vets.gov/>

**PATIENT INFORMATION COLLECTION MANAGEMENT (PICM) PROCESSES**

**1. VA Form 10-10EZR, Health Benefits Update Form.** Veterans can update their patient record using Department of Veterans Affairs (VA) Form 10-10EZR. Veterans can update their personal, insurance, or financial information by submitting the completed form to VA online, by mail, fax, or in person. This form is available on the VA Forms Web site at: <http://www.va.gov/vaforms/>.

**2. Point of Service Option.** Veterans or their collaterals (caregivers, Power of Attorney, etc.) can update patient records at any VA point of service on the same day of the appointment through a face-to-face interview or a centralized check-in station. Producing and maintaining complete and accurate data in the Veterans Health Information Systems and Technology Architecture (VistA) system decreases rework, delays, and frustrations for Veterans and VA medical facility staff.

**3. Kiosk Option.** Veterans can update their patient record on a VetLink kiosk at the VA medical facility, if available. Veterans can use the self-service kiosks to check-in for previously scheduled appointments, view their account balance, print an appointment itinerary slip, and confirm their health information (i.e. contact, demographic, or insurance information). Veterans will be directed to appropriate clinic check-in staff when they indicate their insurance information needs to be updated. Obtaining correct addresses helps to ensure that VA can communicate important information to Veterans.

**4. Pre-registration Option.** VA medical facility can update the Veteran's or other patient record utilizing the Pre-registration software. Reminding patients of their scheduled appointments helps improve patient care by reducing the no-show rate.

**5. Electronic Insurance Option.** VA medical facilities and Consolidated Patient Account Centers (CPACs) can update the Veteran's or other patient's insurance information utilizing the Insurance Capture Buffer (ICB) software and the Electronic Insurance Verification (eIV) software. Gathering and updating insurance information affords Veterans the benefit of their insurance plan and may decrease or eliminate their VA copayment and increase the VA medical facility's revenue.

**6. VistA Queries.** VA medical facilities can update a patient's record by inquiries in the VistA system and this may only be submitted by an authorized VHA employee. This is especially beneficial for Veterans who are traveling and need care at another VA medical facility.