

Electronic Insurance Verification User Guide



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**Veterans Affairs
Enterprise Project Management Office (EPMO)**

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Table of Contents

1	INTRODUCTION.....	7
1.1	ELECTRONIC INSURANCE VERIFICATION (EIV) PROCESS FLOW	7
1.2	INTENDED AUDIENCE	8
1.3	THE ROLE OF THE INSURANCE VERIFICATION INTERFACE.....	8
1.4	NATIONAL INSURANCE PAYERS	9
2	SITE PARAMETERS	11
2.1	DEFINE GENERAL PARAMETERS.....	14
2.2	DEFINE BATCH EXTRACT PARAMETERS	17
3	PAYERS	18
3.1	LINK INSURANCE COMPANY TO PAYERS USING LINK INSURANCE COMPANY TO PAYERS... 18	
3.2	LINK INSURANCE COMPANY TO PAYERS USING INSURANCE COMPANY EDITOR	20
3.3	PAYER EDIT (ACTIVATE/INACTIVATE)	23
4	PROCESS INSURANCE BUFFER	26
4.1	STATUS FLAGS.....	26
4.1.1	<i>Buffer Symbols</i>	<i>26</i>
4.1.2	<i>Buffer Entry Status Flags.....</i>	<i>27</i>
4.1.3	<i>Patient Status Flags.....</i>	<i>27</i>
4.1.4	<i>Buffer Entry Source of Information Indicators.....</i>	<i>27</i>
4.1.5	<i>Insurance Entry Update Methods.....</i>	<i>28</i>
4.2	BUFFER ACTIONS	28
4.2.1	<i>Process Entry</i>	<i>29</i>
4.2.2	<i>Reject Entry.....</i>	<i>42</i>
4.2.3	<i>Expand Entry.....</i>	<i>42</i>
4.2.4	<i>Add Entry.....</i>	<i>46</i>
4.2.5	<i>Sort Buffer Views.....</i>	<i>48</i>
4.2.6	<i>Check Insurance Company.....</i>	<i>48</i>
4.2.7	<i>Buffer Views: Complete, Positive, Negative, Medicare, Failure, ePharmacy</i>	<i>50</i>
4.2.8	<i>AAA Errors – Complete Buffer View, Expand Entry</i>	<i>50</i>
5	MEDICARE POTENTIAL INSURANCE WORKLIST - POTENTIAL COB REPORT.....	53
5.1	USER PROMPTS	53
5.1.1	<i>Search Criteria - Potential COB Worklist.....</i>	<i>53</i>
5.1.2	<i>Sort Criteria – Potential COB Worklist.....</i>	<i>53</i>
5.1.3	<i>Format – Potential COB Worklist</i>	<i>53</i>
5.1.4	<i>Screen ListManager for Completed Entries – Potential COB Worklist.....</i>	<i>53</i>
5.1.5	<i>ListManager – Potential COB Worklist.....</i>	<i>54</i>
5.1.6	<i>Comments – Potential COB Worklist</i>	<i>54</i>
5.1.7	<i>Visual Indicators – Potential COB Worklist.....</i>	<i>54</i>
6	REQUEST ELECTRONIC INSURANCE INQUIRY	55
6.1	REQUEST A 270 HEALTH CARE + BENEFITS INQUIRY	55
7	PATIENT INSURANCE INFO VIEW/EDIT	58
7.1	VIEW PATIENT POLICY INFORMATION.....	58
7.1.1	<i>Patient Policy Comments.....</i>	<i>62</i>
7.2	VIEW ELIGIBILITY BENEFIT INFORMATION	65

8	IIV AUTO MATCH PAYERS	68
8.1	AUTO MATCH IN VISTA APPLICATIONS	68
8.2	TYPES OF AUTO MATCH MATCHES	69
8.2.1	<i>Simple Auto Matches</i>	69
8.2.2	<i>Wildcard Auto Match Matches</i>	69
8.3	ENTER/EDIT AUTO MATCH ENTRIES (AE)	70
8.3.1	<i>Add an Auto Match Entry</i>	70
8.3.2	<i>Edit an Auto Match Entry</i>	71
8.3.3	<i>Delete an Auto Match Entry</i>	72
8.4	ADD AUTO MATCH ENTRIES USING INSURANCE BUFFER DATA	73
8.5	CHECK INSURANCE BUFFER COMPANY NAMES	74
8.6	CHANGE COMPANY NAME VIA THE INSURANCE BUFFER	75
9	EIV REPORTS	82
9.1	HL7 RESPONSE REPORT	82
9.2	EIV AUTO UPDATE REPORT	83
9.3	EIV RESPONSE REPORT	83
9.4	EIV PAYER REPORT.....	86
9.5	MEDICARE POTENTIAL INSURANCE WORKLIST - POTENTIAL COB WORKLIST/REPORT	87
9.5.1	<i>Medicare Potential COB – as a Worklist</i>	88
9.5.2	<i>Medicare Potential COB – as a Report</i>	90
9.6	EIV STATISTICAL REPORT	91
9.7	EIV PAYER LINK REPORT	93
9.8	MAILMAN SUMMARIES	95
9.9	MAILMAN NOTIFICATION TO LINK PAYERS	96
9.10	MAILMAN NOTIFICATION TO ACTIVATE PAYERS	96
9.11	EIV AMBIGUOUS POLICY REPORT	97
9.12	EIV INACTIVE POLICY REPORT	99
10	INSURANCE REPORTS.....	101
10.1	LIST GROUP PLANS WITHOUT ANNUAL BENEFITS REPORT	101
10.2	USER EDIT REPORT	103
11	EXPORTING REPORTS TO EXCEL	105
12	SCHEDULE/UNSCHEDULE MAILMAN MESSAGES	109
13	REAL TIME INSURANCE VERIFICATION INQUIRY	110
14	PURGING EIV FILES (IRM USERS).....	112
14.1	PURGE TRANSMISSION QUEUE AND OR RESPONSE FILE	112
14.2	PURGE MAILMAN REMINDER	113
15	INTERFACILITY INSURANCE UPDATE ACTIVITY REPORT	114
16	APPENDIX A – EIV TROUBLESHOOTING.....	116
16.1	NO EIV INQUIRIES TRANSMITTED.....	116
16.1.1	<i>Site Parameters</i>	116
16.1.2	<i>Restoring Connectivity to FSC (IRM)</i>	116
16.1.3	<i>Requeue Batch Process (IRM)</i>	117
16.1.4	<i>Restart HL7 Logical Link (IRM)</i>	117
16.2	NO LINK BETWEEN AN INSURANCE COMPANY AND A PAYER.....	117
16.3	A BUFFER OR APPOINTMENT EXTRACT ENTRY FAILED TO CREATE AN INQUIRY	117

17	APPENDIX B – EIV ERROR MESSAGE DESCRIPTIONS.....	118
18	APPENDIX C – ACRONYMS/ABBREVIATIONS/TERMS	124

(This page included for two-sided copying.)

1 INTRODUCTION

In 1996, Congress passed into law the Health Insurance Portability and Accountability Act (HIPAA). This Act directs the federal government to adopt national electronic standards for automated transfer of certain health care data between health care payers, plans, and providers. Now that these standards are in place, the Veterans Health Administration (VHA) will submit electronic 270 Health Care Benefits Eligibility Inquiries to payers and receive 271 Health Care Benefits Eligibility Responses from the payers.

1.1 Electronic Insurance Verification (eIV) Process Flow

The VistA users enter patient insurance information through a variety of processes:

- Insurance information may be entered manually during the Registration process
- It may be entered when the patient's insurance card is read by the insurance card reader
- A user may enter patient's insurance information directly into the Patient file using the Patient Insurance Info View/Edit option

Regardless of how the patient's insurance information gets entered into VistA, it must be verified with the insurance company and the verification must be periodically updated. The goal of the eIV process is to automate as much of the verification process as possible to ensure that the insurance information, used to submit claims for services rendered to the patient, is accurate and up-to-date. This in turn, increases the likelihood of timely reimbursement and increased revenue.

The eIV interface is bi-directional. The HIPAA Health Care Eligibility Benefit Inquiry transaction is referred to as the 270 and the Response is referred to as the 271. The 270 Health Care Eligibility Benefit Inquiry originates at a VAMC VistA system and is transmitted as a Health Level Seven (HL7) message to the Eligibility Communicator at the Financial Services Center (FSC) in Austin, TX. At FSC, the HL7 message is translated into a HIPAA compliant 270 Health Care Eligibility Benefit Inquiry message and sent to one of the VA's clearinghouses. From the clearinghouse, the 270 message is transmitted to the designated payer.

The 271 Health Care Eligibility Benefit Response originates at the payer and is sent to FSC through the clearinghouse. FSC translates the response back into an HL7 message and transmits it to the originating VAMC VistA system.

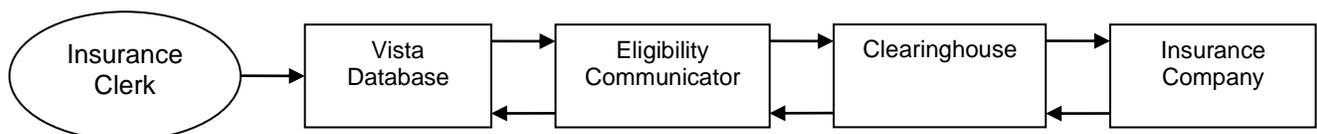


Figure 1. eIV Process Flow

1.2 Intended Audience

The information in this guide is primarily intended for those users who create, update, accept and reject insurance buffer entries or otherwise maintain patients' insurance data using VistA Integrated Billing (IB) software.

1.3 The Role of the Insurance Verification Interface

The goal of the electronic insurance verification software is to replace much of the telephone work performed by insurance personnel to verify patients' health care insurance.

Electronic insurance inquiries can be made to any electronically active payer.

Automating the insurance verification process should result in an increase in the accuracy and timeliness of patient insurance information in VistA. These improvements will, in turn, reduce the number of rejected third-party claims for services rendered to the Veteran by the Veteran's Administration (VA).

VistA performs both a Buffer Extract and an Appointment Extract. For the Appointment Extract; VistA prepares HL7 inquiries during the night in response to appointment events. For the Buffer Extract, VistA immediately prepares HL7 inquiries in response to registration and check in events. The HL7 inquiries are transmitted to the Eligibility Communicator at the FSC. The messages are translated into 270 Health Care Eligibility Benefits Inquiry messages. They are then sent to the VA's clearinghouses who then distribute them to the correct insurance companies. The 271 Health Care Eligibility Benefits Responses are returned from the payer through the clearinghouses to FSC for translation into an HL7 format and then transmitted to the originating VistA system. There the information is either placed into the insurance buffer for the insurance clerk to review and process to the patient's insurance file or used to automatically update the patient's insurance file.

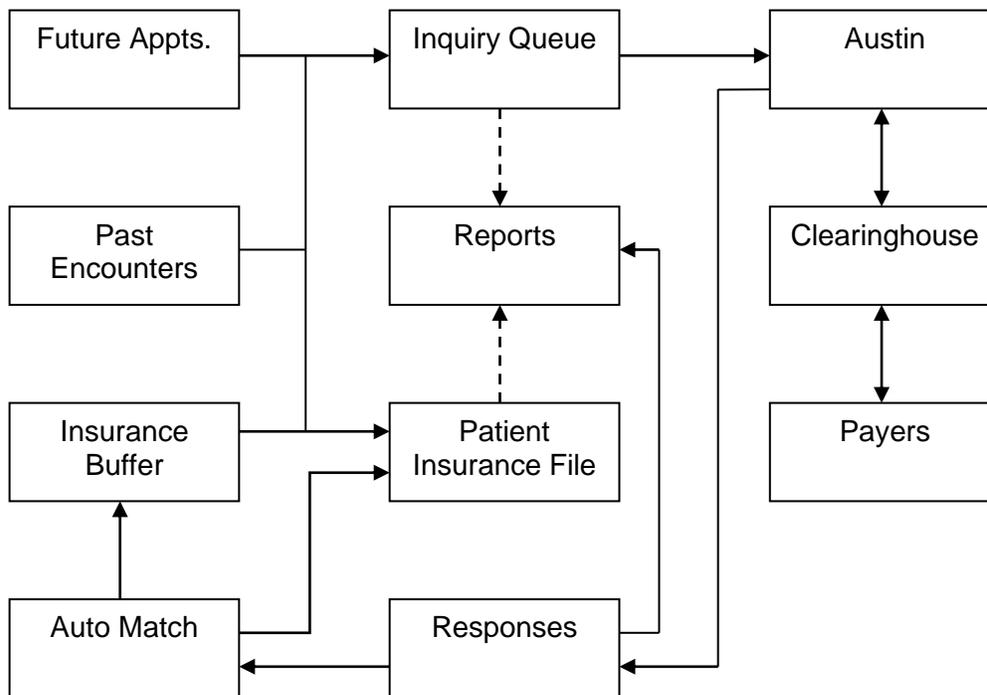


Figure 2. Flowchart of eIV Processes

Automatic updates are made only when a response meets pre-determined criteria. The criteria vary slightly depending upon the situation (e.g. Non-Medicare insurance when the Patient is the Insurance Subscriber will be different from Non-Medicare insurance when the Patient is a dependent of the Insurance Subscriber). Below is an example of some of the criteria:

1. Automatic Update Setting = Yes; and
2. Subscriber ID (VistA) = Subscriber ID (271 Response); and
3. Subscriber DOB (VistA) = Subscriber DOB (271 Response); and
4. Subscriber's Name (VistA) = Subscriber Name (271 Response) and
5. Group Number (VistA) = Group Number (271 Response),

Note: The **Automatic Update Setting** is also referred to as the **Trusted Payer Flag**.

1.4 National Insurance Payers

In order for the various VistA sites to be able to request eligibility information from the various payers, a national VA insurance payer list has been established. The national payer list provides a standard identification system for all payers that are participating in this process. Each VistA site has the ability to link the insurance companies in their own database to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry will be directed.

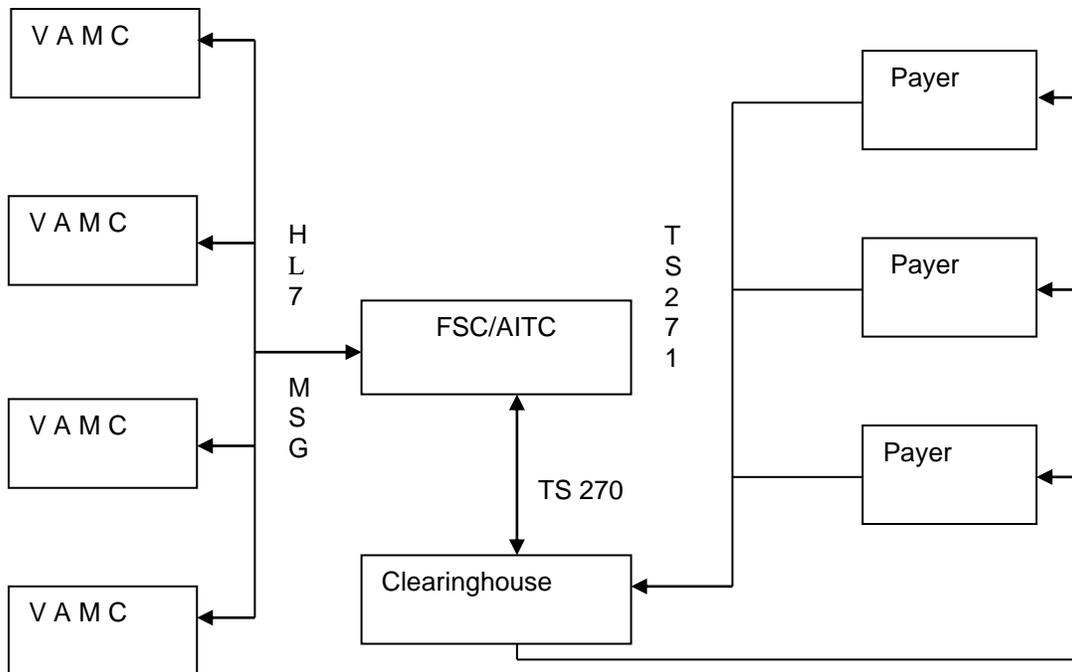


Figure 3. Flowchart of Inquiries from VistA to Payers and Responses from Payers to VistA

2 SITE PARAMETERS

Each VistA site can use the **eIV parameters** to configure some aspects of the eIV software in order to meet a site's unique requirements.

General Parameter (Editable)	Definition
Medicare Payer	Medicare entry from the Payer file (#365.12). It is used to identify the Medicare payer for the insurance buffer lists and any other applications that need to know which payer is the Medicare WNR payer.
HMS Directory	The name of the directory where Extract/Result files are stored as needed by HMS Data Extractor.
EII Active	Enable/activate eII Software? YES/NO
SSVI Enabled	SSVI Enabled? YES/NO
Days SSVI Retained	Number of days to retain SSVI data

General Parameter (Non-Editable)	Definition
Freshness Days	How frequently should insurance information be re-verified? 7–180 Days
Medicare Freshness Days	How frequently should Medicare insurance information be re-verified in days? 181-545 Days
HL7 Maximum Number	Allows the restriction of the daily number of HL7 messages created and sent during the HL7 process for eIV during the eIV Nightly Process. 1–99999 Messages
Timeout Days	Number of days that will define a communication timeout. 1–7 Days
Retry Flag	Should an eIV Inquiry retransmit if no response is received? YES/NO
Timeout Mailman Msg	Send a mail message for each communication timeout? YES/NO
Number of Retries	Number of times to retry an eIV transmission. 0–5 Days
Default STC	Default Service Type Code to be used on the eIV 270 transmissions.
Messages Mail Group	To which mail group should the eIV Statistical Report and other eIV messages be sent?
Master Switch Realtime	"YES" allows real time 270 transactions to be created and transmitted to the Eligibility Communicator (EC). YES/NO
Master Switch Nightly	YES/NO. "YES" allows the following to occur when the eIV Nightly Process is run: eIV extracts run and create 270 transactions, an eIV registration message is sent to the EC, eIV sends 270 transactions upon successful exchange of eIV registration message, the morning statistical report is scheduled to run at a given time (Daily Mailman Msg), the morning eIV registration message with statistics is scheduled to be created and sent to EC at a given time (Daily Mailman Msg). "NO" prevents all of the tasks listed above from occurring.
Failure Mailman MSG	Send a mailman message for communication failures? YES/NO
Daily Mailman MSG	Send the eIV Statistical Report in a mailman message each

General Parameter (Non-Editable)	Definition
	day.YES/NO
Daily MSG Time	Send the eIV Statistical Report to the Messages Mail Group (specified above) and statistical data to FSC at the time specified (potentially set to be sent at 7:00 a.m. (0700), local time, each day).
MBI Payer	The National Payer used for MBI transactions. This field stores a pointer to the Payer File and is set by a Table Update message from FSC.
EICD Payer	The National Payer used for EICD transactions. This field stores a pointer to the Payer File and is set by a Table Update message from FSC.
Contact Person	Removed with IB*2.0*549. Non Editable - Who is the site's POC for eIV problems? This is the person the FSC will coordinate with if there are any problems.
Office Phone:	Removed with IB*2.0*549. Non Editable - What is the POC's phone number?
EMAIL Address	Removed with IB*2.0*549. Non Editable - What is the POC's email address?

Batch - Buffer Extract	Definition
Active?	Not Editable – Buffer Extract will be turned on.
Selection Criteria #1	Not Editable – Not Applicable.
Maximum # to Extract/Day	Not Editable – Maximum number of records extracted and available to be transmitted to FSC each day. Max is typically set to 99999.

Batch – Appointment Extract	Definition
Active?	Not Editable – Appointment Extract will be turned on.
Selection Criteria #1	Not Editable – Appointment extracts will search for appointments scheduled for the next X days. X is typically set to 10 days.
Maximum # to Extract/Day	Not Editable - Maximum number of records extracted and available to be transmitted to FSC each day. Max is typically set to 99999.

Batch – Non-verified Extract	Definition
(This extract is not visible to the user at this time.)	
Active?	Not Editable – Non-Verified Extract will be turned off.
Selection Criteria #1	Not Editable – Non-Verified Extract will be turned off.
Selection Criteria #2	Not Editable – Non-Verified Extract will be turned off.
MAXIMUM EXTRACT NUMBER	Not Editable – Non-Verified Extract will be turned off.

Batch – (EICD) Electronic Insurance Coverage Discovery Extract	Definition

Batch – (EICD) Electronic Insurance Coverage Discovery Extract	Definition
Active?	Not Editable – EICD Extract will be turned on.
Start Days From Today	Not Editable – EICD Extract will search for Appointments scheduled X days from Today. X is typically set to 31 days.
Days After Start	Not Editable – EICD Extract will search for X number of days from the Start Date. X is typically set to 9 days.
Freq.	How often a veteran’s insurance can be picked up by this extract. Typically no more than once a year (365 Days).
Maximum # to Extract/Day	Not Editable - Maximum number of records extracted and available to be transmitted to FSC each day. Max is typically set to 99999.

2.1 Define General Parameters

Step	Procedure
1	Access the SYST MCCR System Definition Menu .
2	Access the SITE MCCR Site Parameter Display/Edit option.
3	At the Select Action: prompt, enter IV for Ins. Verification .

MCCR Site Parameters		Dec 10, 2010@11:15:16		Page: 1 of 1	
Display/Edit MCCR Site Parameters. Only authorized persons may edit this data.					
IB Site Parameters			Claims Tracking Parameters		
Facility Definition			General Parameters		
Mail Groups			Tracking Parameters		
Patient Billing			Random Sampling		
Third Party Billing					
Provider Id					
EDI Transmission					
Third Party Auto Billing Parameters			Insurance Verification		
General Parameters			General Parameters		
Inpatient Admission			Batch Extracts Parameters		
Outpatient Visit			Service Type Codes		
Prescription Refill					
actions					
IB Site Parameter	AB Automated Billing	EX	Exit		
CT Claims Tracking	IV Ins. Verification				
Select Action: Quit//	IV Ins. Verification				

The following screen will be displayed.

IV Site Parameters		May 28, 2015@18:58:17		Page: 1 of 2	
Only authorized persons may edit this data.					

General Parameters (editable)					
Medicare Payer: CMS					
HMS Directory: USER\$:[HMS]					
EII Active: YES					
SSVI Enabled: NO					
Number of days to retain SSVI data:					
General Parameters (non-editable)					
Freshness Days: 180		Medicare Freshness Days: 365			
Timeout Days: 5		Retry Flag: NO			
Timeout Mailman Msg: NO		Number of Retries: 1			
Default STC: 30		Mail Group: IBCNE EIV MESSAGE			
Master Switch Realtime: YES		Master Switch Nightly: YES			
CMS MBI Payer: CMS MBI ONLY		HL7 Maximum Number: 99999			
EICD Payer: ELECTRONIC COVERAGE DISCOVERY					
Send MailMan Message if Communication Problem: YES					
Receive MailMan Message, Daily Statistical: YES at 0700					
+ Enter ?? for more actions					
GP General Parameters		EX		Exit	
Select Action: Next Screen//					

+

Batch Extracts			
Extract Name	On/Off	Selection Criteria	Maximum # to Extract/Day
Buffer	ON	n/a	99999
Appt	ON	10	99999

Extract Name	On/Off	Start Days From Today	Days After Start	Freq.	Maximum # to Extract/Day
EICD	ON	31	9	365	99999

+ Enter ?? for more actions
GP General Parameters EX Exit
Select Action: Quit// GP General Parameters

General Parameters

Medicare Payer: CMS//
HMS Directory: USER\$:[HMS]//
EII Active: NO//
SSVI Enabled: DISABLED//
Number of days to retain SSVI data: //

Step	Procedure
4	At the Select Action: prompt, enter GP for General Parameters .
5	At the Medicare Payer: prompt, enter the appropriate value.
6	At the HMS Directory: prompt, enter the directory appropriate for your site.
7	At the EII Active: prompt, enter the appropriate value.
	Patch IB*2*528 has added the source code, data dictionaries, options, templates etc. for System Shared Verified Insurance (SSVI). This feature should be set to Disabled . This feature will be modified and released in future projects. Instructions on how to use this newly added functionality will be issued at that time.
8	At the SSVI Enabled prompt, enter 0 or DISABLED .
9	At the Days SSVI Retained prompt, leave the amount of time to retain shared insurance information at preferably (blank); otherwise 1 .
	<i>The FRESHNESS DAYS prompt has been removed with patch IB*2*506. This is no longer editable and system is set to 180.</i>
	<i>The MEDICARE FRESHNESS DAYS prompt was added with patch IB*2*659. This prompt is non-editable and the system is set to 365</i>
	<i>The DAILY MAILMAN MSG prompt has been removed as it is no longer optional.</i>
	<i>The DAILY MSG TIME prompt has been removed with patch IB*2*506. The system is set to automatically send the daily message at 0700 local time.</i>
	<i>Site can no longer turn off nor set time.</i>
	<i>The MESSAGES MAILGROUP: prompt has been removed by patch IB*2*549. This field is no longer editable and is set to IBCNE EIV MESSAGE.</i>
	<i>The HL7 RESPONSE PROCESSING prompt has been removed with patch IB*2*506. This field is no longer editable and the system is set to Immediate.</i>
	<i>Patch IB*2*416 removed the prompt HL7 MAXIMUM NUMBER. A site can no longer limit the number of daily inquiries.</i>
	<i>The CONTACT PERSON: prompt has been removed by patch IB*2*549. This value is no longer used by the system.</i>
	<i>The OFFICE PHONE: prompt has been removed by patch IB*2*549. This value is no longer used by the system.</i>
	<i>The EMAIL ADDRESS: prompt has been removed by patch IB*2*549.</i>
	<i>The Store Service Type code entry functionality has been removed by patch IB*2*549. This field is no longer editable and is set to 30.</i>
	<i>The FAILURE MAILMAN MSG: prompt has been removed by patch IB*2*549. This field is no longer editable and is set to Yes.</i>

2.2 Define Batch Extract Parameters

Patch IB*2*438 removed the ability for the sites to define Batch Extract Parameters.

	<i>Patch IB*2*416 removed the ability for sites to define Buffer and Appointment parameters. No insurance parameters were removed as no inquiries will be sent for patients w/o insurance.</i>
	<i>Patch IB*2*438 set Non-verified parameters to Not Active and Non-editable.</i>
	<i>Patch IB*2*438 updated the eIV system to no longer check for freshness days ('Days between electronic re-verification checks' defined in the MCCR site parameter) for eligibility benefit inquiries that are available in the buffer and are awaiting transmission in the transmission queue.</i>
	<i>Appointment extracts will skip policies whose last verified date is less than the freshness days from creating buffer entries.</i>
	<i>Patch IB*2*631 added the Electronic Insurance Coverage Discovery (EICD) extract that will look for insurance coverage for patients with appointments within a date range but no more than once a year</i>

3 PAYERS

The VistA Payer file (#365.12) is a VA national file of insurance companies within each VistA system. It is automatically updated when a payer is enrolled and registered at the FSC by the eBusiness Solutions Office. It is non-editable at the facility level and the same data exists in this file at all VistA locations. However, the VistA locations do have the option to locally activate/deactivate payers.

When a 270 Health Care Eligibility Benefits Inquiry is constructed, it is this payer name in the Payer file (#365.12), not the Insurance Company name, which is transmitted with the inquiry. In order for an individual insurance company to participate in the eIV process, it must be linked to a payer in the Payer file. It is important to note that:

- An insurance company can be linked to only one payer.
- Many insurance companies can be linked to a single payer.
- The payer must also be active locally in order for it to be eligible for inclusion in the eIV process.

3.1 Link Insurance Company to Payers using Link Insurance Company to Payers

The **Link Insurance Companies to Payers** option provides a tool for identifying potential matches of active Insurance Companies with Professional and Institutional IDs that are not linked to a particular Payer. Professional and Institutional Payer Primary ID fields correspond respectively to the EDI ID NUMBER – PROF and EDI ID NUMBER – INST fields in the Insurance Company Editor.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PM Payer Maintenance option.
	<i>Users must hold the IBCNE EIV MAINTENANCE security key to access this option.</i>
3	Access the LI Link Insurance Companies to Payers option.
	<i>The system finds potential matches for users based on matching Payer Primary ID fields in the Insurance Company Editor. Please note that all matches are not definitive and should be linked at the users discretion.</i>

The following screen of Payers who have potentially matching insurance company entries will be displayed:

```

Payer Maintenance                Sep 22, 2009@14:26:21                Page:    1 of    1
Payers with potential matches to active insurance companies.

    Payer Name                        # Potential Matches
1    IBpayer One                      2
2    IBpayer Two                      1
3    IBpayer Three                    3
4    IBpayer Four                     1

    Enter ?? for more actions
EE Expand Entry                      EX Exit
Select Action: Quit//

```

Step	Procedure
4	At the Select Action: prompt, enter EE for Expand Entry .
5	At the Select entry to Expand, by line #: (1-5): prompt, enter 2 for this example.

The following screen will be displayed.

```

Payer Expand Screen                Sep 22, 2009@14:45:22                Page:    1 of    1
PAYER: IBpayer Two                Prof. EDI#:11111  Inst. EDI#:11111

Insurance Company Name - Active Only
    Insurance Company Name          Address                               Prof#  Inst#
1    IBinsurance Two A             PO BOX 5555  SCRANTON,  PA          11111  11111
2    IBinsurance Two B             PO BOX 55555  COLUMBUS OHIO          11111  11111

    Enter ?? for more actions
PL Print List                      EX Exit
LP Link Payer
Select Action: Quit//

```

Step	Procedure
6	At the Select Action: prompt, enter LP for Link Payer .
7	At the Select 1 or more Insurance Company Entries: prompt, enter 1-2 for this example.
8	At the OK to proceed? YES// prompt, press RETURN to accept the default of YES .
	<i>Patch IB*2*416 provided the ability to link more than one insurance company to a payer at one time.</i>
	<i>Users also have the option to print a list of insurance companies that may match a Payer. The list can be printed to a printer or to the screen.</i>

```
Select 1 or more Insurance Company Entries: (1-2): 1-2

You have selected 2 insurance companies
to be linked to payer IBpayer Two.
OK to proceed? YES//

Link process is complete.
You may view/edit this relationship by using the
Insurance Company Entry/Edit option.

Enter RETURN to continue or '^' to exit:
```

To print the details, go back to **Expand Entry** and select **Print List** as detailed below.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PM Payer Maintenance option.
3	Access the LI Link Insurance Companies to Payers option.
4	At the Select Action: prompt, enter EE for Expand Entry .
5	At the Select entry to Expand, by line #: (1-5): prompt, enter 2 for this example.
6	At the Select Action: prompt, enter PL for Print List .
7	At the Device://Home: prompt enter RETURN to display to the screen or enter a device name.

The following screen will be displayed.

```
Payer Expand Screen          Sep 22, 2009@14:45:22          Page: 1 of 1
PAYER: IBpayer Two          Prof. EDI#:11111 Inst. EDI#:11111
Insurance Company Name - Active Only
Insurance Company Name      Address          Prof#   Inst#
1  IBinsurance Two A        PO BOX 5555 SCRANTON, PA  11111  11111
2  IBinsurance Two B        PO BOX 555555 COLUMBUS OHIO 11111  11111

Enter RETURN to continue or '^' to exit:
```

3.2 Link Insurance Company to Payers using Insurance Company Editor

When VistA is unable for any reason to identify an insurance company as a potential match to a payer, users can link the insurance company to a payer from within the **Insurance Company Editor**.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the EI Insurance Company Entry/Edit option.
3	At the Select INSURANCE COMPANY NAME: prompt, enter IBinsurance Two A for this example.

The following screen will be displayed:

Insurance Company Editor Sep 22, 2009@15:11:57 Page: 1 of 9
 Insurance Company Information for: IBinsurance Two A
 Type of Company: HEALTH INSURANCE Currently Active

Billing Parameters

Signature Required?: NO Type Of Coverage: HEALTH INSURAN
 Reimburse?: WILL REIMBURSE Billing Phone: 555-555-5555
 Mult. Bedsections: YES Verification Phone: 555-555-5555
 One Opt. Visit: NO Precert Comp. Name:
 Diff. Rev. Codes: Precert Phone: 1-800-555-5555
 Amb. Sur. Rev. Code:
 Rx Refill Rev. Code:
 Filing Time Frame: (12 MONTH(S))

EDI Parameters

Transmit?: YES-LIVE Insurance Type: GROUP POLICY
 + Enter ?? for more actions >>>
 BP Billing/EDI Param IO Inquiry Office EA Edit All
 MM Main Mailing Address AC Associate Companies AI (In)Activate Company
 IC Inpt Claims Office ID Prov IDs/ID Param CC Change Insurance Co.
 OC Opt Claims Office PA Payer DC Delete Company
 PC Prescr Claims Of RE Remarks VP View Plans
 AO Appeals Office SY Synonyms EX Exit
 Select Action: Next Screen// **PA Payer**

PAYER: IBpayer Two

Step	Procedure
4	At the Select Action: prompt, enter PA for Payer .
5	At the Payer: prompt, enter ?? to see a list of Payers.
6	At the Payer: prompt, enter IBpayer Two for this example.
	<i>Users must hold the IBCNE EIV MAINTENANCE security key to access the (PA) Payer action.</i>
	<i>To view the linked Payer for a particular insurance company, users may access VI for View Insurance Company.</i>

The following screen will be displayed:

```

Insurance Company Editor      Jul 07, 2010@13:55:50      Page:      8 of      9
Insurance Company Information for: IBinsurance Two A
Type of Company: HEALTH INSURANCE      Currently Active
+
      Payer Information: e-IV, e-Pharmacy
      Payer Name: IBpayer Two
      VA National ID: VA10      CMS National ID:
Payer Application: E-PHARM      FSC Auto-Update: NO
National Active: YES      Deactivated: NO
Local Active: YES
Payer Application: eIV      FSC Auto-Update: NO
National Active: YES      Deactivated: NO
Local Active: YES
+      Enter ?? for more actions      >>>
BP Billing/EDI Param      IO Inquiry Office      EA Edit All
MM Main Mailing Address      AC Associate Companies      AI (In)Activate Company
IC Inpt Claims Office      ID Prov IDs/ID Param      CC Change Insurance Co.
OC Opt Claims Office      PA Payer      DC Delete Company
PC Prescr Claims Of      RE Remarks      VP View Plans
AO Appeals Office      SY Synonyms      EX Exit
Select Action: Next Screen//

```

To view the linked payer for an insurance company, go back to the **Patient Insurance Menu** and select **View Insurance Company**.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the VI View Insurance Company option.
3	At the Select INSURANCE COMPANY NAME: prompt, enter IBinsurance Two A for this example.

The following screen will be displayed:

```

Insurance Company Editor      Sep 22, 2009@15:11:57      Page: 1 of 8
Insurance Company Information for: IBinsurance Two A
Type of Company: HEALTH INSURANCE      Currently Active

                                Billing Parameters
Signature Required?: NO      Type Of Coverage: HEALTH INSURAN
Reimburse?: WILL REIMBURSE      Billing Phone: 555-555-5555
Mult. Bedsections: YES      Verification Phone: 555-555-5555
One Opt. Visit: NO      Precert Comp. Name:
Diff. Rev. Codes:      Precert Phone: 1-800-555-5555
Amb. Sur. Rev. Code:
Rx Refill Rev. Code:
Filing Time Frame: (12 MONTH(S))

                                EDI Parameters
Transmit?: YES-LIVE      Insurance Type: GROUP POLICY
Inst Payer Primary ID: XXXXX      Prof Payer Primary ID: XXXXX
+ Enter ?? for more actions      >>>
CC Change Insurance Co.      EX Exit
Select Action: Next Screen//

```

3.3 Payer Edit (Activate/Inactivate)

To edit the payer information users must use the **Payer Maintenance Menu**. The **Payer Edit** option is restricted to users with the **IBCNE EIV MAINTENANCE** security key.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PM Payer Maintenance Menu .
3	Access the PE Payer Edit (Activate/Inactivate) option.
4	At the Payer Name: prompt, enter IBpayer Two for this example.
	<i>Users must hold the IBCNE EIV MAINTENANCE security key to access Payer Edit.</i>

The following screen will be displayed:

```

Payer Edit

This option allows you to view the data in the Payer file for a particular
Payer. You may only edit local flags. Most of the fields in the Payer file
are not editable. This data comes into VistA electronically. If an
application has been deactivated, the local flag cannot be edited.

      Payer Name: IBpayer Two
      VA National ID: VA10
      CMS National ID:
Inst Electronic Bill ID: 11111
Prof Electronic Bill ID: 11111
      Date/Time Created: 09/23/2003@10:54:57

      Payer Application: eIV
      National Active: Active
      Future Service Days: 9999
      Past Service Days: 9999
      Auto-update Pt. Insurance: YES
      Local Active: Active//
  
```

Step	Procedure
5	At the Local Active: prompt, users can locally Activate or Deactivate a Payer. Press RETURN to accept the default for this example.
	<i>Users can only Activate/Deactivate a Payer locally. The remainder of the Payer information is set by FSC.</i>
	<i>A payer must be nationally ACTIVE and locally ACTIVE for 270/271 Health Care Eligibility Inquiry and Response messages to be transmitted.</i>
	<i>Patch IB*2*416 removed the ability for patient SSNs be transmitted as IDs in a 270 Health Care Eligibility Inquiry so those prompts were removed from Payer Edit.</i>

(This page included for two-sided copying.)

4 PROCESS INSURANCE BUFFER

The **Process Insurance Buffer** option provides six buffer views from which users may process entries and thus update patients' insurance information in the patient file:

- **Complete Buffer** – Contains all records that can be found on the other Insurance Buffer views (Positive, Negative, Medicare, Failure and ePharm) in addition to the following types of records: eIV inquiries waiting for responses “?”, manual entries <blank> , ambiguous responses “#”, responses that include the value “%”.
- **Positive Buffer** – Positive 271 Health Care Eligibility Benefits Responses (that failed to meet the auto-update criteria and are non-Medicare). These responses may have one of the symbols “+” or “\$”.
- **Negative Buffer** - Negative 271 Health Care Eligibility Benefits Responses (non-Medicare). These responses have the eIV symbol “-”.
- **Medicare Buffer** – Positive, Negative or Ambiguous 271 Health Care Eligibility Benefits Responses. These responses may have any of the eIV symbols. (Refer to section 4.1.1 below.)
- **Failure Buffer** – Contains only non-Medicare records that have an eIV symbol of “!”
- **ePharm Buffer** – Contains insurance billable pharmacy data.
- **TRICARE/CHAMPVA** – Entries that contain the word TRICARE and/or CHAMPVA in the insurance company name.

4.1 Status Flags

4.1.1 Buffer Symbols

Flag	Meaning
(blank)	Inquiry not yet sent
+	Matching patient data was found at payer, payer indicates active policy
-	Matching patient data was found at payer, payer indicates expired policy
#	eIV is unable to determine if payer indicates active or expired policy OR matching patient data was NOT found at payer OR response did not return requested value (may include an additional message with explanation)
%	Response returned the requested value
?	Inquiry was sent, waiting for response
!	eIV was unable to send an inquiry for this entry. A manual correction is required before eIV can send inquiry. A descriptive error message will be displayed on the last screen of the expanded buffer entry.
\$	Buffer entry was escalated to user with appropriate security key.

4.1.2 Buffer Entry Status Flags

Flag	Meaning
d	Patient appears on more than one buffer view (Duplicate).

4.1.3 Patient Status Flags

Flag	Meaning
i	Patient currently has active insurance on file
I	Patient is currently admitted as an inpatient
E	Patient is deceased (expired)
Y	Patient is required to pay VA copayment for incurred charges according to Means Test
H	Patient has charges on hold

4.1.4 Buffer Entry Source of Information Indicators

Letter	Meaning
I	Interview
P	Pre-registration
M	Medicare
D	Data Match
E	eIV Appointment Extract
R	Insurance Capture Buffer
V	IVM
H	HMS
C	Contract Services
X	e-Pharmacy
F	Interfacility Ins Update
T	Insurance Import
U	Community Care Network
B	Purchased Care Fee-Basis
O	Purchaed Care Other
N	Insurance Intake
S	Insurance Verification
A	Veteran Appt Request
K	Kiosk
J	MyVA Health Journal

4.1.5 Insurance Entry Update Methods

Letter	Meaning
M	Merge - Data from the buffer entry will be saved to the insurance entry ONLY if the corresponding data field in the insurance entry is blank.
O	Overwrite - ALL non-blank data in the buffer entry will be saved to the insurance entry. If a buffer entry field has a value it will be saved to the corresponding insurance entry field. Blank insurance fields will be filled and existing insurance data replaced.
R	Replace - ALL fields in the buffer entry will be saved to the insurance entry, including blank fields. Therefore all data in the insurance entry will be deleted then completely replaced by the buffer entry.
N	No Change - This option may be used to identify the Insurance entry that corresponds to a buffer entry without actually changing any of the Insurance Information. The Buffer data is ignored.
I	Individually Accept - This option may be used to accept only non-blank specific fields from the buffer entry into the Insurance entry. Only those values accepted by the user will replace the corresponding fields in the Insurance entry.

See Appendix B for a detailed list of error messages associated with entries that were created because a 270 Health Care Eligibility Benefits Inquiry could not be transmitted.

4.2 Buffer Actions

All views provide users the same actions for each buffer view.

Note that patients with no insurance on file will not be included in the nightly Buffer Extract.

These following actions are available in **Process Insurance Buffer**:

- **PE** – Process Entry
- **RE** – Reject Entry
- **EE** – Expand Entry
- **AE** – Add Entry
- **ST** – Sort List
- **CC** – Check Ins Co's
- **PB** – Positive Buffer
- **NB** – Negative Buffer
- **MB** – Medicare Buffer
- **FB** – Failure Buffer
- **RX** – ePharm Buffer
- **EX** – Exit
- **CB** – Complete Buffer
- **TC** – TRICARE/CHAMPVA

These following actions are hidden, but available in **Process Insurance Buffer**:

- **+** – Next Screen
- **-** – Previous Screen
- **UP** – Up a Line
- **DN** – Down a Line

- > – Shift view to Right
- < – Shift view to Left
- **FS** – First Screen
- **LS** – Last Screen
- **GO** – Go to Page
- **RD** – Re Display Screen
- **PS** – Print Screen
- **PL** – Print List
- **SL** – Search List
- **ADPL** – Auto Display (On/Off)
- **Q** – Quit

4.2.1 Process Entry

Processing an entry in a **Buffer View** results in updating the patient’s insurance and removing the entry from the buffer. Once users access **Process Entry**, they will have access to the following additional actions:

- **Accept Entry** - Allows users to update the patient’s insurance and remove the entry from the buffer
- **Reject Entry** – Allows users to remove the entry from the buffer without updating the patient’s insurance
- **Compare Entry** – Allows users to compare the data in the buffer with the data in the patient’s insurance
- **Expand Entry** – Allows users to Expand an Entry – Refer to Section 4.2.3
- **Insurance Co/Patient** – Allows users to view specific information about an insurance company’s available policies

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the BI Process Insurance Buffer option.
	<i>The default Insurance Buffer view is the Positive Insurance Buffer and users can move between views using the action for each view.</i>
	<i>Some actions such as Reject Entry are only available to users who hold the IB INSURANCE SUPERVISOR key.</i>

The following screen will be displayed:

Complete Buffer		Oct 19, 2015@16:16:01		Page: 1 of 1	
Sorted by: Patient Name					
Patient Name	Insurance Company	Subscr Id	S Entered	iIEYH	
1	!IBPATIENT,ONE	XXXX IBINSURANCE,ONE	SUB ID XXXX	E 10/01/15	i I
2	!IBPATIENT,TWO	XXXX IBINSURANCE,ONE	SUB ID XXXX	E 09/10/15	
3	!IBPATIENT,THREE	XXXX IBINSURANCE,ONE	SUB ID XXXX	E 09/10/15	
4	!IBPATIENT,FOUR	XXXX IBINSURANCE,TWO	SUB ID XXXX	P 09/10/15	
5	!IBPATIENT,FIVE	XXXX IBINSURANCE,FOUR	SUB ID XXXX	P 09/10/15	
6	!IBPATIENT,SIX	XXXX IBINSURANCE,FOUR	SUB ID XXXX	P 09/03/15	
7	!IBPATIENT,SEVEN	XXXX IBINSURANCE,FOUR	SUB ID XXXX	P 09/10/15	
8	!IBPATIENT,EIGHT	XXXX IBINSURANCE,FIVE	SUB ID XXXX	P 09/10/15	
9	!IBPATIENT,NINE	XXXX IBINSURANCE,ONE	SUB ID XXXX	I 09/09/15	
10	!IBPATIENT,TEN	XXXX IBINSURANCE,SIX	SUB ID XXXX	I 09/30/15	
11	!IBPATIENT,ELEVEN	XXXX IBINSURANCE,TWO	SUB ID XXXX	I 10/01/15	I
12	!IBPATIENT,TWELVE	XXXX IBINSURANCE,TWO	SUB ID XXXX	P 10/01/15	i H
13	?IBPATIENT,THIRTEEN	XXXX IBINSURANCE,ONE	SUB ID XXXX	E 09/30/15	Y
14	!IBPATIENT,FOURTEEN	XXXX IBINSURANCE,TWO	SUB ID XXXX	P 09/30/15	i H
15	!IBPATIENT,FIFTEEN	XXXX IBINSURANCE,FOUR	SUB ID XXXX	I 09/30/15	i Y
+ Enter ?? for more actions					
PE	Process Entry	ST	Sort List	MB	Medicare Buffer
TC	TRICARE/CHAMPVA				
RE	Reject Entry	CC	Check Ins Co's	FB	Failure Buffer
EE	Expand Entry	PB	Pos. Buffer	RX	ePharm Buffer
AE	Add Entry	NB	Neg. Buffer	CB	Complete Buffer
Select Action: Next Screen//					

Step	Procedure
3	At the Select Action: prompt, enter PE for Process Entry .
4	At the Select Buffer Entry(s): (1-12): prompt, enter 1 for this example.

The following screen will be displayed:

Insurance Buffer Process		May 21, 2010@10:21:24		Page: 1 of 1	
IBpatient,One		XXX-XX-XXXX		DOB: XXX XX,XXXX AGE: XX	
IBinsurance One (P.O. BOX 555555, CLEVELAND, OH)					
-	IBinsurance One	GRP NUM	11269	PATIEN	10/01/00
Patient's Existing Insurance					
Insurance Company	Group #	Subscriber Id	Holder	Effective	Expires
1	IBinsurance Two	GRP NUM 11269	SUB ID XXXX	PATIEN	04/01/95 10/01/00
Any Group/Plan that may match Group Name or Group Number					
Insurance Company	Group Name	Group Number			
2	IBinsurance Two	PO BOX 740800	XXXXXX	GRP NUM	XXXX
3	IBinsurance Two	PO BOX 740800	XXXXXX	GRP NUM	XXXXX
Enter ?? for more actions					
AE	Accept Entry	CE	Compare Entry	VP	Insurance Co/Patient
RE	Reject Entry	EE	Expand Entry	EX	Exit
Select Action: Quit//					

Step	Procedure
5	At the Select Action: prompt, enter AE for Accept Entry .
6	At the Select Company/Policy: (1-3): prompt, enter 1 for this example.

The following screen will be displayed:

Insurance Data:	Buffer Data	Selected Insurance Company
Company Name:	TEST-1	BLUE CROSS
Reimburse?:		WILL REIMBURSE
Phone Number:		
Billing Phone:		877.277.3368
Pre-Cert Phone:		877.277.3368
Street [Line 1]:		123 HERE
Street [Line 2]:		
Street [Line 3]:		
City:		SAN FRANCISCO
State:		CALIFORNIA
Zip Code:		94114
	(bold=accepted on Merge)	(bold=replaced on Overwrite)
Is this the correct INSURANCE COMPANY to match with this Buffer entry? YES		
Select the method to update the INSURANCE COMPANY: (M/O/R/N/I): NO CHANGE		

Step	Procedure
7	At the Is this the correct INSURANCE COMPANY to match with this Buffer entry? Prompt, enter YES .
8	At the Select the method to update the INSURANCE COMPANY: (M/O/R/N/I): prompt, always enter N .
	<i>VistA has no control over the information that the payers return, so by selecting N, the details about the payer in the VistA insurance file will not be changed.</i>
	<i>See Section 4.1.5 for details of the update methods.</i>

The following screen will be displayed:

```

Patient is a member of this Insurance Group/Plan

Group/Plan Data:  Buffer Data                               Selected Group/Plan
Company Name:    TEST-1                                   | BLUE CROSS
Is Group Plan?: | YES
Group Name:      | BLUE CROSS OF CA
Group Number:   | 3485
BIN:            |
PCN:            |
Require UR:     | NO
Require Pre-Cert: |
Require Amb Cert: |
Exclude Pre-Cond: |
Benefits Assign: | YES
Type of Plan:   | ACCIDENT AND HEALTH INSURANCE
                (bold=accepted on merge) | (bold=replaced on overwrite)

Is this the correct GROUP/PLAN to match with this Buffer entry? YES

Select the method to update the GROUP/PLAN: (M/O/R/N/I): NO CHANGE

```

Step	Procedure
9	At the Is this the correct Group Plan to match with this Buffer entry? Prompt, enter YES .
10	At the Select the method to update the Group Plan: (M/O/R/N/I): prompt, enter N .
	<i>VistA has no control over the information that the payers return, so by selecting N the details about the payer in the VistA insurance file will not be changed.</i>

The following screen will be displayed

```

Do you want to Review the AB Y/N? No// YES

Benefit year:
  JAN 01, 2001
  JAN 20, 2001
  JAN 01, 2002
  JAN 01, 2016
  FEB 05, 2012
  FEB 09, 2015
  FEB 16, 2015
  MAR 01, 2015
  APR 01, 2001
  MAY 01, 2015
  JUN 01, 2015
  JUL 01, 2015
  AUG 01, 2015
  SEP 25, 2005
  SEP 01, 2015
  SEP 25, 2015
  OCT 01, 2015
  NOV 25, 2005
  NOV 01, 2015
  DEC 16, 2015
  DEC 26, 2015

Enter Existing Date or Add New Benefit Year:  JAN 1, 2001  (JAN 01, 2001)
  
```

Step	Procedure
11	At the Do you want to Review the AB Y/N? prompt, enter YES .
12	At the Enter the Existing Data or Add New Benefit Year prompt, enter the JAN 01, 2001 for this example.

The follow screen will be displayed:

```

Annual Benefits Data
Benefit Year      :  JAN 01, 2001
Policy Information :  BLUE CROSS
Max Out of Pocket :  33.33
Ambulance Coverage(%) :  9

Inpatient:
Annual Deductible      :  23
Per Admis Deduct      :  2
Inpt. Lifetime Max    :  100
Inpt. Annual Max      :  68
Room & Board (%)      :  34
Drug/Alcohol Lifet. Max :  67.00
Drug/Alcohol Annual Max :  02
Nursing Home (%)      :  44
Other Inpt. Charges (%) :  77

Outpatient:
Annual Deductible      :  38.89
Per Visit Deductible   :  56.12
  
```

Enter RETURN to continue or '^' to exit:

Lifetime Max : 69.99
Annual Max : 99.00
Visit (%) : 50
Max Visits Per Year : 4
Surgery (%) : 67
Emergency (%) : 23
Prescription (%) : 98
Adult Day Health Care? : YES
Dental Cov. Type : PERCENTAGE AMOUNT
Dental Cov. (%) : 69

Mental Health Inpatient:

MH Inpt. Max Days/Year : 89
MH Lifetime Inpt. Max : 56.32
MH Annual Inpt Max : 48
Mental Health Inpt. (%) : 5

Mental Health Outpatient:

MH Opt. Max Days/Year : 92
MH Lifetime Opt. Max : 42

Enter RETURN to continue or '^' to exit:

MH Annual Opt. Max : 78
Mental Health Opt. (%) : 4

Home Health Care:

Care Level : THERAPIST/OTHER
Visits Per Year : 56
Max. Days Per Year : 89
Med. Equipment (%) : 50
Visit Definition : CHECK-UP

Hospice:

Annual Deductible : 10.00
Inpatient Annual Max. : 25.00
Inpatient Lifetime Max. : 100.00
Room and Board (%) : 30
Other Inpt. Charges (%) : 1

Rehabilitation:

OT Visits/Yr : 93
PT Visits/Yr : 99

Enter RETURN to continue or '^' to exit:

ST Visits/Yr : 92
Med Cnslg Visits/Yr : 94

IV Management:

IV Infusion Opt? : YES
IV Infusion Inpt? : YES
IV Antibiotics Opt? : YES
IV Antibiotics Inpt? : YES

Are you sure you want to edit existing benefit year information for: JAN 1,2001 Y/N?:
YES

Step	Procedure
13	At the Are you sure you want to edit the existing benefit year information for <date> Y/N prompt, enter the YES .

The following screen will display:

```

----- EDIT ANNUAL BENEFITS INFORMATION -----
Benefit Year           : JAN 1,2001//
Policy Information     : BLUE CROSS//
Max Out of Pocket     : 33.33// 80.00
Ambulance Coverage(%) : 9//

Inpatient:
Annual Deductible     : 23//
Per Admis Deduct     : 2// ^

Save Changes to Annual Benefits File Y/N? No//  NO

Do you want to Review the AB Y/N? No//  NO

```

Step	Procedure
14	At the Save Changes to Annual Benefits File Y/N? prompt, enter NO .
15	At the Do you want to review the AB Y/N prompt, enter N .
16	At the Do you want to Review the CV Y/N? prompt, enter YES .

The following screen will be displayed:

```

Do you want to Review the CV Y/N? No// YES

Coverage Date:
JAN 01, 1995
JAN 01, 2002
APR 08, 2015
APR 10, 2015
APR 20, 2015
APR 25, 2015
SEP 01, 2005
SEP 25, 2005
SEP 22, 2014
SEP 25, 2015
OCT 01, 2003
NOV 01, 2003
DEC 25, 2011
DEC 31, 2015

Enter Existing Date or Add New Coverage Date: JAN 01,1995 (JAN 01, 1995)

```

Step	Procedure
17	At the Enter Existing Date or Add New Coverage Date prompt, enter the JAN 01, 2001 for this example.

The following screen will be displayed:

```

                                Coverage Limitations Data

INPATIENT:
  Inpatient Coverage           : COVERED
  Inpatient Date of Coverage  : JAN 01, 1995
  Inpatient Limit Comments    : test

OUTPATIENT:
  Outpatient Coverage         :
  Outpatient Date of Coverage :
  Outpatient Limit Comments   :

PHARMACY:
  Pharmacy Coverage           :
  Pharmacy Date of Coverage   :
  Pharmacy Limit Comments     :

DENTAL:
  Dental Coverage             :
  Dental Date of Coverage     :
  Dental Limit Comments       :

Enter RETURN to continue or '^' to exit:

                                Coverage Limitations Data

MENTAL HEALTH:
  MH Health Coverage          :
  MH Health Date of Coverage  :
  MH Health Limit Comments    :

LONG TERM CARE:
  Long Term Coverage          :
  Long Term Date of Coverage  :
  Long Term Limit Comments    :

Are you sure you want to Edit existing Coverage Date information: JAN 1,1995 Y/N
?: NO

Do you want to Review the CV Y/N? No//  NO

```

Step	Procedure
18	At the Are you sure you want to edit existing Coverage Date information Y/N? prompt, enter NO .
19	At the Do you want to Review the CV Y/N prompt, enter N .

The following screen will be displayed:

Policy Data:	Buffer Data	Selected Policy
Company Name:	TEST-1	BLUE CROSS
Group #:	3458	3485
Patient Name:	IBPATIENT, ONE	IBPATIENT,ONE
Last Verified:		APR 23, 2015
Effective Date:	MMM DD, YYYY	JAN 01, 2015
Expiration Date:		JAN 01, 2040
Subscriber Id:		123456789
Whose Insurance:		VETERAN
Relationship:		PATIENT
Rx Relationship:		0
Rx Person Code:		001
Subscriber Name:		IBTEST,EB
Subscriber's DOB:	MMM DD, YYYY	MMM DD, YYYY
Subscriber's SSN:		XX-XX-XXXX
Subscriber's SEX:		FEMALE
Primary Provider:		IBDOCTOR,ONE
Provider Phone:		(555)515-5555
Coor of Benefits:		SECONDARY
Emp Sponsored?:		YES
Patient Id:		7654321
Subscr Str Ln 1:		936 Little Street
Subscr Str Ln 2:		Suite 17
Subscr City:		Brooklyn
Subscr State:		NEW YORK
Subscr Zip:		21323
Subscr Country:		USA
Subscr Subdiv:		321
Subscr Phone:		(111)111-111
Subscriber Id:	XXXXXXXXXX	XXXXXXXXXXXX
Enter RETURN to continue:		
Employer Name:		Cognitive Solutions
Emp Status:		
Retirement Date:		
Send to Employer:		
Emp Street Ln 1:		1 Alpha Lane
Emp Street Ln 2:		Galaxy Suite
Emp Street Ln 3:		
Emp City:		San Diego
Emp State:		CALIFORNIA
Emp Zip Code:		91970
Emp Phone:		
	(bold=accepted on merge)	(bold=replaced on overwrite)
Is this the correct PATIENT POLICY to match with this Buffer entry? YES		
Select the method to update the PATIENT POLICY: (M/O/R/N/I): INDIVIDUALLY ACCEPT (SKIP BLANKS)		
Select the Patient Relationship to Subscriber: 01 SPOUSE		

Step	Procedure
20	At the Is this the correct Patient Policy to match with this Buffer entry? Prompt, enter YES .
21	At the Select the method to update the Patient Policy: (M/O/R/N/I): prompt, enter I .
	<i>VistA has no control over the information that the payers return, so by selecting I, the user has full control over the details that are changed in the VistA insurance file.</i>

The following screen shows the prompts to **Accept, Change or Replace** entries:

Policy Data:	Buffer Data	Selected Policy
Company Name:	TEST-1	BLUE CROSS
Group #:	3485	3485
Patient Name:	IBPATIENT, ONE	IBPATIENT,ONE
Last Verified:		APR 23, 2015
Effective Date:	MMM DD, YYYY	JAN 01, 2015
Accept Change, Replace?	No// NO	
Expiration Date:		JAN 01, 2040
Subscriber Id:		123456789
Whose Insurance:	VETERAN	VETERAN
Relationship:	PATIENT	PATIENT
Rx Relationship:		0
Rx Person Code:		001
Subscriber Name:		IBTEST,EB
Subscriber's DOB:	MMM DD, YYYY	MMM DD, YYYY
Accept Change, Replace?	No// NO	
Subscriber's SSN:		XX-XX-XXXX
Subscriber's SEX:		FEMALE
Primary Provider:		IBDOCTOR, ONE
Provider Phone:		(555)515-5555
Coor of Benefits:		SECONDARY
Emp Sponsored?:		YES
Patient Id:		7654321
Subscr Str Ln 1:		936 Little Street
Subscr Str Ln 2:		Suite 17
Subscr City:		Brooklyn
Subscr State:		NEW YORK
Subscr Zip:		21323
Subscr Country:		USA
Subscr Subdiv:		321
Subscr Phone:		(111)111-111
Subscriber Id:	XXXXXXXXXX	XXXXXXXXXXXX
Accept Change, Replace?	No// NO	
Employer Name:		Cognitive Solutions
Emp Status:		
Retirement Date:		
Send to Employer:		
Emp Street Ln 1:		1 Alpha Lane
Emp Street Ln 2:		Galaxy Suite
Emp Street Ln 3:		
Emp City:		San Diego
Emp State:		CALIFORNIA
Emp Zip Code:		91970
Emp Phone:		
	(bold=accepted on merge)	(bold=replaced on overwrite)

End of changes for POLICY related data.

Enter RETURN to continue or '^' to exit:

Select the Patient Relationship to Subscriber: 01 SPOUSE

Step	Procedure
22	At the Select the Patient Relationship to Subscriber prompt, enter the 01 SPOUSE for this example.

Subscriber Data:	Patient Registration	Patient Insurance Policy
Subscriber Id:	098765	123456789
Whose Insurance:	VETERAN	VETERAN
Relationship:	SELF	SELF
Rx Relationship:	1 - NOT SPECIFIED	0
Rx Person Code:	001	001
Subscriber Name:	IBTEST,EB	IBTEST,EB
Subscriber's DOB:	NOV 04, 1939	NOV 04, 1939
Subscriber's SSN:	XX-XX-XXXX	XX-XX-XXXX
Subscriber's SEX:	MALE	MALE
Primary Provider:	IBPROVIDER, ONE	IBPROVIDER, TWO
Provider Phone:	(222)222-2222	(555)555-5555
Coor of Benefits:	PRIMARY	SECONDARY
Patient Id:		2345678
Subscr Str Ln 1:	20-06 18th Street	936 Little Street
Subscr Str Ln 2:		Suite 17
Subscr City:	QUEENS	Brooklyn
Subscr State:	NEW YORK	NEW YORK
Subscr Zip:	23405	21323
Subscr Country:	USA	USA
Subscr Phone:	777-777-7777	(444)444-4444
	(bold=accepted on merge)	(bold=replaced on overwrite)
Is this the correct SUBSCRIBER INSURANCE to match with this Patient Registration entry? YES		
Select the method to update the SUBSCRIBER INSURANCE: (M/O/R/N/I): NO CHANGE		

Step	Procedure
	<i>Eligibility/benefit data groups may be available on multiple pages. To scroll through each page, enter RETURN. To skip to the last page, enter ^.</i>
23	At the Is this the correct SUBSCRIBER INSURANCE to match with this Patient Registration entry? prompt, enter YES .
24	At the Select the method to update the SUBSCRIBER INSURANCE: (M/O/R/N/I): prompt, enter N .
	<i>VistA has no control over the information that the payers return, so by selecting N, the user has full control over the details that are changed in the VistA insurance file.</i>

*** Non-editable Patient Eligibility/Benefit data from payer ***

Payer Response

VISTA Pt.Insurance

Eligibility Information

Subscriber: IBpatient,One
Subscriber Id: XXXXXXXXXX
Subscriber DOB: XXXXXXXX
Subscriber SSN: XXXXXXXX
Group Name: XXXXXXXX
Group ID: XXXXXXXXXXXXXXXX
Whose Insurance: VETERAN
Pt.Rel. to Subscriber: PATIENT
Member ID:
COB:
Service Date:
Effective Date: XXX XX, XXXX
Certification Date:
Expiration Date:
Payer Updated Policy:
Response Date: XXX XX, XXXX
Trace #:
Policy Number:

Contact Information

Eligibility/Group Plan Information

Reference ID Qualifier:
Reference ID:
Reference ID description:

Provider Code:
Reference ID:

Primary Diagnosis Code:
Secondary Diagnosis Code:

Military Info Status:
Employment Status:
Government Affiliation:
Date Time Period:
Service Rank:
Desc:

Summary of eIV Eligibility/

Coverage Status: ACTIVE
Insurance Type: BLUE CROSS

eIV Eligibility/Benefit Data Group# 1 of 7

Eligibility/Benefit Information

Elig/Ben Info: Active Coverage
Coverage Level: Individual
Date/Time Qual:
D/T Period:
Service Type:

Contact Information

Reference ID Qualifier:
Reference ID:
Reference ID description:

Provider Code:
Reference ID:

Primary Diagnosis Code:
Secondary Diagnosis Code:

Military Info Status:
Employment Status:
Government Affiliation:
Date Time Period:
Service Rank:
Desc:

No eIV Eligibility/Benefi
No eIV Eligibility/Benefi
No eIV Eligibility/Benefi

```

Time Period: |
Insurance Type: Medicare Part A |
Plan Coverage Desc: |
Benefit Amount: |
Benefit %: |
Quantity Qual: |
Quantity Amount: |
Auth/Certification Required: |
In-Plan-Network: |

```

Enter RETURN to continue or '^' to exit: ^

Replace the Pt's Eligibility/Benefits data? YES//

Step	Procedure
25	At the Replace the Pt's Eligibility/Benefits data? prompt, enter YES .

The following screen will be displayed:

```

STEP 1: Insurance Company
There will be NO CHANGE to the existing Insurance Company data.

STEP 2: Group/Plan
There will be NO CHANGE to the existing Group/Plan data.

STEP 3: Annual Benefits
No Edits made/saved. No data saved into the Annual Benefits File.

STEP 4: Coverage Limitation
No Edits made/saved. No data saved into the Coverage Limitations File.

STEP 5: Patient Policy
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Policy data.

STEP 6: Subscriber Update
There will be NO CHANGE to the existing Patient Insurance data.

STEP 7: Eligibility/Benefits
The Buffer data will replace the existing EB data.

Is this Correct, update the existing Insurance files now? YES ...

Patient Policy Updated...

Warning: Insurance Company selected already on file for this patient.
        The previous entry is active.
        The WHOSE INSURANCE are the same.
        The Group Plans are the same.

Press 'V' to view the changes or Return to continue:

```

Step	Procedure
26	If you want to review the changes that were made when you chose Individually Accept, at the Press 'V' to view the changes or Return to continue: prompt, press RETURN for this example.
	<i>Note: Users may select more than one entry from the buffer at a time to process. The system will then cycle users through each selected entry.</i>

4.2.2 Reject Entry

Users can remove an entry from the Buffer by rejecting the entry.

Step	Procedure
1	At the Select Action: prompt, enter RE for Reject Entry .
2	At the Select Buffer Entry(s): (1-17): prompt, enter 12 for this example.

The following screen will be displayed:

<pre> ----- Entered: 9/9/09@13:46 Source: INTERVIEW Entered By: IBclerk,One Verified: Patient: IBpatient,Twelve Sub Id: XXXXXX Insurance: IBinsurance Five Group #: XXXXX-XX ----- This action will delete all insurance and patient specific data from a buffer entry without first saving that data to the insurance files, leaving a stub entry for reporting purposes. Reject this buffer entry (delete without saving to Insurance files)? N// Y </pre>

Step	Procedure
3	At the Reject this buffer entry (delete without saving to Insurance files)? N// prompt, enter YES to remove entry from the buffer.
	<i>Note: Users may select more than one entry from the buffer at a time to reject. The system will then cycle users through each entry prompting them to reject each selected entry.</i>

4.2.3 Expand Entry

Users can **Expand an Entry**. Expanding an entry will cause the following categories of information to be displayed:

- Insurance Company Information;
- Group/Plan Information;
- Policy/Subscriber Information;
- Buffer Entry Information.

Step	Procedure
1	Access the BI Process Insurance Buffer .
2	At the Select Action: prompt, enter EE for Expand Entry .
3	At the Select Buffer Entry(s): (1-17): prompt, enter 1 for this example and page through the screens.

The following screens will be displayed:

```

Insurance Buffer Entry          Jul 23, 2013@17:16:47          Page:      1 of      4
IBpatient,One                 XXX-XX-XXXX      DOB: XXX XX, XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

-----

                                Insurance Company Information
Name: XYZ INS                    Reimburse?: WILL REIMBURSE
Phone:                            Billing Phone:
                                   Precert Phone:
                                   Remote Query From:
Address:

                                Group/Plan Information
Group Plan?: Yes
Group Name: TEST1
Group Number: INS1234
BIN:
PCN:
                                   Require UR: No
                                   Require Amb Cert: No
+-----Enter ?? for more actions-----
EI  Ins. Co. Edit                 ES  Escalate Entry                 EX  Exit
EA  All Edit                     PI  Pt. Policy Edit
PE  Group/Plan Edit              EB  Expand Benefits
Select Action: Next Screen//

```


Insurance Buffer Entry Jul 23, 2013@17:20:17 Page: 3 of 4
IBpatient,One XXX-XX-XXXX DOB: XXX XX, XXXX AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

+-----
Employer Sponsored Group Health Plan?:

Buffer Entry Information

Date Entered: 7/5/13@09:05 Date Verified:
Entered By: CLERK, IB Verified By:

** This response is based on service date XX/XX/XXXX and service type: Health
Benefit Plan Cov **

eIV Trace #: xxxxxxxxxx eIV Processed Date: 7/5/13@09:38
Source: INTERVIEW

Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active
insurance.

+-----Enter ?? for more actions-----
EI Ins. Co. Edit ES Escalate Entry EX Exit
EA All Edit PI Pt. Policy Edit
PE Group/Plan Edit EB Expand Benefits
Select Action: Next Screen// NEXT SCREEN

Insurance Buffer Entry Jul 23, 2013@17:20:26 Page: 4 of 4
IBpatient,One XXX-XX-XXXX DOB: XXX XX, XXXX AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

+-----
Action to take: Review the details listed in the eIV Response Report
before processing this buffer entry.

-----Enter ?? for more actions-----
EI Ins. Co. Edit ES Escalate Entry EX Exit
EA All Edit PI Pt. Policy Edit
PE Group/Plan Edit EB Expand Benefits
Select Action: Quit//

Once users access **Expand Entry**, they will have access to the following additional Actions:

- **Ins. Co. Edit** – Allows users to edit or change the Insurance Company.
- **All edit**– Allows users to edit each of the Expand Entry categories.
- **Group/Plan Edit** - Allows users to edit the Group/Plan category.
- **Escalate Entry** – Allows users to escalate an entry, to indicate to other buffer users that the record needs to be processed by someone else with more rights. Only active policies may be ‘Escalated’. Also, not all users may ‘Escalate’ a buffer record. Those users who do not have the IB INSURANCE COMPANY EDIT security key and the IB GROUP PLAN EDIT security key will be the only ones authorized to use this ‘Escalate’ action. These users are restricted to accessing only certain positive “+” buffer entries.
- **Pt. Policy Edit** – Allows users to edit the Policy/Subscriber category.
- **Expand Benefits** – Allows users to see the Eligibility/Benefits data that was returned in the associated 271 Health Care Eligibility Benefits Response if there is one for this entry.

4.2.4 Add Entry

The Add Entry action, allows users to manually add a patient to the insurance buffer.

Step	Procedure
1	At the Select Action: prompt, enter AE for Add Entry .
2	At the Select PATIENT NAME: prompt, enter IBpatient,Thirteen for this example.

The following screen will be displayed:

```
Select PATIENT NAME: IBpatient,Thirteen X-X-XX XXXXXXXXX YES SC VETERAN
Enrollment Priority: Category: NOT ENROLLED End Date:

Financial query queued to be sent to HEC...

*** Patient Requires a Means Test ***

Primary Means Test Required from APR 15,1999

Enter <RETURN> to continue.

MEANS TEST REQUIRED
```

Step	Procedure
3	Follow the prompts shown below to enter the insurance company, group/plan and policy and subscriber information.
4	When you have added an entry to the insurance buffer, you will be returned to the Complete Buffer .

Insurance Company: ??

Please enter the name of the insurance company that provides coverage for this patient. This response is a free text response, however, a partial insurance company name look-up is available here.

Insurance Company: IBinsurance

- 1 IBinsurance One
- 2 IBinsurance Two
- 3 IBinsurance Three
- 4 IBinsurance Four
- 5 IBinsurance Five

CHOOSE 1-5: 2

Add a new Insurance Buffer entry for this patient and company? YES//

----- INSURANCE COMPANY INFORMATION -----

INSURANCE COMPANY NAME: IBinsurance Two//

- 1 IBinsurance Two

CHOOSE 1-1: 1

REIMBURSE?:

PHONE NUMBER:

BILLING PHONE NUMBER:

PRECERTIFICATION PHONE NUMBER:

STREET ADDRESS [LINE 1]:

CITY:

STATE:

ZIP CODE:

----- GROUP/PLAN INFORMATION -----

The following data defines a specific Group or Plan provided by an Insurance Company. This may be either a group plan with many potential members or an individual plan with a single member.

IS THIS A GROUP POLICY?: N NO

GROUP NAME:

GROUP NUMBER:

BANKING IDENTIFICATION NUMBER:

PROCESSOR CONTROL NUMBER (PCN):

TYPE OF PLAN:

UTILITZATION REVIEW REQUIRED:

PRECERTIFICATION REQUIRED:

AMBULATORY CARE CERTIFICATION:

EXCLUDE PREEXISTING CONDITION:

BENEFITS ASSIGNABLE:

----- POLICY AND SUBSCRIBER INFORMATION -----

The following data defines the subscriber specific policy information for a particular Insurance Plan. The subscriber, the insured, and the policy holder all refer to the person who is a member of the plan and therefore holds the policy. The patient must be covered under the plan but may not be the policy holder.

EFFECTIVE DATE:

EXPIRATION DATE:

PT. RELATIONSHIP TO SUBSCRIBER:

NAME OF SUBSCRIBER:

SUBSCRIBER'S DOB:

SUBSCRIBER'S SEX:

PATIENT PRIMARY ID:

```

PRIMARY CARE PROVIDER:
PRIMARY PROVIDER PHONE:
COORDINATION OF BENEFITS:
SOURCE OF INFORMATION: INTERVIEW//
ESGHP?:
SUBSCRIBER ADDRESS LINE 1:
SUBSCRIBER ADDRESS LINE 2:
SUBSCRIBER ADDRESS CITY:
SUBSCRIBER ADDRESS STATE:
SUBSCRIBER ADDRESS ZIP: .....|

```

4.2.5 Sort Buffer Views

The default sort for all Buffer views (except the **Positive Insurance Buffer**) is alphabetically by patient name. The **Positive Insurance Buffer** is sorted by “+” eIV Status first and then alphabetically by patient name.

Users may re-sort the buffer based upon the following criteria:

- Insurance Company
- Source of Information
- Date Entered
- Inpatients
- Means Test
- On Hold
- Verified
- eIV Status

4.2.6 Check Insurance Company

Users may view a list of insurance companies that exist in the insurance buffer that do not match any of the insurance company names or synonyms in the insurance company file. These insurance companies do not match any entries in the IIV AUTO MATCH file.

Once users select the **Check Ins Co's** action, they will have access to the following actions (Refer to Section 7 Auto Match):

- Select Entry
- Auto Match Enter/Edit

Step	Procedure
1	Access the BI Process Insurance Buffer .
2	At the Select Action: prompt, enter CC for Check Ins Co's .

The following screen will be displayed.

```

Unmatched Buffer Names          Jul 07, 2010@12:02:54          Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.

  1  IBinsurance One
  2  IBinsurance Twu
  3  IBinsurance Three
  4  IBinsurance Four
  5  IBinsurance Five
  6  IBinsurance Six
  7  IBinsurance Seven
  8  IBinsurance Eight
  9  IBinsurance Nine
 10  IBinsurance Ten

          Enter ?? for more actions
Select Entry          Auto Match Enter/Edit          Exit
Select Action: Next Screen//
  
```

Step	Procedure
	<i>Each buffer entry that fails to make any match to an entry in the Insurance Company file (#36) or the IIV AUTO MATCH file (#365.11) is presented to the user.</i>
	<i>This example sets up an auto match entry to associate IBinsurance Twu with IBinsurance Two.</i>
3	At the Select Action: prompt, enter SE for Select Entry .
4	At the Select Entry: (1-192): prompt select 2 for IBinsurance Twu .
5	At the Select INSURANCE COMPANY NAME: prompt enter IBinsurance Two .

The following screen will be displayed.

```

Select INSURANCE COMPANY NAME: IBinsurance Two
  1  IBinsurance Two          SAMPLE RD          NEWARK          OHIO          Y
  2  IBinsurance Two          TEST RD          LIVONIA          MICHIGAN  **
  3  IBinsurance Two          PO BOX 5555          MIDDLETOWN          NEW YORK          **
CHOOSE 1-3: 1  IBinsurance Two          SAMPLE RD          NEWARK          OHIO          Y
  
```

Step	Procedure
6	At the CHOOSE 1-3: prompt in this example, enter 1 for IBinsurance Two SAMPLE RD .
7	At the Do you want to add an Auto Match entry that associates IBinsurance Twu with IBinsurance Two? No//: prompt, enter YES .

The following prompts are displayed along with a confirmation message.

```
Do you want to add an Auto Match entry that associates
IBinsurance Twu with IBinsurance Two? No// Y YES

AUTO MATCH VALUE: IBinsurance Twu //

  IBinsurance Twu is now associated with IBinsurance Two.
```

4.2.7 Buffer Views: Complete, Positive, Negative, Medicare, Failure, ePharmacy

Users may switch back and forth between the different available **Buffer Views** by selecting one of the following actions:

- **PB** – Pos. Buffer
- **NB** – Neg. Buffer
- **MB** – Medicare Buffer
- **FB** – Failure Buffer
- **CB** – Complete Buffer
- **RX** – ePharm Buffer
- **TC** – TRICARE/CHAMPVA

4.2.8 AAA Errors – Complete Buffer View, Expand Entry

Users may view the Error Reporting Codes and corresponding textual descriptions in the Expand Entry when an Error Reporting Code is received in response to an associated 270 Health Care Eligibility Benefits entry.

Step	Procedure
1	Access the BI Process Insurance Buffer .
2	At the Select Action: prompt, enter EE to expand an entry that has a “#”.
3	Note any AAA error messages listed in the Buffer entry.

The AAA errors are displayed as shown in the following sample Expand Entry when accessed from within the Process Insurance Buffer option:

```

Insurance Buffer Entry      May 07, 2013@13:26:09      Page: 4 of 4
IBPATIENT,ONE            XXX-XX-XXXX      DOB: XXX XX,XXXX      AGE: XX
      Buffer entry created on 05/07/13 by IBCLERK,ONE (eIV)

+

Action to take: Review the details listed in the eIV Response Report and
contact the insurance company to manually verify this insurance
information.

      Eligibility Communicator Error Information
Invalid/Missing Subscriber/Insured ID (Error Condition '72')
Please Correct and Resubmit (Error Action 'C')

      Enter ?? for more actions
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Quit//
  
```

The AAA errors listed will be identical whether displayed on the Expand Entry screen within the Insurance Buffer or the Response Report called from the eIV Menu.

```

eIV Response Report

Insurance verification responses are received daily.
Please select a date range in which responses were received to view the
associated response detail. Otherwise, select a Trace # to view specific
response detail.
      Select one of the following:
          1      Report by Date Range
          2      Report by Trace #
Select the type of report to generate: 1// 2 Report by Trace #
Enter Trace # for report:
Enter Trace # for report: XXXXXXXXXXXXXXXXXXXX      xxxxx,xxxxxx      IBINSURANCE2
      ...OK? Yes// y (Yes)

DEVICE: HOME//      Linux Telnet/SSH

Compiling report data ...
  
```

The AAA errors are displayed as shown in the following sample Response Report when accessed from the eIV Menu:

```
eIV Response Report by Trace #           May 07, 2013@11:48:22  Page:1
                                           Trace #: XXXXXXXXXXXX

  Payer: IBINSURANCE2
  Patient: IBpatient,One (SSN: XXX-XX-XXXX  DOB: XX/XX/XXXX

    Subscriber: IBPATIENT, ONE
    Subscriber ID:
    Subscriber DOB: XX/XX/XXXX
    Subscriber SSN:                               Subscriber Sex: M
    Group Name:
    Group ID:
  Whose Insurance: VETERAN                        PATIENT
    Member ID:                                    COB:
    Service Date:                                Date of Death:
  Effective Date:                                Certification Date:
  Expiration Date:                               Payer Updated Policy:
    Response Date: XX/XX/XXXX                      Trace #: XXXXXXXXXXXX

ERROR INFORMATION:

Reject Reason Code: 72
Reject Reason Text: Invalid/Missing Subscriber/Insured ID
Action Code:      C
Action Code Text:  Please Correct and Resubmit
HIPAA Loop:      Subscriber Name
HL7 Location:    N/A
Error Source:    P
```

5 MEDICARE POTENTIAL INSURANCE WORKLIST - POTENTIAL COB REPORT

5.1 User Prompts

Users may create a worklist of those patients Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance.

Step	Procedure
1	Access the Integrated Billing Master Menu .
2	Select the PI Patient Insurance Menu .
3	Select the EIV eIV MENU .
4	Select the MW Medicare Potential COB Worklist option.
5	Accept all default answers to the prompts for Earliest Report Date , Latest Report Date and Sort Report By .
6	Select either S "Screen List" or R "Report" for the format type.
	<i>This is new for patch IB*2*497.</i>

5.1.1 Search Criteria - Potential COB Worklist

Users may search for patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance based on the following:

- Earliest Date 271 HL7 message received
- Latest Date 271 HL7 message received

5.1.2 Sort Criteria – Potential COB Worklist

Users may sort entries for patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Chronological Order
- Reverse Chronological Order

5.1.3 Format – Potential COB Worklist

Users may select one of the following formats for the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Report (refer to report section for more details)
- ListManager

5.1.4 Screen ListManager for Completed Entries – Potential COB Worklist

The ListManager view of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance does not display completed entries.

5.1.5 ListManager – Potential COB Worklist

Users may perform the following actions from within the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Mark entry as Not Reviewed
- Mark entry as Review in Process
- Mark entry as Review Complete
- Enter Comments
- View Comments

5.1.6 Comments – Potential COB Worklist

The system captures the following information when users enter comments to an entry on the list of patients whom Medicare has identified as having insurance subsequent to their Medicare Insurance:

- User Name
- Date
- Time

5.1.7 Visual Indicators – Potential COB Worklist

The system provides visual indicators for entries on the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance for the following conditions:

- Entries as Not Reviewed
- Entries marked as Review in Process
- Entries marked as Review Complete (can only be seen on the report format)
- Entries the system thinks, based on exact match of insurance company name and address, already exist in the Patient's Insurance.

6 REQUEST ELECTRONIC INSURANCE INQUIRY

This option allows users to create a Health Care Eligibility Benefits Inquiry whenever needed. This option allows users to override the re-verification of Service Date of today and individually select a specific Service Type Code. If no code is selected, the default of Service Type Code 30 as set in the IB Site Parameters is used. Using this option to create a buffer entry will by-pass the auto-update feature, leaving the buffer entry for manual processing.

6.1 Request a 270 Health Care + Benefits Inquiry

Step	Procedure
	<i>This example will send an insurance inquiry for Service Code Type 87 (cancer). If Service Type Code is defaulted then an inquiry will be sent for the Service Type Code defined in section 2.3 Define Service Code Parameters</i>
1	Access the PI Patient Insurance Menu .
2	Access the eIV Menu .
3	Access the EI Request Electronic Insurance Inquiry option.
4	At the Select Patient Name prompt, enter Patient Name (in this example IBPATIENT, ONE)
	<i>Users must hold the IBCNE IIV SUPERVISOR security key to access this option.</i>
	<i>Patch IB*2*438 provided the ability to request insurance inquiries with specific Service Type Codes. Patch IB*2*497 removed the ability to request multiple Service Type Codes but does allow for the selection of a single Service Type Code.</i>

The following screen will be displayed:

```
eIV Insurance Request          Dec 22, 2010@16:53:22          Page:    1 of    1
Request Electronic Insurance Inquiry for Patient: IB,PATIENT C XXXX

      Insurance Co.   Type of Policy   Group           Holder   Effect.   Expires
1   Insurance Comp1          TST1223        OTHER          07/01/2001
2   Insurance Comp2          GRP NUM 20     SELF           04/09/2010

      Enter ?? for more actions                                >>>
SE  Select Entry                EX  Exit
Select Action: Quit// SE      Select Entry
Select entry to request electronic inquiry:  (1-2): 1

Enter Service Type Code: 30// ?

Answer with X12 271 SERVICE TYPE CODE
Do you want the entire 187-Entry X12 271 SERVICE TYPE List? N
Enter Service Type Code: 30// ??

Enter the single SERVICE TYPE CODE to be sent with inquiry or press 'ENTER' to
send DEFAULT Service Type Code 30 (Health Benefit Plan Coverage).
No response generated by this option will auto-update the patient file.

Enter Service Type Code: 30// ?

Answer with X12 271 SERVICE TYPE CODE
Do you want the entire 187-Entry X12 271 SERVICE TYPE List? Y (Yes)
Choose from:
1      Medical Care
2      Surgical
3      Consultation
4      Diagnostic X-Ray
5      Diagnostic Lab
6      Radiation Therapy
7      Anesthesia
8      Surgical Assistance
9      Other Medical
10     Blood Charges
11     Used DME
12     DME Purchase
13     Ambulatory SC Facility
14     Renal Supplies/Home
15     Alt. Method Dialysis
16     CRD Equipment
17     Pre-Admission Testing
18     DME Rental
19     Pneumonia Vaccine
20     2nd Surgical Opinion
'^' TO STOP:

Enter Service Type Code: 30// 11          Used DME
Enter Eligibility Date: TODAY//

Are you sure you want to request an insurance inquiry? NO// Y  YES

Insurance Buffer entry created!

Enter RETURN to continue or '^' to exit:
```

Step	Procedure
5	At the Select Action prompt, enter SE Select Entry.
6	At the Select entry to request electronic inquiry: (1-2): prompt, enter 1 for this example.
7	At the SERVICE TYPE CODE prompt, enter ? for a list of the Service Type Codes or enter the one required. In this example enter 11 . Now select Yes.
8	At the Enter Eligibility Date Prompt enter a valid date in MM/DD/YY. You will then be prompted "Are you sure you want to request an insurance inquiry? Enter Yes for this example. You will see the message "Insurance Buffer entry created!"
	<i>Note: An asterisk (*) will indicate that the request already has a buffer entry.</i>

7 PATIENT INSURANCE INFO VIEW/EDIT

The Patient Insurance Info View/Edit option is used to look at a patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used.

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name, holder, effective date, and expiration date.

7.1 View Patient Policy Information

This screen displays expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, effective dates, plan coverage limitations, last contact, and comments on the patient policy or insurance group plan.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PI Patient Insurance Info View/Edit Option
3	At the Select Patient Name prompt, enter Patient Name .

The following screen will be displayed:

Patient Insurance Management Jul 21, 2010@13:23:59		Page: 1 of 1			
Insurance Management for Patient: IB,PATIENT XXXXX		XX/XX/XXXX			
Insurance Co.	Type of Policy	Group	Holder	Effect.	Expires
1 IBinsurance	COMPREHENSIVE M	GRP NUM 13	SELF	08/24/14	
Enter ?? for more actions					>>>
AP Add Policy	EA Fast Edit All	CP Change Patient			
VP Policy Edit/View	BU Benefits Used	WP Worksheet Print			
DP Delete Policy	VC Verify Coverage	PC Print Insurance Cov.			
AB Annual Benefits	RI Personal Riders	EB Expand Benefits			
EX Exit					
Select Item(s): Quit//					

Step	Procedure
4	At the Select Action prompt, enter VP for Policy Edit/View.

The following series of screens will be displayed:

Patient Insurance Management Jul 21, 2010@13:23:59		Page: 1 of 1				
Insurance Management for Patient: IBPATIENT,ONE XXXX						
	Insurance Co.	Type of Policy	Group	Holder	Effect.	Expires
1	IBinsurance	COMPREHENSIVE M	GRP NUM 13	SELF	06/20/09	
Enter ?? for more actions						>>>
AP	Add Policy	EA	Fast Edit All	CP	Change Patient	
VP	Policy Edit/View	BU	Benefits Used	WP	Worksheet Print	
DP	Delete Policy	VC	Verify Coverage	PC	Print Insurance Cov.	
AB	Annual Benefits	RI	Personal Riders	EB	Expand Benefits	
RX	RX COB Determination	EX	Exit			
Select Item(s): Quit// VP Policy Edit/View						

Patient Policy Information Mar 12, 2015@11:15:02		Page: 1 of 8	
For: IBPATIENT,ONE XXX-XX-XXXX XX/XX/XXXX			
IBinsurance Insurance Company		** Plan Currently Active **	
Insurance Company			
Company: IBinsurance			
Street: XXXXXXXXXXXXXXX			
City/State: XXXXXX, IN 46801			
Billing Ph: 800/XXX-XXXX			
Precert Ph: 800/XXX-XXXX			
Plan Information			
Is Group Plan: YES			
Group Name: XXXXXXXX			
Group Number: GRP NUM 13			
BIN:			
PCN:			
Type of Plan: COMPREHENSIVE MAJOR MED			
Electronic Type: COMMERCIAL			
Plan Filing TF: (2 YEAR(S))			
ePharmacy Plan ID:			
ePharmacy Plan Name:			
ePharmacy Natl Status:			
ePharmacy Local Status:			
Utilization Review Info		Effective Dates & Source	
Require UR:		Effective Date: 08/24/14	
Require Amb Cert: YES		Expiration Date:	

Require Pre-Cert: YES
Exclude Pre-Cond:
Benefits Assignable: YES

Source of Info: INTERVIEW
Stop Policy From Billing: NO

Subscriber Information

Whose Insurance: VETERAN
Subscriber Name: IB,PATIENT One
Relationship: SELF
Primary ID: XXXXXXXXXXXX
Coord. Benefits: PRIMARY

Subscriber's Employer Information

Employment Status: Emp Sponsored Plan: No
Employer: Claims to Employer: No, Send to Insurance
Street: Retirement Date:
City/State:
Phone:

Primary Provider:
Prim Prov Phone:

Subscriber's Information (use Subscriber Update Action)

Subscriber's DOB: XX/XX/XXXX
Str 1: xxxx Test Street
Str 2:
City: CHEYENNE
St/Zip: WY 82007
SubDiv:
Country:
Phone: XXXXXXXX

Subscriber's Sex: FEMALE
Subscr's Branch:
Subscr's Rank:

Insurance Company ID Numbers (use Subscriber Update Action)

Subscriber ID: xxxxxxxx

Plan Coverage Limitations

Coverage	Effective Date	Covered?	Limit Comments
-----	-----	-----	-----
INPATIENT	08/24/2014	YES	
OUTPATIENT		BY DEFAULT	
PHARMACY	09/24/2014	NO	
DENTAL		BY DEFAULT	
MENTAL HEALTH		BY DEFAULT	
LONG TERM CARE		BY DEFAULT	

User Information

Entered By: IBCLERK,ONE
Entered On: 10/08/14
Last Verified By:
Last Verified On:
Last Updated By: IBCLERK,ONE
Last Updated On: 10/08/14

Comment -- Group Plan

This is a long group comment. This area can hold much more than 80 Characters in the field.

Comment -- Patient Policy

Dt Entered	Entered By	Method	Person Contacted
09/25/15	IBCLERK,TWO	PHONE	USER-A

JUST A COMMENT AND NOTHING ELSE

+09/25/15 IBCLERK,TWO PHONE USER-A
THIS IS A COMMENT THAT IS LONGER THAN 74 CHARACTERS TO SHOW THE WRAP INDICATO

Personal Riders

Rider #1: DENTAL COVERAGE

+ Enter ?? for more actions

PI	Change Plan Info	GC	Group Plan Comments	CP	Change Policy Plan
UI	UR Info	EM	Employer Info	VC	Verify Coverage
ED	Effective Dates	CV	Add/Edit Coverage	AB	Annual Benefits
SU	Subscriber Update	PT	Pt Policy Comments	BU	Benefits Used
IP	Inactivate Plan	EA	Fast Edit All	EB	Expand Benefits
EX	Exit				

Select Action:

7.1.1 Patient Policy Comments

Patch IB*2*528 enhances Patient Policy Comments. The Patient Policy Comments can be accessed from the Patient Policy Information screens. The Patient Policy Comments can now hold 245 characters. This field will also hold a history of previously entered comments. With patch IB*2.0*549, the first 74 characters of the two most recent comments will be displayed when a user selects the action 'Policy Edit/View' (VP) from with the Patient Policy Information screens.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PI Patient Insurance Info View/Edit Option
3	At the Select Patient Name prompt, enter Patient Name .
4	At the Select Action prompt, enter VP for Policy Edit/View.
	<i>A "+" symbol next to a comment indicates that there is more to the comment and only a portion is currently displayed to the user.</i>

The following is a sample of what will be displayed along with other policy related information:

Comment -- Patient Policy				
Dt Entered	Entered By	Method	Person Contacted	
09/25/15	IBCLERK,TWO	PHONE	USER-A	
JUST A COMMENT AND NOTHING ELSE				
+09/25/15	IBCLERK,TWO	PHONE	USER-A	
THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO SHOW THE WRAP INDICATO				

To modify, delete, or add a comment the user must select the 'Pt Policy Comments' (PT) action.

Step	Procedure
5	At the Select Action prompt, enter PT for Pt Policy Comments .
	<i>A "+" symbol next to a comment indicates that there is more to the comment and only a portion is currently displayed to the user.</i>

The following screen will be displayed:

Patient Policy Comments		Nov 17, 2015@16:51:41	Page: 1 of 1
Policy Comment History for: IBPATIENT, ONE XXX-XX-XXXX XX/XX/XXXX			
IBinsurance ** Plan Currently Active **			
	Dt Entered	Entered By	Method Person Contacted
1	09/25/15	IBCLERK,TWO	PHONE USER-A
JUST A COMMENT AND NOTHING ELSE			
2	+09/25/15	IBCLERK,TWO	PHONE USER-A
THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDI			
3	04/26/15	IBCLERK,ONE	MAIL USER-B
Contacted the insurance company to confirm the subscriber ID.			
4	+04/26/15	IBCLERK,FOUR	PHONE USER-D
CONTACTED THE PATIENT'S GRANDSON WHO WAS ABLE TO CONFIRM THE INSURANCE A			
5	+04/25/15	IBCLERK,FOUR	PERSONAL USER-B
THIS IS THE VERY FIRST PATIENT POLICY COMMENT FOR IB,PATIENT AND I'M JUST			
+ Enter ?? for more actions			
EE	Expand Entry	AC Add Comment	SL Search List
EC	Edit Comment	DC Delete Comment	EX Exit
Select Action: Quit//			

These following actions are available in **Patient Policy Comments** screen:

- **EE** – Expand Entry
- **AC** – Add Comment
- **SL** – Search List
- **EC** – Edit Comment
- **DC** – Delete Comment
- **EX** - Exit

Expand Entry – Use this action to view a specific comment in its entirety including the following additional information that may be associated with that comment:

- **Last Edited Date**
- **Last Edited By**
- **Contact Person**
- **Contact Phone #**
- **Method**
- **Call Reference #**
- **Authorization #**
- **Comment (Entire comment – no truncation)**

Add Comment – Use this action to create a new comment. If you were the last person to add a comment and it is the same day as when you added the last comment, this action will function like the “Edit Comment” action.

Search List – Use this action to search all comments for that patient policy. It will display all comments where the search criteria was found in at least one of the following fields:

- **Contact Person**
- **Contact Phone #**
- **Call Reference #**
- **Authorization #**
- **Comment (Entire comment – no truncation)**

Edit Comment – Use this action to edit a comment. Comments can be edited later on the same date they were entered. If another comment is entered on that day, the comment will be locked. Users can only edit a comment during the same business day that it was created, until another user creates a new comment. A user cannot edit another user’s comment.

Delete Comment – Use this action to delete a comment. Users who *do not* hold the IBCN PT POLICY COMNT DELETE security key can only delete a comment on the same date it was entered or until another comment is entered on that same day by a different user. After another comment by a different user is entered on the same day or as of the following day, the comment will be locked and cannot be deleted by those users. A user without the IBCN PT POLICY COMNT DELETE key cannot delete another user’s comment. If a user without the security key attempts to delete a comment that is outside those rules, the message “Contact your supervisor for assistance” displays.

Supervisors and managers who hold the IBCN PT POLICY COMNT DELETE security key can delete unwanted comments that are not the latest comment, comments that were not entered on the current date, and comments entered by another user.

Exit – Use this action to leave the Patient Policy Comment screen.

7.2 View Eligibility Benefit Information

This screen allows eligibility / benefit information to be displayed.

Step	Procedure
1	Access the PI Patient Insurance Menu .
2	Access the PI Patient Insurance Info View/Edit Option
3	At the Select Patient Name prompt, enter Patient Name (in this example IBpatient,One).
4	At the Select Action prompt, enter EB for Expand Benefits .

The following screen will be displayed:

```
eIV Elig/Benefit Information Jul 23, 2015@17:41:07 Page: 1 of 11
PATIENT,ONE xxx-xx-xxxx IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
-----
Eligibility/Group Plan Information
Reference ID Qualifer: OTHER Reference ID: 12345
Reference ID description:
Reference ID Qualifer: Group Number Reference ID: AET1234
Reference ID description: TEST1

Provider Code:
Reference ID:

Primary Diagnosis Code:

Military Info Status: Employment Status:
Government Affiliation: Personnel Desc:
Service Rank: Date Time Period:

eIV Eligibility/Benefit Data Group# 1 of 6
+-----Enter ?? for more actions-----
PS Payer Summary EX Exit
Select Action: Next Screen// NEXT SCREEN
```

```

eIV Elig/Benefit Information Jul 23, 2015@17:41:10 Page: 2 of 11
IBPATIENT,ONE xxx-xx-xxxx IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
+-----+

Eligibility/Benefit Information
Elig/Ben Info: Active Coverage Coverage Level:
Date/Time Qual: D/T Period:
Service Type:
Time Period:
Insurance Type:
Plan Coverage Desc: eIV Eligibility Determination
Benefit Amount: Benefit %:
Quantity Qual: Quantity Amount:
Auth/Certification Required: In-Plan-Network:

eIV Eligibility/Benefit Data Group# 2 of 6

Eligibility/Benefit Information
Elig/Ben Info: Active Coverage Coverage Level:
+-----Enter ?? for more actions-----+
PS Payer Summary EX Exit
Select Action: Next Screen//

```

Step	Procedure
5	At the Select Action prompt, enter PS for Payer Summary . (This will show all the other data that the payer responded with, which is not specifically benefit related.)
	<i>Note: This is the same data that is displayed on the eIV Response Report if one used the trace# to look up the payer's response. The eIV Response Report data is periodically purged from the system; therefore, the data has been added to this screen.</i>
	<i>Note: The Eligibility Benefits action (and this subscreen of related information ... Payer Summary) only contains one payer response at any given time.</i>

The following screen will be displayed:

```
eIV Elig/Benefit Information Jul 23, 2015@17:41:07 Page: 1 of 1
IBPATIENT,ONE xxx-xx-xxxx IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
-----
Subscriber: IB, Patient
Subscriber ID: XXXXXXXXXXXX
Subscriber DOB: XXXXXXXX
Subscriber SSN: XXXXXXXXXXXXXX Subscriber Sex:
Group Name: XXXXXXXXXXXXXXXX
Group ID: XXXXXXXXXXXXXXXX
Whose Insurance: XXXXXXXX
Patient Relationship to Subscriber: PATIENT
Member ID: XXXXXXXXXXXXX
COB: XXXXXXXXXXXX
Service Date: 07/05/2015 Date of Death:
Effective Date: XXXXXXXXXXXX Certification Date:
Expiration Date: Payer Updated Policy:
Response Date: XXXXXXXXXXXX Trace #: XXXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX

Contact Information
+-----Enter ?? for more actions-----
EX Exit
Select Action: Next Screen// NEXT SCREEN
```

8 IIV AUTO MATCH PAYERS

Auto Match is a VistA feature designed to help match user-entered insurance company names to the correct payers in the database. In VistA, there are several places a user can enter an insurance company name (free text) without a list of valid insurance names from which to pick. Patient Registration and the Insurance Buffer are two examples. This can result in misspelled, improperly formatted, or incomplete insurance company names. Auto Match is necessary because the eIV software must be able to identify which insurance company the user is referring to in order to appropriately generate inquiries and process responses. This functionality promotes the use of consistent insurance company names.

There is an IIV AUTO MATCH file (#365.11) in each VistA system. Each record in the file has two fields. The first field, **Entered Name**, stores the insurance company name that the user entered into the VistA system without validation. The second field, **Proper Name**, stores the name of the insurance company that can be found in the INSURANCE COMPANY file (#36) of the VistA database.

The Auto Match feature is used to teach the VistA system how to interpret common misspellings or incomplete entries that users enter when typing in free-text insurance company names.

It is recommended that users run the **Check Ins Co's** action on names from the **Insurance Buffer Views** to initially populate the Auto Match files based on existing entries in the **Insurance Buffer**. Selecting this action will generate a list of insurance company names found in the INSURANCE VERIFICATION PROCESSOR file (#355.33) that do not exist in the INSURANCE COMPANY file (#36). The more one “teaches” the Auto Match functionality, the fewer problems eIV will encounter when it creates insurance inquiries for electronic transmission to the payers.

Users can enter (add), edit, or delete Auto Match entries using the menu option PI > EIV > AE (**Enter/Edit Auto Match Entries**), as described in section 8.3.

Users must have the IBCNE EIV MAINTENANCE security key to enter (add), edit, or delete an Auto Match entry.

8.1 Auto Match in VistA Applications

Auto Match is currently used in the **Insurance Buffer**.

When a user types a free-text insurance company name, VistA attempts to match the name with one of the proper insurance company names stored in the INSURANCE COMPANY file (#36). If no match is found, the name as typed by the user is then compared to the list of **Entered Name(s)** in the IIV AUTO MATCH file (#365.11). If there are **Entered Name(s)** in the IIV AUTO MATCH file that match the user-typed name, they are displayed along with their associated **Proper Name(s)**. Users may then select one of the Proper Names to replace the free-text entry.

Users are not required to accept one of the supplied choices; they can choose to keep the free-text name. The Auto Match process may fail to find matching insurance company name(s), in which case no choices are presented to users.

8.2 Types of Auto Match Matches

8.2.1 Simple Auto Matches

In a simple Auto Match, the **Entered Name** field literally contains the name found in the Insurance Buffer (or entered by a user into the IIV AUTO MATCH file (#365.11)). Leading and trailing spaces are ignored. An entry in the buffer might have **BC/BS** as the **Entered Name** and show **Blue Cross Blue Shield** in the **Proper Name** field. As the insurance staff encounter misnamed insurance companies (i.e. the name on the insurance card does not match the name in the VistA database), users can correct the name and VistA will prompt users to add it as a new record in the IIV AUTO MATCH file (#365.11).

8.2.2 Wildcard Auto Match Matches

In a wildcard Auto Match, simple matches are supported but the wildcard character, the asterisk (*), can also be used. Wildcards may be used to anticipate common spelling mistakes. The asterisk can be substituted for any number of characters. For example, if users enter BC*BS, the system will return all Insurance Company names that begin with BC and end with BS. BC/BS, BC BS, BC-BS, BCBS and BC / BS would all match BC*BS.

An **Entered Name** may contain more than one asterisk (i.e. BC*BS*). When a wildcard is used, a minimum of four non-wildcard characters must also be specified.

8.3 Enter/Edit Auto Match Entries (AE)

VistA offers a menu option to enter (add), edit, or delete entries in the IIV AUTO MATCH file (#365.11). Each AE option is explained separately below.

8.3.1 Add an Auto Match Entry

Step	Procedure
1	Access the eIV Menu .
2	Select the AE Enter/Edit Auto Match Entries option.

The following prompts display:

```
Select an Auto Match Entry: ??

Choose from:
1199 SEIU           is associated with 1199 NAT'L BEN INPAT
BC/BS OF ILLINOIS  is associated with BCBS WY*
BC/BS OF TEXAS     is associated with BCBS WY*
BCBS                is associated with BCBS WY*

You may enter a new IIV AUTO MATCH, if you wish.
This field is the entered name for the insurance company. This
value holds the 'incorrect' insurance company name which needs
to get corrected and replaced with the valid insurance company
name. Typical values in this field will include common
spelling mistakes and incorrect insurance company names. Also
allowed here is the "*" wildcard character. Any entry with a
wildcard character must also contain at least 4 non-wildcard
characters. Multiple asterisks are allowed here.

Select an Auto Match Entry: TEST ADDED ENTRY

Are you adding 'TEST ADDED ENTRY' as a new IIV AUTO MATCH (the 5TH)? No// Y
IIV AUTO MATCH INSURANCE COMPANY NAME: Z
1 ZENITH ADMINISTRATORS
CHOOSE 1 - 1: 1
```

Step	Procedure
3	At the Select an Auto Match Entry prompt, type the Entered Name for the entry you want to add (for this example, TEST ADDED ENTRY).
4	(For this example) At the Are you adding 'TEST ADDED ENTRY' as a new IIV AUTO MATCH (the 5TH)? No // prompt, answer YES .
5	At the IIV AUTO MATCH INSURANCE COMPANY NAME prompt, enter a valid Proper Name from the Insurance Company file (or enter ??).
	<i>Remember – the Entered Name must be a minimum of 3 characters. If an "*" is used, it must be accompanied by four additional characters.</i>
	<i>Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.</i>

8.3.2 Edit an Auto Match Entry

Step	Procedure
1	Access the eIV Menu .
2	Select the AE Enter/Edit Auto Match Entries option.

The following prompts display:

```

Select an Auto Match Entry: ??

Choose from:
1199 SEIU                is associated with 1199 NAT'L BEN INPAT
BC/BS OF ILLINOIS       is associated with BCBS WY*
BC/BS OF TEXAS          is associated with BCBS WY*
BCBS                    is associated with BCBS WY*
TEST ADDED ENTRY        is associated with ZENITH ADMINISTRATORS

You may enter a new IIV AUTO MATCH, if you wish.
This field is the entered name for the insurance company. This
value holds the 'incorrect' insurance company name which needs
to get corrected and replaced with the valid insurance company
name. Typical values in this field will include common
spelling mistakes and incorrect insurance company names. Also
allowed here is the "*" wildcard character. Any entry with a
wildcard character must also contain at least 4 non-wildcard
characters. Multiple asterisks are allowed here.

Select an Auto Match Entry: TEST ADDED ENTRY        is associated with ZENITH
ADMINISTRATORS
...OK? Yes//      (Yes)

Do you want to Edit or Delete this entry? E// Edit
AUTO MATCH VALUE: TEST ADDED ENTRY//
INSURANCE COMPANY NAME: ZENITH ADMINISTRATORS Replace
TEST ADDED ENTRY is now associated with ZENITH ADMINISTRATORS.

```

Step	Procedure
3	At the Select an Auto Match Entry prompt, type the Entered Name for the entry you want to edit.
4	At the Do You Want to Edit or Delete this entry? E // prompt, type Edit .
5	At the AUTO MATCH VALUE prompt, accept or change the existing Entered Name value.
6	At the INSURANCE COMPANY NAME prompt, accept or change Insurance Company to be matched to this entry.
	<i>Remember – the Entered Name must be a minimum of 3 characters. If an '*' is used, it must be accompanied by four additional characters.</i>
	<i>Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.</i>

8.3.3 Delete an Auto Match Entry

Step	Procedure
1	Access the eIV Menu .
2	Select the AE Enter/Edit Auto Match Entries option.

The following prompts display:

```
Select an Auto Match Entry: ??

Choose from:
1199 SEIU                is associated with 1199 NAT'L BEN INPAT
BC/BS OF ILLINOIS       is associated with BCBS WY*
BC/BS OF TEXAS          is associated with BCBS WY*
BCBS                     is associated with BCBS WY*
TEST ADDED ENTRY        is associated with ZENITH ADMINISTRATORS

You may enter a new IIV AUTO MATCH, if you wish.
This field is the entered name for the insurance company. This
value holds the 'incorrect' insurance company name which needs
to get corrected and replaced with the valid insurance company
name. Typical values in this field will include common
spelling mistakes and incorrect insurance company names. Also
allowed here is the "*" wildcard character. Any entry with a
wildcard character must also contain at least 4 non-wildcard
characters. Multiple asterisks are allowed here.

Select an Auto Match Entry: TEST ADDED ENTRY        is associated with ZENITH
ADMINISTRATORS
...OK? Yes//      (Yes)

Do you want to Edit or Delete this entry? E// Delete
Are you sure you want to delete <TEST ENTRY>: ? N//
```

Step	Procedure
3	At the Select an Auto Match Entry prompt, type the Entered Name for the entry you want to delete.
4	At the Do You Want to Edit or Delete this entry? E // , type Delete (Edit is the default).
5	(For this example) At the Are you sure you want to delete <TEST ADDED ENTRY>: ? N // prompt, answer YES .
	<i>Remember – the Entered Name must be a minimum of 3 characters. If an "*" is used, it must be accompanied by four additional characters.</i>
	<i>Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.</i>

8.4 Add Auto Match Entries Using Insurance Buffer Data

Step	Procedure
1	Access the eIV Menu .
2	Select the AB Add Auto Match Entries Using Insurance Buffer Data option.

The following prompts display:

```

Unmatched Buffer Names      Jul 07, 2010@12:02:54      Page: 1 of 1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms). They
also do not exist or pattern match with any entry in the Auto Match file.

  1  IBinsurance One
  2  IBinsurance Number Two
  3  IBinsurance Three
  4  IBinsurance Four
  5  IBinsurance Five
  6  IBinsurance Six
  7  IBinsurance Seven
  8  IBinsurance Eight
  9  IBinsurance Nine
 10  IBinsurance Ten

Enter ?? for more actions
Select Entry              Auto Match Enter/Edit      Exit

Select an Auto Match Entry: IBinsurance Number Two

Are you adding 'IBinsurance Number Two' as a new IIV AUTO MATCH (the 5TH)? No// Y
IIV AUTO MATCH INSURANCE COMPANY NAME: IBinsurance Two
  
```

Step	Procedure
3	At the Select Action prompt, enter Auto Match Enter/Edit for this example.
4	Select the AE Enter/Edit Auto Match Entries option.
5	At the Select an Auto Match Entry prompt, enter IBinsurance Number Two for this example.
6	(For this example) At the Are you adding 'IBinsurance Number Two' as a new IIV AUTO MATCH (the 144th)? No // prompt, answer YES .
7	At the IIV AUTO MATCH INSURANCE COMPANY NAME prompt, enter IBinsurance Two for this example.
	<i>Remember – the Entered Name must be a minimum of 3 characters. If an '*' is used, it must be accompanied by four additional characters.</i>
	<i>Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.</i>

8.5 Check Insurance Buffer Company Names

As described in section 4.2.6, the action **Check Ins Co's.** in the **Insurance Buffer** screen is another method of accessing the **Auto Match Enter/Edit** option.

Step	Procedure
1	Access the PI Patient Insurance Menu.
2	Select the BI Process Insurance Buffer option.

The following screen will be displayed:

Positive Insurance Buffer		May 21, 2010@10:18:01		Page: 1 of 1	
Sorted by: Positive Response					
	Patient Name	Insurance Company	Subscr Id	S Entered	iIEYH
1	+IBpatient,One	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
2	+IBpatient,Two	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
3	+IBpatient,Three	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
4	+IBpatient,Four	XXXX IBinsurance Two	SUB ID XXXX	P 09/21/04	Y
5	+IBpatient,Five	XXXX IBinsurance Four	SUB ID XXXX	P 03/31/05	
6	+IBpatient,Six	XXXX IBinsurance Four	SUB ID XXXX	P 12/08/04	
7	+IBpatient,Seven	XXXX IBinsurance Two	SUB ID XXXX	P 11/30/04	Y
8	+IBpatient,Eight	XXXX IBinsurance Four	SUB ID XXXX	P 02/28/05	YH
9	+IBpatient,Nine	XXXX IBinsurance Two	SUB ID XXXX	I 03/29/05	Y
10	+IBpatient,Ten	XXXX IBinsurance Three	SUB ID XXXX	I 11/16/04	
11	+IBpatient,Eleven	XXXX IBinsurance Two	SUB ID XXXX	P 03/31/05	YH
12	+IBpatient,Twelve	XXXX IBinsurance Five	SUB ID XXXX	I 03/24/05	H
*Verified +Active ?Await/Reply PE Process Entry AE Add Entry PB Pos. Buffer FA Future Appts. RE Reject Entry ST Sort List NB Neg. Buffer EX Exit EE Expand Entry CC Check Ins Co's MB Medicare Buffer Select Action: Next Screen//					

Step	Procedure
3	At the Select Action: prompt, enter CC for Check Ins Co's.

The following screen will be displayed:

```

Unmatched Buffer Names          Jul 07, 2010@12:02:54          Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.

  1  IBinsurance One
  2  IBinsurance Number Two
  3  IBinsurance Three
  4  IBinsurance Four
  5  IBinsurance Five
  6  IBinsurance Six
  7  IBinsurance Seven
  8  IBinsurance Eight
  9  IBinsurance Nine
 10  IBinsurance Ten

          Enter ?? for more actions
Select Entry          Auto Match Enter/Edit          Exit
Select Action: Next Screen//

```

8.6 Change Company Name via the Insurance Buffer

Auto Match entries can also be created when users change an **Insurance Buffer** entry's insurance company name in the insurance buffer edit screen. When users change the existing insurance company name, listed on an **Insurance Buffer** entry, VistA prompts users to keep track of the original typed name and new name as an Auto Match entry. If users concur, the original typed insurance company name is treated as the **Entered Name** and the new insurance company name is considered the **Proper Name**. The user is then offered the opportunity to modify the **Entered Name**, possibly to make it more general.

Step	Procedure
	<i>This example sets up an auto match entry to associate IBinsurance Flur with IBinsurance Four.</i>
1	Access the PI Patient Insurance Menu .
2	Select the BI Process Insurance Buffer option.
	<i>VistA warns users when the Proper Name matches an insurance company's name synonym and not the company's name, or the Proper Name matches more than one synonym and company name.</i>

The following screen will be displayed:

Positive Insurance Buffer		May 21, 2010@10:18:01		Page: 1 of 1	
Sorted by: Positive Response					
	Patient Name	Insurance Company	Subscr Id	S Entered	iIEYH
1	+IBpatient,One	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
2	+IBpatient,Two	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
3	+IBpatient,Three	XXXX IBinsurance One	SUB ID XXXX	E 05/18/10	i
4	+IBpatient,Four	XXXX IBinsurance Two	SUB ID XXXX	P 09/21/04	Y
5	+IBpatient,Five	XXXX IBinsurance Four	SUB ID XXXX	P 03/31/05	
6	+IBpatient,Six	XXXX IBinsurance Flur	SUB ID XXXX	P 12/08/04	
7	+IBpatient,Seven	XXXX IBinsurance Two	SUB ID XXXX	P 11/30/04	Y
8	+IBpatient,Eight	XXXX IBinsurance Four	SUB ID XXXX	P 02/28/05	YH
9	+IBpatient,Nine	XXXX IBinsurance Two	SUB ID XXXX	I 03/29/05	Y
10	+IBpatient,Ten	XXXX IBinsurance Three	SUB ID XXXX	I 11/16/04	
11	+IBpatient,Eleven	XXXX IBinsurance Two	SUB ID XXXX	P 03/31/05	YH
12	+IBpatient,Twelve	XXXX IBinsurance Five	SUB ID XXXX	I 03/24/05	H

*Verified +Active ?Await/Reply

PE Process Entry AE Add Entry PB Pos. Buffer FA Future Appts.
 RE Reject Entry ST Sort List NB Neg. Buffer EX Exit
 EE Expand Entry CC Check Ins Co's MB Medicare Buffer

Select Action: Exit//

Step	Procedure
3	At the Select Action: prompt, enter EE for Expand Entry .
4	At the Select Buffer Entries: prompt, enter 6 for this example and page through the screens.

The following screens will be displayed:

Insurance Buffer Entry		Jul 23, 2013@17:16:47		Page: 1 of 4	
IBpatient,One		xxx-xx-xxxx	DOB: XXX XX,XXXX	AGE: XX	
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)					

Insurance Company Information					
Name: IBinsurance	Reimburse?: WILL REIMBURSE				
Phone:	Billing Phone:				
	Precert Phone:				
	Remote Query From:				
Address:					
Group/Plan Information					
Group Plan?: Yes					
Group Name: TEST1					
Group Number: IB 1234					
BIN:					
PCN:					
Require UR: No					
Require Amb Cert: No					
+-----Enter ?? for more actions-----					
EI Ins. Co. Edit	ES Escalate Entry	EX Exit			
EA All Edit	PI Pt. Policy Edit				
PE Group/Plan Edit	EB Expand Benefits				
Select Action: Next Screen//					

```

Insurance Buffer Entry      Jul 23, 2013@17:19:39      Page: 2 of 4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-----
Type of Plan: COMPREHENSIVE MAJOR MEDIC      Require Pre-Cert: No
                                           Exclude Pre-Cond: No
                                           Benefits Assignable: Yes

Policy/Subscriber Information
Whose Insurance: SPOUSE      Effective: 07/01/01
                                           Expiration:

Subscriber's Name: IBINS,ACTIVE
Subscriber Id: XXXXXXXXXXXX
Relationship: SPOUSE      Primary Provider:
                                           Provider Phone:
Subscriber's DOB: XX/XX/XXXX      Coord of Benefits:
                                           Patient Id: XXXXXXXXXXXX

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Next Screen//      NEXT SCREEN

```

```

Insurance Buffer Entry      Jul 23, 2013@17:20:17      Page: 3 of 4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-----
Employer Sponsored Group Health Plan?:

Buffer Entry Information
Date Entered: 7/5/13@09:05      Date Verified:
Entered By: CLERK,IB      Verified By:
** This response is based on service date 07/05/2013 and service type: Health
Benefit Plan Cov **
eIV Trace #: xxxxxxxxx      eIV Processed Date: 7/5/13@09:38
Source: INTERVIEW
Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active
insurance.

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Next Screen//      NEXT SCREEN

```

```

Insurance Buffer Entry      Jul 23, 2013@17:20:26      Page:    4 of    4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
      Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

```

```

+-----+
Action to take: Review the details listed in the eIV Response Report
before processing this buffer entry.

```

```

-----Enter ?? for more actions-----
EI  Ins. Co. Edit          ES  Escalate Entry          EX  Exit
EA  All Edit              PI  Pt. Policy Edit
PE  Group/Plan Edit       EB  Expand Benefits
Select Action: Quit//

```

Step	Procedure
3	At the Select Action: prompt, enter EI for Ins. Co. Edit .
4	At the Insurance Company Name: IBinsurance Flur // prompt, enter IBinsurance Four .
5	At the CHOOSE 1-5: prompt, enter 1 for this example.
6	At the Do you want to add an Auto Match entry that associates IBinsurance Flur with IBinsurance Four? No// prompt, enter YES .

The following prompts are displayed along with a confirmation message:

```

----- INSURANCE COMPANY INFORMATION -----
INSURANCE COMPANY NAME: IBinsurance Flur // IBinsurance Four
  1  IBinsurance Four
  2  IBinsurance Four A
  3  IBinsurance Four B
  4  IBinsurance Four C
CHOOSE 1-5: 1

Do you want to add an Auto Match entry that associates
IBinsurance Flur with IBinsurance Four? No// Y  YES

AUTO MATCH VALUE: IBinsurance Flur //

      IBinsurance Flur is now associated with IBinsurance Four.

```

Step	Procedure
7	There will then be a series of prompts to update the insurance company details. At each prompt, enter RETURN to keep the current setting.

```

REIMBURSE?:
PHONE NUMBER: 8005555555//
BILLING PHONE NUMBER:
PRECERTIFICATION PHONE NUMBER:
STREET ADDRESS [LINE 1]: PO BOX 55555//
STREET ADDRESS [LINE 2]:
CITY: CLEVELAND//
STATE: OHIO//
ZIP CODE: 44101//

```

Step	Procedure
8	After accepting all the current insurance company settings the original insurance buffer entry will be displayed showing the revised insurance company.

```

Insurance Buffer Entry      Jul 23, 2013@17:16:47      Page: 1 of 4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

-----

                                Insurance Company Information
Name: IBinsurance-----      Reimburse?: WILL REIMBURSE
Phone:                          Billing Phone:
                                Precert Phone:
                                Remote Query From:

Address:

                                Group/Plan Information

Group Plan?: Yes
Group Name: TEST1
Group Number: IB1234
BIN:                             Require UR: No
PCN:                             Require Amb Cert: No

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit  EB  Expand Benefits
Select Action: Next Screen//

```

```

Insurance Buffer Entry      Jul 23, 2013@17:19:39      Page: 2 of 4
IBpatient,One            xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-----
Type of Plan: COMPREHENSIVE MAJOR MEDIC      Require Pre-Cert: No
                                           Exclude Pre-Cond: No
                                           Benefits Assignable: Yes

Policy/Subscriber Information
Whose Insurance: SPOUSE      Effective: 07/01/01
                                           Expiration:

Subscriber's Name: IBINS,ACTIVE
Subscriber Id: XXXXXXXXXXXX
Relationship: SPOUSE      Primary Provider:
                                           Provider Phone:
Subscriber's DOB: XX/XX/XXXX      Coord of Benefits:
                                           Patient Id: XXXXXXXXXXXX

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Next Screen//      NEXT SCREEN

```

```

Insurance Buffer Entry      Jul 23, 2013@17:20:17      Page: 3 of 4
IBpatient,One            xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-----
Employer Sponsored Group Health Plan?:

Buffer Entry Information
Date Entered: 7/5/13@09:05      Date Verified:
Entered By: CLERK,IB      Verified By:
** This response is based on service date 07/05/2013 and service type: Health
Benefit Plan Cov **
eIV Trace #: xxxxxxxxx      eIV Processed Date: 7/5/13@09:38
Source: INTERVIEW
Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active
insurance.

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Next Screen//      NEXT SCREEN

```

Insurance Buffer Entry Jul 23, 2013@17:20:26 Page: 4 of 4
IBpatient,One xxx-xx-xxxx DOB: XXX XX,XXXX AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

+-----
Action to take: Review the details listed in the eIV Response Report
before processing this buffer entry.

-----Enter ?? for more actions-----
EI Ins. Co. Edit ES Escalate Entry EX Exit
EA All Edit PI Pt. Policy Edit
PE Group/Plan Edit EB Expand Benefits
Select Action: Quit//

9 eIV REPORTS

There are multiple eIV-related reports. An explanation of and instructions for each report are described in this section.

eIV Reports can be found on the **eIV Menu** on the **Patient Insurance Menu**.

AB	Add Auto Match Entries Using Insurance Buffer Data
AE	Enter/Edit Auto Match Entries
EI	Request Electronic Insurance Inquiry
HL	HL7 Response Report
IU	eIV Patient Insurance Update Report
LR	eIV Payer Link Report
MW	Medicare Potential COB Worklist
NI	Potential New Insurance Found ...
PR	eIV Payer Report
RR	eIV Response Report
SR	eIV Statistical Report

Select eIV Menu Option:

Additional eIV Reports can be found under the **Potential New Insurance Found** option on the **eIV Menu**.

AR	eIV Ambiguous Policy Report
IR	eIV Inactive Policy Report

Select Potential New Insurance Found Option:

9.1 HL7 Response Report

Purpose of this Report

This report is used to capture incoming and outgoing HL7 messages transmitted from a VistA database to the FSC.

Report Parameters

Search Criteria:

- All or Selected Payers
- Response Received Date Range
- All or Selected Patients

Sort Criteria:

- Payer Name
- Patient Name

This is a 132 column report.

Sample Report

HL7 Response Report							Aug 03, 2015@09:12:53	Page: 1
01/01/2014 - 08/03/2015								
All Payers								
Payer Name	Patient Name	SSN	Dt Sent	Dt Rec'd	Trace #	Buffer #		
-----				Count = 1	-----			
CIGNA				9/24/14@10:10	2424	45		
CIGNA	IBTEST,EB	1234						

9.2 eIV Auto Update Report

Purpose of this Report

This report is used to view the list of patients whose Patient Insurance Information has been updated automatically based on a 271 Response message.

Report Parameters

Search Criteria:

- Summary or Detail
- All or Selected Payers
- Insurance Company Detail or not (only applies to 'Selected Payers')
- Response Received Date Range (Earliest Date Received defaults to 6 months ago; Latest Date Received defaults to current system date.)
- All or Selected Patients (only applies to 'Detailed' version of the report)

Sort Criteria:

- Payer Name
- Patient Name
- Clerk Name

This is a 132 column report, for the 'Detailed' version of the report.

Sample Report

Auto Update Report							Jun 03, 2010@10:35:41	Page:1
Response Received: 05/12/2010 - 05/23/2010								
Detailed Report: All Payers; All Insurance Companies; All Patients								
Payer	Insurance Co	Patient Name	SSN	Dt Sent	Auto Dt	eIV Trace		
AETNA	AETNA	IBpatient,One	XXXX	05/12/10	05/12/10@07:48:27	XXXXXXXXXX		
AETNA	AETNA	IBpatient,Two	XXXX	05/12/10	05/12/10@09:16:37	XXXXXXXXXX		
AARP	AARP	IBpatient,One	XXXX	05/13/10	05/13/10@07:51:21	XXXXXXXXXX		
AARP	AARP	IBpatient,Two	XXXX	05/16/10	05/16/10@08:30:35	XXXXXXXXXX		
CIGNA	CIGNA	IBpatient,One	XXXX	05/21/10	05/21/10@09:30:56	XXXXXXXXXX		
CIGNA	CIGNA	IBpatient,Two	XXXX	05/21/10	05/21/10@07:25:30	XXXXXXXXXX		
CIGNA	CIGNA	IBpatient,Three	XXXX	05/22/10	05/22/10@10:25:30	XXXXXXXXXX		
CIGNA	CIGNA	IBpatient,Four	XXXX	05/23/10	05/23/10@10:15:45	XXXXXXXXXX		

Enter RETURN to continue or '^M' to exit:

9.3 eIV Response Report

Purpose of this Report

This report is used to view the data that was received through the eIV process – receipt of 271 Health Care Eligibility Benefits Response messages.

Report Parameters

Search Criteria:

- Response Received Date Range
- Trace #
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)

Sort Criteria:

- Payer or Patient

Sample Report

```
eIV Response Report

Insurance verification responses are received daily.
Please select a date range in which responses were received to view the
associated response detail.  Otherwise, select a Trace # to view specific
response detail.

    Select one of the following:

        1          Report by Date Range
        2          Report by Trace #

Select the type of report to generate: 1//  Report by Date Range

Start DATE:  T-1  (JUL 09, 2013)
End DATE:    T   (JUL 10, 2013)

    Payer or <Return> for All Payers:

    Patient or <Return> for All Patients:

    Select one of the following:

        A          All Responses
        M          Most Recent Responses

Select the type of responses to display: A// 11 Responses

    Select one of the following:

        1          Payer Name
        2          Patient Name

Select the primary sort field: 1//  Payer Name
DEVICE: HOME//

Compiling report data ...

eIV Response Report                                Jul 10, 2013@12:08:38  Page: 1
```

Sorted by: Payer Name

Responses Displayed: All

07/09/2013 - 07/10/2013

All Payers

All Patients

Payer: IBINSURANCE2

Patient: IBINS,ACTIVE (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

Subscriber: IBINS,ACTIVE

Subscriber ID: XXXXXXXXXXXX

Subscriber DOB: XX/XX/XXXX

Subscriber SSN:

Subscriber Sex:

Group Name: TEST1

Group ID: AET1234

Whose Insurance:

01

Member ID:

COB:

Service Date:

Date of Death:

Effective Date: 07/01/2001

Certification Date:

Expiration Date:

Payer Updated Policy:

Response Date: 07/09/2013

Trace #: XXXXXXXXX

Policy Number:

Subscriber Dates:

Discharge:

20010801

Issue:

20010715

COBRA Begin:

20010501

COBRA End:

20010531

Patient Dates:

Plan Begin:

20010701

*** END OF REPORT ***

Below is an example of the error information generated by the Payer or FSC displayed in the Response Report.

```
eIV Response Report by Trace #           May 07, 2013@11:48:22 Page:1
                                     Trace #: XXXXXXXXXX

Payer: IBINSURANCE2
Patient: IBPATIENT,ONE (SSN: xxx-xx-xxxx  DOB: XX/XX/XXXX)

Subscriber: IBSUB,AAAERROR
Subscriber ID:
Subscriber DOB: XX/XX/XXXX
Subscriber SSN:                               Subscriber Sex: M
Group Name:
Group ID:
Whose Insurance: VETERAN                       PATIENT
Member ID:                                     COB:
Service Date:                                 Date of Death:
Effective Date:                               Certification Date:
Expiration Date:                             Payer Updated Policy:
Response Date: 05/02/2013                    Trace #: XXXXXXXXXX

ERROR INFORMATION:

Reject Reason Code: 72
Reject Reason Text: Invalid/Missing Subscriber/Insured ID
Action Code:   Invalid/Missing Subscriber/Insured ID
HIPAA Loop:    Please Correct and Resubmit
HL7 Location:  N/A
Error Source:  Subscriber Name
```

The Error Source shows the originator of the returned error. “P” = Payer, “F” = FSC.

9.4 eIV Payer Report

Purpose of this Report

This report is used to monitor the communication between VistA and the payers, including the types of error and warning messages that are received by VistA from the different payers.

Report Parameters

Search Criteria:

- Inquiry Made Date Range
- All or Selected Payers
- Include Rejection Detail (Yes/No)
- All Responses or Most Recent (for a payer/patient combination)

Sort Criteria:

- Payer Name
- Total Inquiries

This is a 132 column report.

Sample Report

eIV Payer Report		Jun 03, 2010@10:39:21 Page: 1									
Sorted by: Payer		Rejection Detail: Not Included									
		05/04/2010 - 06/03/2010									
		All Payers									
Payer [Inactive Date]	Created	Cancel	Queued	***** SENT	*****	*** RECEIVED ***	AvgResp	Timeout	Pending		
				1st Att	Retry	Good	Error	(Days)			
IBpayer One	12	0	0	12	0	12	0	0.00	0	0	
IBpayer Two	6	0	0	6	1	7	0	0.00	0	0	
IBpayer Three	12	0	0	12	0	11	1	0.00	0	0	
IBpayer Four	37	0	0	37	3	28	5	0.00	3	5	
Grand Totals	67	0	0	67	4	58	6	0.00	3	5	
*** END OF REPORT ***											

Enter RETURN to continue or '^' to exit:

9.5 Medicare Potential Insurance Worklist - Potential COB Worklist/Report

Purpose of this Report

This report is used to create a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance with the following data extracted from the 271 HL7 message when available:

- Patient Name
- Payer Code (primary, secondary, tertiary)
- Name of Insurance Company
- Insurance Company ID
- Review Status (not reviewed, review in process, completed)
- Insurance Company Address
- Insurance Company Phone Number
- Insurance Company Web Address

Report Parameters

Search Criteria:

- Earliest Date 271 HL7 message received
- Latest Date 271 HL7 message received

Sort Criteria

- Chronological Order
- Reverse Chronological Order

Report Format:

- Report
- Screen List (for additional details including screenshot, see in Section 4.3)

Report Type:

- COMPLETED entries ONLY
- COMPLETED entries ONLY with comments
- Exclude COMPLETED entries
- Exclude COMPLETED entries with comments

Sample Medicare COB Report

```
Pt. Secondary Insurance Report                               Jul 23, 2013@18:02:01 Page: 1
Sort: Chronological Order                                   06/23/2013 - 07/23/2013
Includes Completed Entries

IB,PATIENT  XX/XX/XXXX  2
-----
      IBINSURANCE3  \T\ HEALTH INSURANCE COMPANY, INC.,
      2900 NORTH LOOP W
      SOMEWHERE, TX XXXXX      Phone: 9999999999      Website: www.
IBinsurance3

IB,PATIENT  XX/XX/XXXX  2
-----
      HEALTHSPRING LIFE  \T\ HEALTH INSURANCE COMPANY, INC.,
      2900 NORTH LOOP W
      SOMEWHERE, TX XXXXX      Phone: 9999999999      Website: www.
IBinsurance3.com

IB,PATIENT  XX/XX/XXXX  2
-----
      IBINSURANCE3  \T\ HEALTH INSURANCE COMPANY, INC.,
      2900 NORTH LOOP W
      SOMEWHERE, TX XXXXX      Phone: 9999999999
      Website: www. IBinsurance3.com

*** END OF REPORT ***
```

9.5.1 Medicare Potential COB – as a Worklist

User comments are not shown in the Worklist version of the Medicare Potential COB display.

The EE – Expand Entry action is available in **Medicare Potential COB Worklist**.

These following actions are hidden, but available in Medicare Potential COB Worklist:

- + – Next Screen
- - – Previous Screen
- UP – Up a Line
- DN – Down a Line
- > - Shift view to Right
- < - Shift view to Left
- FS – First Screen
- LS – Last Screen

- GO – Go to Page
- RD – Re Display Screen
- PS – Print Screen
- PL – Print List
- SL – Search List
- ADPL – Auto Display (On/Off)
- QU - Quit

Several indicators may be found on the main screen of the worklist:

- Stat – Status of the eIV Response Record. A “Y” means that the review of the response has been started by someone.
- Following the insurance company name:
 - P – the eIV response indicates that the insurance company is the primary insurance
 - S – eIV response indicates that the insurance company is the secondary insurance
 - T – eIV response indicates that the insurance company is the tertiary insurance

Sample Medicare Potential COB Worklist

```

Medicare Potential COB List   Dec 10, 2013@13:47:22           Page:    1 of    1

Sorted in Chronological Order.
---Resp Rcv--Subscriber-----DOB-----Stat-INS COMPANY-----
 03/14/13
 1          IB,PATIENT A SR  0150P 01/01/50  Y   INSURANCE COMPANY ONE (P)
                                         INSURANCE COMPANY TWO

-----*Exact Match-----
EE  Expand Entry
Select Action: Quit// EE

```

Once an entry is selected and expanded by using the EE – Expand Entry action, additional actions are available to the user.

Sample Medicare Potential COB Worklist – Expanded Entry

```
Medicare Potential COB List   Jan 06, 2014@07:16:26   Page:   1 of   1
Patient: IB,PATIENT A SR                                           In Process
Code Payer
-----
P      INSURANCE COMPANY ONE

      111 MAIN STREET
      HOUSTON, TX 999991111
      Phone: 1112223333
      Website: www.INSURANCECOMPANYONE.com

      INSURANCE COMPANY TWO

      222 MAIN STREET
      DALLAS, TX 888882222
      Phone: 4445556666
      Website: www.INSURANCECOMPANYTWO.com

      Comments:

      No Comments Entered.
      *Exact Match
CS  Change Status           AC  Add Comments
Select Action: Quit//
```

The CS – Change Status action is used to change the status of the record.

The AC – Add Comments action is used to enter comments.

9.5.2 Medicare Potential COB – as a Report

The information displayed on the Medicare Potential COB directly depends on which “Report Type” was selected. The header of the report reflects the selected date range and Report Type.

Sample Medicare Potential COB Report

Pt. Secondary Insurance Report
Sort: Chronological Order
Includes Completed Entries

Jul 23, 2013@18:02:01 Page: 1
06/23/2013 - 07/23/2013

IB,PATIENT 03/09/1935 Review Status: Complete

INSURANCE COMPANY ONE.,
111 MAIN STREET
HOUSTON, TX 999991111
Phone: 1112223333
Website: www.INSURANCECOMPANYONE.com

IB,PATIENT 03/09/1935 2

INSURANCE COMPANY TWO, 222 MAIN STREET
HOUSTON, TX 999991111
Phone: 1112223333
Website: www.INSURANCECOMPANYTWO.com

IB,PATIENT 03/09/1935 2

INSURANCE COMPANY THREE,
333 MAIN STREET
HOUSTON, TX 999991111
Phone: 1112223333
Website: www.INSURANCECOMPANYTHREE.com

*** END OF REPORT ***

9.6 eIV Statistical Report

Purpose of this Report

This report is used to monitor the eIV process including statistics based on outgoing inquiries, incoming responses, pending responses and queued inquiries, etc.

This report should be monitored on a daily basis as it provides users the ability to detect eIV communication problems with the FSC in addition to potential problems in the configuration of the **eIV Site Parameters**. It also provides users with a quick view of new eIV associated payers and a summary of the insurance buffer entries.

This report is distributed daily as a MailMan message to the members of the mail group that is defined in the **IB Site Parameters**. The MailMan version covers the most recent 24 hours and is based on the default report parameters. The MailMan message is only sent when enabled through the **IB Site Parameters**.

Report Parameters

Search Criteria:

- Response Received Date Range
- Trace #
- All or Selected Payers

- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)

Sample Report

eIV Statistical Report		Jul 19, 2018@14:04:10		Page: 1
Report Timeframe: 07/19/2018 06:00 - 07/19/2018 14:04				
Outgoing Data (Inquiries Sent)		15		
=====				
Insurance Buffer			2	
Appointment			0	
Electronic Insurance Coverage Discovery (EICD)			5	
EICD-Triggered eInsurance Verification			8	
MBI Inquiry			0	
Incoming Data (Responses Received)		15		
=====				
Insurance Buffer			2	
Appointment			0	
Electronic Insurance Coverage Discovery (EICD)			5	
EICD-Triggered eInsurance Verification			8	
MBI Response			0	
Current Status				
=====				
Responses Pending:		0		
Insurance Buffer			0	
Appointment			0	
Electronic Insurance Coverage Discovery (EICD)			0	
EICD-Triggered eInsurance Verification			0	
MBI Inquiry			0	
Queued Inquiries:		0		
Deferred Inquiries:		0		
Insurance Companies w/o National ID:		723		
eIV Payers Disabled Locally:		36		
Insurance Buffer Entries:		450		
User Action Required:			177	
# of + entries (Payer indicated Active policy)			102	
# of \$ entries (Escalated, Active policy)			1	
# of % entries (MBI value received)			0	
# of - entries (Payer indicated Inactive policy)			15	
# of # entries (Policy status undetermined)			33	
# of ! entries (eIV needs user assistance for entry)			14	
Entries Awaiting Processing:			225	
# of ? entries (eIV is waiting for a response)			0	
# of blank entries (yet to be processed or accepted)			225	
Payer Activity (During Report Date Range)				
=====				
New eIV Payers received:				
No new Payers added				
National Payers - ACTIVE flag changes at FSC:				
No information available				
Nationally Active Payers - TRUSTED flag changes at FSC:				
No information available				
*** END OF REPORT ***				

9.7 eIV Payer Link Report

Purpose of this Report

To be eligible for electronic insurance eligibility communications via the eIV software, participating Insurance Companies must be linked to a payer from the National EDI Payer list. The National EDI Payer list contains the names of the payers that are currently participating with the eIV process.

This report provides information based on the relationship that the users set up in Vista between the insurance companies and the payers. This report can assist with finding insurance companies that are linked to the wrong payer. Also, the report can assist with identifying unlinked insurance companies or payers. Additionally, this report will indicate the payer locally active status.

Report Parameters

Search Criteria:

- Payer List or Insurance Company List
- All or Selected Payers
- All or Linked or Unlinked Payers
- Linked Detail or Summary

Sort Criteria:

- Payer Name
- VA National Payer ID
- Nationally Active Status
- Locally Active Status
- # of Linked Insurance Companies

This is a 132 column report.

Sample Report – Payer Link

```
eIV Payer Link Report                                     May 28, 2015@14:57:18 Page:
1
Report Option: Payer List                               All Payers, With Ins. Co. Detail
'**' indicates the Linked Insurance Company HPID/OEID failed validation checks
```

Payer Name:	National Payer ID	# Linked Ins. Co.	Nationally Active?	Locally Active?	FSC Trusted?	Prof. EDI#	Inst. EDI#	HPID/OEID

CIGNA	123	4	YES	YES	NO			
Linked Insurance Companies:								
BLUE CROSS		123 HERE		SAN FRANCISCO, CA		1234567890123456	0987654321098765	
KATE'S INSURANCE CO.		123 ANYPLACE		MESQUITE, TX				
PGBA TRICARE EXTRA CLAIMS		PO BOX NUMBER		SURFSIDE BEACH, SC				
TEST-1		DKFJSDF QWFDKHJWEIFO		SDAGSDF, NY				
MEDICARE WNR	VA123	0	YES	YES	NO	123	123	
		*** END OF REPORT ***						

Sample Report – Insurance Company List

eIV Payer Link Report									May 28, 2015@15:13	Page:
1										
Report Option: Insurance Company List					All Insurance Companies					
** indicates the Insurance Company HPID/OEID failed validation checks										
Insurance Company:	# Active Groups	Nat. Act?	Loc. Act?	FSC Trusted?	Prof. EDI#	Inst. EDI#	HPID/OEID			
Payer:	VA ID									

BLUE CROSS	1				1234567890123456	0987654321098765				
123 HERE SAN FRANCISCO, CA 94114										
CIGNA	123	YES	YES	NO						
KATE'S INSURANCE CO.	1									
123 ANYPLACE MESQUITE, TX 74249										
CIGNA	123	YES	YES	NO						
MEDICARE WNR	1									
123 MAIN STR SMALLVILLE, FL 33712										
** NOT CURRENTLY LINKED **										
PGBA TRICARE EXTRA CLAIMS	1									
Enter RETURN to continue or '^' to exit:										

9.8 MailMan Summaries

VistA automatically produces a daily MailMan message with a copy of the eIV Statistical Report summarizing the eIV activity for the preceding 24 hours. This mail message will be sent to those in the pre-determined mail group that is designated in the general parameters section of the **IB Site Parameter**.

Sample - eIV Statistical Report in MailMan Message

```

Subj: ** eIV Statistical Rpt **      [#13300889] 19 Jul 18 14:04      43 lines
From: INSURANCE IDENTIFICATION & VERIFICATION In 'IN' basket. Page 1 *New*
-----
eIV Statistical Report                      Jul 19, 2018@14:04:10 Page: 1
Report Timeframe: 07/19/2018 06:00 - 07/19/2018 14:04

Outgoing Data (Inquiries Sent)              15
=====
Insurance Buffer                             2
Appointment                                 0
Electronic Insurance Coverage Discovery (EICD) 5
EICD-Triggered eInsurance Verification       8
MBI Inquiry                                  0

Incoming Data (Responses Received)          15
=====
Insurance Buffer                             2
Appointment                                 0
Electronic Insurance Coverage Discovery (EICD) 5
EICD-Triggered eInsurance Verification       8
MBI Response                                 0

Current Status
=====
Responses Pending:                          0
Insurance Buffer                             0
Appointment                                 0
Electronic Insurance Coverage Discovery (EICD) 0
EICD-Triggered eInsurance Verification       0
MBI Inquiry                                  0
Queued Inquiries:                          0
Deferred Inquiries:                        0
Insurance Companies w/o National ID:        723
eIV Payers Disabled Locally:               36

Insurance Buffer Entries:                    450
  User Action Required:                    177
    # of + entries (Payer indicated Active policy) 102
    # of $ entries (Escalated, Active policy)      1
    # of % entries (MBI value received)            0
    # of - entries (Payer indicated Inactive policy) 15
    # of # entries (Policy status undetermined)    33
    # of ! entries (eIV needs user assistance for entry) 14
  Entries Awaiting Processing:              225
    # of ? entries (eIV is waiting for a response) 0
    # of blank entries (yet to be processed or accepted) 225

Payer Activity (During Report Date Range)
=====
New eIV Payers received:
  No new Payers added

```

```
National Payers - ACTIVE flag changes at FSC:  
No information available
```

```
Nationally Active Payers - TRUSTED flag changes at FSC:  
No information available
```

```
*** END OF REPORT ***
```

9.9 MailMan Notification to Link Payers

VistA automatically triggers a mailman message on a weekly basis to the IBCNE EIV Message Mail group if the following information is available:

- Total Number of Nationally Active Unlinked Payers with Potential Matches to active insurance companies.

Sample MailMan Notification

```
Subj: ACTION REQ: POTENTIAL PAYERS TO BE LINKED [#159564] 01/14/11@10:46  
7 lines  
From: EIV INTERFACE (IB) In 'IN' basket. Page 1 *New*  
-----  
--  
TOTAL NUMBER OF PAYERS WITH POTENTIAL INSURANCE COMPANY MATCHES: 4  
Immediate Attention Required:  
-----  
Please link the associated active insurance companies to these payers at your  
earliest convenience. Please visit the e-Business Projects Webpage on Vista  
University Website to download the Link Payer Instructions.  
Enter message action (in IN basket): Ignore//
```

9.10 MailMan Notification to Activate Payers

VistA automatically triggers a mailman message on a weekly basis to IBCNE EIV Message Mail group if the following information is available:

- A List of Payers that meet the following criteria:
 - Locally inactive AND
 - Nationally Active AND
 - Have linked insurance companies.

Sample MailMan Notification

Subj: ACTION REQ: PAYERS TO BE LOCALLY ACTIVATED [#159565] 01/14/11@10:46
12 lines

From: EIV INTERFACE (IB) In 'IN' basket. Page 1 *New*

Nationally Active Payers that are Locally Inactive:

INSURANCE ONE
INSURANCE TWO
INSURANCE THREE

INSURANCE FOUR
INSURANCEFIVE Immediate Attention Required:

Please locally activate the payers after you link insurance companies to them.

Please visit the e-Business Projects Webpage on VistA University Website to download the Payer Activation Instructions.

Enter message action (in IN basket): Ignore//

9.11 eIV Ambiguous Policy Report

Purpose of Report

This report allows users to view ambiguous payer 270 Health Care Eligibility Benefits Responses. Ambiguous payer responses are those responses that do not have enough information for eIV to safely determine if the policy is active or not active.

Report Parameters

Search Criteria:

- Response Received Date Range
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)

Sort Criteria:

- Payer Name
- Patient Name

Sample Report

eIV Ambiguous Policy Report

Please select a date range to view ambiguous policy information that the eIV process turned up while attempting to discover previously unknown insurance policies. (Date range selection is based on the date that eIV receives the response from the payer.)

Start DATE: T-10000 (FEB 22, 1986)
End DATE: T (JUL 10, 2013)

Payer or <Return> for All Payers:

Patient or <Return> for All Patients:

Select one of the following:

A All Responses
M Most Recent Responses

Select the type of responses to display: A// 11 Responses

Select one of the following:

1 Payer Name
2 Patient Name

Select the primary sort field: 1// Payer Name
DEVICE: HOME//

Compiling report data ...

eIV Ambiguous Policy Report Jul 10, 2013@12:19:19 Page: 1
Sorted by: Payer Name Responses Displayed: All
02/22/1986 - 07/10/2013
All Payers
All Patients

Payer: IBINSURANCE2
Patient: IB,PATIENT (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

Subscriber: IB,PATIENT
Subscriber ID: XXXXXXXXXX
Subscriber DOB:
Subscriber SSN: XX-XXX-XXXX Subscriber Sex:
Group Name:
Group ID:
Whose Insurance:
Member ID: COB:
Service Date: 11/19/2003 Date of Death:
Effective Date: Certification Date:
Expiration Date: Payer Updated Policy:
Response Date: 02/17/2004 Trace #: XXXXXXXXXX

*** END OF REPORT ***

9.12 eIV Inactive Policy Report

Purpose of Report

This report displays any inactive insurance policies that the eIV software identified while making 270 Health Care Eligibility Benefits Inquiries.

Users have the ability to define which inactive policies are included in the report based on the reported policy expiration date. This allows users the ability to search for inactive policies that expired within the payer’s filing timeframe.

Report Parameters

Search Criteria:

- Response Received Date Range
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)
- Earliest Possible Expiration Date

Sort Criteria:

- Payer or Patient

Sample Report

eIV Inactive Policy Report

Please select a date range to view inactive policy information that the eIV process turned up while attempting to discover previously unknown insurance policies. (Date range selection is based on the date that eIV receives the response from the payer.)

Start DATE: T-10000 (FEB 22, 1986)

End DATE: T (JUL 10, 2013)

Payer or <Return> for All Payers:

Patient or <Return> for All Patients:

Select one of the following:

- A All Responses
- M Most Recent Responses

Select the type of responses to display: A// 11 Responses

Earliest Policy Expiration Date to Select From: T-365// (JUL 10, 2012)

Select one of the following:

- 1 Payer Name
- 2 Patient Name

Select the primary sort field: 1// Payer Name

DEVICE: HOME//

Compiling report data ...

eIV Inactive Policy Report

Jul 10, 2013@12:23:57 Page: 1

Sorted by: Payer Name

Responses Displayed: All

02/22/1986 - 07/10/2013

All Payers

All Patients

Payer: IBINSURANCE2

Patient: Patient,One (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

)

Subscriber: Patient,One

Subscriber ID:

Subscriber DOB:

Subscriber SSN: XXXXXXXXX

Subscriber Sex:

Group Name:

Group ID:

Whose Insurance:

Member ID:

COB:

Service Date: 11/19/2003

Date of Death:

Effective Date:

Certification Date:

Expiration Date:

Payer Updated Policy:

Response Date: 02/17/2004

Trace #: XXXXXXXXX

Payer: IBINSURANCE2

*** END OF REPORT ***

10 INSURANCE REPORTS

Patch IB*2*528 introduced a menu for Insurance Reports. Multiple insurance-related reports have been gathered under **Insurance Reports** on the **Patient Insurance Menu**.

ABUF	Insurance Buffer Activity
AU	User Edit Report
EBUF	Insurance Buffer Employee
GP	List Group Plans without Annual Benefits
ID	Generate Insurance Company Listings
IN	Patients with Unidentified Insurance
INSC	Veterans w/Insurance and Inpatient Admissions
IU	eIV Patient Insurance Update Report
LC	List Inactive Ins. Co. Covering Patients

Patches IB*2*525 and IB*2*528 also added the following new reports or modified reports to this menu option:

- List Group Plans without Annual Benefits
- User Edit Report

10.1 List Group Plans without Annual Benefits Report

Purpose of this Report

This report will generate a list of group insurance plans by company without annual benefits for the year requested. The definition of "without" is: either missing year and/or a year (date) is entered but no values within the Annual Benefits have been completed.

Report Parameters

Search Criteria:

- Annual Benefit Year
- All or Selected Insurance Companies
- All or Selected Group Plans

Sort Criteria:

- Insurance Company IEN
- Group Plan IEN

This is a 132 column report.

Sample Report

```

GP List Group Plans without Annual Benefits

This report will generate a list of group insurance plans by company
without annual benefits for the year requested. The definition of
"without" is: either missing year and/or a year (date) is entered
but no values within the AB have been completed.

Select the Annual Benefit Year: 2017// (2017)

There are 5 insurance companies associated with plans.

1. List All 5 Ins. Companies
2. List Only Ins. Companies That You Select
   SELECT 1 or 2: 2. List Only Ins. Companies That You Select

Select a Filter for Insurance Company:

1. Active
2. Inactive
   SELECT 1 or 2: 1. Active

There are 5 plans. List all plans for each company? No// NO

Select a Filter for Group:

1. Active
2. Inactive
   SELECT 1 or 2: 1. Active
Select insurance company: TEST-1      DKFJSDF QWFDKHJWEIFO      SDAGSDF
NEW YORK      Y
Select another insurance company: KATE'S INSURANCE CO.      123 ANYPLACE
MESQUITE      TEXAS      Y
Select another insurance company:

Insurance Company # 1: KATE'S INSURANCE CO.
...OK? YES// ...building a list of plans...

Insurance Plan Lookup      May 21, 2015@14:44:48      Page: 1 of 1
All Active Plans for: KATE'S INSURANCE CO.      Phone: <not filed>
      123 ANYPLACE      Precerts: <not filed>
      MESQUITE, TX 74249

# + => Indiv. Plan
Group Name      Group Number      Type of Plan      UR?      Ct?      Pre-      Pre-      Ben
KATE'S GROUP      K-3900      DENTAL INSURA      UNK      UNK      UNK      UNK
Enter ?? for more actions
SP Select PlanSelect Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//

Insurance Company # 2: TEST-1
...OK? YES// ...building a list of plans...

Insurance Plan Lookup      May 21, 2015@14:44:54      Page: 1 of 1
All Active Plans for: TEST-1      Phone: <not filed>
      DKFJSDF QWFDKHJWEIFO      Precerts: <not filed>
      SDAGSDF, NY 12233

# + => Indiv. Plan
Group Name      Group Number      Type of Plan      UR?      Ct?      Pre-      Pre-      Ben
GROUP 1 TEST      TEST-1212      MEDICARE SECO      NO      NO      YES      YES
Enter ?? for more actions
SP Select PlanSelect Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//

(E)xcel Format or (R)eport Format: Report//

There is 1 insurance company associated with group plans without annual
benefits.

Enter RETURN to continue or '^' to exit:

*** You will need a 132 column printer for this report. ***

DEVICE: HOME// ;132 UCX/TELNET

LIST OF GROUP PLANS BY INSURANCE COMPANY WITHOUT ANNUAL BENEFITS      MAY 21, 2015@14:45      Page: 1
Benefit Year Selected: 2017
-----
INSURANCE COMPANY NAME: TEST-1      PHONE:
      DKFJSDF QWFDKHJWEIFO      PRECERT PHONE:
      SDAGSDF, NY 12233

REIMBURSE      TYPE OF COVERAGE      GROUP NAME      GROUP NUMBER      ACTIVE/INACTIVE      LAST PERSON TO EDIT      TYPE OF PLAN
WILL REIMBURSE      GROUP 1 TEST      TEST-1212      ACTIVE      IBUSER,ONE      MEDICARE SECO

Enter RETURN to continue or '^' to exit:

```

10.2 User Edit Report

Purpose of this Report

This report captures all of the Creates, Edits, and Deletes done by specific users in the following files:

- Insurance Company File (#36)
- Group Plan File (#355.3)
- Coverage File (#355.32)
- Annual Benefits File (355.4)

Report Parameters

Search Criteria:

- Insurance Company (multiple select)
- Group Plan (multiple select)
- Date Range
- User ID (one, multiple, all)

Sort Criteria:

- User

Sample Report

```
Insurance Company Selection:
1. Report User Edits for all 6 Insurance Companies
2. Report User Edits for selected Insurance Companies
   ENTER 1 or 2: 2 Report Insurance Companies that are selected

Group Plan Selection:
Do you want to report any edits made to Group Plans (Y/N)? YES
1. Report User Edits for all Group Insurance Plans
2. Report User Edits for selected Group Insurance Plans
   ENTER 1 or 2: 2 Report Group Insurance Plans that are selected
Select Insurance Company: BLUE CROSS      911 STREET      SAN FRANCISCO
CALIFORNIA      Y
Select another Insurance Company:

Insurance Company # 1: BLUE CROSS
...OK? YES//
...building a list of plans...

Insurance Plan Lookup      Sep 14, 2015@12:26:10      Page: 1 of 1
All Active Plans for: BLUE CROSS      Phone: <not filed>
                        911 STREET      Precerts: 877.277.3368
                        SAN FRANCISCO, CA 94114

# + => Indiv. Plan
Group Name      Group Number      Type of Plan      UR?      Ct?      ExC?      As?
1 BLUE CROSS OF CA      1234      HIGH DEDUCTIB      NO      UNK      UNK      YES

Enter ?? for more actions
SP Select Plan
Select Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//
User Selection:
1. All User IDs
2. Select One or Multiple User IDs
   ENTER 1 or 2: 2 Specified Users
Select NEW PERSON NAME: IBUSER,ONE      AC
Is IBUSER, ONE the one you want? YES//
Select NEW PERSON NAME:

Start date: 5/13 (MAY 13, 2015)
End date: 6/12 (JUN 12, 2015)
Export to Microsoft Excel (Y/N): ? NO//

*** You will need a 132 column printer for this report. ***
```

DEVICE: HOME// ;132

eIV USER EDIT REPORT Insurance Company Group Name Aug 04, 2015@12:51:39 Page: 1

User Date/Time of Change Modified Field Previous Value of Data Modified Value of Data

BLUE CROSS IBUSER, ONE	5/13/15@15:47:43	BLUE CROSS OF CA DATE ENTERED	COVERED	NOT COVERED
BLUE CROSS IBUSER, ONE	5/13/15@15:47:43	BLUE CROSS OF CA BENEFIT YEAR BEGINNING ON	NOT COVERED	COVERED
BLUE CROSS IBUSER, ONE	5/15/15@15:06:28	BLUE CROSS OF CA DATE ENTERED	COVERED	
BLUE CROSS IBUSER, ONE	5/15/15@15:06:28	BLUE CROSS OF CA DATE ENTERED	MAY 22, 2015@12:23:37	

Enter RETURN to continue or '^' to exit:

eIV USER EDIT REPORT Insurance Company Group Name Aug 04, 2015@12:51:39 Page: 52

User Date/Time of Change Modified Field Previous Value of Data Modified Value of Data

BLUE CROSS IBUSER, ONE	5/15/15@15:06:28	BLUE CROSS OF CA BENEFIT YEAR BEGINNING ON LONG TERM CARE		
BLUE CROSS IBUSER, ONE	5/18/15@14:14:53	BLUE CROSS OF CA BENEFIT YEAR BEGINNING ON	<no previous value>	COVERED
BLUE CROSS IBUSER, ONE	5/18/15@14:14:53	BLUE CROSS OF CA DATE ENTERED	<no previous value>	OUTPATIENT
BLUE CROSS IBUSER, ONE	5/18/15@14:14:53	BLUE CROSS OF CA ENTERED BY	<no previous value>	DEC 31, 2015

Enter RETURN to continue or '^' to exit:

eIV USER EDIT REPORT Insurance Company Group Name Aug 04, 2015@12:51:39 Page: 53

User Date/Time of Change Modified Field Previous Value of Data Modified Value of Data

BLUE CROSS IBUSER, ONE	6/12/15@09:51:43	BLUE CROSS OF CA BENEFIT YEAR BEGINNING ON	<no previous value>	COVERED
BLUE CROSS IBUSER, ONE	6/12/15@09:51:43	BLUE CROSS OF CA DATE ENTERED	<no previous value>	PHARMACY
BLUE CROSS IBUSER, ONE	6/12/15@09:51:43	BLUE CROSS OF CA ENTERED BY	<no previous value>	DEC 31, 2015

END OF REPORT

Enter RETURN to continue or '^' to exit:

11 EXPORTING REPORTS TO EXCEL

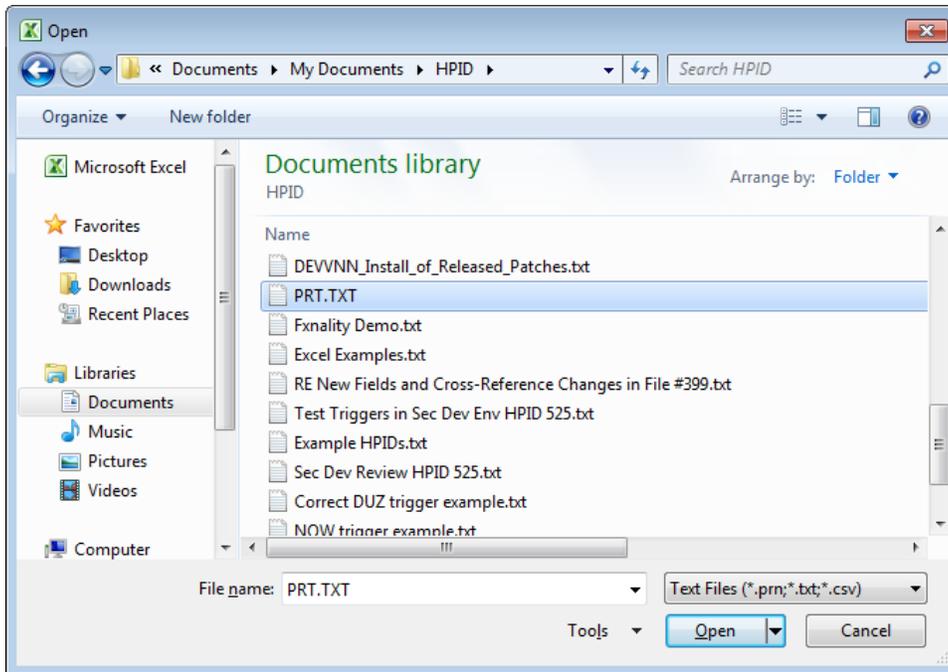
Patch IB*2*528 added the ability to output reports in a format that can be opened by Excel.

Step	Procedure
1	Run the report of your choice.
2	At the format prompt, choose Excel .

A screen similar the following will be displayed:

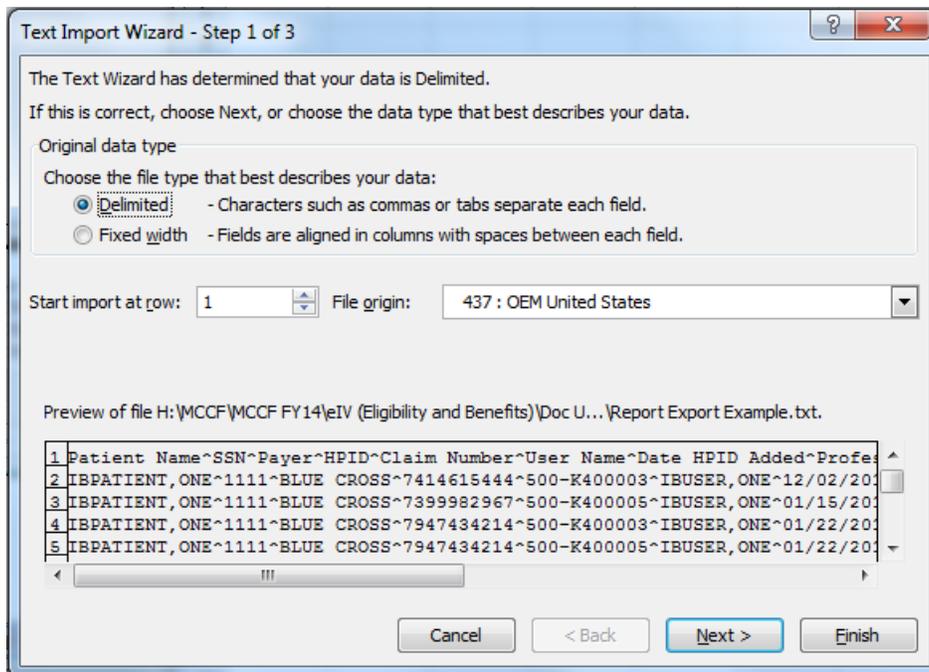
```
Patient Name^SSN^Payer^HPID^Claim Number^User Name^Date HPID Added^Professional ID^Institutional ID
IBPATIENT,ONE^1111^BLUE CROSS^7414615444^500-
K400003^IBUSER,ONE^12/02/2014^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7399982967^500-
K400005^IBUSER,ONE^01/15/2015^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400003^IBUSER,ONE^01/22/2015^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400005^IBUSER,ONE^01/22/2015^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7467061371^500-
K400003^IBUSER,ONE^01/23/2015^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400005^IBUSER,ONE^02/05/2015^123456789012345678901234567890^0987654321098765432109
87654321
IBPATIENT,TWO^9341^BLUE CROSS^7462706327^500-K400008^IBUSER,ONE^02/09/2015^123456789012345678901234567890^0987
65432109876543210987654321
IBPATIENT,TWO^9341^BLUE CROSS^7444643416^500-K400008^IBUSER,ONE^02/09/2015^123456789012345678901234567890^0987
65432109876543210987654321
IBPATIENT,TWO^9341^BLUE CROSS^7908996151^500-K400008^IBUSER,ONE^02/09/2015^123456789012345678901234567890^0987
65432109876543210987654321
Enter RETURN to continue or '^' to exit:
```

Step	Procedure
3	Capture the output as a text file. Note: This step will depend on the terminal emulation application being used.
4	Open Excel and select the From Text button from the Get External Data group on the Data tab



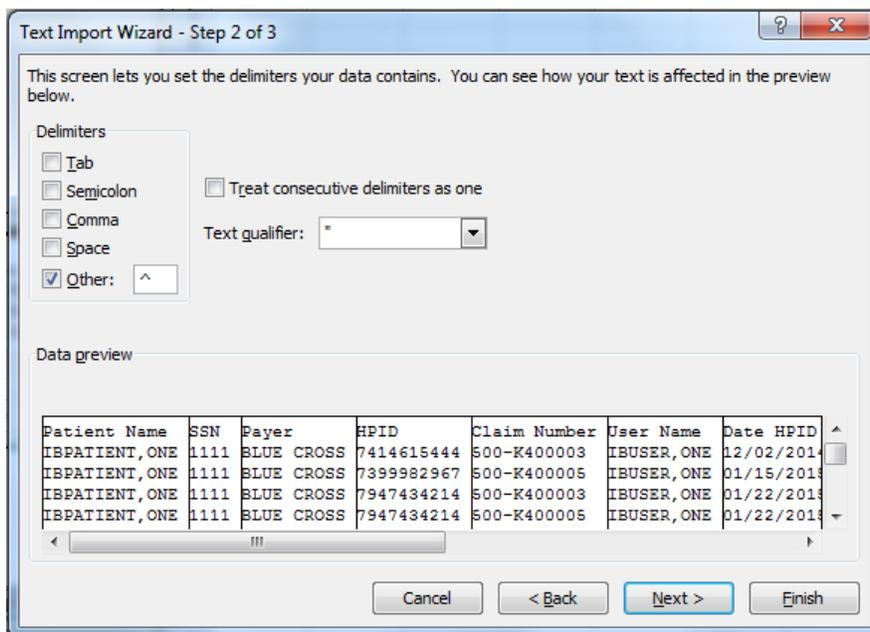
Step	Procedure
5	Open the text file saved in step 3.

The following screen will be displayed.



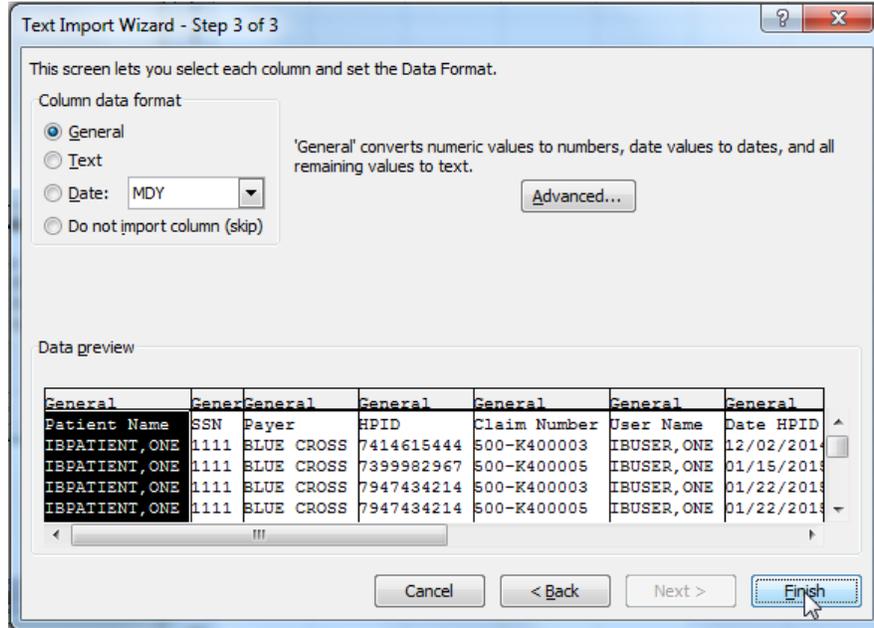
Step	Procedure
6	Choose Delimited and press Next .

The following screen will be displayed.



Step	Procedure
7	Deslect the Tab Delimiter box. Choose Other for the delimiter.
8	Type ^ in the box next to the Other and press Next .

The following screen will be displayed.



Step	Procedure
9	Apply any special formatting.
10	Press the Finish button.
11	Depending on your version of Excel an Import Data dialog may display. If it does, select the New worksheet and OK .
12	Save the Excel file.

12 SCHEDULE/UNSCHEDULE MAILMAN MESSAGES

This existing feature allows users to schedule and unscheduled MailMan messages to their preference. Both Activate Payer and Link Payer messages can be scheduled using this one option "IBCNE EIV PAYER LINK NOTIFY" option. Note: This option is controlled by IRM access only.

The following screens will be displayed:

```
Select OPTION to schedule or reschedule: IBCNE
  1  IBCNE EIV PAYER LINK NOTIFY      Unlinked payers notification
  2  IBCNE IIV BATCH PROCESS          eIV NIGHTLY PROCESS

Schedule/Unschedule Options

Select OPTION to schedule or reschedule: unlinked PAYERS NOTIFICATION  IBCNE EIV
PAYER LINK NOTIFY      Unlinked payers notification
Are you adding 'IBCNE EIV PAYER LINK NOTIFY' as
a new OPTION SCHEDULING (the 503RD)? No//Y
```

```
Edit Option Schedule
Option Name: IBCNE EIV PAYER LINK NOTIFY
Menu Text: Unlinked payers notification
TASK ID:

-----
QUEUED TO RUN AT WHAT TIME:  MMM DD, YYYY@HH:MM

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

RESCHEDULING FREQUENCY:    7D

TASK PARAMETERS:

SPECIAL QUEUEING: < This field is only for special jobs:
1. That need to start every time the system is rebooted.
2. Need to be persistent.
3. BOTH >

MAIL CODE:
```

13 REAL TIME INSURANCE VERIFICATION INQUIRY

A real time eligibility verification inquiry is created when a new buffer entry has been entered in the file 355.33 (INSURANCE BUFFER). The inquiry is triggered immediately if the following information is available in the buffer entry:

- INSURANCE COMPANY NAME,
- PATIENT NAME,
- SUBSCRIBER ID (if patient is the subscriber),
- INSURED'S DOB (if patient is not the subscriber), and
- PATIENT ID (if patient is not the subscriber)

No inquiry will be created if:

- An inquiry already exists in the queue waiting to be transmitted.
- The same patient and policy is waiting for a response from the payer.
- The patient insurance information is locked by another user.
- The Master Switch Realtime is set to NO.

Real time inquiry is triggered by modifications to the following fields in file #355.33 (INSURANCE VERIFICATION PROCESSOR):

- INSURANCE COMPANY NAME; or
- GROUP NAME; or
- GROUP NUMBER; or
- PATIENT NAME; or
- SUBSCRIBER ID; or
- INSURED'S DOB; or
- PATIENT ID

	<i>Remember – To utilize the benefit of real-time verification and get immediate responses, the facility should set the “HL7 Response Processing Method” to “Immediate”.</i>
	<i>Remember – The Request Electronic Inquiry option can be used to create a buffer entry for real-time verification. The response received for buffer entries created by EI; stay in the buffer and never automatically updates the patient insurance file.</i>
	<i>Remember – Real time verification inquiries are not triggered for buffer entries created by HMS data upload. Source = HMS</i>
	<i>Remember – The system does not send a registration request message to FSC each time a real time insurance verification is triggered.</i>
	<i>Remember – If the Master Switch Realtime is set to NO, then the inquiry will be added to the buffer but will not transmit to the payer until the eIV Nightly Process runs. The eIV Nightly Process will not run if the Master Switch Nightly is set to NO.</i>

(This page included for two-sided copying.)

14 PURGING EIV FILES (IRM USERS)

14.1 Purge Transmission Queue and or Response File

IRM users have the ability to purge files from the IIV TRANSMISSION QUEUE file (#365.1) and IIV RESPONSE file (#365) beyond a date range. The **Purge eIV Transactions** option is on the **Purge Menu** which is on the **System Manager's Integrated Billing Menu**.

Step	Procedure
1	Access the IRM System Manager's Integrated Billing Menu .
2	Access the Purge Menu .
3	Access the Purge eIV Transactions option.
	<i>Note: purged data can fill journal files if the files are not purged routinely. It may be a good idea to temporarily disable journaling of the global that includes the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files prior to running the purge if the files have not be purged in a long time.</i>
	<i>The Purge eIV Transactions option is locked with the XUMGR security key.</i>

The following screen will be displayed:

<pre>Purge Electronic Insurance Identification and Verification (IIV) Data Files This option will allow you to purge data from the IIV Response File (#365) and the IIV Transmission Queue File (#365.1). The data must be at least six months old before it can be purged. Only insurance transactions that have a transmission status of "Response Received", "Communication Failure", or "Cancelled" may be purged. You will be allowed to select a date range for this purging. The default beginning date will be the date of the oldest eligible record in the system. The default ending date will be six months ago from today's date. You may modify this default date range. However, you may not select an ending date that is more recent than six months ago. Enter the purge begin date: 10/04/2004// 3/8/09 (MAR 8, 2009) Enter the purge end date: 04/08/2009// (APR 08, 2009) You want to purge all IIV data created between 03/08/2004 and 04/08/2009. OK to continue? NO//</pre>
--

Step	Procedure
4	At the Enter the Purge Begin Date: prompt, enter 6 Months plus 30 days for this example.
5	At the Enter the Purge End Date: prompt, press RETURN to accept the default.
6	At the OK to continue: prompt, enter YES .
	<i>Note: Files that are not older than six months cannot be purged.</i>

14.2 Purge Mailman Reminder

On the first day of each month, during the nightly batch extract process, the eIV application determines if historical data exists that is eligible to be purged. The process utilizes the same search criteria used by the **Purge eIV Transactions** utility described above. If at least one eligible eIV transaction exists, the mail group defined in the **General Parameters** section of the **IB Site Parameters** will receive the following MailMan reminder.

```
Subj: IIV Data Eligible for Purge [#13511224] 11/06/03@17:37 13 lines
From: IB IIV INTERFACE In 'IN' basket. Page 1
Subject: IIV Data Eligible for Purge
```

ATTENTION IRM: There are IIV TRANSMISSION QUEUE and IIV RESPONSE records eligible to be purged.

File	Eligible Count	Total Count
-----	-----	-----
IIV RESPONSE FILE (#365)	267	1993
IIV TRANSMISSION QUEUE FILE (#365.1)	331	2400
=====	=====	=====
Total	598	4393

Please run option IBCNE PURGE IIV DATA - Purge IIV Transactions, if you would like to purge the eligible records.

15 INTERFACILITY INSURANCE UPDATE ACTIVITY REPORT

The IB*2*528 patch added the automated ability to check information and share it between VA Medical Systems. If Interfacility Insurance Updates are active for your site, use the following steps to share that updated subscriber information with other treating sites.

The Interfacility Insurance Update Activity report can be run by picking the **IFIU** option from the **Patient Insurance Menu (PI)**.

PI	Patient Insurance Info View/Edit
VP	View Patient Insurance
EI	Insurance Company Entry/Edit
VI	View Insurance Company
BI	Process Insurance Buffer
EIV	eIV Menu ...
EPH	e-Pharmacy Menu ...
EPR	Insurance Company EDI Parameter Report
ID	Generate Insurance Company Listings
IFIU	Interfacility Ins Update Activity Report
INSR	Insurance Reports ...

Purpose of Report

This report lists the Interfacility Insurance Updates sent and received by a facility.

Report Parameters

Search Criteria:

- Date Range
- Sending or Receiving Facility

Sort Criteria:

- Date
- Facility

Report Views:

- Summary
- Detail

This is a 132 column report.

Sample Report - Interfacility Insurance Update Activity Report Summary

```
Interfacility Ins Update Activity Report      Apr 13, 2015@14:13:48  Page: 1
01/01/2015 - 04/13/2015
Sending Site
-----
TRANSMITTED DATE: 01/22/15
ALEXANDRIA, LA      502          2
ANN ARBOR, MI      506          2
ATLANTA, GA        508          2
-----
6
TRANSMITTED DATE: 04/07/15
ALEXANDRIA, LA      502          2
ANN ARBOR, MI      506          2
ATLANTA, GA        508          2
-----
6
Total for Date Range (01/01/15 to 04/13/15): 12
*** END OF REPORT ***
```

Sample Report - Interfacility Insurance Update Activity Report by Detail

Interfacility Ins Update Activity Report			01/01/2015 - 04/13/2015		Apr 13, 2015@14:15:13 Page: 1	
			Sending Site			
Patient	PAT ID #	Insurance Company	Subscriber ID #	COB COB	Sending Facility	Date Sent
IB,PATIENT A SR	0150	BLUE CROSS	SUBID-0987624	P	ALEXANDRIA, LA	01/22/15
IB,PATIENT A SR	0150	MEDICARE WNR	SUBID-0987624	P	ALEXANDRIA, LA	01/22/15
IB,PATIENT A SR	0150	BLUE CROSS	SUBID-0987624	P	ANN ARBOR, MI	01/22/15
IB,PATIENT A SR	0150	MEDICARE WNR	SUBID-0987624	P	ANN ARBOR, MI	01/22/15
IB,PATIENT A SR	0150	BLUE CROSS	SUBID-0987624	P	ATLANTA, GA	01/22/15
IB,PATIENT A SR	0150	MEDICARE WNR	SUBID-0987624	P	ATLANTA, GA	01/22/15
IB,PATIENT A SR	0150	BLUE CROSS			ALEXANDRIA, LA	04/07/15
IB,PATIENT A SR	0150	MEDICARE WNR			ALEXANDRIA, LA	04/07/15
IB,PATIENT A SR	0150	BLUE CROSS			ANN ARBOR, MI	04/07/15
IB,PATIENT A SR	0150	MEDICARE WNR			ANN ARBOR, MI	04/07/15
IB,PATIENT A SR	0150	BLUE CROSS			ATLANTA, GA	04/07/15
IB,PATIENT A SR	0150	MEDICARE WNR			ATLANTA, GA	04/07/15

*** END OF REPORT ***

16 APPENDIX A – EIV TROUBLESHOOTING

16.1 No eIV Inquiries Transmitted

If the **Inquiries Sent** and **Responses Received** entries on the **eIV Statistical Report** both remain at zero while the **Queued Inquiries** entry on the report continues to increase over a period of time, then no 270 Health Care Eligibility Benefits Inquiry transmissions are being sent to FSC. If this situation continues and both the **Inquiries Sent** and **Responses Received** entries remain at zero, there is a communications problem with FSC. This section provides information to restore connectivity to FSC.

The eIV Statistical report should be reviewed the following day to ensure that 270 Health Care Eligibility Benefits Inquiry transmissions are once again being sent to FSC.

16.1.1 Site Parameters

- Verify MCCR Site Parameters
 - Check General Parameters
 - Messages Mailgroup must be: IBCNE EIV MESSAGE
 - IBCNE EIV MESSAGE mail group must be populated with valid personnel
 - Contact Person Name, Number and Email address must be valid
 - Check eIV Site Parameters
 - Mail Group for eIV Messages must be: IBCNE EIV MESSAGE IBCNE EIV MESSAGE mail group must be populated with valid personnel
 - Contact Person name must be valid

16.1.2 Restoring Connectivity to FSC (IRM)

- Verify that the names of the HL7 Logical Links were not changed. It must be **IIV EC**
- Verify the following settings for the HL7 Logical Link **IIV EC**
 - The institution field is **blank**
 - The domain field is set to **IIV.VITRIA-EDI.AAC.VA.GOV**
 - The AUTOSTART field is set to **enabled**
 - The TCP/IP address is set to **10.224.187.133**
 - The TCP/IP Port is set to **5100**
 - Verify that the HL7 Logical Link **IIV EC** is running
- Ask the IB Supervisor or insurance personnel to review the **eIV Statistical Report** the following day and confirm that connectivity has been restored with FSC
- If this does not resolve the connectivity issue with FSC for eIV, ask the IB Supervisor or insurance personnel to log a Remedy Ticket with VA Product Support

16.1.3 Requeue Batch Process (IRM)

- Verify the IBCNE IIV BATCH PROCESS taskman is still running
 - Reschedule the IBCNE IIV BATCH PROCESS task

16.1.4 Restart HL7 Logical Link (IRM)

- Verify the IIV EC HL7 logical link is running
- Stop & Restart IIV EC HL7 logical link

16.2 No link between an Insurance Company and a Payer

For eIV to work, insurance companies must be linked to a payer. This is an important on-going process. To link insurance companies to a payer follow the basic guidelines listed below:

- Run the **eIV Payer Link Report** option by **Insurance Company List**, for all unlinked insurance companies. Use the keyword feature when running the report to narrow down the search. This will provide a report showing which insurance companies, whose name contains the keyword, that are not linked to a payer.
- Next, use the **Insurance Company Entry/Edit** option to link those insurance companies to the correct payer.

16.3 A Buffer or Appointment Extract Entry Failed to Create an Inquiry

When the eIV process is unable to create and transmit a 270 Health Care Eligibility Benefits Inquiry to a payer, the entry in **Process Insurance Buffer** will be flagged with an exclamation point. To view the error or problem that eIV encountered, expand the buffer entry using the **Expand Entry** action. Underneath the section **Buffer Entry Information**, the error message will be displayed as the **Current eIV Status**. Read the explanation of the problem. Sometimes there is more than one way to correct the problem. For a possible solution, follow the instructions listed below for the specific error. These instructions usually start with, **Action to take**.

For a list of all Error Messages that may display as the **Current eIV Status** of an insurance buffer entry, see Appendix B.

17 APPENDIX B – EIV ERROR MESSAGE DESCRIPTIONS

1. **eIV could not create an inquiry for this entry.** eIV could not match the insurance company name in the Insurance Buffer file (#355.33) to a valid insurance company name in the Insurance Company file (#36).

Action to take: Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file (#36). Otherwise, contact the insurance company to manually verify this insurance information.

2. **eIV could not create an inquiry for this entry.** eIV matched the insurance company name in the Insurance Buffer file (#355.33) to more than one uniquely named insurance company in the Insurance Company file (#36). This indicates that the Auto Match check or the Synonym check yielded multiple insurance companies from the Insurance Company file.

Action to take: Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file (#36). Otherwise, contact the insurance company to manually verify this insurance information.

(* Advanced users: Use the option “**Enter/Edit Auto Match Entries**” to check the entries in the Auto Match file (#365.11). Make sure there is no more than one entry in the Auto Match file, if any, which corresponds to the insurance company name found in this buffer entry.)

3. **eIV could not create an inquiry for this entry.** eIV matched the insurance company name in the Insurance Buffer file (#355.33) to more than one insurance company entry with the same name in the Insurance Company file (#36). At least one of these matching entries are linked to a different payer.

Action to take: Run the “**eIV Payer Link Report**” option by **Insurance Company List**, for all linked insurance companies, using the keyword feature to narrow down the search. This will provide a report showing which payer the different insurance company records are linked to. Next, use the “**Insurance Company Entry/Edit**” option to correct those insurance companies who are linked to the wrong payer.

4. **eIV could not create an inquiry for this entry.** There is no link for this insurance company between the Insurance Company file (#36) and the Payer file (365.12). This may occur because the insurance staff did not attempt to manually link the named insurance company to the payer list or the insurance staff did not find a payer in the payer list that they wanted to link this insurance company to.

Action to take: Either contact the insurance company to manually verify this insurance information or link the insurance company to a payer. Steps to link an insurance company to a payer are as follows: run the “eIV Payer Link Report” option by Insurance Company List, for all unlinked insurance companies. Use the keyword feature when running the report to narrow down the search. This will provide a report showing which insurance companies are not linked to a payer. Next, use the “Insurance Company Entry/Edit” option to link those insurance companies to the correct payer.

5. **eIV could not create an inquiry for this entry.** The payer is not nationally active for eIV.

Action to take: Contact the insurance company to manually verify this insurance information.

6. **eIV could not create an inquiry for this entry.** The payer is not locally active for eIV.

Action to take: Either use the option “**Payer Edit (Activate/Inactivate)**” to locally activate this payer or contact the insurance company to manually verify this insurance information.

7. **eIV could not create an inquiry for this entry.** The payer does not accept electronic insurance eligibility requests. The eIV application data does not exist in the Payer file (#365.12) for this payer.

Action to take: Contact the insurance company to manually verify this insurance information.

8. **Information received via electronic inquiry indicates patient has active insurance.**

Action to take: Review the details listed in the **eIV Response Report** before processing this buffer entry.

9. **Information received via electronic inquiry indicates patient does NOT have active insurance.**

Action to take: Review the details listed in the **eIV Response Report** before processing this buffer entry.

10. **This buffer entry is currently being processed by the eIV application.** Unless instructed otherwise, there is no reason you should do anything with this buffer entry.

Action to take: None.

11. **The electronic response indicated an error of some kind that needs to be corrected before the insurance inquiry can be re-transmitted.**

Action to take: Contact the insurance company to manually verify this insurance information.

12. **An unknown and unforeseen error has occurred with this entry.**

Action to take: Please call the Help Desk for this issue; include a trace number if available.

13. **eIV could not create an inquiry for this entry.** The insurance company found is listed as inactive in the Insurance Company file (#36).

Action to take: Contact the insurance company to manually verify this insurance information.

14. **eIV could not create an inquiry for this entry.** eIV cannot send inquiries to Medicaid).

Action to take: Contact the insurance company to manually verify this insurance information.

15. **eIV was unable to electronically verify this insurance information due to a communication failure.**

Action to take: Contact the insurance company to manually verify this insurance information.

16. The insurance company name for this buffer entry is blank.

Action to take: Please call the Help Desk and provide them with buffer information and trace number, if available.

17. eIV could not create an inquiry for this entry. The payer associated with this insurance company has been deactivated.

Action to take: Either edit this insurance company and link it to another payer, using the “**Insurance Company Entry/Edit**” option; otherwise, contact the insurance company to manually verify this insurance information.

18. eIV could not create an inquiry for this entry. This inquiry requires the Subscriber ID field to be populated before an inquiry can be transmitted electronically.

Action to take: Update the inquiry with the missing Subscriber ID or contact the insurance company to manually verify this insurance information.

21. An ambiguous response has been received. It could NOT be determined whether the insurance company identified the patient as an active member of the insurance plan. Please contact the insurance company to manually verify this insurance information.

Action to take: Review the details listed in the **eIV Response Report** and contact the insurance company to manually verify this insurance information.

22. While processing a payer response, an unknown and unforeseen error has occurred with this entry.

Action to take: Please call the Help Desk for this issue; include a trace number if available. A user may process this buffer entry if a Help Desk call has been logged with the associated trace number. To process this buffer entry, review the details listed in the **eIV Response Report** and contact the insurance company to manually verify this insurance information.

23. eIV could not create an inquiry for this entry. This dependant inquiry requires the Patient ID field to be populated before an inquiry can be transmitted electronically.

Action to take: Update the inquiry with the missing Patient ID or contact the insurance company to manually verify this insurance information.

24. eIV was unable to electronically verify this insurance information due to a communication failure.

Action to take: Contact the insurance company to manually verify this insurance information.

25. **Information received via electronic inquiry indicates patient has active insurance; however, another verifier did not have the authority to process this entry.**

Action to take: Review the details listed in the eIV Response Report before processing this buffer entry.

Note: Error messages 26 and 27 intentionally omitted.

(This page included for two-sided copying.)

18 APPENDIX C – ACRONYMS/ABBREVIATIONS/TERMS

Term	Definition
AITC	Austin Information Technology Center.
EC	Eligibility Communicator – this refers to the National Health Insurance database that is housed at the FSC. The eIV software communicates with the Eligibility Communicator directly through HL7.
EDI	Electronic Data Interchange.
eIV	Electronic Insurance Verification. It is also the Insurance buffer entry source name in the Insurance Buffer List to signal entry processing by Electronic Insurance Verification.
Freshness Days	FRESHNESS DAYS (#350.9,51.01) is a general site parameter that determines how recent the insurance verification must be before eIV seeks to electronically re-verify it.
FSC	VA Financial Services Center – Austin, TX.
HL7	Health Level Seven, a standardized application level communications protocol that enables systems to exchange information.
HMO	Health Maintenance Organization.
HPID	Health Plan Identifier
IIV	Insurance Identification and Verification. This nomenclature was used during initial software development. The official title of the software is now eIV, although some programming options are still labeled with the old IIV nomenclature.
Insurance Buffer	The data store within the VistA database that holds proposed permanent insurance file changes for review and acceptance and upon acceptance, merges the changes into the permanent insurance files. The IBCN Insurance Buffer Process option available in VistA is also known as Process Insurance Buffer.
IRM	Information Resource Management.
MailMan	MailMan is an integrated data channel in VistA for the distribution of: Patches (KIDS builds), software releases (KIDS builds), computer-to-computer communications (HL7 transfers, Servers, etc.), Person-to-person messaging (Email).
MCCF	Medical Care Cost Fund.
MCCR	Medical Care Cost Recovery. This term has been officially replaced by MCCF though both are used interchangeably.
OEID	Other Entity Identifier
Payer	An entity that makes third party payments (the patient is the first party, VHA is the second party) for health care services. Health care insurance companies are payers.
Provider	A term used to describe both human and organizational entities that provide health care.
SRS	Software Requirements Specification.
SSVI	System Shared Verified Insurance
Trusted Payer	A payer whose responses, the FSC determines can be used for Automatic Updates. It is also referred to as the Automatic Update

Term	Definition
	Setting.
VA	Veterans Administration.
VAMC	Veterans Administration Medical Center.
VHA	Veterans Health Administration.
VISN	Veterans Integrated Service Network.
VistA	Veterans Health Information Systems & Technology Architecture, which includes the systems formerly known as the Decentralized Hospital Computer Program (DHCP) System.
WNR	Will not reimburse.
X12	A standardized application level communications protocol that enables systems to exchange information.