

## Accounts Receivable Setup Checklist

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
A. Old Receivables continue to be worked on the current system.			Any bills generated in old system/s will have to be worked through on the old systems, unless they are Detailed Bills. For detail bills, the site will need to decide if they are going to cancel the Detailed Bills and enter them on the new system.
B. Refunds for old receivables will be processed on the current system			All refunds for receivables generated on old system will have to be processed on the old system.
C. All new bills created on the new system will be processed on that system.			Effective the Target date set for new station, all new bills will be created on this system. If you want Detailed Bills entered, they must be closed out of the old system first and reentered into new system.
D. Process Back Billing, i.e., 1114, 1080, 1081 from the current system on the current system.			All bills created before new station's target date must be processed on the old system.
E. Review Workflow (Policies and Procedures)			Because this is a new station, policies and procedures might not be in place. Ask other stations about their policies and procedures, compare, and

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			make discisions on new stations policies and procedures.
<p>F. Review Menus and decide on joint menus</p>			Compare what menus users currently have and come to an agreement on new menu for new site. Users need to test their menus before the cut over date.
<p>G. Review and Edit Site Parameters (compare site parameters to another medical center if necessary).</p>			
<p>H. Add users to the appropriate mail groups.</p> <p>The following fields in the AR SITE PARAMETERS File (#342) allow the user to specify a local mail group for the following purposes:</p> <p>LOCAL CCPC STATEMENTS: SEND STATEMENTS TO LOCAL MAIL GROUP //</p> <p>This answer will determine whether the RCCPC STATEMENTS mail group receives the CCPC Patient Statement transmission messages that go to the CCPC.</p> <p>Choose from:</p> <p>0 NO STATEMENTS TO LOCAL MAIL GROUP</p> <p>1 SEND STATEMENTS TO LOCAL MAIL GROUP</p> <p>MAIL GROUP field (#20.02) of the AR SITE PARAMETER File (#342):</p> <p>MAIL GROUP: RCXVFTP// ??</p> <p>This field will point to the mail group that will receive any specific error messages to be received at the user level.</p>			

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<p><b>Other Mail groups specified in AR Files:</b></p> <p>LOCAL MAILGROUP field (#23) of the AR TRANSMISSION RECORDS File (#349).</p> <p>349,23 LOCAL MAILGROUP 2;3 POINTER TO MAIL GROUP FILE (#3.8)            LAST EDITED: APR 17, 1996            DESCRIPTION: This is the mailgroup that will also receive transmissions from this file.</p> <p>LOCAL MAILGROUP field (#.01) of the LOCAL MAILGROUP sub-field (#349.12) of the AR TRANSMISSION TYPE File (#349.1)</p> <p>This file stores the transmission types used in file 349 AR TRANSMISSION RECORDS.</p> <p>349.12,.01 LOCAL MAILGROUP 0;1 POINTER TO MAIL GROUP FILE (#3.8)            (Multiply asked)</p> <p>LAST EDITED: FEB 16, 1996</p> <p>DESCRIPTION: This field is used to define any mail groups which should receive the transmission messages.</p> <p>CROSS-REFERENCE: 349.12^B</p> <p>RECIPIENT GROUPS field (#.01) of the RECIPIENT GROUPS sub-field (#354.52) of the BILLING ALERT DEFINITION File (#354.5)</p> <p>This file contains data used to generate alerts. This information is used to determine recipients and the contents of the alerts. Sites should not normally need to delete or edit these entries. Specific users and mail</p>			

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<p>groups can be assigned to receive each alert message. Do not add, edit, or delete entries in this file without instructions from your OI &amp; T representative. Per VHA Directive 10-93-142, this file definition should not be modified.</p> <p>354.52,.01 RECIPIENT GROUPS 0;1 POINTER TO MAIL GROUP FILE (#3.8) (Multiply asked)</p> <p>LAST EDITED: FEB 04, 1993 DESCRIPTION: Enter the name of a mail group. The alert will be sent to all current members of this mail group if one is entered.</p> <p>CROSS-REFERENCE: 354.52^B</p>			
<p>I. The Regional Council Office has mail groups as follows:</p> <p><b>RC AR DATA COLLECTOR</b> This mail group is used to transmit the reports generated by the AR Data Collector.</p> <p><b>RC MCCR RETURN REPORTS</b> <b>MCCR NATIONAL DATA BASE COLLECTION DATA RETURN REPORTS GROUP</b></p> <p><b>RC RC REFERRALS</b> This mail group is for the Accounts Receivable bills that are referred to the Regional Counsel Office. The users in this mail group should be responsible for the coordination of bills referred to RC.</p> <p>Each RC will have a mailgroup established with the same name.</p> <p><b>RC REPAY PLANS</b></p> <p><b>RCCPC STATEMENTS</b> <b>CCPC PATIENT STATEMENTS MESSAGES</b></p>			

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<p><b>RCDP PAYMENTS</b> This mail group is used to send payment processing information messages.</p> <p><b>RCDPE PAYMENTS</b> This is the mail group that will receive most of the bulletins produced by the 3rd Party EDI Lockbox process in VistA. This group gets daily messages about reports and bulletins (except exceptions) from all ePayment jobs that go through the nightly processing job. An example would be the Daily Activity Summary Report.</p> <p><b>RCDPE PAYMENTS EXCEPTIONS</b> This is the mail group that will receive the bulletins produced by the 3rd Party EDI Lockbox process that relate to exceptions found when the EFT and ERA messages are received in VistA. This group will receive all bulletins for exceptions generated by the receipt of all EDI Lockbox electronic messages. Exceptions are created when the software cannot identify a bill number in the site's VistA system.</p> <p><b>RCDPE PAYMENTS MGMT</b> This is the mail group for 3rd Part EDI Lockbox processing that will receive the bulletins regarding the transfer of EOBs to another site. This group receives bulletins that are sent when an EEOB is transferred out of the site to another VA facility or when an EEOB is transferred in to your site from another VA facility.</p> <p><b>RCXVFTP</b> This mail group will receive all FTP error messages for the CBO AR Data Extracts. Also, as part of the PRCA NIGHTLY Background job, the CBO Extract collects data (transactions from file 433 – the AR</p>			

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TRANSACTION file).			
<p>J. Other Mail Groups:</p> <p><b>FMS</b>                      Information from FMS in reference to FMS documents is sent to this fiscal mailgroup. This includes a list that will be transmitted to the G.FMS mail group showing FMS bills entered into the AR file and FMS bills that are not in the AR file, if any.</p> <p><b>PRCA Name spaced mail groups:</b></p> <p><b>PRCA ADJUSTMENT TRANS</b>                      This mailgroup controls who will receive mailman message regarding Automatic or Manual decrease adjustment to bills. Enter appropriate users to this mail group who will receive electronic mail messages regarding Automatic Decrease Adjustment to Bills and balance discrepancies. This group also receives a bulletin whenever a date of death is entered for a veteran into the system.</p> <p><b>PRCA ERROR</b>                      Group receives messages for the following:</p> <ul style="list-style-type: none"> <li>- PRCA NIGHTLY ABORT BULLETIN</li> <li>- Error in Agent Cashier Receipt(s) (due to unprocessed receipts or receipts that have errored out in posting)</li> <li>- Statement Balance Discrepancies</li> <li>- Statement Refund Discrepancies (caused by unprocessed refunds)</li> </ul> <p>This mail group should consist of those people responsible for correcting Patient Accounts Discrepancies and receiving error messages if internal</p>			

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AR table files are corrupt (identified by background job).			
K. Review and Edit Form Letters for new system (compare to form letter used by another medical center if necessary).			
L. Review the Billing Results List (File #430.6) to add reasons for billing.			
M. Enter EDI Lockbox Parameters			
N. Enter in AR Group Parameters			
O. Enter Interest/Admin/Penalty/Rates			
P. Enter Statement Parameters			
Q. Create directory need to FTP data to the CBO (Review patch PRCA*4.5*201 and associated patches)			
R. Contact CDC <sup>1</sup> to update the CCPC <sup>2</sup> Profile (optional) (Currently Sergio Falcon)			
S. Contact CDC to add new Agent Cashier(s). (Currently Sergio Falcon)			
T. Contact the CBO <sup>3</sup> for your TOP number			
U. Decide on Rate Types that will be auto-audited			
V. Contact the CBO for Agency Location Code for Deposits (Currently Nancy Stevik)			
W. Contact Regional Counsel so that you new station number can be added to their tables. (Currently Alan Archer)			
X. Make sure that backgrounds are queued to run (IRM). Compare to another medical center. The times and frequencies the jobs are queued are very important.			

<sup>1</sup>CDC – Corporate Data Center (formally the AAC – Austin Automation Center)

<sup>2</sup> CCPC – Consolidated Co-payment Processing Center

<sup>3</sup> CBO – Central Business Office

## **MCCF DEPOSIT MANAGEMENT FOR 2008 Activation**

### **A. Pre-steps**

1. Establish agent cashiers in Financial Management System (FMS) if not already accomplished.
2. Review new deposit procedures for day one order to avoid duplication of the reporting deposit function. (see payment processing section below)
3. Decide on agent cashier duties. (Rx co-pay only, full operation)

### **B. Post-steps**

When a payment is received, review the payment to see if it belongs to the new or old station.

### **C. PAYMENT PROCESSING:**

1. **MCCF PAYMENTS** MCCF payments for the bills on the current system should continue to be posted in the current system. You should continue to open a deposit ticket using the option "Deposit Processing" on the agent cashier menu. Then, open a receipt using the "Receipt Processing" menu option or the action under the deposit processing screen. When all payments have been made using the action "New Payment", you will need to process the receipt using the "Process Receipt" action. This option will send the deposit to FMS if there is a deposit ticket attached to the receipt. If there is not deposit ticket number attached to the receipt, it will only apply the payment to the patient account in VistA.
2. **Non-MCCF FUND BILLS (non-accrued)** All active non-accrued bills on the current site should be decreased in VistA AR on the old system and established on the new Primary system before the next Budget Fiscal Year (BFY) ASAP (**see post activation issue #2**). If this done before the next BFY then no action is required on-line in FMS. If this is **not** accomplished before the new BFY, you will be required to modifying each BD document in FMS by decreasing the first line to zero and adding an additional line for the same amount under the primary station number. The list of active bills can be obtained by using AR option: CATEGORY LISTING FOR BILLS.
3. **MCCF Payments before October 2001:** Until the next BFY (October 01, 20xx) the site should continue to process payments in the same manner used before activation. There will be NO new receivables created on the current system for episodes of care occurring after your activation date. All new receivables **MUST** be created on the new Primary system. **Exception:** MCCF Reimbursable bills for treatment provided prior to day one of activation should be created in the current system (**see Post Activations issue #3**).

### **D. Post Activation Issues**



1. **Non-MCCF Fund Bills (non-accrued):** For the new BFY, (CHAMPUS) Tricare bills (RSC 8028 through 8030) and detailed billing documents will cause FMS to change the budget fiscal year from the old year to the New Year. For example, a TRICARE bill created in FY 00 will change to a 01 bill after 10/1 of the new BFY. This is done because sites receive funds based on the current year’s collection for medical care (TDA) and not the year it was billed. Pre-activation sites should be aware of this and be very mindful when creating detailed bills in the current system close to your activation date. If the current site needs to bill for services of this type that occurred prior to activation those bills should be prepared on the new Primary site. If not, and the bill is audited with a past BFY, collections will go to that prior year and if the bill is audited with the current BFY then the BD will reject in FMS because the legacy site is inactive. It is therefore more beneficial to create these bills on the primary system.
  
2. **Reimbursable bills** MCCF Reimbursable bills for treatment provided prior to the activation date may be created on the current system because they are not transmitted to FMS in detail. Any bill type that does not result in a BD going to FMS can be created on the current site after activation. The CRs created might reject in FMS and need to be processed on-line in FMS. Bills that are accrued do not create a BD.

ACCRUED	NON-ACCRUED
C (MEANS TEST)	CHAMPUS
CRIME OF PER. VIO.	CHAMPUS PATIENT
EMERGENCY/HUMANITARIAN	CHAMPUS THIRD PARTY
HOSPITAL CARE (NSC)	CHAMPVA
HOSPITAL CARE PER DIEM	CHAMPVA SUBSISTENCE
INELIGIBLE HOSP.	CHAMPVA THIRD PARTY
MEDICARE	CURRENT EMP.
NO-FAULT AUTO ACC	EX-EMPLOYEE
NURSING HOME CARE PER DIEM	FEDERAL AGENCIES-REFUND
NURSING HOME CARE(NSC)	FEDERAL AGENCIES-REIMB.
OUTPATIENT CARE(NSC)	INTERAGENCY
PREPAYMENT	MILITARY
REIMBURS.HEALTH INS.	SHARING AGREEMENTS
RX CO-PAYMENT/NSC VET	VENDOR
RX CO-PAYMENT/SC VET	WORKMAN'S COMP.
TORT FEASOR	
WORKMAN'S COMP.	

3. Recommended AR Meeting Participants for Kick-off meetings and/or follow up calls are:
  - Fiscal Officer
  - Agent Cashier
  - AR Clerk
  - Accounting Technician for AR and FMS