INVOICING PROTOCOL
HIBBING VA CBOC

Process through May 2011

1) Minneapolis VA HCS (MVAHCS) Primary Care Management Module (PCMM) Coordinator downloads CBOC activity for the month to be invoiced and previous 11 months of activity from ACRP menu in VistA.
   - Pulled on or shortly after the 15th of the month following the month to be invoiced
   - All activity is captured – all stop codes, all clinics, all procedures, all veterans
   - The data is not analyzed, reviewed, or "cleaned-up" – rather the raw report is sent via, encrypted e-mail, to the vendor's contact
2) Vendor, either through Excel spreadsheet manipulation or through the use of Access, uses the data from the PCMM Coordinator to determine the list of active patients or "invoiceable veterans"
3) Vendor submits an invoice to OLCS (On-Line Invoice Certification), aka Austin - very brief invoice capturing only the aggregate numbers related to the invoice
4) Vendor sends, via FedEx or overnight mail, a detailed document with three lists:
   - Previously invoiced veterans
   - New veterans seen by the CBOC in the invoiced month
   - Veterans removed from the invoiced list – deaths, no longer seeking VA care, veterans seeking care at other VA sites
5) Detailed document from vendor reviewed by CBOC Business Manager / CBOC COTR assigned to Hibbing VA CBOC
   - Appropriate changes in the volume reviewed
   - Continuity of invoiceable veterans reviewed
   - Consistency between OLCS and document numbers reviewed
6) Assuming no concerns, issues, or inaccuracies, CBOC Business Manager / CBOC COTR certifies the OLCS invoice

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Process for May 2011 and beyond

1) Minneapolis VA HCS DSS, or other appropriate staff, will run a report.
   1) Pulled on or shortly after the 15th of the month following the month to be invoiced to capture all potential workload
   2) Only veterans with a "vesting code visit" in the 12 months ending on the last day of the invoiced month in stop codes 322 or 323 at the Hibbing CBOC will be captured
      - Veteran's name
      - Veteran's SSN
      - Date of vesting visit
      - Location of the vesting visit (clinic name)
   3) The data will be sent via encrypted e-mail, to the vendor's contact, by the CBOC Business Manager / CBOC COTR
2) Vendor, either through Excel spreadsheet manipulation or through the use of Access, uses the data from DSS to determine the list of active patients or "invoiceable veterans"
3) Vendor submits an invoice to OLCS (On-Line Invoice Certification), aka Austin - very brief invoice capturing only the aggregate numbers related to the invoice
4) Vendor sends, via FedEx or overnight mail, a detailed document with three lists:
   - Previously invoiced veterans
   - New veterans seen by the CBOC in the invoiced month
   - Veterans removed from the invoiced list – deaths, no longer seeking VA care, veterans seeking care at other VA sites
5) Detailed document from vendor reviewed by Business Manager / CBOC COTR assigned to Hibbing VA CBOC
   - Appropriate changes in the volume reviewed
   - Continuity of invoiceable veterans reviewed
   - Consistency between OLCS and document numbers reviewed
6) Assuming no concerns, issues, or inaccuracies, Business Manager / CBOC COTR certifies the OLCS invoice
7) Each fiscal year a statistically significant sample from three months of invoices will be audited using the Contracted CBOC Audit Tool by Primary & Specialty Medicine Service Line leadership (Chief Nurse, Administrative Officer, and CBOC Medical Director) – 30 records from each invoice
   - Records to be reviewed will be identified by MVAHCS Compliance staff
   - Did the veteran have a vesting code in the 12 months ending on the last day of the invoiced month in stop codes 322 or 323 at the Hibbing CBOC
   - Is the veteran currently alive
   - Has the veteran sought care at another facility since being seen at the Hibbing CBOC, if so was it for transient care or was it to establish permanent primary care
8) Assuming 95% or better results from the audit for each of the three months (appropriately invoiced veterans / audited invoiced veterans), no further action will be taken. Should the audit results be less than 95%, consultation with MVAHCS Compliance and Contracting

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to determine next steps / action.

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Process to audit invoices before May 2011

1) CBOC Business Manager / CBOC COTR will supply three months of "invoiced veterans" – the three months to be supplied will be identified by Compliance staff – to Compliance staff for identification of records to be audited.

2) A statistically significant sample from three months of invoices will be audited using the Contracted CBOC Audit Tool by Primary & Specialty Medicine Service Line leadership (Chief Nurse, Administrative Officer, and CBOC Medical Director) – 30 records from each invoice
   - Records to be reviewed will be identified by MVAHCS Compliance staff
   - Did the veteran have a vesting code in the 12 months ending on the last day of the invoiced month in stop codes 322 or 323 at the Hibbing CBOC
   - Is the veteran currently alive
   - Has the veteran sought care at another facility since being seen at the Hibbing CBOC, if so was it for transient care or was it to establish permanent primary care

3) Assuming 95% or better results from the audit for each of the three months (appropriately invoiced veterans / audited invoiced veterans), no further action will be taken. Should the audit results be less than 95%, consultation with MVAHCS Compliance and Contracting to determine next steps / action.