

CDR Handbook April 2000
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CHAPTER 1

GENERAL

1.1 Introduction

a. The cost accounting system in the VA is designed to produce cost information on a functional or organizational level. However, management requires a further distribution to reflect the cost of patient care provided through the VA medical system. This information has, in the past, been used as backup data for budget support to the Congress and for developing interagency and tort reimbursement rates for inpatient and outpatient services furnished by the VA. The source of this patient care cost data is the RCS 10-0141, Cost Distribution Report (CDR).

b. Additional uses have been found for the RCS 10-0141 data, the most recent being as a cost base for Resource Allocation. The Veterans Equitable Resource Allocation (VERA) process is designed to fully integrate VHA planning, management, and budget.

c. Each Service Chief is responsible for developing a percentage distribution of his/her service's costs. A service may have more than one cost center. Each Service Chief must make a conscientious effort to provide the most accurate distribution data possible for each cost center for which they have responsibility. Designated responsible officials should develop percentage distributions of time spent and all other costs pertinent to each bed section and outpatient care area. The official RCS 10-0141 Handbook is available from Fiscal Service at each medical center. Additional guidance is available from the facility CDR Coordinator or VA Program Officials.

Baseline reporting, where appropriate, is the recommended method for developing distribution percentages. A yearly sampling should be performed, with periodic reviews and adjustments to update program and staffing information if required throughout the fiscal year. The most accurate method for obtaining this information would be to make a name listing of each employee in the cost center and distribute his/her time actually spent in the various categories. The Bed Status Report (G&L) can be used as a guide, and would reflect any changes to correlate the operating beds on the CDR. Refer to account definitions for the composition of other than VA inpatient categories. Personal Services cost; full-time employee equivalent (FTEE) and all other costs accumulated under Medical Care cost centers will be distributed to these categories. Direct charges are utilized wherever possible, particularly in the area of education and training. The authorized official should sign and submit the data to the CDR Coordinator in a timely manner.

The following guidelines should be used in judging the appropriateness of the cost center/account combination are:

1. Only 200 series cost centers should be used with direct care distribution accounts.
2. Administration, the xxxx.30 accounts, is to be used only with the 400 series cost centers.
3. Environmental Management, the xxxx.40 accounts, is to be used only with the Environmental Management cost centers.
4. Engineering, the xxxx.50 accounts, is to be used only with the Engineering cost centers.
5. Instructional, the xxxx.12 accounts, and Administrative Support, the xxxx.13 accounts, are the instructional and administrative support of the VA Headquarters approved trainee programs. Any cost center which provides support in these areas can use these accounts.

Where appropriate, clinical reports may include FTEE and Personal Services distributions for the following CDR subaccounts: RNs - 1061, Physicians - 1081, and Other Personnel - 0000; and All Other costs only for Scarce Medical - 2579, Incentive Therapy - 2582, House Staff - 2587, Blood - 2635, Prosthetic devices associated with surgical implants - 2692, and Other Non-Personnel costs - 0000. Both Clinical and Administrative cost centers may need to distribute FTEE and Personal Services for Trainees-1041, and All Other costs of Continuing Education Travel - 2103 in addition to their usual reporting. Other CDR subaccounts used include: FEE Medical - 2562 (cc 363 only), FEE Dental - 2570 (cc 363 only), Contract Hospital (.01) - 2575, and Prescriptions - 2636 (cc 363 only). This information is represented on the Jurisdictional portion of the report. The CDR subaccounts differ from the FMS BOCs in that some CDR subaccounts represent more than one FMS BOC, or may be limited to specific cost centers. Additional guidance on the use of these subaccounts is available from the facility CDR Coordinator.

d. PROCEDURES: The CDR is computer-generated monthly at the Austin Automation Center by linkage of PAID, FMS, and VWM, FAP, and NPCD systems (see Appendix B for definitions). The PAID system reveals man-hours and salary costs by cost center. Personnel transactions, timecards, pay adjustments and overtime records are source documents for PAID. The FAP system contains data on inventory and assets. The FMS system reveals cost of supplies consumed, services utilized, assets, construction, petty cash and work-in-process. The FMS system

passes the cost and full-time equivalent employment (FTEE) data to the CDR system. The facility CDR Coordinator inputs cost distribution percentages for Section I and II accounts, as well as actual costs and FTEE (man-hours) for Section III Specialized Medical Services through on-line computer data entry. All data input via the system linkages is for the current month only; however, data input on-line may be for the current month or any prior month. The data is distributed on a monthly basis and accumulated to produce a fiscal year-to-date report.

The report is produced on the night of the fourteenth workday of each month and distributed on the CD-ROM the next month. The report is also available electronically on the fifteenth workday of each month. The cycle for the current month (most recently closed fiscal month) is the 7th –14th workdays but the system is open for prior month corrections at any time.

e. COMPONENTS OF THE RCS 10-0141: The report consists of three sections:
Section I - the distribution of supplies and personal service costs utilized during the report month to appropriate CDR accounts using information furnished by each service.

Section II - Education and Training Programs and Research Support. These costs are reported in Section I but are isolated in Section II to provide a detailed listing of each Program element by cost center.

Section III - Specialized Medical Services. These costs are also reported as percentage distributions to Section I accounts, but the actual costs are required to be computed and reported in Section III.

The report is sorted and printed by CDR account and by cost center. The sort by CDR account is generally referred to as the Detail Report whereas the sort by cost center is the Jurisdictional Report. The Detail Report shows account data by cost center and is also available as a summary report showing only the account total level data. The Jurisdictional Report includes subaccount data and lists the CDR accounts to which the cost center was distributed. There is no summary report available for the Jurisdictional Report.

1.2 Definitions

NOTE: *Additional definitions are contained in Appendix B - Glossary.*

a. COST CENTER: A functional or organizational level of responsibility used for classifying and accumulating costs, e.g., Medical Service, Surgical Service, Sanitation Operations. The 200 series of cost centers are assigned to direct medical

care -- VA facilities; 300 series are assigned to contract and fee services; 400 series are assigned to administrative Services; 500 series are assigned to Engineering and Environmental Management, and 600 series are assigned to miscellaneous benefits. All costs are reported in FMS by cost center. It should be pointed out that cost centers are not synonymous with fund control points.

b. COSTS: The dollar amount of goods and services received and/or expended during the report month.

c. FMS: The VA accounting system that captures, on a cumulative basis, personal services and all other costs by cost center and BOC.

d. DISTRIBUTION CATEGORIES: These are specific categories in the RCS 10-0141 which are designed to measure the treatment cost of inpatient and outpatient care, both VA and non-VA. The distribution accounts identify the major categories of cost.

(1) Major Cost Categories:

<u>Category</u>	<u>Account Series</u>
Inpatient - VA	1000.00
Outpatient - VA	2000.00
Inpatient - Non-VA	3000.00
Outpatient - Non-VA	4000.00
Off-Facility Programs - VA	5000.00
Miscellaneous Benefits & Services	6000.00
Services Furnished Other Than VHA	8000.00

(2) Subdivisions of Inpatient - VA:

<u>Category</u>	<u>Account Series</u>
Medical Bed Section	1100.00
Surgical Bed Section	1200.00
Psychiatric Bed Section	1300.00
VA Nursing Home Care Bed Section	1400.00
Domiciliary Care Bed Section	1500.00
Intermediate Care Bed Section	1600.00
Psychiatric Residential Rehabilitation Treatment Program	1700.00

(3) Account Suffix Codes:

Unassigned	.00
Satellite Outpatient Clinics	.01
Community-Based Outpatient Clinics	.02
Outreach Clinics	.03
Education and Training	
Trainee Payroll (includes contract)	.11
Instructional Support - Trainees	.12
Administrative Support - Trainees	.13
Continuing Education	.14
Research Support	
Medical Research	.21
Prosthetic Research	.22
Administration Support	.30
Environmental Management Support	.40
Engineering Support	.50
Lodging (2000 series only)	.60
Equipment Depreciation	.70
Building Depreciation	.80

e. DISTRIBUTION ACCOUNTS: The level to which costs are distributed on the RCS 10-0141. Definitions of the accounts are provided below.

(1) INPATIENT - VA

General Comments: The VA inpatient accounts (i.e. 1000 account series) listed below should be utilized to distribute direct care costs incurred in the provision of all care (excluding Dialysis, Open Heart Surgery, and Operating/Recovery Room costs) for patients occupying a bed in an approved bed section. Cost should only be distributed to approved bed sections where the services were incurred or rendered (e.g. physician services, nursing services, dental services, ancillary services, consults, etc. should be charged to the bed section account where the patient is located). Refer to Accounts 1118.00 Inpatient Dialysis, 1212.00 Operating/Recovery Room, and 1213.00 Open Heart Surgery for guidance in distributing costs related to the provision of these types of care during an inpatient stay. Any questions regarding the appropriateness of distributing costs to these accounts should be referred to the Facility CDR Coordinator.

1110.00 General Medicine

All costs incurred in the examination, diagnosis, and treatment of diseases/disorders of inpatients admitted to a general medical bed section, including cardiology, gastroenterology, immunology, hematology, oncology, dermatology, endocrinology, infectious diseases, pulmonary diseases, etc. as well as the costs of other medical disorders. (Excludes the costs associated with those bed sections designated by accounts 1111.00 through 1120.00, 1610.00 and 1620.00)

Workload units are patient days and are derived by subtracting the units for accounts 1117.00, 1130.00 and the units for the Acute Medicine GEM from VWM Segment 336 field 11.

1111.00 Neurology

All costs incurred in the examination, diagnosis, and treatment of diseases/disorders of inpatients admitted to the neurology bed section, including strokes, aphasia, multiple sclerosis, etc.

Workload units are patient days and are derived by subtracting the units for accounts 1114.00 and the units for the Neurology GEM from VWM Segment 337 field 11.

1113.00 Rehabilitation Medicine

All costs incurred in the evaluation and treatment of diseases/disorders of inpatients admitted to the physical medicine rehabilitation bed section.

Workload units are patient days and are derived by subtracting the units for the Rehabilitation GEM from the units reported on VWM Segment 338 field 11.

1114.00 Epilepsy Center

All costs incurred in the diagnosis, treatment, and medical intervention of inpatients admitted to an epilepsy bed section/center. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are to be provided from local VAMC sources.

1115.00 Blind Rehabilitation

All costs incurred in the diagnosis, treatment and medical intervention of inpatients admitted to a blind rehabilitation bed section, including the costs incurred in providing personal and social adjustment training/services to the blind in adapting to their environments. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are derived from VWM Segment 339 field 11.

1116.00 Spinal Cord Injury

All costs incurred in the diagnosis, treatment, and medical intervention of inpatients admitted to a spinal cord injury bed section, including treatments/services such as intensive rehabilitation care, sustaining care, and long-term care. This account also includes the cost of items such as wheelchairs, gurneys, beds, etc. which were ordered as part of the discharge planning for the SCI patient.

Workload units are patient days and are derived by subtracting the units for account 1116.01 from VWM Segment 340 field 11.

1116.01 SCI Substance Abuse (Inpatient)

All costs incurred in the evaluation and treatment for substance abuse among spinal cord injury patients. *This account is a pilot program and is restricted to VAMC Bronx, NY.*

Workload units are patient days and are to be provided from local VAMC sources.

1117.00 Medical Intensive Care Units

All costs incurred for inpatients admitted to a medical and/or coronary intensive care unit, as well as, a general purpose intensive care unit. A general intensive care unit is defined as a unit using designated intensive care beds interchangeably for more than one type of patient (e.g. medical, coronary, surgical).

Workload units are patient days and are to be provided from local VAMC sources.

1118.00 Inpatient Dialysis

Includes all direct costs incurred for inpatient dialysis treatments associated with acute or chronic renal failure. The treatment counts are limited to one per day per patient; units are entered through on-line entry into Austin. Treatments include peritoneal dialysis, hemodialysis, and other extracorporeal treatments such as CAVH, SCUF, CVVH, SUF, and hemoperfusion. Does include all dialysis treatments for poisons/overdoses. Does not include therapeutic plasma exchange (plasmapheresis) treatments for non renal-related conditions.

The Dialysis Unit is not a bed section. Patients are not admitted to the dialysis unit. Dialysis is a procedure that may be required during a patient's hospital admission. Only costs associated with services and supplies required to perform inpatient dialysis are to be distributed to account 1118.00.

Direct costs for this account include all medications related to the dialysis treatment (i.e., saline, heparin, albumin) and other supplies issued to the dialysis unit. Does not include prescriptions/medications specifically issued to individual patients (i.e., vancomycin, EPO, TPN). Does not include laboratory cost for individual patients.

For example, a dialysis patient admitted for any condition will have the cost for inpatient care charged to the appropriate bed section (i.e., medical, surgical, psychiatric). However, the cost for dialysis treatments (i.e., dialysis staff, dialysis supplies) while an inpatient will be charged to this account.

Cost distribution to this account should be limited to the following cost centers:

- 201 Medicine
- 211 Dialysis
- 221 Social Work
- 224 Pharmacy
- 241 Nursing Service
- 243 Dietetic
- 281 Supply Processing & Distribution
- 285 Ward Administration

Workload units are dialysis treatments and are to be provided from local VAMC sources.

1119.00 Inpatient AIDS

All costs incurred for inpatients admitted to an AIDS bed section. *This account is only applicable to New York, Miami, and West Los Angeles VAMCs.*

Workload units are patient days and are to be provided from local VAMC sources.

1120.00 Geriatric Evaluation and Management (GEM) Unit - Medical Beds

All costs incurred in the diagnosis, treatment, and medical intervention of GEM inpatients admitted to acute medicine, neurology and rehabilitation; patient treating specialty codes 31, 34 and 35.

Workload units are patient days and are to be provided from local VAMC sources. It will be necessary to adjust the units for CDR accounts 1110.00, 1111.00, and 1113.00 to prevent duplicate reporting of days of care. The On-line Units screen will display accounts 1121.00, 1122.00, and 1123.00 in place of the GEM account 1120.00. Enter units for acute medicine GEM into account 1121.00; units for rehabilitation GEM into account 1122.00; and units for neurology GEM into account 1123.00.

1130.00 Primary Care - Medicine

All costs incurred in the examination, diagnosis, and treatment of diseases / disorders of inpatients admitted to general medicine bed sections, including cardiology, gastroenterology, immunology, dermatology, endocrinology, infectious disease, pulmonary diseases, etc. as well as the costs of other medical disorders, if the admission is a result of or, in conjunction with outpatient Primary Care. *(Excludes the costs associated with those bed sections designated by accounts 1110.00 through 1120.00 and 1610.00.)*

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1110.00, 1111.00, 1113.00, 1114.00, 1115.00, 1116.00, 1116.01, 1117.00, 1119.00, 1120.00, and 1130.00.

1100.11 Education & Training - Trainee Salary - Medical Beds

1100.12 Education & Training - Instructional Support - Medical Beds

1100.13 Education & Training - Administrative Support - Medical Beds

1100.14 Education & Training - Continuing Education - Medical Beds

See definitions for Education and Training following definition for account 8000.80.

1100.21 Medical Research Support - Medical Beds

1100.22 Prosthetic Research Support - Medical Beds

See definitions for Research Support following definition for account 8025.00.

1100.30 Administration Support - Medical Beds

All administrative and clerical costs incurred in the management and operation of the Medical Beds activity. Use of this account is limited to the 400 series cost centers.

1100.40 Environmental Management Support - Medical Beds

All costs of the environmental management services provided to the Medical Beds activity.

1100.50 Engineering Support - Medical Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1100.70 Equipment Depreciation - Medical Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Medical Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1100.80 Building Depreciation - Medical Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Medical Beds activity.

Workload units for accounts 1100.11 through 1100.80. are patient days and are the sum of units for accounts 1110.00, 1111.00, 1113.00, 1114.00, 1115.00, 1116.00, 1116.01, 1117.00 1119.00, 1120.00, and 1130.00.

1210.00 Surgical Ward Cost

All costs incurred in the examination, diagnosis and treatment of diseases/disorders of inpatients admitted to a surgical bed section, including general surgery, urology, orthopedics, vascular, neurosurgery, plastic, thoracic, transplantation, etc.

Workload units are patient days and are derived by subtracting the units for accounts 1211.00 and 1230.00 from VWM Segment 341 field 11.

1211.00 Surgical Intensive Care Unit

All costs incurred for inpatients admitted to an approved and designated surgical intensive care unit. (Excludes the costs incurred for surgical patients admitted/transferred to a general purpose unit - refer to account 1117.00)

Workload units are patient days and are derived from VWM Segment J42 field 8.

1212.00 Operating/Recovery Room

All costs incurred in the operative treatment of disease, performed in the operating room as well as the costs provided to patients in the recovery room. (Excludes the costs of pre/post operative treatment and services provided on a general ward, as well as the operating/recovery room costs incurred for procedures involving open heart surgery.) Also excludes the cost of ambulatory procedures performed in the operating room. *This account is for reporting inpatient workload only.*

Workload equates to one unit per patient procedure in the Operating Room and is to be provided from local VAMC Surgical sources.

1213.00 Open Heart Surgery

All direct care costs incurred in the operating room and the recovery room for open heart surgical procedures. (Excludes the costs of pre/post operative treatment and service provided on a general ward, as well as the operating/recovery room costs incurred for procedures other than open heart surgery and cardiac catheterization.) *Only inpatient cost and workload are to be reported to this account.*

Workload equates to one unit per inpatient open heart procedure in the Operating Room and is to be provided from local VAMC Surgical sources.

1230.00 Primary Care - Surgery

All costs incurred in the examination, diagnosis and treatment of diseases / disorders of inpatients admitted to a surgical bed section, including general surgery, urology, orthopedics, vascular, neurosurgery, plastic, thoracic, transplantation, etc. if the admission is a result of or, in conjunction with outpatient Primary Care. *(Excludes the costs associated with accounts 1210.00 through 1213.00.)*

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1210.00, 1211.00, and 1230.00.

1200.11 Education & Training - Trainee Salary - Surgical Beds

1200.12 Education & Training - Instructional Support - Surgical Beds

1200.13 Education & Training - Administrative Support - Surgical Beds

1200.14 Education & Training - Continuing Education - Surgical Beds

See definitions for Education and Training following definition for account 8000.80.

1200.21 Medical Research Support - Surgical Beds

1200.22 Prosthetic Research Support - Surgical Beds

See definitions for Research Support following definition for account 8025.00.

1200.30 Administration Support - Surgical Beds

All administrative and clerical costs incurred in the management and operation of the Surgical Beds activity. Use of this account is limited to the 400 series cost centers.

1200.40 Environmental Management Support - Surgical Beds

All costs of the environmental management services provided to the Surgical Beds activity.

1200.50 Engineering Support - Surgical Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1200.70 Equipment Depreciation - Surgical Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Surgical Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1200.80 Building Depreciation - Surgical Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Surgical Beds activity.

Workload units for accounts 1200.11 through 1200.80 are patient days and are the total of units for accounts 1210.00, 1211.00, and 1230.00.

Psychiatric inpatient programs are in the 1300 and 1700 series of CDR accounts. Facilities are not expected to have all programs or to use all psychiatric CDR accounts. Facilities providing differing levels of care on one unit (e.g. Substance Abuse and PTSD) that are not "formalized programs"

should use the 1310.00 account. For costs to be assigned to other CDR accounts in the 1300 and 1700 series, the facility must have a program with designated beds on the station's G&L, along with written admissions/treatment/discharge policies and procedures. This requirement also applies to those accounts which can be accomplished at "local discretion". Additional information on Mental Health and Behavioral Sciences Service programs is provided in M-2, Part X.

1310.00 High Intensity General Psychiatric Inpatient Unit

All direct care costs incurred in the diagnosis and treatment of diseases/disorders for patients admitted to a high intensity psychiatry inpatient unit with workload not reported elsewhere in the Psychiatric inpatient accounts.

Workload units are patient days and are derived by subtracting the units for accounts 1311.00, 1312.00, 1313.00, 1314.00, 1315.00, 1316.00, 1317.00, 1320.00, 1330.00, 1711.00, 1712.00, 1713.00, 1714.00, 1715.00, 1716.00 and 1717.00 from VWM Segment 334 fields 11 + 12.

1311.00 General Intermediate Psychiatry

All direct care costs incurred in the care, treatment and support of inpatients in locally designated sub-acute psychiatry beds other than substance abuse. The length of stay is expected to be less than 90 days.

Workload units are patient days and are to be provided from local VAMC sources.

1312.00 Substance Abuse Intermediate Care

All direct care costs incurred in the care, treatment and support of inpatients in a locally designated sub-acute substance abuse psychiatry bed. The length of stay is expected to be less than 90 days.

Workload units are patient days and are to be provided from local VAMC sources.

1313.00 Substance Abuse Treatment Program - High Intensity

All direct care costs incurred in the diagnosis and treatment of patients admitted to a drug, alcohol, or combined alcohol and drug treatment unit. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are to be provided from local VAMC sources.

1314.00 Specialized Inpatient PTSD Unit (SIPU) - Intermediate Care

All direct care costs incurred in a SIPU which provides comprehensive treatment for PTSD. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are to be provided from local VAMC sources.

1315.00 Evaluation/Brief Treatment PTSD Unit (EBTPU) - High Intensity

All direct care costs incurred in an EBTPU unit providing short-term inpatient PTSD care. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are to be provided from local VAMC sources.

1316.00 STAR I, II, & III Programs Sustained Treatment and Rehabilitation

All direct care costs incurred in the care, treatment and support of inpatients in a locally designated sustained treatment and rehabilitation psychiatric bed, other than substance abuse. The length of stay is usually greater than 90 days.

Workload units are patient days and are to be provided from local VAMC sources.

1317.00 Substance Abuse STAR I, II, & III Programs Sustained Treatment and Rehabilitation

All direct care costs incurred in the care, treatment and support of inpatients in a locally designated substance abuse sustained treatment and rehabilitation psychiatric bed. These programs will usually involve patients with significant psychiatric and/or medical comorbidities. The length of stay is usually greater than 90 days.

Workload units are patient days and are to be provided from local VAMC sources.

1320.00 Geriatric Evaluation and Management (GEM) Unit - Psychiatry

All costs incurred in the diagnosis, treatment, and medical intervention of GEM inpatients admitted to psychiatry. Patient treating specialty code 33.

Workload units are patient days and are to be provided from local VAMC sources.

1330.00 Primary Care – Psychiatric Beds

All costs incurred in the examination, diagnosis and treatment of diseases / disorders of inpatients admitted to a psychiatric bed section. *(Excludes the costs associated with accounts 1310.00 through 1320.00.)*

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1310.00, 1311.00, 1312.00, 1313.00, 1314.00, 1315.00, 1316.00, 1317.00, 1320.00 and 1330.00.

1300.11 Education & Training - Trainee Salary - Psychiatric Beds

1300.12 Education & Training - Instructional Support - Psychiatric Beds

1300.13 Education & Training - Administrative Support - Psychiatric Beds

1300.14 Education & Training - Continuing Education - Psychiatric Beds

See definitions for Education and Training following definition for account 8000.80.

1300.21 Medical Research Support - Psychiatric Beds

1300.22 Prosthetic Research Support - Psychiatric Beds

See definitions for Research Support following definition for account 8025.00.

1300.30 Administration Support - Psychiatric Beds

All administrative and clerical costs incurred in the management and operation of the Psychiatric Beds activity. Use of this account is limited to the 400 series cost centers.

1300.40 Environmental Management Support - Psychiatric Beds

All costs of the environmental management services provided to the Psychiatric Beds activity.

1300.50 Engineering Support - Psychiatric Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1300.70 Equipment Depreciation - Psychiatric Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Psychiatric Bed activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1300.80 Building Depreciation - Psychiatric Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Psychiatric Beds activity.

Workload units for accounts 1300.11 through 1300.80 are patient days and are the total of units for accounts 1310.00, 1311.00, 1312.00, 1313.00, 1314.00, 1315.00, 1316.00, 1317.00, 1320.00 and 1330.00.

1410.00 VA Nursing Home Care

All costs incurred in the care and treatment of inpatients in VA nursing home care units.

Workload units are patient days and are derived by subtracting units for account 1420.00 from [VWM] Segment 345 field 15.

1420.00 Geriatric Evaluation and Management (GEM) Unit - VA Nursing Home

All costs incurred in the diagnosis, treatment, and medical intervention of GEM inpatients admitted to VA nursing home care; patient treating specialty code 81.

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1410.00 and 1420.00.

1400.11 Education & Training - Trainee Salary - VA Nursing Home Beds

1400.12 Education & Training - Instructional Support - VA Nursing Home Beds

1400.13 Education & Training - Administrative Support - VA Nursing Home Beds

1400.14 Education & Training - Continuing Education - VA Nursing Home Beds

See definitions for Education and Training following definition for account 8000.80.

1400.21 Medical Research Support - VA Nursing Home Beds

1400.22 Prosthetic Research Support - VA Nursing Home Beds

See definitions for Research Support following definition for account 8025.00.

1400.30 Administration Support - VA Nursing Home Beds

All administrative and clerical costs incurred in the management and operation of the Nursing Home Beds activity. Use of this account is limited to the 400 series cost centers.

1400.40 Environmental Management Support - VA Nursing Home Beds

All costs of the environmental management services provided to the Nursing Home Beds activity.

1400.50 Engineering Support - VA Nursing Home Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1400.70 Equipment Depreciation - VA Nursing Home Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Nursing Home Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1400.80 Building Depreciation - VA Nursing Home Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Nursing Home Beds activity.

Workload units for accounts 1400.11 through 1400.80 are patient days and are the total of units for accounts 1410.00 and 1420.00.

1510.00 Domiciliary Bed Section

All costs incurred in the general care and treatment of inpatients in VA domiciliaries. Costs of special Domiciliary programs will be reported to the appropriate 1511.00, 1512.00, 1513.00 or 1520.00 account. Cost of care provided to Domiciliary patients in an outpatient setting will be charged to the appropriate Ambulatory Care distribution account.

Workload units are patient days and are derived from VWM Segment 346 field 15.

1511.00 Domiciliary Substance Abuse

A Domiciliary program providing substance abuse treatment and rehabilitation on a designated number of Domiciliary beds. All costs involved in the substance abuse treatment provided by enhancement moneys or staffing enhancements provided locally should be costed to this account.

Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.

Workload units are patient days and are to be provided from local VAMC sources.

1512.00 Domiciliary - PTSD

A Domiciliary program providing PTSD treatment and rehabilitation on a designated number of Domiciliary beds. All PTSD services rendered by enhancement staff or local staffing enhancements should have cost charged to this account. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.*

Workload units are patient days and are to be provided from local VAMC sources.

1513.00 Domiciliary Care for Homeless Veterans (DCHV) Program

A DCHV Program providing treatment and rehabilitation for patients defined as homeless or at risk of homelessness in a designated number of Domiciliary beds. Only homeless services rendered by staff in specialized DCHV Programs actively enrolled in the national evaluation for DCHV programs managed through the Northeast Program Evaluation Center (NEPEC) should be posted to this account. Patient Treatment Files (PTF) Treating Specialty Code 37 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1520.00 Geriatric Evaluation and Management (GEM) Unit - Domiciliary

All costs incurred in the diagnosis, treatment, and medical intervention of GEM inpatients admitted to the Domiciliary; patient treating specialty code 87.

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1510.00, 1511.00, 1512.00, 1513.00 and 1520.00.

1500.11 Education & Training - Trainee Salary - Domiciliary Beds

1500.12 Education & Training - Instructional Support - Domiciliary Beds

1500.13 Education & Training - Administrative Support - Domiciliary Beds

1500.14 Education & Training - Continuing Education - Domiciliary Beds

See definitions for Education and Training following definition for account 8000.80.

1500.21 Medical Research Support - Domiciliary Beds

1500.22 Prosthetic Research Support - Domiciliary Beds

See definitions for Research Support following definition for account 8025.00.

1500.30 Administration Support - Domiciliary Beds

All administrative and clerical costs incurred in the management and operation of the Domiciliary Beds activity. Use of this account is limited to the 400 series cost centers.

1500.40 Environmental Management Support - Domiciliary Beds

All costs of the environmental management services provided to the Domiciliary Beds activity.

1500.50 Engineering Support - Domiciliary Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1500.70 Equipment Depreciation - Domiciliary Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Domiciliary Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1500.80 Building Depreciation - Domiciliary Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Domiciliary Beds activity.

Workload units for accounts 1500.11 through 1500.80 are patient days and are the sum of units for accounts 1510.00, 1511.00, 1512.00, 1513.00 and 1520.00.

1610.00 Intermediate Care

All direct care costs incurred in the care, treatment, and support of inpatients in approved intermediate medicine beds.

Workload units are patient days and are derived by subtracting units for account 1620.00 from VWM Segment 335 field 11.

1620.00 Geriatric Evaluation and Management (GEM) Unit - Intermediate Care

All costs incurred in the diagnosis, treatment, and medical intervention of GEM inpatients admitted to intermediate care; patient treating specialty code 32.

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for account 1610.00 and 1620.00.

1600.11 Education & Training - Trainee Salary - Intermediate Care Beds

1600.12 Education & Training - Instructional Support - Intermediate Care Beds

1600.13 Education & Training - Administrative Support - Intermediate Care Beds

1600.14 Education & Training - Continuing Education - Intermediate Care Beds

See definitions for Education and Training following definition for account 8000.80.

1600.21 Medical Research Support - Intermediate Care Beds

1600.22 Prosthetic Research Support - Intermediate Care Beds

See definitions for Research Support following definition for account 8025.00.

1600.30 Administration Support - Intermediate Care Beds

All administrative and clerical costs incurred in the management and operation of the Intermediate Care Beds activity. Use of this account is limited to the 400 series cost centers.

1600.40 Environmental Management Support - Intermediate Care Beds

All costs of the environmental management services provided to the Intermediate Care Beds activity.

1600.50 Engineering Support - Intermediate Care Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1600.70 Equipment Depreciation - Intermediate Care Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Intermediate Care Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1600.80 Building Depreciation - Intermediate Care Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Intermediate Care Beds activity.

Workload units for accounts 1600.11 through 1600.80 are patient days and are the total of units for accounts 1610.00 and 1620.00.

1711.00 PR RTP (Psychiatric Residential Rehabilitation Treatment Program)

A PR RTP not otherwise listed below. If more than one type of PR RTP bed exist in the same unit, all costs should have cost charged to 1711.00. *Please*

contact the appropriate Headquarters clinical program office prior to using this account for the first time. Treating Specialty Code 25 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1712.00 PRRP (PTSD Residential Rehabilitation Program)

A PRRTP focusing on the treatment and rehabilitation of PTSD patients. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.* Treating Specialty Code 26 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1713.00 SAR RTP (Substance Abuse Residential Rehabilitation Treatment Prog.)

A PRRTP focusing on the treatment and rehabilitation of substance abuse patients. *Please contact the appropriate Headquarters clinical program office prior to using this account for the first time.* Treating Specialty Code 27 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1714.00 HCM I CWT/TR (Homeless Chronically Mentally Ill Compensated Work Therapy/Transitional Residences)

A PRRTP focusing on patients suffering from homelessness and chronic mental illness. All services provided must have cost charged to this account. *This account is to be used for VACO approved HCM I CWT/TR programs only.* Treating Specialty Code 28 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1715.00 SA CWT/TR (Substance Abuse Compensated Work Therapy/Transitional Residences)

A PR RTP focusing on patients with substance abuse problems. All services provided must have cost charged to this account. *This account is to be used for VACO approved SA CWT/TR programs only.* Treating Specialty Code 29 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1716.00 PTSD CWT/TR

A PR RTP focusing on patients in treatment for PTSD. All services provided must have cost charged to this account. *This account is to be used for VACO approved PTSD CWT/TR programs only.* Treating Specialty Code 38 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

1717.00 General CWT/TR

A PR RTP focusing on patients not targeted exclusively for any particular psychiatric population. All services provided must have cost charged to this account. *This account is to be used for VACO approved General CWT/TR programs only.* Treating Specialty Code 39 has been assigned to this program.

Workload units are patient days and are to be provided from local VAMC sources.

Total direct care units are patient days and are the sum of units for accounts 1711.00, 1712.00, 1713.00, 1714.00, 1715.00, 1716.00 and 1717.00.

1700.11 Education & Training - Trainee Salary - Psychiatric Residential Rehabilitation Beds

1700.12 Education & Training - Instructional Support - Psychiatric Residential Rehabilitation Beds

1700.13 Education & Training - Administrative Support - Psychiatric Residential Rehabilitation Beds

1700.14 Education & Training - Continuing Education - Psychiatric Residential Rehabilitation Beds

See definitions for Education and Training following definition for account 8000.80.

1700.21 Medical Research Support - Psychiatric Residential Rehabilitation Beds

1700.22 Prosthetic Research Support - Psychiatric Residential Rehabilitation Beds

See definitions for Research Support following definition for account 8025.00.

1700.30 Administration Support - Psychiatric Residential Rehabilitation Beds

All administrative and clerical costs incurred in the management and operation of the Psychiatric Residential Rehabilitation Beds activity. Use of this account is limited to the 400 series cost centers.

1700.40 Environmental Management Support - Psychiatric Residential Rehabilitation Beds

All costs of the environmental management services provided to the Psychiatric Residential Rehabilitation Beds activity.

1700.50 Engineering Support - Psychiatric Residential Rehabilitation Beds

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

1700.70 Equipment Depreciation - Psychiatric Residential Rehabilitation Beds

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Psychiatric Residential Rehabilitation Beds activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

1700.80 Building Depreciation - Psychiatric Residential Rehabilitation Beds

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Psychiatric Residential Rehabilitation Beds activity.

Workload units for accounts 1700.11 through 1700.80 are patient days and are the total of units for accounts 1711.00, 1712.00, 1713.00, 1714.00, 1715.00, 1716.00 and 1717.00.

(2) OUTPATIENT - VA

General Comments: The distribution accounts listed below should be utilized to report direct costs associated with outpatient care provided at VA facilities (.00); VA satellite outpatient clinics (.01); VA community-based outpatient clinics (.02); outreach and mobile outreach clinics (.03). With the exception of Domiciliary and Psychiatric Rehabilitation Residents, a facility cannot receive workload credit for any inpatient care provided in an outpatient setting; therefore, costs should be charged to the appropriate bed section. Any questions concerning the appropriateness of distributing costs to these accounts should be referred to the Facility CDR Coordinator.

The NPCD is the data source for outpatient clinic workload (primary position clinics) therefore clinic stops in the secondary or credit positions are not included. Distribution to the Outpatient CDR accounts must be based on the activity occurring in the clinics covered by the CDR account. For example, the majority of the Prosthetic outpatient activity will occur in the prosthetic clinics 417, 418 and 423; therefore, the majority of cost center 270 outpatient FTEE and costs should be in CDR account 2614.00. Cost center 270 is appropriate for other Outpatient accounts only when Prosthetic Service provides their services as part of the other clinics. If a medical clinic refers a patient to the Prosthetic/Orthotics clinic, stop 417, cost center 270 should not distribute FTEE and cost to CDR account 2110.00 because of the referral. However, if Prosthetics Service is called to General Surgery, stop 401, for a consult, then it would be appropriate to distribute cost center 270 FTEE and cost to CDR account 2210.00.

2110.00 Medicine
2110.01 Medicine - SOC
2110.02 Medicine - CBOC

2110.03 Medicine - ORC

The cost of diagnostic and/or therapeutic care related to general medicine and provided in the clinic stops listed below:

- 116 - Respiratory Therapy
- 290 - Observation Medicine
- 293 - Observation Neurology
- 301 - General Internal Medicine
- 302 - Allergy Immunology
- 303 - Cardiology
- 304 - Dermatology
- 305 - Endocrinology/Metabolic
- 306 - Diabetes
- 307 - Gastroenterology
- 308 - Hematology
- 309 - Hypertension
- 310 - Infectious Disease
- 311 - Pacemaker
- 312 - Pulmonary/Chest
- 313 - Renal/Nephrology
- 314 - Rheumatology/Arthritis
- 315 - Neurology
- 316 - Oncology/Tumor
- 317 - Coumadin Clinic
- 318 - Geriatric Clinic
- 319 - Geriatric Evaluation & Management (GEM) Clinic
- 320 - Alzheimer's/Dementia Clinic
- 321 - GI Endoscopy
- 322 - Women's Clinic
- 328 - Medical Day Unit MSDU
- 329 - Medical Procedure Unit
- 331 - Pre-Bed Care MD (Medicine)
- 332 - Pre-Bed Care RN (Medicine)
- 333 - Cardiac Catheterization
- 334 - Cardiac Stress Test/ ETT
- 350 - Geriatric Primary Care

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2111.00 Admitting/Screening
- 2111.01 Admitting/Screening - SOC
- 2111.02 Admitting/Screening - CBOC

2111.03 Admitting/Screening - ORC

All costs incurred in the admitting and/or screening of patients. Includes the following clinic stops:

- 101 - Emergency Unit (see note in bold)
- 102 - Admitting/Screening
- 728 - Domiciliary Admission Screening Services

Workload units are clinic stops and are derived from the NPCD for the above clinics. **Based on VHA Directive 99-005, clinic stop 101 should be used as a secondary stop code only (effective 10/1/97). Beginning FY 2001, this clinic stop will no longer be included in the handoff to CDR.**

2130.00 Outpatient Primary Care - Medicine

2130.01 Outpatient Primary Care - Medicine - SOC

2130.02 Outpatient Primary Care - Medicine - CBC

2130.03 Outpatient Primary Care - Medicine - ORC

All costs of diagnostic and therapeutic care related to general medicine and provided in the clinic listed below.

- 323 - Primary Care / Medicine

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2210.00 Surgery

2210.01 Surgery - SOC

2210.02 Surgery - CBOC

2210.03 Surgery - ORC

The cost of diagnostic and/or therapeutic care related to surgical outpatients and provided in the clinics listed below:

- 291 - Observation Surgery
- 401 - General Surgery
- 402 - Cardiac Surgery
- 403 - ENT
- 404 - Gynecology
- 405 - Hand Surgery
- 406 - Neurosurgery
- 407 - Ophthalmology
- 408 - Optometry
- 409 - Orthopedics
- 410 - Plastic Surgery
- 411 - Podiatry

- 412 - Proctology
- 413 - Thoracic Surgery
- 414 - Urology
- 415 - Vascular Surgery
- 416 - Ambulatory Surgery Evaluation by Non-MD
- 419 - Anesthesia Pre-Op/Post-Op Consult
- 420 - Pain Clinic
- 421 - Vascular Laboratory
- 422 - Cast Clinic
- 426 - Women Surgery
- 432 - Pre-Bed Care MD (Surgery)
- 433 - Pre-Bed Care RN (Surgery)
- 435 - Surgical Procedure Unit

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2211.00 Ambulatory Operating Room
- 2211.01 Ambulatory Operating Room - SOC
- 2211.02 Ambulatory Operating Room - CBOC

All direct costs related to the operation of ambulatory operating rooms associated with the following clinics:

- 327 - Medicine Physician Performing Invasive OR Procedure
- 429 - Outpatient Care in the Operating Room
- 430 - Cysto Room Unit for Outpatient

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2310.00 Special Psychiatry
- 2310.01 Special Psychiatry - SOC
- 2310.02 Special Psychiatry - CBOC
- 2310.03 Special Psychiatry - ORC

The cost of diagnostic and/or therapeutic care related to special psychiatric outpatient activity and provided in the clinic stops listed below:

- 516 - PTSD - Group
- 521 - Long-Term Enhancement - Group
- 550 - Mental Health Clinic - Group
- 553 - Day Treatment - Group
- 554 - Day Hospital - Group
- 557 - Psychiatry - Group

- 558 - Psychology - Group
- 577 - Psychogeriatric Clinic - Group
- 578 - Psychogeriatric Day Program
- 580 - PTSD Day Hospital
- 581 - PTSD Day Treatment

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2311.00 General Psychiatry
- 2311.01 General Psychiatry - SOC
- 2311.02 General Psychiatry - CBOC
- 2311.03 General Psychiatry - ORC

The cost of diagnostic and/or therapeutic care related to general psychiatric outpatient activity and provided in the clinic stops listed below:

- 292 - Observation Psychiatry
- 502 - Mental Health Clinic - Individual
- 505 - Day Treatment - Individual
- 506 - Day Hospital - Individual
- 509 - Psychiatry - Individual
- 510 - Psychology - Individual
- 512 - Psychiatry Consultation
- 520 - Long-Term Enhancement - Individual
- 524 - Active Duty Sex Trauma
- 525 - Women's Stress Disorder Treatment Teams
- 538 - Psychological Testing
- 562 - PTSD - Individual
- 564 - Mental Health Team Case Management
- 576 - Psychogeriatric Clinic - Individual
- 589 - Non-Active Duty Sex Trauma

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2312.00 HCHV / HMI
- 2312.01 HCHV / HMI - SOC
- 2312.02 HCHV / HMI - CBOC
- 2312.03 HCHV / HMI - ORC

Includes all direct care costs associated with a facility's Health Care for Homeless Veterans/Homeless Mentally Ill staff care provided in the following clinic:

529 - HCHV/HMI

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2313.00 PTSD Clinical Team
- 2313.01 PTSD Clinical Team - SOC
- 2313.02 PTSD Clinical Team - CBOC
- 2313.03 PTSD Clinical Team - ORC

Includes all direct care costs associated with a facility's post traumatic stress disorder clinical care provided in the following clinics:

- 540 - PCT-Post Traumatic Stress
- 561 - PCT-Post Traumatic Stress- Group

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2314.00 Psychosocial Rehabilitation - Group
- 2314.01 Psychosocial Rehabilitation - Group - SOC
- 2314.02 Psychosocial Rehabilitation - Group - CBOC
- 2314.03 Psychosocial Rehabilitation - Group – ORC

Includes all direct care costs associated with a facility's group psychosocial outpatient activity provided in the following clinics:

- 559 - Psychosocial Rehabilitation Group
- 573 - MH Incentive Therapy
- 574 - MH Compensated Work Therapy
- 575 - MH Vocational Assistance-Group

Workload units are clinic stops and are derived from the NPCD for the above clinics.

- 2315.00 Psychosocial Rehabilitation - Individual
- 2315.01 Psychosocial Rehabilitation - Individual - SOC
- 2315.02 Psychosocial Rehabilitation - Individual - CBOC
- 2315.03 Psychosocial Rehabilitation - Individual – ORC

Includes all direct care costs associated with a facility's individual psychosocial outpatient activity provided in the following clinics:

- 532 - Psychosocial Rehabilitation - Individual
- 535 - MH Vocational Assistance - Individual

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2316.00 Substance Abuse Dependence - OP
2316.01 Substance Abuse Dependence - OP - SOC
2316.02 Substance Abuse Dependence - OP - CBOC
2316.03 Substance Abuse Dependence - OP - ORC

All direct care costs associated with an outpatient substance abuse program. All Services providing care in the following clinics should distribute FTEE and costs to this account.

513 - Substance Abuse - Individual
514 - Substance Abuse - Home Visit
523 - Opioid Substitution
547 - Intensive Substance Abuse Treatment
560 - Substance Abuse - Group

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2317.00 Substance Abuse Disorder (SUPS)
2317.01 Substance Abuse Disorder (SUPS) - SOC
2317.02 Substance Abuse Disorder (SUPS) - CBOC
2317.03 Substance Abuse Disorder (SUPS) - ORC

Includes the cost of diagnostic and/or therapeutic care related to substance abuse disorder and provided by a PTSD Team in the following clinic stop:

519 - Substance Use Disorder/PTSD Teams

Workload units are clinic stops and are derived from the NPCD for the above clinic.

2318.00 HUD/VASH
2318.01 HUD/VASH - SOC
2318.02 HUD/VASH - CBOC
2318.03 HUD/VASH - ORC

Includes all direct care costs associated with a facility's HUD/VASH program provided in the following clinic:

522 - HUD/VASH

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2319.00 Community Outreach to Homeless Veterans

2319.01 Community Outreach to Homeless Veterans - SOC

2319.02 Community Outreach to Homeless Veterans - CBOC

2319.03 Community Outreach to Homeless Veterans - ORC

Includes all direct care costs of outreach services provided by staff other than those specifically funded by HMI funding to the following clinic:

590 - Community Outreach to Homeless Veterans by staff other than HCHV or DHCV Programs

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2330.00 Outpatient Primary Care - Special Psychiatric Treatment

2330.01 Outpatient Primary Care - Special Psychiatric Treatment - SOC

2330.02 Outpatient Primary Care - Special Psychiatric Treatment - CBOC

2330.03 Outpatient Primary Care - Special Psychiatric Treatment - ORC

All costs of diagnostic and therapeutic care related to special psychiatric outpatient activity and provided in the clinic listed below.

563 - Mental Health Primary Care Team - Group

Workload units are clinic stops and are derived from the NPCD for the above clinic.

2331.00 Outpatient Primary Care - General Psychiatric Treatment

2331.01 Outpatient Primary Care - General Psychiatric Treatment - SOC

2331.02 Outpatient Primary Care - General Psychiatric Treatment - CBC

2331.03 Outpatient Primary Care - General Psychiatric Treatment - ORC

All costs of diagnostic and therapeutic care related to general psychiatric outpatient activity and provided in the clinic listed below.

531 - Mental Health Primary Care Team - Individual

Workload units are clinic stops and are derived from the NPCD for the above clinic.

2410.00 Dialysis

2410.01 Dialysis - SOC

Includes all direct costs of outpatient dialysis treatments (refer to Account 1118.00 for suggested cost centers) for the clinic stops listed below:

- 602 - Chronic Assisted Hemodialysis Treatment
- 603 - Limited Self Care Hemodialysis Treatment
- 604 - Home/Self Hemodialysis Training Treatment
- 606 - Chronic Assisted Peritoneal Dialysis
- 607 - Limited Self Care Peritoneal Dialysis
- 608 - Home/Self Peritoneal Dialysis Training

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2420.00 Cancer Treatment

All direct costs associated with the VA staff care and treatment of Cancer patients in the following clinics:

- 149 - Radiation Therapy
- 330 - Chemotherapy – Medicine
- 431 - Chemotherapy – Surgery

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2510.00 Adult Day Health Care

2510.01 Adult Day Health Care - SOC

2510.02 Adult Day Health Care - CBC

2510.03 Adult Day Health Care - ORC

All direct costs associated with the VA staff care and treatment of the Adult Day Health Care (ADHC) patients and provided in the following clinic:

- 190 - Adult Day Health Care

Workload units are clinic stops and are derived from the NPCD for the above clinic.

2610.00 Ancillary Services

2610.01 Ancillary Services - SOC

2610.02 Ancillary Services - CBC

2610.03 Ancillary Services - ORC

The cost of ancillary services in support of diagnosis and/or treatment of outpatients provided in the following clinic stops:

- 117 - Nursing
- 120 - Health Screening
- 122 - Public Health Nursing
- 123 - Nutrition/Dietetics/Individual

- 124 - Nutrition/Dietetics/Group
- 125 - Social Work Service
- 160 - Clinical Pharmacy
- 165 - Bereavement Counseling
- 166 - Chaplain Service - Individual
- 167 - Chaplain Service - Group
- 168 - Chaplain Service - Collateral
- 999 - Employee Health

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2611.00 Rehabilitative and Supportive Services

2611.01 Rehabilitative and Supportive Services - SOC

2611.02 Rehabilitative and Supportive Services - CBC

2611.03 Rehabilitative and Supportive Services - ORC

The cost of rehabilitation services in support of the diagnosis and/or treatment of outpatients provided in the following clinic stops:

- 201 - Physical Medicine & Rehabilitation Service
- 202 - Recreation Therapy Service
- 203 - Audiology
- 204 - Speech Pathology
- 205 - Physical Therapy
- 206 - Occupational Therapy
- 207 - PM&RS Incentive Therapy
- 208 - PM&RS Compensated Work Therapy
- 209 - VIST Coordinator
- 210 - Spinal Cord Injury
- 211 - Amputation Follow-Up Clinic
- 212 - EMG - Electromyogram
- 213 - PM&RS Vocational Assistance
- 214 - Kinesiotherapy
- 217 Blind Rehab Outpatient Specialist
- 218 CAT Blind Rehab
- 294 Observation Blind Rehab
- 295 Observation Spinal Cord Injury
- 296 Observation Rehabilitation

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2612.00 Diagnostic Services

2612.01 Diagnostic Services - SOC

2612.02 Diagnostic Services - CBC

2612.03 Diagnostic Services - ORC

The cost of diagnostic services in support of the diagnosis and/or treatment of outpatients provided in the following clinic stops:

104 - Pulmonary Function

105 - X-Ray

106 - EEG

107 - EKG

108 - Laboratory

109 - Nuclear Medicine

115 - Ultrasound

126 - Evoked Potential

127 - Topographical Brain Mapping

128 - Prolonged Video EEG Monitoring

144 - Radionuclide Therapy

145 - Pharmacology/Physiologic Nuclear Myocardial Perfusion Studies

146 - PET

150 - Computerized Tomography (CT)

151 - Magnetic Resonance Imaging (MRI)

152 - Angiogram Catheterization

153 - Interventional Radiography

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2613.00 Pharmacy

2613.01 Pharmacy - SOC

2613.02 Pharmacy - CBC

2613.03 Pharmacy - ORC

The costs of pharmacy services incurred in the diagnosis and/or treatment of outpatients (Excludes the costs of staff/FTEE assigned to a clinical pharmacy outpatient clinic--clinic stop 160 which is reported to account 2610.00)

Workload units are the number of prescriptions filled and are derived from VWM Segment 157 fields 1 + 2 + 3 + 4 - 6.

2614.00 Prosthetics/Orthotics

2614.01 Prosthetics/Orthotics - SOC

2614.02 Prosthetics/Orthotics - CBC

2614.03 Prosthetics/Orthotics - ORC

The cost of prosthetic/orthotic services in support of the diagnosis and/or treatment of outpatients provided in the following clinic stops:

417 - Prosthetic/Orthotics

418 - Amputation Clinic

423 - Prosthetic Services

Workload units are clinic stops and are derived from the NPCD for the above clinics.

2616.00 SCI Substance Abuse (Outpatient)

All costs incurred in the evaluation and treatment for substance abuse among spinal cord injury patients. *This account is restricted to VAMC Bronx, NY.*

Workload units are clinic stops and are to be provided from local VAMC sources.

2710.00 Dental Procedures

2710.01 Dental Procedures - SOC

2710.02 Dental Procedures - CBOC

The total costs of all outpatient examination and treatment procedures performed by Dental staff. For CDR purposes the units are CTVs from the DAS 270 report. Dental visits are captured in stop code 180 and telephone dental in stop code 181. The stop count, instead of the CTVs, is used in the total outpatient units.

Workload units are CTVs and are derived from the DAS 270 Report .

2750.00 Domiciliary Aftercare - VA

The total costs of all visits of discharged domiciliary patients to a VA domiciliary follow-up clinic for care as part of a domiciliary discharge plan. Includes the following clinic stop:

727 - Domiciliary Aftercare - VA

Workload units are clinic stops and are derived from the NPCD for the above clinic.

2780.00 Telephone Contacts

2780.01 Telephone Contacts - SOC

2780.02 Telephone Contacts - CBOC

2780.03 Telephone Contacts - ORC

Includes all direct costs associated with telephone consultation between the patient and the VA clinical / professional staff regarding case management, advice, referral, etc. for the following clinic stops:

- 103 - Telephone / Triage
- 147 - Telephone / Ancillary
- 148 - Telephone / Diagnostic
- 169 - Telephone / Chaplain
- 178 - HBHC / Telephone
- 181 - Telephone / Dental
- 216 - Telephone / Rehab & Support
- 324 - Telephone / Medicine
- 325 - Telephone / Neurology
- 326 - Telephone / Geriatrics
- 424 - Telephone / Surgery
- 425 - Telephone / Prosthetics/Orthotics
- 428 - Telephone / Optometry
- 527 - Telephone / General - Psychiatry
- 528 - Telephone / Homeless Mentally Ill
- 530 - Telephone / HUD – VASH
- 536 Telephone / MH Vocational Assistance
- 537 Telephone / Psychosocial Rehabilitation
- 542 - Telephone / PTSD
- 545 - Telephone / Substance Abuse
- 546 - Telephone / MHICM
- 579 - Telephone / Geriatric Psychiatry
- 611 - Telephone / Dialysis
- 729 - Telephone / Domiciliary

Workload units are clinic stops and are derived from the NPCD for the above clinics.

Total direct care units are clinic stops and are the sum of clinic stops reported to CDR by NPCD. (OP0 and OP1 can be used for validation)

2800.11 Education & Training - Trainee Salary - Outpatient

2800.12 Education & Training - Instructional Support - Outpatient

2800.13 Education & Training - Administrative Support - Outpatient

2800.14 Education & Training - Continuing Education - Outpatient

See definitions for Education and Training following definition for account 8000.80.

2800.21 Medical Research Support - Outpatient

2800.22 Prosthetic Research Support - Outpatient

See definitions for Research Support following definition for account 8025.00.

2800.30 Administration Support - Outpatient

All administrative and clerical costs incurred in the management and operation of the Outpatient activity. Use of this account is limited to the 400 series cost centers.

2800.40 Environmental Management Support - Outpatient

All costs of the environmental management services provided to the Outpatient activity.

2800.50 Engineering Support - Outpatient

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs of the medical function.

2800.60 Lodging – Outpatient

All costs incurred in the lodging of persons whose scheduled appointments make it inconvenient for them to travel to/from home. This is not intended for anyone receiving/needing clinical intervention during the lodging episode. The cost for this account will be rolled up into the indirect costs for ambulatory care but the units will not be included in the indirect care units.

Workload units are nights of lodging and are to be provided from local VAMC sources.

2800.70 Equipment Depreciation - Outpatient

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to

support the Outpatient activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

2800.80 Building Depreciation - Outpatient

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Outpatient activity.

Workload units for accounts 2800.11 through 2800.50 and 2800.70 through 2800.80 are clinic stops and are the sum of clinic stops reported by NPCD.

(3) INPATIENT - NON-VHA

General Comments: The accounts listed below should be utilized to report the costs of non-VA inpatient activity in which no reportable workload is generated/received by the VA facility. Because these services are provided in non-VA facilities, there should be minimal direct care (i.e. 200 cost centers) costs associated or reported to these accounts. Provided below are a few examples of inclusions/exclusions of direct care costs which can and cannot be distributed to these accounts. Any questions concerning the appropriateness of distributing costs to these accounts should be referred to the facility CDR Coordinator.

Inclusions:

- visits made by VA staff to the non-VA facility to review the patient's condition, treatment, or arrange further placement
- clinical review of the patient's bill as part of contract/fee program evaluation
- visits made by VA staff to inspect, negotiate, etc. non-VA facilities and services

Exclusions:

- any activity or service performed in which the patient is an active inpatient at a VA facility (i.e. includes such services and functions as discharge planning coordinating, arranging, scheduling placement/transfer to a non-VA facility; telephone contacts with staff at non-VA facilities; review of medical information pertinent to treatment and services received at non-VA facilities; etc.)

3110.00 Contract Hospital - Medical

All charges paid for medical (i.e., cardiology, dermatology, metabolic, infectious diseases, pulmonary, etc.) and other non-surgical inpatient care received by veterans at non-VA hospitals.

Workload units are patient days and are derived from VWM Segment 344 field 8 plus Segment 347 field 8 plus Segment 348 field 8.

3210.00 Contract Hospital - Surgical

All charges paid for surgical inpatient care (i.e., ENT, gynecologic, ophthalmologic, orthopedic, proctologic, urologic, surgical, etc.) received by veterans at non-VA hospitals.

Workload units are patient days and are derived from VWM Segment 344 field 18 plus Segment 347 field 18 plus Segment 348 field 18.

3310.00 Contract Hospital - Psychiatric

All charges paid for psychiatric inpatient care received by veterans at non-VA hospitals.

Workload units are patient days and are derived from VWM Segment 344 field 28 plus Segment 347 field 28 plus Segment 348 field 28.

3410.00 Community Nursing Home Care

All costs incurred in the care and treatment of patients in contract community nursing homes. Also includes the costs of follow-up visits by VA staff for clinic stop 119 - Community Nursing Home Follow-up. Cost center 342 - Nursing Home Care -Community Homes - should distribute 100% to this account.

Workload units are patient days and are derived from VWM segment 349 field 15.

3411.00 State Home Nursing Home Care

All costs incurred in the care of patients in state home nursing homes. Cost Center 341 - Nursing Home Care - State Homes - should distribute 100% to this account.

Workload units are patient days and are derived from VWM Segment 350 field 18.

3510.00 State Domiciliary Home Care

All costs incurred in the care of patients in state home domiciliaries. Cost Center 331 - Domiciliary Care - State Homes -should distribute 100% to this account.

Workload units are patient days and are derived from VWM Segment 350 field 9.

3520.00 Contract Homeless Chronically Mentally Ill

Includes all direct care staff and contract costs associated with the contract HCMI program.

Workload units are patient days and are to be furnished by the program coordinator.

3521.00 Contract Alcohol and Drug Treatment and Rehabilitation

Includes all direct care staff and contract costs associated with the Alcohol and Drug Contract Residential Treatment Program (Contract Halfway House). Cost center 361 - Alcohol and Drug Treatment and Rehabilitation - should distribute 100% to this account.

Workload units are patient days and are to be furnished by the program coordinator.

3522.00 Homeless Providers Grant and Per Diem Program

Includes all direct care staff and contract costs associated with the Homeless Providers Grant and Per Diem Program.

Workload units are patient days and are to be furnished by the program coordinator.

3610.00 State Home Hospital Care

All costs incurred in the care of patients in state home hospitals. Cost Center 332, Hospital Care - State Homes, should distribute 100% to this account.

Workload units are patient days and are derived from VWM Segment 350 field 27.

3611.00 Civilian Health and Medical Program (CHAMPVA)

All costs paid by the VA to non-VA institutions for inpatient care provided to VA beneficiaries under the CHAMPVA program.

Workload units are patient days and are to be furnished by the program coordinator.

Total direct cost units are patient days and are the sum of units for accounts 3110.00, 3210.00, 3310.00, 3410.00, 3411.00, 3510.00, 3521.00, 3522.00, 3610.00, and 3611.00.

3800.30 Administration Support - Inpatient Non-VA

All administrative and clerical costs incurred in the management and operation of the inpatient non-VA activities.

3800.40 Environmental Management Support - Inpatient Non-VA

All costs of the environmental management services provided to the inpatient non-VA activities.

3800.50 Engineering Support - Inpatient Non-VA

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts.

3800.70 Equipment Depreciation - Inpatient Non-VA

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Inpatient Non-VA activities. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

3800.80 Building Depreciation - Inpatient Non-VA

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Inpatient Non-VA activity.

Workload units for accounts 3800.30 through 3800.80 are the same as the units for total direct cost.

(4) OUTPATIENT - NON-VA

General Comments: The accounts listed below should be utilized to report the costs of non-VA outpatient activity in which no patient reportable workload is generated/received by the VA facility. Because these services are provided in non-VA facilities, there should be minimal direct care (i.e. 200 cost centers) costs associated or reported to these accounts. Two exceptions are account 4111.00 Other Non-VA Outpatient Care which may have substantial radiation therapy charges and account 4613.00 Fee Tests Performed by VA Laboratories which covers services provided in VA facilities. Provided below are a few examples of inclusions/exclusions of direct care costs which can and cannot be distributed to these accounts. Any questions concerning the appropriateness of distributing costs to these accounts should be referred to the Facility CDR Coordinator.

Inclusions:

- visits made by VA staff to the non-VA facility to review the patient's condition, treatment, or arrange further placement
- costs of contract special services such as radiation therapy, chemotherapy, CAT scans, ambulatory surgery services, blood/blood products trans., nuclear magnetic resonance
- clinical review of the patient's medical status/bill as part of contract/fee program evaluation
- visits made by VA staff to inspect, negotiate, etc. non-VA facilities and services

Exclusions:

- review of medical information pertinent to treatment and services received at non-VA facilities which is relevant to a patient's visit to an outpatient VA clinic

--cost of fee or contract tests which are incident to the treatment of the patient for which outpatient workload credit is taken

4110.00 Outpatient Care - Fee Medical

All charges paid for outpatient fee medical services provided to veterans at non-VA facilities. Cost center 363 (2562) - Outpatient Fee-Basis Medical and Nursing Services - should distributed 100% to this account.

Workload units are the number of visits which are derived from VWM Segment 228 fields 2, 5, 8, 11, 14, 17, 20 and 23. This segment is created at the Austin Automation Center based on data provided from the Fee System.

4111.00 Other Non-VA Outpatient Care

The cost of outpatient services purchased on a contract/fee service basis when the care or service cannot be provided by the VA facility. These services should not generate any reportable patient workload. This account also includes the costs of various outpatient services not appropriate for distribution to any of the other 4000 series accounts. Examples of expenditures appropriate for distribution to this account include:

- ID Card Prosthetic Repair and Replacements
- Contract/Fee for Service Procedures (CAT Scans, Chemotherapy, Radiation Therapy, etc.)
- Non-VA Posthospital/Outpatient Care for Contract Inpatients (Cost Center 351 - Posthospital Care - should distribute 100% to this account)

There are no workload units for this account.

4112.00 Contract Adult Day Health Care

Includes all direct care staff and contract costs associated with the Contract Adult Day Health Care Program.

Workload units are the number of visits and are to be furnished by the program coordinator.

4120.00 Contract Dialysis

All charges paid for contract dialysis and related medical services provided to veteran patients.

Workload units are the number of dialysis treatments and are derived from VWM Segment J19 field 61 plus field 62.

4130.00 Fee Prescriptions Filled by VA Pharmacies

The cost of new and refills of patient prescriptions written by off-station, non-VA physicians which are dispensed by VA pharmacies. Includes prescriptions for non-formulary items dispensed by VA pharmacies.

Workload units are the number of prescriptions filled and are derived from VWM Segment 157 field 6.

4610.00 CHAMPVA - OP

All costs paid by the VA to non-VA institutions for outpatient medical care provided to VA beneficiaries under the CHAMPVA program.

Workload units are the number of visits and are to be provided by the program coordinator.

4612.00 Non-VA Pharmacies

All costs of authorized prescriptions written by off-station, non-VA physicians for drugs, medications and other medical requisites and tests which are dispensed by non-VA pharmacies directly to the patient. Cost center 363 (2636) - Outpatient Fee Prescriptions - should distribute 100% to this account. Pharmacy time used to review the billings for these prescriptions is appropriate for distribution to this account.

Workload units are the number of prescriptions filled and are derived from VWM Segment 157 field 17.

4613.00 Fee Tests Performed by VA Laboratories

The cost of diagnostic tests requested by off-station, non-VA physicians and performed in VA laboratories.

Workload units are the number of test performed and are to be provided by the program coordinator.

4710.00 Dental Services - Fee

The actual dollars expended for payment of fee-basis dental examinations and treatment services performed in non-VA facilities during the reporting period. Cost center 363 (2570) - Outpatient Fee Dental Service should be distributed 100% to this account. Dental time used to review the billings for these services is appropriate for distribution to this account.

There are no workload units for this account.

There are no workload units for total direct cost due to the mixture of workload unit types for the 4000 series of accounts. Ignore the units and unit cost which appear on the report.

4800.30 Administration Support - Outpatient Non-VA

All administrative and clerical costs incurred in the management and operation of the outpatient fee activity. Does not include scheduling or coordinating a patient's visit to a non-VA provider that is done as part of the patient's discharge.

4800.40 Environmental Management Support - Outpatient Non-VA

All costs of the environmental management services provided to the outpatient fee activities.

4800.50 Engineering Support - Outpatient Non-VA

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs.

4800.70 Equipment Depreciation - Outpatient Non-VA

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the Outpatient Non-VA activity. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

4800.80 Building Depreciation - Outpatient Non-VA

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the Outpatient Non-VA activity.

There are no workload units for accounts 4800.30 through 4800.80 due to the mixture of workload unit types for the 4000 series of accounts. Ignore the units and unit cost which appear on the report.

(5) OFF-FACILITY PROGRAMS - VA

General Comments: The accounts listed below should be utilized to distribute costs associated with Hospital Based Home Care /Home Based Primary Care as well as other various types of home based programs. It should be noted that accounts 5110.00 - Hospital Based Home Care and 5111.00 - Home Dialysis are restricted to VACO approved programs only; however, the other 5000 series accounts may be utilized to distribute costs incurred in these areas as appropriate.

5110.00 Hospital Based Home Care/Home Based Primary Care

All direct care cost (200 series cost centers) of care and treatment furnished the HBHC/HBPC patient in the home setting, plus the HBHC/HBPC coordinators and secretary time required to administer the program. Clinic stops 170-177 record staff visits to the patient at their residence. However, for CDR purposes, the units are bed days of care and are reported through the Austin HBHC/HBPC program.

Workload units are patient days and are derived from the HBHC/HBPC data system in Austin.

NOTE: The 5000 series of accounts contains two each of the .30, .40 and .50 accounts. Indirect costs associated with the HBHC/HBPC program are to be distributed to the 5110.30, 5110.40, and 5110.50 accounts rather than the 5000.30, 5000.40, or 5000.50 accounts where other home programs' indirect cost are reported.

5110.30 Administration Support – HBHC/HBPC

All administrative and clerical costs incurred in the management and operation of the HBHC/HBPC activity. Does not include scheduling or coordinating a patient's visit to a VA or non-VA provider.

5110.40 Environmental Management Support – HBHC/HBPC

All costs of the environmental management services provided to the HBHC/HBPC activities.

5110.50 Engineering Support – HBHC/HBPC

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the HBHC/HBPC activity. Also includes all utilities and ancillary engineering services to support the program needs of the function.

The workload units for accounts 5110.30 through 5110.50 are the same as for account 5110.00.

5111.00 Home Dialysis

All costs incurred in the home treatment of patients requiring removal of toxic wastes from patients with diseases of the kidneys, or acute poisonings or other toxic or metabolic diseases.

The workload units are the number of dialysis performed and are derived from VWM Segment J19 fields 53 plus 54.

5112.00 Spinal Cord Injury Home Care

Includes all costs of direct patient care provided in the SCI patients home under the authority of the Spinal Cord Injury Home Care Program. Excludes all cost of care provided the patient as an inpatient or in the outpatient clinics. Also excludes the costs of wheelchairs, special beds, etc. ordered as part of the discharge planning process for an inpatient (chargeable to 1116.00 Spinal Cord Injury) or as the result of an outpatient clinic visit (account 2611.xx Rehabilitative and Supportive Services or 2614.xx Prosthetics/Orthotics).

The workload units are patient days and are derived from VWM Segment 363 fields 6 + 7 + 8 + 9.

5113.00 Residential Care Home Program

Includes all authorized patient care expenses incurred by the VA for patients in the Residential Care Home Program. Does not include the expense of the patient staying in the home or the care provided at the VA facility or through any of the fee programs. Staff visits in the community are recorded under clinic stops 121 - Residential Care Home Program and 503 - Residential Care - Individual; however, patient days of care are the reported workload units for CDR purposes.

Workload units are patient days and are derived from local sources.

5114.00 Other Home Based Programs

All costs of direct patient care provided in a patient's home setting for a home program not specifically identified by another account. Example: the Independent Living Program.

No units are reported due to the mixture of programs.

5115.00 Community Based Domiciliary Aftercare/Outreach

All costs relating to case-finding/contact services to homeless veterans and all costs of direct patient care provided to discharged domiciliary patients in the community as part of a domiciliary discharge plan. Includes the following clinic stops:

- 725 - Domiciliary Outreach Services
- 726 - Domiciliary Aftercare - Community

Workload units are clinic stops and are derived from the NPCD for the above clinics.

5116.00 Homemaker/Home Health Aide Program

The costs of purchased homemaker/home health aide services provided in the patient's home. Cost Center 343 should be distributed 100% to this account.

Workload units are homemaker / aide visits to the patient's residence and are derived from local sources.

5117.00 Mental Health Intensive Case Management

All costs of direct patient care provided by Mental Health Intensive Case Management (MHICM) programs (specialized interdisciplinary teams to maintain severely psychiatrically disabled veterans in the community). Only VA medical facilities approved to participate in the MHICM program may use this account. Care may be provided at the medical center, a community clinic day program or in other community sources and localities. The workload units for this account is the following clinic stop.

- 552 – Mental Health Intensive Case Management

Workload units are clinic stops and are derived from the NPCD for the above clinic.

There are no workload units for total direct cost due to the mixture of workload unit types for the 5000 series of accounts. Ignore the units and unit cost which appear on the report.

5000.30 Administration Support - Off-Facility VA Programs

All administrative and clerical costs incurred in the management and operation of the off-facility programs.

5000.40 Environmental Management Support - Off-Facility VA Programs

All costs of the environmental management services provided to the off-facility programs.

5000.50 Engineering Support - Off-Facility VA Programs

Engineering support includes all costs of recurring and non-recurring maintenance and repair to real and personal property utilized by the functional units associated with their respective CDR accounts. Also includes all utilities and ancillary engineering services to support the program needs.

5000.70 Equipment Depreciation - Off-Facility VA Programs

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the off-facility programs. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

5000.80 Building Depreciation - Off-Facility VA Programs

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the off-facility programs

There are no workload units for accounts 5000.30 through 5000.80 due to the mixture of workload unit types for the 5000 series of accounts. Ignore the units and unit cost which appear on the report.

(6) MISCELLANEOUS BENEFITS AND SERVICES

General Comments:

Costs distributed to the miscellaneous accounts (6000 series) are restricted solely for direct and indirect care costs associated with the programs and services listed in the CDR account definitions. Costs reported/distributed to

these accounts should not generate any reportable workload for resource allocation purposes. Any questions pertaining to the utilization of these accounts should be referred to the Facility CDR Coordinator.

Exclusion List:

An exclusion list of services and activities felt to be inappropriate for distribution to the miscellaneous and non-VHA accounts is provided below. The costs associated with these activities are considered to be a part of a facility's overhead cost of doing business and should be distributed to the appropriate 1000-2000 CDR accounts. The list is not intended to be all inclusive but rather to serve as a reference for clarifying and identifying certain activities inappropriate for distribution to these accounts. Therefore, the omission of an activity from the following list does not necessarily indicate that cost distribution to these accounts is appropriate.

- Projects, studies, reports, etc. applicable to the operation of the facility (i.e. AMIS, Questionnaires, Pre/Post survey reports, VISN required reports, etc.)
- JCAHO, External Peer Review Process (EPRP), IG, and other surveys/audits/reviews
- Preparation and attendance of meetings relevant to the operation of the facility (i.e. all facility committee meetings, TQI/QA meetings, Education meetings, etc.)
- Blood drives, food drives, bond campaigns, CFC, Federal Women's Program, or other such activities
- Community services/activities (i.e. working with local schools, organizations, etc.)
- Time spent in support of VA Regional Offices (i.e. eligibility, means test, C&P exams, processing of correspondence requests, etc.)
- Attendance at workshops, seminars, or other training programs
- sick leave pending retirement, sabbatical leave, military leave, court leave, etc.
- Time associated with Relocation Expense Program
- On station EEO investigation
- Time in support of Tumor Registry
- Time and costs associated with Employee Health, Employee Assistance, Employee Wellness programs
- Bereavement counseling and the attending of funeral/memorial services of patients
- Other activities associated with care of dead (i.e. autopsies, transcription services, medical media, etc.)
- Coordination/administrative processing of patient transfers and records to both VA and non-VA facilities
- Responding/answering congressional Inquiries

- Time spent with visitors, dignitaries, etc.
- Costs and time in support of affiliations (i.e. attending meetings, training of students etc.)
- Gratuitous meals, meal tickets, etc. for volunteers, WOC trainees, etc.
- Support to non-VA libraries (i.e. ILL and local consortium)

There are no workload units for the 6000 series CDR accounts.

6010.00 Other Miscellaneous Benefits and Services

Includes direct and indirect costs associated with the following miscellaneous services and activities. (Note: *where referenced, the cost center listed after the program/activity should distribute 100% of their costs to this account; however, this does not preclude other cost centers in support of these activities/programs from utilizing this account.*)

- Home Improvement & Structural Alterations - Cost Center 601
- Beneficiary Travel - Cost Center 602
- Care of Dead - Cost Center 603 only
- Operation & Maintenance of Cemeteries - Cost Center 604 only
- Housekeeping Quarters - Cost Center 621
- Non Housekeeping Quarters - Cost Center 622
- Garages & Parking Facilities - Cost Center 623
- Insurance Claims & Indemnities - Cost Center 631
- Canteen Services - Cost Center 632
- Readjustment Counseling Program (Off-Station)
- Repair of Equipment in a Veteran's home (i.e. only in support of HISA program, includes both VA/contract support)

6011.00 VISN/National Support

Includes direct and indirect costs incurred by VAMC in support of VISN and national programs and offices. At a minimum, VAMCs with a VISN office should distribute the FTEE and salaries of assigned staff to this account. (Note: *where referenced, the cost center listed after the program should distribute 100% of their costs to this account; however, this does not preclude other cost centers in support of these activities/programs from utilizing this account.*)

- Chief Information Officers Field Office (CIOFO) - Cost Center 610
- Administrative Programs - Cost Center 615

- Emergency Medical Strategic Healthcare Group - Cost Center 616
- VISN Directors Office - Cost Center 652
- VISN Support Services Center - Cost Center 653

Also includes costs incurred in support of:

- Visual Impairment Services Team (VIST) program where no reportable workload is generated
- EEO investigations performed off station (i.e. includes pre/post administrative review relevant to the investigation)
- Reviews/Audits/Investigations performed by medical center staff off station at the request of VISN and/or VACO (i.e. EPRP reviewer, special program investigations, etc.)
- Special task force/committee appointments by the VISN and/or VACO which are not considered a part of the facility's operations (i.e. Technical Advisory Groups, Field Advisory Committees, Data Validation Task Force, etc.)
- Time of staff serving as a chairperson for any VISN and/or VACO meeting; however, only the costs and time that are a direct result of the chairperson's duties and responsibilities (i.e. scheduling/coordination of meetings, preparing agendas and minutes, coordinating and arranging meeting accommodations, etc.)
- VACO approved special projects and/or alpha-beta test sites for costs incurred above the normal cost of doing business

6013.00 Continuing Education and Training Programs

Includes the direct and indirect costs associated with or incurred in the support of the following continuing education and training programs. (Note: *where referenced, the cost centers listed after the program should distribute 100% of their costs to this account; however, this does not preclude other cost centers in support of these activities/programs from utilizing this account, such as faculty participation or host VAMC support cost.*)

- Operation of Continuing Education Field Units - Cost Center 605
- Regional Police Training Centers - Cost Center 606
- Learning Resources Center - Cost Center 607
- Cooperative Health Manpower Education Programs
- Dental Education Centers
- Engineering Training Centers

As referenced in the exclusion list, the costs of travel, tuition, and time of staff for attendance at one of the above programs should not be reported

under this account. These costs should be reported to the .14-continuing education suffix account for the appropriate 1000/2000 CDR account.

6015.00 National Center on PTSD

Includes the direct and indirect costs incurred in support of the National Center on PTSD. (Applicable only to VACO approved facilities.)

6000.70 Equipment Depreciation - Miscellaneous Benefits and Services

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the miscellaneous benefits and services programs. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

6000.80 Building Depreciation - Miscellaneous Benefits and Services

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the miscellaneous benefits and services programs.

(7) SERVICES FURNISHED TO OTHER THAN VHA

General Comments:

The 8000 series accounts listed below have been established to report the costs of services incurred in support of non-VHA activities. Refer to the general comments and exclusion list, referenced under the miscellaneous benefits and services accounts, for services and activities inappropriate for distribution to these accounts. Any questions concerning the utilization of these accounts should be referred to the Facility CDR Coordinator.

8021.00 Services Furnished to Veterans Benefits Admin. (VBA)

This includes administrative, environmental management, and engineering support to field VBA activities. (Excludes the costs of services for C&P exams, veteran service organizations, employee health--refer to exclusion list). Facilities should locally input work units for this account.

Workload units are the number of cumulative FTEE on-board at the supported VBA activity through the report period and are derived from local sources. Units should be entered once each year. If the FTEE changes significantly during the year, enter the incremental change only.

8022.00 Services to the National Cemetery System (NCS)

This includes administrative, environmental management, and engineering support to field NCS activities. It does not include the cost of employee health services which should be reported in account 2610.00, Ancillary Services.

Workload units are the number of National Cemeteries serviced and are derived from local sources. Units should be entered once each year. If the number of cemeteries changes during the year, enter the incremental change only.

8023.00 Services to Other Non-VHA Activities

This includes the support provided other VA and non-VA elements not represented elsewhere (i.e. District Counsel). It does not include support costs to Veterans Canteen Service activities which should be distributed to CDR account 6010.00.

There are no work units for account 8023.00.

8024.00 DoD Sharing

This includes the cost of services furnished to DoD under formal sharing agreements pursuant to 38 USC 5011. Services for patients who are entered into the PTF, NPCD, and RUGII databases are not included. However, it does include services for lab tests and similar work for which no patient entries to PTF, etc. result.

Workload units are the amount of funds billed (not necessarily collected) to DoD for services rendered during the current fiscal year and are derived from local sources. Units should be entered for the monthly non-cumulative amount of billings.

8025.00 Other Sharing

This includes the cost of services furnished to other Federal and non-Federal institutions under the authority of 38 USC 5053 or 5054. It also includes the

cost of joint venture agreements completed under the authority of 38 USC. Services for patients who are entered into the PTF, NPCD, and RUGII databases are not included.

Workload units are the amount of funds billed (not necessarily collected) to non-DoD sharing partners for services rendered during the current fiscal year and are derived from local sources. Units should be entered for the monthly non-cumulative amount of billings.

8000.70 Equipment Depreciation - Services Furnished to Other Than VHA

Equipment depreciation is a reasonable allowance for the exhaustion, wear and tear, and obsolescence of the equipment used in the performance of or to support the miscellaneous benefits and services programs. The computation and distribution of this depreciation will be accomplished through an interface with the FAP system.

8000.80 Building Depreciation - Services Furnished to Other Than VHA

Building depreciation is a reasonable allowance for the wear and tear of that portion of the physical plant used by or in support of the services furnished other than VHA.

(8) EDUCATION AND TRAINING

Education and Training has four parts: Trainee salary, Instructional costs, Administrative Support, and Continuing Education.

____.11 Trainee Salary: The salary cost of the Headquarters approved .26 Trainees (see subaccount 1041 in Appendix C), or the contract cost of Headquarters approved house staff contracts.

____.12 Instructional: The salary and other costs of the VA staff that are the instructors for the trainees who make up the Trainee Salary cost plus any WOC (without compensation) trainee of Headquarters approved training programs. Contractual services of consultants and lecturers who teach classes for the trainees will also be charged to this account.

____.13 Administrative Support: Refers to the same Headquarters approved training programs covered by Trainee Salary and Instructional Cost and includes such support as personnel actions, payroll, books, uniforms, coordination of the program, etc.

____.14 Continuing Education: All costs of travel, tuition, registration, contracts and supplies associated with provision of continuing education to VA staff. Includes the time and supplies used by VA staff to prepare and present a formal class, i.e., an activity where there is a teacher/student relationship. On-the-job training and periodic orientation of new personnel do not qualify as continuing education for RCS 10-0141 purposes, nor does the time of the employee attending the formal classroom presentation.

(9) RESEARCH SUPPORT

____.21 Medical Research Support

____.22 Prosthetic Research Support

Research support is that cost the Medical Care appropriation incurs in support of the Research program. Patients may be research subjects and therefore some of the services provided the patient might be rendered only because of the research project. Personnel who spend part of their VA time working on a research project are usually on the Medical Care rolls. If these employees use a portion of their normal duty tour to work on a research project, the cost of that time should be reported as Research Support. The All Other Cost to Research Support should be minimal since the Research Appropriation should cover most of these needs. Administrative support such as personnel, fiscal, supply, maintenance and repair, etc. are provided to the Research program. The cost of this time, supplies, and services should be charged on the RCS 10-0141 as Research Support.

Research projects may be funded by the Research appropriation, through grants such as NIH, through the General Post Fund, or unfunded. Unfunded does not necessarily mean that the project has no funding. Headquarters approves projects as funded, partially funded or unfunded. For the unfunded project to be active the R&E committee must fund the project from available funds either by reducing the funding provided projects identified as fully funded or partially funded projects or through savings accrued from funded projects. Another form of unfunded projects is one which requires no funding other than some administrative support like duplication and tabulation of survey forms

After identifying the research projects and the investigators, it is necessary to accurately allocate the investigators time to research support. An

investigator on the Medical Care rolls has as their first responsibility the care of the patients. Therefore, a full time physician working 90 hours during the pay period and spending 30 of these hours on a research project would show only 25% of his time as research support rather than 33 1/3%. The reason being that FTEE is calculated on a basis of 80 hours per pay period regardless of how much time is actually worked. The difference between the hours the employee should work and the hours spent in patient care, if due to research, will determine the percentage for research support.

Example: 90 Hours Worked

-30 Research Hours	
60 Patient Care Hours	
/ 80 Accountable Hours	
25% Research Support	

(10) DEPRECIATION ACCOUNTS

Depreciation expense is a method of allocating the cost of an asset over its useful life. The depreciation expense is reported to the CDR via interface from the FMS Fixed Assets Package.

____.70 The distribution of the Equipment Depreciation is CDR system generated based on the percentage allocation of the 0000 subaccount of the cost center referenced on the handoff.

____.80 Building Depreciation is passed to CDR through the FMS handoff as cost center 682. Facilities should distribute this cost center to the applicable accounts for their facility. This cost center should be reviewed monthly.

(11) SECTION III ACCOUNTS

Section III is a breakout of costs associated with the following special interest programs. The cost of these programs was also distributed to the Sections I accounts as bed section or clinic cost. Distribution to these accounts requires separate and additional input from that which was provided for the Section I CDR accounts (all contributing cost centers including Building Depreciation - CC 682).

- 9010.00 Inpatient - HIV/ARC/AIDS
- 9011.00 Outpatient - HIV/ARC/AIDS
- 9020.00 Renal Transplants

Cost centers 681, 683, and 684 are used to input percentage data for your active 9000 accounts. The percentage is entered in October to the All Other column only. These percentages are applied to the cost submitted to the account.

681 – Equipment Depreciation

This cost center is used to reflect the amount of equipment depreciation support.

683 – CO Medical Administration Expense

This cost center reflects MAMOE support. The CDR System Manager provides this percentage at the beginning of the fiscal year.

684 - Interest on Net Capital Investments

The percentage for this cost center is derived by applying the interest percentage (provided by CDR System Manager at the beginning of the fiscal year) to your net capital investments. This new amount should then be divided by your Funded Jurisdictional (prior EOY CDR) to attain the applicable percentage for your facility.

CHAPTER 2

Distribution Instructions

2.1 Worksheet Development

- a. A distribution worksheet should be developed for each service to submit their data to the CDR Coordinator for submission into the CDR system. Distribution data must be provided for each CDR sub-account (see Appendix C) to which cost has been recorded for the service.
- b. Determine the CDR accounts valid for the individual services based on a list of valid accounts for your facility (see definitions in Chapter 1). The Daily Gains and Loss Sheet should assist in determining the valid bed section accounts for your facility. To assist in determining the valid Outpatient accounts, check the latest NPCD generated OP report for the listing of DSS Identifiers (clinic stops) recorded for your facility. Review the definitions of the accounts in the 3000, 4000, 5000, 6000 and 8000 accounts with the service to determine which, if any, are valid for their service.
- c. Review the definitions of certain accounts to determine which cost centers should appropriately use them. The following inpatient accounts are for procedures and therefore should only include the cost from services assisting with the procedure:
 - 1118.00 Inpatient Dialysis
 - 1212.00 Operating Room
 - 1213.00 Open Heart
- d. Special attention should be taken in determining the proper use of the 8000 series of accounts appropriate for your facility. Many facilities have established Sharing Agreements as a means of generating additional resources for their facility. Although accounts 8024.00 and 8025.00 are sharing accounts, they are specifically for costs incurred where patient workload was not reported to the CDR.

2.2 Distributions

- a. The FTEE distribution should be based on the hours spent by the employees to the applicable accounts. Any cost transfers in FMS or CDR should be considered when deriving the percentage distribution for FTE. Overtime hours do not

impact FTEE. Separate distributions should be submitted for the applicable sub-accounts

- b.** The Personal Services distribution should be based on current salary rates (including Physician Special Pay). The distribution should be based on the salary rates applied to the time spent to the respective accounts. Premium Pay (Overtime, Night Differential, etc.) cost is included in the personal services cost. Separate distributions should be submitted for the applicable sub-accounts.
- c.** The All Other distribution should be based on the supplies and/or services used to provide care to the various accounts. Separate distributions should be submitted for the applicable sub-accounts. Support to Education and Training and Research Support should be minimal.

2.3 Workload Units

- a.** Most workload units for the CDR are from handoffs from National Systems such as VWM, NPCD, etc.
- b.** The units for the specialty bed section accounts can be obtained from the end-of-month Gains and Loss Sheet and submitted on-line to the CDR system. The days submitted for these bed accounts are deducted for the days reported to the general bed section by the VWM handoff (see Appendix D).
- c.** Program officials whose CDR accounts require on-line submission of workload should report the units on their monthly worksheets.

2.4 Building Depreciation

Building depreciation expense is provided in the FMS handoff to CDR as cost center 682. This cost center requires monthly distribution and must total 100 percent. The square footage provided by Engineering Service would be the best basis for distribution. However, if the file is not current in relation to program usage, then Direct Care FTEE may be an option.

CHAPTER 3

On-Line Data Entry

3.1 General

The CDR system provides on-line interactive data entry via a series of menu-driven screens. Comprehensive edits are performed at the time of data entry to ensure that accurate data are accepted into the system. The CDR System Manager maintains an automated master list of accounts for use in the CDR. Each hospital/ health care system selects the accounts valid for their station based on the type of services provided.

3.2 Security

Access to the CDR system is obtained by requesting job code 110XX01 on the Austin VACCESS Application. This job code allows read and update capability to their specific station data only.

3.3 Accessing CDR On-Line Data Entry

In order to access CDR data entry, you must "sign on" to the IDMS database. The following outlines the necessary steps for signing on to the database.

<u>Prompt</u>	<u>Action To Be Taken</u>
Welcome to VACCESS Timesharing at Austin	Type P or Type CDR or Select PF5
Request for User ID and Password	Enter your User ID and Password
Enter Next Task Code	Type CDR Code for the Fiscal Year Example: CDR00
CDR Main Menu	

3.4 Main Menu

The initial screen for the application is the Main Menu. It appears as follows:

```

CDRM0001          DM&S CDR          mm/dd/yy
                                     hh:mm:ss

                                     MAIN MENU

STATION: xxx          FY: 00
- (PF15) DATA ENTRY
- (PF14) COST ADJUSTMENTS
- (PF13) VERIFY ACCOUNTS
- (PF18) UNBALANCED TRANSACTIONS
- (PF19) ENTER UNITS DATA          OCT
- (PF17) SYSTEM MANAGER
- (PF20) UNDISTRIBUTED COST CENTERS
- (PF16) SELECT STATION SUFFIX
- (PA1)  EXIT

```

The upper left corner contains the name of the screen (CDRM0001). Each screen is identified by a unique name. The upper right hand corner displays the current date and time (CST). The station number is captured at the time you sign on with your user ID. The station field was expanded to a 5 digit station field. The first three digits are protected and may not be changed. The station suffix can be changed by typing it in after the three digit station number or by selecting the suffix using the PF16 menu option.

Data Entry is selected to enter percentages and 9000 accounts data.

Cost Adjustments is selected to enter intrastation cost transfers.

Verify Accounts is selected to display all accounts which exist for the CDR application and indicate which have been activated/inactivated by the station. All accounts to be used must be activated before data can be entered.

Unbalanced Transactions was used to display unbalanced adjustment transactions as a result of interstation cost transfers. However, interstation cost transfers are to be entered in the financial system therefore no longer an option in CDR.

Enter Units Data is selected to enter unit data for the applicable CDR accounts. The month displayed to the right of this option reflects the active month. This month should be changed if making prior month unit submission.

Undistributed Cost Centers is selected to view the cost center/sub-account combinations that need percentage data.

Select Station Suffix allows a station with more than one suffix to select the one for which they will make submission.

Exit is selected to leave CDR on-line application.

3.5 Data Entry

The selection of Data Entry on the Main Menu returns the following screen:

```

CDRM0009                DM&S CDR                mm/dd/yy
                                hh:mm:ss

                        DATA ENTRY

                                STATION:  xxx

                                COST CENTER:

                                SUBACCOUNT:

                                MONTH:  OCT

                        MONTH RETRIEVED: OCT

RETRIEVE ALL ACTIVE STATION ACCOUNTS: NO
    
```

```

_ PF2      _ PF3      _ PF10      _ PF11      _ PA1
DEPR ACCT  PERCENT    9000 ACCT  MAIN MENU   EXIT
    
```

Station is passed from the Main Menu and is write protected.

Cost Center for which data will be entered is inserted at this prompt. Only valid CDR cost centers are accepted by the system.

Subaccount for which data will be entered is inserted at this prompt. Only valid CDR combinations are accepted by the system.

Month is passed from the Main Menu but it can be overwritten. If the month is changed it becomes the reporting month until changed again.

Month Retrieved is passed from the Main Menu but it can be overwritten. If you are entering/correcting data for the current month, that month should be entered in this field as well as the Month field. This field is used to retrieve the data from a previous period.

Retrieve All Active Station Accounts is prefilled with NO and will therefore only retrieve the accounts used by the cost center. A response of YES will retrieve all the active accounts for the station.

3.6 Data Entry (Percentages)

Selecting the Percent option (PF3) from the Data Entry screen will display the following screen:

```

CDRM0006                DM&S CDR                mm/dd/yy
                                      Hh:mm:ss

          DATA ENTRY (PERCENTAGES)

STATION : xxx                COST CENTER :
MONTH   :                   SUBACCOUNT  :

ACT ACCOUNT  FTEE  P/S  A/O                ACT ACCOUNT  FTEE  P/S  A/O

                                     <END>
 _ENTER  _PF4   _PF7   _PF8   PF11   PF15   PA1
UPDATE  REFRESH PG BACK PG FWD  MAIN MENU DATA ENTRY EXIT

```

Station, Month, Cost Center and Subaccount values are passed from the previous screen and are write protected.

The accounts displayed depend on the response to “Retrieve All Active Station Accounts” on the previous screen. If NO was entered, only the accounts that have data for that cost center will be displayed. A YES response retrieves all active accounts for the station. A maximum of 20 accounts can be displayed at one time. If all accounts have been displayed, the prompt in the lower right corner of the screen will read <END>, otherwise the prompt will indicate there are <MORE>.

The ACT (Active) field is used to indicate if an account is inactive for the station. If the account has been inactivated, an “I” will appear in this column corresponding to the inactive account. In addition, the line is highlighted. The data cannot be changed until the account is activated again.

The FTEE, P/S , and A/O data for each account are returned based on the rollover of the previous month data.

Percentage data can be entered using up to 4 decimal places (x.xxxx). After all percentages are entered, the ENTER key will initiate the update process. An edit check is performed to ensure all columns for which percentages are entered total 1.0000. If they do not, a message is displayed (above the STATION) indicating which distribution is in error. If all edits are met, the record is updated, and the Data Entry screen is returned with a message indicating update was successful.

3.7 Data Entry (9000 Accts)

Selecting the 9000 ACCT option or pressing the PF10 key will display the following screen:

```
CDRM00007                                DM&S CDR                                mm/dd/yy
                                           hh:mm:ss
                                DATA ENTRY (9000 ACCTS)
```

```
STATION : xxx                                COST CENTER :
MONTH :                                       SUBACCOUNT :
```

```
ACT  ACCOUNT  FTEE  PERS SVC  ALL OTHER
```

<END>

```
_ ENTER  _ PF4  _ PF7  _ PF8  _ PF11  _ PF15  _ PA1
UPDATE  REFRESH  PG BACK  PG FWD  MAIN MENU  DATA ENTRY  EXIT
```

Station, Month, Cost Center, and Subaccount values are passed from the Data Entry screen and are write protected.

The accounts displayed will depend on the response to “Retrieve All Active Station Accounts” prompt on the Data Entry screen. If NO was entered, only the 9000 accounts that have data for the cost center will be displayed. A YES response will retrieve all active 9000 accounts for the station.

The FTEE data entered should be manhours that the CDR system will convert to FTEE. This data should be entered using one decimal point.

The PERS SVC and ALL OTHER data should be entered as actual dollar amounts. Data are entered without commas and dollar signs and use two decimal places.

3.8 Cost Adjustments

The selection of Cost Adjustments on the Main Menu returns the following screen:

```

CRDM0003                DM&S CDR                mm/dd/yy
                                hh:mm:ss
                                TRANSFER MENU

    _ (PF5)  INTRASTATION TRANSFER
    _ (PF3)  TRANSFER TRANSACTIONS
    _ (PF11) MAIN MENU
    _ (PA1)  LEAVE APPLICATION
    
```

Intrastation Transfer is selected to enter costs and/or manhours to be transferred between cost centers within a station.

Transfer Transactions will display the transfer transactions entered for the month requested.

3.9 Intrastation Transfers

Selecting Intrastation Transfer option or pressing the PF5 key will display the following screen:

CDRM0004

DM&S CDR

mm/dd/yy
hh:mm:ss

ADJUSTMENTS

STATION :
MONTH :

INTRASTATION TRANSFERS

FROM : COST CENTER : SUBACCT :

TO : COST CENTER : SUBACCT :

FTEE HRS PERS SVC ALL OTHER

AMOUNT TRANSFERRED :

_ ENTER _ PF4 _ PF11 _ PF14 _ PF22 _ PA1
UPDATE REFRESH MAIN MENU COST ADJ CALM BAL EXIT

Station is passed from the Main Menu and is write protected.

Month is prefilled from the Main menu but can be changed to any month prior to and including the current month.

From is the cost center and subaccount from which costs are transferred.

To is the cost center and subaccount to which the cost are transferred.

FTEE, Pers Svc and All Other are used to enter the amounts to be transferred. Data for FTEE should be entered as manhours and the CDR system will convert to FTEE. It takes only one decimal place. Personal Services and All Other should be entered without dollar signs or commas and take two decimal places.

The Enter key will update the database with the transaction. If edits are met, the cost centers will remain on the screen for review along with a message indicating the transaction has been completed.

The Refresh option or PF4 key is available to refresh the data fields with blanks should another transfer be needed.

The Cost Adj option or PF14 key will return the Transfer Menu Screen.

The CALM Bal option will display a screen with the adjusted balances for the cost centers entered on the transfer screen.

3.10 Enter Units Data

The selection of Enter Units Data on the Main Menu will display the following screen:

```

CDRM0070                DM&S CDR                mm/dd/yy
                                     hh:mm:ss
                                DATA ENTRY (UNITS)
    
```

```

STATION : xxx
MONTH   :
    
```

```

          ACT          ACCOUNT          UNITS
    
```

<MORE>

```

 _ENTER  _PF4    _PF7    _PF8    _PF11  _PA1
UPDATE  REFRESH PG BACK PG FWD  MAIN MENU  EXIT
    
```

Station is passed from the Main Menu and is write protected.

Month is passed from the Main Menu and should not be changed on this screen. If the Month is changed it will copy units displayed on current screen (including blanks) into the changed month. Therefore, if you want to review units submitted for a specific month, change the month on the Main Menu.

Act (Active) column is used to indicate if the account is inactive. An inactivated account will have an "I" in the column and will also be highlighted.

Account column lists all accounts used to enter unit data specific for the station.

Units column is where the data is entered for the corresponding account.

Enter will update the accounts with the corresponding unit data.

3.11 Undistributed Cost Centers

The selection of Undistributed Cost Centers (PF20) will return the following screen:

```

CDRM0020                DM&S CDR                mm/dd/yy
                                     hh:mm:ss

                UNDISTRIBUTED COST CENTERS

STATION:  xxx
MONTH:

COST CENTER  SUBACCT      COST CENTER  SUBACCT      COST CENTER  SUBACCT

```

```

_ ENTER      _ PF7          _ PF8          _ PF11         _ PA1
UPDATE      PG BACK        PG FWD        MAIN MENU      EXIT

```

Station is passed from the Main Menu and is write protected.

Month is passed from the Main Menu but can be changed to any month prior to and including current month.

Enter will update the screen with the selected months data. Cost center and subaccount combinations needing distribution will be displayed otherwise a message stating "All Costs Have Been Distributed" will be returned.

CHAPTER 4

AUDITING HINTS

4.1 General

The CDR should be audited to ensure that cost and workload reflects operations of the programs at your facility. Although, the CDR is a per diem report and cannot reflect the specific cost of patient care, it should reflect the cost of care in the program areas at your facility.

4.2 Steps to Audit Report

- a.** Keep current on the bed types and programs your facility operates to ensure that cost is appropriately distributed to the types of care provided at your facility. Services should provide the most current distribution that will reflect their support to these programs. They should be encouraged to use any reports and/or computer programs (i.e. VISTA packages) that might assist in the development of the percentages. Services should be reminded of the numbering scheme of the CDR and not rely only on the account name. Example: 1212.00 Operating Room is in the 1000 series and therefore for inpatient surgeries only. Surgeries performed on an outpatient basis should be reported to 2211.00.
- b.** Check the “Difference” line in Section I of the report for variances between the Funded Jurisdictional (amount distributed) line and the CALM 830 line (FMS handoff). If a difference exists (other than a rounding difference), check the Undistributed Cost Centers (PF20 on CDR Main Menu) for each month for any cost center/subaccount combinations that remain undistributed.
- c.** Compare your facility unit cost with that of the Group and Department (National). If your facility unit cost is “out of line”, check your workload units to ensure all workload was recorded (see Appendix D for source of units). The VWM data can be accessed using FRS. To validate the clinic stops, use the first monthly run of the OP0 and OP1 reports generated by NPCD (sent to the OPA mailgroup). The Dental Activity System (DAS) and the HBHC/HBPC units can be validated with the respective services. If units have been reported correctly, check your cost centers to the account for any that may seem inappropriate for the account.
- d.** If workload and cost have been distributed properly for your facility, check the units and cost reported by other facilities. An anomaly at one site may affect the Group and/or Department unit cost. Comparisons with other sites should be done at the account level and not necessarily the cost center level due to the differences in cost center usage.

e. Check your shifts in cost versus shifts in workload to ensure that the report reflects what is occurring at your facility. Due to the type of care provided, shifts in cost may not be at the same rate as workload shifts but perhaps they should be in the same direction.

APPENDIX A

CDR CHART OF ACCOUNTS

SECTION I:

MEDICAL BED SECTION

1110.00	General Medicine
1111.00	Neurology
1113.00	Rehabilitation Medicine
1114.00	Epilepsy Center
1115.00	Blind Rehabilitation
1116.00	Spinal Cord Injury
1116.01	SCI Substance Abuse <i>(only applicable to VAMC Bronx)</i>
1117.00	Medical Intensive Care Units
1118.00	Inpatient Dialysis
1119.00	Inpatient AIDS <i>(only applicable to New York, Miami, and West Los Angeles VAMCs)</i>
1120.00	Geriatric Evaluation and Management (GEM) Unit - Medical Beds
1130.00	Primary Care - Medicine
1100.11	Education & Training - Trainee Salary - Medical Beds
1100.12	Education & Training - Instructional Support - Medical Beds
1100.13	Education & Training - Administrative Support - Medical Beds
1100.14	Education & Training - Continuing Education - Medical Beds
1100.21	Medical Research Support - Medical Beds
1100.22	Prosthetic Research Support - Medical Beds
1100.30	Administration Support - Medical Beds
1100.40	Environmental Management Support - Medical Beds
1100.50	Engineering Support - Medical Beds
1100.70	Equipment Depreciation - Medical Beds
1100.80	Building Depreciation - Medical Beds

SURGICAL BED SECTION

1210.00	Surgical Ward Cost
1211.00	Surgical Intensive Care Unit
1212.00	Operating/Recovery Room
1213.00	Open Heart Surgery
1230.00	Primary Care - Surgery

1200.11	Education & Training - Trainee Salary - Surgical Beds
1200.12	Education & Training - Instructional Support - Surgical Beds
1200.13	Education & Training - Administrative Support - Surgical Beds
1200.14	Education & Training - Continuing Education - Surgical Beds
1200.21	Medical Research Support - Surgical Beds
1200.22	Prosthetic Research Support - Surgical Beds
1200.30	Administration Support - Surgical Beds
1200.40	Environmental Management Support - Surgical Beds
1200.50	Engineering Support - Surgical Beds
1200.70	Equipment Depreciation - Surgical Beds
1200.80	Building Depreciation - Surgical Beds

PSYCHIATRIC BED SECTION

1310.00	High Intensity General Psychiatric Inpatient Unit
1311.00	General Intermediate Psychiatry
1312.00	Substance Abuse Intermediate Care
1313.00	Substance Abuse Treatment Program - High Intensity
1314.00	Specialized Inpatient PTSD Unit (SIPU) - Intermediate Care
1315.00	Evaluation/Brief Treatment PTSD Unit (EBTPU) - High Intensity
1316.00	STAR I, II, & III Programs Sustained Treatment and Rehabilitation
1317.00	Substance Abuse STAR I, II, & III Programs Sustained Treatment and Rehabilitation
1320.00	Geriatric Evaluation and Management (GEM) Unit - Psychiatric Beds
1330.00	Primary Care - Psychiatric
1300.11	Education & Training - Trainee Salary - Psychiatric Beds
1300.12	Education & Training - Instructional Support - Psychiatric Beds
1300.13	Education & Training - Administrative Support - Psychiatric Beds
1300.14	Education & Training - Continuing Education - Psychiatric Beds
1300.21	Medical Research Support - Psychiatric Beds
1300.22	Prosthetic Research Support - Psychiatric Beds
1300.30	Administration Support - Psychiatric Beds
1300.40	Environmental Management Support - Psychiatric Beds
1300.50	Engineering Support - Psychiatric Beds
1300.70	Equipment Depreciation - Psychiatric Beds
1300.80	Building Depreciation - Psychiatric Beds

VA NURSING HOME CARE SECTION

1410.00	VA Nursing Home Care
1420.00	Geriatric Evaluation and Management (GEM) Unit - VA Nursing Home
1400.11	Education & Training - Trainee Salary - VA Nursing Home Beds
1400.12	Education & Training - Instructional Support - VA Nursing Home Beds
1400.13	Education & Training - Administrative Support - VA Nursing Home Beds
1400.14	Education & Training - Continuing Education - VA Nursing Home Beds
1400.21	Medical Research Support - VA Nursing Home Beds
1400.22	Prosthetic Research Support - VA Nursing Home Beds
1400.30	Administration Support - VA Nursing Home Beds
1400.40	Environmental Management Support - VA Nursing Home Beds
1400.50	Engineering Support - VA Nursing Home Beds
1400.70	Equipment Depreciation -VA Nursing Home Beds
1400.80	Building Depreciation -VA Nursing Home Beds

DOMICILIARY BED SECTION

1510.00	Domiciliary Beds
1511.00	Domiciliary Substance Abuse
1512.00	Domiciliary – PTSD
1513.00	Homeless Domiciliary
1520.00	Geriatric Evaluation and Management (GEM) Unit - Domiciliary
1500.11	Education & Training - Trainee Salary - Domiciliary Beds
1500.12	Education & Training - Instructional Support - Domiciliary Beds
1500.13	Education & Training - Administrative Support - Domiciliary Beds
1500.14	Education & Training - Continuing Education - Domiciliary Beds
1500.21	Medical Research Support - Domiciliary Beds
1500.22	Prosthetic Research Support - Domiciliary Beds
1500.30	Administration Support - Domiciliary Beds
1500.40	Environmental Management Support - Domiciliary Beds
1500.50	Engineering Support - Domiciliary Beds
1500.70	Equipment Depreciation - Domiciliary Beds
1500.80	Building Depreciation - Domiciliary Beds

INTERMEDIATE CARE BED SECTION

1610.00	Intermediate Care
1620.00	Geriatric Evaluation and Management (GEM) Unit - Intermediate Care
1600.11	Education & Training - Trainee Salary - Intermediate Care Beds
1600.12	Education & Training - Instructional Support - Intermediate Care Beds
1600.13	Education & Training - Administrative Support - Intermediate Care Beds

1600.14	Education & Training - Continuing Education - Intermediate Care Beds
1600.21	Medical Research Support -Intermediate Care Beds
1600.22	Prosthetic Research Support -Intermediate Care Beds
1600.30	Administration Support -Intermediate Care Beds
1600.40	Environmental Management Support -Intermediate Care Beds
1600.50	Engineering Support -Intermediate Care Beds
1600.70	Equipment Depreciation -Intermediate Care Beds
1600.80	Building Depreciation -Intermediate Care Beds

PSYCHIATRIC RESIDENTIAL REHABILITATION

1711.00	PRRTP (Psychiatric Residential Rehabilitation Treatment Program)
1712.00	PRRP (PTSD Residential Rehabilitation Program)
1713.00	SARRTP (Substance Abuse Residential Rehabilitation Treatment Program)
1714.00	HCFMI CWT/TR (Homeless Chronically Mentally Ill Compensated Work Therapy / Transitional Residences) VACO approved
1715.00	SA CWT/TR (Substance Abuse Compensated Work Therapy / Transitional Residences) VACO approved
1716.00	PTSD CWT/TR (Compensated Work Therapy / Transitional Residences)
1717.00	General CWT/TR (Compensated Work Therapy / Transitional Residences)
1700.11	Education & Training - Trainee Salary - Psych Residential Rehab Beds
1700.12	Education & Training - Instructional Support - Psych Residential Rehab Beds
1700.13	Education & Training - Administrative Support - Psych Residential Rehab Beds
1700.14	Education & Training - Continuing Education - Psych Residential Rehab Beds
1700.21	Medical Research Support - Psych Residential Rehab Beds
1700.22	Prosthetic Research Support - Psych Residential Rehab Beds
1700.30	Administration Support - Psych Residential Rehab Beds
1700.40	Environmental Management Support - Psych Residential Rehab Beds
1700.50	Engineering Support - Psych Residential Rehab Beds
1700.70	Equipment Depreciation - Psych Residential Rehab Beds
1700.80	Building Depreciation - Psych Residential Rehab Beds

AMBULATORY CARE SECTION

2110.00 Medicine
2110.01 Medicine - SOC
2110.02 Medicine - CBOC
2110.03 Medicine - ORC
2111.00 Admitting/Screening
2111.01 Admitting/Screening - SOC
2111.02 Admitting/Screening - CBOC
2111.03 Admitting/Screening - ORC
2130.00 Outpatient Primary Care - Medicine
2130.01 Outpatient Primary Care - Medicine - SOC
2130.02 Outpatient Primary Care - Medicine - CBOC
2130.03 Outpatient Primary Care - Medicine - ORC
2210.00 Surgery
2210.01 Surgery - SOC
2210.02 Surgery - CBOC
2210.03 Surgery - ORC
2211.00 Ambulatory Operating Room
2211.01 Ambulatory Operating Room - SOC
2211.02 Ambulatory Operating Room - CBOC
2230.00 Outpatient Primary Care - Surgery
2230.01 Outpatient Primary Care - Surgery - SOC
2230.02 Outpatient Primary Care - Surgery - CBOC
2230.03 Outpatient Primary Care - Surgery - ORC
2310.00 Special Psychiatric Treatment
2310.01 Special Psychiatric Treatment - SOC
2310.02 Special Psychiatric Treatment - CBOC
2310.03 Special Psychiatric Treatment - ORC
2311.00 General Psychiatric Treatment
2311.01 General Psychiatric Treatment - SOC
2311.02 General Psychiatric Treatment - CBOC
2311.03 General Psychiatric Treatment - ORC
2312.00 HCHV/HMI
2312.01 HCHV/HMI - SOC
2312.02 HCHV/HMI - CBOC
2312.03 HCHV/HMI - ORC
2313.00 PTSD Clinical Team
2313.01 PTSD Clinical Team - SOC
2313.02 PTSD Clinical Team - CBOC
2313.03 PTSD Clinical Team - ORC
2314.00 Psychosocial Rehabilitation - Group
2314.01 Psychosocial Rehabilitation - Group SOC
2314.02 Psychosocial Rehabilitation - Group CBOC

2314.03	Psychosocial Rehabilitation – Group ORC
2315.00	Psychosocial Rehabilitation – Individual
2315.01	Psychosocial Rehabilitation – Individual SOC
2315.02	Psychosocial Rehabilitation – Individual CBOC
2315.03	Psychosocial Rehabilitation – Individual ORC
2316.00	Substance Abuse Dependence - OP
2316.01	Substance Abuse Dependence - OP - SOC
2316.02	Substance Abuse Dependence - OP – CBOC
2316.03	Substance Abuse Dependence - OP - ORC
2317.00	Substance Use Disorder (SUPS) -
2317.01	Substance Use Disorder - SOC
2317.02	Substance Use Disorder - CBOC
2317.03	Substance Use Disorder - ORC
2318.00	HUD/VASH
2318.01	HUD/VASH - SOC
2318.02	HUD/VASH - CBOC
2318.03	HUD/VASH – ORC
2319.00	Community Outreach to Homeless Veterans
2319.01	Community Outreach to Homeless Veterans - SOC
2319.02	Community Outreach to Homeless Veterans - CBOC
2319.03	Community Outreach to Homeless Veterans – ORC
2330.00	Outpatient Primary Care - Special Psychiatric Treatment
2330.01	Outpatient Primary Care - Special Psychiatric Treatment - SOC
2330.02	Outpatient Primary Care - Special Psychiatric Treatment - CBOC
2330.03	Outpatient Primary Care - Special Psychiatric Treatment - ORC
2331.00	Outpatient Primary Care - General Psychiatric Treatment
2331.01	Outpatient Primary Care - General Psychiatric Treatment - SOC
2331.02	Outpatient Primary Care - General Psychiatric Treatment - CBOC
2331.03	Outpatient Primary Care - General Psychiatric Treatment - ORC
2410.00	Dialysis
2410.01	Dialysis - SOC
2420.00	Cancer Treatment
2510.00	Adult Day Health Care
2510.01	Adult Day Health Care - SOC
2510.02	Adult Day Health Care - CBOC
2510.03	Adult Day Health Care - ORC
2610.00	Ancillary Services
2610.01	Ancillary Services - SOC
2610.02	Ancillary Services - CBOC
2610.03	Ancillary Services - ORC
2611.00	Rehabilitative and Supportive Services
2611.01	Rehabilitative and Supportive Services - SOC

2611.02	Rehabilitative and Supportive Services - CBOC
2611.03	Rehabilitative and Supportive Services - ORC
2612.00	Diagnostic Services
2612.01	Diagnostic Services - SOC
2612.02	Diagnostic Services - CBOC
2612.03	Diagnostic Services - ORC
2613.00	Pharmacy
2613.01	Pharmacy - SOC
2613.02	Pharmacy - CBOC
2613.03	Pharmacy - ORC
2614.00	Prosthetics/Orthotics
2614.01	Prosthetics/Orthotics - SOC
2614.02	Prosthetics/Orthotics - CBOC
2614.03	Prosthetics/Orthotics - ORC
2616.00	SCI Substance Abuse OP (<i>only applicable to VAMC Bronx</i>)
2710.00	Dental Procedures
2710.01	Dental Procedures - SOC
2710.02	Dental Procedures - CBOC
2750.00	Domiciliary Aftercare
2780.00	Telephone Contacts
2780.01	Telephone Contacts - SOC
2780.02	Telephone Contacts - CBOC
2780.03	Telephone Contacts - ORC
2800.11	Education & Training - Trainee Salary - Outpatient
2800.12	Education & Training - Instructional Support - Outpatient
2800.13	Education & Training - Administrative Support - Outpatient
2800.14	Education & Training - Continuing Education - Outpatient
2800.21	Medical Research Support - Outpatient
2800.22	Prosthetic Research Support - Outpatient
2800.30	Administration Support - Outpatient
2800.40	Environmental Management Support - Outpatient
2800.50	Engineering Support - Outpatient
2800.60	Lodging - Outpatient
2800.70	Equipment Depreciation - Outpatient
2800.80	Building Depreciation - Outpatient

NON-VA INPATIENT CARE SECTION

3110.00	Contract Hospital - Medical
3210.00	Contract Hospital - Surgical
3310.00	Contract Hospital - Psychiatric
3410.00	Community Nursing Home Care

3411.00	State Home Nursing Home Care
3510.00	State Domiciliary Home Care
3520.00	Contract Homeless Chronically Mentally Ill
3521.00	Contract Alcohol and Drug Treatment and Rehabilitation
3522.00	Contract Homeless Providers Grant and Per Diem Program
3610.00	State Home Hospital Care
3611.00	Civilian Health and Medical Program VA (CHAMPVA)
3800.30	Administration Support - Inpatient Non-VA
3800.40	Environmental Management Support - Inpatient Non-VA
3800.50	Engineering Support - Inpatient Non-VA
3800.70	Equipment Depreciation - Inpatient Non-VA
3800.80	Building Depreciation - Inpatient Non-VA

NON-VA AMBULATORY CARE SECTION

4110.00	Outpatient Care - Fee Medical
4111.00	Other Non-VA Outpatient Care
4112.00	Contract Adult Day Health Care
4120.00	Contract Dialysis
4130.00	Fee Prescriptions Filled by VA Pharmacies
4610.00	CHAMPVA - OP
4612.00	Non-VA Pharmacies
4613.00	Fee Tests Performed by VA Laboratories
4710.00	Dental Services - Fee
4800.30	Administration Support - Outpatient Non-VA
4800.40	Environmental Management Support - Outpatient Non-VA
4800.50	Engineering Support - Outpatient Non-VA
4800.70	Equipment Depreciation - Outpatient Non-VA
4800.80	Building Depreciation - Outpatient Non-VA

VA HOME PROGRAMS SECTION

5110.00	Hospital Based Home Care/Home Based Primary Care
5110.30	Administration Support – HBHC/HBPC
5110.40	Environmental Management Support – HBHC/HBPC
5110.50	Engineering Support – HBHC/HBPC
5111.00	Home Dialysis
5112.00	Spinal Cord Injury Home Care
5113.00	Residential Care Home Program
5114.00	Other Home Based Programs

5115.00	Community Based Domiciliary Aftercare / Outreach
5116.00	Homemaker / Home Health Aide Programs
5117.00	Mental Health Intensive Case Management
5000.30	Administration Support - Off-Facility VA Programs
5000.40	Environmental Management Support - Off-Facility VA Programs
5000.50	Engineering Support - Off-Facility VA Programs
5000.70	Equipment Depreciation - Off-Facility VA Programs
5000.80	Building Depreciation - Off-Facility VA Programs

MISCELLANEOUS ACTIVITIES SECTION

6010.00	Other Miscellaneous Benefits and Services
6011.00	VISN/National Support
6013.00	Continuing Education and Training Programs
6015.00	National Center on PTSD (<i>applicable only to West Haven, White River Junction, Palo Alto, and Boston VAMCs</i>)
6000.70	Equipment Depreciation - Miscellaneous Benefits and Services
6000.80	Building Depreciation - Miscellaneous Benefits and Services

SERVICES FURNISHED TO OTHER THAN VHA

8021.00	Services Furnished to Veterans Benefits Admin. (VBA)
8022.00	Services to the National Cemetery System (NCS)
8023.00	Services to Other Non-VHA Activities
8024.00	DoD Sharing
8025.00	Other Sharing
8000.70	Equipment Depreciation - Services Furnished to Other Than VHA
8000.80	Building Depreciation - Services Furnished to Other Than VHA

SECTION II:

____.11	Trainee Salary - Education & Training
____.12	Instructional Support - Education & Training
____.13	Administrative Support - Education & Training
____.14	Continuing Education - Education & Training
____.21	Medical Research Support
____.22	Prosthetic Research Support

SECTION III:

- 9010.00 Inpatient HIV/ARC/AIDS
- 9011.00 Outpatient HIV/ARC/AIDS
- 9020.00 Renal Transplant

APPENDIX B**GLOSSARY FOR RCS 10-0141**

1. **ALL OTHER COSTS** - Expenditures reflected in the FMS cost accounting system (2000 series and Non-Capitalized 3000 series BOCs) for supplies consumed and services utilized.
2. **AMIS - AUTOMATED MANAGEMENT INFORMATION SYSTEM** is the system which supplies some units or patient days to the CDR. In FY00, replaced by the VHA Work Measure (VWM) System.
3. **ARC - ALLOCATION RESOURCE CENTER** (formerly BDC) is a branch of the VA Central Office Budget Office under the auspices of the Director of Resource Allocation and Execution.
4. **FAP- FIXED ASSETS PACKAGE** is a subsidiary system for the fixed asset general ledger accounts in FMS. This system will automatically post depreciation expense to the general ledger accounts. A equipment depreciation expense handoff is created for use by both CDR and DSS.
5. **FMS - FINANCIAL MANAGEMENT SYSTEM** is the system which supplies the RCS 10-0141 with the following: FTEE hours; payroll (personal service costs); and the cost (All Other) of supplies consumed and services utilized. FMS is a department-wide system designed to meet management requirements to establish and maintain effective consolidated financial systems and to implement the U.S. Standard General Ledger.
6. **CDR - COST DISTRIBUTION REPORT** - RCS 10-0141 Report. Report which reflects the cost of patient care provided through the VA medical system. Each service is responsible for the allocation of its cost to the appropriate CDR distribution accounts. Data input by all services is required to be done monthly. The CDR database uses data received in batch mode from ISMS, FMS, FAP, NPCD, VWM, and data entered on-line. Data is available for on-line inquiry by stations and Central Office. This system will interface with the FMS system. However, when the DSS system is fully functional, the CDR interface will no longer be necessary.
7. **CDR OUTLIERS** - Prior to the close-out of the databases, the ARC produces data which displays a facility's reported costs and workload per CDR account, with unit cost calculations, and compares this data with the National Unit Cost. The

analysis identifies accounts with unit costs significantly different (more than two standard deviations either above or below) from the National average.

8. **CMR - CONSOLIDATED MEMORANDUM RECEIPT** is a listing of non-expendable inventory.
9. **DEPARTMENT COST** - The total national cost divided by total national reported workload (units) for each CDR account.
10. **DETAIL REPORT** - A CDR report that reflects by cost center the total costs, workload, and FTEE distributed to the activity accounts. It also shows the facility, group, and department (national) unit costs which can be used for comparative purposes.
11. **DIRECT COSTS** - All clinical and ancillary costs in connection with activities directly involved with the care and treatment of a VA staff or contract/fee patient [1000-5000 CDR accounts].
12. **DSS - DECISION SUPPORT SYSTEM** provides information describing the patterns of patient care and utilization of hospital resources at VA medical facilities by clinic, ward, and diagnostic related group. This system will interface with the FMS system.
13. **DRG - DIAGNOSIS RELATED GROUPS.** DRG assignment factors: (1) principal diagnosis; (2) secondary diagnosis; (3) surgical procedures; (4) age; (5) sex; (6) discharge status. All discharges reported in the PTF are categorized into one of 490 DRG groups, and one of 25 Major Diagnostic Categories (MDC).
14. **EXPENDABLE** - Supplies purchased by the VA which are immediately charged as operating expense and are not recorded as assets.
15. **FEE FILE** - The VERA non-VA visit costing methodology uses the Outpatient Fee file for both cost and workload. The fee file includes patient specific data and a fee cost in each record. These amounts are expected to represent the dollars distributed in the Outpatient Care - Fee Medical CDR account (4110.00).

The remaining outpatient non-VA CDR accounts, listed below, are not costed to specific patients since there is no corresponding patient specific data set. The status of these accounts may change in the future.

4111.00 - Other Non-VA Outpatient Care
4112.00 - Contract Adult Day Health Care

- 4120.00 - Contract Dialysis
- 4130.00 - Fee Prescriptions Filled by VA Pharmacy
- 4610.00 - CHAMPVA OP
- 4612.00 - Non-VA Pharmacies
- 4613.00 - Fee Tests Performed by VA Labs
- 4710.00 - Dental Services - Fee

16. **FTEE** - Refers to FULL-TIME EMPLOYEE EQUIVALENT.
17. **GIP - GENERIC INVENTORY PACKAGE** is a station level inventory system for posted stock and expendable supplies that can be used by all Services.
18. **GROUP COST** - The total cost of the hospital group divided by the total group reported workload (units) for each CDR account.
19. **HOSPITAL GROUP** - An aggregation of similar VA medical centers based largely on complexity factors, size, level of academic affiliation and geographic location.
20. **INDIRECT COSTS** - All costs not otherwise identified as direct costs. These are the (.11-.50) accounts (see paragraph 1.2d(3) for account suffix titles).
21. **ISMS - INTEGRATED SUPPLY MANAGEMENT SYSTEM** is a centralized inventory management system for Supply Fund at VA Supply Depots. It is the replacement system for LOG1 and provides an inventory control and accounting system for selected nonperishable, expendable goods. This system will interface with the FMS system.
22. **JURISDICTIONAL COST CENTER REPORT** - A CDR report that is cost center specific. It reflects the CDR distribution accounts to which each cost center's total costs were charged. This report also shows cost by BOC category; i.e. 1081 Physicians, 2103 Employee Training Travel, etc.
23. **NPCD - National Patient Care Database** is an automated system for recording and tracking events associated with each VA patient's outpatient clinical progress. The NPCD file is the principal source of outpatient workload data. NPCD File DSS Identifiers (Clinic Stops) are linked with the CDR ambulatory care (2000 series) accounts. Soon, NPCD will contain the PTF data as well.
24. **PAF - PATIENT ASSESSMENT FILE** is an automated system for recording and tracking events associated with each VA patient's clinical progress in a long term care setting (e.g., nursing home, domiciliary, etc.). RUGS II values shown in the PAF are used to weight long term care patient costing as appropriate.

25. **PAID - PERSONNEL AND ACCOUNTING INTEGRATED DATA** is the system which supplies to the RCS 10-0141 the cumulative man-hours (FTEE) and salary costs (Personal Services - 1000 series BOCs) by cost center. This system will interface with the FMS system.
26. **PER DIEM** - In the VERA process, a linkage is made between the Bed Specialty Codes identified in the PTF and the inpatient accounts identified in the CDR, and a facility per diem is calculated for each bed service by dividing the total CDR dollars by the total PTF patient days as the first step in developing patient specific costing. This per diem will be different than the unit cost shown on the CDR because the CDR uses VWM days of care. The two reporting systems do not necessarily reconcile due to different reporting criteria.
27. **PERSONAL SERVICES COSTS** - Expenditures paid to employees as wages plus cost of fringe benefits.
28. **PTF - PATIENT TREATMENT FILE** - Principal source of inpatient workload data. An automated system for recording and tracking events associated with each VA patient's inpatient clinical progress.
29. **SPECIALIZED MEDICAL SERVICES** - Programs for which an account number in the CDR 9000 series has been assigned and for which costs have been directed by VA Central Office Program Officials to be reported in Section III of the RCS 10-0141 Report. Although these costs are reported in Section I, due to congressional requirements, they are more specifically identified in Section III.
30. **UNIT COST** - Total cost divided by total reported workload (units) for each CDR account at the facility, hospital group, and national levels.
31. **UNITS** - The measurable workload reported for each individual CDR account; e.g., patient days, surgical procedures, outpatient visits, prescriptions filled. Refer to Chapter 1 of the VA Central Office CDR Handbook for a complete listing.
32. **VERA - VETERANS EQUITABLE RESOURCE ALLOCATION** is an agency-wide management system designed to integrate strategic, budget and construction planning and resource distribution within the Veterans Health Administration.
33. **VWM - VHA WORK MEASURE** is the interim system which replaced the AMIS database. Input to this system is through segments, same as AMIS, however only those segments not contained in another national database are included.
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APPENDIX C

COST CENTERS AND SUBACCOUNTS

1.1 CDR Cost Centers

The Cost Distribution Report (CDR) uses all of the FMS Medical Care appropriation cost centers. However, the CDR combines some of the cost centers that represent similar activities. The CDR system allows only valid cost centers to be distributed to the report. The following list identifies the cost centers available for CDR distribution and the cost centers which have been combined into the CDR valid cost centers. The cost centers in the list will be identified by the 2nd, 3rd, and 4th digits only.

CDR Cost Center	Cost Centers Included in CDR Cost Center
201	201
202	202
203	203
204	204
205	205
211	211
212	212
221	221
222	222
223	223
224	224
225	225
226	226
227	227
228	228
229	229
231	231
232	232
233	233
234	234
235	235
236	236
237	237
240	240
241	241
242	242
243	243

CDR Cost Center	Cost Centers Included in CDR Cost Center
244	244
245	245
246	246
247	247
248	248
252	252
265	265
266	266
269	269
270	272, 273 and 274
281	281
285	285
286	286
311	311
313	313
315	315
317	317
320	321, 322, 323 and 329
331	331
332	332
333	333
341	341
342	342
343	343
344	344
345	345
346	346
347	347
348	348
349	349
351	351
361	361
362	362
363	363
364	364
401	401
402	402
403	403
405	405
407	407
409	409
411	411

CDR Cost Center	Cost Centers Included in CDR Cost Center
413	413
414	414
416	416
419	419
421	421
431	431
441	441
445	445
451	451
470	470
500	501, 503, 504, 521 and 533
511	511
532	532
541	541
542	542
550	551 and 555
561	561
562	562
563	563
564	564
565	565
567	567
570	570
571	571
575	575
601	601
602	602
603	603
604	604
605	605
606	606
607	607
610	610
615	615
616	616
621	621
622	622
623	623
631	631
632	632
649	649
651	651

CDR Cost Center Cost Centers Included in CDR Cost Center

652	652
653	653
660	660
681	681
682	682
950	950
951	951
952	952
953	953
954	954
955	955
956	956
957	957
958	958
959	959

1.2 CDR Subaccounts

The Cost Distribution Report (CDR) uses all of the FMS budget object codes except the Capitalized BOCs in the 3000 series. However, the CDR distinguishes only selected subaccounts and combines the remaining BOCs into a generic subaccount 0000.

CDR Subaccount Budget Object Codes in CDR Subaccount

0000	All subaccounts not identified below. This subaccount has a personal service and an all other component.
1041	1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1051, 1052, 1053, 1054, 1056, 1062, 1073, 1077, 1083 and 1088
1061	1061, 1063 1064 and 1067 for the 200 series cost centers only
1081	1081 and 1082 for the 200 series cost centers only
2103	2103, 2583 and 2584 (does not include the 600 series of cost centers)
2562	2562 for cost center 363 only
2570	2570 for cost center 363 only
2572	2572 for cost center 224 only
2575	2575
2579	2579
2582	2582
2587	2587 for the 200 series cost centers only

2635

2636

2692

2635

2636 for cost center 363 only

2692 for cost centers 201 and 202 only

APPENDIX D

Workload Units Type and Source

The workload contained in the CDR is acquired mostly via linkage with other VA data systems. These data systems have different timelines for processing their linkage to the CDR:

VWM – the 10th workday for 1st and 2nd months of the quarter and the 13th workday for the 3rd month;

NPCD (clinic stops) – Saturday following the 1st Sunday of the month;

DAS (Dental CTVs) – 3rd workday;

HBHC/HBPC – 7th workday.

Some program workload data is not automated and must be submitted with the CDR data. The following listing contains the source of workload units for the CDR accounts.

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
1110.00	Bed Days	VWM Seg 336(011) minus Units for (1117.00, 1130.00 and Acute Medicine GEM)
1111.00	Bed Days	VWM Seg 337(011) minus Epilepsy Center Days and Units for Neurology GEM
1113.00	Bed Days	VWM Seg 338(011) minus Units for Rehab GEM
1114.00	Bed Days	Neurology Service
1115.00	Bed Days	VWM Seg 339(011)
1116.00	Bed Days	VWM Seg 340(011) minus Units for 1116.01
1116.01	Bed Days	Locally supplied
1117.00	Bed Days	Locally supplied
1118.00	Treatments	Locally supplied
1119.00	Bed Days	Locally supplied
1120.00	Bed Days	Locally supplied ¹
1130.00	Bed Days	Locally supplied
1210.00	Bed Days	VWM Seg 341(011) minus J42(008) and Units for 1230.00
1211.00	Bed Days	VWM Seg J42(008)
1212.00	Surgical Procedures	Surgical Service (excl Open Heart and all ambulatory surgical procedures)
1213.00	Surgical Procedures	Surgical Service (Open Heart inpatient procedures only)
1230.00	Bed Days	Locally supplied

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
1310.00	Bed Days	VWM Seg 334(011+012) minus Units for (1311.00, 1312.00, 1313.00, 1314.00, 1315.00, 1316.00, 1317.00, 1320.00, 1330.00, 1711.00, 1712.00, 1713.00, 1714.00, 1715.00, 1716.00 and 1717.00)
1311.00	Bed Days	Locally supplied
1312.00	Bed Days	Locally supplied
1313.00	Bed Days	Locally supplied
1314.00	Bed Days	Locally supplied
1315.00	Bed Days	Locally supplied
1316.00	Bed Days	Locally supplied
1317.00	Bed Days	Locally supplied
1320.00	Bed Days	Locally supplied
1330.00	Bed Days	Locally supplied
1410.00	Bed Days	VWM Seg 345(015) minus Units for 1420.00
1420.00	Bed Days	Locally supplied
1510.00	Bed Days	VWM Seg 346(015) minus units for 1511.00, 1512.00, 1513.00 and 1520.00
1511.00	Bed Days	VWM Seg 319(020)
1512.00	Bed Days	Locally supplied
1513.00	Bed Days	Locally supplied
1520.00	Bed Days	Locally supplied
1610.00	Bed Days	VWM Seg 335(011) minus Units for 1620.00
1620.00	Bed Days	Locally supplied
1711.00	Bed Days	Locally supplied
1712.00	Bed Days	Locally supplied
1713.00	Bed Days	Locally supplied
1714.00	Bed Days	Locally supplied
1715.00	Bed Days	Locally supplied
1716.00	Bed Days	Locally supplied
1717.00	Bed Days	Locally supplies
2110.00	Clinic Stops	116 Respiratory Therapy 290 Observation Medicine 293 Observation Neurology 301 General Internal Medicine 302 Allergy Immunology 303 Cardiology 304 Dermatology 305 Endocrinology/Metabolic 306 Diabetes 307 Gastroenterology 308 Hematology 309 Hypertension

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
		310 Infectious Disease
		311 Pacemaker
		312 Pulmonary/Chest
		313 Renal/Nephrology
		314 Rheumatology/Arthritis
		315 Neurology
		316 Oncology/Tumor
		317 Coumadin Clinic
		318 Geriatric Clinic
		319 Geriatric Evaluation & Management (GEM) Clinic
		320 Alzheimer's/Dementia Clinic
		321 GI Endoscopy
		322 Women's Clinic
		328 Medical Day Unit MSDU
		329 Medical Procedure Unit
		331 Pre-Bed Care MD (Medicine)
		332 Pre-Bed Care RN (Medicine)
		333 Cardiac Catheterization
		334 Cardiac Stress Test/ ETT
		350 Geriatric Primary Care
2111.00	Clinic Stops	101 Emergency Unit (only through FY2000)
		102 Admitting / Screening
		728 Domiciliary Admissions Screening
2130.00	Clinic Stops	323 Primary Care / Medicine
2210.00	Clinic Stops	291 Observation Surgery
		401 General Surgery
		402 Cardiac Surgery
		403 ENT
		404 Gynecology
		405 Hand Surgery
		406 Neurosurgery
		407 Ophthalmology
		408 Optometry
		409 Orthopedics
		410 Plastic Surgery
		411 Podiatry
		412 Proctology
		413 Thoracic Surgery
		414 Urology
		415 Vascular Surgery

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
		416 Ambulatory Surgery Office 419 Anesthesia Pre-Op Consult 420 Pain Clinic 421 Vascular Laboratory 422 Cast Clinic 426 Women Surgery 432 Pre-Bed Care MD (Surgery) 433 Pre_Bed Care RN (Surgery) 435 Surgical Procedure Unit
2211.00	Clinic Stops	327 Medicine Physician Performing Invasive Procedure 429 Ambulatory Care or OR Surgery Outpatient Surgery Room 430 Cysto Room Unit for Outpatient
2310.00	Clinic Stops	516 PTSD - Group 521 Long-Term Enhancement - Group 550 Mental Health Clinic - Group 553 Day Treatment - Group 554 Day Hospital - Group 557 Psychiatry - Group 558 Psychology - Group 577 Psychogeriatric Clinic - Group 578 Psychogeriatric Day Program 580 PTSD Day Hospital 581 PTSD Day Treatment
2311.00	Clinic Stops	292 Observation Psychiatry 502 Mental Health Clinic - Individual 505 Day Treatment - Individual 506 Day hospital - Individual 509 Psychiatry - Individual 510 Psychology - Individual 512 Psychiatry Consultation 520 Long-Term Enhancement - Individual 524 Sexual Trauma Counseling - Women Veterans 525 Women's Stress Disorder Treatment Teams 538 Psychological Testing 562 PTSD - Individual 564 MH Team Case Management 576 Psychogeriatric Clinic - Individual

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
		589 Non-Active Duty Sex Trauma
2312.00	Clinic Stops	529 HCHV/HMI
2313.00	Clinic Stops	540 PCT-Post Traumatic Stress Individual
		561 PCT-Post Traumatic Stress Group
2314.00	Clinic Stops	559 Psychosocial Rehabilitation Group
		573 MH Incentive Therapy Group
		574 MH Compensated Work Therapy Group
		575 MH Vocational Assistance - Group
2315.00	Clinic Stops	532 Psychological Rehabilitation - Individual
		535 MH Vocational Assistance - Group
2316.00	Clinic Stops	513 Substance Abuse - Individual
		514 Substance Abuse - Home Visit
		523 Opioid Substitution
		547 Intensive Substance Abuse Treatment
		560 Substance Abuse Group
2317.00	Clinic Stops	519 Substance Use Disorder/PTSD Teams
2318.00	Clinic Stops	522 HUD-VASH
2319.00	Clinic Stops	590 Comm Outreach Homeless other than HCHV/DHCV Programs
2330.00	Clinic Stops	563 MH Primary Care Team - Group
2331.00	Clinic Stops	531 MH Primary Care Team - Individual
2410.00	Clinic Stops	602 Chronic Assisted Hemodialysis Treatment
		603 Limited Self Care Hemodialysis Treatment
		604 Home Hemodialysis Training
		606 Chronic Assisted Peritoneal Dialysis
		607 Limited Self Care Peritoneal Dialysis
		608 Home/Self Peritoneal Dialysis Training
2420.00	Clinic Stops	149 Radiation Therapy
		330 Chemotherapy Procedures Unit – Medicine
		431 Chemotherapy Procedures Unit – Surgery
2510.00	Clinic Stops	190 Adult Day Health Care
2610.00	Clinic Stops	117 Nursing
		120 Health Screening
		122 Public Health Nursing
		123 Nutrition/Dietetics - Individual
		124 Nutrition/Dietetics - Group
		125 Social Work Service
		160 Clinical Pharmacy

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
		165 Bereavement Counseling
		166 Chaplain Service - Individual
		167 Chaplain Service - Group
		168 Chaplain Service - Collateral
		999 Employee Health
2611.00	Clinic Stops	201 Physical Medicine & Rehabilitation Service
		202 Recreation Therapy Service
		203 Audiology
		204 Speech Pathology
		205 Physical Therapy
		206 Occupational Therapy
		207 PM&RS Incentive Therapy
		208 PM&RS Compensated Work Therapy
		209 VIST Coordinator
		210 Spinal Cord Injury
		211 Amputation Follow-Up Clinic
		212 EMG - Electromyogram
		213 PM&RS Vocational Assistance
		214 Kinesiotherapy
		217 Blind Rehab Outpatient Specialist
		218 CAT Blind Rehab
		294 Observation Blind Rehab
		295 Observation Spinal Cord Injury
		296 Observation Rehabilitation
2612.00	Clinic Stops	104 Pulmonary Function
		105 X-Ray
		106 EEG
		107 EKG
		108 Laboratory
		109 Nuclear Medicine
		115 Ultrasound
		126 Evoked Potential
		127 Topographical Brain Mapping
		128 Prolonged Video EEG Monitoring
		144 Radionuclide Therapy
		145 Pharmacology/Physiologic Nuclear Perfusion Studies
		146 PET
		150 Computerized Tomography (CT)
		151 Magnetic Resonance Imaging (MRI)

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
		152 Angiogram Catherterization
		153 Interventional Radiography
2613.00	Prescrip Filled	VWM Seg 157(001+002+003+004-006)
2614.00	Clinic Stops	417 Prosthetic, Orthotics
		418 Amputation Clinic
		423 Prosthetic Services
2616.00		Locally Supplied
2710.00	CTV	DAS 270
2750.00	Clinic Stops	727 Domiciliary Aftercare - VA
2780.00	Clinic Stops	103 Telephone / Triage
		147 Telephone / Ancillary
		148 Telephone / Diagnostic
		169 Telephone / Chaplain
		178 HBHC / Telephone
		181 Telephone / Dental
		216 Telephone / Rehab & Support
		324 Telephone / Medicine
		325 Telephone / Neurology
		326 Telephone / Geriatrics
		424 Telephone / Surgery
		425 Telephone / Prosthetics/Orthotics
		428 Telephone / Optometry
		527 Telephone / General - Psychiatry
		528 Telephone / Homeless Mentally Ill
		530 Telephone / HUD – VASH
		536 Telephone / MH Vocational Assistance
		537 Telephone / Psychosocial Rehabilitation
		542 Telephone / PTSD
		545 Telephone / Substance Abuse
		546 Telephone / MHICM
		579 Telephone / Geriatric Psychiatry
		611 Telephone / Dialysis
		729 Telephone / Domiciliary
2800.00	Clinic Stops	Units (clinic stops) for accounts 2110.xx thru 2780.xx plus clinic stop 180.
2800.60	Night of lodging	Locally Supplied (Cost included in Indirect Cost but units are not.)
3110.00	Bed Days	VWM Seg 344(008)+347(008)+348(008)
3210.00	Bed Days	VWM Seg 344(018)+347(018)+348(018)
3310.00	Bed Days	VWM Seg 344(028)+347(028)+348(028)
3410.00	Bed Days	VWM Seg 349(015)

<u>CDR ACCT</u>	<u>UNITS</u>	<u>SOURCE OF UNITS</u>
3411.00	Bed Days	VWM Seg 350(018)
3510.00	Bed Days	VWM Seg 350(009)
3520.00	Bed Days	Locally supplied
3521.00	Bed Days	Locally supplied
3522.00	Bed Days	Locally Supplied
3610.00	Bed Days	VWM Seg 350(027)
3611.00	Bed Days	Locally supplied
4110.00	Visits	VWM Seg 228 (002+005+008+011+014+017 +020+023)
4112.00	Visits	Locally supplied
4120.00	Dialysis	VWM Seg J19(061+062)
4130.00	Prescriptions	VWM Seg 157(006)
4610.00	Visits	Locally supplied
4612.00	Prescriptions	VWM Seg 157(017)
4613.00	Tests	Locally supplied
5110.00	Bed Days	Austin - HBPC Program
5111.00	Dialysis	VWM Seg J19(053+054)
5112.00	Bed Days	VWM Seg 363(006+007+008+009)
5113.00	Bed Days	Locally supplied
5115.00	Clinic Stops	725 Domiciliary Outreach Services 726 Domiciliary Aftercare - Community
5116.00	Visits	Locally supplied
5117.00	Clinic Stops	552 Mental Health Intensive Care Management
8021.00	Cum FTE at Supported VBA activity	Locally supplied
8022.00	No. of Nat'l Cemeteries serviced	Locally supplied
8024.00	Amt Billed DoD	Locally supplied
8025.00	Amt Billed Sharing Fac	Locally supplied
9010.00	Bed Days	Locally supplied
9011.00	Visits	Locally supplied
9020.00	Transplants	Locally supplied

NOTE: If the account number is in the 2000 series of numbers, the source of units for the 2xxx.00 account will also apply the 2xxx.01, 2xxx.02, and 2xxx.03 accounts.

¹ Units for the GEM - Medical Beds may be identified as acute medicine, neurology, or rehabilitation days of care. It will be necessary to adjust the units for CDR accounts 1110.00, 1111.00, and 1113.00 to prevent duplicate reporting of days of care. The On-line Units screen will display accounts 1121.00, 1122.00, and 1123.00 in place of the GEM account 1120.00. Enter units for acute medicine GEM into account 1121.00; units for rehabilitation GEM into account 1122.00; and units for neurology GEM into account 1123.00.

APPENDIX E

QUESTIONS and ANSWERS

1) A doctor journalized to 201, Medicine, performs examinations on several different types of inpatients. Where should his time be charged?

Distribute to the bed section categories to which the patients are assigned.

2) A neurological doctor consults with a medical doctor concerning a medical patient. Where should this time be charged?

Distribute to the medical bed section category of the patient.

3) Are reports or requests by the VISN or VACO considered VISN/National Support (Account 6011.00)?

No, unless a medical center employee is specifically requested by the VISN or VACO to perform a review, audit or investigation off station. Generally, the only cost that should be charged to this account is that percentage of time actually spent on VISN/VACO task forces, committee, programs, etc.

4) Where are Comp & Pension examinations charged?

Although the purpose of the C&P exam is to establish eligibility for benefits, the examination produces measurable workload for the outpatient clinic and should therefore be charged to the appropriate 2000 series account.

5) What is the proper distribution for military leave, sick leave, annual leave, etc.?

Employee leave of any type is a "cost of doing business" and should be distributed as if the employee was on duty.

6) Should all Services providing care to an ambulatory primary care patient distribute to 2130.00?

Services should map cost to the same account as their workload. Example: A laboratory test performed on a primary care patient would

generate a 108 clinic stop therefore Laboratory Service would distribute cost to 2612.00.

7) I have an employee charged to my Service that works part-time for another Service, how do I account for that time?

Transfer the applicable man-hours and personal services cost to that Service.

8) Where should the cost of meals provided to outpatients be distributed?

Meals provided to outpatients are usually requested by the clinic they attend and should therefore be distributed to the same account as that clinic.