Accounts Receivable 4.5

Debt Management Center

User Guide

July 2019

Version 1.1

Department of Veterans Affairs

Veterans Health Administration

Revision History

Date	Version	Description	Author
07/2019	1.1	Converted from PDF and updated document to current template format as Word document was not available. Four additional reports added to Patch PRCA*4.5*347 • 0 to 40 Percent SC Change Reconciliation Report • First Party Charge IB Cancellation Recon Report • 10-40% SC Med Care Copay Exempt Chrg Recon Report • 50-100% SC Exempt Charge Reconciliation Report	J. Brych
05/2015	1.0	Initial Version from VDL	

Table of Contents

List of Figures

List of Tables

1   Introduction

In a 1995 report, the Office of the Inspector General identified a significant amount of potential collections if VHA utilized the Debt Management Center's (DMC) offset processes. The Debt Collection Improvement Act (DCIA) of 1996, which established the Treasury Offset Program (TOP), also prompted VHA to pursue this method of collection. One of the requirements of TOP is that the participating agency must pursue all internal offsets prior to the Treasury referral.

To comply with these requirements, first party debts meeting specific criteria are forwarded to the Office of Finance's Debt Management Center. Accounts eligible for referral are those that have a balance of $25 or more (accounts can consist of single or multiple charges), 30 days have passed since the third patient statement was mailed and bills are in an active status (not in a repayment plan, suspended pending an administrative decision, or referred to Regional Counsel). These debts are then matched against the C&P Mini-Master file to identify those Veterans in receipt of VA benefits. Only accounts of those Veterans with an active award and a net check amount of greater than $25 are loaded into the DMC's computer system and set up for offset.

All other accounts are returned to the medical center for other collection actions and eventual referral to the Treasury Offset Program (TOP). The file of returned accounts is used by the Austin Information Technology Center (AITC) to generate letters to the Veterans informing them of impending referral to TOP.

Offsets for VHA debts are conducted in the same manner as VBA debts. After the accounts are loaded into the DMC system a letter is generated notifying the Veteran of the impending offset. The date of the offset and the amount of the debt are indicated on the letter. The letter specifies the Veteran has 30 days to contact the station to dispute the charges, enter into a repayment plan, modify the monthly amount to be offset, or pay the debt in full. DMC does not actually determine the amount to be offset monthly until approximately 15 days prior to the offset date shown on the letter. Unless informed otherwise by the station via an update from VistA or contact with a DMC employee, the offset amount will be the greater of the total debt amount or the total amount of benefits available. The actual offset will occur approximately 90 days after the date of the notification letter. This process was modeled after the existing VBA process so that confusion would be kept to a minimum.

The Accounts Receivable patch that introduced the functionality needed to identify and transmit outstanding first party medical debts to the Debt Management Center for offset was released to VA Medical Centers on December 12, 1997.

The AR software automatically compiles and sends a master file to DMC via the AITC on the last Thursday of the month. This master file contains only those accounts that meet specific DMC referral criteria. Even though an account may be transmitted to the DMC, the referred account may not be accepted because the Veteran has inactive benefits or for some other reason. A VistA mail message is sent to the medical center and the DMC referral flag is removed from these accounts. The VistA AR system will automatically process these delinquent debts to the Treasury Offset Program when available.

Every Tuesday, AR sends an update file to the DMC. The only records sent in the Tuesday updates are those who are listed as having a DMC account established and where there has been

a change to the balance of the account due to a payment being processed, a change to the interest or administrative costs, a lesser withholding amount entered, or suspense action indicated.

Mail messages confirming receipt of transmission are generated by the AITC. Mail messages informing sites the referred account was not accepted by the DMC or the Beneficiary Identification and Records Locator System (BIRLS) shows a date of death are transmitted from the AITC to two mail groups on the VistA system – G.DMX and G.DMR. It is critical that active users of AR are members of these mail groups. While some messages sent to these mail groups are information only, other messages require AR staff to take action and are very useful in researching problem areas.

The DMC establishes the offset amount in the Compensation and Pension (C&P) system 60 days after the Veteran is notified of the pending action. The DMC collects the amount established for offset approximately 90 days after the initial notification. Medical centers receive payments in the form of a Transfer of Disbursing Authority (TDA) to the facility's suspense account.

Payments are posted using Receipt Processing option located on the Agent Cashier menu. The TDA payment type is used to apply the payment to the Veteran's AR debt.

The DMC offset stops when the debt balance is reduced to zero. Should any additional portion of the Veteran's account become 90 days delinquent and subsequently referred to DMC while a previously referred debt is actively being offset from C&P benefits, offset from C&P benefits will continue uninterrupted to collect the newly referred amount. If a debt is referred to DMC and the C&P benefits are not currently being offset to satisfy a previously referred debt, DMC will start the cycle over.

1.1   Purpose

This training guide was created to help individuals understand the Debt Management Center Referral process. It will address all of the activities associated with managing referred accounts. This guide will provide step-by-step instructions on how to use Accounts Receivable options and Centralized Accounts Receivables System (CARS) to monitor and process Debt Management Center (DMC) information.

Please read the Introduction section to learn more about the components and activities related to the DMC Referral process.

1.2   Audience

The intended users of the Debt Management Center Referral process functionality are the AR Supervisors and the Veteran Services Department technicians who handle First Party AR functions for the Consolidated Patient Account Centers (CPACs).

1.3   Program Coordination

Cross-Servicing is a joint effort between VistA AR, AITC, Debt Management Center (DMC), and Treasury. For more information on each organization, please reference the following links:

- Veterans Health Administration (VHA) Chief Business Office (CBO):
  http://vaww1.va.gov/cbo/

- Austin Information Technology Center (AITC): https://vaww.vashare.oit.va.gov/sites/NDCOL/Operations/ITC/AITC/SitePages/Home.aspx
- Department of Veterans Affairs (VA) Debt Management Center (DMC): http://www.va.gov/debtman/
- Consolidated Patient Account Center (CPAC): http://www.va.gov/CBO/cbo/cpac.asp
- U.S. Department of the Treasury, Bureau of the Fiscal Service: https://www.fiscal.treasury.gov/top/

2   What Debts are Referred to the DMC?

A debt is considered delinquent and eligible for referral to the Debt Management Center when it meets all of the criteria listed here.

1. Debtor is a patient
2. The Site Deletion Flag field in the AR Debtor file (#340) is blank or set to NO for this debtor
3. Total Amount of debt (Principal +Interest +Administrative Cost) must be $25.00 or more
4. It must be at least 90 days since first notification of outstanding debt was sent to debtor
5. Status of bill(s) is active
6. Categories of Bills that can be referred:
    - Ineligible Hospital
    - Emergency/Humanitarian
    - Adult Day Health Care
    - C (Means Test)
    - Domiciliary
    - Geriatric Eval-Institutional
    - Geriatric Eval-Non-Institutional
    - Nursing Home Care-LTC
    - Respite Care-Institutional
    - Respite Care-Non-Institutional
    - RX Co-Pay (SC)
    - RX Co-Pay (NSC)
    - TRICARE Patient
7. Bill cannot be on repayment plan
8. Bill has not been referred to Regional Counsel

> *NOTE:* *A debt may meet the referral criteria listed above but data will NOT be transmitted to DMC if the debtor's address information is unknown or incorrect. See Section 29 Debtor Address for more information on how to enter or edit address information.*

> *NOTE:* *Debts that are associated with Veterans who are Service Connected (SC) 50% to 100% or are in receipt of a VA pension will not be referred to the DMC until they are reviewed for validity. Please see Section 3 Reviewing Debts for Validity, for further information on changes related to Patch PRCA*4.5*253.*

On the last Thursday of each month, as part of the Accounts Receivable nightly job at 2 a.m., the software looks at every active debt in the Accounts Receivable file (#430) to see if it meets the referral criteria listed above. If it does, the system builds a Master File mail message and transmits the information to a queue at the AITC; the G.DMR mail group on VistA also receives a copy of this message. The subject of the message is **MASTER FILE RECORDS SENT TO DMC ON XX/XX/XXXX**. The AITC compiles all of the Master File messages received and prepares a data file for the DMC. To ensure Master File messages are received by the AITC prior to DMC processing accounts, the master file is not installed at the DMC until the following Monday.

3   Reviewing Debts for Validity

After installation of Patch PRCA*4.5*253, debts that are associated with Veterans who are Service Connected (SC) 50% to 100% or are in receipt of a VA pension will not be automatically referred to the DMC until they are reviewed for validity.

> *NOTE:* *Debts that were referred to DMC prior to installation of Patch PRCA*4.5*253 being installed in VistA will continue to be shown in DMC's balance. Facilities will need to validate all debts for a patient. If it is decided that debts are not valid and need to be cancelled and/or refunded, once the transactions have been completed, it will be necessary to contact the DMC staff so that manual adjustments can be made to the patient's account at DMC.*

4   DMC Debt Validity Report

The DMC Debt Validity Report is provided to assist users in reviewing the legitimacy of first party bills for Veterans who are SC 50% to 100% or in receipt of VA Pension benefits. This report prints information on Veterans with Active, Open, or Suspended bills for episodes of care within a user selected time frame, minimum of 365 days (1 year) and where the DMC Debt Valid field has not been set to YES or NO.

Authorized billing staff should run this report to ensure that all bills meeting these criteria are reviewed and, if necessary, the appropriate action is taken.

- Bill is appropriate - if the bill is appropriate and all other DMC referral criteria is met, update the Debt Validity Status field to YES so that the bill is referred to DMC via the automated process.

- Bill is inappropriate - update the Debt Validity Status Field to NO (using the Enter/Edit DMC Debt Validation option) and take action to cancel the bill.
- Bill was inappropriately sent to DMC – action must be taken to cancel DMC collection and/or refund payments, as appropriate.

This report can also be setup by IRM staff as a "scheduled task" to run on a recurring basis without user intervention. When setting this report up to run as a scheduled task, use the Enter/Edit DMC Report # Days for Episodes of Care option to select how many days in the past bills for episodes of care will be included. (A minimum of 365 days (1 year) and a maximum of 3650 days (10 years) may be selected).

This option also allows you to print the report in a detailed format or in an Excel delimited format.

It is recommended that you queue this report to a device that is 132 characters wide.

> ***NOTE:*** *When the Veteran is not Service Connected 50% to 100% and is not receiving a VA pension, the software will include the functionality to consider a Veteran as "Receiving a VA Pension" if he/she is receiving A&A (Aid & Attendance) or Housebound Benefits.*

The following example shows the first and last pages of a sample report in order to show you the type of information provided and the totals included at the end of the report, without including 365+ days of data.

```
PRCA RCDMC REFERRAL MENU DMC Referral Menu

    1      90 Day DMC Report
    2      DMC Referred Report Print
    3      Enter Lesser DMC Withholding Amount
    4      Remove Debtor From DMC
    5      DMC Debt Validity Report
    6      DMC Debt Validity Management Report
    7      Rated Disability Eligibility Change Report
    8      Enter/Edit DMC Debt Validation
    9      Enter/Edit RD Number of Days Report Parameter
    10     Enter/Edit DMC Report # Days for Episodes of Care
    11     0-40 Percent SC Change Reconciliation Report
    12     First Party Charge IB Cancellation Recon Report
    13     10-40% SC Med Care Copay Exempt Chrg Recon Report
    14     50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 5 DMC Debt Validity Report

*** Print the Debt Validity Report ***

Report To Include Bills For Episodes of Care Beginning With User Selected Date.
    Entered Date Must be Jun 24, 2007 or older!

Enter Beginning Date: Jun 24, 2007//3/28/07 (MAR 28, 2007)

Do you want to capture report data for an Excel document? NO// <RET>

This report may take a while to process. It is recommended that
you Queue this report to a device that is 132 characters wide.

DEVICE: HOME// HOME;132 TELNET TERMINAL
```

```
DMC Debt Validity Report          Run Date: 27 Mar 2008 9:11 am Episode of Care Data from 28 Mar 2007          Page: 1
                  Claim     Claim  Eligibility/  Bill         RX Fill/   Outpat    Dischar  DMC Debt           DMC Ref
Veteran Name      SSN  Number   Loc.   SC Eff. Date  Number       ReFill Dt  Visit Dt  Date     Valid     Status   Date
===============================================================================================================================
ARPATIENT,ONE     0001 #####5051 ZZZ    SC90%        XXX-K700EK1 14Nov07                                  ACTIVE
                                        01Jun05
ARPATIENT,TWO     0002 #####2319 XXX    SC100%       XXX-K600T48 05Jan07                        PENDING   ACTIVE   22Feb08
                                        01Dec06
                                                     XXX-K60144C 07Feb07                        PENDING   ACTIVE   22Feb08
                                                     XXX-K6018ZM 23Feb07                        PENDING   ACTIVE   22Feb08
                                                     XXX-K7006HZ 06Nov07                                  ACTIVE
                                                     XXX-K700HRK            05Dec07                       ACTIVE
                                                     XXX-K700PUN 03Jan08                                  ACTIVE
                                                     XXX-K700UQ8            03Jan08                       ACTIVE
ARPATIENT,THREE 0003 #####5873 XXX    SC50%        XXX-K700EP0 15Nov07                                  ACTIVE
                                        01Aug06
ARPATIENT,FOUR  0004 ####3602  XXX    SC100%       XXX-K7010JX 18Jul07                                  ACTIVE
                                        01Jul06
ARPATIENT,FIVE  0005 ####3995  XXX    SC100%       XXX-K6024ZP            27Jun07                       ACTIVE
                                        01Aug06
                                                     XXX-K6025YU 26Jun07                                  ACTIVE


Press RETURN to continue, '^' to exit:

DMC Debt Validity Report               Run Date: 27 Mar 2008 9:11 am Episode of Care Data from 28 Mar 2007        Page: 6
===============================================================================================================================

SUMMARY - BILLS REFERRED TO DMC
------------------------------------------------------------
Total Number of Bills Referred:               13
Total Number of unique veterans referred:      7
Total Account Receivable Dollars referred:   $ 205.39


SUMMARY - TOTAL BILLS
------------------------------------------------
Total Number of Bills:              59
Total Number of unique veterans:    30
Total Account Receivable Dollars: $ 2,508.94
```

5 Entering and Editing the DMC Debt Valid Field

Once you have reviewed the DMC Debt Validity Report and determined whether or not a debt is valid, the Enter/Edit DMC Debt Validation option allows you to enter and edit the DMC DEBT VALID? field in the ACCOUNTS RECEIVABLE file, #430 with a value of YES or NO. (A PENDING status is assigned automatically, when appropriate, by the nightly DMC job.)

If this field is set to YES and the debt meets all other criteria to be sent to DMC, it will be referred to DMC even if the debtor is SC 50% to 100% or in Receipt of a VA Pension.

If this field is set to NO, the debt will not be referred to DMC, and the user is instructed to cancel the bill and/or refund payment, if appropriate.

If the field is empty (NULL), the nightly DMC job will prevent the debt from being referred to DMC when the debtor is SC 50% to 100% or in Receipt of a VA Pension. It will then set the status to PENDING.

You are first prompted to select a specific bill, by bill number or patient. Only bills with a status of Active, Open, or Suspended may be selected. It is not necessary for a bill to be 90 days old to be edited using this option. You may also edit bills that are already referred to the DMC.

After patient information is displayed, you will see the following prompt, **Please confirm this is a valid debt based on eligibility: //**. Enter YES or NO, as appropriate.

Following is an example of the field being set to NO. You can see the resulting message, **Please cancel this bill and/or refund payment if appropriate**.

```
PRCA RCDMC REFERRAL MENU      DMC Referral Menu


    1     90 Day DMC Report
    2     DMC Referred Report Print
    3     Enter Lesser DMC Withholding Amount
    4     Remove Debtor From DMC
    5     DMC Debt Validity Report
    6     DMC Debt Validity Management Report
    7     Rated Disability Eligibility Change Report
    8     Enter/Edit DMC Debt Validation
    9     Enter/Edit RD Number of Days Report Parameter
    10    Enter/Edit DMC Report # Days for Episodes of Care
    11    0-40 Percent SC Change Reconciliation Report
    12    First Party Charge IB Cancellation Recon Report
    13    10-40% SC Med Care Copay Exempt Chrg Recon Report
    14    50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 8    Enter/Edit DMC Debt Validation

Select ACCOUNTS RECEIVABLE BILL NO. or PATIENT: K700EZZ

    Searching for a PATIENT, (pointed-to by DEBTOR)

    Searching for a OTHER (PERSON), (pointed-to by DEBTOR)

    Searching for a VENDOR, (pointed-to by DEBTOR)

    Searching for a 3RD PARTY, (pointed-to by DEBTOR)

    Searching for a INSTITUTION, (pointed-to by DEBTOR)

    XXX-K700EZZ   RX CO-PAYMENT/SC VET    11-24-06    ARPATIENT,ONE    ACTIVE
    $100.62
```

```
Veteran's Name:    ARPATIENT,ONE
Veteran's SSN:XXX-XX-0001
Category Type:RX CO-PAYMENT/SC VET
Bill Status:  ACTIVE

RX/Refill Date:    Jul 20, 2007

Please confirm this is a valid debt based on eligibility: // n NO

Please cancel this bill and/or refund payment if appropriate.
```

6   The DMC Debt Validity Management Report

The DMC Debt Validity Management Report option is used to assist management in reviewing the processing of the bills listed on the Debt Validity Report for Veterans who are SC 50% to 100% or in receipt of VA Pension benefits and have bills for episodes of care within the previous 365 days with a current bill Status of Open, Active, Suspended, Cancellation, Refund Review or Refunded. The report can be selected based on the DMC Debt Valid status to help supervisors to identify bills that are processed or yet to be processed.

The report allows you to choose whether to print the report in a detailed format, a summary format, or in an Excel Delimited format.

Once you select your format, you will see the following prompt, **Select DMC Debt Valid field value:**. You may enter one of the following choices.

> Enter **A** for ALL FIELD VALUES, to include bills with all DMC Debt Valid values.

> Enter **B** for BLANK/NULL, to include only bills not yet reviewed by the user.

NOTE: *if current bill Status is Cancellation or Refunded, then the bill was resolved prior to this new software and the bill does not require review.*

> Enter **P** for PENDING, to include only bills excluded by the AR Nightly Background Process.

> Enter **Y** for YES, to include only bills determined to be a valid debt that should be referred to the DMC.

> Enter **N** for NO, to include only bills that should not be referred to the DMC.

If you choose to print the report for all DMC Debt Valid values (BLANK/NULL, PENDING, YES, and NO), the report will include a summary for each value, as well as a summary total for all values combined.

This report can also be setup by IRM staff as a "scheduled task" to run on a recurring basis without user intervention. When setting this report up to run as a scheduled task, use the Enter/Edit DMC Report # Days for Episodes of Care option to select how many days in the past bills for episodes of care will be included. (A minimum of 365 days (1 year) and a maximum of 3650 days (10 years) may be selected).

It is recommended that you queue this report to a device that prints 132 characters wide.

> *NOTE:* *When the Veteran is not Service Connected 50% to 100% and is not Receiving a VA Pension, the software will also include the functionality to consider a Veteran as Receiving a VA Pension if he/she is receiving A&A or Housebound Benefits.*

```
PRCA RCDMC REFERRAL MENU DMC Referral Menu

    1    90 Day DMC Report
    2    DMC Referred Report Print
    3    Enter Lesser DMC Withholding Amount
    4    Remove Debtor From DMC
    5    DMC Debt Validity Report
    6    DMC Debt Validity Management Report
    7    Rated Disability Eligibility Change Report
    8    Enter/Edit DMC Debt Validation
    9    Enter/Edit RD Number of Days Report Parameter
    10   Enter/Edit DMC Report # Days for Episodes of Care
    11   0-40 Percent SC Change Reconciliation Report
    12   First Party Charge IB Cancellation Recon Report
    13   10-40% SC Med Care Copay Exempt Chrg Recon Report
    14   50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 6   DMC Debt Validity Management Report
```

```
Select DMC Referral Menu Option:   DMC Debt Validity Management Report

*** Print the DMC Debt Validity Management Report ***

This report may take a while to process. It is recommended that
you Queue this report to a device that is 132 characters wide.

Report To Include Bills For Episodes of Care Beginning With User Selected Date.
Entered Date Must be Jun 21, 2007 or older!

Enter Beginning Date: Jun 21, 2007// 1/1/07 (JAN 01, 2007)

    Select one of the following:

        D         DETAILED
        S         SUMMARY
        E         EXCEL DELIMITED

Select Type of Report: D DETAILED

    Select one of the following:

        A         ALL FIELD VALUES
        B         BLANK/NULL
        P         PENDING
        Y         YES
        N         NO

Select DMC Debt Valid field value: Y YES
    It is recommended that you Queue this report to a
    device that is 132 characters wide.

DEVICE: HOME// home;132 TELNET TERMINAL
```

```
DMC Debt Validity Management DETAILED Report    Run Date: 07 Apr 2008   Episode of Care Data from 01 Jan 2007    Page: 1
DMC Debt Valid Field Values = YES
                          Claim       Claim    Bill        Receivable              DMC Debt Valid DMC     Debt Valid
Veteran Name      SSN     Number      Loc.     Number      Amount     Status       Edit By                Edit Date
===========================================================================================================================
ARPATIENT,ONEA    0001    ####7972    XXX      XXX-K700V18     $ 15    ACTIVE       AREMPLOYEE,ONE         28 Mar 2008
RPATIENT,TWO      0002    ####74735   XXX      XXX-K700NMH      $ 8    ACTIVE       AREMPLOYEE,ONE         28 Mar 2008


SUMMARY TOTAL - YES
--------------------------------------------------------
Total Number of Bills:                           2
Total Number of unique veterans:                 2
Total Account Receivable Dollars:             $ 23
Total Number of unique ACTIVE Bill Status:       2


Press RETURN to continue:
```

7 The Rated Disability Eligibility Change Report

The Rated Disability Eligibility Change Report is used to assist users in reviewing the legitimacy of first party bills, where the Veteran is neither SC 50% to 100% nor in receipt of VA Pension benefits (Veterans not included on the DMC Debt Validity Report); and where the Veteran's rated disability has changed during the selected timeframe.

You will be prompted to enter a Beginning and Ending date related to the rated disabilities/eligibility change. User will also be prompted to enter a beginning date of for episodes of care. Veterans who meet the above criteria, and whose rated disability eligibility has changed during the selected timeframe will be included.

Authorized billing staff can run this report to ensure that all bills meeting the above criteria are reviewed and, if necessary, the appropriate action is taken as follows.

- Bill is appropriate - There shall be no action taken.

- Bill is inappropriate - AR staff shall cancel the bill using existing functionality.

- Inappropriate bill sent to DMC - AR staff shall cancel/refund using existing functionality.

This report can also be setup by IRM staff as a "scheduled task" to run on a recurring basis without user intervention. When setting this report up to run as a scheduled task, please refer to the sections below regarding site parameters for additional information.

It is recommended that you queue this report to a device that is 132 characters wide.

> *NOTE:* *The RDEC Report has known flaws. The **0 to 40 Percent SC Change Reconciliation Report** is designed to replace the legacy RDEC report as a CPAC operational report as part of the DMC collections processing. Further, the RDEC report was not removed or updated due to unknown or potential downstream reporting related to the legacy RDEC report.*

```
PRCA RCDMC REFERRAL MENU DMC Referral Menu

     1      90 Day DMC Report
     2      DMC Referred Report Print
     3      Enter Lesser DMC Withholding Amount
     4      Remove Debtor From DMC
     5      DMC Debt Validity Report
     6      DMC Debt Validity Management Report
     7      Rated Disability Eligibility Change Report
     8      Enter/Edit DMC Debt Validation
     9      Enter/Edit RD Number of Days Report Parameter
     10     Enter/Edit DMC Report # Days for Episodes of Care
     11     0-40 Percent SC Change Reconciliation Report
     12     First Party Charge IB Cancellation Recon Report
     13     10-40% SC Med Care Copay Exempt Chrg Recon Report
     14     50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 7 Rated Disability Eligibility Change Report
```

```
Select DMC Referral Menu Option: Rated Disability Eligibility Change Report

*** Print the Rated Disability Eligibility Change Report ***
    Enter the Date Range for Rated Disability Changes.
```

```
Enter Beginning Date: TODAY//1/1 (JAN 01, 2008)
Enter Ending Date: TODAY//

Report To Include Bills For Episodes of Care Beginning With User Selected Date.
    Entered Date Must be Jun 25, 2007 or older!

Enter Beginning Date: Jun 25, 2007// <RET> (JAN 01, 2007)
Do you want to capture report data for an Excel document? NO// <RET>

This report may take a while to process. It is recommended thatyou Queue this report to a
device that is 132 characters wide.

DEVICE: HOME// home;132 TELNET TERMINALY
```

```
Rated Disability Eligibility Change Report  -- Run Date: 07 Apr 2008 9:48 am -- Episode of Care Data from 01 Jan 2007    Page: 1
   RD Change Dates from 01 Jan 2008 to 24 Jun 2008
Claim Claim RD Chg Extre- RD Orig BILL RX Fill Outpat Dischar Veteran Name SSN Number Loc. Date RD Name mity Date Number Date
Visit Dt Date Status
==================================================================================================================================
ARPATIENT,ONE    0001 #####2999  XXX  10Jan08  OSTEOMYELITIS                    BU   09Sep07  XXX-K701234  04Dec07        OPEN
ARPATIENT,TWO    0002 #####1023  XXX  15Jan08  THIGH CONDITION                  LL   13Sep07  XXX-K701235  04Dec07        OPEN
ARPATIENT,SIX    0006 #####4101       01Jan08  KIDNEY CONDITION                 BL   13Feb07  XXX-K701236  04Dec07        OPEN
                                      01Feb08  GOUT                             LU   05May07  XXX-K701237  04Dec07        OPEN
ARPATIENT,TEN    0010 #####7717  YYY  18Feb08  ABCESS OF KIDNEY                 BL   13Sep07  YYY-K800001  11Dec07        OPEN
                                      27Feb08  NARCOLEPSY                       BL   13Sep07  YYY-K800002  11Dec07        OPEN
                                      01Mar08  RADIATION-INDUCED PNEUMONITIS    BL   11Apr07  YYY-K800003  11Dec07        OPEN
ARPATIENT,GIVE   0005                 29Mar08  LOSS OF USE OF ONE HAND AND O    BL   07Dec07  YYY-K701111  03Dec07        OPEN
ARPATIENT,NINE   0009 #####2910       20Mar08  BUTTOCKS INJURY                  LU   01Oct07  XXX-K701111  03Dec07        ACTIVE
                                      05Apr08  LUNG CONDITION                   BL   11Sep07  XXX-K701666  03Dec07        ACTIVE
                                      06Apr08  BENIGN GROWTH OF THE BONES       BL   09Feb07  XXX-K701666  03Dec07        ACTIVE


SUMMARY
=================================================
Total Number of unique veterans:Total:       6
Number of Rated Disabilities:               11
Total Number of Bills:                       6


Press RETURN to continue:
```

8 Entering/Editing the NUMBER OF DAYS FOR DMC REPORTS Site Parameter

When DMC reports are set up by IRM staff to run as a "scheduled task", the software checks the NUMBER OF DAYS FOR DMC REPORTS site parameter to determine how many days in the past to check for episodes of care.

The Enter/Edit DMC Report # Days for Episodes of Care option allows you to enter/edit the NUMBER OF DAYS FOR DMC REPORTS parameter in the AR Site Parameter (file #342).

The minimum value for this site parameter is 365 days (1 year) and the maximum value is 3650 days (10 years). If no value is added for this site parameter, the default value is 365 days.

The following reports use this parameter:

- DMC Debt Validity Report

- DMC Debt Validity Management Report

- Rated Disability Eligibility Change Report

```
PRCA RCDMC REFERRAL MENU              DMC Referral Menu

    1      90 Day DMC Report
    2      DMC Referred Report Print
    3      Enter Lesser DMC Withholding Amount
    4      Remove Debtor From DMC
    5      DMC Debt Validity Report
    6      DMC Debt Validity Management Report
    7      Rated Disability Eligibility Change Report
    8      Enter/Edit DMC Debt Validation
    9      Enter/Edit RD Number of Days Report Parameter
   10      Enter/Edit DMC Report # Days for Episodes of Care
   11      0-40 Percent SC Change Reconciliation Report
   12      First Party Charge IB Cancellation Recon Report
   13      10-40% SC Med Care Copay Exempt Chrg Recon Report
   14      50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 10 Enter/Edit DMC Report # Days for Episodes of

NUMBER OF DAYS FOR DMC REPORTS: 365// 730
```

9 Entering/Editing the # OF DAYS FOR RD ELIG CHG RPT Site Parameter

If the Rated Disability Eligibility Change Report is setup by IRM staff as a "scheduled task" the software will check for rated disability data that has changed during the last 31 days. If the site would like to change this default value, they can do so using the Enter/Edit RD Number of Days Report Parameter option. It allows you to enter or edit the # OF DAYS FOR RD ELIG CHG RPT site parameter in the AR Site Parameter file, #342. This option will only need to be used if the site selected timeframe needs to be changed.

You are prompted to select the number of days in the past (between 1 and 365) that Rated Disability Changes will be checked when the Rated Disability Eligibility Change Report is scheduled by IRM to be run on a recurring basis. If no value is added in this field, the report defaults to 31 days.

```
PRCA RCDMC REFERRAL MENU            DMC Referral Menu

    1     90 Day DMC Report
    2     DMC Referred Report Print
    3     Enter Lesser DMC Withholding Amount
    4     Remove Debtor From DMC
    5     DMC Debt Validity Report
    6     DMC Debt Validity Management Report
    7     Rated Disability Eligibility Change Report
    8     Enter/Edit DMC Debt Validation
    9     Enter/Edit RD Number of Days Report Parameter
   10     Enter/Edit DMC Report # Days for Episodes of Care
   11     0-40 Percent SC Change Reconciliation Report
   12     First Party Charge IB Cancellation Recon Report
   13     10-40% SC Med Care Copay Exempt Chrg Recon Report
   14     50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 9 Enter/Edit RD Number of Days Report Parameter
# OF DAYS FOR RD ELIG CHG RPT:
```

10   0 to 40 Percent SC Change Reconciliation Report

The 0 to 40 Percent SC Change Reconciliation Report is provided to assist users in reviewing the legitimacy of first party bills for Veterans who received a new or updated change to a 0-40% SC eligibility factor and received the change in VistA during the report time frame requested. This report provides information on bills/charges without an IB Status of "Cancelled" and with an A/R Status of Active, Suspended, Open, Write-Off, Collected/Closed, Cancellation, or with an IB Bill Status of On Hold, for episodes of care within a user selected time frame.

The report *does not include* bills for:

- debtors whose Service Connection is 50% or more,

- debtors who are receiving a VA pension (regardless of their SC%), or

- debtors receiving Aid and Attendance

Users are prompted to enter a Beginning and Ending date related to the rated disabilities/eligibility change. Users are also prompted to enter a beginning and ending date for a VistA last status date range in order to remove any false positive cases from the report dataset. Lastly, users are prompted to enter a beginning and ending date for an episodes of care date range. Only Veterans who meet the above criteria, and whose rated disability eligibility has changed during the selected timeframe will be included in the report output.

Authorized VA CPAC staff should run this report to ensure that all bills meeting these criteria are reviewed and, if necessary, the appropriate action is taken to remove exempt bills from the billing record, or to refer valid and eligible bills for further collection by DMC.

The report allows users to choose whether to print the report in a detailed format, a summary format, or in an Excel Delimited format.

It is recommended that users queue this report to a device that is 132 characters wide.

NOTE:	The Med Care Date column will contain either an Outpatient Visit Date OR an Inpatient Discharge Date. The same K # (Bill #) could show on the report with the same date for the event where there was an outpatient date and an inpatient discharge date for the same Veteran.

```
PRCA RCDMC REFERRAL MENU   DMC Referral Menu

   1       90 Day DMC Report
   2       DMC Referred Report Print
   3       Enter Lesser DMC Withholding Amount
   4       Remove Debtor From DMC
   5       DMC Debt Validity Report
   6       DMC Debt Validity Management Report
   7       Rated Disability Eligibility Change Report
   8       Enter/Edit DMC Debt Validation
   9       Enter/Edit RD Number of Days Report Parameter
   10      Enter/Edit DMC Report # Days for Episodes of Care
   11      0-40 Percent SC Change Reconciliation Report
   12      First Party Charge IB Cancellation Recon Report
   13      10-40% SC Med Care Copay Exempt Chrg Recon Report
   14      50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 11 0 to 40 Percent SC Change Reconciliation Report
```

This report may take a while to process. It is recommended that you Queue this report to a device that is 132 characters wide.

The following is an example of the 0 to 40 Percent SC Change Reconciliation Report input parameters when this option is selected from the **DMC Referral Menu** screen.

```
Enter the Date Range for Rated Disability Eligibility Changes:
Enter Begin Date: TODAY//
Enter End Date: TODAY//


Include Bills with VistA Last Status Date that fall within the Date Range for Rated
Disability Changes:
Enter VistA Last Status Date Begin Date:  DEFAULT IS THE SAME DATE ENTERED or SELECTED FOR
RDEC BEGIN DATE ABOVE//

Enter VistA Last Status Date End Date:  DEFAULT IS THE SAME DATE ENTERED or SELECTED FOR
RDEC END DATE ABOVE//


Include Bills for Episodes of Care within User Selected Date Range:

Enter Episodes of Care Begin Date: Jan 01, 1988//
Enter Episodes of Care End Date: TODAY//


Select one of the following report types:

 D DETAILED
 S SUMMARY

Enter Report Type:  DETAILED//

Do you want to capture report data for an Excel document? YES//
```

To capture as an Excel format, it is recommended that you queue this report to a spool device with margins of 256 and page length of 99999 (e.g. spoolname;256;99999). This should help avoid wrapping problems.

Another method would be to set up your terminal to capture the detail report data. On some terminals, this can be done by clicking on the 'Tools' menu above, then click on 'Capture Incoming Data' to save to Desktop. To avoid undesired wrapping of the data saved to the file, please enter '0;256;99999' at the 'DEVICE:' prompt:

```
        DEVICE: HOME//
```

Non-Excel Format

```
0-40 Percent SC Change Reconciliation Detailed Report  -- Run Date: 01 Apr 2019 11:00 am --                                    Page 1
     RD Change Dates from 01 Jan 2017 to 28 Feb 2017    VistA Change Dates from 01 Jan 2017 to 28 Feb 2017
     Episode of Care Dates from 01 Jan 1988 to 01 Apr 2019

                                                                      Medical
                 Comb   VistA                  RD Orig                Care
Veteran Name     SSN    SC % Chd Date  RD Name  Date    Bill Number  Charge    Date   RXFillDT   RX #      RX Name      Status
                                                                     Amount
==========================================================================================================================
AAAAAA,EEEEE  nnnnnnnnn 20 02Feb17 DIABETES MELLI 12Feb16 442-K000008  $50.00 04Oct16                                    C/C
BBBBBBBBBB,DD nnnnnnnnn 30 14Feb17 DIABETES MELLI 05Jan16 442-K000007   $8.00         05Sep17 nnnnnnn  COLON ELECTROL    C/C
BBBBBBBBBB,DD nnnnnnnnn 30 14Feb17 TINNITUS       05Jan16 442-K000006   $8.00         05Sep17 nnnnnnn  COLON ELECTROL    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000001   $8.00         25Oct11 nnnnnnn  PREDNISOLONE A    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000002   $8.00         25Oct11 nnnnnnn  MOXIFLOXACIN H    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000003   $8.00         25Oct11 nnnnnnn  KETOROLAC TROM    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000004   $8.00         23Feb12 nnnnnnn  MOXIFLOXACIN H    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000004   $8.00         21Mar12 nnnnnnn  KETOROLAC TROM    C/C
CCCCCCC,DDDDD nnnnnnnnn 40 27Feb17 PARALYSIS OF S 03Nov10 442-K000005   $8.00         21Mar12 nnnnnnn  PREDNISOLONE A    C/C
CCCCCCCCC,VVV nnnnnnnnn 10 13Feb17 TINNITUS       22Apr16 442-K000011  $24.00         10Aug16 nnnnnnn  ATORVASTATIN C    C/C
CCCCCCCCC,VVV nnnnnnnnn 10 13Feb17 TINNITUS       22Apr16 442-K000017  $50.00 25Aug16                                    C/C
CCCCCCCCC,VVV nnnnnnnnn 10 13Feb17 TINNITUS       22Apr16 442-K000015   $8.00         29Aug16 nnnnnnn  DEXTRAN 70/HYP    C/C
CCCCCCCCC,VVV nnnnnnnnn 10 13Feb17 TINNITUS       22Apr16 442-K000014  $50.00 31Aug16                                    C/C
```

Excel Format

```
Veteran Name^SSN^Comb SC %^VistA Chd Date^RD Name^RD Orig Date^Bill Number^Charge Amount^Medical Care Date^RXFillDT^RX #^RX Name^Status
"AAAAAA,EEEEE LLLLL"^nnnnnnnnn^20^02 Feb 2017^DIABETES MELLITUS^12 Feb 2016^442-Knnnnn8^$50.00^04 Oct 2016^^^^C/C
"BBBBBBBBBB,DDDDDDD RRR"^nnnnnnnnn^30^14 Feb 2017^DIABETES MELLITUS^05 Jan 2016^442-Knnnnn7^$8.00^^05 Sep 2017^nnnnnnn^COLON ELECTROLYTE LAVAGE PWD FOR SOLN^C/C
"BBBBBBBBBB,DDDDDDD RRR"^nnnnnnnnn^30^14 Feb 2017^TINNITUS^05 Jan 2016^442-Knnnnn6^$8.00^^05 Sep 2017^nnnnnnn^COLON ELECTROLYTE LAVAGE PWD FOR SOLN^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000001^$8.00^^25 Oct 2011^nnnnnnn^PREDNISOLONE ACETATE 1% OPH SUSP^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000002^$8.00^^25 Oct 2011^nnnnnnn^MOXIFLOXACIN HCL 0.5% OPH SOLN^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000003^$8.00^^25 Oct 2011^nnnnnnn^KETOROLAC TROMETHAMINE 0.5% OPH SOLN^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000004^$8.00^^23 Feb 2012^nnnnnnn^MOXIFLOXACIN HCL 0.5% OPH SOLN^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000004^$8.00^^21 Mar 2012^nnnnnnn^KETOROLAC TROMETHAMINE 0.5% OPH SOLN^C/C
"CCCCCCC,DDDDDD J"^nnnnnnnnn^40^27 Feb 2017^PARALYSIS OF SCIATIC NERVE^03 Nov 2010^442-K000005^$8.00^^21 Mar 2012^nnnnnnn^PREDNISOLONE ACETATE 1% OPH SUSP^C/C
"CCCCCCCCC,VVVVV TTTTTT"^nnnnnnnnn^10^13 Feb 2017^TINNITUS^22 Apr 2016^442-K000011^$24.00^^10 Aug 2016^nnnnnnn^ATORVASTATIN CALCIUM 40MG TAB^C/C
"CCCCCCCCC,VVVVV TTTTTT"^nnnnnnnnn^10^13 Feb 2017^TINNITUS^22 Apr 2016^442-K000017^$50.00^25 Aug 2016^^^^C/C
"CCCCCCCCC,VVVVV TTTTTT"^nnnnnnnnn^10^13 Feb 2017^TINNITUS^22 Apr 2016^442-K000015^$8.00^^29 Aug 2016^nnnnnnn^DEXTRAN 70/HYPROMELLOSE 0.3% OPH SOLN^C/C
"CCCCCCCCC,VVVVV TTTTTT"^nnnnnnnnn^10^13 Feb 2017^TINNITUS^22 Apr 2016^442-K000014^$50.00^31 Aug 2016^^^^C/C
```

11 First Party Charge IB Cancellation Recon Report

The First Party Charge IB Cancellation Recon Report is provided to assist users in reviewing first party copayments charges that received IB cancellation for the purpose of potential refund activities or charge cancellation accuracy. Further, the report provides additional operational value to identify and monitor cancellation activity productivity and accuracy. The report provides specific output for the purpose of providing refunds due to Veteran for retroactive eligibility exemptions, and/or cancelled charges. The report provides data for first party charges receiving IB cancellation for a user defined bill cancellation date range.

The report provides the option to display only bills with payments or print all cancelled charges/bills within the user specified bill cancellation date range.

If only bills with payments are printed, the report will include bills with an IB Status of **Cancelled** that have charges AND a payment.

If all bills are printed, the report will include bills with an IB Status of **Cancelled** regardless of presence of payments.

The report allows you the option to print the report in an Excel Delimited format.

Authorized billing staff should run this report to ensure that all bills meeting these criteria are reviewed and, if necessary, the appropriate action is taken.

It is recommended that you queue this report to a device that is 132 characters wide.

NOTE:	*This report does not include bills with third-party AR Category Types of "Reimbursable" or "Pre-payments".*

```
PRCA RCDMC REFERRAL MENU   DMC Referral Menu

    1      90 Day DMC Report
    2      DMC Referred Report Print
    3      Enter Lesser DMC Withholding Amount
    4      Remove Debtor From DMC
    5      DMC Debt Validity Report
    6      DMC Debt Validity Management Report
    7      Rated Disability Eligibility Change Report
    8      Enter/Edit DMC Debt Validation
    9      Enter/Edit RD Number of Days Report Parameter
    10     Enter/Edit DMC Report # Days for Episodes of Care
    11     0-40 Percent SC Change Reconciliation Report
    12     First Party Charge IB Cancellation Recon Report
    13     10-40% SC Med Care Copay Exempt Chrg Recon Report
    14     50-100% SC Exempt Charge Reconciliation Report


Select DMC Referral Menu Option: 12 First Party Charge IB Cancellation Recon Report
```

The following is an example showing the First Party Charge IB Cancellation Recon Report input parameters if this option is selected.

```
Enter the Bill Cancellation Date Range:

Enter Beginning Date: TODAY//
Enter Ending Date: TODAY//

Do you want to see only bills with payments?  YES//

Do you want to capture report data for an Excel document? NO//

DEVICE: HOME//
```

Non-Excel format

```
First Party Charge IB Cancellation Reconciliation Report  -- Run Date: 02 Apr 2019 10:50 am --                                      Page 2
     Cancellation Dates from 01 Jan 2017 to 28 Feb 2018

                              Charge    Medical                                              IB Cancellation
 Veteran Name    SSN        Bill Number Amount  Care Date RXFillDT    RX #     RX Name       IBCXLDT    Reason        Cancelled By
=============================================================================================================================================
AAAAAA,RRRRR   nnnnnnnnn   442-K100001     $8.00           18Jan11   2289434  DM 10/GUAIFENE 31May17 RX REFUSED       FFFFFFF,JJJJJJ
BBBBBBBBB,RRR  nnnnnnnnn   442-K100007     $8.00           11Nov10   1210903  LORATADINE 10M 01Jun17 CHANGE IN ELIGIB FFFFFFF,JJJJJJ
BBBBBBBBB,RRR  nnnnnnnnn   442-K100008     $8.00           14Dec10   1210903  LORATADINE 10M 01Jun17 PATIENT DECEASED JJJJJ,MMMMMMMM
BCCCCCCCCC,SS  nnnnnnnnn   442-K100100    $27.00           14Dec10   596030K  TERAZOSIN HCL  01Jun17 CHANGE IN ELIGIB FFFFFFF,JJJJJJ
BCCCCCCCCC,SS  nnnnnnnnn   442-K100100    $27.00           17Dec10   2257008A PIROXICAM 20MG 01Jun17 CHANGE IN ELIGIB FFFFFFF,JJJJJJ
BCCCCCCCCC,SS  nnnnnnnnn   442-K100100    $27.00           14Dec10   595706K  SIMVASTATIN 80 01Jun17 CHANGE IN ELIGIB FFFFFFF,JJJJJJ
BCCCCCCCCC,SS  nnnnnnnnn   442-K100100    $27.00           14Dec10   2125504D URSODIOL 300MG 01Jun17 CHANGE IN ELIGIB FFFFFFF,JJJJJJ
BWWWW,GGGGGGG  nnnnnnnnn   442-K100404     $9.00           14Oct10   1204853  DULOXETINE HCL 12Apr17 RX NEVER RECEIVE ZZZZZZ,AAAAA R
CAAAAAAA,DDDD  nnnnnnnnn   442-K100707    $15.00 14Oct10                                     12May17 CHANGE IN ELIGIB ZZZZZZ,AAAAA A
CTTTTT,AAAAA   nnnnnnnnn   442-K100744    $50.00 07Jan11                                     30Aug17 HARDSHIP GRANTED GGGGGGG,CCCCCC
DIIIIIII,DDDD  nnnnnnnnn   442-K002800    $27.00           16Aug10   790456F  LEVOTHYROXINE  07Mar17 CHANGE IN ELIGIB AAAAAAAA,JJJJJ
DIIIIIII,DDDD  nnnnnnnnn   442-K100808     $9.00           20Oct10   2127562D ALBUTEROL 90MC 07Mar17 CHANGE IN ELIGIB AAAAAAAA,JJJJJ
```

Excel Format

```
Veteran Name^SSN^Bill Number^Charge Amount^Medical Care Date^RXFillDT^RX #^RX Name^IBCXLDT^IB Cancellation Reason^Cancelled By
"AAAAA,LLLLL L"^nnnnnnnnn^442-K90008N^$24.00^^26 Sep 2008^2117036^FUROSEMIDE 40MG TAB^07 Mar 2017^CHANGE IN ELIGIBILITY^"RRRRRRR,DDDDD D"
"AAAAA,LLLLL L"^nnnnnnnnn^442-K90008N^$24.00^^26 Sep 2008^2117037^LOSARTAN 25MG TAB^07 Mar 2017^CHANGE IN ELIGIBILITY^"RRRRRRR,DDDDD D"
"ACCCCC,QQQQQQQ Q"^nnnnnnnnn^442-K901M41^$8.00^^27 Apr 2009^2176703^MONTELUKAST NA 10MG TAB^26 Jan 2018^ELIGIBILITY INCORRECT^"GGGGGGGGG,PPPPP P"
"ACCCCC,QQQQQQQ Q"^nnnnnnnnn^442-K901UAP^$8.00^^21 May 2009^2176703^MONTELUKAST NA 10MG TAB^26 Jan 2018^ELIGIBILITY INCORRECT^"GGGGGGGGG,PPPPP P"
"ACCCCC,QQQQQQQ Q"^nnnnnnnnn^442-K9023F8^$8.00^^23 Jun 2009^2176703^MONTELUKAST NA 10MG TAB^26 Jan 2018^ELIGIBILITY INCORRECT^"GGGGGGGGG,PPPPP P"
"ACCCCC,QQQQQQQ Q"^nnnnnnnnn^442-K902DQP^$8.00^^27 Jul 2009^2176703^MONTELUKAST NA 10MG TAB^26 Jan 2018^ELIGIBILITY INCORRECT^"GGGGGGGGG,PPPPP P"
"BBBB,AAAA B"^nnnnnnnnn^442-K002NM2^$8.00^^25 Aug 2010^2266522^MIRTAZAPINE 15MG TAB^12 Apr 2017^CHANGE IN ELIGIBILITY^"ZZZZZZ,AAAAA R"
```

12 10-40% SC Med Care Copay Exempt Chrg Recon Report

The 10-40% SC Med Care Copay Exempt Chrg Recon Report is provided to assist users in reviewing all medical care copayment bills containing charges with a distinct date of service on or after the copayment exemption effective date for Veterans with SC Percent equal to 10 to 40% and does not show prescription copayment bills.

The report captures any medical care copayment charge without an IB status of cancelled, and with an AR Status of Active, Open, Suspended, Write-Off, Collected/Closed, Cancellation, or an IB Status of On-Hold, with a date of service on or after the exemption effective date.

The User can select to run the report for a bill status of Active, Open, Suspended, Collected/Closed, On-Hold, Write-Off, or ALL of those. If ALL is selected, then it will also include AR status of Cancellation.

The report allows users to choose whether to print the report in a non-Excel Delimited format or an Excel Delimited format.

It is recommended that users queue this report to a device that is 132 characters wide.

NOTE:	*The Med Care Date column will contain either an Outpatient Visit Date OR an Inpatient Discharge Date. The same K # (Bill #) could show on the report with the same date for the event where there was an outpatient date and an inpatient discharge date for the same Veteran.*
NOTE:	*If a Veteran has more than one bill, the report prints a row for every bill number (K#) they have that meets the report parameters.*
NOTE:	*If a bill has a Status of "On-Hold", the Bill number field will be blank.*
NOTE:	*If the Veteran record tied to the bill does not have a Co-Payment Exemption Date, the report prints/displays "NODATE" in the EXMPTDT field.*

Example of DMC Referral Menu with the 10-40% SC Med Care Copay Exempt Chrg Recon Report

```
PRCA RCDMC REFERRAL MENU     DMC Referral Menu

    1       90 Day DMC Report
    2       DMC Referred Report Print
    3       Enter Lesser DMC Withholding Amount
    4       Remove Debtor From DMC
    5       DMC Debt Validity Report
    6       DMC Debt Validity Management Report
    7       Rated Disability Eligibility Change Report
    8       Enter/Edit DMC Debt Validation
    9       Enter/Edit RD Number of Days Report Parameter
    10      Enter/Edit DMC Report # Days for Episodes of Care
    11      0-40 Percent SC Change Reconciliation Report
    12      First Party Charge IB Cancellation Recon Report
    13      10-40% SC Med Care Copay Exempt Chrg Recon Report
    14      50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 13  10-40% SC Med Care Copay Exempt Chrg Recon Report
```

Example of the 10-40% SC Medical Care Copayment Exempt Charge Recon Report input parameters.

```
*** Print the 10-40% SC Medical Care Copayment Exempt Charge Recon Report ***

Report to Include Bills for charges without an IB status of Cancelled, with an
AR Status of Active, Open, Suspended, Write-Off, Collected/Closed, or with IB
Status of On-Hold, and date of service on or after the exemption effective date.


     Select one of the following:

          1         Active
          2         Open
          3         Suspended
          4         Collected/Closed
          5         On-Hold
          6         Write Off
          7         All

Select one of the following Bill Statuses: 7//   All

Do you want to capture report data for an Excel document? NO//

This report may take a while to process. It is recommended that
you Queue this report to a device that is 132 characters wide.

DEVICE: HOME// 0;132  HOME  (CRT)
```

Example of the 10-40% SC Medical Care Copayment Exempt Charge Recon Report output in non-Excel format.

```
10-40% SC Medical Care Copayment Exempt Charge Reconciliation Report  -- Run Date: 09 Apr
2019 1:34 pm --               Page 1

Veteran Name              SSN         SC Percent  Bill #      EXMPTDT Med Care Date Status
================================================================================================
===
AARRRRRR.TTTTTT H         nnnnnnnnn    30%                     NODATE
ABBBBB,BBBBBB JJJJJ       nnnnnnnnn    10%        442-K402QJX 28Oct12 07Oct13      C/C
ABBBBB,BBBBBB JJJJJ       nnnnnnnnn    10%        442-K404HKN 28Oct12 17Apr14      C/C
ABDDDDDDD,BBBBBB L        nnnnnnnnn    20%                     NODATE
BBBB,GGGGGGG             nnnnnnnnn    10%                     NODATE
BBBB,RRRRRR E            nnnnnnnnn    40%                     NODATE
BBRRRRRRR,MMMMMM W        nnnnnnnnn    10%                     NODATE
BRRRRRK,JJJJJ LL          nnnnnnnnn    30%                     NODATE
BRRRRRK,PPPP EEEE         nnnnnnnnn    30%                     NODATE
CCCCCCC,TTTTTTT W         nnnnnnnnn    20%        442-K403J4J 20May13 24Dec13      C/C
CCCCCCC,TTTTTTT W         nnnnnnnnn    20%        442-K403J4J 20May13 27Dec13      C/C
CCCCCCC,TTTTTTT W         nnnnnnnnn    20%        442-K403J4J 20May13 20Dec13      C/C
CCCCCCC,TTTTTTT W         nnnnnnnnn    20%        442-K404LHT 20May13 15Jan14      C/C
CCCCCCC,TTTTTTT W         nnnnnnnnn    20%        442-K404TU9 20May13 24Feb14      C/C
CKKKKK,QQQQQQQ WWWWWW     nnnnnnnnn    30%        442-K202H9H 13Jul12 20Jul12      C/C
DDDDEEEGO,DEDEDEDE RRRT   nnnnnnnnn    20%        442-K404FTN 03May13 06Dec13      WRITE-OFF
DERDERDER,BRRRR,MMMMM     nnnnnnnnn    20%                     NODATE
DTDTDT,SSSSSS DLXZW       nnnnnnnnn    10%        442-K705RR7 01Jun17 05Jul17      C/C
```

Example of the 10-40% SC Medical Care Copayment Exempt Charge Recon Report output in Excel format.

```
Veteran Name^SSN^SC Percent^Bill #^EXMPTDT^Med Care Date^Status
AARRRRRR.TTTTTT H^nnnnnnnnn^30%^ ^NODATE^^^
ABBBBB,BBBBBB JJJJJ^nnnnnnnnn^10%^442-K402QJX^28 Oct 2012^07 Oct 2013^C/C^
ABBBBB,BBBBBB JJJJJ^nnnnnnnnn^10%^442-K404HKN^28 Oct 2012^17 Apr 2014^C/C^
ABDDDDDDD,BBBBBB L^nnnnnnnnn^20%^ ^NODATE^^^
BBBB,GGGGGGG^nnnnnnnnn^10%^ ^NODATE^^^
BBBB,RRRRRR E^nnnnnnnnn^40%^ ^NODATE^^^
BBRRRRRRR,MMMMMM W^nnnnnnnnn^10%^ ^NODATE^^^
BRRRRRK,JJJJJ LL^nnnnnnnnn^30%^ ^NODATE^^^
```

```
BRRRRRK,PPPP EEEE^nnnnnnnnn^30%^ ^NODATE^^^
CCCCCCC,TTTTTTT W^nnnnnnnnn^20%^442-K403J4J^20 May 2013^24 Dec 2013^C/C^
CCCCCCC,TTTTTTT W^nnnnnnnnn^20%^442-K403J4J^20 May 2013^27 Dec 2013^C/C^
CCCCCCC,TTTTTTT W^nnnnnnnnn^20%^442-K403J4J^20 May 2013^20 Dec 2013^C/C^
CCCCCCC,TTTTTTT W^nnnnnnnnn^20%^442-K404LHT^20 May 2013^15 Jan 2014^C/C^
CCCCCCC,TTTTTTT W^nnnnnnnnn^20%^442-K404TU9^20 May 2013^24 Feb 2014^C/C^
CKKKKK,QQQQQQQ WWWWWW^nnnnnnnnn^30%^442-K202H9H^13 Jul 2012^20 Jul 2012^C/C^
DDDDEEEGO,DEDEDEDE RRRT^nnnnnnnnn^20%^442-K404FTN^03 May 2013^06 Dec 2013^WRITE-OFF^
DERDERDER,BRRRR,MMMMM^nnnnnnnnn^20%^ ^NODATE^^^
DTDTDT,SSSSSS DLXZW^nnnnnnnnn^10%^442-K705RR7^01 Jun 2017^05 Jul 2017^C/C^
```

13 50-100% SC Exempt Charge Reconciliation Report

The 50-100% SC Exempt Charge Reconciliation Report is provided to assist users in reviewing all bills containing charges with a distinct date of service on or after the co-payment exemption effective date for Veterans with Primary or Secondary Eligibility equal to 50 to 100% Service Connected.

The report captures any charges without an IB status of cancelled, and with an AR Status of Active, Open, Suspended, Write-Off, Collected/Closed, Cancellation, or an IB Status of On-Hold, with a date of service on or after the exemption effective date.

The User can select to run the report for a bill status of Active, Open, Suspended, Collected/Closed, On-Hold, Write-Off, or ALL. The ALL option includes the six noted bill statuses plus the AR status of CANCELLATION.

The report allows users to choose whether to print the report in a non-Excel Delimited format or an Excel Delimited format.

It is recommended that users queue this report to a device that is 132 characters wide.

NOTE:	*The Med Care Date column will contain either an Outpatient Visit Date OR an Inpatient Discharge Date. The same K # (Bill #) could show on the report with the same date for the event where there was an outpatient date and an inpatient discharge date for the same Veteran.*
NOTE:	*The Med Care Date will be blank if the charge is for a medication.*
NOTE:	*The RxFillDt will be blank if there is a Med Care Date.*
NOTE:	*The RX# and RX Name will be blank if the charge is for medical care.*
NOTE:	*If a Veteran has more than one bill, the report prints a row for every bill number (K#) they have that meets the report parameters.*
NOTE:	*If a bill has a Status of "On-Hold", the Bill number field will be blank.*
NOTE:	*If the Veteran record tied to the bill does not have a Co-Payment Exemption Date, the report prints/displays "NODATE" in the EXMPTDT field and only prints one row of information if the Debtor has at least one bill matching the selected "Status" (e.g. Active, Open, Suspended, Collected/Closed, Write-Off, On-Hold).*

Example of DMC Referral Menu with the 50-100% SC Exempt Charge Reconciliation Report

```
PRCA RCDMC REFERRAL MENU     DMC Referral Menu

   1      90 Day DMC Report
   2      DMC Referred Report Print
   3      Enter Lesser DMC Withholding Amount
   4      Remove Debtor From DMC
   5      DMC Debt Validity Report
   6      DMC Debt Validity Management Report
   7      Rated Disability Eligibility Change Report
   8      Enter/Edit DMC Debt Validation
   9      Enter/Edit RD Number of Days Report Parameter
   10     Enter/Edit DMC Report # Days for Episodes of Care
   11     0-40 Percent SC Change Reconciliation Report
   12     First Party Charge IB Cancellation Recon Report
   13     10-40% SC Med Care Copay Exempt Chrg Recon Report
   14     50-100% SC Exempt Charge Reconciliation Report

Select DMC Referral Menu Option: 14   50-100% SC Exempt Charge Reconciliation Report
```

Example of the 50-100% SC Exempt Charge Reconciliation Report input parameters.

```
*** Print the 50-100 Percent SC Exempt Charge Reconciliation Report ***

Report to Include Bills for charges without an IB status of Cancelled, with an
AR Status of Active, Open, Suspended, Write-Off, Collected/Closed, or with IB
Status of On-Hold, and date of service on or after the exemption effective date.


     Select one of the following:

          1          Active
          2          Open
          3          Suspended
          4          Collected/Closed
          5          On-Hold
          6          Write Off
          7          All

Select one of the following Bill Statuses: 7// 7  All

Do you want to capture report data for an Excel document? NO//

This report may take a while to process. It is recommended that
you Queue this report to a device that is 132 characters wide.

DEVICE: HOME// 0;132  HOME  (CRT)
```

Example of the 50-100% SC Exempt Charge Reconciliation Report output in non-Excel format.

```
50-100 Percent SC Exempt Charge Reconciliation Report  -- Run Date: 09 Apr 2019 4:06 pm --                                              Page 11

Veteran Name              SSN          Eligibility Bill #      EXMPTDT Med Care Date RXFillDT RX #      RX Name                 Status
============================================================================================================================================
ALVVVVV,KKKKKKKKKK AAAA nnnnnnnnn  SC60         442-K701L7J 05Jan06              30Apr07 2063651   ALBUTEROL 90MCG (CFC-F C/C
ALVVVVV,KKKKKKKKKK AAAA nnnnnnnnn  SC60         442-K701L7J 05Jan06              30Apr07 2063654   BPM 12/PSEUDOEPHEDRINE C/C
ALVVVVV,KKKKKKKKKK AAAA nnnnnnnnn  SC60         442-K701L7J 05Jan06              30Apr07 2063652   FLUNISOLIDE 0.025% 200 C/C
ALVVVVV,KKKKKKKKKK AAAA nnnnnnnnn  SC60         442-K7026P8 05Jan06              12Jul07 2063654   BPM 12/PSEUDOEPHEDRINE C/C
ALVVVVV,KKKKKKKKKK AAAA nnnnnnnnn  SC60         442-K702JIP 05Jan06              05Sep07 2083786   COLON ELECTROLYTE LAVA C/C
ALVVVVV,RRRR DDDD       nnnnnnnnn  SC100        442-K300S4B 01Jan02              10Feb03 1133114   LEVOTHYROXINE NA (SYNT C/C
ALVVVVV,RRRR DDDD       nnnnnnnnn  SC100        442-K300S4B 01Jan02              10Feb03 1133116   SIMVASTATIN 40MG TAB   C/C
ALVVVVV,WWWWW M         nnnnnnnnn  SC50                     NODATE
ALWWWWW,AGUUUUU RRRRRRR nnnnnnnnn  SC100        442-K705Z3C 10Aug17              14Aug17 2736131   DOCUSATE NA 100MG CAP  C/C
AMODD,DDDDDDD           nnnnnnnnn  SC70         442-K402NVZ 22Jul13 02Oct13                                                C/C
AMODD,DDDDDDD           nnnnnnnnn  SC70         442-K403CIG 22Jul13 13Dec13                                                C/C
AMODD,DDDDDDD           nnnnnnnnn  SC70         442-K403CIG 22Jul13 20Dec13                                                C/C
ANN,EEEEEE J            nnnnnnnnn  SC60                     NODATE
ANVVV,VVVVV E           nnnnnnnnn  SC50         442-K404APM 01Apr13 30Dec13                                                C/C
ANWWWWWW,BBBBBBB TTTTTT nnnnnnnnn  SC60         442-K405J98 24Jul14 14Aug14                                                C/C
ANYYYYY,SSSS WWWWWW     nnnnnnnnn  SC90         442-K500UX8 10Feb05              17Feb05 734874    QUETIAPINE FUMARATE 25 WRITE-OFF
ANYYYYY,SSSS WWWWWW     nnnnnnnnn  SC90         442-K500UX8 10Feb05              17Feb05 734875    VALPROIC ACID 250MG CA WRITE-OFF
ANZZZZ,AGGGGGG S        nnnnnnnnn  SC60                     NODATE
```

Example of the 50-100% SC Exempt Charge Reconciliation Report output in Excel format.

```
Veteran Name^SSN^Eligibility^Bill #^EXMPTDT^Med Care Date^RXFillDT^RX #^RX Name^Status
ALVVVVV,KKKKKKKKKK AAAA^nnnnnnnnn^SC60^442-K701L7J^05 Jan 2006^^30 Apr 2007^2063651^ALBUTEROL 90MCG (CFC-F) 200D ORAL INHL^C/C^
ALVVVVV,KKKKKKKKKK AAAA^nnnnnnnnn^SC60^442-K701L7J^05 Jan 2006^^30 Apr 2007^2063654^BPM 12/PSEUDOEPHEDRINE 120MG SA CAP^C/C^
ALVVVVV,KKKKKKKKKK AAAA^nnnnnnnnn^SC60^442-K701L7J^05 Jan 2006^^12 Jul 2007^2063654^FLUNISOLIDE 0.025% 200D NASAL INH SPRAY^C/C^
ALVVVVV,KKKKKKKKKK AAAA^nnnnnnnnn^SC60^442-K7026P8^05 Jan 2006^^12 Jul 2007^2063654^BPM 12/PSEUDOEPHEDRINE 120MG SA CAP^C/C^
ALVVVVV,KKKKKKKKKK AAAA^nnnnnnnnn^SC60^442-K702JIP^05 Jan 2006^^05 Sep 2007^2083786^COLON ELECTROLYTE LAVAGE PWD FOR SOLN^C/C^
ALVVVVV,RRRR DDDD^nnnnnnnnn^SC100^442-K300S4B^01 Jan 2002^^10 Feb 2003^1133114^LEVOTHYROXINE NA (SYNTHROID) 0.075MG TAB^C/C^
ALVVVVV,RRRR DDDD^nnnnnnnnn^SC100^442-K300S4B^01 Jan 2002^^10 Feb 2003^1133116^SIMVASTATIN 40MG TAB^C/C^
ALVVVVV,WWWWW M^nnnnnnnnn^SC50^ ^NODATE
ALWWWWW,AGUUUUU RRRRRRRH^nnnnnnnnn^SC100^442-K705Z3C^10 Aug 2017^^14 Aug 2017^2736131^DOCUSATE NA 100MG CAP^C/C^
AMODD,DDDDDDD^nnnnnnnnn^SC70^442-K402NVZ^22 Jul 2013^02 Oct 2013^^^^C/C^
AMODD,DDDDDDD^nnnnnnnnn^SC70^442-K403CIG^22 Jul 2013^13 Dec 2013^^^^C/C^
AMODD,DDDDDDD^nnnnnnnnn^SC70^442-K403CIG^22 Jul 2013^20 Dec 2013^^^^C/C^
ANN,EEEEEE J^nnnnnnnnn^SC60^ ^NODATE
ANVVV,VVVVV E^nnnnnnnnn^SC50^442-K404APM^01 Apr 2013^30 Dec 2013^^^^C/C^
ANWWWWWW,BBBBBBB TTTTTT^nnnnnnnnn^SC60^442-K405J98^24 Jul 2014^14 Aug 2014^^^^C/C^
ANYYYYY,SSSS WWWWWW^nnnnnnnnn^SC90^442-K500UX8^10 Feb 2005^^17 Feb 2005^734874^QUETIAPINE FUMARATE 25MG TAB^WRITE-OFF^
ANYYYYY,SSSS WWWWWW^nnnnnnnnn^SC90^442-K500UX8^10 Feb 2005^^17 Feb 2005^734875^VALPROIC ACID 250MG CAP^WRITE-OFF^
ANZZZZ,AGGGGGG S^nnnnnnnnn^SC60^ ^NODATE
```

14   What does the DMC do with Monthly Master File?

When the monthly master file arrives in St. Paul, the DMC compares the account information against the compensation and pension mini-master records to see if the Veteran is receiving benefits. If the Veteran is in receipt of benefits and there is an amount available for offset, an account is established in the Centralized Accounts Receivable System (CARS). Messages are also sent to the medical center's G.DMR mail group listing all Veterans having "inactive benefits", which means there are no benefits available for offset at this time. The subject of these messages state **Patients Deleted from DMC: SEQ. #.01)**.

A debtor may not be accepted either because of an "inactive benefit" or a Death notice. In the case of a death notice being received, an individual mail message for each affected debtor will be compiled detailing this information and transmitted to the G.DMR mail group for follow-up by the local site in entering that information into the VISTA database. The Date of Death messages are based upon information found in the VBA

BIRLS system. Be aware of the possibility that these dates are not all correct. Make sure these messages are monitored and reviewed for accuracy prior to making any changes in VistA.

Here is an example of a Death Notice Message:

```
Subj: Death Notice Received from DMC      [#12345678] 03 Apr 00 10:44  4 Line
From: AR PACKAGE  in 'DMC' basket.        Page 1
-----------------------------------------------------------------
DMC has received a death notice for the following patient:
    VHAPATIENT,ONE.        000000001 Date of Death:  01/01/00
Please follow up locally to have this information entered into the local VAMC patient file.
```

> *NOTE: More than one message may be delivered. The medical center should process these delinquent accounts through the Treasury Offset Program when available.*

The DMC can only collect for one medical center at a time. For example, if station 688 Washington, DC, and station 460 Wilmington, DE, both have debts for the same Veteran the DMC will only establish the debt for the medical center with the first referral. These debtors are included on the "Patients Deleted from DMC" messages also. The AR software will continue to set up and transmit a monthly master file for this account if it still remains delinquent. After the DMC collects the debt-in-full for the first medical center, the DMC can accept and establish a new account for the debt owed to the next medical center.

A newly established DMC account holds the amount of the referral, the station number, the month and year of the oldest bill, interest, administrative costs and a two-digit number that identifies the type of debt. At this time, a letter is sent to the Veteran stating the DMC will withhold his/her benefit check unless the medical center is contacted and alternative arrangements are made to satisfy the debt. The letter informs the Veteran if he/she has any questions regarding the debt or the amount being withheld he/she should contact the medical center.

The letter provides the address and telephone number for the medical center. This is the same address and telephone number that is printed on the Consolidated Co-payment Processing Center (CCPC) statements. This letter provides the Veteran with a list of options for satisfying the debt. They are as follows:

1. Make payment-in-full at this time. Payment must be received within 30 days of the date of the letter or offset will begin.

2. Take no action and the DMC will withhold the amount of the debt from the monthly VA benefit check. The withholding will begin in 60 days and will continue until the debt is paid in full.

3. If it would be a financial hardship to make payment-in-full or have the full amount of the past due debt deducted from the benefit check at this time, a repayment plan can be established or a lower withholding amount can be negotiated. Requests for these actions must be initiated within 30 days of the date of this letter in order to avoid offset.

If the Post Office returns a debt notification letter as undeliverable, the DMC takes the same position as the TOP. That is, an attempt to contact the debtor was made and even if it was not successful the DMC will still withhold the amount of the debt from the monthly VA benefit check. As stated in the DMC letter, the withholding will begin with the next check due and will continue until the debt is paid in full.

15   What Happens if the Veteran makes Payment-in-full?

A Veteran's payment that reduces the Veteran's debt to zero is processed in VistA. The following Tuesday, as part of the Accounts Receivable nightly job, VistA looks at every debt in Accounts Receivable file (#430) that has been referred to the DMC to see if there has been a change in the balance to the account. Accounts with changes are transmitted from VistA to a queue at the AITC in a weekly update message. The G.DMX mail group on VistA will also receive this mail message. The subject of the message states **WEEKLY UPDATE RECORDS SENT TO DMC ON XX/XX/XXXX**. When the DMC processes the weekly update file, the zero dollar balance from VistA will clear the DMC record and a message is sent back to an Accounts Receivable server option at the medical center. Upon receipt of this message, the server option automatically **deletes all the DMC data** stored in the AR Debtor (#340) and the Accounts Receivable (#430) files. This includes data stored in the following fields:

Table 1: AR Debtor file (#340)

Field Number	Field Name
3.01	ACCOUNT AT DMC?
3.02	DATE SENT TO DMC
3.03	DMC DISCOVERY DATE
3.05	CURRENT TOTAL AT DMC
3.06	CURRENT PRINCIPAL AT DMC
3.07	CURRENT INTEREST AT DMC
3.08	CURRENT ADMIN AT DMC
3.09	LESSER WITHHOLDING AMOUNT
3.1	SITE DELETION FLAG

Table 2: Accounts Receivable (AR Bill) file (#430)

Field Number	Field Name
121	DATE SENT TO DMC
122	DMC PRINCIPAL BALANCE
123	DMC INTEREST BALANCE
124	DMC ADMIN BALANCE

> *NOTE:* *If a lesser withholding amount had been established on DMC debt and that debt cleared DMC completely, **all DMC data is deleted** from VistA, including the original lesser withholding amount. Should other bills for this same Veteran become over 90 days delinquent and meet the DMC referral criteria, new DMC data fields in VistA and new DMC records will be created.*
>
> *The Veteran will receive a new debt letter. This letter provides the Veteran with a list of options for satisfying the debt. This new debt will be established for **the full debt balance** __unless__ the Veteran requests the AR Technician enter a new lesser withholding amount.*

16 What Happens when the Veteran Requests a Lesser Withholding Amount?

If the Veteran contacts the medical center requesting a reduction in the amount of withholding the medical center **must** enter the lesser withholding amount in VistA using the Accounts Receivable option of the same name. Timing is of the essence when entering lesser withholding amounts. Adjustments made prior to DMC initiating offset action from the C&P system, which is done approximately three weeks before the date of the first monthly check to be withheld, are processed automatically.

If an adjustment (lesser withholding amount, waiver, write-off, repayment plan, suspended or decrease) is entered into VistA during the month before the offset is scheduled to begin, or after offset has already occurred, the medical center must either call or send an encrypted e-mail message to the DMC staff so they can enter a manual adjustment. The facility also needs to inform the Veteran that the allotted time has been exceeded and there is no guarantee the update for the adjustments will take place. If the late data entry cannot occur, the Veteran must be informed of any options. Possible options include a portion of the payment can be refunded (the difference between the agreed upon lesser withholding amount and the offset received) if the amount offset is determined to cause undue financial hardship to the Veteran; and application of entire/partial amount to the debt. The decision to refund is made at the station level on a case-by-case basis.

17 How to Enter Lesser Withholding Amount in VistA

If the Veteran contacts the medical center requesting a reduction in the amount of withholding the medical center **must** enter the lesser withholding amount in VistA using the Accounts Receivable option of the same name and may also need to contact DMC staff via phone call or encrypted e-mail.

Select the option called **Enter Lesser DMC Withholding Amount** from the DMC Referral Menu.

```
Select DMC Referral Menu Option:  Enter Lesser DMC Withholding Amount
Select AR DEBTOR: VAPATIENT,TEST J

    Searching for a PATIENT, (pointed-to by DEBTOR)
    VAPATIENT,TEST J       1-1-XX  00000XXXX       NSC VETERAN

    ...OK? Yes// YES
LESSER WITHHOLDING AMOUNT: 0.00// 50.00
```

At the **Select AR Debtor** prompt, enter the name of the debtor who requested a reduced amount.

The system will then display debtor information to help identify the correct debtor. Press **Enter** to confirm this selection.

At the **LESSER WITHHOLDING AMOUNT** prompt, enter the dollar amount that should be deducted monthly until the full amount is collected. If no dollar amount is entered in this field, the entire amount due is collected in one lump sum.

The lesser withholding amount entered here will be displayed on the Profile of Accounts Receivable report.

NOTE: *The lesser withholding amount entered in VistA should be the dollar amount negotiated with the Veteran. This amount should be $25.00 or more. There is no need to alter this amount unless the Veteran has requested the withholding amount be changed. (e.g., withhold $25 rather than $50)*
*Do **not** change this amount to equal the debt balance if it is less than $25.00. This is not necessary and only causes more work for everyone involved.*

---

18   What Happens when the Veteran Requests a Repayment Plan be Established?

Veterans also have the option to request a repayment plan be established in VistA for each of the outstanding debts. What is the difference between entering a lesser withholding amount and establishing a repayment plan? If there are multiple bills that make up this debt a repayment plan has to be established for each individual Bill number. These plans must be monitored to insure the Veteran is making payments on time. With the lesser withholding amount, all debts referred are covered under a single action and the dollars will be sent via TDA to the station each month.

Some facilities have established a local policy that states all Veterans with debts referred to the DMC will not be considered for repayment plans. These facilities negotiate with Veterans to have lesser withholding amounts entered; if a repayment plan is entered the month before an offset is to occur or after the debt has been set-up in DMC, it will be necessary to either call or send an encrypted e-mail message to DMC to inform them of the change so that a manual adjustment at DMC can be completed.

18.1   How to Set up and Monitor a Repayment Plan in VistA

The AR Repayment Plan Menu is used to set up and monitor repayment plans. At this time, a repayment plan must be established in AR for each and every first party bill in an Active status for this debtor. Here are instructions on how to set up a Repayment Plan.

Select the **Repayment Plan Menu** option located on the Update Accounts Receivable menu.

```
Select Update Accounts Receivable Option: Repayment Plan Menu

    Set Up Repayment Plan
    Profile of Repayment Plan
    Print a Payment Statement
    Reprint a Payment Statement

Select Repayment Plan Menu Option: Set Up Repayment Plan
Select the option called Set Up Repayment Plan.
```

Select the option called **Set Up Repayment Plan**.

```
Select ACCOUNTS RECEIVABLE BILL NO.: VATEST,PATIENT Y

Searching for a PATIENT, (pointed-to by DEBTOR)

VATEST,PATIENT Y   1-1-XX  XXXXXXXXX       NSC VETERAN
          ...OK? Yes// YES
    3      VATEST,PATIENT Y  XXX-K700375 C (MEANS TEST) 06-11-97       VATEST,PATIENT Y
ACTIVE  $116.40
    2      VATEST,PATIENT Y  XXX-K800173 C (MEANS TEST) 04-24-98       VATEST,PATIENT Y
ACTIVE  $91.60
CHOOSE 1-2: 1  XXX-K700375 C (MEANS TEST) 06-11-97       VATEST,PATIENT Y
ACTIVE  $116.40
REPAYMENT PLAN DATE: T (MAR 29, 2000) DAY OF MON. PAYMENT DUE: 15
REPAYMENT AMOUNT DUE: 10


NUMBER OF PAYMENTS WILL BE 12

DUE DATE OF 1ST PAYMENT: 3/15 (MAR 15, 2000)
..........PLEASE HOLD ON..............

THE REPAYMENT PLAN HAS BEEN ESTABLISHED
```

At the **Select AR Debtor:** prompt, enter the name of the debtor who requested a repayment plan be established.

The system will then display information to help identify the correct debtor. Press the Enter key to confirm this selection.

All of the first party bills for this debtor will be displayed. In this example, two bills are listed. Type **1** to select the first Active bill.

At the **REPAYMENT PLAN DATE:** prompt, type **T** for Today, the date the repayment plan is established.

At the **DAY OF MON. PAYMENT DUE:** prompt, type the day of the month the payments are due for this repayment plan. In this example, the due day is the 15th of each month.

At the **REPAYMENT AMOUNT DUE:** prompt, enter the monthly payment amount agreed to for this plan. In this example, the repayment amount is $10.00 for this particular bill.

The system calculates the number of payments for this repayment plan by dividing the total balance of the bill by the repayment amount.

At the **DUE DATE OF 1ST PAYMENT:** prompt, enter the date the first payment is due. The system will automatically set up all of the repayment due dates for this bill in the Accounts Receivable file (#430).

This action must be repeated for <u>every Active bill</u> that is to be included for this debtor.

NOTE: *Do <u>NOT</u> place these bills in Suspended Status.*

The Profile of Repayment Plan option can be used to help monitor that payments are being made regularly for a specific bill.

```
Select Repayment Plan Menu Option: Profile of Repayment Plan

Select ACCOUNTS RECEIVABLE BILL NO.:      XXX-K700375   C (MEANS TEST) 06-11
-97 VATEST,PATIENT Y       ACTIVE $116.40
DEVICE: HOME//
```

At the **Select ACCOUNTS RECEIVABLE BILL NO:** prompt, enter the bill number that has been set up on a repayment plan.

At the **DEVICE:** prompt, press **Enter** to print this report to the monitor or enter a device name for a paper copy.

```
BILL NO.: XXX-K700375          DEBTOR:   VATEST,PATIENT Y
CURRENT BALANCE: 106.40        REPAYMENT AMOUNT:        10.00

                    REPAYMENT SCHEDULE
----------------------------------------------------------------------
DUE             PAYMENT        SEND PAYMENT      DATE SENT PAYMENT
DATE            RECEIVED       STATEMENT         STATEMENT
----------------------------------------------------------------------
MAR 15,2000     YES            YES               MAR 04,2000
APR 15,2000     NO
MAY 15,2000     NO
JUN 15,2000     NO
JUL 15,2000     NO
AUG 15,2000     NO
SEP 15,2000     NO
OCT 15,2000     NO
NOV 15,2000     NO
DEC 15,2000     NO
JAN 15,2001     NO
FEB 15,2001     NO
MAR 15,2001     NO
----------------------------------------------------------------------
```

This report shows the agreed upon repayment schedule. All payment actions related to this bill are shown above.

There is second VistA option that will display repayment plans that have defaulted, rather than just a single bill number. This option is the Repayment Plan Follow-up Report [IBJD FOLLOW UP REPAYMENT PLAN]. The recommendation suggested in the AR Procedure Guides is to run for 45 or 60 default days.

```
To run the Repayment Plan Follow-up Report:

Press enter key at the Sort Patients by (N)AME or (L)AST 4 of the SSN: NAME//
Press the START WITH PATIENT NAME: FIRST//
Press at GO TO PATIENT NAME: LAST//
Enter "D" at the Print (C)URRENT, (D)EFAULTED Repayment Plans or (B)OTH: B//
Enter "45" at Minimum number of days defaulted: 1//
```

```
Press the enter key at Print (M)CCR or (N)ON-MCCF Receivables: M//
Enter "D" at the Do you wish to print a (S)ummary or (D)etailed Report?
Enter "Y" at Do you want to capture report data for an Excel document? NO//
```

```
Repayment Plan Follow-up Report
Sort Patients by (N)AME or (L)AST 4 of the SSN: NAME//

    START WITH PATIENT NAME:
            FIRST// GO TO PATIENT
             NAME:
    LAST//
Print (C)URRENT, (D)EFAULTED Repayment Plans or (B)OTH: B// D   DEFAULTED Minimum number of
days defaulted: 1// 45
Print (M)CCR or (N)ON-MCCF Receivables: M// CCR

Do you wish to print a (S)ummary or (D)etailed Report? D DETAILED

Do you want to capture report data for an Excel document? NO// YYES
This report requires a 132 column printer.
    Before continuing, please set up your terminal to capture the
    detail report data. On some terminals, this can be done by
    clicking on the 'Tools' menu above, then click on 'Capture
    Incoming Data' to save to Desktop. This report may take a
    while to run.
```

Figure 1: SAMPLE Repayment Plan Report Captured for Excel

Debtor	SSN	Plan Type	Death Dt	Bill #	Start Dt	Mo.Pymt Amt	Due Day	Lst Pymt Dt	Pymt Amt	Curr.Bal	Pymts Due	Pymts Def.
PATIENT1,PATIENT1	000006666	D		111-K7009MT	03/01/07	50.00	1	04/01/07	50	150	3	3
PATIENT1,PATIENT1	000006666	D		111-K7009VR	06/01/07	50.00	1	04/01/07		50	1	1
PATIENT1,PATIENT1	000006666	D		111-K700G4R	07/01/07	50.00	1	04/01/07		50	1	1
PATIENT1,PATIENT1	000006666	D		111-K700JUW	08/01/07	50.00	1	04/01/07		50	1	1
PATIENT1,PATIENT1	000006666	D		111-K700PA2	09/01/07	50.00	1	04/01/07		150	3	3
PATIENT2,PATIENT2	000007777	D	07/13/07	111-K700UI6	05/21/07	50.00	18			48.13	1	1

18.2   The Debt is Not Resolved. What Happens Next?

If the patient does not continue to make payments and defaults, the repayment plan(s) must be removed from applicable bill(s). This is accomplished by using the Set Up Repayment Plan option as shown below:

```
Enter the bill number at Select ACCOUNTS RECEIVABLE BILL NO.:

Enter "@" at REPAYMENT PLAN DATE: APR 29,2008//
Enter "Y" at SURE YOU WANT TO DELETE?
Enter "@" at DAY OF MON. PAYMENT DUE: 15//
Enter "Y" at SURE YOU WANT TO DELETE?
Enter "@" at REPAYMENT AMOUNT DUE: 30//
Enter "Y at SURE YOU WANT TO DELETE?
```

```
Select Repayment Plan Menu Option: Set Up Repayment Plan
Select ACCOUNTS RECEIVABLE BILL NO.:           XXX-K800000    C (MEANS TEST) 01-09-08
    TEST PATIENT5,PATIENT5 ACTIVE  $179.30
THIS ACCOUNT ALREADY HAS A REPAYMENT PLAN !

REPAYMENT PLAN DATE: APR 29,2008// @ SURE YOU WANT TO DELETE? y (Yes)
DAY OF MON. PAYMENT DUE: 15// @  SURE YOU WANT TO DELETE? y     (Yes)
REPAYMENT AMOUNT DUE: 30//
SURE YOU WANT TO DELETE? y (Yes) NO REPAYMENT PLAN !
```

After deleting the repayment plan, the Profile of Repayment Plan option would display as follows:

```
BILL NO.:  XXX-K800000     DEBTOR: TEST PATIENT5,PATIENT5 CURRENT BALANCE:       179.30
    REPAYMENT AMOUNT:


                                  REPAYMENT SCHEDULE
-----------------------------------------------------------------------
DUE PAYMENT SEND PAYMENT    DATE SENT PAYMENT DATE RECEIVED       STATEMENT       STATEMENT
-----------------------------------------------------------------------
```

> *NOTE:*   *After deleting a repayment plan, the Profile of Accounts Receivable **does not** show that a repayment plan was deleted. Deletion of the repayment plan will allow VistA to forward the bill for offset to DMC.*

The DMC establishes the withholding (offset) in the C&P system for the amount of the debt in CARS approximately 15 days prior to the actual offset (around the 15th of the month preceding the offset). A 3-digit DMC diary code is assigned to this debt and the repay information is entered in the system withholding the full benefit check or debt amount, whichever is less, unless the medical center has established a lesser withholding amount.

The 3-digit DMC Diary Code of 090 is used when a debt is first established in CARS. This code changes when other activities occur with this account. See Appendix C to see a listing of the DMC Diary Codes.

Once DMC collects the amount established for offset in the C&P system the withholding stops automatically. Any increases received from VistA prior to the collection of the total amount established for offset in the C&P system will immediately be added to the total amount to be offset. However, if the increase to the debt is received at DMC after the amount of offset established for a previously referred debt has been collected, the DMC changes the diary code, deletes the code showing a letter had been sent previously, and treats the remaining debt as a new referral from the medical center.

> *NOTE:*   *If a lesser withholding amount had been established on DMC debt and that debt cleared DMC completely, **all DMC data is deleted** from VistA, including the original lesser withholding amount. Should other bills for this same Veteran become over 90 days delinquent and meet the DMC referral criteria, new DMC data fields in VistA and new DMC records will be created.*
> *The Veteran will receive a new debt letter. This letter provides the Veteran with a list of options for satisfying the debt. This new debt will be established for **the full debt balance** unless the Veteran requests the AR Technician enter a new lesser withholding amount.*

19 How does the VistA Software Determine which Records get sent to the DMC in the Weekly Update Message?

1. Software looks only at bills currently referred to DMC.

2. Checks AR Debtor file for Lesser Withholding Amount. Sends that info to DMC if it exists.

3. Checks Site Deletion Flag field in the AR Debtor file (#340). If set to YES, sends zero to DMC and sends "Deletion of Debtor from DMC" mail message to G.DMX mail group.

4. Checks if bill is now on repayment plan. If there is a repayment plan on a specific bill, it is not included in balance transmitted to DMC.

5. Checks to see if bill in active status has a zero principal balance, but has a balance outstanding in either the interest or administrative charges fields. Mail message sent to G.DMR mail group to enter adjustment for this bill.

6. Total Principal +Interest +Administrative Cost for referred bills is different than the dollar amounts listed in the corresponding DMC fields of file #340. If there is no change – nothing is sent to DMC.

NOTE: *A debt may meet the referral criteria listed above but the account will not be transmitted to DMC if the debtor's address information is <u>unknown</u> or <u>incorrect</u>. See the Debtor address section for more information on how to enter or edit address information.*

20 What does the DMC do with Weekly Update File?

The weekly update information overlays the information in the CARS system. The update, which is transmitted from VistA to a queue at the AITC on Tuesday of each week, is loaded into CARS on Thursday of the same week. The DMC staff has access to a CAROLS screen (C14) that shows when the update was received, if it was a debit or credit, and the dollar amount of the update. This is how the DMC can verify if there is an update problem when the medical center calls with questions.

If the update from the medical center doesn't reduce the debt in CARS, the DMC continues to collect on the debt until the AR balance at DMC is reduced to zero. In these cases, the medical center should contact the DMC by Outlook mail message to **VAVBASPL/DMC/MCCR@VA.GOV** and request the DMC stop collection action until the medical center researches why the debt was not reduced. (i.e., System problems prevented the transmission of the VistA weekly update message.)

NOTE: *Another way debt may not be reduced in CARS is if the medical center staff changes a DMC referred bill status to anything other than "Active", including decrease adjustments, write-offs, waivers, etc. **Bills must be in an "Active" status to be included in the DMC weekly update.***

Medical center staff should take great care when trying to resolve questions about a patient's DMC debt. Placing DMC bills in a **suspended** status tells the system to ignore this account when creating the DMC weekly update file. This means that no information (not even a zero transaction) will be sent to the DMC. Either a call or encrypted e-mail message should be sent to DMC staff to inform them that bill(s) have been suspended pending administrative outcome.

Medical Centers should check the DMC transmission messages carefully to insure that the proper timeframe has passed before contacting the DMC. The Weekly Update transmission sent from the medical center on Tuesday will not update the DMC database until Thursday.

21   What Happens when the Monthly Offset Occurs?

Funds received from the monthly offset are transferred to the DMC before the monthly benefit checks are sent to Veterans. Offset money is usually received sometime during the last week of the month. The actual processing date varies from month-to-month based on the number of days in the month and if there are holidays in that month. The DMC creates a 1017G form that lists the Veterans and amount of offset for each medical center. This information is e-mailed to the Finance Officer and the Revenue Coordinator at each medical center and to the AITC. The offset funds are sent to the medical centers suspense account within a few days from that date.

After the Monthly Update file from the medical centers is processed by DMC, any record in an offset status with a debt balance of less than $25.00 is deleted from CARS. Any offset in process (BDN shows a remaining 68C balance) will be continued and the funds transferred to VHA until the debt balance has been collected.

Once the VistA mail messages with the subject **Patients Deleted from DMC** are received, it is a good idea to print the report called **DMC Referred Report Print** for all patients. This report provides an accurate, up-to-date listing that is helpful when reviewing DMC accounts.

> Medical centers experiencing problems receiving the funds on their suspense list they should wait approximately three days from the date they get the offset listing then contact **Mary F. Lancaster at the FSC Austin at (512) 460-5460.**

> Medical centers with questions concerning DMC activities should contact
> **Business Operations** at the **Chief Business Office**

22   How to Process a DMC Payment in VistA

All payment processing occurs using options on the Agent Cashier menu.

```
Select Agent Cashier Menu Option: RP Receipt Processing

Select RECEIPT (or add a new one): 0401DMC
   Are you adding '0401DMC' as a new AR BATCH PAYMENT (the 29TH)? No// YES
      (Yes) AR BATCH PAYMENT TYPE OF PAYMENT: TDA PAYMENT
AR BATCH PAYMENT DEPOSIT TICKET: 123456   04-01-00      TECH,ACCT REC  $0.00  OPEN
```

At the **Select Agent Cashier Menu Option:** prompt, type RP for Receipt Processing.

At the **Select RECEIPT:** prompt, enter the receipt number for these payments.

Hint: Use the letters **DMC** in the receipt number. This makes it easy to identify these payments as being collections from DMC when using other menu options.

At the **Are you adding '0401DMC' as a new AR BATCH PAYMENT: NO//** prompt, type **YES** and press **Enter** to confirm this action.

At the **AR BATCH PAYMENT TYPE OF PAYMENT:** prompt, type **TDA**, for TDA Payment and press **Enter** .

At the **AR BATCH PAYMENT DEPOSIT TICKET:** prompt, enter the open Deposit Ticket number and press **Enter** . For this example, the number used was 123456.

```
Receipt Profile          Apr 01, 2000 11:24:50          Page:          1 of  1
    Receipt #: 0401DMC            Type of Payment: TDA PAYMENT
    Deposit #: 123456             Receipt Status: OPEN
FMS Document: NOTSENT             FMS Doc Status: NOT ENTERED
 #    Account                 Pay Date              By          Pay Amt        Proc Amt
--------                                                                        --------
        TOTAL DOLLARS FOR RECEIPT                              0.00             0.00

Receipt History

    Opened By: TECH,ACCT REC          Date/Time   Opened: APR 19, 2000 11:24
Last Edit By:                         Date/Time Last Edit:
Processed By:                         Date/Time Processed:



          Enter ?? for more actions
NP New Payment                AP Account Profile        PR Process Receipt
EP Edit Payment               RR Reprint Receipt        21 (215 Report)
CP Cancel Payment             CU Customize              EA Exit Action
MP Move Payment               ER Edit Receipt
Select Action: Quit// NP    New Payment
```

The Receipt Profile screen appears. At the **Select Action: Quit//** prompt, type **NP** for New Payment.

```
                         Type of payment: TDA PAYMENT
Adding a NEW payment transaction: # 1
PATIENT NAME OR BILL NUMBER: VAPATIENT,TEST D    1-1-XX 000000001 NO
    NON-SERVICE CONNECTED
Enrollment Priority: GROUP 4      Category: IN PROCESS         End Date:
Amount Owed: $663.61
    PAYMENT AMOUNT: 100.00
DATE OF PAYMENT: APR 02,2000// 040100
```

The system then steps through the prompts that must be answered to complete this TDA payment.

At the **PATIENT NAME OR BILL NUMBER:** prompt, enter the name of the patient from the TDA form. The system shows information to help the user verify this is the correct debtor.

At the **PAYMENT AMOUNT:** prompt, enter the dollar amount from the TDA form.

At the **DATE OF PAYMENT:** prompt, the system will default to the current date. **Be sure to enter the date on the TDA form**.

```
Receipt Profile              Apr 01, 2000 11:25:20          Page:      1 of 1
    Receipt #: 0401DMC      Type of Payment: TDA PAYMENT
    Deposit #: 123456       Receipt Status: OPEN
FMS Document: NOTSENT       FMS Doc Status: NOT ENTERED
  # Account                 Pay Date         By          Pay Amt    Proc Amt
                                                         --------   --------
1   VAPATIENT,TEST D         04/01/00        ART         100.00     0.00
                                                         --------   --------
    TOTAL DOLLARS FOR RECEIPT   100.00           0.00
Receipt History
```

```
      Opened By: TECH,ACCT REC          Date/Time Opened: APR 01, 2000 11:24 Last
Edit By: TECH,ACCT REC                  Date/Time Last Edit: APR 01, 2000 11:24
Processed By:                           Date/Time Processed:

FMS Cash Receipt Document: NOT SENT        Status: NOT ENTERED


Transaction #1 has been ADDED.
                Enter ?? for more actions
NP New Payment               AP Account Profile      PR Process Receipt
EP Edit Payment              RR Reprint Receipt      21 (215 Report)
CP Cancel Payment            CU Customize            EA Exit Action
MP Move Payment              ER Edit Receipt
Select Action: Quit// NP    New Payment
```

The Receipt Profile screen appears again, this time showing the payment that was just entered.

At the **Select Action: Quit//** prompt, type **NP** for New Payment and repeat these steps until every TDA payment has been processed.

23 How to Remove a Debtor from DMC Referral

The DMC Referral menu contains an option that allows the site to remove a debtor from DMC referral. This option should be used on a <u>very limited basis</u> and only when site determines that no collection should be made from a debtor's benefit check.

One possible reason to use this option might be that a Veteran's account was referred to the DMC at the same time the Veteran was disputing these bills were related to treatment for a service connected condition. If the bills were not put into a suspended status when the Veteran first questioned the bills, the account would have been referred to the DMC. In order to stop DMC from making the collection, they must receive a $0 (zero) transaction.

> *NOTE: If the field "Account at DMC" in the AR Debtor file (340) is blank, the debtor name will not be available for selection.*

Select the option called **Remove Debtor from DMC** located on the DMC Referral Menu.

```
Select DMC Referral Menu Option: Remove Debtor From DMC
Deletion of Debtor From DMC
Enter Debtor To Be Removed From DMC:      VAPATIENT,TEST O      1-1-XX 00000XXXX
NSC VETERAN
          ...OK? Yes// YES
Are you sure you wish to delete this debtor from DMC? NO// YES
Enter Debtor To Be Removed From DMC:
```

At the **Enter Debtor To Be Removed from DMC:** prompt, enter the name of the debtor to be removed.

The system will then display debtor information to help identify the correct debtor. Press the Enter key to confirm this selection.

At the **Are you sure you wish to delete this debtor from DMC? NO//** prompt, type **YES** and press **Enter** to confirm this action.

On the Wednesday after using this option, check the Weekly Update mail message to make sure the debtor entered is listed on the message and has $0.00 listed in all of the dollar columns.

```
Subj: WEEKLY UPDATE RECORDS SENT TO DMC ON 01/04/00      [#99371700]
04 Jan 00 01:32   13 lines
From: AR PACKAGE   In 'DMC' basket.      Page 1
--------------------------------------------------------------------------
Name                       Last4      Principle Interest    Admin      Total
----                       -----      --------- --------    -----      -----
VAPATIENT,TEST O           XXXX       0.00      0.00        0.00       0.00
VAPATIENT,TEST M           YYYY       5.00      0.00        0.00       5.00
```

24   Other DMC Correspondence

24.1   1017G Forms

1017G forms are sent anytime the DMC needs to send funds to the medical center. This form is also generated when a debt has been established in the C&P system and the Veteran receives a "retroactive" payment. Instead of sending the funds to the Veteran we would apply them to any debts he/she may have. Retroactive payments are benefits for the Veteran after a suspension has been lifted or if benefits have been increased. For example, a Veteran was originally paid $400 a month from May 1, 1998 to April 30, 1999 for a total of $4,800. The Veterans requested a review of his claim for an increase. The VBA Adjudicator reviewed the benefits and ruled they be increased by $100 per month for that time period. The Veteran is entitled to a retroactive pay of $1,200. VA policy states that if there is a debt established in any system for this Veteran any retroactive payment must be applied to that debt. A 1017 form is also generated and sent to the medical center when a Veteran mistakenly mails their payment directly to the DMC. The DMC deposits the funds and informs the site of the payment.

24.2   Death Notifications

DMC's IRM generates a report at End of Month (EOM) of all MCCR accounts where a CARS debt in a "Death Diary" also exists. This report is used by Accounting to determine whether funds offset and forwarded to VHA have to be recouped, and if so, notifies the station.

If funds were transferred to the medical center for the month in which death occurred, DMC will fax a request to the individual station requesting return of the monies. This fax notification will provide the Veterans name, social security, date of death in addition to the date, amount, and Journal voucher number that funds were originally transferred on. Included with the fax, is a Journal Voucher (1017G) that can be completed by the station that has the pertinent information completed by DMC to ensure accurate processing when funds are returned. The station should fax the completed Journal Voucher to 612 970-5687 and place the funds in suspense under station 389 36001200 fund 3875.

Death information from the monthly update should be verified. Some facilities have identified fraudulent usage of a Veteran's SSN by investigating DMC death notifications. Medical centers that know the Veteran is not deceased, should contact the nearest VBA Regional Office. The VBA Regional Office of Jurisdiction enters death notification information in BIRLS and history has shown that it is not always correct. Do not contact the DMC staff members if a death notification is not correct. DMC staff cannot change this information in BIRLS. Again, sites should work with their respective VBA Regional Office to resolve these matters. If the account is still receiving some type of benefit, funds will be deducted from the benefit.

25 Waivers Granted on VBA Benefit Accounts Managed by the DMC

If the Veteran has a medical center debt in benefit offset status at the DMC <u>and</u> a DMC debt, a waiver is granted on the DMC debt with a refund due the debtor, the DMC will withhold all or part of the refund to clear the medical center debt.

The DMC notifies the Veteran that all or part of the refund was applied to a medical center debt. The DMC advises the debtor to contact their local Business Office regarding any questions about this indebtedness. The funds are sent to the medical center via a 1017G form and an Outlook mail message is sent to the Revenue Coordinator to advise them that funds are being forwarded to their facility.

26 Miscellaneous Mail

Mail received for the medical centers is forwarded to the appropriate medical center. Bankruptcy documents received where a medical center debt can be identified are forwarded also. The medical center should suspend collection action on the account and forward the bankruptcy information, along with any other pertinent data, to their local Regional Counsel for further action.

27 DMC Timelines

DMC timelines are critical. If transactions are not processed in a timely manner, they will have a serious impact upon a Veteran's benefit check. To illustrate this point, we will follow a debt as it goes through the DMC referral process. Please understand that the dates listed here apply to December 1999 through May 2000 only. DMC processing dates vary a few days from month-to-month based on the processing cycles of the Compensation & Pension System.

This example will step through the referral activities associated with a patient named VATEST, PATIENT A. Mr. VATEST had a debt with the Wilmington VAMC for $475.00 that met all of the DMC referral criteria.

**Figure 2: Example of Date Master Record is Transmitted**
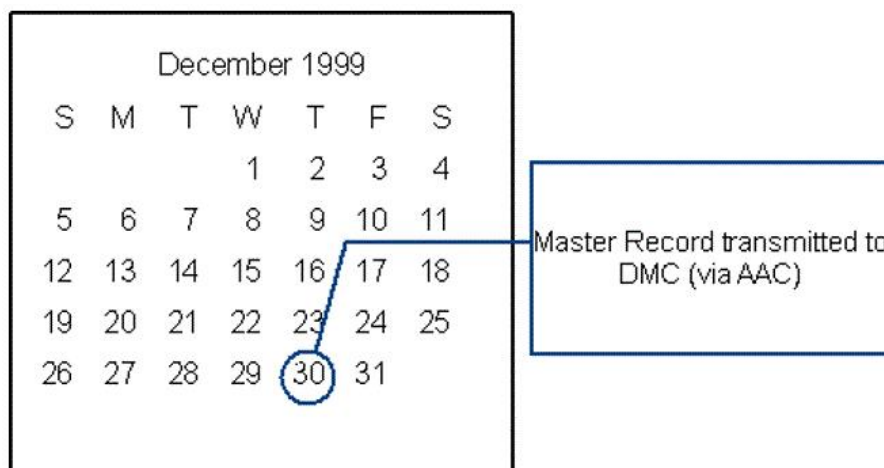
On <u>December 30, 1999</u>, the last Thursday of the month, Mr. VATEST's debt was included in the Master Record sent to DMC (via AITC).

Figure 3: Example of Date Account Set Up at DMC and Debt Letter Mailed

On <u>January 3rd</u>, the DMC received the Master Record file from the AITC. The DMC checked the C&P mini-master records and found that Mr. VATEST is receiving benefits from VBA. The DMC established his account. A Debt letter was sent to Mr. VATEST and the 60-day clock, the clock that establishes when the offset will be set up at the DMC, started.

Figure 4: Example of Due Date to Pay Debt in Full
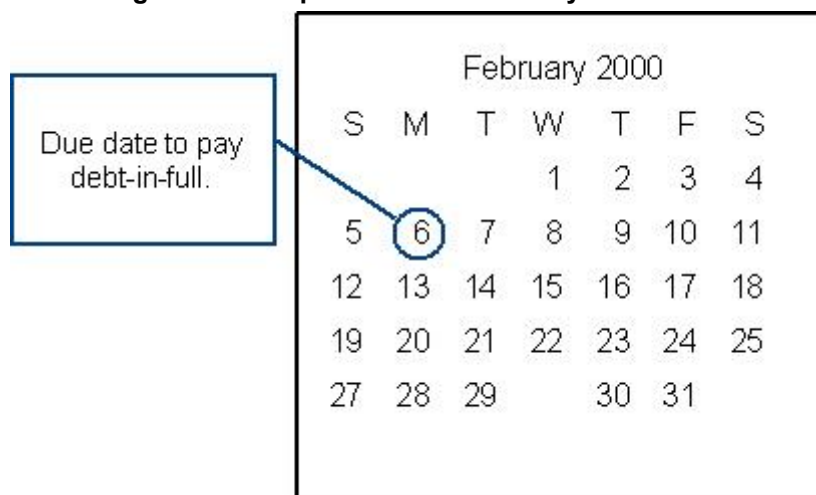
<u>February 6th</u> was the due date for Mr. VATEST to contact the Wilmington VAMC to pay his debt-in-full; negotiate a lesser withholding amount; or agree to a repayment plan. (This was 30-days from the DMC Letter date.) Mr. VATEST did <u>not</u> contact the medical center.

Figure 5: Example of Multiple Calendar Dates for Actions Taken On or Related to the Debtor's Account
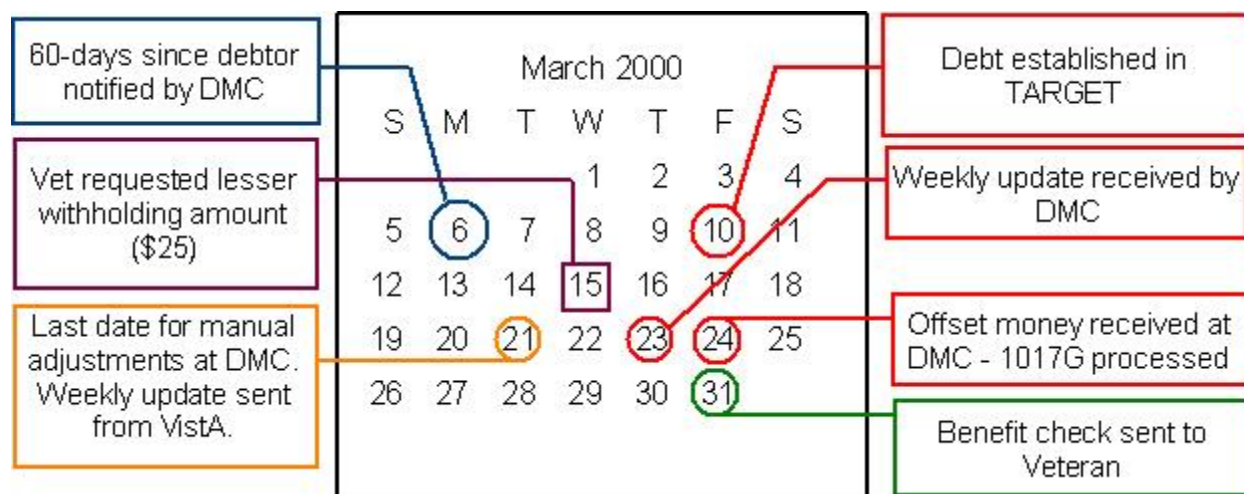
On <u>May 6th</u>, 60-days had passed since DMC letter sent to the Veteran.

On <u>May 10th</u>, the full amount of this debt was set up in the C&P system. This action usually occurs sometime between the 10th and 15th of the month.

On <u>May 15th</u>, Mr. VATEST contacted the Wilmington VAMC and requested a lesser withholding amount of $25.00. The AR Technician entered this information into VistA.

On Tuesday, <u>May 21st</u>, two events occurred:

- Mr. VATEST 's lesser withholding amount was included in the weekly update message the Wilmington VAMC transmitted to the <u>AITC</u>. Remember, VistA transmissions are sent to a queue at the AITC and then to the DMC. There is usually a 24 to 48 hour delay between the time the message is sent from the medical center and when data is loaded into the DMC database.

- This is the last day the C&P system accepted any changes to the offset amount before the April 1, 2000 checks were issued. <u>Any manual adjustments DMC entered through the TARGET system after this date will not take effect until next month</u>.

On <u>May 23rd</u>, the DMC received the weekly update files from the AITC. (It was too late to process the automated request for a lesser withholding amount for Mr. VATEST 's check dated April 1, 2000.)

On <u>May 24th</u>, the May offset money was received at the DMC. 1017G forms listing Veterans and offset amounts were created and sent to medical centers and the AITC. Offset Vouchers are sent to medical centers before checks are sent to Veterans.

On <u>May 31st</u>, Veteran benefits checks were mailed to the Veteran or funds were deposited into the patient's bank account. Mr. VATEST had the <u>full debt amount</u> deducted from his benefit check.

Was there a way to process the lesser withholding amount before the offset occurred?

YES! Update information needs to be entered into VistA in time for the automated process to work – or – the AR Technician needs to contact the DMC prior to their manual adjustment cutoff date.

Contacting the DMC after the automated processing period is a station decision. The Veteran is given ample time to respond to the offset notice. If a station does request a manual adjustment, they need to inform the Veteran that the allotted time has been exceeded and there is no guarantee the update for the lesser withholding amount will take place. The Veteran must be informed what the options are if the late data entry cannot occur. (i.e., The entire offset is applied to the debt.)

Anytime a medical center receives a request to adjust an account, the information <u>must</u> be entered in VistA. Adjustments made the last week of the month prior to the offset month, will be processed automatically. If an adjustment is being made the same month as the offset, the information must be made in VistA **and** the DMC must be contacted by phone or e-mail.

A report is generated at DMC of accounts in an offset status (Diary Code 098) where the offset amount is being changed by VHA when the MCCR Weekly Update file is processed. If the report contains data it is provided to DMC's Operations Division for review to determine whether the BDN monthly offset amount should be changed.

28 CAROLS – Centralized Accounts Receivable On-Line System

The Centralized Accounts Receivable On-Line System (CAROLS) reflects all accounts receivable under the jurisdiction of the Debt Management Center (DMC) with the exception of Chapter 30 and Chapter 1606 debts. Types of debts include Education, Compensation, Pension, Loan Guaranty, Education Loans, and medical care debts referred for offset against C&P benefits.

CAROLS records for medical center accounts are updated once a week. Inquiries must be made for individual Veterans. There are no facility reports available. The system permits inquiry from medical centers to the CARS database that resides at the Austin Information Technology Center. It is designed to retrieve and display CARS master record data.

Facilities may request that one or two individuals receive access to CAROLS for inquiry purposes only. The Revenue Coordinator must fill out a Carols access request form (8824a) and send an electronic copy to *Weber, Jo* via Outlook mail or mail a paper copy to the following address:

> ATTN: Jo Weber
> VADMC
> PO Box 11930
> St. Paul, MN 55111-1930

Please mark the envelope **Personal – Do Not Open in Mailroom**. *Jo* will forward the form to the National Service Center (NSC). The NSC will contact the employee and assign a system password. If the employee does not hear from the NSC within 10 working days, they should

contact the NSC at 612- 970-5220. The caller must know the date the request for access was submitted.

CAROLS Access Request Form Instructions

1. Fill in the employee's name.
2. Leave blank.
3. Type in the room number.
4. Type in the employee's telephone number.
5. Type in the station number.
6. Type in the employee's routing number.
7. If the employee is a Veteran, type in their file number. If the employee is not a Veteran, leave blank.
8. Type in the employee's job title.
9. Put an X in the appropriate box.
10. Leave blank.
11. This box is already checked for you. Sensitive access is not given.
12. Leave blank.
13. Leave blank.
14a. Type in employee's supervisor and their title. The supervisor should then sign above their name. 14b. Enter the date it is signed by the supervisor.
15. Type in PETER W. KOSTOHRYZ, Security Officer.
15a. Leave blank.
16. Leave blank.

Figure 6: Example of Carols Access Request Form

VA   **Veterans Administration**   ***CAROLS ACCESS REQUEST***

INSTRUCTIONS: CAROLS (Centralized Accounts Receivables Online System) - Items 1, 3 through 9 and 11 through 14B will be completed by the official requesting access to CAROLS. Items 2, 10 and 16 will be the security officer. Items 15A and 15B will be completed by the station Director or designee authorized to approve access to CAROLS.

EMPLOYEE DATA

1. LAST NAME, FIRST NAME, MIDDLE INITIAL OF EMPLOYEE				2. EMPLOYEE NO.	3. ROOM NO.	4. TELEPHONE EXT.

5. STATION NO.	6. LOCATION	7. VA FILE NUMBER *(If applicable)*	8. JOB DESCRIPTION *(Enter position title or responsible duties. This information will be used to determine the commands authorized in Item 12.)*

9. TYPE OF ACTION AUTHORIZED *(Check appropriate box)* A. ACCESS **X** B. DELETION	10. PASSWORD NAME *(12 characters)*

ACCESS CODES

INSTRUCTIONS: Item 11 - Indicate authorization for access to sensitive VA records. Item 12 - Enter "A" for authorized and enter "E" for entry only.

11. SENSITIVE VA RECORDS

     AUTHORIZED   _X_ NOT AUTHORIZED

LEVEL	A/E	12. ACTIONS PERMITTED *(Enter A or E, where applicable)*
		DESCRIPTION
1		02A DIARY CODES *(Credit)*
		300 RETURNED CREDIT REPORT
		02A DIARY CODES *(ROUTINE)*, HINES IND, OFFSET BENEFITS, LOAN NO., RO, EMPLOYEE DATA, PHONE NO.
		02B ADD IND, POA
		02C SSN, DOB, DOD
		02D LETTER DELETE DATA
2		39 HINES WRITEOUT
		220, 222, 228, 230 ADDRESSES 236 CRA ADDRESS
		310 RETURNED TREASURY CHECK
		500 USER INFORMATION
		900 CARS WRITEOUT
		02A DIARY CODES *(SUSP-REPAY-REFERRALS)*, REPAY PLAN
		02B COOB-ADMIN IND, INT IND-RATE-DATE, PAY-REF-FISC TRX DELETE CRA INDICATOR
		02C STAT-LIM, ORIG COURT COST-MARSH FEE
		04E ESTABLISH OR INCREASE AR (E)/08P/MISCELLANEOUS INCREASE IN DMC
3		07C, D, E, H WRITEOFFS
		08A TRANSFER OF UNAPPLIED DEPOSIT
		18 INC-DECREASE-STOP WITHHOLDING AMT
		410 TRANSFER OF UNASSOCIATED FUNDS
		420 COLLECTION APPLIED TO AR
		02A DIARY CODES *(SPC PROJ SUSP)*, LOAN NO.
4		06A, E, L, X ONE TIME PAYMENT OUT OF SYS
		08E DECREASE IN AR (E)/08P/MISCELLANEOUS DECREASE IN CARS
5		02A DIARY CODES *(Office of the Chief)*
		400 TRANSFER OF FUNDS BY ACCOUNTING
SPECIAL		LCK LOCK-UNLOCK PASSWORDS
		SEC SECURITY FILE ACTIONS
		RPT REPORT ACCESS

13. REMARKS *(If necessary, continue on reverse)*

INQUIRY ONLY

NOTE - PRIVACY STATEMENT: In order to maintain the privacy of veterans records at all times only those employees having a need to know will be permitted access to the CAROLS system. The requesting official affirms that the employee named in Item 1 has such "need-to-know."

28.1 Instructions for Using the CAROLS

1. Contact your IRM/IT staff and request the communications software needed to connect to VACCESS. This is the same system individuals in Fiscal use to access FMS and payroll staff uses to access OLDE data in Austin.

2. Once connected, the screen should read **Welcome to VACCESS time sharing at Austin**. On this screen, press the **PF11** key or type **K** and press **Enter** . The screen should show PRD 461 "COMPLETE System Logon".

3. Enter your COMPLETE user ID. The user ID consists of the letter "r", the three numbers of the regional office closest to your location, the letter "c" and then a number from 0 through 10. **Example: r123c1, (where is the regional office number).** If you are not sure which regional office number to use, please contact Kathy Hoffman at 612-970-5649 kathy.hoffman1@va.gov or Laurie Sartorio at 612-970-5374 laurie.sartorio@va.gov.

4. After you type in your user ID, press **Enter** and the system will take you to Screen C00. (Screen numbers C00, C01 & C02 appear in the upper right corner, while screen number C11 and higher appear on the top center line of the screen.)

5. CAROLS screen C00 requires that you enter the logon password provided by the NSC. Then press **Enter** .

6. Screen C01, **CARS System Menu** will appear. Since medical centers have inquiry access only, select **number 1** and press **Enter** . This will take you to the C02 screen.

7. Press the tab key twice to navigate down to the **file number/SSN** field and enter the file number or SSN of the case you are looking for. (Dashes and/or spaces are not allowed in this field.) Users do not have to re-enter their password on this screen.

8. After your selection is displayed, navigate from screen to screen by pressing **Enter** or type the screen number you wish to display. To exit from the record, type in **C02** (C-zero-two) at the **NEXT SCREEN -TRX** field to return to the C02 screen for your next selection.

9. When you are done with CAROLS, click on the **X** box in the upper right-hand corner to close CAROLS.

For security reasons, there are time limits on CAROLS displays. If there is no activity within an established period, CAROLS will time out and you will have to log back into the system. To do this, press **Enter** and you will back at the C00 screen.

28.1.1 CAROLS Screen C11

```
 03-23-2000                                    C11
FILE NUMBER  PY   DED   STUB       DC    DC DATE    DC INS DT    TOTAL AR  DISC      RO
SSN or C#   00   81B   VAPATIEN    090   05-30-2000  03-13-2000  60.70     04-1998   629
ORIG NOTIF DATE                    INT COMP DT 06-30-1999  REPAY IND (10)   1        EMPLOYEE
ORIG AR              77.42         INT RATE        0.00  REPAY DT (11)09-13-1999 IND   0
COURT COSTS ORIG                   AR   PRIN      57.23  REPAY AMT     (12)      DUTY 0000
COURT COSTS CURR                   INT ACCRUED     2.97  TOT PAID
MARSH FEES ORIG                    W-O                   HINES IND       7     CRA IND 0
MARSH FEES CURR                    PD  TD                HINES TP        E
ADMIN COST           0.50          PD  CY                HINES RC  (13)   1
IRS REFUND AMT
CARS LAST ACT        HINES LAST ACT    INDICATORS   SPECIAL    IND   SSN (14)    XXX-XX-XXXX
TRX  DATE            TRX    DATE CY  PAY-ADD   2   1 41E       0     REF NO
```

```
500  02-29-2000                        INTEREST  0   2 COLL-RT  0      DATE BIRTH 01-01-19XX
01A  03-09-2000                        ADM COST  0   3 FRAUD    0      DATE DEATH
02E  03-09-2000                        MULT AR   1   4 IRS TAX  0      ST-LIM  DT   09-2005
500  03-09-2000                        OFFST BEN 0   5 AUDIT    0         USER INFORMATION
02A  03-13-2000                        COOB      0   6 PCA      0
01A  03-23-2000                        COOB-ADD  0   7 JUDGMNT  0          (15)
02E  03-23-2000 HM# XXX-XXX-XXXX        MULTI     0   8 DDEFT    0
500  03-23-2000 WK#                     CRRPT     0   9 CHAP 30  0      VHA# (XXX) XXX-XXXX
POA               10 JUD FOR 0    TOTAL AR       60.70
```

The C11 screen has the majority of the information needed to identify the account status in the DMC process. The key fields for the medical center include:

Table 3: C11 Screen Key Fields

Field	Description
FILE NUMBER	Either the Veteran's file number/claim number or social security number.
PY 00	Indicates that this is a Veteran's account. Medical debt will always be payee 00.
DED81	Indicates that this is a medical center debt.
STUB	The first and middle initial and first five letters of the last name.
DC	Diary Code indicates the DMC status of this account. (i.e., 090, 091, 092, 093, 097 or 098) *See Appendix C
DC DATE	Date the diary comes up to be worked (follow-up date)
DC INS DT	Date the diary code was input.
TOTAL AR	(top of screen) lists the balance the DMC is currently collecting
DISC	Date of the oldest bill referred.
RO	Station number of the medical center for the debt being collected.
REPAY IND (,10) REPAY DT (11) REPAY AMT (12)	Amount DMC will offset from Veteran check
HINES RC (13)	C&P (Hines) reason code is the reason for the debt. There will either be one or two digits in this field depending on the reason sent by the center for the debt. *See Appendix D
SSN (14)	Veteran's social security number, which could differ from his claim number.
USER INFORMATION (15)	Field contains notes on the account, such as "MCCF is clearing" when diary code changed to the 097.
TOTAL AR	(bottom of screen) Total amount owed the medical center

The diary code tells if the DMC has started collection on this account or not. The diary codes used for medical center debts include 090, 091, 092, 093, 097, 098, and 914. A list of these codes and an explanation of their use is included in Appendix C. – C&P (Hines) Reason Codes.

In the example above, the diary code is 090. This means the account has been established, but offset has not begun. The next step is to navigate to screen C12 to check the Letter fields.

28.1.2 CAROLS Screen C12

```
03-23-2000                                                  C12
FILE NUMBER    PY   DED     STUB     DC      DC DATE     DC INS DT    TOTAL AR    DISC      RO
SSN or C#      00   81B     VAPATIEN 090     05-30-2000  03-13-2000   60.70       04-1998   629
PAY-ADD        2    PAYEE   Veterans Name                             LETTER
MULT-ADD       0    ADDRESS 1 STREET ADDRESS .                                    CODE      DATE
COOB-ADD       0    CITY    ST                                            SPY 04-14-2000
COOB           0
CR DATE
    MULTI USE
                                ZIP 00001
                        PROPERTY       CO-OBLIGOR
            ZIP
                        ZIP            ZIP
                            CALL-IN   CALL-OUT

BANK NO
TYPE OF ACCT
DEP ACCT NO
```

The first line of this screen is the same as the C11 screen. In this example, the letter field shows
SPY** **04-14-2000 – SPY is the name of the letter the DMC sends for the medical center accounts,
the date is the date the letter was mailed to the Veteran. The DMC withholds the benefits 60 days
from that date. In this case the letter was sent 04-14-00, which means the DMC will offset the
07-01-00 benefit check.

To continue with this example, it is important to know the diary code for this account will
change to 098 on or about 06-09-00. This sets the repay information if the medical center has not
submitted a lesser withholding amount request. Once the account has a diary code of 098, the
only way a change can be made to the offset amount is manually by DMC staff. Medical centers
must contact the DMC by Outlook mail.

If there is no information in the Letter fields, this means either this is a new referral and it is too
early for the notification letter to have been sent, or the account debt is under $25.00. The DMC
does not send letters on accounts with a balance under $25.00.

As long as an account has a diary code of 090, the medical center can take action to stop the
withholding or reduce the withholding, depending on when the SPY letter was sent to the
Veteran. Accounts having a diary code of 097 mean someone from the medical center has
contacted the DMC and requested collection be stopped because the debt is going to clear. Check
the User Information field on screen C11 to see the name of the individual requesting this action.
If the diary code is 914 and the DC INS DT field 11-01-00, then the zero balance was processed
on that date.

The C12 screen also shows the Veteran's address that was transmitted to the DMC by the
medical center.

NO	CARS TRX	DATE	HINES CODE	TRX AMT	PRIN AMT	INT AMT	ADMIN AMT	COURT AMT	MARSH AMT

```
  03-23-2000                                               C14
FILE NUMBER    PY   DED     STUB     DC      DC DATE     DC INS DT    TOTAL AR    DISC    RO
SSN or C#      00   81B     VJBEVER  090     05-30-2000  03-13-2000      60.70    04-1998 629
                                            FISCAL TRANSACTION HISTORY
     CARS                    HINES    TRX          PRIN        INT      ADMIN     COURT    MARSH
NO   TRX   DATE              CODE     AMT          AMT         AMT      AMT       AMT      AMT
01   04P   12-16-1999                 0.13
02   04P   12-16-1999                 0.45                              0.45
03   04P   01-13-2000                 0.13
04   04P   01-13-2000                 0.45                              0.45

05   04P   02-01-2000                 8.09
06   04P   02-10-2000                 0.16
07   04P   02-10-2000                 0.45                              0.45
```

```
08    04P   03-16-2000              0.16
09    04P   03-16-2000              0.45                                      0.45
10    04P   04-13-2000              0.16
11    04P   04-13-2000              0.45                                      0.45
12    08P   04-27-2000             34.56
13    08P   04-27-2000              9.00                                      9.00
```

The C14 screen shows the debits (TRX code 04P) and credits (TRX code 08P) the DMC has received from the medical center on this account.

29 Debtor Address

The patient's address used for billing purposes may be stored in either the AR Debtor file (#340) or the VistA Patient file (#2). The AR software first checks the ADDRESS UNKNOWN field of the AR Debtor file (#340). If this field is set to **YES**, the system assumes there is no valid billing address for this debtor and no debt information is sent to the DMC.

AR Technicians should use the option called **List of Patients with ADDRESS UNKNOWN (AR)** located on the Account Management menu to identify those patients who have ADDRESS UNKNOWN set to YES. Research should be performed to identify billing addresses for the patients listed on this report.

```
Select Account Management Option:

        Account Information
        Address Display/Edit Bill
        Comment Log Brief Account
        Profile
        Check Patient Account Balance
        Debtor Comment Log
        Follow-up Reports Full
        Account Profile
        List of Patients with ADDRESS UNKNOWN (AR)
        Mark/Unmark Invalid Transaction
        Statement Discrepancy Listing
        Transaction History for a Patient

Select Account Management Option: List of Patients with ADDRESS UNKNOWN (AR)
DEVICE:
```

```
PATIENTS WITH UNKNOWN ADDRESS     APR 6,2000 12:13      PAGE 1
PATIENT                          SSN
-------------------------------------------------------------------------------
TEST,VAPATIENT                   00000000A
TEST,VHAPATIENT                  00000000B
TEST,VHAPATIENT E                00000000C
```

The **Address Display/Edit** option on the Account Management menu is used to enter billing address information into the AR Debtor file. This option is also used to mark when a billing address is unknown.

In the example below, the screen shows address information currently stored in the Patient file for TEST,VAPATIENT E. There is no billing address stored in the AR Debtor file. At the bottom of the screen, the ADDRESS UNKNOWN field is set to YES. This means even if this patient has debts that meet the referral criteria, that data will not be sent to the DMC.

```
Select Account Management Option: Address Display/Edit

Select AR DEBTOR: TEST,VAPATIENT E

Address Accounts Receivable will use:

    TEST,VAPATIENT E
    1 STREET ADDRESS
    CITY, ST 00001
    Phone: XXX-XXX-XXXX

Address from Patient file:

    1 AVENUE ADDRESS
    CITY, ST 00001
    Phone: YYY-YYY-YYYY

Address from AR Debtor file:

    Phone:

ADDRESS UNKNOWN: YES//
```

Once a billing address is confirmed the next step is to enter this into the AR Debtor file.

Using the same option, step through the following prompts.

```
ADDRESS UNKNOWN: YES// NO
STREET ADDRESS #1: 1 ROAD ADDRESS
STREET ADDRESS #2: APT 2B
STREET ADDRESS #3: CITY: CITY
STATE: STATE
ZIP CODE: 00001-1234
PHONE NUMBER:
```

At the **ADDRESS UNKNOWN: YES//** prompt type **NO** and press the Enter key. This change indicates the address is not unknown.

Then enter the appropriate information in the address fields. The information entered with this option is saved in the AR Debtor file. Make sure this information is shared with the individuals responsible for data in the Patient file. It may be appropriate to enter this same address there also.

AR assumes that if the address fields in the AR Debtor file are blank, the system should use the address data stored in the Patient file (#2).

Before AR builds the DMC transmission message, the system checks the address for a zip code and the existence of "invalid" characters. The system specifically checks to make sure the address lines do not contain any of the following characters: a dollar sign ($), two asterisks (**), three slashes (///) or three Zs (ZZZ).

If the ADDRESS UNKNOWN field is set to YES, the zip code is missing, or the address contains any invalid characters, the DMC Transmission for that debtor is not created. At the same time, a mail message is sent to the members of the G.DMR mail group stating, "Master Record-Monthly was not sent because the address was invalid or unknown.

Verify and re-enter address for the patient. Use the AR option called **Address Display/Edit** located on the **Account Management** menu to enter the correct address for this debtor. Once the address is corrected, this debtor account will be included in the next Monthly Master file transmission.

The following example shows an address that would not be sent to the DMC because it contains invalid characters (two asterisks) on Street Address #2. This address needs to be corrected.

```
Select Account Management Option: Address Display/Edit
Select AR DEBTOR:  TEST,VAPATIENT D

Address Accounts Receivable will use:

    TEST,VAPATIENT D
    STREET
    ADDRESS
    APT. **
    CITY, ST 00001
    Phone:

Address from Patient file:

    AVENUE ADDRESS
    CITY, ST 00001
    APT. **
    Phone:

Address from AR Debtor file:

    TEST,VAPATIENT D
    STREET ADDRESS
    APT. **
    CITY, ST 00001
    Phone:

ADDRESS UNKNOWN: NO//
```

30   Additional VistA Information

DMC Referral information is stored in two different VistA files – the AR Debtor file (#340) and the Accounts Receivable file (#430).

When a debtor's account is referred to the DMC, a number of fields are automatically set in the AR DEBTOR file (#340). These fields include the following.

Table 4: AR Debtor file (#340)

Field Number	Field Name	Description
3.01	ACCOUNT AT DMC?	This field contains a '1' if this account has been referred to the Debt Management Center (DMC). The AR software sets this field upon creation of the DMC Master Record.
3.02	DATE SENT TO DMC	Date the DMC Master Record was created and transmitted.
3.03	DMC DISCOVERY DATE	The date bill established of the oldest bill referred to DMC.
3.05	CURRENT TOTAL AT DMC	Current amount of the debt that has been referred to DMC. This field will be updated by the DMC weekly transmission.
3.06	CURRENT PRINCIPAL AT DMC	Current principal amount of the debt that has been referred to DMC. This field will be updated by the DMC weekly transmission.
3.07	CURRENT INTEREST AT DMC	Current interest amount of the debt that has been referred to DMC. This field will be updated by the DMC weekly transmission.

Field Number	Field Name	Description
3.08	CURRENT ADMIN AT DMC	Current admin amount of the debt that has been referred to DMC. This field will be updated by the DMC weekly transmission.

There are two other **DMC** fields in the AR Debtor file. Both of these fields are set when a user uses a DMC Referral Menu option.

Table 5: AR Debtor File Fields Set by DMC Referral Menu Option

Field Number	Field Name	Description
3.09	LESSER WITHHOLDING AMOUNT	User enters a lesser withholding amount for DMC. Currently, when a debtor is identified for withholding by DMC, the full amount that the debtor holds is withheld. An amount in this field will allow the DMC to offset a lesser amount monthly until the debt is paid in full.
3.1	SITE DELETION FLAG	User enters YES to delete the debtor from the DMC. When the weekly update encounters this flag, a '$0' balance code sheet is sent to DMC to delete the debtor from their files. However, the debtor could be resent with the next master record run if the debtor has bills that meet the referral criteria.

Each individual bill that is referred is also flagged as "Referred to DMC". This is done when the system or the user populates the **DMC** fields in the ACCOUNTS RECEIVABLE file (#430). These fields are as follows:

Table 6: Accounts Receivable file (#430)

Field Number	Field Name	Description
121	DATE SENT TO DMC	Date bill was first sent to the DMC.
122	DMC PRINCIPAL BALANCE	Current principal balance for the bill at the DMC.
123	DMC INTEREST BALANCE	Current interest balance for the bill at the DMC.
124	DMC ADMIN BALANCE	Current administrative cost balance for the bill at the DMC.
125	DMC DEBT VALID?	NULL value is the initial value. "Y" for YES is assigned by the user if the bill is appropriate to be referred to DMC. "N" for NO is assigned by the user if the bill is not appropriate to be referred to DMC. "P" for PENDING, if the nightly background process prevents the bill from referring to DMC. Users are not able to assign "PENDING" status to the "DMC Debt Valid?" field.

Field Number	Field Name	Description
126	DMC DEBT VALID EDITED BY	Name of user who last edited the DMC DEBT VALID? Field.
127	DMC DEBT VALID EDITED DATE	Last date the DMC DEBT VALID? Field was edited.

There are two mail groups specifically for receiving DMC messages – G.DMX and G.DMR. These mail groups <u>must</u> have members who are active VistA users. The DMC transmits a list of those debtors NOT accepted for offset to the G.DMR mail group. A debtor may not be accepted either because of an "inactive benefit" or a Death notice. The system automatically clears all of the DMC flags (deletes information in all DMC fields) for those debtors and bills that have not been accepted by the DMC when the message titled "Patients Deleted from DMC: (SEQ. #" is received.

> G.DMR - Receives messages regarding DMC Master Codesheets.
> G.DMX - Receives messages regarding DMC Weekly Codesheets.

In addition, in the case of a death notice being received, an individual mail message for each affected debtor will be compiled detailing this information and transmitted to the G.DMR mail group for follow-up by the local site in entering that information into the VISTA database. The Date of Death messages are based upon information found in the VBA BIRLS system. Be aware of the possibility that these dates are not **all** correct.

Make sure these messages are monitored and reviewed for accuracy prior to making any changes in VistA.

31 Troubleshooting Tips

31.1 E-Mail Groups

Both mail groups – G.DMX and G.DMR must have active members. There should be more than one member in each group in case of absence.

It is imperative that the "Weekly Update Records Sent to DMC" and the "Master File Records Sent to DMC" messages be monitored to insure they are received, along with their respective confirmation messages. If these messages are not received (every Tuesday and the last Thursday of each month respectively) contact the IRM support person for AR immediately. **Non-receipt of these messages is an indication that the job did not run to completion and <u>action must be taken</u>. Also – non-receipt of the confirmation messages can mean that the information was not transmitted to the DMC.**

Members of these mail groups are expected to maintain at least the last quarter's messages in a separate mail basket. It is not necessary to save the individual "Deletion of Debtor from DMC" messages, as these individuals will be listed in the "Weekly Update" message with "0" balances. Also, please save the corresponding confirmation messages in case they are needed for researching problems.

31.2 Timing Issues

Timeframes are critical to the DMC process. When researching problems, make sure the DMC referral time-lines are followed. It is necessary to determine what month the debtor was first referred (it is indicated when viewing account profiles) and then review the "Weekly Update" messages for any and all updates sent to DMC. Remember, when the "Master File" is run on the last Thursday, it will reflect only what the debtor currently owes. Payments that are processed later on Thursday and so on will be included in the "Weekly Update" processed the first Tuesday of the following month. Please keep in mind that the PRCA Nightly Process runs at 2 AM at the sites so any payments, repayment plans, or lesser withholding actions, must take place before that time to be included in that week's transmission.

When checking the CAROLS screens to ensure that updates have taken place, wait until the Thursday after receipt of the "Weekly Update" message. If the update did not take place, please insure that the debtor in question was included in the last "Weekly Update" message.

Verifying that the action entered is within the indicated timeframes will assist in determining if a problem really exists.

31.3 Posting TDA Payments

DMC data is dependent on receipt of data from the site. In order for DMC to reflect any payments, they must receive the information from the station. **This makes it <u>crucial</u> that these payments are posted as soon as they are received at the site.** This will insure payment information is included in the "Weekly Update" messages.

31.4 Receipts

Using the letters **DMC** in the receipt number it is very helpful when reviewing accounts because is identifies where the payment came from. Many debtors attempt to stop the DMC collection by paying after the timeframe and collection has already been taken from their benefit check.

31.5 Letters

When speaking with debtors regarding letters they received – double check that the letter is really from the Debt Management Center. This will avoid any time wasted researching AR and DMC to only find out that they actually received a letter from the Treasury regarding the Treasury Offset Program (formerly the IRS offsets).

32 Appendix A. – Sample Letter

Figure 7: Sample Letter

This letter is to remind you of the actions VA must take in an effort to recover the cost of services provided to you at the
At the time of this letter, your past due balance, including interest and administrative costs, is $. As you were advised in our third notice about these charges, VA is required by law to collect the past due medical care debts by offsetting VA benefit payments (38 U.S.C. 5301, 5314). Offset is scheduled to begin with your check due

The amount we offset may increase as a result of new charges becoming 90 days delinquent, or the accumulation of additional interest or administrative costs. We will withhold the balance stated in this letter plus any additional charges added to the balance prior to the date of the offset stated above. If the balance is not reduced to zero by the first scheduled offset, we will continue to offset your monthly payment until the balance is cleared. If another debt becomes 90 days delinquent during the offset period, that amount and any additional charges will be added to the offset amount. The offset will continue until the balance is reduced to zero.

The following options are available to satisfy your delinquent balance:

1. You can make payment in full at this time. To avoid offset action, you should submit your payment within 30 days of this letter.

2. You can take no action and we will withhold the amount of your debt from your monthly benefit check as stated above.

3. You can establish a monthly payment plan or request a lesser amount of withholding from your monthly benefit check if the options above will cause you financial hardship. We will work with you to establish a monthly payment plan or a monthly withholding that will relieve or reduce your financial burden and clear the debt in a reasonable timeframe. If you select this option, please contact us within 30 days of this letter to avoid the offset action explained above.

Your check or money order should be made payable to the U.S. Department of Veterans Affairs and should be mailed to PO Box 530269, Atlanta, GA 30353–0269. To ensure proper credit to your account, please include your Patient Account Number (shown at the top of this letter) and your full name on your payment. Questions regarding your account should be directed to the Medical Care Collections Fund Coordinator at

IMPORTANT: If you have recently been awarded benefits or received an increase in VA compensation or pension, please contact us immediately. This may reduce the amount you are being billed. Please note that the amount shown in this letter is over 90 days delinquent and may not reflect the total amount you owe. You may have other balances that have not reached this stage of delinquency. Please contact us if you have questions regarding your balance.

MCCRJA March 2008

33 Appendix B. – CAROLS/MCCF Diary Codes

Table 7: CAROLS/MCCF Diary Codes

Code	Description
090	Code used when an account is first established in CAROLS. After a withholding has been completed on the original debt but there is still a balance in the CAROLS system.
091	DMC is sending funds to the MCCF from a DMC account where a waiver was granted and a refund is due the Veteran.
092	DMC has received bankruptcy information and has forwarded it to the MCCR.
093	DMC received notice that the Veteran is deceased and sent the information to the MCCR.
097	DMC is suspending collection because the MCCF is going to clear the account.
098	DMC is offsetting C&P benefits and sending them to the MCCR.
914	Indicates the Total A/R balance in CAROLS is zero.

34 Appendix C. – C&P (Hines) Reason Codes

When an MCCF debt is referred to the DMC by a VA Medical Center, the **Type of Debt** is provided. The **Type of Debt** code(s) are stored in the C&P (Hines) Reason Code field on CAROLS. The total debt amount may be comprised of one or more of the six different debt types. If the Veteran has a debt which includes more than two of the different Types of Debt, only the first two codes provided by the AR transmission will be reflected in the CAROLS master.

Types of Debt

- Ineligible Hospital Emergency/Humanitarian

- Adult Day Health Care

- C (Means Test)

- Domiciliary

- Geriatric Eval-Institutional

- Geriatric Eval-Non-Institutional

- Nursing Home Care-LTC

- Respite Care-Institutional

- Respite Care-Non-Institutional

- RX Co-Pay (SC)

- RX Co-Pay (NSC)

- TRICARE Patient

As stated above, the total amount of a debt for an individual may contain more than one "Type of Debt" codes listed above. For example, the C&P (Hines) Reason Code field in the CARS Master may show "12" which reflects a debt comprised of a Pharmacy co- payment (Code 1) and Means Testing (Code 2). If the debt includes Means Testing (Code 2) and Emergency Humanitarian (Code 4), the C&P (Hines) Reason Code field in CARS will show "24". This is because the C&P (Hines) Reason Code field allows only two characters.

Appendix D. – Examples of VistA Messages

Example of VistA Master File message

```
Subj: MASTER FILE RECORDS SENT TO DMC ON 11/26/98   [#95806277]  26 Nov 98   04:32
1795 Lines
From: AR PACKAGE   in 'DMC' basket.   Page 1
-------------------------------------------------------------------------------
  Name                        Last      Principl   Interes    Admin     Total
                                            e        t
  ----                        ---      --------   -------    -----     -----
                                                     -        -
    XXXXXX,XXXXXXX X.          NNNN       38.00     1.30       5.69      44.99
    XXXXXXX,XXXXXX X.          NNNN     1645.60   181.18       6.80    1833.59
    XXXXXX,XXXXX XXXXXXX       NNNN     3166.00   226.81       9.39    3402.20
```

Example of VistA Weekly Update message

```
Subj: WEEKLY UPDATE RECORDS SENT TO DMC ON 04/04/00   [#1231231] 04 Apr   00 02:02 40
lines
From: AR PACKAGE in 'DMC' basket.  Page 1
Name                    Last    Principle   Interest  Admin     Total
---                     --      --------   -------    ----      ----
XXXXXX,XXXXX X.         NNNN      52.29      0.44      1.00      53.73
XXXXXXX,XXXXXXXXX X     NNNN      48.00      3.90      9.21      61.11
XXXXXX,XXXXXX X         NNNN     605.40     10.50      1.95     617.85
XXXXXXX,XXXXXXX         NNNN      26.30      0.22      1.00      27.52
XXXXX,XXXXX X           NNNN      22.00      0.74      7.35      30.09


XXXX.XXXXXX X           NNNN      12.00      0.48      4.20      16.68
XXX,XXXXXX X            NNNN      20.00      0.80     11.61      32.41
Total Records Sent: 33
Total Principle:      1720.68
Total Interest:         42.12
Total Admin:           126.39
Total:                1889.19
```

35 Appendix E. – Master File Data Elements for Messages to DMC

Table 8: Master File Data Elements for Messages to DMC

DMC Name	VistA File Name/Number	VistA Field Name/Number	Description/Example	Values
Social Security #	PATIENT (#2)	SOCIAL SECURITY NUMBER (#.09)	99999999 Excludes "test" patients (SSN begins with 00000)	9 character numeric
Stub Name	PATIENT (#2)	NAME (#.01)	First Initial Middle Initial First 5 characters of last name (i.e., <u>TEST</u> <u>B</u> <u>PATIE</u>NT = ABPATIE)	7 characters
Station Number	AR SITE PARAMETER (#342)	SITE (#.01)	VA Facility Station number	3 character numeric
Date of Birth	PATIENT (#2)	DATE OF BIRTH (#.03)	MMDDYYYY	8 character numeric
Phone Number	AR DEBTOR (#340)	PHONE (#1.07)	Area code is not mandatory – if not present, first three spaces are blank	Numeric and blank data only
	PATIENT (#2)	PHONE NUMBER [RESIDENCE] (#.131)		
Full Name	PATIENT (#2)	NAME (#.01)	First name, Middle name, Last name, and "extra" name (e.g. Jr or Sr)	40 characters
Address	AR DEBTOR (#340)	STREET ADDRESS #1 (#1.01) STREET ADDRESS #2 (#1.02) STREET ADDRESS #3 (#1.03) CITY (#1.04 STATE (#1.05)	System checks AR DEBTOR file for address information first. If there is data, it uses this address. If not, it uses the address stored in the PATIENT file.	40 characters
	PATIENT (#2)	STREET ADDRESS [LINE 1] (#.111) STREET ADDRESS [LINE 2] (#.112)	5 lines- 3 for street, 1 for city, 1 for state	

DMC Name	VistA File Name/Number	VistA Field Name/Number	Description/Example	Values
		STREET ADDRESS [LINE 3] (#.113) CITY (#.114) STATE (#.115)		
Zip Code	AR DEBTOR (#340)	ZIP CODE (#1.06)	Zip + 4	9 character numeric
	PATIENT (#2)	ZIP+4 (#.1112)		
Discovery Date	ACCOUNTS RECEIVABLE (#430)	DATE ACCOUNT ACTIVATED (#60)	System uses the DATE ACCOUNT ACTIVATED from the oldest debt (bill) submitted to DMC. If a date cannot be determined, the default will be 91 days prior to the current date	8 character numeric
Principle	ACCOUNTS RECEIVABLE (#430)	PRINCIPAL BALANCE (#71)	Total principle for all bills that meet criteria. Two decimal places (None in the code sheet itself). Right justified and ZERO filled.	9 character numeric
Interest	ACCOUNTS RECEIVABLE (#430)	INTEREST BALANCE (#73).	Total interest amount for all bills that meet criteria. Two decimal places (None in the code sheet itself). Right justified and ZERO filled.	9 character numeric
Admin	ACCOUNTS RECEIVABLE (#430)	ADMINISTRATIVE COST BALANCE (#73) + MARSHAL FEE (#74) + COURT COST (#75)	Total administrative charges for all bills that meet criteria. Two decimal places (None in the code sheet itself). Right justified and ZERO filled.	9 character numeric
Transmission Date			Date Master created/transmitted MMDDYYYY	8 character numeric

DMC Name	VistA File Name/Number	VistA Field Name/Number	Description/Example	Values
Type of Debt	ACCOUNTS RECEIVABLE (#430)	CATEGORY (#2)	All of the different category codes from the bills eligible to be referred Pharmacy = 1 Means Test =2 Ineligible = 3 Emergency Humanitarian=4 CHAMPVA=5 CHAMPUS=6 Or any legitimate combination of the above…	Set of Codes (up to 6 characters - Left justified and blank filled)
Offset Amount	AR DEBTOR (#340)	LESSER WITHHOLDING AMOUNT (#3.09)	Amount VHA wants to offset from Benefits	9 character numeric
Total Amount of Debt			Calculated dollar amount includes Principal, Interest, and all Administrative charges. Total of all MCCF bills	9 character numeric
Hospital ID #	AR DEBTOR (#340)	DEBTOR (#.01)	Internal entry number of AR Debtor.	10 character numeric

36 Appendix F. – Glossary

Table 9: Glossary

Term	Description
1017G Form	Financial form used to send funds to a medical center.
Account	A record established for a debtor in the AR Debtor file (#340). The account can contain multiple bills for an individual debtor.
Account Profile	A screen display or printout showing an activity summary for an entire account.
Accounting Technician	A person with who is responsible for processing accounting transactions.
Accounts Receivable	In the broadest sense, debts owed to the Department of Veterans Affair are referred to as Accounts Receivable. 1. Synonymous with the abbreviation 'AR' 2. In this document, AR also refers to VA's automated system designed to process first party medical co-payment debt referred electronically to the Debt Management Center. This software is developed and maintained by the VHA Office of Information.
Accounts Receivable Clerk	A person who establishes, audits, and maintains the debt collection files of the medical center.
Accounts Receivable Section	The staff responsible, as a group, for establishment and maintenance of debtor account records.
Active Bill	Bills that are in an "active" status are available for collection. Bills must be in an active status in order to be forwarded for collection.
Address Unknown	This field is set in the AR Debtor file (#340) to indicate that site has not been able to obtain a correct address for the debtor. If this field is set to YES, the debtor's account will NOT be forwarded for offset.
Adjustment	A transaction that makes an administrative change to the principal balance of a bill or an account.
Admin Charge	An administrative charge incurred during the debt collection process and added to an account's principal balance. Fees for locator searches, marshal fees, and court costs are administrative charges.
Agent Cashier	A person who receives and applies payments to debtor accounts and issues official receipts.
Aid and Attendance (A&A)	A VA compensation or pension benefit awarded to a Veteran determined to be in need of the regular aid and attendance of another person to perform basic functions of everyday life. A Veteran may qualify for aid and attendance benefits if he or she:

Term	Description
	• Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; or • Is a patient in a nursing home because of mental or physical incapacity; or • Proves a need for aid and attendance under established criteria
AITC	See Austin Information Technology Center
AR	See Accounts Receivable
Austin Information Technology Center (AITC)	The AITC (formerly the Corporate Franchise Data Center) is VA's data center site located in Austin, Texas. The AITC receives the transmission files for referred debts and updates to existing referrals from the VistA Accounts Receivable system on a scheduled basis. The AITC compiles this information and forwards it to the Debt Management Center (DMC). The AITC also transmits both confirmation and reject messages to the AR system at each medical center via Mailman.
Bill	A receivable.
BIRLS	Beneficiary Identification and Records Locator System is located at the Austin Data Processing Center. This system contains basic identification and related data for millions of Veterans and beneficiaries and, also, provides information on the location of records. The system assigns claims numbers; processes death notices and manages the transfer of records.
C&P Mini-Master file	Compensation and Pension mini-master file contains VBA compensation, pension, and education claims information.
C&P Reason Codes	Set of codes that relate to the type of debt being referred to the DMC. (i.e., Pharmacy Co-Pay, Means Testing, etc.)
CAROLS	See CARS
CARS	Centralized Accounts Receivables System for Veterans Benefit Administration (VBA) provides information on the status of compensation, pension, education, and loan guaranty accounts receivable.
CCPC	Consolidated Copayment Processing Center System located at the Austin. CCPC receives station data from which monthly statements are generated and mailed to patients who incur first party debts.
Debt Collection	This is the official name given to the process of sending out bills and collecting payments.
Debt Management Center	The nationwide debt collection operation for VA located at the St. Paul VA Regional Office.
Debtor	A patient, person, vendor, insurance company, or institution that owes the VA money.
Default	A suggested response provided by the system.

Term	Description
Diary Code	Set of codes assigned to a debt in CARS to convey the status of the debt. (Debt established, waiver granted, Veteran is deceased, etc.)
DMC	See Debt Management Center
Full Debt Balance	Amount that the DMC will set up for collection/offset. This includes the principal amount of bill(s) plus interest and administrative costs.
G.DMR	Mail group that receives the entire monthly master account information that is transmitted to DMC. Also receives the Patient Deleted from DMC, Death notice, and Address Unknown/Corrected messages.
G.DMX	Mail group that receives the all the weekly update information on accounts that have been referred to DMC for collection.
Housebound Benefit	The VA's Housebound benefit is an additional amount available to eligible Veterans and dependents who are entitled to VA pension or VA compensation. The housebound allowance may be paid to Veterans, dependent spouses, or surviving spouses who because of their physical limitations, are unable to walk or travel beyond their home and are reasonably certain the disabilities or confinement will continue throughout his or her lifetime. Certain restrictions apply. For more information and eligibility criteria on this benefit call 800-827-1000 or go to http://www.vba.va.gov/bln/21/Benefits/.
Interest	Amount charged to an account being paid on a repayment plan for carrying the account or on delinquent accounts.
Lesser Withholding Amount	If it would be a financial hardship for a patient to make a payment-in-full or have the full amount of the past due debt deducted from the benefit check, the Veteran may negotiate a lesser withholding amount be entered for the DMC debt. (The amount cannot less than $25.) This information is recorded in VistA and the DMC.
Mail Groups	List of e-mail recipients who can all be addressed at once by reference to a mail group name defined in VistA. DMC messages are sent to the G.DMX and G.DMR mail groups.
Master File	Mail message containing all the delinquent accounts that are eligible for referral to the DMC. The master file compiled on the last Thursday of each month and transmitted from the VistA system to the DMC via the AITC.
Master Record Printout (RPO)	BIRLS master records used by DMC staff.
National Service Center	Processes requests to Centralized Accounts Receivables System (CARS/CAROLS).
Patient Statement of Account	The monthly statement for patient type debtors, reflecting all activity (both charges and payments) recorded for that patient since his last statement was printed.

Term	Description
Pension Benefit	VA pension is a monetary award paid on a monthly basis to Veterans with low income who are permanently and totally disabled, or are age 65 and older, may be eligible for monetary support if they have 90 days or more of active military service, at least one day of which was during a period or war. Payments are made to qualified Veterans to bring their total income, including other retirement or social security income, to a level set by Congress annually. Veterans of a period of war who are age 65 or older and meet service and income requirements are also eligible to receive a pension, regardless of current physical condition.
PRCA Nightly Process	Set of AR routines scheduled to run at the same time every night. These routines update all actions completed through the AR VistA software. In addition, this set of routines includes those that create, record, and transmit the DMC Weekly Update and Monthly Master information to the AITC and the local VistA mail groups (G.DMR and G.DMX).
Processing Date	The date when benefit checks are actually debited for the amount owed. This date varies from month-to- month based on the number of days in the month and if there are holidays in that month.
Profile of Accounts Receivable	Accounts Receivable option that displays information on debtor accounts. This profile shows if an account has been forwarded to the DMC.
Regional Counsel	VA office responsible for all account receivables requiring litigation.
Repayment Plan	If a debt is so large that the debtor can't repay it in a lump sum a repayment plan may be established to pay it in regularly scheduled installments. Can be established by the fiscal officer, or designee, as the result of negotiations with the District Counsel or Department of Justice.
Revenue Coordinator	Individual at a medical center who provides leadership, supervision, and expertise for all aspects of administrative operations that directly affect reimbursement for medical services. (Also known as MCCF Coordinator or Business Office Coordinator.)
Service Connected	A disability that VA determines was incurred or aggravated while on active duty in the military and in the line of duty. A service-connected rating is an official ruling by VA that your illness/condition is directly related to your active military service. Service-connected ratings are established by VA Regional Offices located throughout the country.
Service Connected Veteran	A Veteran who has an illness or injury incurred in or aggravated by military service as determined by VA.

Term	Description
Site Deletion Flag	Field in AR Debtor file (#340) that is set to '1' when the Accounts Receivable option called Remove Debtor from DMC is used to stop any collection by the DMC.
SPY	Letter sent by DMC notifying debtor of delinquent account and subsequent offset of benefit check.
Suspended Status	AR status that will prevent transmission of bill information to DMC for collection. Sites are cautioned NOT to place bills in this status. (This action is usually performed when setting up repayment plans, etc.)
Suspense Account	A general ledger account designed to hold payments where the specific account number is unknown. In the case of DMC payments, payments are received via Transfer of Disbursing Authority (TDA) to the facility suspense account, and the facility is responsible for posting the payment amount to the debtor's account.
TDA	See Transfer of Disbursing Authority
TOP	See Treasury Offset Program
Transaction	Any action that affects a bill or an account. All transactions are numbered sequentially and can be examined individually.
Transaction Number	A number assigned by the computer for an activity against a debt (such as increase adjustment, decrease adjustment, payment, etc.)
Transaction Profile	A screen display or printout that shows a summary of a single transaction.
Transfer of Disbursing Authority (TDA)	Official notification sent to medical center that a certain amount of funding has been forwarded to them. In the case of the DMC payments, the date of the TDA is the actual date payments were received and should be used when posting payments to debtor accounts.
Treasury Offset Program (TOP)	Mandatory government wide delinquent debt matching and payment offset system. Debts that cannot be collected by the DMC must be forwarded to this collection program where delinquent debts may be recovered by offset of income tax refunds; Federal salary pay, including military pay; Federal retirement, including military retirement pay; Federal benefit payments; and other Federal payments.
VACCESS	Database located at the Austin Automation Center where financial information is stored. Special software and access codes are required to access this database.
VAVBASPL/DMC/MCCR	Outlook mail group designated to send and receive messages regarding DMC accounts.
VBA Regional Office of Jurisdiction	The VBA Regional Office that is the "owner" of the Veteran's VBA record.

Term	Description
VistA	Veterans Health Information Systems and Technology Architecture. The VA developed computer system that supports day-to-day operations at local VA health care facilities.
Waiver	Waivers are only given by the DMC for debts other than those sent by the medical centers. If a debtor receives a waiver on a DMC debt and then is owed a refund on this debt – this amount will be applied to any outstanding VAMC debts that they may have.
Weekly Update File	Each Tuesday, Accounts Receivable software looks at accounts currently referred to the DMC and sends an update message for those accounts where the total principal, interest, and administrative costs for referred bills is different than the amounts currently on file in the DMC or if a message was received that the debtor's account was reduced to $0 (zero) at the DMC.
Withholding	Action performed by the DMC which deducts the amount owed from a debtor's benefit check.

37   Appendix G. – Contacts

DMC

Outlook Mail Group: VAVBASPL/DMC/MCCR

To request the following:

- ➢ DMC Lesser Amounts
- ➢ Stop collection action on referred accounts

Office of Community Care Revenue Operations

Ernest Washington
Phone: 202-382-2553
Email: ernest.washigton@va.gov

- ➢ To request assistance or information about the DMC program

Austin Information Technology Center (AITC)

Sergio Falcon
Phone: (512) 326-6628
Email: Sergio.falcon@va.gov

- ➢ To request technical assistance about the DMC program

VA Service Desk
Phone: 1-888-596-4357

Contact the VA Service Desk to request the following:

- ➢ Log a Remedy Ticket
- ➢ Assistance with DMC software problem. An Enterprise Product Support (EPS) person will contact the submitter and investigate the technical problem.