



FIRSTVIEW FEDERAL TS

Veterans Health Administration Chief Business Office

Current Enterprise Architecture Assessment
Deliverable 0002AA

v1.7.2

December 31, 2013

Contents

	Page
1.0 Introduction	1
2.0 CBO Performance Data Sources	3
3.0 Technical Environment	16
Appendix A – Data System 1 – Data Attributes	20

1.0 Introduction

The Department of Veterans Affairs (VA) mission is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support, and recognition earned in service to this Nation. The Veterans Health Administration (VHA) provides a wide range of health care services to eligible veterans and, in certain instances their families, for the treatment of service-connected and non-service-connected health care needs. However, for non-service-connected care (i.e., conditions that are not a result of injuries or illnesses incurred or aggravated during military service), VHA is authorized by law to bill and collect co-payments from veterans and, as appropriate, from third party health care payers.

In 2002, the VHA created the Chief Business Office (CBO) to achieve specific business improvements, including the above referenced billing and collections activities. CBO's mission is to provide national leadership for advancing business practices that support patient care and delivery of health benefits. CBO represents a single accountable authority for development of the administrative processes, policy, regulations, and the directives associated with the delivery of VA health benefit programs. As a principal health benefits administration advisor to the Under Secretary for Health, CBO develops, implements, and supports various aspects of administrative health care issues.

CBO applies industry best practices and measurable results across three business lines:

- **Revenue Operations:** Accountable for the development of administrative processes, policies, regulations, and directives associated with revenue activities and for the “back office” revenue functions through operation of seven Consolidated Patient Account Centers (CPAC).
- **Purchased Care:** Supports and augments the delivery of health care benefits through enterprise program management and oversight of Purchased Care services and direct benefit delivery of CHAMPVA, Spina Bifida and Foreign Medical programs.
- **Member Services:** Provides Veterans and their families with respectful, timely, accurate and efficient service. Primarily, Member Services supports “front-end” elements of interaction with VA's Health Care System such as enrollment, health benefits eligibility, contact management, beneficiary travel and transportation.

1.1 Issue

CBO is an owner and consumer of VA data. Numerous VA source systems provide vast amounts of business information to CBO on a daily, monthly, and quarterly basis. However, the data provided is not always timely, of a consistent grain, and complete, which means that CBO is not able to effectively monitor revenue cycle processes. Additionally, the volume and complexity of data, system performance, and scalability pose significant challenges for CBO as the organization looks to the future

and their anticipated information needs. Therefore, CBO determined there was a need to identify and inventory all VA data systems that support CBO performance reporting as well as assess the current technical environment for its ability to effectively support performance reporting.

1.2 Assumptions

The following assumptions were considered during the development of this document:

- Only VA data systems that support CBO performance reporting were included in the assessment.
- Only the current hosting technical environment (e.g. ARC) was included in the “As-Is” assessment.

1.3 Reference materials

The following materials were used during the development of this document:

- VDE Systems Design Document (SDD) v2, April 2004
- CBO Data Warehouse Operational Handbook v4, January 2013
- Power Plus Reports Release Schedule
- CBO Data Warehouse As Is Business Information Architecture , November 2011

1.4 Purpose

The purpose of this document is to provide a current state analysis of CBO’s business information architecture in terms of structure, systems, data flows, relationships, and business processes. As such, this document will provide a comprehensive list of all (e.g. CBO) data sources that the Business Information Office (BIO) currently uses for obtaining the business information needed by the organization and its customers. It will include a detailed description of the systems, the data flows, how the data is integrated into the CBO Data Warehouse and how the data is used. The document will also provide an as-is CBO technical architecture overview. This document will describe the structure and processes, both pictorially and written, that are in place to take the data from the source systems to the reports accessible by end users.

1.5 About the document

The “As-Is” Enterprise Architecture Assessment has four sections:

- Section 1, Introduction. In this section, we provide a general background overview of VHA and CBO, identify the issue that CBO is seeking to address, list the assumptions used during the “As-Is” assessment, identify the materials referenced during the development of this document, describe the purpose of the document, and provide a layout for this document.
- Section 2, CBO Data Systems. In this section, we provide a more detailed listing of the data systems CBO currently uses for performance metrics. We will cover how CBO uses these systems as well as where these systems originate and how the development team incorporates the data into CBO’s own data system.
- Section 3, Technical Environment. In this section, we provide a detailed overview of the technical environment that the CBO team uses to house all their data.
- Appendix A, Source Data Systems – Data Structures. TBD

2.0 CBO Performance Data Sources

CBO's Business Information Office (BIO) provides leadership in the development, implementation and management of CBO's business information initiatives. This includes managing business data, assessing and refining information architecture, developing and maintaining the national CBO data systems, and publishing business-critical information.

Although numerous data systems support CBO in their daily operations, this As-Is assessment focuses specifically on the data systems that BIO uses to obtain performance metric data. These systems are depicted and described in further detail below.

2.1 Data Systems

CBO currently receives data from various sources on an on-going basis to support their daily operation and reporting needs, as well as to assist in decision making efforts. In this section, we will discuss these systems in greater detail and explain how CBO receives the data and how they effectively use it for their performance needs.

The graph depicted below represents the data system relationships that BIO currently uses to gather data for reporting and operational needs.

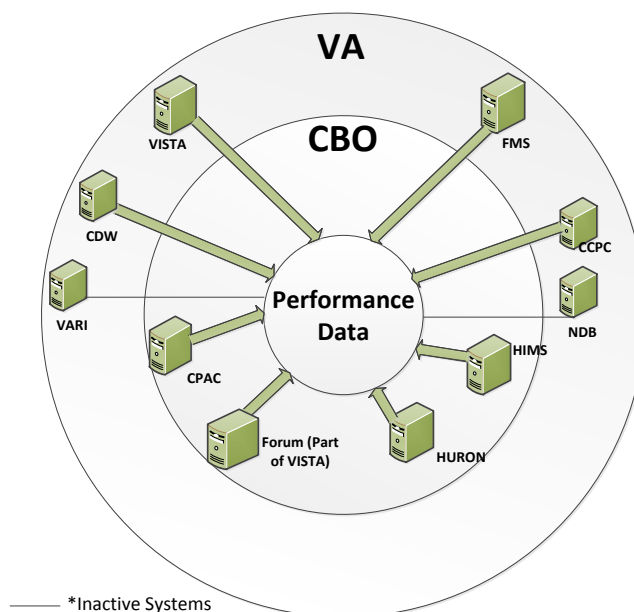


Figure 1: High-Level Data Systems

Additionally, the table below lists and provides details regarding these VA and CBO systems used to support CBO performance reporting. Each system will be further described in sections 2.1.1 through 2.1.11.

Systems/ Where Data Originates	Frequency of Data Submission	File Size (numbers vary per frequency)	Time to Integrate Date	Active/ Inactive	System/Data Owner	Business Function
CCPC	Monthly	1.65GB	10 hours	Active	Austin Automation Center	1 st Party Days to Bill data
CDW	Quarterly	300GB (3 billion rows of data)	700-1500 Hours (varies per quarter) **includes extract, load & import**	Active	Jack Bates	VistA AR & IB data
CPAC	Weekly	500KB	4 hours	Active	7 individual CPACs – Central Plains, Florida, Mid- Atlantic, Mid- South, North Central, North East, and West	Buffer File Backlog
FMS	Daily/Monthly	30,000 KB - 60,000 KB Daily/34,000 KB Monthly	10 hours	Active	Austin Automation Center	Medical Care Collections Fund (MCCF) data
Forum	Monthly	500KB	24 hours	Active	VAMC	Diagnostic Measures data
HIMS	Monthly	7KB	4 hours	Active	7 Individual CPACs	Health Care Metrics: Encounters Pending Coding data
Huron	Monthly	3.8KB	20 hours	Active	Huron Healthcare	Denials data
NDB	Monthly	N/A	N/A	Inactive	ARC	Billings data
VARI	Monthly	N/A	N/A	Inactive	ARC	Data extracted from VistA, the National Data Base (NDB), and FMS
VistA	Daily/Monthly	600,000 records daily	**used as validation for CDW import	Active	Individual Medical Facilities	Accounts Receivable (AR) and Integrated Billing (IB) data
VSSC	Daily	N/A	N/A	Active	VHA	Portal for

						VHA reporting
--	--	--	--	--	--	---------------

Table 1: Data Systems

The following sections are a detailed listing of the VA and CBO data systems that are used to support CBO performance reporting.

2.1.1 Consolidated Co-Payment Processing Center (CCPC)

CCPC is a system located in Austin, TX at the Austin Automation Center and serves as a data source for the First-Party Days to Bill calculation.

2.1.1.1 How is data obtained?

CCPC receives and combines data from each VistA system at the AITC. The business rules applied to the source data are unknown but the processed CCPC data file is made available to CBO for download on the 3rd day of the calendar month. CBO first accesses the server at the AIRC, converts the CCPC data file to a text file format, and FTPs the file to the ARC.

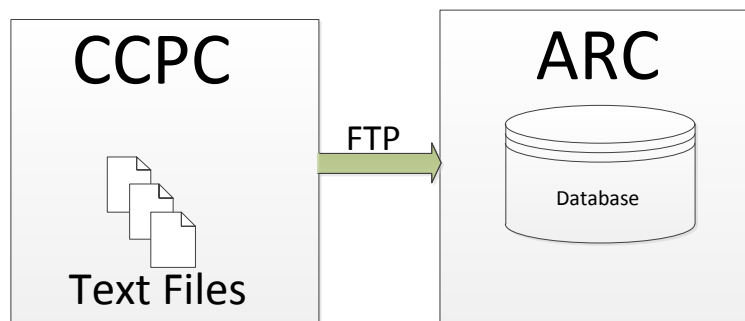


Figure 2: CCPC Data Flow

2.1.1.2 How is data integrated?

The CCPC data is integrated into the CBO DW via a manual PL/SQL procedure which runs monthly and loads the data into a staging database table. The data is then aggregated and loaded into a summary level fact table and disseminated via a “Days to Bill” report, which includes 3rd party days to bill and Total days to bill. The loading process, from download to report, requires approximately 10 hours to complete.

2.1.1.3 How is data used?

CCPC is the source for the Days to Bill (DTB) performance metric, one of the four key performance indicators tracked by CBO. DTB determines the efficiency and timeliness of the VHA billing process compared with private sector benchmarks. A higher DTB indicates Third Party processes that may need to be reviewed to improve the timeliness of filing claims and may also identify departments causing problems with providing complete data for billing requirements including insurance information or issues around medical records coding.

2.1.2 Corporate Data Warehouse (CDW)

The VHA Corporate Data Warehouse (CDW) is the centralized repository for VHA information. This single authoritative source for integrated business information has been identified by CBO leadership as

the mechanism for enhancing business monitoring, reporting, and analysis to shape and improve business performance to support improved health care delivery.

Recognizing that centralized monitoring and reporting to support decision making was crucial for future success, VHA embarked on a program to create four Regional Data Processing Centers (RDPC), each of which would receive and house all VistA information contained within each of the separate VAMC VistA systems in a Regional Data Warehouse (RDW). On a near real-time basis, updates to VistA records are transmitted to a RDW, where the information is stored in a mirrored VistA system. A daily snapshot of the data is then transmitted nightly to the VHA Corporate Data Warehouse (CDW). The nationally integrated VistA data, which reflects VistA activity through the previous day, are organized into specific business domains within the CDW and made available to the business information owners.

CBO leverages the CDW to enhance their analytical and reporting capabilities. For example, previously, on an annual basis, the CBO Revenue Operations Office reviews and updates the list of “Reasons Not Billable” (RNB) that are used by the billings staff working in the business office of each of the VA medical centers. This was a manually intensive and time-consuming process where requests for information were submitted to the field, information was extracted from the local VistA systems, and finally delivered to CBO. CBO then manually compiled and analysed the RNB data to produce an annual listing of RNB used at the national level. CBO automated this process by using RNB raw data maintained in the VHA CDW, which resulted in considerable savings of time and effort on the part of VA staff.

The diagram below shows the data flow from the CDW to the CBO DW.

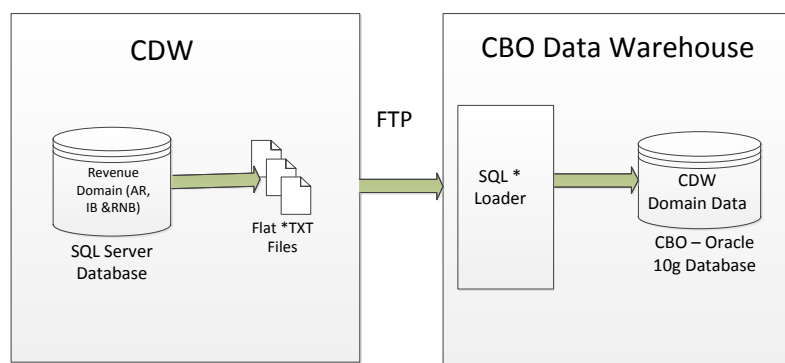


Figure 3: CDW Data Flow

2.1.2.1 How is data obtained?

CDW obtains Integrated Billing (IB) and Accounts Receivable (AR) information directly from the 128 VistA site locations. On regular intervals, data is extracted from the 128 VistA systems, transformed appropriately, and loaded into the CDW. CBO then extracts incremental updates, based on the last update/last insert date, of the IB and AR data from CDW to the Allocation Resource Center (ARC) SQL Server database via SQL Server Integration Service (SSIS). Custom code is then used to create a flat file in comma separated value format to continue the data movement process. The flat file is then be copied from the ARC SQL Server environment to the ARC Unix environment. Once the file is validated in the new environment, SQL Loader is used to move the data to the CBO Data Warehouse staging environment (Oracle 10g).The data undergoes

transformation as it is moved across different staging areas (from the data acquisition to the staging process in the data mart within the CDW domain).

2.1.2.2 How is data integrated?

Once the data is loaded into the CBO DW Staging environment, it is ready to be aggregated to facilitate reporting. This is done by converting the data from an operational, transaction level format into an analytical, summarized level format known as a star schema. The star schema is comprised of measures and dimensions – elements of importance and formats or filters by which to view them (e.g., Count of Reasons not Billed by Episode Date, Reason Not Billed, and Location).

2.1.2.3 How is data used?

CDW data is currently used to support the following functions:

- Quarterly AR write off
- Refund review
- AR reconciliation
- Comparison of data to compare active bills
- Reporting such as: Reasons Not Billable (Reports are designed based on user requirements)
- The data is also being reviewed for further CBO usage.

2.1.3 Consolidated Patient Account Center (CPAC)

CBO initiated the Consolidated Patient Account Center (CPAC) model in 2006 to consolidate VHA billing and collection activities into regional centers of excellence. By implementing CPAC, CBO is using industry-proven methods to provide world-class revenue cycle management. There are seven regional consolidated centers that serve the 21 Veterans Integrated Service Networks (VISNs) and associated VA medical centers (VAMCs) across the country.

- Mid-Atlantic (Ashville, NC)
- Mid-South (Smyrna, TN)
- North Central (Madison, WI)
- Florida/Caribbean (Orlando, FL)
- North East (Lebanon, PA)
- West (Las Vegas, NV)
- Central Plains (Leavenworth, KS)

CPAC uses data extracted from local Veterans Health Information Systems and Technology Architecture (VistA) systems, VHA legacy systems, Huron/Stockamp and Nuance (e.g. Quadramed) proprietary systems, to support their operations. Additionally, CPAC extensively uses the VSSC reporting tool to access workload and workload performance statistically information. However, for the purposes of the As-Is assessment, CPAC provides buffer file data to CBO to support the weekly reporting of the Flash report.

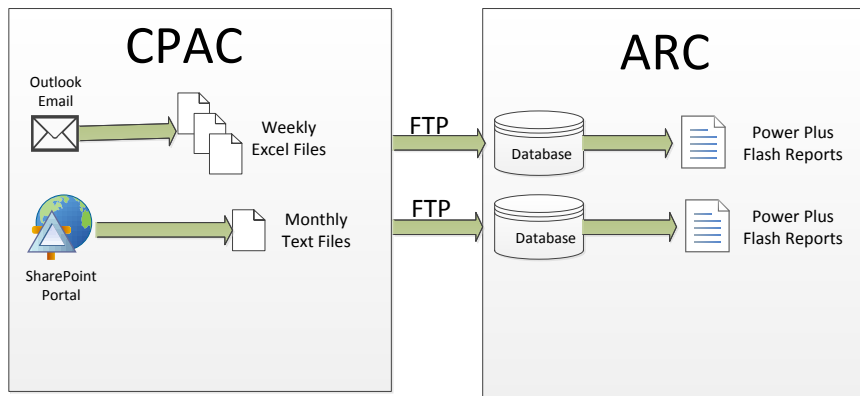


Figure 4: CPAC Data Flow

2.1.3.1 How is data obtained?

The CPAC buffer file is obtained via two mechanisms.

- Email (weekly): the buffer file backlog data is provided weekly, on Friday afternoon, in an email or in an MS Excel workbook for reporting on the Weekly Flash Report.
- MS SharePoint (monthly): buffer file data is provided in an excel document and uploaded to a CPAC Portal, by the CPACs, for reporting monthly metrics in two of the CPAC Monthly Dashboard reports. The reports are available on the SharePoint site on the 3rd day of the calendar month.

The MS Excel workbooks are downloaded by CBO staff onto the shared drive for weekly and monthly processing and reporting.

2.1.3.2 How is data integrated?

- Weekly file: the buffer file backlog data is consolidated into a single file and loaded into the CBO DW via a SQL loader process. The data is then aggregated for weekly reporting on the Flash report
- Monthly data: data from all seven CPACs are loaded into staging tables and then the fact tables in the CBO DW via a SQL loader process. The data is then aggregated for monthly reporting on the CPAC Monthly Dashboard.

2.1.3.3 How is data used?

The buffer file data is a source for the CPAC weekly Flash Reports and the Monthly Dashboard. The FLASH report provides summarized and detailed performance information at the National, CPAC, VISN, and VAMC levels one business day after the end of the weekly reporting period. The source information is derived from the CBO Data Warehouse and reports are distributed through POWER Plus. Frequent VAMC and VISN-level reports are regularly produced to provide feedback to the VAMC, VISN, and CPAC partners. In turn, these reports indicate where processes need to be refined to ensure that key revenue cycle functions are optimized.

2.1.4 Decision Support System (DSS)

DSS is the official managerial cost accounting system for VHA. It contains full product costs, including National and VISN overhead, and can be used for such activities as budget execution and forecasting. Costs can be studied by type (i.e., fixed, variable, direct and indirect) and can be viewed at various levels of detail, including:

- Production units
- Intermediate products (such as lab tests, medications, and clinic time)
- Inpatient and outpatient encounters (SSN specific)

DSS can provide information about individual patients, groups of patients and patient care trends, including:

- Patterns and cost of care
- Comparative case costs
- Productivity analysis by case or department

Management can use DSS information to formulate strategies for regional budget distribution, performance management and quality assurance. Available data includes:

- Monthly cost workload
- Comparative cost and utilization data
- Case and service mix
- Productivity reports by care type or production unit

2.1.4.1 How is data obtained?

DSS is a derived database and set of tools for data reporting and analysis. DSS takes in data from such standard VHA data sources as VistA and AITC datasets. Periodically, when notified by CPAC, BIO downloads a MS Excel file from the CPAC identified location.

2.1.4.2 How is data integrated?

The MS Excel source data is loaded into a staging table in the CBO DW. The data is then transformed and loading into a fact table that provides data for the Cost to Collect report.

2.1.4.3 How is data used?

DSS cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information which is used to promote a more proactive approach to the care of high risk (i.e. diabetes and acute coronary patients) and high cost patients. Ultimately though, DSS is used for process improvement at the VAMC, VISN, and VACO levels by executives, physicians, Clinical Managers, researchers, and quality managers

2.1.5 National Fee Program Office (NFPO)

The CBO's National Fee Program Office provides Fee Program policy, training, and program support to VISN and VAMC fee offices. NFPO serves as a data source for Third Party Fee Metric reporting.

2.1.5.1 How is data obtained?

NFPO data is provided to CBO monthly. The data is extracted by the NFPO office in a MS Excel workbook file, and emailed to CBO.

2.1.5.2 How is data integrated?

The NFPO source file data is integrated into the CBO DW via a procedure which runs monthly and loads the data into staging tables within the data warehouse. On a monthly basis, the data is aggregated for monthly reporting needs.

2.1.5.3 How is data used?

The NFPO data is used to populate the following Fee Metrics Reports:

- Third Party Fee Collections Target, which provides the ratio of third party Fee bills that take more than 90 days to be generated from the time that services are rendered.
- Third Party Fee Days to Bill, which provides the ratio of third party Fee bills that take more than 90 days to be generated from the time that services are rendered
- Third Party Fee Billings to Fee Expenditures, which provides the ratio of total VDE Fee billings to Fee expenditures.

These reports are used by CBO to monitor Fee collection activities.

2.1.6 Financial Management System (FMS)

Financial Management System (FMS) is VA's financial management system. It is a standardized, integrated, VA-wide system that interfaces externally with the Department of the Treasury, the General Services Administration, the Internal Revenue Service, the Defense Logistics Agency, and various commercial vendors and banks for electronic billing and payment purposes. This system supports the collection, processing, and dissemination of billions of dollars of financial information each fiscal year.

VHA's Medical Care Collections Fund (MCCF), formerly Medical Care Cost Recovery, represent the aggregate amounts reported through FMS as collected from the following five funds: Third Party, First Party Co-pay, Pharmacy Co-pay, Long Term Care, and Third Party Pharmacy collections. The FMS monthly collections data is the official collections information reported to Congress.

2.1.6.1 How is data obtained and then integrated into our database?

CBO receives both daily and monthly extracts from the FMS system residing in Austin, Texas. Raw data is routinely pushed into FMS from the VistA system.

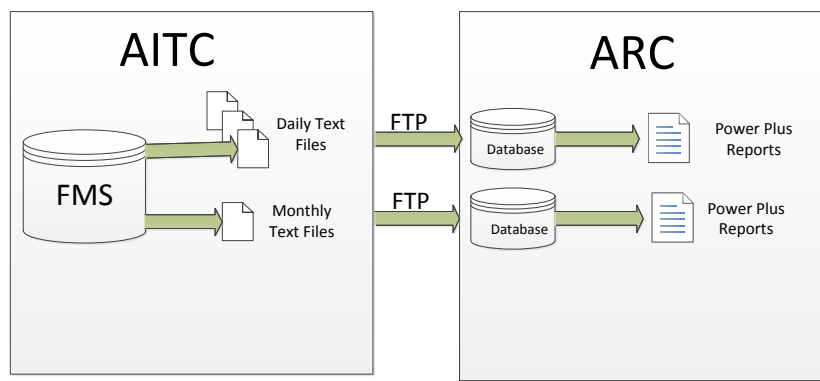


Figure 5: FMS Data Flow

Daily

Each business day, a FMS file is transferred to the ARC and stored on a UNIX file server. The file consists of collection data for all sites and all collection funds. The average file size is approximately a range between 30,000 KB to 60,000 KB and an average of 50,000 rows of data.

Monthly

Two days after the closing of the previous month's accounting month, staff at CBO log into the FMS system and download monthly FMS collections data. The data is generally available on 2nd day of the month and results in five FMS files being extracted to provide monthly collection data for all sites and all collection funds.

During the daily and monthly loading processes, the FMS files are logged, moved, and individually processed with the FMS transaction level data loaded into Oracle tables.

2.1.6.2 How is data used?

FMS is the source for collections, which is one of the four CBO revenue key performance indicators. The FMS collections data is also the source for other CBO performance monitoring measures and reports such as: Collections Ranking, Monthly and Fiscal-Year-To-Date MCCF Collections by Fund and by Total Collections, MCCF/VERA Allocations and the Weekly Flash Report.

When compared to the established collections goals, the collections metric is an effective tool for measuring revenue cycle performance. CBO uses this metric to determine how much collections are coming in based on how much was billed. If a facility exceeds their collections goal, the excess revenue remains at the VA medical center (VAMC) and can be used to support local veteran services. Ultimately, the amount collected nationally supports the VA budget offset and is used when establishing future revenue targets.

2.1.7 Forum

Forum is a mailman utility within the VistA system that provides access to both Diagnostic Measures and HIMS data.

Diagnostic Measure (DM) data originates from each VistA system. Data is extracted each month and sent to a centrally located Forum server for processing and posting on the CBO Revenue Operational Report (ROR) website. The data is also reported on the CPAC Monthly Dashboard report.

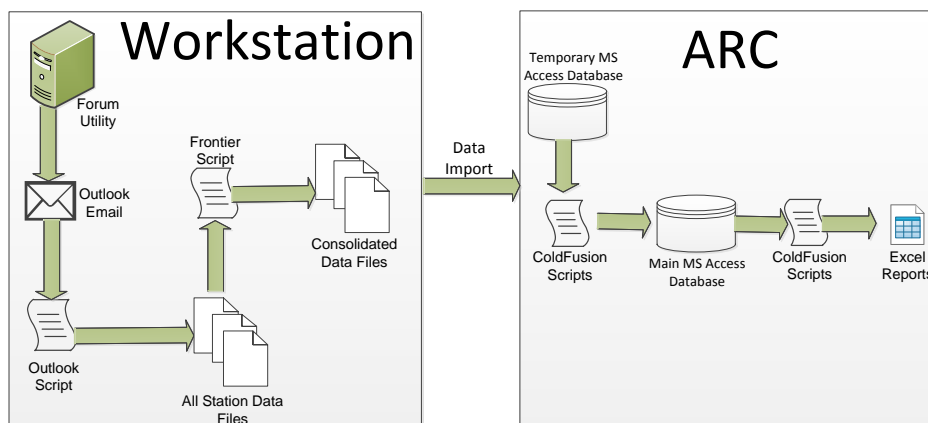


Figure 6: Forum Data Flow

2.1.7.1 How is data obtained?

On or about the 5th business day of the month, data is extracted locally, from all non-legacy stations, and collected centrally in Forum for processing. CBO then accesses the Forum folder,

logs, opens, and reviews the DM source files. The files are then forwarded to a folder in MS Outlook. From Microsoft Outlook, a frontier script is run to create 27 consolidated files from the non-legacy stations data. These 27 files are then loaded into a MS Access database and to a MS Excel workbook.

2.1.7.2 How is data integrated?

The DM data is integrated into the CBO DW from MS Access. Once all station data is received, a procedure is run to load the data into Oracle staging tables and then into a star schema that supports end-user reporting. The MS Access database and MS Excel files are then FTPed to the ARC where the data is posted to the Revenue Operational Report (ROR) website.

2.1.7.3 How is data used?

DM data is used for monthly reporting on the CBO ROR website. The ROR site provides VISN's a central location where they can access information on how facilities are performing in the core processes of VA's revenue generation efforts. DM data is also used as input to additional CPAC monthly reporting:

- FrontEnd Performance
- Emergency/Humanitarian Report
- Repayment Plans

2.1.8 HIMS

HIMS data originates from the Nuance tool (i.e. Quadramed), which resides at each VAMC and VISN location. Nuance extracts data from and pushes data to VistA on a nightly basis. Then, each month, data is processed and made available the third week of the month as the HIMS data source, which are health records needed by VHA health care providers. [Note: additional information is expected to be provided by the CPAC Revenue Systems Management group.]

2.1.8.4 How is data obtained?

HIMS data is made available to CBO as a MS Access database through Forum, the VistA email system or VSSC, using the MS ProClarity to extract and download the source data.

2.1.8.5 How is data integrated?

HIMS data is integrated into the CBO DW via a procedure which runs monthly and loads the data into staging tables within the data warehouse. On a monthly basis, the data is aggregated and posted to the CPAC Monthly Dashboard report.

2.1.8.6 How is data used?

The HIMS data is posted to the CPAC Monthly Dashboard, HIMS and Bill Pending Workload Metrics report, which provide insight into the revenue timeline, specifically, the time between the data of care to date checked out, and data of care to the date coded.

2.1.9 Huron

Huron data originates from the Huron tool, which resides at each CPAC facility. The tool, which is proprietary software from Huron Consulting, extracts data from VistA to generate and assign workload to CPAC billing staff. Data does not flow back to VistA, but merely assigned coding and reviewing activity. [Note: additional information is expected to be provided by the CPAC Revenue Systems Management group.]

2.1.9.1 How is data obtained?

CBO manually downloads Huron data from the Huron website.

2.1.9.2 How is data integrated?

The Huron data file is formatted in MS Excel, which also requires removing unnecessary data fields, before loading the file contents into an Oracle database table in the CBO DW.

2.1.9.3 How is data used?

Huron data is used to populate the following reports, which currently provide workload related counts for internal reporting purpose:

- First Run Yield Dashboard
- Denials by Function Description
- Denials by Reason Description

2.1.10 National Database (NDB)

The National Database (NDB) provided monthly billings and receivable information, which was previously used by CBO to track and monitor monthly total billings amounts. The source system is no longer used by CBO to support current performance reporting.

2.1.11 VARI

VARI provided monthly billings and receivable information and was used by CBO as the primary source of revenue information from FY2002 through FY2004. The monthly extract was subsequently used for validation purposes but was discontinued in FY2012.

2.1.12 Veterans Health Information Systems and Technology Architecture (VistA)

VistA is an integrated outpatient and inpatient information system that supports day-to-day operations at local VA health care facilities. The VA has had automated information systems in its medical facilities since 1985, beginning with the Decentralized Hospital Computer Program (DHCP), which was later transformed into the Veterans Health Information Systems and Technology Architecture (VistA) in the 1990's. VistA is a world-class clinical health application but it also includes healthcare-related business components such as the Accounts Receivable (AR) and Integrated Billings (IB) modules.

The Accounts Receivable (AR) package is a system of accounting and receivables management. The AR package automates the debt collection process while the Integrated Billing (IB) software provides all the features necessary to create first party (patient) and third party (insurance carriers/Medicare) bills. It allows for the capture, maintenance, and storage of insurance data including policy information and related benefits. Bills and charges created in IB are passed to Accounts Receivable for processing.

2.1.12.1 How is data obtained?

The VistA Data Extract (VDE) extracts, packages, and transmits AR, IB, and patient data from each of the 128 VHA Medical Center VistA systems to the Allocation Resource Center (ARC), the hosting site for the CBO data warehouse and reporting systems. Nightly, the VDE pulls all 1st, 3rd and Miscellaneous bills that had activity during the previous business day, assembles the data into flat-text files from one to 5,000 bills and FTPs the files from each VAMC VistA system to a UNIX file server at the ARC. The files collected are then processed daily and loaded into the CBO DW.

If this is successful, then a “success” message is sent back to the originating VistA system and the original extract file is deleted from the system. If however, the file is not loaded, the facility will not receive the email acknowledgement and the file will be re-created with the same list of bills and re-sent after five days. When a file is sent, the actual file is not saved at the facility; rather a file is created that points to the records that were in the file. Therefore, when a file is resent, it is possible that data within a record have changed since the original file was extracted. On a weekly and monthly basis, the data is summarized and rendered through the reporting systems.

The diagram below depicts, at a high level, the data flow from each of the VHA Medical Center VistA systems into the CBO DW. Once the data has migrated to the DW, it is transformed and made available for reporting.

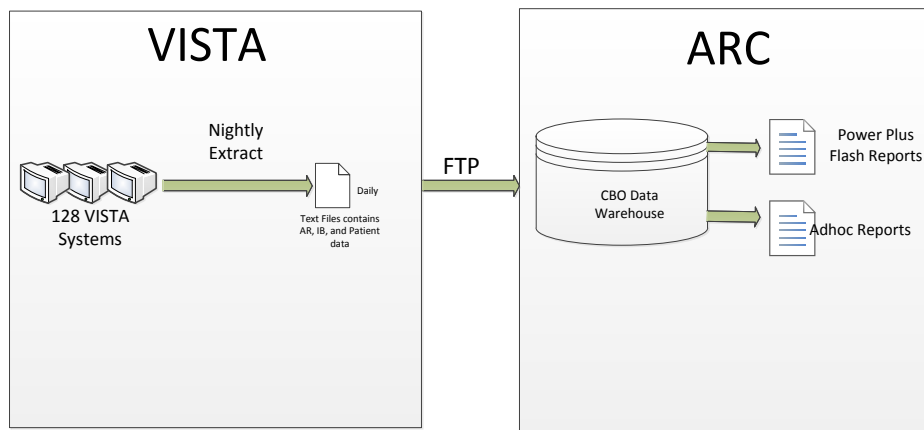


Figure 7: VistA Data Flow

2.1.12.2 How is data integrated?

The AR, IB, and Patient data are transformed and loaded into the CBO Data Warehouse, which resides at the Allocation Resource Center (ARC), and is used to report on key revenue performance metrics, monitoring metrics, and to support specialized requests for information. Currently, CBO receives approximately 300-400 source files containing 600,000 VistA records daily. The data is integrated into the CBO DW using UNIX scripts and PL/SQL procedures (ETL). For performance purposes, the daily data is loaded into daily staging tables then integrated into a separate set of monthly partitioned staging tables. The daily staging tables are then truncated for use on the following day. Then, on a monthly basis, the detailed daily AR, IB, and patient data from the monthly staging tables are combined into an intermediate table. This integrated intermediate table is then used to populate a bill-level, detailed star schema, which is comprised on a fact table and 20 dimension tables. This bill-level star schema is the source for the majority of CBO performance and operational reporting.

2.1.12.3 How is data used?

VistA IB and AR data is the primary source for VHA revenue key performance metrics, including Gross Days Revenue Outstanding, Accounts Receivable, and Days to Bill and non-key performance metrics. VistA data is also the source for other CBO operational and management reports, which include the weekly Flash report and hundreds of and specialized report requests to help enhance the revenue operational process.

2.1.13 VHA Support Service Center (VSSC)

VSSC provides a reporting portal for VHA Program Areas (e.g. Clinical information, Capital and Planning, and Workload), Subject Areas (e.g. specific areas within each program area), and CDW domain data as well as tools (e.g. MS Proclarity, SAS, etc.) for accessing and analysing VHA data. Although CBO does not use VSSC report information to support performance reporting, the CPACs are frequent consumers of workload and statistical information.

2.1.13.1 How is data obtained?

VSSC is a web-based portal accessible from within the VA firewall. Report information can be downloaded from the report page and for those reports rendered using Proclarity, report data can be exported to the user's selected file format.

2.1.13.2 How is data integrated?

VSSC report information is not integrated with the CBO DW as this time.

2.1.13.3 How is data used?

VSSC data is accessed by the CPACs for the purposes of trending performance, predictive analytics, and granular reporting of workload activity. [Note: the list of specific VSSC reports will be provided by the CPAC PMO for inclusion in this document.]

3.0 Technical Environment

The CBO technical environment is complex, broad in scope, and deep in scale. It covers several locations, numerous source systems, a large number of database and application servers, most business software applications, and terabytes of detailed and aggregated data.

The graph depicted below represents the high-level CBO technical environments, data system relationships, and data flows between the CBO entities.

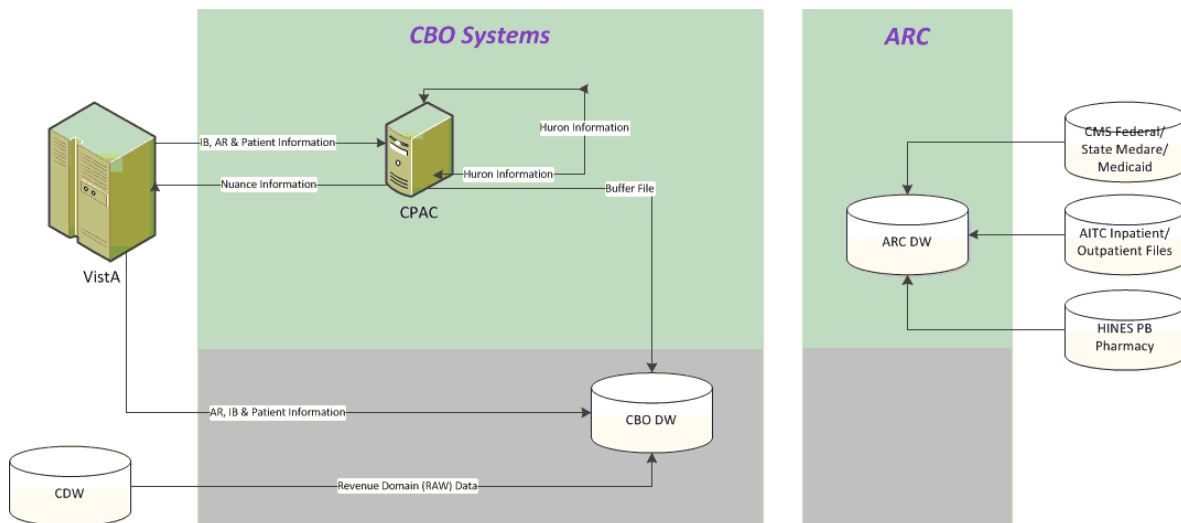


Figure 8: CBO Technical Environment

The following sections identify the key technical environments that process and store CBO source system and performance data. [Note: additional information needed to complete this section has been requested and will be incorporated into the document as it is received.]

3.1 Allocation Resource Center (ARC)

The Allocation Resource Center (ARC), the hosting site for the CBO data warehouse and POWER Plus reporting application, was established for the VHA Chief Finance Office (CFO). Today, the ARC is a VHA Office of Information and Technology (OI&T) resource located in Region 6. The primary purpose for the ARC is to develop budget allocation models that are used to fund the VA medical centers (VAMC). The ARC also includes the Medicare/Medicaid Analysis Center, which collects Medicare/Medicaid data from the federal and state governments. Large volumes of data are needed to support these efforts. As a result, the ARC setup a data center to receive, process, and maintain the inpatient and outpatient encounter data. Over time, additional technical assets and resources were

acquired to support an ever growing demand for technology services. Today, the ARC technical environment hosts both the ARC data warehouse, the CBO data warehouse, and provides operations and maintenance support for numerous VA MS SharePoint servers.

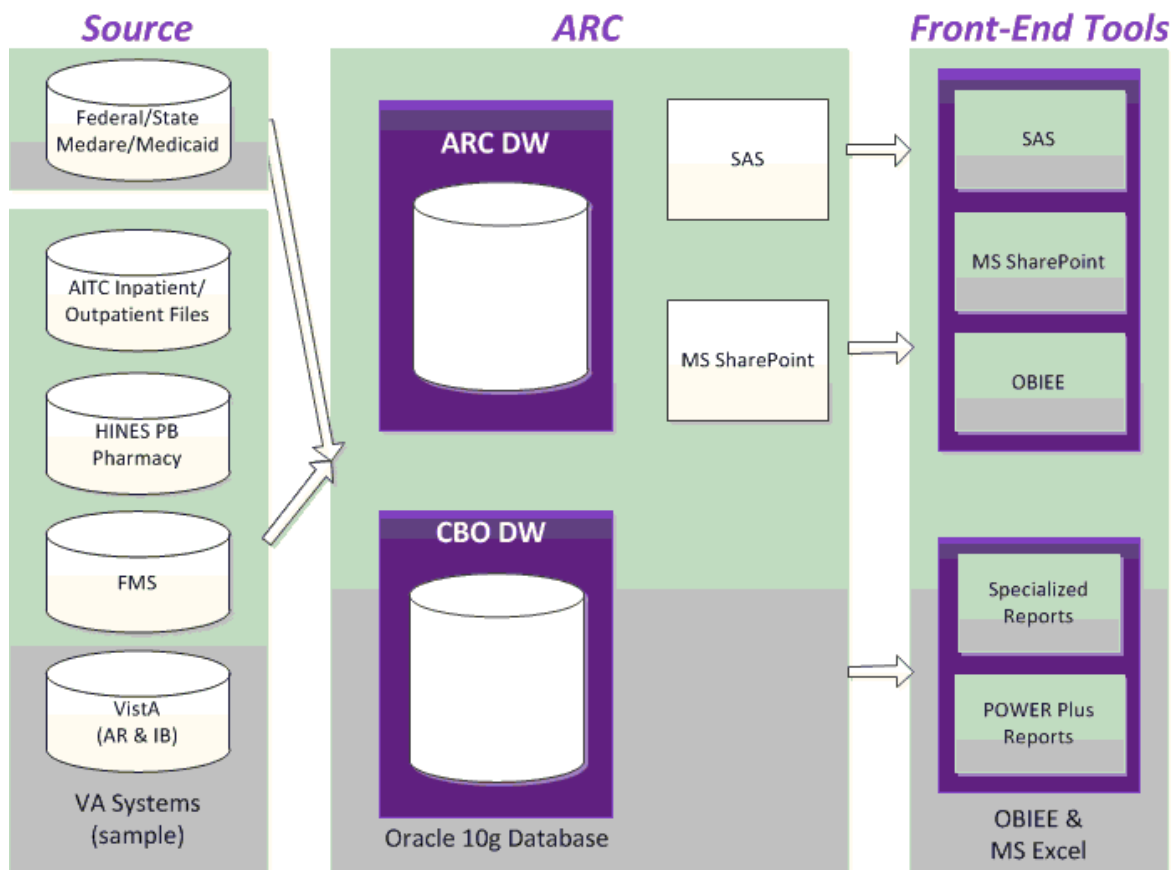


Figure 9: ARC Technical Environment

The following sub-sections identify the systems supported by the ARC, the technologies (e.g. operating systems and software) supported, databases, storage capacity, and any outstanding issues.

Systems

- ARC data warehouse
- CBO data warehouse
- Web sites for the CFO, ARC, DSO (e.g. the parent of DSS)
- Web servers for 10A
- MS SharePoint sites (i.e. 114 sites) for ARC, CBO, Ipera, and others
- Veteran Equitable Resource Allocation (VERA)

Technologies

- Open VMS (e.g. platform for Vista)
- Linux
- UNIX
- Oracle
- Oracle BI

Current EA Assessment

- SQL Server, Analytics, and Reporting Services
- ProClarity
- SAS
- Web Logic/Web Center
- Informatica
- ColdFusion
- Solarwinds

Databases

- ARC data warehouse: a data repository for inpatient and outpatient encounter data (e.g. IE, SE, & SF files extracted from Austin and transformed and loaded daily by the ARC staff. The repository also houses pharmacy data from PB Hines, all patient data, FMS, DSS, and SAS datasets from CMS that are needed to support the Medicare/Medicaid Analysis Center. The database size is ~7.5Tb.
- CBO data warehouse: a data repository to support performance reporting. The repository houses VistA IB, AR and patient data, CDW raw revenue domain data, FMS, CCPC etc. The database size is ~16Tb.

Storage Capacity

The ARC's total storage capacity of 115Tb is nearly fully utilized (i.e. 90%). However, with the on-going periodic server retirement and upgrade to blade servers, which require half the square footage, physical space is not an issue when considering expansion. For example, currently two footprints of 2'x3' are open, which can support two racks with two blade servers each. Fiber ports are also open and power and cooling are sufficient. As such, the ARC has the physical capacity to continue expanding to meet the increasing need for processing and storage.

Issues

The ARC's technical environment is structured tactically as opposed to strategic to allow for internal projects to be completed. There is no asset inventory file/database or architecture drawing of the IT environment. Additionally, there is no strategic capacity/utilization planning in place.

3.2 CPAC Information Technology Center

CBO initiated the Consolidated Patient Account Center (CPAC) model in 2006 to consolidate VHA billing and collection activities into regional centers of excellence. CPAC offered VHA the opportunity to achieve improved levels of sustained revenue cycle management by deploying industry proven methods, processes, business tools, and increased accountability at all levels of the organization. Through a pilot demonstration at the Veterans Service Integrated Network (VISN) 6, the CPAC model proved that standardized business practices and consolidating operations improved collections from third party insurance companies and reduced operating costs. As such, in 2008, Congress authorized the expansion of CPAC with the establishment of seven regional centers, with traditional VA Medical Center (VAMC) business office functions transferred to one of these CPAC sites:

- Mid-Atlantic (Asheville, NC)
- Mid-South (Smyrna, TN)
- North Central (Madison, WI)
- Florida/Caribbean (Orlando, FL)
- North East (Lebanon, PA)
- West (Las Vegas, NV)

- Central Plains (Leavenworth, KS)

Each of these CPACs, in effect, operate a data center where local servers run proprietary software from Nuance and Huron Consulting. These software applications generate vast amounts of data that is then stored locally. However, the CPAC CIO, located at the Mid-Atlantic CPAC, has operational and maintenance responsibilities for all of the CPACs. These responsibilities include network, security, database and systems administrative services on the application and database servers that support revenue operations. The CIO coordinates closely with the Revenue Systems Management (RSM) office though, which provides oversight responsibility for the Nuance and Huron tools. RSM has overall architectural responsibility for the assessment, planning and execution of technical and data systems enhancements for CPAC revenue operations.

The following sub-sections identify the systems supported by the CPACs, the technologies (e.g. operating systems and software) supported, databases, storage capacity, and any outstanding issues.

[Note: the information below has been requested and is expected to be provided by CPAC CIO and RSM staff]

Systems

- Huron (proprietary tool): to be completed
- Nuance (proprietary tool): to be completed

Technologies

- To be completed

Databases

- To be completed

Storage Capacity

To be completed.

Issues

To be completed.

Appendix A – Data System 1 – Data Attributes

VistA Information Sources

Serial No.	File Name	Description	Available (Y/N)
1	File 2_Patient file	For the most part the information contained in this file is demographic in nature, i.e., address, employment, service history, etc.; however, data concerning admissions, appointments, etc., is also stored in this file.	Y
2	File 36_Insurance Company file	This file contains the names and addresses of insurance companies as needed by the local facility. The data in this file are NOT EDITABLE USING VA FILEMANAGER. If a new entry needs to be made or an existing entry changed the user must be assigned the appropriate MAS or IB module option.	N
3	File 40_8_Medical Center Division file	This file contains the Medical Center Divisions which are defined using the 'MAS Parameter Entry/Edit' option. The primary facility as well as any NHCU, Domiciliary or other division should be defined within this file.	N
4	File 42_Ward Location file	This file contains all the facility ward locations and their related data, i.e., Operating Beds, Bedsection, etc. The wards are created/edited using the WARD DEFINITION option of the ADT module.	Y
5	File 42_4_Specialty file	This file was previous called 'MED SPECIALTY/BEDSECTION' file.	N
6	File 45_PTF file	This file contains all PTF information generated from admissions, treating specialty transfers, and PTF screen edits.	Y
7	File 45_7_Facility Treating Specialty file	This file is used to maintain the various teams of specialties that are used to treat a patient during his episodes of care. A change in the bedsection associated with the treating specialties causes the	Y

		generation of changes in bedsection for PTF purposes.	
8	File 52_Prescription file	Contains all outpatient RX data used by the outpatient pharmacy package. As the above indicates, this is the hub of the outpatient system. It will easily be the largest pharmacy file in time and is pointed to very heavily. Deletion of an entry in this file must be handled VERY carefully and is not allowed if refills have been issued.	Y
9	File 200_New Person file	This file contains data on employees, users, practitioners, etc. who were previously in Files 3,6,16 and others.	Y
10	File 344_4_Electronic Remittance Advice file	This file holds the ERA (Electronic Remittance Advice) information that is received electronically. It holds the summary for each individual EOB (Explanation of Benefits) that comprise the ERA. Individual EOB detail data is found in file 361.1 in Integrated Billing.	N
11	File 344_31_EDl Third Party EFT Detail file	This file is used to store each individual payment from a single payer made to the site using Electronic Funds Transfer and the EDI 3rd Party Lockbox system in Vista.	N
12	File 350_Integrated Billing Action file	Entries in this file are created by other applications calling approved application specific routines. This file is the link between Accounts Receivable and an application. Integrated billing will attempt to aggregate charges where possible to reduce the number of account entries necessary. Resolution of charges from Accounts Receivable would then be accomplished through Integrated Billing.	Y
13	File 354_7_IB Patient Copay Account file	This file stores summary information about a patient's copay account. The information will be used to determine if a patient has reached his copay cap for the month or year.	N
14	File 356_Claims Tracking file	This file may contain entries of all type of billable events that need to be tracked by MCCR. The information in this file is used for MCCR and or UR purposes. It is information about the event itself not otherwise stored or pertinent for MCCR purposes.	Y
15	File 356_6_Claims Tracking Type file	This file contains the types of events that can be stored in Claims Tracking. It also contains data on how the automated biller is to handle each type of event.	Y

16	File 356_8_Claims Tracking Non_Billable Reasons file	This is a file of reasons that may be entered into the claims tracking module to specify why a potential claim isn't billable.	Y
17	File 361_1_Explanation of Benefits file	This file contains the explanation of benefits results (EOB) for bills as well as MEDICARE remittance advice data. The data in this file may be appended to any subsequent claims in the COB process.	Y
18	File 362_4_IB Bill_Claims Prescription Refill file	This file contains all prescription refills for bills in the Bill/Claims file.	Y
19	File 362_5_IB Bill_Claims Prosthetics file	This file contains all prosthetic items for bills in the Bill/Claims file.	Y
20	File 389_9_Station Number_Time Sensitive_file	The purpose of this file is to allow DHCP software flexibility and reliability when the station number of a medical center changes or when one or more stations have merged into one station.	N
21	File 399_Bill_Claims file	This file contains all of the information necessary to complete a Third Party billing form.	Y
22	File 405_Patient Movement file	This file holds the data for all admissions, transfers, discharges, treating specialty changes, and lodger movements. These entries must not be edited through fileman. Instead, the appropriate bed control options should be executed to insure data consistency.	N
23	File 409_68_Outpatient Encounter file	This file contains all outpatient encounters since 10/1/93 that have been successfully checked out or need to be checked out. The types of encounters that caused entries to be added to this file are appointments, add/edit stop codes and dispositions.	N
24	File 430_Accounts Receivable file	This is the main file of the Accounts Receivable system. It holds a permanent record, by bill number, of the receivable. DO NOT USE FILEMAN TO EDIT THIS FILE DIRECTLY! Using FileMan will compromise system integrity. Use the AR menu options.	Y
25	File 433_AR Transaction file	This file holds the Accounts Receivable transactions and all related information. DO NOT USE FILEMAN TO EDIT THIS FILE DIRECTLY! Using Fileman will compromise system integrity. Use the AR menu options.	Y
26	File 660_Record of Pros Appliance_Repair file	This is the main file for prosthetic purchasing transactions. AMIS is calculated from this file based on item issued and disability served. This file is	Y

		also the permanent record for the patient VAF 10-2319 of items issued to the veteran.	
27	File 9000010_Visit file	This file contains a record of all patient visits at health care facilities or by health care providers, including direct outpatient and clinic visits, as well as inpatient encounters with providers of care. All other visit related files, such as purpose of visit (diagnoses), operative procedures, immunizations, examinations, etc. will point to a visit in this file.	N
28	File 9000010_06_V Provider file	This file has been designed for joint use by the Indian Health Service and the Department of Veteran Affairs.	N
29	File 9000010_18_V CPT file	This file is used in the VA to identify procedures that were done to a patient at an encounter or occasion of service. The procedures may have been performed by a primary or secondary provider of patient care. Procedures checked off and scanned from ambulatory care encounter forms are stored here to record that they were done. Results of procedures are not included.	N

3.3 Appendix A: Corporate Data Warehouse Files for CBO DW

The following list represents the files from VistA that feed the CDW to provide data for the Accounts Receivable and Integrated Billing domains for the CBO DW. Full descriptions and definitions for these files may be found on the CBO SharePoint site

(<http://cbosp.vha.med.va.gov/sites/businfo/Corporate%20%20Regional%20Data%20Warehouse/Forms/AllItems.aspx?RootFolder=%2fsites%2fbusinfo%2fCorporate%20%20Regional%20Data%20Warehouse%2fVistA%20related%20Artifacts%20%28DDs%2c%20etc%2e%29&View=%7b098A9AD5%2d3FA9%2d4A0F%2dB13F%2dF8790C2BB717%7d>).

DD File 350_Integrated Billing Action file			
Number	Name	Type	Format
350,.01	REFERENCE NUMBER	NUMBER (Required)	
350,.02	PATIENT	POINTER TO PATIENT FILE (#2)	
350,.03	ACTION TYPE	POINTER TO IB ACTION TYPE FILE (#350.1	
350,.04	RESULTING FROM	FREE TEXT	
350,.05	STATUS	POINTER TO IB ACTION STATUS FILE (#350	
350,.06	UNITS	NUMBER	
350,.07	TOTAL CHARGE	NUMBER	
350,.08	BRIEF DESCRIPTION	FREE TEXT	

Current EA Assessment

350,.09	PARENT CHARGE	POINTER TO INTEGRATED BILLING ACTION F	
350,.1	CANCELLATION REASON	POINTER TO IB CHARGE REMOVE REASONS F	
350,.11	AR BILL NUMBER	FREE TEXT	
350,.12	AR TRANSACTION NUMBER	NUMBER	
350,.13	INSTITUTION	POINTER TO INSTITUTION FILE (#4)	
350,.14	DATE BILLED FROM	DATE	
350,.15	DATE BILLED TO	DATE	
350,.16	PARENT EVENT	POINTER TO INTEGRATED BILLING ACTION	
350,.17	EVENT DATE	DATE	
350,.18	DATE LAST BILLED	DATE	
350,.19	IB COPAY TRANSACTION NUMBER	POINTER TO IB COPAY TRANSACTIONS	
350,.2	CLINIC STOP	POINTER TO IB CLINIC STOP CODE BILLAB	
350,.21	GMT RELATED	SET	
350,.22	PFSS ACCOUNT REFERENCE	POINTER TO PFSS ACCOUNT FILE (#375)	
350,11	USER ADDING ENTRY	POINTER TO NEW PERSON FILE (#200)	
350,12	DATE ENTRY ADDED	DATE	
350,13	USER LAST UPDATING	POINTER TO NEW PERSON FILE (#200)	
350,14	DATE LAST UPDATED	DATE	
350,15	CHAMPVA ADM DATE	DATE	
350,16	ON HOLD DATE	DATE	
350,17	HOLD-REVIEW DATE	DATE	
DD File 356_Claims Tracking file			
Number	Name	Type	Format
356,.01	ENTRY ID	NUMBER (Required)	
356,.02	PATIENT	POINTER TO PATIENT FILE (#2)	
356,.03	VISIT	POINTER TO VISIT FILE (#9000010)	
356,.04	OUTPATIENT ENCOUNTER	POINTER TO OUTPATIENT ENCOUNTER FILE (
356,.05	ADMISSION	POINTER TO PATIENT MOVEMENT FILE (#405)	
356,.06	EPISODE DATE	DATE	
356,.07	ADMISSION TYPE	SET	
356,.08	PRESCRIPTION	POINTER TO PRESCRIPTION FILE (#52)	
356,.09	PROSTHETIC ITEM	POINTER TO RECORD OF PROS APPLIANCE/RE	
356,.1	REFILL DATE	NUMBER	

Current EA Assessment

356,.11	INITIAL BILL NUMBER	POINTER TO BILL/CLAIMS FILE (#399)	
356,.12	OTHER TYPE OF BILL	SET	
356,.14	SECOND OPINION REQUIRED	SET	
356,.15	SECOND OPINION OBTAINED	SET	
356,.17	EARLIEST AUTO BILL DATE	DATE	
356,.18	EVENT TYPE	POINTER TO CLAIMS TRACKING TYPE FILE	
356,.19	REASON NOT BILLABLE	POINTER TO CLAIMS TRACKING NON-BILLAB	
356,.2	INACTIVE	SET	
356,.21	ESTIMATED INS. PAYMENT (PRI)	NUMBER	
356,.22	ESTIMATED INS. PAYMENT (SEC	NUMBER	
356,.23	ESTIMATED INS. PAYMENT (TER	NUMBER	
356,.24	TRACKED AS INSURANCE CLAIM?	SET	
356,.25	TRACKED AS RANDOM SAMPLE?	SET	
356,.26	TRACKED AS SPECIAL CONDITION	SET	
356,.27	TRACKED AS A LOCAL ADDITION?	SET	
356,.28	ESTIMATED MT CHARGES	NUMBER	
356,.29	ESTIMATED TOTAL CHARGES	NUMBER	
356,.3	ADMITTING REASON (ICD-9)	POINTER TO INPATIENT DIAGNOSIS FILE	
356,.31	SPECIAL CONSENT ROI	SET	
356,.32	SCHEDULED ADMISSION	SCHEDULED ADMISSION 0;32 POINTER TO SCHEDULED ADMISSION FILE (
356,1.01	DATE ENTERED	DATE	
356,1.02	ENTERED BY	ENTERED BY 1;2 POINTER TO NEW PERSON FILE (#200)	
356,1.03	DATE LAST EDITED	DATE	
356,1.04	LAST EDITED BY	POINTER TO NEW PERSON FILE (#200)	
356,1.05	HOSPITAL REVIEWS ASSIGNED TO	POINTER TO NEW PERSON FILE (#200	
356,1.06	INS. REVIEWS ASSIGNED TO	POINTER TO NEW PERSON FILE (#200)	
356,1.07	FOLLOW-UP TYPE	SET	
356,1.08	ADDITIONAL COMMENT	FREE TEXT	
356,1.09	ACUTE CARE DISCHARGE DATE	DATE	
356,1.1	ECME NUMBER	FREE TEXT	

Current EA Assessment

356,1.11	ECME REJECT	SET	
356,2.01	NON BILLABLE CODER	POINTER TO NEW PERSON FILE (#200)	
356,2.02	LAST REVIEWED BY	POINTER TO NEW PERSON FILE (#200)	
356,2.03	BILLABLE CODER	POINTER TO NEW PERSON FILE (#200)	
356,2.04	CODE VALID BILLABLE DATE	DATE	
356,2.05	CODE VALID NON BILLABLE DATE	DATE	
356,3	BILLABLE FINDINGS TYPE	POINTER Multiple #356.03	
356.03,. 01	BILLABLE FINDINGS TYPE	POINTER TO CLAIMS TRACKING BILLABLE	
DD File 356_6_Claims Tracking Type file			
Number	Name	Type	Format
356.6,.0 1	NAME	FREE TEXT (Required)	
356.6,.0 2	ABBREVIATION	FREE TEXT	
356.6,.0 3	TYPE CODE	SET	
356.6,.0 4	AUTOMATE BILLING	SET	
356.6,.0 5	BILLING CYCLE	NUMBER	
356.6,.0 6	DAYS DELAY	NUMBER	
356.6,.0 8	ENTRY CODE	NUMBER	
DD File 356_8_Claims Tracking Non_Billable Reasons file			
Number	Name	Type	Format
356.8,.0 01	NUMBER	NUMBER	
356.8,.0 1	NAME	FREE TEXT (Required)	
356.8,.0 2	ECME FLAG	SET	
356.8,.0 3	ECME PAPER FLAG	SET	
356.8,.0 4	CODE	FREE TEXT	
356.8,.0 5	INACTIVE	SET	
DD File 361_1_Explanation of Benefits file			
Number	Name	Type	Format
361.1,.0 1	BILL	POINTER TO BILL/CLAIMS FILE (#399)	
361.1,.0	PAYER NAME	POINTER TO INSURANCE	

Current EA Assessment

2		COMPANY FILE (#36	
361.1,.0 3	PAYER ID	FREE TEXT	
361.1,.0 4	EOB TYPE	SET	
361.1,.0 5	ENTRY DATE/TIME	DATE (Required)	
361.1,.0 6	EOB PAID DATE	DATE	
361.1,.0 7	TRACE NUMBER	FREE TEXT	
361.1,.0 8	CROSSED OVER NAME	FREE TEXT	
361.1,.0 9	CROSSED OVER ID	FREE TEXT	
361.1,.1	DRG CODE USED	FREE TEXT	
361.1,.1 1	DRG WEIGHT USED	NUMBER	
361.1,.1 2	DISCHARGE FRACTION	NUMBER	
361.1,.1 3	CLAIM STATUS	SET	
361.1,.1 4	ICN	FREE TEXT	
361.1,.1 5	INSURANCE SEQUENCE	SET (Required)	
361.1,.1 6	REVIEW STATUS	SET	
361.1,.1 7	MANUAL ENTRY?	SET	
361.1,.1 8	MANUALLY ENTERED BY	POINTER TO NEW PERSON FILE (#200)	
361.1,.1 9	TRANSMIT BILL	POINTER TO EDI TRANSMIT BILL FILE (#3	
361.1,.2	FINAL REVIEW ACTION	SET	
361.1,.2 1	CLAIM STATUS CODE	FREE TEXT	
361.1,1. 01	PAYER PAID AMT	NUMBER	
361.1,1. 02	PATIENT RESPONSIBILITY AMT	NUMBER	
361.1,1. 03	COVERED AMT	NUMBER	
361.1,1. 04	DISCOUNT AMT	NUMBER	
361.1,1. 05	PER DAY LIMIT AMT	NUMBER	
361.1,1. 07	INTEREST AMT	NUMBER	
361.1,1. 08	TAX AMT	NUMBER	
361.1,1. 09	TOTAL BEFORE TAXES AMT	NUMBER	
361.1,1. 1	STATEMENT START DATE	DATE	
361.1,1.	STATEMENT END DATE	DATE	

Current EA Assessment

11			
361.1,10	835 CLAIM LEVEL ADJUSTMENTS	SET Multiple #361.11	
361.1,10 0.01	BATCH NUMBER	POINTER TO EDI TRANSMISSION BATCH FI	
361.1,10 0.02	RETURN MESSAGE ID	FREE TEXT	
361.1,10 0.03	LAST EDITED BY	POINTER TO NEW PERSON FILE (#200)	
361.1,10 0.04	LAST EDITED DATE	DATE	
361.1,10 0.05	MESSAGE CHECKSUM	FREE TEXT	
361.1,15	835 LINE LEVEL ADJUSTMENTS	Multiple #361.115	
361.1,2. 03	TOTAL ALLOWED AMT	NUMBER	
361.1,2. 04	TOTAL SUBMITTED CHARGES	NUMBER	
361.1,2. 05	NEGATIVE REIMBURSEMENT AMT	NUMBER	
361.1,20	MESSAGE STORAGE ERRORS ERR	WORD-PROCESSING #361.12	
361.1,21	REVIEW DATE/TIME	DATE Multiple #361.121	
361.1,25 .01	PAYER CONTACT NAME	FREE TEXT	
361.1,25 .02	CONTACT NUMBER 1	FREE TEXT	
361.1,25 .03	CONTACT TYPE 1	SET	
361.1,25 .04	CONTACT NUMBER 2	FREE TEXT	
361.1,25 .05	CONTACT TYPE 2	SET	
361.1,25 .06	CONTACT NUMBER 3	FREE TEXT	
361.1,25 .07	CONTACT TYPE 3	SET	
361.1,3. 01	M-CARE OUTP REIMBURS. RATE	NUMBER	
361.1,3. 02	M-CARE OUTP HCPCS PAYMNT AMT	NUMBER	
361.1,3. 03	M-CARE OUTP REMARKS CODE-1	FREE TEXT	
361.1,3. 04	M-CARE OUTP REMARKS CODE-2	FREE TEXT	
361.1,3. 05	M-CARE OUTP REMARKS CODE-3	FREE TEXT	
361.1,3. 06	M-CARE OUTP REMARKS CODE-4	FREE TEXT	
361.1,3. 07	M-CARE OUTP REMARKS CODE-5	FREE TEXT	
361.1,3. 08	M-CARE ESRD PAID AMT	NUMBER	
361.1,3. 09	M-CARE NON-PAYABLE PROF COMP	NUMBER	

Current EA Assessment

361.1,30 .01	AUTO BILL MESSAGE	FREE TEXT	
361.1,30 .02	AUTO BILL MESSAGE DATE/TIME	DATE	
361.1,4. 01	M-CARE INP COV. DAYS/VISIT CT	NUMBER	
361.1,4. 02	M-CARE INP LIFETM PSYCH DY CT	NUMBER	
361.1,4. 03	M-CARE INP CLAIM DRG AMT	NUMBER	
361.1,4. 04	M-CARE INP CAP EXCEPTION AMT	NUMBER	
361.1,4. 05	M-CARE INP DISPROP. SHARE AMT	NUMBER	
361.1,4. 06	M-CARE INP MSP PASS THRU AMT	NUMBER	
361.1,4. 07	M-CARE INP PPS CAPITAL AMT	NUMBER	
361.1,4. 08	M-CARE INP PPS CAP FSP-DRG AMT	NUMBER	
361.1,4. 09	M-CARE INP PPS CAP HSP-DRG AMT	NUMBER	
361.1,4. 1	M-CARE INP PPS CAP DSH-DRG AMT	NUMBER	
361.1,4. 11	M-CARE INP OLD CAPITAL AMT	NUMBER	
361.1,4. 12	M-CARE INP PPS CAPITAL IME AMT	NUMBER	
361.1,4. 13	M-CARE INP PPS OP HOS DRG AMT	NUMBER	
361.1,4. 14	M-CARE INP COST REPORT DAY CT	NUMBER	
361.1,4. 15	M-CARE INP PPS OP FED DRG AMT	NUMBER	
361.1,4. 16	M-CARE INP PPS CAP OUTLIER AMT	NUMBER	
361.1,4. 17	M-CARE INP INDIRECT TEACH AMT	NUMBER	
361.1,4. 18	M-CARE INP NON-PAY PROF COMP	NUMBER	
361.1,4. 19	MEDICARE NON-COVERED DAYS	NUMBER	
361.1,5. 01	M-CARE INP PYMNT REMARK CODE-1	FREE TEXT	
361.1,5. 011	REMARK CODE-1 SHORT TEXT RM1	FREE TEXT	
361.1,5. 02	M-CARE INP PYMNT REMARK CODE-2	FREE TEXT	
361.1,5. 021	REMARK CODE-2 SHORT TEXT RM2	FREE TEXT	
361.1,5. 03	M-CARE INP PYMNT REMARK CODE-3	FREE TEXT	
361.1,5. 031	REMARK CODE-3 SHORT TEXT RM3	FREE TEXT	
361.1,5. 04	M-CARE INP PYMNT REMARK CODE-4	FREE TEXT	
361.1,5. 041	REMARK CODE-4 SHORT TEXT RM4	FREE TEXT	

Current EA Assessment

361.1,5. 05	M-CARE INP PYMNT REMARK CODE-5	FREE TEXT	
361.1,5. 051	REMARK CODE-5 SHORT TEXT RM5	FREE TEXT	
361.1,6. 01	NEW PATIENT NAME	FREE TEXT	
361.1,6. 02	NEW PATIENT ID	FREE TEXT	
361.1,6. 03	CORRECTED DATA MESSAGE	FREE TEXT	
361.1,61 .01	ORIGINAL 6 RECORD DATA "6.1;E1,200"	ORIGINAL 6 RECORD DATA "6.1;E1,200"	
361.1,62 .01	MAILMAN HEADER INFORMATION "6.2;E1,200"	MAILMAN HEADER INFORMATION "6.2;E1,200"	
361.1,7. 01	TRANSFERRED IN	FREE TEXT	
361.1,8	AR AMOUNTS DISTRIBUTION	Multiple #361.18	
361.11,. 01	ADJUSTMENT CATEGORY (GRP CODE)	SET (Required)	
361.11,1	REASONS	Multiple #361.111	
361.111, .01	REASON CODE	FREE TEXT (Multiply asked)	
361.111, .02	AMOUNT	NUMBER	
361.111, .03	QUANTITY	NUMBER	
361.111, .04	REASON TEXT	FREE TEXT	
361.115, .01	ADJUSTMENT SEQUENCE #	NUMBER (Multiply asked)	
361.115, .02	PAYER ID CODE	FREE TEXT	
361.115, .03	AMOUNT PAID	NUMBER	
361.115, .04	PROCEDURE	FREE TEXT	
361.115, .09	DESCRIPTION	FREE TEXT	
361.115, .1	REVENUE CODE	POINTER TO REVENUE CODE FILE (#399.	
361.115, .11	PAID UNITS OF SERVICE	NUMBER (Required)	
361.115, .12	REFERENCED LINE #	NUMBER	
361.115, .13	ALLOWED AMOUNT	NUMBER	
361.115, .14	PER DIEM AMOUNT	NUMBER	
361.115, .15	ORIGINAL PROCEDURE	FREE TEXT	
361.115, .16	SERVICE DATE FROM	DATE	
361.115, .17	SERVICE DATE TO	DATE	
361.115, .18	PROCEDURE TYPE	FREE TEXT	

Current EA Assessment

361.115, 1	ADJUSTMENTS	SET Multiple #361.1151	
361.115, 2	PAID MODIFIERS	Multiple #361.1152	
361.115, 4	LINE ITEM REMARK	Multiple #361.1154	
361.1151 ,.01	GROUP CODE	SET (Multiply asked)	
361.1151 ,1	REASONS	Multiple #361.11511	
361.1151 1,.01	REASON CODE	FREE TEXT (Multiply asked)	
361.1151 1,.02	AMOUNT	NUMBER	
361.1151 1,.03	QUANTITY	NUMBER	
361.1151 1,.04	REASON TEXT	FREE TEXT	
361.1152 ,.01	PAID MODIFIERS	FREE TEXT (Multiply asked)	
361.1154 ,.01	LINE ITEM REMARK	NUMBER	
361.1154 ,.02	LINE ITEM REMARK CODE	FREE TEXT	
361.1154 ,.03	LINE ITEM REMARK CODE TEXT	FREE TEXT	
361.121, .01	REVIEW DATE/TIME	DATE (Multiply asked)	
361.121, .02	REVIEWED BY	POINTER TO NEW PERSON FILE (#200)	
361.121, 1	COMMENTS	WORD-PROCESSING #361.1211	
361.18,. 01	BILL #	FREE TEXT (Required)	
361.18,. 02	AMOUNT	NUMBER	
361.18,. 03	BILL REFERENCE	POINTER TO BILL/CLAIMS FILE (#399)	
DD File 362_4_IB Bill_Claims Prescription Refill file			
Number	Name	Type	Format
362.4,.0 1	RX #	FREE TEXT (Required)	
362.4,.0 2	BILL NUMBER	POINTER TO BILL/CLAIMS FILE (#399)	
362.4,.0 3	DATE	DATE	
362.4,.0 4	DRUG	POINTER TO DRUG FILE (#50) (Required)	
362.4,.0 5	RECORD	POINTER TO PRESCRIPTION FILE (#52)	
362.4,.0 6	DAYS SUPPLY	NUMBER	
362.4,.0	QTY	NUMBER	

Current EA Assessment

7			
362.4,.08	NDC #	FREE TEXT	
362.4,.09	FORMAT OF NDC#	SET	
362.4,.1	FILL NUMBER	NUMBER	
DD File 362_5_IB Bill_Claims Prosthetics file			
Number	Name	Type	Format
362.5,.01	DELIVERY DATE	DATE (Required)	
362.5,.02	BILL NUMBER	POINTER TO BILL/CLAIMS FILE (#399)	
362.5,.03	*ITEM	FREE TEXT	
362.5,.04	RECORD	POINTER TO RECORD OF PROS APPLIANCE/RE	
362.5,.05	ITEM NAME	FREE TEXT (Required)	
DD File 399_Bill_Claims file			
Number	Name	Type	Format
399,.01	BILL NUMBER	FREE TEXT (Required)	
399,.02	PATIENT NAME	POINTER TO PATIENT FILE (#2)	
399,.03	EVENT DATE	DATE (Required)	
399,.04	LOCATION OF CARE	SET (Required)	
399,.05	BILL CLASSIFICATION	SET (Required)	
399,.06	TIMEFRAME OF BILL	SET (Required)	
399,.07	RATE TYPE	POINTER TO RATE TYPE FILE (#399.3)	
399,.08	PTF ENTRY NUMBER	POINTER TO PTF FILE (#45) (Required)	
399,.09	PROCEDURE CODING METHOD	SET	
399,.11	WHO'S RESPONSIBLE FOR BILL?	SET (Required)	
399,.13	STATUS	SET (Required)	
399,.14	STATUS DATE	DATE (Required)	
399,.15	BILL COPIED FROM	POINTER TO BILL/CLAIMS FILE (#399)	
399,.16	NON-VA DISCHARGE DATE	DATE	
399,.17	PRIMARY BILL	POINTER TO BILL/CLAIMS FILE (#399)	
399,.18	SC AT TIME OF CARE	FREE TEXT	
399,.19	FORM TYPE	POINTER TO BILL FORM TYPE FILE (#353)	
399,.2	AUTO	SET	

Current EA Assessment

399,.21	CURRENT BILL PAYER SEQUENCE	SET	
399,.22	DEFAULT DIVISION	POINTER TO MEDICAL CENTER DIVISION FI	
399,.24	UB-04 LOCATION OF CARE	SET (Required)	
399,.25	UB-04 BILL CLASSIFICATION	POINTER TO MCCR UTILITY FILE (#399)	
399,.26	UB-04 TIMEFRAME OF BILL	SET (Required)	
399,.27	BILL CHARGE TYPE	SET	
399,1	DATE ENTERED	DATE (Required)	
399,10	AUTHORIZATION DATE	DATE	
399,11	AUTHORIZER	POINTER TO NEW PERSON FILE (#200)	
399,12	DATE FIRST PRINTED	DATE (Required)	
399,13	FIRST PRINTED BY	POINTER TO NEW PERSON FILE (#200)	
399,14	DATE LAST PRINTED	DATE	
399,15	LAST PRINTED BY	POINTER TO NEW PERSON FILE (#200)	
399,16	CANCEL BILL?	FREE TEXT	
399,17	DATE BILL CANCELLED	DATE	
399,18	BILL CANCELLED BY	POINTER TO NEW PERSON FILE (#200)	
399,19	REASON CANCELLED	FREE TEXT (Required)	
399,2	ENTERED/EDITED BY	POINTER TO NEW PERSON FILE (#200)	
399,20	LAST AUSTIN CONFIRM DATE	DATE	
399,21	LAST ELECTRONIC EXTRACT DATE	DATE	
399,22	MRA RECORDED DATE	DATE	
399,24	CLAIM MRA STATUS	SET	
399,25	REQUEST AN MRA?	FREE TEXT	
399,26	PRINTED VIA EDI?	SET	
399,27	FORCE CLAIM TO PRINT	SET	
399,28	FORCE PRINT MRA SECONDARY	SET	
399,28.1	MRA REVIEW STATUS	SET	
399,29	BILL CLONED TO	POINTER TO BILL/CLAIMS FILE (#399)	
399,3	INITIAL REVIEW	FREE TEXT	
399,30	BILL CLONED FROM	POINTER TO BILL/CLAIMS FILE (#399)	
399,31	DATE BILL CLONED	DATE	
399,32	BILL CLONED BY	POINTER TO NEW PERSON FILE (#200)	
399,33	REASON CLONED	FREE TEXT	
399,4	INITIAL REVIEW DATE	DATE	

Current EA Assessment

399,40	CONDITION CODE	POINTER Multiple #399.04	
399,41	OCCURRENCE CODE	POINTER Multiple #399.041	
399,42	REVENUE CODE	POINTER Multiple #399.042	
399,43	OP VISITS DATE(S)	DATE Multiple #399.043	
399,44	REASON(S) DISAPPROVED-INITIAL	POINTER Multiple #399.044	
399,45	REASON(S) DISAPPROVED-SECOND	POINTER Multiple #399.045	
399,46	RETURNED LOG DATE/TIME	DATE Multiple #399.046	
399,47	VALUE CODE	POINTER Multiple #399.047	
399,48	OTHER CARE	POINTER Multiple #399.048	
399,5	INITIAL REVIEWER	POINTER TO NEW PERSON FILE (#200)	
399,51	*CPT PROCEDURE CODE -1	POINTER TO CPT FILE (#81)	
399,52	*CPT PROCEDURE CODE -2	POINTER TO CPT FILE (#81)	
399,53	*CPT PROCEDURE CODE -3	POINTER TO CPT FILE (#81)	
399,54	*ICD PROCEDURE CODE -1	POINTER TO ICD OPERATION/PROCEDURE FI	
399,55	*ICD PROCEDURE CODE -2	POINTER TO ICD OPERATION/PROCEDURE FI	
399,56	*ICD PROCEDURE CODE -3	POINTER TO ICD OPERATION/PROCEDURE FI	
399,57	*HCFA PROCEDURE CODE -1	POINTER TO CPT FILE (#81)	
399,58	*HCFA PROCEDURE CODE -2	POINTER TO CPT FILE (#81)	
399,59	*HCFA PROCEDURE CODE -3	POINTER TO CPT FILE (#81)	
399,6	SECONDARY REVIEW	FREE TEXT	
399,60	OUTPATIENT DIAGNOSIS	FREE TEXT	
399,61	*PROCEDURE DATE -1	DATE (Required)	
399,62	*PROCEDURE DATE -2	DATE (Required)	
399,63	*PROCEDURE DATE -3	DATE (Required)	
399,64	*ICD DIAGNOSIS CODE -1	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,65	*ICD DIAGNOSIS CODE -2	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,66	*ICD DIAGNOSIS CODE -3	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,67	*ICD DIAGNOSIS CODE -4	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,68	*ICD DIAGNOSIS CODE -5	POINTER TO ICD DIAGNOSIS FILE (#80)	

Current EA Assessment

399,7	MRA REQUESTED DATE	DATE	
399,77	MRA REQUEST CLAIM COMMENTS	DATE Multiple #399.077	
399,8	MRA REQUESTOR	POINTER TO NEW PERSON FILE (#200)	
399,9	AUTHORIZE BILL GENERATION?	FREE TEXT	
399,101	PRIMARY INSURANCE CARRIER	POINTER TO INSURANCE COMPANY FILE (
399,102	SECONDARY INSURANCE CARRIER	POINTER TO INSURANCE COMPANY FILE	
399,103	TERTIARY INSURANCE CARRIER	POINTER TO INSURANCE COMPANY FILE	
399,104	MAILING ADDRESS NAME	FREE TEXT	
399,105	MAILING ADDRESS STREET	FREE TEXT	
399,106	MAILING ADDRESS STREET2	FREE TEXT	
399,107	MAILING ADDRESS CITY	FREE TEXT	
399,108	MAILING ADDRESS STATE	POINTER TO STATE FILE (#5)	
399,109	MAILING ADDRESS ZIP CODE	FREE TEXT	
399,110	*PATIENT SHORT MAILING ADDRESS	FREE TEXT (Required)	
399,111	RESPONSIBLE INSTITUTION	POINTER TO INSTITUTION FILE (#4)	
399,112	PRIMARY INSURANCE POLICY	FREE TEXT	
399,113	SECONDARY INSURANCE POLICY	FREE TEXT	
399,114	TERTIARY INSURANCE POLICY	FREE TEXT	
399,121	MAILING ADDRESS STREET3	FREE TEXT	
399,122	PRIMARY PROVIDER #	FREE TEXT	
399,123	SECONDARY PROVIDER #	FREE TEXT	
399,124	TERTIARY PROVIDER #	FREE TEXT	
399,125	PRIMARY BILL #	POINTER TO BILL/CLAIMS FILE (#399)	
399,126	SECONDARY BILL #	POINTER TO BILL/CLAIMS FILE (#399)	
399,127	TERTIARY BILL #	POINTER TO BILL/CLAIMS FILE (#399)	
399,128	PRIMARY ID QUALIFIER	POINTER TO IB PROVIDER ID # TYPE FIL	
399,129	SECONDARY ID QUALIFIER	POINTER TO IB PROVIDER ID # TYPE FIL	
399,130	TERTIARY ID QUALIFIER	POINTER TO IB PROVIDER ID # TYPE FIL	

Current EA Assessment

399,135	BILL PAYER CARRIER	POINTER TO INSURANCE COMPANY FILE (#3	
399,136	BILL PAYER POLICY	FREE TEXT	
399,151	STATEMENT COVERS FROM	DATE (Required)	
399,152	STATEMENT COVERS TO	DATE (Required)	
399,153	POWER OF ATTORNEY COMPLETED?	FREE TEXT (Required)	
399,154	WHOSE EMPLOYMENT INFO.?	SET (Required)	
399,155	IS THIS A SENSITIVE RECORD?	FREE TEXT (Required)	
399,156	ASSIGNMENT OF BENEFITS	FREE TEXT (Required)	
399,157	R.O.I. FORM(S) COMPLETED?	FREE TEXT	
399,158	TYPE OF ADMISSION	SET	
399,159	SOURCE OF ADMISSION	SET	
399,159.50	NON-PTF ADMISSION HOUR	FREE TEXT	
399,160	ACCIDENT HOUR	FREE TEXT	
399,161	DISCHARGE BEDSECTION	POINTER TO MCCR UTILITY FILE (#399.1)	
399,162	DISCHARGE STATUS	POINTER TO MCCR UTILITY FILE (#399.1)	
399,163	TREATMENT AUTHORIZATION CODE	FREE TEXT	
399,164	BC/BS PROVIDER #	FREE TEXT (Required)	
399,165	LENGTH OF STAY	FREE TEXT	
399,166	UNABLE TO WORK FROM	DATE	
399,167	UNABLE TO WORK TO	DATE	
399,168	*PLACE OF SERVICE	POINTER TO PLACE OF SERVICE FILE (#35	
399,169	*TYPE OF SERVICE	POINTER TO TYPE OF SERVICE FILE (#353	
399,170	PPS	POINTER TO DRG FILE (#80.2)	
399,201	TOTAL CHARGES	NUMBER	
399,202	OFFSET AMOUNT	NUMBER	
399,203	OFFSET DESCRIPTION	FREE TEXT	
399,204	*UB82 FORM LOCATOR 2	FREE TEXT	
399,205	*FORM LOCATOR 9	FREE TEXT	
399,206	*FORM LOCATOR 27	FREE TEXT	
399,207	*FORM LOCATOR 45	FREE TEXT	
399,208	*BILL COMMENT	FREE TEXT	
399,209	*FISCAL YEAR 1	FREE TEXT (Required)	
399,210	*FY 1 CHARGES	NUMBER (Required)	
399,211	*FISCAL YEAR 2	FREE TEXT	
399,212	*FY 2 CHARGES	NUMBER	
399,213	*FORM LOCATOR 92	FREE TEXT	

Current EA Assessment

399,214	*FORM LOCATOR 93	FREE TEXT	
399,215	ADMITTING DIAGNOSIS	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,216	COVERED DAYS	NUMBER	
399,217	NON-COVERED DAYS	NUMBER	
399,218	PRIMARY PRIOR PAYMENT	NUMBER	
399,219	SECONDARY PRIOR PAYMENT	NUMBER	
399,220	TERTIARY PRIOR PAYMENT	NUMBER	
399,221	CO-INSURANCE DAYS	NUMBER	
399,222	PROVIDER PRV	SET Multiple #399.0222	
399,230	SECONDARY AUTHORIZATION CODE	FREE TEXT	
399,231	TERTIARY AUTHORIZATION CODE	FREE TEXT	
399,232	NON-VA FACILITY	POINTER TO IB NON/OTHER VA BILLING P	
399,233	NON-VA CARE TYPE	SET	
399,234	NON-VA CARE ID #	FREE TEXT	
399,235	LAB CLIA NUMBER	FREE TEXT	
399,236	HOMEBOUND	SET	
399,237	DATE LAST SEEN	DATE	
399,238	SPECIAL PROGRAM INDICATOR	FREE TEXT	
399,239	PRIMARY EMC ID CARE UNIT	FREE TEXT	
399,240	SECONDARY EMC ID CARE UNIT	FREE TEXT	
399,241	TERTIARY EMC ID CARE UNIT	FREE TEXT	
399,242	MAMMOGRAPHY CERT NUMBER	FREE TEXT	
399,243	SERVICE FACILITY TAXONOMY	POINTER TO PERSON CLASS FILE (#893	
399,244	NON-VA FACILITY TAXONOMY	POINTER TO PERSON CLASS FILE (#8932	
399,245	LAST XRAY DATE	DATE	
399,246	DATE OF INITIAL TREATMENT	DATE	
399,247	DATE OF ACUTE MANIFESTATION	DATE	
399,248	PATIENT CONDITION CODE	SET	
399,249	PRV DIAGNOSIS -1	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,250	PRV DIAGNOSIS -2	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,251	PRV DIAGNOSIS -3	POINTER TO ICD DIAGNOSIS FILE (#80)	
399,252	BILLING PROVIDER TAXONOMY	POINTER TO PERSON CLASS FILE (#89	

Current EA Assessment

399,301	PRIMARY NODE "I1;E1,240"	PRIMARY NODE "I1;E1,240"	
399,302	SECONDARY NODE "I2;E1,240"	SECONDARY NODE "I2;E1,240"	
399,303	TERTIARY NODE "I3;E1,240"	TERTIARY NODE "I3;E1,240"	
399,304	PROCEDURES	VARIABLE POINTER Multiple #3	
399,400	BLOCK 31	FREE TEXT	
399,402	BILL REMARKS	FREE TEXT	
399,450	*UB92 FORM LOCATOR 2	FREE TEXT	
399,451	*FORM LOCATOR 11	FREE TEXT	
399,452	*FORM LOCATOR 31	FREE TEXT	
399,453	FORM LOCATOR 64A	FREE TEXT	
399,454	FORM LOCATOR 64B	FREE TEXT	
399,455	FORM LOCATOR 64C	FREE TEXT	
399,456	*FORM LOCATOR 56	FREE TEXT	
399,457	*FORM LOCATOR 57	FREE TEXT	
399,458	*FORM LOCATOR 78	FREE TEXT	
399,459	FORM LOC 19- UNSPECIFIED DATA	FREE TEXT	
399,460	ECME NUMBER	FREE TEXT	
399,461	ECME APPROVAL	FREE TEXT	
399.0222 ,.01	FUNCTION	SET (Required) (Multiply asked)	
399.0222 ,.02	PERFORMED BY	VARIABLE POINTER	
399.0222 ,.03	CREDENTIALS	FREE TEXT	
399.0222 ,.04	STATE	POINTER TO STATE FILE (#5)	
399.0222 ,.05	PRIMARY INS CO ID NUMBER	FREE TEXT	
399.0222 ,.06	SECONDARY INS CO ID NUMBER	FREE TEXT	
399.0222 ,.07	TERTIARY INS CO ID NUMBER	FREE TEXT	
399.0222 ,.08	SPECIALTY	FREE TEXT	
399.0222 ,.09	DELETE 2006 0.09	POINTER TO IB INS CO PROVIDER ID CAR	
399.0222 ,.1	DELETE 2006 0.1	POINTER TO IB INS CO PROVIDER ID CARE	
399.0222 ,.11	DELETE 2006 0.11	POINTER TO IB INS CO PROVIDER ID CARE	
399.0222 ,.12	PRIM INS PROVIDER ID TYPE	POINTER TO IB PROVIDER ID # TYPE	
399.0222 ,.13	SEC INS PROVIDER ID TYPE	POINTER TO IB PROVIDER ID # TYPE	
399.0222 ,.14	TERT INS PROVIDER ID TYPE	POINTER TO IB PROVIDER ID # TYPE	
399.0222 ,.15	TAXONOMY	POINTER TO PERSON CLASS FILE (#8932.1	

Current EA Assessment

399.0222 ,1.01	DELETE 2006 1.01	POINTER TO IB INS CO PROVIDER ID CARE	
399.0222 ,1.02	DELETE 2006 1.02	POINTER TO IB INS CO PROVIDER ID CARE	
399.0222 ,1.03	DELETE 2006 1.03	POINTER TO IB INS CO PROVIDER ID CARE	
399.0304 ,.01	PROCEDURES	VARIABLE POINTER	
399.0304 ,1	PROCEDURE DATE	DATE	
399.0304 ,10	ASSOCIATED DIAGNOSIS -1	POINTER TO IB BILL/CLAIMS DIAGNOS	
399.0304 ,11	ASSOCIATED DIAGNOSIS -2	POINTER TO IB BILL/CLAIMS DIAGNOS	
399.0304 ,12	ASSOCIATED DIAGNOSIS -3	POINTER TO IB BILL/CLAIMS DIAGNOS	
399.0304 ,13	ASSOCIATED DIAGNOSIS -4	POINTER TO IB BILL/CLAIMS DIAGNOS	
399.0304 ,14	*CPT MODIFIER	POINTER TO CPT MODIFIER FILE (#81.3	
399.0304 ,15	MINUTES	NUMBER	
399.0304 ,16	CPT MODIFIER SEQUENCE MOD;0 Multiple #399.30416	CPT MODIFIER SEQUENCE MOD;0 Multiple #399.30416	
399.0304 ,17	EMERGENCY PROCEDURE?	SET	
399.0304 ,18	PROVIDER	POINTER TO NEW PERSON FILE (#200)	
399.0304 ,19	PURCHASED COST	NUMBER	
399.0304 ,2	*ADDITIONAL PROCEDURE NAME	FREE TEXT	
399.0304 ,20	OUTPATIENT ENCOUNTER	POINTER TO OUTPATIENT ENCOUNTER F	
399.0304 ,21	MILES	NUMBER	
399.0304 ,22	HOURS	NUMBER	
399.0304 ,3	PRINT ORDER	NUMBER	
399.0304 ,4	BASC BILLABLE	SET	
399.0304 ,5	DIVISION	POINTER TO MEDICAL CENTER DIVISION F	
399.0304 ,50.01	*HCFA BOX 24K (LOCAL USE ONLY)	FREE TEXT	
399.0304 ,50.02	*LAST XRAY DATE	DATE	
399.0304 ,50.03	ATTENDING NOT HOSPICE EMPLOYEE	SET	
399.0304 ,50.04	*LEVEL OF SUBLUXATION	FREE TEXT	
399.0304 ,50.05	*CHIRO TREATMENT SERIES NUM	NUMBER	
399.0304 ,50.06	*CHIROPRACTIC QUANTITY	NUMBER	
399.0304	EPSDT FLAG	SET	

Current EA Assessment

,50.07			
399.0304,50.08	SERVICE LINE COMMENT	FREE TEXT	
399.0304,50.09	SERVICE LINE COMMENT QUALIFIER	FREE TEXT	
399.0304,6	ASSOCIATED CLINIC	POINTER TO HOSPITAL LOCATION FILE (#	
399.0304,7	*ASSOCIATED DIAGNOSIS	POINTER TO ICD DIAGNOSIS FILE (#80)	
399.0304,8	PLACE OF SERVICE	POINTER TO PLACE OF SERVICE FILE (#3	
399.0304,9	TYPE OF SERVICE	POINTER TO TYPE OF SERVICE FILE (#3	
399.04,.01	CONDITION CODE	POINTER TO MCCR UTILITY FILE (#399.1	
399.041,.01	OCCURRENCE CODE	POINTER TO MCCR UTILITY FILE (#399.1	
399.041,.02	DATE	DATE 0;2 DATE (Required)	
399.041,.03	STATE	POINTER TO STATE FILE (#5)	
399.041,.04	END DATE	DATE (Required)	
399.042,.001	NUMBER	NUMBER	
399.042,.01	REVENUE CODE	POINTER TO REVENUE CODE FILE (#399.2	
399.042,.02	CHARGES	NUMBER (Required)	
399.042,.03	UNITS OF SERVICE	NUMBER (Required)	
399.042,.04	TOTAL	NUMBER (Required)	
399.042,.05	BEDSECTION	POINTER TO MCCR UTILITY FILE (#399.1	
399.042,.06	PROCEDURE	POINTER TO CPT FILE (#81)	
399.042,.07	DIVISION	POINTER TO MEDICAL CENTER DIVISION F	
399.042,.08	AUTO	SET	
399.042,.09	NON-COVERED CHARGE	NUMBER	
399.042,.1	TYPE	SET	
399.042,.11	ITEM	NUMBER	
399.042,.12	COMPONENT	SET	
399.042,.13	*UB92 FORM LOCATOR 49	FREE TEXT	
399.042,.15	RX PROCEDURE	FREE TEXT	
399.043,.01	OP VISITS DATE(S)	DATE (Multiply asked)	
399.044,.01	REASON(S) DISAPPROVED-INITIAL	POINTER TO MCCR INCONSISTENT	

Current EA Assessment

399.045, .01	REASON(S) DISAPPROVED-SECOND	POINTER TO MCCR INCONSISTENT D	
399.046, .01	LOG DATE/TIME	DATE	
399.046, .02	USER	POINTER TO NEW PERSON FILE (#200)	
399.046, .03	RETURNED COMMENTS	FREE TEXT	
399.046, .04	RETURN TO A/R?	FREE TEXT	
399.047, .01	VALUE CODE	POINTER TO MCCR UTILITY FILE (#399.1	
399.047, .02	VALUE	FREE TEXT	
399.048, .01	OTHER CARE	POINTER TO MCCR UTILITY FILE (#399.1	
399.048, .02	START DATE	DATE (Required)	
399.048, .03	END DATE	DATE (Required)	
399.077, .01	COMMENT ENTERED DATE	DATE	
399.077, .02	COMMENT ENTERED BY	POINTER TO NEW PERSON FILE (#200)	
399.077, .03	COMMENTS	WORD-PROCESSING #399.0771	
399.3041 6,.01	CPT MODIFIER SEQUENCE	NUMBER (Multiply asked)	
399.3041 6,.02	CPT MODIFIER	CPT MODIFIER 0;2 POINTER TO CPT MODIFIER FILE (#81.	
DD File 430_Accounts Receivable file			
Number	Name	Type	Format
430,.01	BILL NO.	FREE TEXT (Required)	
430,.11	LAST INTEREST CHARGE DATE	DATE	
430,.12	LAST ADMIN CHARGE DATE	DATE	
430,.13	LAST PENALTY CHARGE DATE	DATE	
430,1	FISCAL YEAR	Multiple #430.01	
430,10	DATE BILL PREPARED	DATE (Required)	
430,11	CURRENT BALANCE	COMPUTED	
430,12	SITE	POINTER TO INSTITUTION FILE (#4)	
430,13	AGENT CASHIER	POINTER TO AR GROUP FILE (#342.1)	
430,13.1	ACCOUNT RECEIVABLE SECTION	POINTER TO AR GROUP FILE (#342.1)	
430,14	DATE STATUS UPDATED	DATE	
430,15	STATUS REMARK	FREE TEXT	
430,15.1	TYPE OF CARE	POINTER TO ACCOUNTS RECEIVABLE CATEGO	
430,16	DATE CALM DONE	DATE	

Current EA Assessment

430,17	STATUS UPDATED BY	POINTER TO NEW PERSON FILE (#200)	
430,18	APPROPRIATION SYMBOL	FREE TEXT	
430,19	SECONDARY INSURANCE CARRIER	POINTER TO INSURANCE COMPANY FIL	
430,19.1	TERTIARY INSURANCE CARRIER	POINTER TO INSURANCE COMPANY FILE	
430,2	CATEGORY	POINTER TO ACCOUNTS RECEIVABLE CATEGOR	
430,20.1	SEGMENT	NUMBER	
430,21	HOLD LETTER DATE	DATE	
430,22	HOLD LETTER REASON	SET	
430,23	HOLD LETTER COMMENTS	FREE TEXT	
430,3	ORIGINAL AMOUNT	NUMBER (Required)	
430,31	DATE RETURNED TO SERVICE	DATE	
430,32	RETURNED BY	POINTER TO NEW PERSON FILE (#200)	
430,33	AMENDED DATE	DATE	
430,34	AMENDED BY	POINTER TO NEW PERSON FILE (#200)	
430,35	AMENDED AMOUNT	NUMBER	
430,36	FISCAL COMMENTS (RETURN)	FREE TEXT	
430,37	SERVICE COMMENTS (AMEND)	FREE TEXT	
430,4	GL NO.	FREE TEXT (Required)	
430,4.5	BILL RESULTING FROM	POINTER TO AR DEBT LIST FILE (#430.6)	
430,41	REPAYMENT PLAN DATE	DATE	
430,42	DAY OF MON. PAYMENT DUE	NUMBER	
430,43	REPAYMENT AMOUNT DUE	NUMBER	
430,44	NUMBER OF PAYMENTS	NUMBER	
430,51	REPAYMENT DUE DATES	DATE Multiple #430.051	
430,60	DATE ACCOUNT ACTIVATED	DATE	
430,61	LETTER1	DATE	
430,62	LETTER2	DATE	
430,63	LETTER3	DATE	
430,64	REFERRAL DATE	DATE	
430,65	REFERRAL CODE	SET	
430,66	REFERRAL AMOUNT	NUMBER	
430,67	LAST INT/ADM CHARGE DATE	DATE	
430,68	LETTER4	DATE	
430,68.1	LAST LETTER DATE	DATE	
430,68.2	RE-REFERRAL DATE	DATE	
430,68.3	RETURNED DATE BY RC/DOJ	DATE	

Current EA Assessment

430,68.4	REFERRAL DATE TO COWC	DATE	
430,68.5	REFERRED AMOUNT TO COWC	NUMBER	
430,68.6	IRS OFFSET LETTER	DATE	
430,68.7	DATE FORWARDED TO IRS	DATE	
430,68.8	IRS PRINCIPAL BALANCE	NUMBER	
430,68.9	IRS INTEREST BALANCE	NUMBER	
430,68.9 1	IRS ADMIN. BALANCE	NUMBER	
430,68.9 2	ORIGINAL IRS LETTER AMOUNT	NUMBER	
430,68.9 3	ORIGINAL IRS OFFSET AMOUNT	NUMBER	
430,68.9 4	REFERRAL REASON CODE	SET (Required)	
430,68.9 5	REFERRAL COMMENT	FREE TEXT (Required)	
430,69	OVER LETTER3	COMPUTED	
430,7	PATIENT	POINTER TO PATIENT FILE (#2)	
430,70	DELINQUENT DAYS	COMPUTED	
430,71	PRINCIPAL BALANCE	NUMBER (Required)	
430,72	INTEREST BALANCE	NUMBER	
430,73	ADMINISTRATIVE COST BALANCE	NUMBER	
430,74	MARSHAL FEE	NUMBER	
430,75	COURT COST	NUMBER	
430,77	TOTAL PAID PRINCIPAL	NUMBER	
430,78	TOTAL PAID INTEREST	NUMBER	
430,79	TOTAL PAID ADMINISTRATIVE COST	NUMBER	
430,79.1	TOTAL PAID MARSHAL FEE	NUMBER	
430,79.1 2	OUTSTANDING PB	NUMBER	
430,79.1 3	OUTSTANDING IB	NUMBER	
430,79.1 4	OUTSTANDING AB	NUMBER	
430,79.1 5	OUTSTANDING MF	NUMBER	
430,79.1 6	OUTSTANDING CC	NUMBER	
430,79.1 7	EXCESS PAYMENT AMOUNT	NUMBER	
430,79.1 8	REFUNDED AMOUNT	NUMBER	
430,79.1 9	REFUNDED DATE	DATE	
430,79.2	TOTAL PAID COURT COST	NUMBER	

Current EA Assessment

430,79.2 1	REFUNDED BY	POINTER TO NEW PERSON FILE (#200)	
430,8	CURRENT STATUS	POINTER TO ACCOUNTS RECEIVABLE TRANS.T	
430,81	IRS LOCATION COST	NUMBER	
430,82	CREDIT REP. COST	NUMBER	
430,83	DMV LOCATION COST	NUMBER	
430,83.1	DMV LOCATION CHECK	SET	
430,84	CONSUMER REP. AGENCY COST	NUMBER	
430,85	POSTAL LOCATION COST	NUMBER	
430,86	ABLE TO PAY	SET	
430,87	ABLE TO LOCATE	SET	
430,88	POSTAL LOC.DATE SENT	DATE	
430,89	POSTAL LOC.DATE RECEIVED	DATE	
430,89.1	IRS ABLE TO LOCATE	SET	
430,89.2	IRS LOC. DATE SENT	DATE	
430,89.3	IRS LOC. DATE RECEIVED	DATE	
430,89.4	CREDIT REP. ABLE TO PAY	SET	
430,89.5	CREDIT REPT. DATE SENT	DATE	
430,89.6	CREDIT REP. DATE RECEIVED	DATE	
430,89.7	PATIENT FOLDER REVIEWED	SET	
430,89.8	DATE FOLDER REVIEWED	DATE	
430,9	DEBTOR	POINTER TO AR DEBTOR FILE (#340)	
430,90	APPROVED BY (FISCAL)	POINTER TO NEW PERSON FILE (#200)	
430,91	AR ELECTRONIC SIGNATURE	FREE TEXT	
430,92	AR DATE SIGNED	DATE	
430,93	AR APPR.OFFICIAL'S TITLE	FREE TEXT	
430,94	APPROVED BY (BILLING)	POINTER TO NEW PERSON FILE (#200)	
430,95	PREVIOUS STATUS	POINTER TO ACCOUNTS RECEIVABLE TRANS.T	
430,96	APPROVED DATE (SERVICE)	DATE	
430,97	PROCESSED BY (SERVICE)	POINTER TO NEW PERSON FILE (#200)	
430,98	COMMENTS	WORD-PROCESSING #430.098	
430,100	FORM TYPE	SET (Required)	
430,101	SERVICE	POINTER TO SERVICE/SECTION FILE (#49	
430,104	VOUCHER NUMBER	FREE TEXT	

Current EA Assessment

430,106	DESCRIPTION	DATE Multiple #430.02	
430,107	BILLING AGENCY	POINTER TO AR GROUP FILE (#342.1)	
430,108	AGENCY LOCATION CODE (ALC)	FREE TEXT	
430,110	DOCUMENT NUMBER	NUMBER	
430,111	APPROVING OFFICIAL (SERVICE)	POINTER TO NEW PERSON FILE (#2	
430,112	ELECTRONIC SIGNATURE	FREE TEXT	
430,113	DATE SIGNED (APPROVED)	DATE	
430,114	APPR. OFFICIAL'S TITLE	FREE TEXT	
430,121	DATE SENT TO DMC	DATE	
430,122	DMC PRINCIPAL BALANCE	NUMBER	
430,123	DMC INTEREST BALANCE	NUMBER	
430,124	DMC ADMIN BALANCE	NUMBER	
430,125	DMC Debt Valid	SET	
430,126	DMC Debt Valid Edited By	POINTER TO NEW PERSON FILE (#200)	
430,127	DMC Debt Valid Edited Date	DATE	
430,131	MEDICARE CONT. ADJUSTMENT	NUMBER	
430,132	MEDICARE UNREIMBURSABLE	NUMBER	
430,141	DATE BILL REFERRED TO TOP	DATE	
430,142	TOP REFUND STATUS	SET	
430,143	TOP TRACE NUMBER	FREE TEXT	
430,144	TOP REFUND YEAR	FREE TEXT	
430,200	RECEIVABLE CODE	COMPUTED	
430,200. 20	TYPE OF BILL	FREE TEXT	
430,201	BEGINNING BUDGET FY	FREE TEXT	
430,202	ENDING BUDGET FY	FREE TEXT	
430,203	FUND	FUND 11;17 FREE TEXT (Required)	
430,204	ADMIN OFFICE	SET	
430,205	ORGANIZATIONAL CTRL POINT	FREE TEXT	
430,206	FCP/PROJ	FREE TEXT	
430,239	INSURED NAME	FREE TEXT	
430,240	INSURED SEX	SET	
430,241	PT RELATIONSHIP	FREE TEXT	
430,242	CERT SSN HIC ID NO.	FREE TEXT	
430,243	GROUP NAME	FREE TEXT	
430,244	GROUP NUMBER	FREE TEXT	
430,245	EMPLOYEE INFORMATION DATA	FREE TEXT	

Current EA Assessment

430,246	EMPLOYMENT STATUS CODE	FREE TEXT	
430,247	EMPLOYER NAME	FREE TEXT	
430,248	EMPLOYEE ID NUMBER	FREE TEXT	
430,249	EMPLOYER LOCATION	FREE TEXT	
430,250	CONTROL POINT	FREE TEXT	
430,251	COST CENTER	FREE TEXT (Required)	
430,252	SUB COST CENTER	FREE TEXT	
430,253	BOC (SUB ACCOUNT)	FREE TEXT (Required)	
430,254	SUB BOC	FREE TEXT	
430,255	REVENUE SOURCE	POINTER TO REVENUE SOURCE CODE FILE (
430,255.10	RSC (CALC FOR ACCRUED BILLS)	FREE TEXT	
430,256	SUB-REV SOURCE	FREE TEXT	
430,257	STATION	FREE TEXT	
430,258	FEDERAL/NON-FEDERAL/EMPLOYEE	SET	
430,259	REFUND/REIBURSEMENT	SET	
430,260	SAT STATION	FREE TEXT	
430,261	JOB NUMBER	FREE TEXT	
430,262	XPROGAM	FREE TEXT	
430,263	REPORTING CATEGORY	FREE TEXT	
430,264	FMS LINE NUMBER	FREE TEXT	
430,265	VENDOR ID	FREE TEXT	
430,266	FMS TRANSMISSION DATE	DATE	
430.01,.01	FISCAL YEAR	FREE TEXT (Required)	
430.01,1	CURR.PRIN.BAL.	NUMBER (Required)	
430.01,2	PAT REF NO.	FREE TEXT	
430.01,3	APPROPRIATION SYMBOL	FREE TEXT	
430.01,4	ALD CODE	POINTER TO PRCD FUND/APPROPRIATION C	
430.01,5	CALM CODE DONE	SET	
430.01,7	FY ORIGINAL AMOUNT	NUMBER (Required)	
430.02,.01	DATE OF CHARGES	DATE (Multiply asked)	
430.02,2	DESCRIPTION OF CHARGES	WORD-PROCESSING #430.22	
430.02,3	QUANTITY (UNITS)	NUMBER (Required)	
430.02,4	UNIT COST	NUMBER (Required)	
430.02,5	UNIT	POINTER TO UNIT OF ISSUE FILE (#420.	
430.02,6	TOTAL AMOUNT	NUMBER	
430.02,7	ORDER NO.	FREE TEXT	
430.051,.01	REPAYMENT DUE DATES	DATE	
430.051,	PAYMENT RECEIVED	SET	

Current EA Assessment

1			
430.051, 2	SEND STATEMENT	SET	
430.051, 4	PAYMENT DATA	POINTER TO AR TRANSACTION FILE (#433	
430.051, 5	DATE SENT PAYMENT STATEMENT	DATE	
DD File 660_Record of Pros Appliance_Repair file			
Number	Name	Type	Format
660,.01	ENTRY DATE	DATE (Required)	
660,.02	PATIENT NAME	POINTER TO PROSTHETICS PATIENT FILE (#	
660,1	REQUEST DATE	DATE (Required)	
660,10	DELIVERY DATE	DATE	
660,11	FORM REQUESTED ON	SET	
660,12	SOURCE	SET (Required)	
660,13	ACTION	SET	
660,14	TOTAL COST	NUMBER (Required)	
660,15	HISTORICAL DATA	FREE TEXT	
660,16	REMARKS	FREE TEXT	
660,17	RETURNED STATUS	SET	
660,17.5	RETURN STATUS DATE	DATE	
660,18	*STATUS FLAG	SET	
660,19	PATIENT NOTIFICATION FLAG	SET	
660,2	TYPE OF TRANSACTION	SET (Required)	
660,20	DELIVERY VERIFICATION DATE	DATE	
660,20.1	DELIVERY VERIFICATION STATUS	SET	
660,21	LOT NUMBER	FREE TEXT	
660,22	*PRODUCT LINE	SET	
660,23	TRANSACTION	FREE TEXT	
660,24	DESCRIPTION	FREE TEXT	
660,25	DELIVER TO	FREE TEXT	
660,26	DATE REQUIRED	DATE	
660,27	INITIATOR	POINTER TO NEW PERSON FILE (#200)	
660,28	EXTENDED DESCRIPTION	WORD-PROCESSING #660.028	
660,29	INVENTORY POINT	POINTER TO GENERIC INVENTORY FILE (#44	
660,30	PRIMARY ICD DIAGNOSIS CODE	POINTER TO ICD DIAGNOSIS FILE (#	
660,30.1	PRIMARY AGENT ORANGE EXPOSURE	SET	
660,30.2	PRIMARY IONIZED	SET	

Current EA Assessment

	RADIATION		
660,30.3	PRIMARY SERVICE-CONNECTED	SET	
660,30.4	PRIMARY ENVIRONMENTAL CONT.	SET	
660,30.5	PRIMARY MST	SET	
660,30.6	PRIMARY HEAD/NECK CANCER	SET	
660,30.7	PRIMARY COMBAT VET	SET	
660,31	SECONDARY ICD DIAGNOSIS CODE 1	POINTER TO ICD DIAGNOSIS FIL	
660,31.1	SECONDARY AGENT ORANGE 1	SET	
660,31.2	SECONDARY IONIZED RADIATION 1	SET	
660,31.3	SECONDARY SERVICE-CONNECTED 1	SET	
660,31.4	SECONDARY ENVIRONMENTAL CONT 1	SET	
660,31.5	SECONDARY MST 1	SET	
660,31.6	SECONDARY HEAD/NECK CANCER 1	SET	
660,31.7	SECONDARY COMBAT VET 1	SET	
660,32	SECONDARY ICD DIAGNOSIS 2	POINTER TO ICD DIAGNOSIS FILE (#8	
660,32.1	SECONDARY AGENT ORANGE 2	SET	
660,32.2	SECONDARY IONIZED RADIATION 2	SET	
660,32.3	SECONDARY SERVICE-CONNECTED 2	SET	
660,32.4	SECONDARY ENVIR. CONT. 2	SET	
660,32.5	SECONDARY MST 2	SET	
660,32.6	SECONDARY HEAD/NECK CANCER 2	SET	
660,32.7	SECONDARY COMBAT VET 2	SET	
660,33	SECONDARY ICD DIAGNOSIS 3	POINTER TO ICD DIAGNOSIS FILE (#8	
660,33.1	SECONDARY AGENT ORANGE 3	SET	
660,33.2	SECONDARY IONIZED RADIATION 3	SET	
660,33.3	SECONDARY SERVICE-CONNECTED 3	SET	
660,33.4	SECONDARY ENVIRON. CONT. 3	SET	
660,33.5	SECONDARY MST 3	SET	
660,33.6	SECONDARY HEAD/NECK CANCER 3	SET	
660,33.7	SECONDARY COMBAT VET 3	SET	
660,34	OIF/OEF	SET	

Current EA Assessment

660,35	USER WHO EDIT	POINTER TO NEW PERSON FILE (#200)	
660,36	DATE EDITED	DATE	
660,37	HCPCS/ITEM	FREE TEXT	
660,38	HCPCS/ITEM DESCRIPTION	FREE TEXT	
660,38.1	EXCLUDE/WAIVER	SET	
660,38.7	CONTRACT #	FREE TEXT	
660,38.8	NUMBER OF BIDS	NUMBER	
660,39	DATE OF SERVICE	DATE	
660,4	ITEM	POINTER TO PROS ITEM MASTER FILE (#661	
660,4.1	HCPCS	POINTER TO CPT FILE (#81) (Required)	
660,4.2	VENDOR TRACKING NUMBER	FREE TEXT	
660,4.3	BANK AUTHORIZATION NUMBER	FREE TEXT	
660,4.5	PSAS HCPCS	POINTER TO PROSTHETIC HCPCS FILE (#661	
660,4.6	STOCK ISSUE	POINTER TO PROSTHETIC INVENTORY TRANSA	
660,4.7	CPT MODIFIER	FREE TEXT	
660,4.8	DATE CPT MODIFIER EXTRACTED	DATE	
660,4.9	HCPCS-ICD9 CODING FLAG	NUMBER	
660,4.91	CODING FLAG DATE	DATE	
660,4.92	HIGH TECH ITEM	SET	
660,40	REQUESTING STATION	POINTER TO INSTITUTION FILE (#4)	
660,45	TOTAL LABOR HOURS	NUMBER	
660,46	TOTAL LABOR COST	NUMBER	
660,47	TOTAL MATERIAL COST	NUMBER	
660,48	TOTAL LAB COST	NUMBER	
660,5	QTY	NUMBER (Required)	
660,50	COMPLETION DATE	DATE	
660,51	LAB REMARKS	FREE TEXT	
660,52	AMIS NEW CODE	POINTER TO PROS AMIS CODES FILE (#663	
660,6	SHIP/DEL	NUMBER	
660,6.5	PICKUP/DEL	SET	
660,60	AMIS DATE	DATE	
660,62	PATIENT CATEGORY	SET (Required)	
660,63	SPECIAL CATEGORY	SET	
660,64	ADMIN REPAIR AMIS CODE	POINTER TO PROS AMIS CODES FILE (#663	
660,68	AMIS GROUPER	NUMBER	
660,69	SOURCE OF PROCUREMENT	SET	

Current EA Assessment

660,7	VENDOR	POINTER TO VENDOR FILE (#440)	
660,70	RECEIVING STATION	POINTER TO INSTITUTION FILE (#4)	
660,71	WORK ORDER NUMBER	POINTER TO PROSTHETIC WORK ORDER FILE	
660,72	2529-3	POINTER TO PROSTHETIC 2529-3 FILE (#	
660,72.5	FREE TEXT	FREE TEXT	
660,73	LAB AMIS DATE	DATE	
660,74	ORTHOTICS LAB CODE	POINTER TO PROS AMIS CODES FILE (#66	
660,75	ORTHOTICS LAB REPAIR CODE	POINTER TO PROS AMIS CODES FILE (
660,76	RESTORATION LAB CODE	POINTER TO PROS AMIS CODES FILE (#66	
660,77	RESTORATIONS LAB REPAIR CODE	POINTER TO PROS AMIS CODES FIL	
660,78	UNIT OF ISSUE	POINTER TO UNIT OF ISSUE FILE (#420.5)	
660,79	AMIS FLAG	SET	
660,8	STATION	POINTER TO INSTITUTION FILE (#4)	
660,8.1	SUSPENSE DATE	DATE	
660,8.11	SUSPENSE STATION	POINTER TO INSTITUTION FILE (#4)	
660,8.12	PCE	POINTER TO VISIT FILE (#9000010)	
660,8.13	DATE SENT TO PCE	DATE	
660,8.14	SUSPENSE STATUS	SET	
660,8.2	DATE RX WRITTEN	DATE	
660,8.3	INITIAL ACTION DATE	DATE	
660,8.4	COMPLETION DATE	DATE	
660,8.5	TYPE OF REQUEST	FREE TEXT	
660,8.6	SUSPENSE REQUESTOR	POINTER TO NEW PERSON FILE (#200)	
660,8.61	CONSULT REQUEST SERVICE	FREE TEXT	
660,8.7	PROVISIONAL DIAGNOSIS	FREE TEXT	
660,8.8	SUSPENSE ICD9	POINTER TO ICD DIAGNOSIS FILE (#80)	
660,8.9	CONSULT	POINTER TO REQUEST/CONSULTATION FILE	
660,80	WORK FOR OTHER STATION	SET	
660,81	NO ADMIN COUNT	SET	
660,82	NO LAB COUNT	SET	
660,83	BACKLOG DATE	DATE	
660,89	HISTORICAL ITEM	FREE TEXT	
660,89.1	DALC REFERENCE NUMBER	FREE TEXT	

Current EA Assessment

660,89.2	DALC BILL DATE	DATE	
660,89.3	DALC ORDERING STATION	FREE TEXT	
660,9	SERIAL NBR	FREE TEXT	
660,9.1	PRODUCT DESCRIPTION	FREE TEXT	
660,9.2	PRODUCT MODEL	FREE TEXT	
660,90	HISTORICAL STATION	FREE TEXT	
660,91	HISTORICAL VENDOR	FREE TEXT	
660,92	HISTORICAL VENDOR PHONE	FREE TEXT	
660,93	HISTORICAL STREET ADD	FREE TEXT	
660,94	HISTORICAL CITY	FREE TEXT	
660,95	HISTORICAL STATE	FREE TEXT	
660,96	HISTORICAL ZIP	FREE TEXT	
660,97	HISTORICAL RECORD	NUMBER	
660,100	PFSS ACCOUNT REFERENCE	POINTER TO PFSS ACCOUNT FILE (#375)	
660,101	PFSS CHARGE ID	NUMBER	
660,102	LATEST PSAS HCPCS	POINTER TO PROSTHETIC HCPCS FILE (#	
660,103	LATEST QTY	NUMBER	
660,104	LATEST TOTAL COST	NUMBER	
660,105	LATEST ORDERING PROVIDER	POINTER TO NEW PERSON FILE (#200)	
660,106	PFSS ACCOUNT FLAG	SET	
660,107	PFSS CHARGE FLAG	SET	



FIRSTVIEW FEDERAL TS

This report is confidential. Unauthorized use of this report in whole or in part is strictly prohibited.