Integrated Billing
Version 2.0

User Guide

April 2021

Department of Veterans Affairs

Office of Information and Technology (OIT)

Revision History

Initiated on 12/29/2004.

Date	Revision	Description	Author
April 2021	3.18	Patch IB*2*668 updates: • 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 occurred during pending VBA adjudication. (Page 83)	Liberty IT Solutions SHRPE Team
November 2020	3.16	Patch IB*2*664 updates: 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 cancelled bill.	CC IBAR Enhancements
September 2020	3.14	Patch IB*2.0*678 • Limits the list of Cancellation reasons to display when performing a ?? when cancelling 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.	Urgent Care / COVID IBAR Enhancements

Date	Revision	Description	Author
		• 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 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

Date	Revision	Description	Author
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
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	3.1	Patch IB*2.0*602 updates: 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 updates: • 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 updates: • 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 • Add 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 updates: • 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 updates. • Changed all references to ICD-9 to generic ICD: p. 15, 116, 117, 122, 155 • Added ICD-10 text to Glossary: p. 334	Redacted
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. o Letters to Exempt Patients o Reprint Single Income Test Reminder Letter	Redacted

Date	Revision	Description	Author
1/27/2014	1.8	Patch IB*2.0*497 updates: • 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
3/26/2013	1.6	Updated for patch IB*2.0*458: • Added new ROI Consent option to Claims Tracking Editor screen on pp. 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 pp. 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

Date	Revision	Description	Author
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— formatting 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 VA medical facilities in daily usage of the Integrated Billing software.

Related Manuals

Reference	Location
Electronic Insurance Verification (eIV) User Guide	https://www.va.gov/vdl/
EDI User Guide	https://www.va.gov/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 two 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 has been targeted for a much wider audience than previous versions.

- The Encounter Form Utilities module is used by MAS ADPACs 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. This new User Guide can be utilized by UR nurses 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 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 a MS 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 ability to add / edit all unlabeled form locators (except 49), additional diagn.

- 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 the 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 is 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 cancelled 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 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.

There are numerous parameters in the IB SITE PARAMETERS file that affect the functional and technical operations of the billing software.

There are several options that contain 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 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 the appendix at the end of this manual.

Third Party Joint Inquiry Sample Screen

```
Claim Information              Jun 26, 2014@09:08:14        Page:    1 of    3
%Kxxxxxx    xxxxxxx E   xxxx          DOB: xxxxx    Subsc ID: xxxxxxxxx
-------------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CIGNA*
 Claim Address: CIGNA HEALTH CARE*
               PO BOX 188017
               ANYTOWN, TN 37422
  Claim Phone: 800-244-6224
```

```
  Subscriber Demographics
   Group Number: 321XXXX
     Group Name: INTERNATIONAL PAPER
  Subscriber ID: U419XXXXXX
      Employer: xxxxxxxxxxxxx
Insured's Name: xxxxxxxxxx
----------------------------------------------------------------------
+          |% 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
```

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.

Acronym	Description	Action
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  %K70B1ZL   01/03/17 01/03/17 NO  O/I/O A    REIM IN  NALC HI  8451.27 7519.05
2  %K70C59A   02/13/17 02/13/17 NO  O/I/O A    REIM IN  NALC HI   230.73  230.73
3   K70CFNLe  04/04/17 04/04/17 NO  O/ /R A    REIM IN  CAREMAR   158.68   78.52
4   K70D3HKe  05/02/17 05/02/17 NO  O/ /R A    REIM IN  CAREMAR   132.31   93.12
5   K70D9PKe  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 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   K30AIKK    05/05/13 05/05/13 O/I/O CB  REIM IN              0.00     0.00
2  %K309XEF    04/02/13 04/02/13 O/I/O CC  REIM IN  +CLAIMS  3932.93     0.00
3   K309BUX    04/01/13 04/16/13 I/P/I CB  REIM IN  +MEDICAR    0.00     0.00
4  %K309TV4    04/01/13 05/05/13 I/P/I CC  REIM IN  +CLAIMS   104.29     0.00
5   K30A1G7    04/01/13 05/05/13 I/P/I CB  REIM IN  +MEDICAR    0.00     0.00
6  %K3097R4    03/28/13 04/01/13 I/I/I CC  REIM IN  +CLAIMS  1184.00     0.00
7  %K3099QA    03/28/13 04/01/13 I/P/I CC  REIM IN  +CLAIMS     2.05     0.00
```

```
8   %K3099TW      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      12.06     0.00
9   %K3099TX      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      25.93     0.00
10  %K3099TY      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       1.71     0.00
11  %K3099TZ      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS       5.48     0.00
12  %K3099U2      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      19.54     0.00
13  %K3099U4      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      16.29     0.00
14  %K3099U5      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      19.54     0.00
15  %K3099U7      03/28/13 04/01/13 I/P/I CC  REIM IN +CLAIMS      20.20     0.00
16  %K309BV0      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       1111
     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//
```

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
K2013PIe   P0000      DOB: 01/06/33   Subsc ID: XXXXXX000
-----------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CAREMARK 6XXXXX
 Claim Address: PO BOX XXXXX
            ANYTOWN, AZ XXXXX
```

```
    Claim Phone: 111-111-1111
  Subscriber Demographics
   Group Number: GRP PLN 1605501
     Group Name: GICRX
 Subscriber ID: XXXXXX000
      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
K2013PIe   PATIENT,IB P0000      DOB: 01/06/33  Subsc ID: XXXXXX000
+-----------------------------------------------------------------------------
                          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: XXXXXX000508
 ECME Ap No: XXXXXX000XXXXXX00010
        NPI: XXXXXX0007
       HPID: 7XXXXXXXXX
+---------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
K2013SWe   PATIENT,IB P0000      DOB: 01/06/33  Subsc ID: XXXXXX000
+-----------------------------------------------------------------------------
       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
N10072 IBpatient,one      1111   DOB: 5/22/50 Subsc ID: 000111111
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//
```

Bill Charges Sample Screen continued..

```
Bill Charges May 31, 1995 @10:07:11          Page 1 of 1
N10273 IBpatient,one      1111   DOB: 5/22/50 Subsc ID: 000111111
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
N10072   IBpatient,one      1111        DOB: 5/22/50      Subsc ID: 000111111
 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
N10072   IBpatient,one      1111        DOB: 5/22/50      Subsc ID: 000111111
 11/16/93 - 11/17/93        ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

 11000 SURGICAL CLEANSING OF SKIN 11/16/93
 11001 ADDITIONAL CLEANSING OF SKIN      11/16/93
 12001 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
N10273   IBpatient,one      1111           DOB: 5/22/50   Subsc ID: 000111111
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
N10273 IBpatient,one      1111   DOB: 5/22/50 Subsc ID: 000111111
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 #:   D2982398
           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
L10260   IBpatient,one        1111      DOB: 5/22/50    Subsc ID: AH33334
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        1111
    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 39824
2     11/17/93     HEALTH INS LIMITED  OPT    DENIAL       0
      PRESCRIPTION REFILL of 30948 on 11/17/93
3     11/17/93     HEALTH INS LIMITED  OPT    APPROVED     RN 9384222
```

```
          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//
```

<p align="center">Table 7: Common Actions</p>

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:    TROY, NY  12345
    Insurance Policy Information
    Ins. Co. Name:     HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
    Group Number:GN 48923222   Subscriber ID:      000111111
    Whose Insurance:   VETERAN      Effective Date:     01/01/87
    Pre-Cert Phone:    444-444-444 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 3320944
             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    1111    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 9384222   Auth. Number:RN 9384222
        Review Date: 06/02/95
        Insurance Policy Information
        Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
        Group Number:GN 48923222  Subscriber ID:       000111111
        Whose Insurance:    VETERAN      Effective Date:     01/01/87
        Pre-Cert Phone:     933-3434     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:     TROY, 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 from 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 VAH500000
        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:    444-444-4444
        Filing Time Frame:
        Main Mailing Address
        Street:     2345 CENTRAL AVENUE City/State:  ALBANY, NY 12345
        Street 2:     FREAR BUILDING        Phone: 555-1234
        Street 3:          Fax:   555-4884
        Inpatient Claims Office Information
        Street:     2345 CENTRAL AVENUE City/State:  ALBANY, NY 12345
        Street 2:     FREAR BUILDING        Phone: 555-0392
        Street 3:          Fax:   555-4432
        Outpatient Claims Office Information
        Street:     789 3RD STREET        City/State:  ALBANY, NY 12345
        Street 2:          Phone: 333-444-5676
        Street 3:          Fax:   333-444-9245
```

Insurance Company Sample Screen, continued

```
        Prescription Claims Office Information
        Company Name: GHI PROCESSING        Street 3:
        Street:     1933 CORPORATE DRIVE      City/State:  RIVERSIDE, NY 39332
        Street 2:     TANGLEWOOD PARK      Phone: 339-0000
        Fax:
        Appeals Office Information
        Street:     HIL - APPEALS OFFICE      City/State:  TROY, NY 12345
        Street 2:     1099 THIRD AVE, SUITE 301  Phone: 555-1923
        Street 3:          Fax:   555-5464
        Inquiry Office Information
        Street:     2345 CENTRAL AVENUE City/State:  ALBANY, NY 12345
        Street 2:     FREAR BUILDING        Phone: 555-1923
        Street 3:          Fax:   555-5336
  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 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.

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:  SOME CITY, 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    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    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    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 from 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
N10273   IBpatient,one      1111          DOB: 07/07/50   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//
```

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 cancelled. Once a bill has been filed (billing record number established), it cannot be deleted. The bill can be cancelled 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 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, the bill classification (Inpatient or Outpatient) and the 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 <u>one</u> 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 has been determined by the National Uniform Billing Committee and has 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 has been determined by the National Uniform Billing Committee and has 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 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 make the adjustment to the Means Test Billing Clock.

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 cancelled 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 'cancelled'... done.
Press RETURN to process the next charge or to return to the list:
The copayment was cancelled. 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 cancelled bill. In the example below, a $15 copay was cancelled 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 cancelled.

```
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 'cancelled'... 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: 999-99-9999                       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: 000-11-2222                        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: 000-11-2222
--------------------------------------------------------------------------
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 cancelled 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 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 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 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: 999-99-9999                    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 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 Category C Charges for an Admission

This option is used to estimate the Means Test / Category C 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, that amount billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

The following table provides a description of 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.

Field	Description
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.
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 thru 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.

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        4-4-44      999999999      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   999-99-9999
================================================================================
        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        4-4-44      999999999      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   999-99-9999
================================================================================
        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    442-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        4-4-44      999999999      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   999-99-9999
================================================================================
        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: FORCE Naval A        4-4-44     999999999     NO     NSC VETERAN
CD
Enrollment Priority: GROUP 8c   Category: ENROLLED     End Date:
Start YEAR: : 2019//   2019
Go to YEAR: : 2019// 2020 2020
DEVICE: HOME//   HOME  (CRT)    Right Margin: 80//
            Urgent Care Visit Profile for FORCE, Naval AIR
From 2019 through 2020                    Jan 08, 2020@15:05       Page: 1
VISIT DATE     SITE                STATUS     BILL NO.   REASON
-------------------------------------------------------------------------
2019
----
Jun 06, 2019   CHEYENNE VAMC       FREE        123-P902Z10
Jun 28, 2019   BUTLER              BILLED      123-P902Z69
Jul 03, 2019   CHEYENNE VAMC       FREE        123-P002X22
Jul 05, 2019   CHEYENNE VAMC       FREE        123-P002X22
Aug 01, 2019   CHEYENNE VAMC       Removed                     Entered in Error
Aug 14, 2019   BUTLER              BILLED      123-P902Z6L
Aug 15, 2019   BUTLER              BILLED      123-P902Z6L
Aug 16, 2019   BUTLER              BILLED      123-P902Z6P
Aug 17, 2019   BUTLER              BILLED      123-P902Z6P
Aug 19, 2019   BUTLER              BILLED      123-P902Z6P
Aug 21, 2019   BUTLER              BILLED
Sep 02, 2019   BUTLER              BILLED      123-P902Z6P
Sep 03, 2019   BUTLER              BILLED      123-P902Z6P
Sep 04, 2019   BUTLER              Visit Only            Bill Higher Tier
Nov 13, 2019   BUTLER              REMOVED               Duplicate Visit
Type <Enter> to continue or '^' to exit:
            Urgent Care Visit Profile for FORCE, Naval AIR
From 2019 through 2020                    Jan 08, 2020@15:05       Page: 2
VISIT DATE     SITE                STATUS     BILL NO.   REASON
-------------------------------------------------------------------------
Nov 21, 2019   BUTLER              BILLED     ON HOLD
Dec 01, 2019   BUTLER              BILLED     ON HOLD
Dec 20, 2019   BUTLER              BILLED     ON HOLD
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 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    999999999    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      1111  500759    K700069   OPT   08/30/94  08/30/94   36.00
IBpatient,two      2222  5001083   K700079   OPT   02/07/96  02/07/96   41.00
IBpatient,three    3333  500852    K700071   OPT   01/25/95  01/25/95   39.00
IBpatient,four     4444  500592    K700068   OPT   05/02/94  05/02/94   36.00
IBpatient,five     5555  5001140   K700077   OPT   05/14/96  05/14/96   41.00
                         5001244   K700078   INPT  01/21/97  01/21/97  736.00
IBpatient,six      6666  500680    K700063   INPT  07/15/94  07/15/94  696.00
                         500773    K700063   INPT  10/13/94  10/13/94  348.00
                         500793    K700064   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 on a monthly basis.

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          1550P 5001254   INPT  04/10/97 04/10/97  08/11/97      88    368.00||
                             5001256   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   500942    OPT   L10220  03/01/92   03/11/92     30.00 || L10209   NEW BILL    148.00      0.00
                      500948    INPT  L10233  03/11/92   03/14/92    652.00 ||
                      500954    OPT   L10229  03/11/92   03/11/92     30.00 ||
IBpatient,two    2222   5002661   OPT   L10305  05/08/92   05/08/92     30.00 ||
IBpatient,three  3333   5001488   OPT   L10259  04/07/92   04/07/92     30.00 ||
                      5001512   OPT   L10259  04/03/92   04/03/92     30.00 || L10342   NEW BILL    296.00       0.0
IBpatient,four   4444   5002673   INPT  L10304  05/19/92   05/19/92    238.00 ||
IBpatient,five   5555   5001449   INPT  L10178  03/01/92   03/01/92    652.00 || L10235   NEW BILL  5736.00      0.00
IBpatient,six    6666   5001476   INPT  L10261  04/13/92   04/16/92    652.00 ||
IBpatient,seven  7777   5001024   OPT   L10121  03/23/92   03/23/92     30.00 || L10329   NEW BILL    740.00      0.00
                      5001025   OPT   L10121  03/23/92   03/23/92     30.00 ||
                      5001026   OPT   L10121  03/23/92   03/23/92     30.00 ||
```

```
                    5001029  OPT   L10121  03/23/92   03/23/92      30.00 ||
                    5001030  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        1111            Insurance Co.   Subscriber ID    Group              Eff Dt     Exp Dt
=====================================================================||=======================================
                              BLUE CROSS/BLUE   GEE302          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
                              -------------------------------------------------------------------
                    5001261  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 cancelled, 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 probably 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 cancelled. 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

```
List of all HELD bills for IBpatient,one    SSN: 000-11-1111                  NOV 7,1997
PAGE 1
PATIENT CHARGES                                              CORRESPONDING THIRD PARTY
BILLS
=========================================================||==========================
====
Action ID  Type   Bill#  Svc Dt   Dt to AR   Charge  AR-Sts   IB-Sts|| Bill#  AR-Status  Charge  %
Paid
=========================================================||==========================
====
5001254    INPT C        08/11/97             368.00           ON HOL||
5001256    INPT C        08/11/97             736.00           ON HOL||
5003424    OPT CO K70025 02/20/97 05/07/97    38.80 ACTIVE     BILLED||
5003423    OPT CO K70007 02/18/97 04/25/97    38.80 COLLEC     BILLED||
5003411    OPT CO K70007 02/06/97 04/25/97    38.80 COLLEC     BILLED|| K70073  ACTIVE     194.00
80%
5003409    OPT CO K70007 02/05/97 04/25/97    38.80 COLLEC     BILLED||
5003398    OPT CO        02/04/97             38.80            CANCEL|| REASON: INSURANCE CO PD IN
FULL
5003396    OPT CO K70006 02/03/97 05/19/97    38.80 COLLEC     BILLED|| K70212  NEW BILL   194.00
0%
```

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 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 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.

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 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     2086   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     8745   OPT COPAY        PENDING A/R 02/11/92  02/11/92  1    $0.00
IBpatient,three   8761   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    0978   OPT COPAY        PENDING A/R 02/12/92  02/12/92  1    $0.00
IBpatient,five    9065   OPT COPAY        BILLED      02/17/92  02/17/92  1   $30.00
IBpatient,six     1243   OPT COPAY        BILLED      02/13/92  02/13/92  1   $30.00
IBpatient,seven   1122   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   9467   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 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, bill date, bill type (including the treating specialty for inpatient copay charges), the bill number, bill to date (for inpatient charges), amount of each charge, and the total charges for the selected date range.

Sample Output

```
Means Test Billing Profile for Test,Name  666-66-6666
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          T503R8C                   $15.00
12/31/14   OUTPATIENT COPAY          T503R8C                   $15.00
01/06/15   OUTPATIENT COPAY          T503R8C                   $15.00
01/13/15   OUTPATIENT COPAY          T503R8C                   $15.00
01/14/15   OUTPATIENT COPAY          T503R8C                   $15.00
01/14/15   FEE SERVICE/INPATIENT     T504RST   01/17/15     $243.20   *
01/14/15   FEE SERV INPT PER DIEM    T504RSV   01/17/15       $6.00   *
01/14/15   FEE SERVICE/INPATIENT     T504RST   01/17/15    ($243.20)  *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM    T504RSV   01/17/15      ($6.00)  *
     Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT              T902WM4   01/15/15      $25.00   *
01/14/15   CC PER DIEM               T902WM4   12/29/15     $698.00   *
01/14/15   CC PER DIEM               T902WM4   01/15/15       $2.00   *
     **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM              T002WXT   07/31/15     ($60.00)  *
     Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM           T002X21   08/31/15      $60.00   *
08/01/15   CC MTF PER DIEM           T002X21   08/31/15     ($60.00)  *
     Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM           T002X22   09/30/15      $58.00   *
09/01/15   CHOICE PER DIEM           T002X22   09/30/15     ($58.00)  *
     Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY               T002X24                  $8.00
12/15/18   CC RX COPAY               T002X24                 ($8.00)
     Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE            T002X25                 $30.00
06/06/19   CC URGENT CARE            T002X25                ($30.00)
     Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT             T002X26                 $15.00
09/02/19   CC OUTPATIENT             T002X26                ($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 an 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 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 reject 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# 100136, filled on 09/10/96 (IBpatient,one    000111111) rejected because:
    Invalid NDC Number
    Missing/Invalid Insurance data
    NDC not in local AWP file
    Call Failed
RX# 100114, filled on 02/03/94 (IBpatient,one    000111111) 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
```

```
=============================================================================
100136        09/10/96    IBpatient,one                            000111111
  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 cancelled 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 cancelled, the report may continue to show $0 charges. If the charge in IB is cancelled 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 cancelled vs. not cancelled. Sites should not expect to see a clean report; the report is for informational purposes for review. After 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         0469 03/01/11 03/25/11              DG OPT CO  K402KHM  BILLED
15.00    0.00  0.00  0.00          528703
IBPATIENT,TWO A       7271 03/31/11 03/31/11 712815       PSO NSC R  K402MEQ  BILLED
64.00    0.00  0.00  0.00          528701
IBPATIENT,THREE       2111 02/05/11 05/31/11 712816       PSO NSC R  K402MRR  BILLED
64.00    0.00  0.00  0.00          528701
IBPATIENT,FOUR        3675 03/21/11 03/31/11              DG OPT CO  K402LX1  BILLED
185.00   0.00  0.00  0.00          528703
```

5.25.2.   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                000-11-1111   4D(NHCU)
NSC
IBpatient,two                000-22-2222   4A(NHCU)                04/02/90    CATEGORY C
NSC
IBpatient,three              000-33-3333   4B(NHCU)                02/18/92    CATEGORY C
NSC
IBpatient,four                             4B(NHCU)        02/18/92    CATEGORY C      NSC
```

5.25.3.   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     500283   SC RX COPAY NEW   BILLED    APR  5,1991     1       2.00
322B-RANITIDINE 15-1  500-M10027
IBpatient,two     500285   SC RX COPAY NEW   BILLED    APR  5,1991     1       2.00
230A-AMPICILLIN 50-1  500-M10033
IBpatient,three   500286   NSC RX COPAY NEW  BILLED    APR  5,1991     1       2.00
193B-BELLADONNA TI-1  500-M10033
IBpatient,four    500287   SC RX COPAY NEW   BILLED    APR  5,1991     3       6.00
357-BENZTROPINE 1M-3  500-M10009
               ---------                                    -----  --------
SUBTOTAL                                                       6    12.00
SUBCOUNT       4
IBpatient,one     500263   SC RX COPAY NEW   CANCELLED APR  4,1991     1       2.00
352-AMPICILLIN 25, 1  500-M10027
IBpatient,two     500264   SC RX COPAY NEW   CANCELLED APR  4,1991     1       2.00
286A-CIMETIDINE 3, 1  500-M10027
IBpatient,three   500275   SC RX COPAY NEW   CANCELLED APR  4,1991     3       6.00
167A-ACETAMINOPHE, 3  500-M10009
               ---------                                    -----  --------
```

```
SUBTOTAL                                                                    5      10.00
SUBCOUNT        3
                        ---------                                          -----  --------
TOTAL                                                                       11      22.00
COUNT           7
```

5.25.4.   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, do 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, ALBANY, NEW YORK 12443
   Patient: IBpatient,one                  000-11-1111    NSC    JUN 10, 1993
ADMISSION      Home:
   Employed: Spouse: SPOUSE                      DAY CARE             RETIRED
--------------------------------------------------------------------------------
------------------------
XYZ, INC.          518-5551234          5678 South St, Troy, New York 12345
   Patient: IBpatient,three              000-11-1111    NSC    JUN 10, 1993
ADMISSION      Home: 518-5559393
   Employed: Patient: IBpatient,one       000-22-2222    Hertygertyman        FULL
TIME     Work: 518-5558383
--------------------------------------------------------------------------------
------------------------
```

```
XXX CORPORATION        000-11-1111          1 XXX LANE, OSSINING, NEW YORK 10045
   Patient: IBpatient, two                  000-33-3333   SC 1   JUN 02, 1993
ADMISSION       Home: 345-5552332
   Employed: Patient: IBpatient, two        000-44-4444    Computer Operator     FULL
TIME       Work: 345-5551234
```

5.25.5.   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 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.

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
-------------------------------------------------------------------------------
-------------------------
900071     MEANS TEST/CAT. C   INPATIENT      02/13/87   02/13/87   03/12/87
PRINTED     INTERIM - CONTINUING
   PAYOR: Patient - IBpatient,one
000491     REIMBURSABLE INS. INPATIENT        02/13/87   03/13/87   04/12/87
PRINTED     INTERIM - CONTINUING
   PAYOR: Insurance Co. - ABC INSURANCE
000543     REIMBURSABLE INS. INPATIENT        02/13/87   04/13/87   04/30/87
AUTHORIZED  INTERIM - LAST
   PAYOR: Insurance Co. - ABC INSURANCE
```

5.25.6.   Estimate Category C Charges for an Admission

This option is used to estimate the Means Test / Category C 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 billed is shown. Also provided is the amount of copay and per diem that would be billed for this proposed episode of care.

The table below provides a description of the fields:

Table 10: Field Descriptions

Fields	Description
Clock Date	Date the current billing clock began for this patient.

Fields	Description
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 thru 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.

5.25.7.   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    1111    [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.
```

5.25.8.   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   500942    OPT    L10220  03/01/92   03/11/92   30.00 ||
L10209   NEW BILL     148.00    0.00
                        500948    INPT   L10233  03/11/92   03/14/92  652.00 ||
                        500954    OPT    L10229  03/11/92   03/11/92   30.00 ||
```

```
IBpatient,two      2222   5002661   OPT    L10305  05/08/92   05/08/92    30.00 ||
IBpatient,three    3333   5001488   OPT    L10259  04/07/92   04/07/92    30.00 ||
                          5001512   OPT    L10259  04/03/92   04/03/92    30.00 ||
L10342   NEW BILL    296.00    0.00
IBpatient,four     4444   5002673   INPT   L10304  05/19/92   05/19/92   238.00 ||
IBpatient,five     5555   5001449   INPT   L10178  03/01/92   03/01/92   652.00 ||
L10235   NEW BILL   5736.00    0.00
IBpatient,six      6666   5001476   INPT   L10261  04/13/92   04/16/92   652.00 ||
IBpatient,seven    7777   5001024   OPT    L10121  03/23/92   03/23/92    30.00 ||
L10329   NEW BILL    740.00    0.00
                          5001025   OPT    L10121  03/23/92   03/23/92    30.00 ||
                          5001026   OPT    L10121  03/23/92   03/23/92    30.00 ||
                          5001029   OPT    L10121  03/23/92   03/23/92    30.00 ||
                          5001030   OPT    L10121  03/23/92   03/23/92    30.00 ||
```

5.25.9.   Manually Added HPIDs to Billing Claim Report

This report generates a list of Health Plan (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 date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays 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          7414615444  500-K400003  IBUSER,ONE
12/02/2014     1234567890 0987654321
IBPATIENT,ONE          1111  BLUE CROSS          7399982967  500-K400005  IBUSER,ONE
01/15/2015     1234567890 0987654321
IBPATIENT,ONE          1111  BLUE CROSS          7947434214  500-K400003  IBUSER,ONE
01/22/2015     1234567890 0987654321
IBPATIENT,ONE          1111  BLUE CROSS          7947434214  500-K400005  IBUSER,ONE
01/22/2015     1234567890 0987654321
IBPATIENT,ONE          1111  BLUE CROSS          7467061371  500-K400003  IBUSER,ONE
01/23/2015     1234567890 0987654321
IBPATIENT,ONE          1111  BLUE CROSS          7947434214  500-K400005  IBUSER,ONE
02/05/2015     1234567890 0987654321
IBPATIENT,TWO          9341  BLUE CROSS          7462706327  500-K400008  IBUSER,ONE
02/09/2015     1234567890 0987654321
IBPATIENT,TWO          9341  BLUE CROSS          7444643416  500-K400008  IBUSER,ONE
02/09/2015     1234567890 0987654321
IBPATIENT,TWO          9341  BLUE CROSS          7908996151  500-K400008  IBUSER,ONE
02/09/2015     1234567890 0987654321
```

5.25.10. 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 cancelled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, 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 date of 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 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 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

```
IBpatient,one        000-11-1111       500-000303   FEB 19, 1992@14:17  PAGE:1
================================================================================
Bill Status     : PRINTED - RECORD IS UNEDITABLE
Rate Type       : REIMBURSABLE INSURANCE
Form Type       : UB-82
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        000-11-1111       500-000303  FEB 19, 1992@14:17    PAGE:2
================================================================================
*** ADDRESS INFORMATION ***
Patient Address: 117 TEST DRIVE
                 ANYTOWN, NEW YORK
                 000-000-0000
Mailing Address: ABC INS
                 1262 MOONBEAM AVENUE
                 ANYTOWN, CALIFORNIA   12345
```

```
Ins Co. Address: ABC INS
                 1262 MOONBEAM AVENUE
                 ANYTOWN, CALIFORNIA   12345
                 000-000-0000
```

Sample Output of Full Inquiry

```
IBpatient,one      000-11-1111      500-L10098   FEB 24, 1992@09:09   PAGE:1
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold
================================================================================
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              500-L10098   FEB 24, 1992@09:09   PAGE: 2
Medication Copayment Exemption Status: NON-EXEMPT
Patient's income is greater than Copay Income Threshold
================================================================================
                       *** ADDRESS INFORMATION ***
Patient Address: 28 TEST RD
                 ANYTOWN, MASSACHUSETTS
                 000-000-0000
```

Sample Output of Brief Inquiry for a Pharmacy Copay bill

```
IBpatient,one      000-11-1111      500-M10004   FEB 24, 1992@09:18   PAGE:1
Medication Copayment Exemption Status: EXEMPT
Patient's income below Copay Income Threshold
DATE             CHARGE TYPE          BRIEF DESCRIPTION      UNITS     CHARGE
================================================================================
MAR 15, 1991    SC RX COPAY NEW       RX#111128-REF 5-ENDU     3       $6.00
MAR 15, 1991    SC RX COPAY NEW       RX#111199 9999-CLONI     4       $8.00
                                                                    -----------
                                                                       $14.00
```

Sample Brief Output for Medication Copay Cancellation Due to Medal of Honor

```
IBPATIENT,MOH  111-66-9999          442-K90005A   FEB 11, 2019@17:06   PAGE: 1
Medication Copayment Exemption Status: EXEMPT
Patient awarded Medal of Honor
DATE             CHARGE TYPE          BRIEF DESCRIPTION      UNITS     CHARGE
================================================================================
FEB 11, 2019    INPT COPAY (SUR) NEW   INPT CO-PAY (SUR)       1     $1,364.00
FEB 11, 2019    INPT COPAY (SUR) CAN   INPT CO-PAY (SUR)       1    ($1,364.00)
       Charge Removal Reason: MEDAL OF HONOR
                                                                    ------------
                                                                       $0.00
```

5.25.11. 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:

1. First Party Bills Only
2. Third Party Bills Only
3. 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 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, statement from and to dates, 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          0-0-00    99999999    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: 999-99-999                                    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
--------------------------------------------------------------------------------------------------------------
--------
P002X6W 04/01/20   CC (RX) NEW          RX COPAYMENT    03/15/20  03/15/20  03/15/20  N/A         BILLED
P902Z6P 03/20/20   CC URGENT CARE (O    CC URGENT OPT   03/13/20  03/13/20  03/13/20  N/A         CANCELLED
P902Z6P 03/20/20   CC URGENT CARE (O    CC URGENT OPT   03/12/20  03/12/20  03/12/20  N/A         CANCELLED
P002X6G 03/20/20   OPT COPAY NEW        OPT COPAYMENT   03/11/20  03/11/20  03/11/20  N/A         CANCELLED
P902Z6R 03/20/20   CC (OPT) NEW         CC OPT COPAY    03/10/20  03/10/20  03/10/20  N/A         CANCELLED
P902Z6R 03/20/20   CC (OPT) NEW         CC OPT COPAY    03/10/20  03/10/20  03/10/20  N/A         CANCELLED
```

5.25.12. 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 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    1111 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    2222 OPT COPAY        PENDING A/R 02/11/92  02/11/92  1    $0.00
IBpatient,three  3333 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   4444 OPT COPAY        PENDING A/R 02/12/92  02/12/92  1    $0.00
```

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, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by 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 ALBANY                      Printed: MAR 01,1992@06:00
Page: 1
PT ID PATIENT               SSN           ELIGIBILITY      DATE OF DISCHARGE
INSURANCE COMPANIES
================================================================================
============================
1111   IBpatient,one          000-11-1111   NON-SERVICE CONN  FEB 20,1992@15:51:15  ABC
2222   IBpatient,two          000-22-2222   NON-SERVICE CONN  FEB 19,1992@12:52:51
ALLSTATE
3333   IBpatient,three        000-33-3333   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 ALBANY            Printed: MAR 01,1992@06:00
Page: 1
PT ID PATIENT               SSN           ELIGIBILITY       DATE OF DISCHARGE
INSURANCE COMPANIES
================================================================================
==============================
1111   IBpatient,one          000-11-1111   NON-SERVICE CONN  FEB 7,1992@13:48:23   ABC
         L10042    REIM INS-INPT     From: 02/07/92   To: 02/07/92      Debtor:
ABC
2222   IBpatient,two          NON-SERVICE CONN  FEB 14,1992@13:00     ABC
         L10030    REIM INS-INPT     From: 02/14/92   To: 02/19/92      Debtor:
ABC
3333   IBpatient,three        000-33-3333   NON-SERVICE CONN  FEB 7,1992@13:48:23   ABC
         L10042    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 insurance company, insurance number, group number, and insurance expiration date. Medical information is also shown. Dates of admission and discharge and status of the PTF records are provided. The report is broken down by patient, with information on 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, 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: 000111111)                                EMPLOYER: ABC LUMBER
307 TEST BLVD                                   OCCUPATION: CARPENTER
TOLEDO, OHIO   55555
INSURANCE TYPE             INSURANCE #           GROUP #       EXPIRES        HOLDER
--------- ----             --------- -          ----- -       -------        ------
ABC INS                    123                   887          01/01/93       VETERAN
*XYZ INS                   64098                  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 w/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, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by 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.

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 ALBANY                            Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT           SSN           ELIGIBILITY     DATE OF CARE         INSURANCE COMPANIES
=====================================================================================================
1111   IBpatient,one     000-11-1111   NON-SERVICE CONN  FEB 05,1992@15:51:15  ABC
2222   IBpatient,two     000-22-2222   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 ALBANY                   Printed: MAR 01,1992@06:00    Page: 1
PT ID  PATIENT           SSN           ELIGIBILITY     DATE OF CARE         INSURANCE COMPANIES
=====================================================================================================
1111   IBpatient,one      000-11-1111   NON-SERVICE CONN   FEB 1,1992@11:10     XYZ INS
         000272   REIM INS-INPT    From: 02/01/92   To: 02/10/92       Debtor: XYZ INS
2222   IBpatient,two      000-22-2222   NON-SERVICE CONN   FEB 24,1992@08:09    UNITED WORKERS
         000312   REIM INS-INPT    From: 02/24/92   To: 02/28/92       Debtor: UNITED WORKERS
         000346   REIM INS-INPT    From: 02/28/92   To: 02/29/92       Debtor: UNITED WORKERS
3333   IBpatient,three    000-33-3333   NON-SERVICE CONN   FEB 10,1992@13:34    INTERNATIONAL
         000287   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 on 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, statement from and to dates, and the debtor.

The lists are printed in alphabetical order by patient name or numerically by 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 ALBANY                          Printed: MAR 01,1992@06:00     Page: 1
PT ID   PATIENT             SSN           ELIGIBILITY         DATE OF CARE          INSURANCE COMPANIES
=============================================================================================================
1111    IBpatient,one       000-11-1111   NON-SERVICE CONN    FEB 12,1992@09:45     XYZ INS
            Add/Edit Stop Code with 900,
2222    IBpatient,two       000-22-2222   NON-SERVICE CONN    FEB 23,1992@13:40     ABC
            Clinic: DERMATOLOGY
3333    IBpatient,three     000-33-3333   NON-SERVICE CONN    FEB 29,1992@09:44     ABC
            Clinic: DERMATOLOGY
4444    IBpatient,four      000-44-4444   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 ALBANY                 Printed: MAR 01,1992@06:00     Page: 1
PT ID   PATIENT             SSN           ELIGIBILITY         DATE OF CARE          INSURANCE COMPANIES
=============================================================================================================
1111    IBpatient,one       000-11-1111   NON-SERVICE CONN    FEB 11,1992@14:34     BLUE CROSS
            Add/Edit Stop Code with 102, 301, 706
            00024A    REIM INS-OUTP    From: 02/11/92    To: 02/11/92        Debtor: BLUE CROSS
2222    IBpatient,two       000-22-2222   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
3333    IBpatient,three     000-33-3333   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 patient's name, patient ID#, admission date, diagnoses, and ward location. Insurance information provided includes 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 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 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 denial are given. The bill number is also shown.

Sample Output

```
NAME: IBpatient,one                                        DATE PRINTED: DEC 12, 1990
                                                              PT ID: 000111111
INSURANCE CARRIER: ABC Insurance Company
        ADDRESS: 234 Test St., Loma Linda, California  15436
          PHONE: 555-4789                  POLICY #: 6740879BB      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 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 for 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 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      000-11-1111     MAY 22,1993@16:37      55     40    WIDOW/WIDOWER    EMPLOYED FULL TIME
     11B              Address:        555 KILBOURN                        Tele:            000-000-0000
                                      ANYTOWN,NY 12180
```

```
                        Employer:      ACME CONSTRUCTION                    Tele:          000-000-0000
                                       MAPLE AVE
                                       ANYTOWN,NY 12208
         IBpatient,two      000-22-2222    MAY 30,1993@07:00     62      0    MARRIED         EMPLOYED FULL TIME
            11B             Address:       000 1ST ST.                        Tele:          000-000-0000
                                           ANYTOWN,NY 12208
                        Employer:      ALBANY PLUMBING                      Tele:          000-000-0000
                                       23 RAILROAD AVE.
                                       ANYTOWN,NY 12208
------------------------------------------------------------------------------------------------------------------
        Ward:              11C
        IBpatient,three    000-33-3333    JUN 1,1993@11:32      42      0    MARRIED         EMPLOYED FULL TIME
           11C             Address:       121 TEST AVE                       Tele:          000-000-0000
                                          ANYTOWN,NY 12184
                        Employer:      VAMC ALBANY                         Tele:          000-000-0000
                                       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     000-11-1111      MAY 25,1993@16:37    35      0    WIDOW/WIDOWER    NOT EMPLOYED
           11B            Address:         49 TEST AVE                       Tele:          000-000-0000
                                           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     000-11-1111      MAY 22,1993@16:37    82      10   WIDOW/WIDOWER    RETIRED
           11C            Address:         55 TEST AVE                       Tele:          000-000-0000
                                           TROY,NY 12180
        IBpatient,two     000-22-2222      MAY 25,1993@07:00    60      0    MARRIED         EMPLOYED FULL TIME
           11C            Address:         256 HOLLAND AVE.                  Tele:          000-000-0000
                                           ANYTOWN,NY 12208
```

```
                       Employer:       ABC SECURITY                          Tele:          000-000-0000
                                       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 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          000-11-1111          MAY 22,1992@16:37   55      40    WIDOW/WIDOWER     EMPLOYED FULL TIME
                         Address:             555 TEST                          Tele:            000-000-000
                                              ANYTOWN,NY 12180
                         Employer:            ACME CONSTRUCTION                 Tele:            000-000-000
                                              MAPLE AVE
                                              ANYTOWN,NY 12208

_____
Clinic Subtotal  : 1
      Clinic:            ORTHOPEDIC
  IBpatient,two          000-22-2222          JUN 1,1992@11:32    42       0    MARRIED           EMPLOYED FULL TIME
                         Address:             121 TEST AVE                      Tele:            000-000-000
                                              COHOES,NY 12184
                         Employer:            VAMC ALBANY                       Tele:            000-000-000
                                              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          000-11-1111        MAY 25,1992@16:37  35       0   WIDOW/WIDOWER    NOT EMPLOYED
                         Address:           49 TEST AVE                    Tele:     000-000-000
                                            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          000-22-2222        MAY 22,1992@16:37  82      10   WIDOW/WIDOWER    RETIRED
                         Address:           55 TEST AVE                    Tele:      000-000-000
                                            ANYTOWN,NY 12180
_____
Clinic Subtotal  : 1
    Clinic:            SURGICAL
  IBpatient,three        000-33-3333        MAY 25,1990@07:00  60       0   MARRIED          EMPLOYED FULL TIME
                         Address:           256 TESTING AVE.              Tele:      000-000-000
                                            ANYTOWN,NY 12208
                         Employer:          GAVIN'S SECURITY              Tele:      000-000-000
                                            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 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 may be displayed.

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

Sample Output

```
Means Test Billing Profile for Test,Name  666-66-6666
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          T503R8C               $15.00
12/31/14   OUTPATIENT COPAY          T503R8C               $15.00
01/06/15   OUTPATIENT COPAY          T503R8C               $15.00
01/13/15   OUTPATIENT COPAY          T503R8C               $15.00
01/14/15   OUTPATIENT COPAY          T503R8C               $15.00
01/14/15   FEE SERVICE/INPATIENT     T504RST   01/17/15   $243.20  *
01/14/15   FEE SERV INPT PER DIEM    T504RSV   01/17/15     $6.00  *
01/14/15   FEE SERVICE/INPATIENT     T504RST   01/17/15  ($243.20) *
    Charge Removal Reason: ENTERED IN ERROR
01/14/15   FEE SERV INPT PER DIEM    T504RSV   01/17/15    ($6.00) *
    Charge Removal Reason: ENTERED IN ERROR
01/14/15   CC INPATIENT              T902WM4   01/15/15    $25.00  *
01/14/15   CC PER DIEM               T902WM4   12/29/15   $698.00  *
01/14/15   CC PER DIEM               T902WM4   01/15/15     $2.00  *
    **********Bills display continue on several pages**********
07/01/15   CCN PER DIEM              T002WXT   07/31/15   ($60.00) *
    Charge Removal Reason: ELIGIBILITY INCORRECT
08/01/15   CC MTF PER DIEM           T002X21   08/31/15    $60.00  *
08/01/15   CC MTF PER DIEM           T002X21   08/31/15   ($60.00) *
    Charge Removal Reason: CHANGE IN ELIGIBILITY
09/01/15   CHOICE PER DIEM           T002X22   09/30/15    $58.00  *
09/01/15   CHOICE PER DIEM           T002X22   09/30/15   ($58.00) *
    Charge Removal Reason: ENTERED IN ERROR
12/15/18   CC RX COPAY               T002X24                $8.00
12/15/18   CC RX COPAY               T002X24               ($8.00)
    Charge Removal Reason: ENTERED IN ERROR
06/06/19   CC URGENT CARE            T002X25               $30.00
06/06/19   CC URGENT CARE            T002X25              ($30.00  )
    Charge Removal Reason: UC - CHANGE IN ELIGIBILITY
09/02/19   CC OUTPATIENT             T002X26               $15.00
09/02/19   CC OUTPATIENT             T002X26              ($15.00)
    Charge Removal Reason: ELIGIBILITY INCORRECT
   '*' - Geographic Means Test rates
        ----------$303.00
```

5.26.9. Former OTH Patient Eligibility Change Report

This option will allow the CPAC user to identify Former Service Members whose Primary Eligibility changed from EXPANDED MH CARE NON-ENROLLEE to a new Primary Eligibility with a VERIFIED eligibility status post VBA adjudication.

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

Sample Output

```
                                        FORMER OTH PATIENT ELIGIBILITY CHANGE REPORT
Page:  1
===============================================================================================
 OTH Eligibility Change Date Range: 02/20/2020 TO 10/12/2020                       Date Printed :
Oct 12, 2020 10:48 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 have an Outpatient Encounter with the status of CHECKED OUT.
The Station ID column provides data on which site(s) the patient was treated.
===============================================================================================
PATIENT NAME    DATE OF       PID     OTH REG DATE   NEW ELIGIBILITY CODE        SC%   ELIGIBILITY
STATION
                BIRTH
CHANGE DATE        ID
---------------------------------------------------------------------------------------------------
---------------------------------------------------
DG,ONE          01/02/1950     D0901   07/09/2020             SC LESS THAN 50%             20
07/10/2020          500
DG,TWO          11/12/1970     D2800   06/25/2019             HUMANITARIAN EMERGENCY             08/31/2020
500
DG,THREE    11/12/1975         D5789   06/04/2020             NSC
10/08/2020          500
DG,FOUR       06/06/1945       D8442   10/07/2020             NSC
10/07/2020          500
DG,FIVE         02/24/1945     D3011   07/09/2020             SC LESS THAN 50%             10
07/10/2020          500
```

5.26.10. Former OTH Patient Detail Report

This option will allow the billing user to review Former Service Member's past checked out encounter and prescription details to determine if potential back-billing is necessary for care provided during pending VBA adjudication based on VBA outcomes (Honorable for VA or Dishonorable for VA).

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

Sample Output

```
                              FORMER OTH PATIENT DETAIL REPORT
Patient Name:  DG, ONE RD  (D5789)                                                     DOB:
NOV 12,1975
================================================================================
Current Eligibility Code :  NSC  --  VERIFIED     10/08/2020
Other Eligibility Code(s):  NO ADDITIONAL ELIGIBILITIES IDENTIFIED
Enrollment Priority     :    NOT ENROLLED
--------------------------------------------------------------------------------
----------------------------------------------------
  Means Test Signed?:
  Patient's status is GMT COPAY REQUIRED based on primary means test
  Primary Means Test Last Applied 'OCT 8,2020' (COMPLETED: OCT 8,2020@14:52)
 Service Connected : NO
 Rated Disabilities: NONE STATED
  Health Insurance  : NO
   Insurance   COB       Subscriber ID   Group           Holder               Effective
Expires
  ================================================================================
    No Insurance Information
--------------------------------------------------------------------------------
----------------------------------------------------
Patient Name:  DG, ONE RD  (D5789)                                                     DOB:
NOV 12,1975
================================================================================
                         PRIMARY ELIGIBILITY/EXPANDED CARE TYPE HISTORY
--------------------------------------------------------------------------------
----------------------------------------------------
Primary Eligibility                                                        Date of Change
--------------------------------------------------------------------------------
----------------------------------------------------
NSC                                                                        10/08/2020
EXPANDED MH CARE NON-ENROLLEE  (OTH-90)            06/04/2020
--------------------------------------------------------------------------------
----------------------------------------------------
Patient Name:  DG, ONE RD  (D5789)                                                     DOB:
NOV 12,1975
================================================================================
```

```
                                        PATIENT'S EPISODE OF CARE
                                        Date Range: 07/01/2017 - 10/12/2020
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
Clinic Name                             Clinic Stop                                    Div.
Appt. Date     Last Updated By
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
RCLINIC1                                EMERGENCY DEPT                                 500              09/10/2020
DOE, JOHN
RCLINIC2                                EMERGENCY DEPT                                 589GK            09/17/2020
SMITH, ADAM
RCLINIC636                              URGENT CARE CLINIC                             636              09/20/2020
DOE, JOHN
RCLINIC636A4                            PRIMARY CARE/MEDICINE                  636DT         10/08/2020      SMITH, MARY
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
Total Number of Encounter:  5
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
Patient Name:  DG, ONE RD  (D5789)
DOB:  NOV 12,1975
==========================================================================================
                                        PATIENT'S RELEASED PRESCRIPTION
                                        Date Range: 07/01/2017 - 10/12/2020
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
RX #                                    Copay Tier   # of Refills   Days Supply    Division        Fill Date
Rx Release Date
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
501122                                      2             11            30                          500
10/08/2020   10/08/2020@14:00
501121                                      1              5            30                          500
10/08/2020   10/08/2020@14:00
----------------------------------------------------------------------------------------------------------
------------------------------------------------------
Total Number of Rx:    2
```

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 refill 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.

In order 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    - T10088      JAN 28, 1994  11:00   PAGE 1
----------------------------------------------------------------------------
PRESCRIPTION REFILLS:
481  Jan 03, 1994  DIGOXIN 0.25MG      QTY: 60   DAYS SUPPLY: 30  NDC #: 19-929-922
432  Jan 10, 1994  NAPROXEX 250MG S.T. QTY: 10   DAYS SUPPLY: 10  NDC #: 22-834-871
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, the bill classification (Inpatient or Outpatient), and the 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 generation of billing form (if required security key 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 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 has been determined by the National Uniform Billing Committee and has 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 cancelled may be edited. Once a bill has been filed (billing record number established), it cannot be deleted. The bill may be cancelled 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 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, the bill classification (Inpatient or Outpatient) and the 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 cancelled, there is no way to view the data contained in that bill.

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

A mail group may be specified (through the site parameters) so that every time a bill is cancelled, all members of this group are notified through electronic mail. If this group is not specified, only the billing supervisor and the user who cancelled 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 cancelled, 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 cancelled:
Bill Number: N10276
Patient Name: IBpatient,one           PT ID: 000-11-1111
Event Date: MAR 12,1995@08:00
Reason for cancellation: Patient is service connected.
Status when cancelled: 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 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, the bill classification (Inpatient or Outpatient), and the 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 has been determined by the National Uniform Billing Committee and has 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 cancelled. 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, the bill classification (Inpatient or Outpatient), and the 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 has been determined by the National Uniform Billing Committee and has 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 cancelled (if applicable), admission date (for inpatients), all outpatient visits (for outpatients), charges, 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 date of 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 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 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       000-11-1111      500-000303    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       000-11-1111      500-000303    FEB 19, 1992@14:17    PAGE: 2
===============================================================================
*** ADDRESS INFORMATION ***
Patient Address: 117 TEST DRIVE
                 ANYTOWN, NEW YORK
                 000-000-0000
```

```
Mailing Address: ABC
                1262 TEST AVENUE
                ANYTOWN, CALIFORNIA   12345
Ins Co. Address: ABC
                1262 TEST AVENUE
                ANYTOWN, CALIFORNIA   12345
                000-000-000
Full inquiry for a Means Test bill.
IBpatient,one      000-11-1111          500-L10098   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      000-11-1111          500-L10098   FEB 24, 1992@09:09   PAGE: 2
================================================================================
                        *** ADDRESS INFORMATION ***
Patient Address: 28 TEST RD
                 ANYTOWN, MASSACHUSETTS
                 000-000-000
Brief inquiry for a Pharmacy Copay bill.
IBpatient,one      000-11-1111      500-M10004   FEB 24, 1992@09:18   PAGE:1
DATE            CHARGE TYPE          BRIEF DESCRIPTION      UNITS      CHARGE
================================================================================
MAR 15, 1991   SC RX COPAY NEW      RX#111128-REF 5-ENDU     3        $6.00
MAR 15, 1991   SC RX COPAY NEW      RX#111199 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 on 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 cancelled. 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, timeframe of 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        B6711   INPA    SEP  1,1993  17:07    N10003    ENTERED
INTERIM - FIRST     SEP  1,1993    SEP 30,1993
IBpatient, two        C4949   INPA    SEP  1,1993  01:00    N10005    ENTERED
INTERIM - FIRST     SEP  1,1993    SEP 30,1993
IBpatient, three      K2123   INPA    SEP 14,1993  11:42    N10002    ENTERED
ADMIT THRU DISC     SEP 14,1993    SEP 14,1993
                                 No billable Days.
      DATE ENTERED: NOV  3,1993
IBpatient,one         B6711   INPA    SEP  1,1993  17:07    N10023    ENTERED
INTERIM - CONTI     OCT  1,1993    OCT 31,1993
IBpatient,one         C4949   INPA    SEP  1,1993  01:00    N10025    ENTERED
INTERIM - CONTI     OCT  1,1993    OCT 31,1993
      DATE ENTERED: NOV  8,1993
IBpatient,one         D3333   INPA    SEP 15,1993  12:30    N10027    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 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, previous and current status of bill, original bill amount, service which approved 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.: 500-90032A                   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.: 500-T00006                   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

```
##SR                          *** 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 000-00-0000      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 cancelled (if applicable), outpatient visit date, charges, amount paid, 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      000-11-1111      500-L10171    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 the appendix 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 instruction 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 type of policy, group name, holder, effective date, 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.

Acronym	Description	Action
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.
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 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 on file, will print the standard form without the data. Must be printed at 132 column margin width.
PC	Print Insurance Cov.	Similar to worksheet. Used when bulk of information is already in the computer. Will show two most recent benefit years. If no benefit years 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.

Acronym	Description	Action
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.
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 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.

---

[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.

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.
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: SOME CITY, 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
  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 the appendix 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 type of policy, group name or individual, holder, effective date, 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          11-28-31     000111111    YES C VETERAN
..
Patient Insurance Management  Nov 22, 1993 13:51:09       Page: 1 of    1
Insurance Management for Patient: IBpatient,one    1111          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: BALTIMORE, MD 21207
 Billing Ph: (787)749-4949
 Precert Ph: (787)740-4232
```

```
  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: XXXXXX000A
  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: 05/05/1955
              Str 1: PALMER HOUSE HEALTH CARE
              Str 2: SHEARER ST
               City: PALMER
             St/Zip: MA  01069
             SubDiv:
            Country:
              Phone: XXXXXX0001
     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: XXXXXX000A
   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
  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 instruction 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.

Acronym	Description	Action
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.
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.

Acronym	Description	Action
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.

Common Actions

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.
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.

Acronym	Description	Action
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 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//
```

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 the appendix 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. that 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: MEDICINE BOW, 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 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
+--------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.

Action	Description
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 so 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.
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      2343  GEHA              123        I     10/09/98   I
2  *IBpatient,two      6666  HARTFORD          006066666  I     09/15/98   i  C
3   IBpatient,three    0111  BLUE CROSS/BLUE S 12345      I     09/29/98   i
4   IBpatient,four     0111  GHI                          P     09/30/98   i
5   IBpatient,five     0111  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                     000-11-1111    DOB: JUN 2,1926   AGE: 72
            HARTFORD   (2222 SOUTH STREET, ANYTOWN, CA)
  -HARTFORD          000-CHAMPUS   006066666      PATIEN

                   Patient's Existing Insurance
   Insurance Company    Group #       Subscriber Id  Holder  Effective Expires
1   HARTFORD            000           000111111      SPOUSE  01/01/97
2   BC/BS OF ALBANY     415           000111111      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 (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 date range, report format, and device. The date range pertains to when the HPID was manually added to the claim.

This output displays 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        7414615444  500-K400003  IBUSER,ONE
12/02/2014      1234567890 0987654321
IBPATIENT,ONE        1111   BLUE CROSS        7399982967  500-K400005  IBUSER,ONE
01/15/2015      1234567890 0987654321
IBPATIENT,ONE        1111   BLUE CROSS        7947434214  500-K400003  IBUSER,ONE
01/22/2015      1234567890 0987654321
IBPATIENT,ONE        1111   BLUE CROSS        7947434214  500-K400005  IBUSER,ONE
01/22/2015      1234567890 0987654321
IBPATIENT,ONE        1111   BLUE CROSS        7467061371  500-K400003  IBUSER,ONE
01/23/2015      1234567890 0987654321
IBPATIENT,ONE        1111   BLUE CROSS        7947434214  500-K400005  IBUSER,ONE
02/05/2015      1234567890 0987654321
IBPATIENT,TWO        9341   BLUE CROSS        7462706327  500-K400008  IBUSER,ONE
02/09/2015      1234567890 0987654321
IBPATIENT,TWO        9341   BLUE CROSS        7444643416  500-K400008  IBUSER,ONE
02/09/2015      1234567890 0987654321
IBPATIENT,TWO        9341   BLUE CROSS        7908996151  500-K400008  IBUSER,ONE
02/09/2015      1234567890 0987654321
```

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@10:01:57        Page:    1 of    1
Group Plans In: CENTRA                                  Phone: 405-255-1084
               PO BOX 6000                            Precerts: 1-800-824-1819
               DUNCAN, OK  73534-6000
#                        * => Inactive Plan               Pre-   Pre-   Ben
     Group Name            Group Number      Type of Plan  UR?   Ct?  ExC?  As?
1    <NAME 1>              GRP NUM ####                     UNK   UNK   UNK  YES
2    <NAME 2>              GRP NUM ####     COMPREHENSIVE   UNK   YES   UNK  YES
3    <NAME 3>              GRP NUM ####     COMPREHENSIVE   UNK   YES   UNK  YES
4    <NAME 4>              GRP NUM ####     COMPREHENSIVE   YES   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 #####>
Please note that the policy will be EXPIRED in the patient profile!!
Okay to continue? //YES
Expiring Policies . . .
Done. ## 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 ####>     <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. Insurance Reports

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

Table 24: Report Descriptions

Report	Description
ABUF	Insurance Buffer Activity
AU	User Edit Report
EBUF	Insurance Buffer Employee
GP	List Group Plans without Annual Benefits
ID	Generate Insurance Company Listings
IN	Patients with Unidentified Insurance
INSC	Veterans w/Insurance and Inpatient Admissions
IU	eIV Patient Insurance Update Report
LC	List Inactive Ins. Co. Covering Patients
LP	List Plans by Insurance Company
LR	eIV Payer Link Report
MD	Insurance Plans Missing Data Report
NC	Verification of No Coverage Report
NE	Active Policies with no Effective Date Report

Report	Description
NI	Potential New Insurance Found
NV	List New not Verified Policies
ONSC	Veterans w/Insurance and Opt. Visits
PDOD	eIV Payer Date of Death Report
PO	Insurance Policies Not Verified
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. List Inactive Ins. Co. Covering Patients

The List Inactive Ins. Co. Covering Patients option is used to provide a listing of inactive insurance companies that are listed in the system as providing patient coverage.

Occasionally, an insurance company may be in the system twice under slightly different names (i.e., Blue Cross and Blue Cross of New York) when in fact it is the same company. Once the correct name is established, it would be necessary to inactivate the incorrect name and "repoint" those patients to the correct name. This option provides the number of patients that should be repointed to another company.

Information provided on the output includes insurance company name and address and the number of patients the system shows as having coverage by that company.

Sample Output

```
INACTIVE INSURANCE COMPANIES WITH PATIENTS     NOV 16,1993  08:46     PAGE 1
                                                                      NUMBER
INSURANCE COMPANY       STREET              CITY            STATE  PATIENTS
----------------------------------------------------------------------------
ABC INSURANCE COMPANY   2123 MAIN STREET    ANYTOWN          NY        1
ABC INS                 235 PENN AVE        ANYTOWN          NY        19
NATIONWIDE              77 PARKER BLVD       ANYTOWN          MN        1
XYZ INS                 345 SECOND AVE      ANYTOWN          NY        2
```

6.25. 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 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: 618-567-987
              123 MAIN Ave.                       Precerts: 987-965-8754
              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)
KANSAS CITY, 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****
```

6.26. List New not Verified Policies

The List New Not Verified Policies option is used to produce a list by 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, 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       000111111   XYZ INS               3483920        NANCY
AUG 17,1993
IBpatient,two       000222222   BLUE CROSS BLUE SHIELD 123456        BETH
SEP 17,1993
IBpatient,three     000333333   XYZ INS               2587           ELLEN
OCT 12,1993
COUNT 3
```

6.27. Insurance Plans Missing Data Report

The Insurance Plans Missing Data option creates a list of insurance plan 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
```

```
 --------      ----------    -----------    ---------     ---
 ########       PART B          MEDICARE       MEDICARE     1(YRS)
 PART B         PART B          MEDICARE       MEDICARE     #######
 PART A RR   ########      MEDICARE       MEDICARE     #######
 PART B RR   PART B         ######   MEDICARE     #######
 PART G         PART G          MEDICARE       #########   1(YRS)
 PART A RR   ########      MEDICARE       MEDICARE     #######
    Coverage              Effective Date   Covered?
    --------              --------------   --------
    INPATIENT             ########        BY DEFAULT
 PART G         PART G          MEDICARE       #########   1(YRS)
  PART A RR   #######      MEDICARE       MEDICARE     #######
CAREMARK      PO BOX 13999    KANSAS CITY, MO  64106-7711    PRESCRIPTION ONLY
 GROUP #       GROUP NAME    TYPE OF PLAN   ELEC PLAN    FTF     BIN       PCN
 --------      ----------    -----------    ---------    ---     ---     ---
 ########       PART B              PRESCRIPTION   PRESCRIPTION  1(YRS)  ###  A8R1264
 ########       PART B              PRESCRIPTION   PRESCRIPTION  1(YRS)  123654  #####
 PART B         PART B              PRESCRIPTION   PRESCRIPTION  1(YRS)  ###     #####
*****End of Report****
```

6.28. 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 date of death for patient Information from 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       123456789
02/02/2020
IBPATIENT,TWO              XXXX     02/02/1922              CIGNA       123456789
02/02/2020
IBPATIENT,THREE           XXXX     01/01/1948  06/18/2019  AETNA       123456789
01/13/2020
IBPATIENT,FOUR            XXXX     05/05/1955  07/26/1992  CMS         123456789
01/03/2020
                                              *** END OF REPORT ***
```

6.29. Source of Information Report

The Source of Information Report (SOUR) option creates a report to help the user calculate 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   K404XXX     LIFE INVESTORS          364.46  Jan 23, 2015
0.00                    N   CONTRACT SERVICE
IBPATIENT,TWO     XXXX   K503XXX     SINCLAIR HEALTH SERVI   538.89  Jan 13, 2015
86.22  Jan 26, 2015    P   ICB CARD READER
IBPATIENT,THREE   XXXX   K503XXX     BCBS WY*                277.73  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,FOUR    XXXX   K503XXX     BCBS WY*                192.95  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,FIVE    XXXX   K503XXX     BCBS WY*                277.73  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,SIX     XXXX   K503XXX     BCBS WY*                277.73  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,SEVEN   XXXX   K503XXX     BCBS WY*                192.95  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,EIGHT   XXXX   K503XXX     BCBS WY*                195.87  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,NINE    XXXX   K503XXX     BCBS WY*                538.89  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,TEN     XXXX   K503XXX     BCBS WY*                192.95  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,ELEVEN  XXXX   K503XXX     BCBS WY*                277.73  Jan 21, 2015
0.00                    N   ICB CARD READER
IBPATIENT,TWELVE  XXXX   K503XXX     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
```

6.30. 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 ***
```

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 to 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

```
INSURANCE BUFFER ACTIVITY REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:06 PAGE 1
--------------------------------------------------------------------------------
                                    TOTALS
                                   AVERAGE        LONGEST        SHORTEST
STATUS                COUNT   PERCENT   # DAYS         # DAYS         # DAYS
--------------------------------------------------------------------------------
ENTERED                24     58.5%     39.0           146.0          0.0
VERIFIED                4      9.8%     26.7           105.0          0.0
ACCEPTED (&V)           5     12.2%     22.6           108.9          0.2
REJECTED                7     17.1%     62.6           146.0          3.0
REJECTED (V)            1      2.4%      4.8             4.8          4.8
--------------------------------------------------------------------------------
NOT PROCESSED          28     68.3%     37.3           146.0          0.0
PROCESSED              13     31.7%     42.8           146.0          0.2
TOTAL                  41    100.0%     39.0           146.0          0.0
  0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%)
```

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 cancelled 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 STASTICAL REPORT

```
                          INTEGRATED BILLING STATISTICAL REPORT
                                        for
                                CHEYENNE VAMC (442)
                                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 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, number billed, the OPC status, and 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
```

```
--------------------------------------------------------------------------------
-------------------
10121   REMOVE FOREIGN BODY                                  38      38   NATIONALLY ACTIVE
256.50
        INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES;
        COMPLICATED
11000   SURGICAL CLEANSING OF SKIN                           56           NATIONALLY ACTIVE
        DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF
        BODY SURFACE
13152   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
24925   AMPUTATION FOLLOW-UP SURGERY                         29
394.20
        AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION
40654   REPAIR LIP                                            1       1   NATIONALLY ACTIVE
394.20
        REPAIR LIP, FULL THICKNESS; OVER ONE HALF VERTICAL HEIGHT, OR
        COMPLEX
65235   REMOVE FOREIGN BODY FROM EYE                         18      15   INACTIVE
343.80
        REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS
66820   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)
85102   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

```
INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 1
--------------------------------------------------------------------------------
                        ELLEN        TOTALS
                                     AVERAGE      LONGEST     SHORTEST
STATUS             COUNT    PERCENT  # DAYS       # DAYS      # DAYS
--------------------------------------------------------------------------------
ACCEPTED (&V)          1    12.5%       0.2          0.2         0.2
REJECTED               6    75.0%      72.5        146.0        21.7
REJECTED (V)           1    12.5%       4.8          4.8         4.8
TOTAL                  8   100.0%      55.0        146.0         0.2
  0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (100%)
INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 2
--------------------------------------------------------------------------------
                        HARPER,A   TOTALS
                                     AVERAGE      LONGEST     SHORTEST
STATUS             COUNT    PERCENT  # DAYS       # DAYS      # DAYS
--------------------------------------------------------------------------------
VERIFIED               1    20.0%     105.0        105.0       105.0
ACCEPTED (&V)          3    60.0%      37.3        108.9         1.0
REJECTED               1    20.0%       3.0          3.0         3.0
TOTAL                  5   100.0%      44.0        108.9         1.0
```

```
  0 New Companies (0%), 0 New Group/Plans (0%), 0 New Patient Policies (0%)
INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 3
--------------------------------------------------------------------------------
                           GRAVES,CATHI  TOTALS
                                        AVERAGE      LONGEST      SHORTEST
STATUS                   COUNT   PERCENT  # DAYS       # DAYS       # DAYS
--------------------------------------------------------------------------------
VERIFIED                    3     75.0%      0.6          1.0          0.0
ACCEPTED (&V)               1     25.0%      0.8          0.8          0.8
TOTAL                       4    100.0%      0.7          1.0          0.0
  0 New Companies (0%), 0 New Group/Plans (0%), 0 New Patient Policies (0%)
INSURANCE BUFFER EMPLOYEE REPORT   Apr 17, 1998 - Nov 05, 1998 11/5/98 11:13 PAGE 4
--------------------------------------------------------------------------------
                                 TOTALS
                                        AVERAGE      LONGEST      SHORTEST
STATUS                   COUNT   PERCENT  # DAYS       # DAYS       # DAYS
--------------------------------------------------------------------------------
VERIFIED                    4     23.5%     26.7        105.0          0.0
ACCEPTED (&V)               5     29.4%     22.6        108.9          0.2
REJECTED                    7     41.2%     62.6        146.0          3.0
REJECTED (V)                1      5.9%      4.8          4.8          4.8
TOTAL                      17    100.0%     39.0        146.0          0.0
  0 New Companies (0%), 0 New Group/Plans (0%), 1 New Patient Policy (20%)
```

7.2.4. 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 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 on 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   N10026
IBpatient,one          000-11-1111
                       REIMBURSABLE INS.  NOV 17,1995   ENTERED/NOT REV   N10032
IBpatient,two          000-22-2222
                       REIMBURSABLE INS.  NOV 17,1995   ENTERED/NOT REV   N10033
IBpatient,three        000-33-3333
```

```
                                                              -------  --
-------
SUBTOTAL
0.00
SUBCOUNT                                                         3
ANDREW              REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10562
IBpatient,one       000-11-1111
                    REIMBURSABLE INS.   SEP  7,1995   AUTHORIZED       L10563
5000.00  IBpatient,two        000-22-2222
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10564
IBpatient,three     000-33-3333
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10565
IBpatient,four      000-44-4444
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10566
IBpatient,five      000-55-5555
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10567
IBpatient,six       000-66-6666
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10568
IBpatient,seven     000-77-7777
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10569
IBpatient,eight     000-88-8888
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10570
IBpatient,nine      000-99-9999
                    REIMBURSABLE INS.   SEP  7,1995   ENTERED/NOT REV  L10571
IBpatient,ten       000-00-0000
                    REIMBURSABLE INS.   NOV 23,1995   ENTERED/NOT REV  N10073
IBpatient,one       000-11-1111
                    REIMBURSABLE INS.   NOV 25,1995   ENTERED/NOT REV  N10074
IBpatient,two       000-22-2222
                                                              -------  --
-------
SUBTOTAL
5000.00
SUBCOUNT                                                        12
CHARLES             REIMBURSABLE INS.   SEP 28,1995   ENTERED/NOT REV  L10681
IBpatient,one       000-11-1111
                                                              -------  --
-------
SUBTOTAL
0.00
SUBCOUNT                                                         1
PAUL                REIMBURSABLE INS.   SEP 10,1995   AUTHORIZED       L10676
163.00  IBpatient,two        000-22-2222
                                                              -------  --
-------
SUBTOTAL
163.00
SUBCOUNT                                                         1
LINDA               REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV  L10549
IBpatient,three     000-33-3333
                    REIMBURSABLE INS.   JUN 10,1995   ENTERED/NOT REV  L10550
163.00  IBpatient,four       000-44-4444
                                                              -------  --
-------
SUBTOTAL
163.00
SUBCOUNT                                                         2
BETH                REIMBURSABLE INS.   SEP 15,1995   CANCELLED        L10677
163.00  IBpatient,five       000-55-5555
                                                              -------  --
-------
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 (633)                              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 deductible, 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 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      000-11-1111  L10068             510          $30.00
IBpatient,two      000-22-2222  L10069             100          $50.00
IBpatient,three    000-33-3333  L10174             001         $652.00
```

```
IBpatient,four         000-44-4444   L10203                550        $155.00
IBpatient,five         000-55-5555   L10239                100        $150.00
IBpatient,six          000-66-6666   L10489                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 (date beginning the bill's episode of care), bill date (date the bill was initially printed) or entered date (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 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 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 cancelled), 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
================================================================================
========================================
L10574   IBpatient,one       1111   06/01/93  ARH    REIM INS-OPT   N/A
$936.40   * AUTHORIZED 09/07/93 (ARH/10869)
L10651   IBpatient,two       2222   06/02/93  ARH    REIM INS-OPT   A
$442.20   * AUTHORIZED 09/07/93 (ARH/10869)
L10647   IBpatient,three     3333   06/03/93  ARH    MT/CAT C-OPT   N/A
$30.00       PRINTED 09/07/93 (ARH/10869)
N10046   IBpatient,four      1111   06/03/93  ARH    REIM INS-OPT   R
$633.10      PRINTED 11/19/93 (ARH/10869)
L10660   IBpatient,five      5555   06/04/93  ARH    REIM INS-OPT   N/A
$623.60   * AUTHORIZED 09/07/93 (ARH/10869)
L10620   IBpatient,six       6666   06/07/93  ARH    REIM INS-OPT   N/A      $0.00
* ENTERED 09/07/93 (ARH/10869)
```

```
L10648    IBpatient,seven     7777    06/07/93   ARH    CRIME-OPT    N/A        $0.00
* AUTHORIZED 09/07/93 (ARH/10869)
L10601    IBpatient,eight     8888    06/09/93   ARH    REIM INS-OPT  N
$150.00   * ENTERED 09/07/93 (ARH/10869)
L10632    IBpatient,nine      9999    06/09/93   ARH    REIM INS-OPT  A
$128.00   * ENTERED 09/07/93 (ARH/10869)
L10549    IBpatient,ten       0000    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 cancelled. 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   303740189     Phone: 800 000-0000
Group #42
Kxxxxxx      %<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), bill from and to dates, date the bill was printed (authorized), 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 number of bills, amount billed, 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:
618-567-9871
L10042  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
L10030  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
L10029  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
L01226   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
L01227   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
L00381   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
L00823   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        000-11-1111     MAR 27,1992       15950   REMOVE THIGH
PRESSURE SORE
                                                          15951   REMOVE THIGH
PRESSURE SORE
   IBpatient,two        000-22-2222     MAR 3,1992        85102   BONE MARROW
BIOPSY
```

```
    IBpatient,three          000-33-3333      MAR 7,1992        11042  CLEANSING OF
SKIN/TISSUE
    IBpatient,four           000-44-4444      MAR 13,1992       24925  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 cancelled 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 insure accuracy of patients' accounts.

Initially, this report will print a list of charges cancelled during the installation / conversion process. Later, this report may be used to list charges automatically cancelled. 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 name and ID, prescription date and number, cancel date and IB number, bill number and amount, a patient count, and 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, total number of patients checked, number of patients exempt and non-exempt, the number of bills checked, dollar amount checked, total bills cancelled, and amount cancelled.

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      000-11-1111 02/01/93   100146   02/02/93  500210      500-P30048    $2
                               02/01/93   100147   02/02/93  500211      500-P30048    $2
                                                                       --------------
                                                                       Count  =    2
                                                                       Amount = $    4
IBpatient,two      000-22-2222 01/26/93   100037/1 01/27/93  500157      500-P30014    $4
                               01/26/93   1003     01/27/93  500158      500-P30014    $2
                                                                       --------------
                                                                       Count  =    2
                                                                       Amount = $    6
IBpatient,three    000-33-3333 01/26/93   100045   01/27/93  500155      500-P30016    $2
                               01/26/93   100045/1 01/27/93  500156      500-P30016    $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 that 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:
                                             000-11-1111

     ONE IBPATIENT
     54 BROADWAY
     ANYTOWN, MA  04443
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 555-3311 x9372
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 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       1111   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           9381 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   9999     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: 7193539          Ex. Number: 258530
  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: 7193539          Ex. Number: 25852
```

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: 000-11-1111
 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 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 for 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:
                                        000-11-1111
                                        Renewal Date: MAY  3, 1994

     ONE IBPATIENT
     77 MAIN ST
     CABOT COVE, ME  09876
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 name, patient ID, primary eligibility code, status, 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   000-00-1111  NSC                      EXEMPT      MEDAL OF HONOR      JAN 25,2019
IBPATIENT,TWO   000-01-2222  NSC                      EXEMPT      MEDAL OF HONOR      JAN 25,2019
```

```
IBPATIENT,THREE    000-02-3333  SERVICE CONNECTED 50  EXEMPT      SC>50             JAN 2,2019
IBPATIENT,FOUR     000-03-4444  SERVICE CONNECTED 50  EXEMPT      SC>50             JAN 1,2019
IBPATIENT,FIVE     000-04-5555  AID & ATTENDANCE      EXEMPT      IN RECEIPT OF A&A JAN 1,2019
IBPATIENT,SIX      000-66-6666  NSC                   EXEMPT      DIS. RETIREMENT   JAN 17,2019
IBPATIENT,SEVEN    000-77-7777  NSC                   EXEMPT      DIS. RETIREMENT   JAN 10,2019
IBPATIENT,EIGHT    000-88-8888  NSC                   EXEMPT      DIS. RETIREMENT   JAN  5,2019
IBPATIENT,NINE     000-99-9999  NSC                   EXEMPT      HARDSHIP          JAN  5,2019
IBPATIENT,TEN      000-00-0000  HUMANITARIAN          EXEMPT      NON-VETERAN       JAN 29,2019
IBPATIENT,ELEVEN   000-11-1111  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 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 for reminder letters where the billing exemption record was based on current means tests:

Reminder Letters

The user will receive a warning when the Veterans 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:
                                                       000-11-1111

     ONE IBPATIENT
     00 BROADWAY
     BOSTON, MA  04443
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 462-3311 x9372
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) 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 Exemption      Action
-------------------------------------------------------------------------------
---------------------------------------------
IBPATIENT,ONE        000-11-0000     Exemption incorrect  10/08/18 NO INCOME DATA
01/11/17 INCOME>PENSION   Nothing Updated
IBPATIENT,TWO        000-22-1111     Exemption incorrect  01/08/19 INCOME>PENSION
INCOME<PENSION          Nothing Updated
IBPATIENT,THREE      000-33-2222     Exemption incorrect  01/02/19 NO INCOME DATA
12/28/16 INCOME>PENSION   Nothing Updated
IBPATIENT,FOUR       000-04-3333     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.
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.

Parameter	Description
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.

Screen	Description
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 item 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.
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 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
                        BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                             AUTO
NAME                    TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET               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
                        BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                             AUTO
NAME                    TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET               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
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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
```

```
                     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
```

```
                     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
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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
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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 13
                   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 14
                   BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                                   AUTO
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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-RI-RX	OUTPA		JAN 1,2018			RX COST	YES

RATE TYPE: CC TORT FEASOR

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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	

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RATE SCHEDULE List                                                         OCT 25,
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                     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,
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                     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
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                                                         RC-OPT MISC 442MA
                                                         RC-PHYSICIAN OPT PR 442MA      YES
                                                         RC-PHYSICIAN OPT MN 442MA      YES
RATE SCHEDULE List                                                              OCT 25,
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                     BILL    BILL      EFFECTIVE    INACTIVE   CHARGES                                AUTO
NAME                 TYPE    SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                  ADD
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                                                         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,
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                     BILL    BILL      EFFECTIVE    INACTIVE   CHARGES                                AUTO
NAME                 TYPE    SERVICE   DATE         DATE       ADJUSTED   CHARGE SET                  ADD
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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
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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
RATE SCHEDULE List                                                                 OCT 25,
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                    BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                  AUTO
NAME                TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                    ADD
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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
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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
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                                                           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
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                   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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                   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
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                                                              RC-PHYSICIAN OPT PR 442QB      YES
                                                              RC-PHYSICIAN OPT MN 442QB      YES
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
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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	

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                                                         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
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN FS PR 442QB	YES
						RC-PHYSICIAN FS MN 442QB	YES

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                                                                  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 28
                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                                  AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                     ADD
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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,
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                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                                  AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET                     ADD
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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
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                      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
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                      BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                                AUTO
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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,
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                     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
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
```

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RATE SCHEDULE List                                                              OCT 25,
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                     BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                 AUTO
NAME                 TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                   ADD
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                                                                       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,
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                     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
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                                                       RC-OPT MISC 442GC
                                                       RC-PHYSICIAN OPT PR 442GC        YES
                                                       RC-PHYSICIAN OPT MN 442GC        YES
RATE SCHEDULE List                                                         OCT 25,
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                      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,
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                      BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                  AUTO
NAME                  TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                    ADD
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----------
                                                       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
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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
```

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
CCN-TF-RX	OUTPA		JAN 1,2018			RX COST	YES

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        RATE TYPE: CCN WORKERS' COMP
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                                                              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,
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                   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,
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                   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
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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
```

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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
CCN-WC-RX	OUTPA		JAN 1,2018			RX COST	YES

RATE TYPE: CHAMPVA

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                                                          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,
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                    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 44
                    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
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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
                                                   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
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----------
                                                   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,
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                 BILL  BILL     EFFECTIVE  INACTIVE  CHARGES                              AUTO
NAME             TYPE  SERVICE  DATE       DATE      ADJUSTED  CHARGE SET                 ADD
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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,
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                    BILL  BILL     EFFECTIVE  INACTIVE  CHARGES                                     AUTO
NAME                TYPE  SERVICE  DATE       DATE      ADJUSTED  CHARGE SET                        ADD
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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,
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                    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
                                                    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,
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                 BILL   BILL   EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME             TYPE   SERVICE DATE       DATE       ADJUSTED  CHARGE SET             ADD
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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,
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                 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 51
                 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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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						RC-PHYSICIAN 442GB	YES
						RC-PHYSICIAN 442GC	YES
						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

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                                                         RC-OPT FAC HR 442              YES
                                                         RC-OPT FAC ML 442              YES
                                                         RC-OPT FAC PR 442              YES
RATE SCHEDULE List                                                              OCT 25,
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                    BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET              ADD
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        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,
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                    BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET              ADD
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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
                                                                      RC-PHYSICIAN FS MN 442GB YES
                                                                      RC-PHYSICIAN FS ML 442GB YES
                                                                      RC-PHYSICIAN FS MN 442GC YES
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                                                          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,
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                     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,
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                     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
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                                                            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,
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                        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,
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                        BILL    BILL       EFFECTIVE    INACTIVE    CHARGES                                 AUTO
NAME                    TYPE    SERVICE    DATE         DATE        ADJUSTED    CHARGE SET                  ADD
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                                                            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
```

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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
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                                                                       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,
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                     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
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
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                                                                       RC-OPT MISC 442GD
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                                                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
                                                          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,
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                    BILL   BILL      EFFECTIVE   INACTIVE    CHARGES                              AUTO
NAME                TYPE   SERVICE   DATE        DATE        ADJUSTED   CHARGE SET                ADD
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                                                          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,
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                  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 70
                  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
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                                                         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
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----------
                                                         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,
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                      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,
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                      BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                        AUTO
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NAME	TYPE	SERVICE	DATE	DATE	ADJUSTED	CHARGE SET	ADD
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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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
						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,
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                      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,
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                      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
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                                                    RC-OPT FAC PR 442QA           YES
                                                    RC-OPT FAC HR 442QA           YES
                                                    RC-OPT FAC ML 442QA           YES
RATE SCHEDULE List                                                        OCT 25,
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                      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,
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                      BILL   BILL     EFFECTIVE  INACTIVE   CHARGES                            AUTO
NAME                  TYPE   SERVICE  DATE       DATE       ADJUSTED   CHARGE SET               ADD
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                                                    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
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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
RATE SCHEDULE List                                                      OCT 25,
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                 BILL  BILL      EFFECTIVE  INACTIVE  CHARGES                            AUTO
NAME             TYPE  SERVICE   DATE       DATE      ADJUSTED  CHARGE SET                ADD
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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
                                                   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,
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                 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
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                                                                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,
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                    BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                   AUTO
NAME                TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                      ADD
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----------
                                                                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
                                                                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,
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                    BILL   BILL      EFFECTIVE   INACTIVE   CHARGES                                   AUTO
NAME                TYPE   SERVICE   DATE        DATE       ADJUSTED   CHARGE SET                      ADD
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----------
                                                                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
```

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                                                          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,
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                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET              ADD
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----------
                                                          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
RATE SCHEDULE List                                                              OCT 25,
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                    BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                            AUTO
NAME                TYPE   SERVICE  DATE        DATE       ADJUSTED   CHARGE SET              ADD
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                                                          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
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                                                                  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,
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                      BILL   BILL      EFFECTIVE   INACTIVE    CHARGES                                     AUTO
NAME                  TYPE   SERVICE   DATE        DATE        ADJUSTED   CHARGE SET                       ADD
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                                                                  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,
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                      BILL   BILL      EFFECTIVE   INACTIVE    CHARGES                                     AUTO
NAME                  TYPE   SERVICE   DATE        DATE        ADJUSTED   CHARGE SET                       ADD
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                                                                  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,
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                   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,
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                   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
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                  BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                     AUTO
NAME              TYPE   SERVICE DATE        DATE       ADJUSTED   CHARGE SET                       ADD
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----------
                                                      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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                  BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                     AUTO
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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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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                     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,
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                     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
FR-RX                OUTPA           MAR 18,2011         RX COST                            YES
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RATE SCHEDULE List                                                              OCT 25,
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                   BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME               TYPE   SERVICE DATE         DATE        ADJUSTED  CHARGE SET                   ADD
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---------
      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,
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                   BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME               TYPE   SERVICE DATE         DATE        ADJUSTED  CHARGE SET                   ADD
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      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
RATE SCHEDULE List                                                              OCT 25,
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                   BILL   BILL    EFFECTIVE    INACTIVE    CHARGES                                AUTO
NAME               TYPE   SERVICE DATE         DATE        ADJUSTED  CHARGE SET                   ADD
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      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,
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                     BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME                 TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET            ADD
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      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,
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                     BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                          AUTO
NAME                 TYPE   SERVICE    DATE        DATE       ADJUSTED   CHARGE SET            ADD
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      RATE TYPE: INTERAGENCY
IA-INPT              INPAT  INPATIENT                                     IA-INPT
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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
                                                                        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
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                     BILL   BILL     EFFECTIVE     INACTIVE   CHARGES                                  AUTO
NAME                 TYPE   SERVICE  DATE          DATE       ADJUSTED  CHARGE SET                     ADD
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      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
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                     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
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						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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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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,
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                  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,
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                  BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                          AUTO
```

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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
---------------------------------------------------------------------------------------------------------
----------
       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
                                                                     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
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO 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

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                                                RC-OPT FAC PR 442GD             YES
                                                RC-OPT FAC HR 442GD             YES
                                                RC-OPT FAC ML 442GD             YES
RATE SCHEDULE List                                                   OCT 25,
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                    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,
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                    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
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                                                              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,
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                     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
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,
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                     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
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                                                        CMAC 389 NONFAC/PHYS
                                                        CMAC 389 NONFAC/NONPHYS
        RATE TYPE: TORT FEASOR
RATE SCHEDULE List                                                                OCT 25,
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                   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
                                                                  RC-PHYSICIAN SNF MN 442         YES
RATE SCHEDULE List                                                                OCT 25,
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                   BILL   BILL      EFFECTIVE  INACTIVE  CHARGES                                   AUTO
NAME               TYPE   SERVICE   DATE       DATE      ADJUSTED  CHARGE SET                      ADD
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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
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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
RATE SCHEDULE List                                                           OCT 25,
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                    BILL  BILL     EFFECTIVE  INACTIVE  CHARGES                          AUTO
NAME                TYPE  SERVICE  DATE       DATE      ADJUSTED  CHARGE SET             ADD
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                                                 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,
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                    BILL  BILL     EFFECTIVE  INACTIVE  CHARGES                          AUTO
NAME                TYPE  SERVICE  DATE       DATE      ADJUSTED  CHARGE SET             ADD
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----------
                                                 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
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                                                                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
```

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						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

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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

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                                                         CMAC 389 NONFAC/PHYS           YES
TR-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
TR-SNF             INPAT  SKILLED NU  JAN 1,2008          RC-SNF FAC HR 442             YES
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                  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
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                  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
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                                                        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
                                                        RC-OPT MISC 442
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
						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

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      RATE TYPE: TRICARE DENTAL
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NAME	BILL TYPE	BILL SERVICE	EFFECTIVE DATE	INACTIVE DATE	CHARGES ADJUSTED	CHARGE SET	AUTO ADD
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

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                                             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,
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                  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,
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                  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
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                   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: TRICARE PHARMACY
TR-PHARM           OUTPA            JAN 1,2018            RX COST                     YES
       RATE TYPE: TRICARE REIMB. INS.
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                   BILL   BILL     EFFECTIVE   INACTIVE   CHARGES                                      AUTO
NAME               TYPE   SERVICE  DATE        DATE       ADJUSTED  CHARGE SET                         ADD
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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
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                                                          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
```

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	

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,
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                     BILL   BILL       EFFECTIVE   INACTIVE   CHARGES                    AUTO
NAME                 TYPE   SERVICE    DATE        DATE       ADJUSTED  CHARGE SET       ADD
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                                                          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
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                                                          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
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                                                              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
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
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                   BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                                   AUTO
NAME               TYPE   SERVICE DATE        DATE       ADJUSTED  CHARGE SET                      ADD
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                                                              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
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                   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
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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
                                                        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
RATE SCHEDULE List                                                               OCT 25,
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                 BILL   BILL    EFFECTIVE   INACTIVE   CHARGES                               AUTO
NAME             TYPE   SERVICE DATE        DATE       ADJUSTED   CHARGE SET                  ADD
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                                                        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
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                                                             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,
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                  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
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
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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
-----------------------------------------------------------------------------
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      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
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
OUTPATIENT 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
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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 - CHEYENNE 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 - CHEYENNE MOC, WY
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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
        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 - CHEYENNE 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 - CHEYENNE MOC, WY
RC-OPT MISC 442GB              UNASSOCIATED                   INSTITUTIONAL  912
PARTIAL HOSPITA  RC 442GB - ANYTOWN, NE
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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 - CHEYENNE 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 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 and 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 instruction 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.
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 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:                           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 deductible, 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 cancelled in MAS.

The next two parameters in this group allow mail groups to be set up so that whenever a bill is cancelled or disapproved, members of these groups are notified via electronic mail. If these groups are not specified, only the billing supervisor, user who cancelled / 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 in order 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 #     : 13-8887799
    Default BC/BS #    : 1029765384123   Medicare Number   : 12332143
    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              : 518-562-4307   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	

Data	Description
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 cancelled.
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 cancelled 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.
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.

Data	Description
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 over-ridden 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
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

Data	Description
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 on line; 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 detail in the IV site parameters is 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.

Parameter	Description
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.
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.

Parameter	Description
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

 Third Party Auto Billing Parameters
    General Parameters
    Inpatient Admission
    Outpatient Visit
    Prescription Refill
         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, in order 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       000-11-1111  Nov 27, 1993@11:22  500382      NON-SERVICE CONN
GHI,BIG TREE I
IBpatient,two       000-22-2222  Mar 29, 1994@13:00  500410      SC, LESS THAN 50
BLUE CROSS
IBpatient,three     000-33-3333  Mar 24, 1994@07:34  500399      HUMANITARIAN EME
HEALTH INS
IBpatient,four      000-44-4444  Sep 01, 1993@17:07  50020       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 (633).
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  [#121659]    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.
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.

Acronym	Description	Action
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-displays 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 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 from 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 from 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         1111     NSC
Bill #        From     To        Type   Stat Rate      Insurer  Orig Amt Curr Amt
1   L10263   04/20/92 04/20/92   O/P/O  BI  REIM INS    HEALTH   0.00     0.00
2   L10270   04/20/92 04/24/92   O/P/O  PC  REIM INS    HEALTH   698.30   698.30
3   N10072 * 11/16/93 11/17/93   O/P/O  N   REIM INS  + HEALTH   199.00   199.00
4   N10094   02/16/94 02/16/94   O/P/I  PC  REIM INS  + HEALTH   196.00   196.00
5   N10123 * 03/01/94 03/15/94   O/P/O  BI  REIM INS  + HEALTH   0.00     0.00
6   N10150 * 03/14/94 03/15/94   O/P/R  BI  REIM INS  + ABC      0.00     0.00
7   N10173 * 03/02/94 03/03/94   O/P/P  BI  REIM INS    ABC      0.00     0.00
8   N10174 * 03/06/94 03/07/94   O/I/O  N   REIM INS    ABC      356.00   356.00
9   N10222   05/01/94 05/31/94   I/P/I  BI  REIM INS    HEALTH   0.00     0.00
10  N10236   06/01/94 06/05/94   I/P/P  BI  REIM INS    HEALTH   0.00     0.00
11  N10273 * 03/03/94 03/31/94   I/I/P  A   REIM INS  + HEALTH   11221.00 856.45
12  N10275   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         1111   ** All Inactive Bills ** (9)
Bill #        From     To        Type   Stat Rate      Insurer  Orig Amt Curr Amt
1   N10397   06/01/94 06/05/94   I/P/I  CC  REIM INS  + ABC      935.00   0.00
2   N10198   06/01/94 06/05/94   I/P/R  CB  REIM INS  + HEALTH   0.00     0.00
3   N10212   05/07/94 05/12/94   I/P/R  CB  REIM INS    HEALTH   0.00     0.00
4   N10148 * 03/02/94 03/03/94   O/P/P  CB  REIM INS             0.00     0.00
5   N10162 * 03/02/94 03/03/94   O/P/R  CB  REIM INS             0.00     0.00
6   N10095   02/16/94 02/16/94   O/P/O  CB  REIM INS             0.00     0.00
7   L10260   04/14/92 04/20/92   O/P/O  CB  REIM INS    ABC      1026.02  1026.02
8   L00389   02/08/90 02/08/90   O/P/R  CC  REIM INS    BC/BS    26.00    0.00
9   00036A   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
K2013PIe   P0000      DOB: 01/06/33   Subsc ID: XXXXXX000
--------------------------------------------------------------------------------
  Insurance Demographics
    Bill Payer: CAREMARK 6XXXXX
 Claim Address: PO BOX XXXXX
                ANYTOWN, AZ XXXXX
   Claim Phone: 111-111-1111
  Subscriber Demographics
  Group Number: GRP PLN 1605501
    Group Name: GICRX
 Subscriber ID: XXXXXX000
      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
K2013PIe   PATIENT,IB P0000     DOB: 01/06/33   Subsc ID: XXXXXX000
+------------------------------------------------------------------------------
                        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: XXXXXX000508
 ECME Ap No: XXXXXX000XXXXXX00010
        NPI: XXXXXX0007
       HPID: 7XXXXXXXXX
+---------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
K2013SWe   PATIENT,IB  P0000     DOB: 01/06/33   Subsc ID: XXXXXX000
+------------------------------------------------------------------------------
        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//
```

Sample Screens

```
Patient Insurance  May 31, 1995 @10:07:11   Page 1 of   1
Insurance Management for Patient: IBpatient,one       1111
      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
N10072 IBpatient,one      1111   DOB: 00/00/00 Subsc ID: 000111111
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
N10273 IBpatient,one      1111   DOB: 00/00/00 Subsc ID: 000111111
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
N10072   IBpatient,one     1111        DOB: 00/00/00   Subsc ID: 000111111
 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
N10072   IBpatient,one       1111       DOB: 00/00/00    Subsc ID: 000111111
 11/16/93 - 11/17/93         ADMIT THRU DISCHARGE CLAIM   Orig Amt:   199.00

 11000 SURGICAL CLEANSING OF SKIN 11/16/93
 11001 ADDITIONAL CLEANSING OF SKIN      11/16/93
 12001 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
N10273   IBpatient,one        1111      DOB: 5/22/50   Subsc ID: 000111111
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
N10273 IBpatient,one         1111 DOB: 00/00/00 Subsc ID: 000111111
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 #:   D2982398
          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
L10260   IBpatient,one          1111      DOB: 5/22/50    Subsc ID: AH33334
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: N10072     IBpatient,one        1111
    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 39824
2    11/17/93     HEALTH INS LIMITED  OPT    DENIAL       0
     PRESCRIPTION REFILL of 30948 on 11/17/93
3    11/17/93     HEALTH INS LIMITED  OPT    APPROVED     RN 9384222


       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        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:      000111111
        Whose Insurance:    VETERAN       Effective Date:      01/01/87
        Pre-Cert Phone:     444-444-444 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 3320944
                     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       1111  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 9384222   Auth. Number:RN 9384222
        Review Date: 06/02/95
        Insurance Policy Information
        Ins. Co. Name:      HEALTH INS LIMITED  Subscriber Name:    IBpatient,one
        Group Number:GN 48923222   Subscriber ID:      000111111
        Whose Insurance:    VETERAN       Effective Date:      01/01/87
        Pre-Cert Phone:     933-3434    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 VAH500000
        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:     444-444-4444 E
        Filing Time Frame:
        Main Mailing Address
        Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING      Phone: 555-1234
        Street 3:         Fax:  555-4884
        Inpatient Claims Office Information
        Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING      Phone: 555-0392
        Street 3:         Fax:  555-4432
        Outpatient Claims Office Information
        Street:     789 3RD STREET       City/State:  ANYTOWN, NY 12345
        Street 2:          Phone: 333-555-5676
        Street 3:          Fax:  333-555-9245
        Prescription Claims Office Information
        Company Name:GHI PROCESSING        Street 3:
        Street:     1933 CORPORATE DRIVE     City/State:  ANYTOWN, NY 39332
        Street 2:    TANGLEWOOD PARK      Phone: 555-0000
        Fax:
        Appeals Office Information
        Street:     HIL - APPEALS OFFICE    City/State:  ANYTOWN, NY 12345
        Street 2:    1099 THIRD AVE, SUITE 301  Phone: 555-1923
        Street 3:         Fax:  555-5464
        Inquiry Office Information
        Street:     2345 CENTRAL AVENUE City/State:  ANYTOWN, NY 12345
        Street 2:    FREAR BUILDING      Phone: 555-1923
        Street 3:         Fax:  555-5336
    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-X000
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: (787)000-0000
 Precert Ph: (787)000-0000
  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-X000                      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-X000                      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: XXXXXX000A
   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-X000                          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-X000                          DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+------------------------------------------------------------------------------
    Subscriber's DOB: 05/05/1955
            Str 1: PALMER HOUSE HEALTH CARE
            Str 2: SHEARER ST
             City: ANYTOWN
            St/Zip: MA  01069
            SubDiv:
           Country:
             Phone: XXXXXX0001
    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-X000                          DoD:XX/XX/XXXX
MEDICARE (WNR) Insurance Company            ** Plan Currently Active **
+------------------------------------------------------------------------------
  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber ID: XXXXXX000A
  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
```

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```
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-X000                         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-X000                         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
  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-X000                         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//
```

```
Patient Eligibility          May 20, 1996 07:45:44        Page:  1 of   1
N10273   IBpatient,one       1111           DOB: 07/07/50   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 that 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 on-line; 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.

Parameter	Description
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.
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  [#361849] 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: I3251
User: POSTMASTER
2710761A-THROAT LO-1 : 442-K8047LU
OPT COPAYMENT : 442-K8047LV
2769367-HALOPERIDO-1 : Pending
2727837-MICONAZOLE-1 (r): 442-K8047LU
```

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 cancelled.

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
-----------------------------------------------------------------------
5001        IBpatient,one            1111  RX#125 120          52:125
500-M10003 5     RX ENTRY MISSING IB NODE
5002        IBpatient,two            2222  RX#111125 51        52:111125;1:1
500-M10003 5     RX ENTRY MISSING IB NODE
5003        IBpatient,three          3333  RX#111128 1         52:111128;1:1
500-M10004 6     RX ENTRY MISSING IB NODE
5004        IBpatient,four           4444  RX#111199 99991     52:111199;1:1
500-M10004 6     RX ENTRY MISSING IB NODE
5007        IBpatient,five           5555  RX#125 120          52:125
500-M10006 11    RX ENTRY MISSING IB NODE
5008        IBpatient,six            6666  RX#111125 51        52:111125;1:1
500-M10006 11    RX ENTRY MISSING IB NODE
5009        IBpatient,seven          7777  RX#111128 1         52:111128;1:1
500-M10007 12    RX ENTRY MISSING IB NODE
5009        IBpatient,eight          8888  RX#111128 1         52:111128;1:1
500-M10007 12    IB CROSS-REFERENCE BUT NO ENTRY
50010       IBpatient,nine           9999  RX#111199 99991     52:111199;1:1
500-M10007 12    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.

- **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 any and 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.

- **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.

- **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 almost 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 V*IST*A.

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: 500-K20987  BILL NUMBER: K20987
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: K20987       SC AT TIME OF CARE: YES
FORM TYPE: UB-82
MAILING ADDRESS NAME: ONE IBPATIENT
MAILING ADDRESS STREET: 123 MAIN STREET
MAILING ADDRESS CITY: ALBANY     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 #: 000111222
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 on-line.

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 specify a different archive / purge time frame for each file; however, a minimum of the current plus one previous fiscal year must be maintained on-line. 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.

File	Description
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  [#114481] 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 on-line, 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 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  [#109349] 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 CIDC (Clinical Indicators Data Capture) 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 B - 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, you can 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.
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.
Collateral Visit	A visit by a non-veteran patient whose appointment is related to or associated with a patient's treatment.

Acronym or Term	Definition / Explanation
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)
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.
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
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.

Acronym or Term	Definition / Explanation
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
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
PI	Patient Insurance
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

Acronym or Term	Definition / Explanation
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 - 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
VistA	Veterans Health Information System and Technology Architecture
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. 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. 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 selected text in list of entries.
Auto Display (On/Off) [ADPL]	Toggles the menu of actions to be displayed / not displayed automatically.
Quit [QU]	Exits the screen.