Electronic Data Interchange (EDI)
New Standards and Operating Rules
VHA Provider-side Technical Compliance Requirements
VA118-1001-1018

eLV System Modifications
Integrated Billing (IB)

RELEASE NOTES/Installation Guide
IB*2*506

May 2014
Table of Contents

1 Introduction .................................................................................................................................................. 5
  1.1 Documentation and Distribution ........................................................................................................... 5

2 Patch Description and Installation Instructions .......................................................................................... 6
  2.1 Patch Description .................................................................................................................................. 6
  2.2 Pre/Post Installation Overview ............................................................................................................. 10
  2.3 Installation Instructions ......................................................................................................................... 11

3 Enhancements .............................................................................................................................................. 15
  3.1 Enhancements to the Insurance Buffer ................................................................................................. 15
    3.1.1 Insurance Buffer – Create New ‘Complete Buffer’ (CB) Screen ..................................................... 15
    3.1.2 Insurance Buffer – Default View to be the ‘Complete Buffer’ (CB) Screen ................................. 15
    3.1.3 Insurance Buffer – ‘Complete Buffer’ Screen Contents ............................................................... 15
    3.1.4 Insurance Buffer – ‘Complete Buffer’ Screen Actions ............................................................... 15
    3.1.5 Insurance Buffer – Ability to Jump to the ‘Complete Buffer’ Screen ........................................ 15
    3.1.6 Insurance Buffer – ‘Positive Buffer’ Screen Fix Filter .................................................................. 15
    3.1.7 Insurance Buffer – ‘Medicare Buffer’ Screen Fix Filter ............................................................. 15
    3.1.8 Insurance Buffer – ‘Negative Buffer’ Screen Fix Filter ............................................................. 15
    3.1.9 Insurance Buffer – Remove ‘Future Appointments’ Screen ....................................................... 15
    3.1.10 Insurance Buffer – Create New ‘Failure Buffer’ (FB) Screen ..................................................... 15
    3.1.11 Insurance Buffer – ‘Failure Buffer’ Screen Contents .................................................................. 16
    3.1.12 Insurance Buffer – ‘Failure Buffer’ Screen Actions .................................................................. 16
    3.1.13 Insurance Buffer – Remove ‘Verify Entry’ Action from the Buffer Views .................................. 16
    3.1.14 Insurance Buffer – Filter Insurance Buffer Records Based on User’s Security Keys (Revised) .............................................................. 16
    3.1.15 Insurance Buffer – Ability to Jump to the ‘Failure Buffer’ Screen ............................................. 16
    3.1.16 Insurance Buffer – Remove Ability to Create New Insurance Company .................................. 16
    3.1.17 Insurance Buffer – Remove Ability to Create New Group/Plan .................................................. 16
    3.1.18 Insurance Buffer – Rename the Insurance Buffer File .............................................................. 16
    3.1.19 Insurance Buffer – Create Insurance Buffer Entry for Appointments with Nationally Inactive Payers .............................................................................................................................................. 16
    3.1.20 Insurance Buffer – Add “Escalate” Action to the Buffer Views .................................................. 16
    3.1.21 Insurance Buffer – Restrict use of the “Escalate” Action ............................................................ 16
    3.1.22 Insurance Buffer – Implement the “Escalate” Action ................................................................. 17
  3.2 System Feature: eIV – HL7 Transactions ............................................................................................... 17
    3.2.1 eIV HL7 Transactions - Daily Registration Message to FSC ...................................................... 17
    3.2.2 eIV HL7 Transactions - Receive Retry Flag from FSC ................................................................. 17
    3.2.3 eIV HL7 Transactions – Store Retry Flag from FSC ................................................................. 17
    3.2.4 eIV HL7 Transactions – Receive Freshness Days from FSC ...................................................... 17
    3.2.5 eIV HL7 Transactions – Store Freshness Days from FSC ........................................................... 17
    3.2.6 eIV HL7 Transactions – Receive Timeout Days from FSC .......................................................... 17
    3.2.7 eIV HL7 Transactions – Store Timeout Days from FSC ............................................................. 17
3.2.8 eIV HL7 Transactions – Treat all AAA Action Codes as Though the Payer/FSC Responded ........................................................................................................... 17
3.2.9 eIV HL7 Transactions – Honor the Retry Flag when Resending an eIV Inquiry ................................................................. 17
3.2.10 eIV HL7 Transactions – Honor the Timeout Days when Resending an eIV Inquiry ................................................................. 17
3.2.11 eIV HL7 Transactions – Honor the ‘NUMBER RETRIES’ when Resending an eIV Inquiry ........................................................................................................... 18
3.2.12 eIV HL7 Transactions – Honor the Payer’s Nationally Active Flag when Resending an eIV Inquiry ........................................................................................................... 18
3.2.13 eIV HL7 Transactions – Do Not Send MailMan Message When Retries are Exhausted ........................................................................................................................................... 18

3.3 System Feature: eIV Site Parameters ......................................................................................................................................................................................... 18
3.3.1 eIV Site Parameters – Retry Flag Not Editable ......................................................................................................................................................................................... 18
3.3.2 eIV Site Parameters - Freshness Days Not Editable ......................................................................................................................................................................................... 18
3.3.3 eIV Site Parameters – Timeout Days Not Editable ......................................................................................................................................................................................... 18
3.3.4 eIV Site Parameters – Set the Value of ‘NUMBER RETRIES’ Field ......................................................................................................................................................................................... 18
3.3.5 eIV Site Parameters – Set the Initial Value of the Retry Flag ......................................................................................................................................................................................... 18
3.3.6 eIV Site Parameters – Set the Initial Value of the Freshness Days ......................................................................................................................................................................................... 18
3.3.7 eIV Site Parameters – Set the Initial Value of the Timeout Days ......................................................................................................................................................................................... 18
3.3.8 eIV Site Parameters - Set the Value of the ‘HL7 Response Processing’ Field ......................................................................................................................................................................................... 18
3.3.9 eIV Site Parameters – ‘HL7 Response Processing’ Field Not Editable ......................................................................................................................................................................................... 18
3.3.10 eIV Site Parameters – Restrict eIV Number of Possible Retries ......................................................................................................................................................................................... 19

3.4 System Feature: Security Keys......................................................................................................................................................................................... 19
3.4.1 Security Key – Create New Key to Add/Edit an Insurance Company ......................................................................................................................................................................................... 19
3.4.2 Security Key – Lock the “Insurance Company Entry/Edit” Option ......................................................................................................................................................................................... 19
3.4.3 Security Key – User Requires Key to Add/Edit Insurance Company in the Insurance Buffer ......................................................................................................................................................................................... 19
3.4.4 Security Key – Create New Key to Add/Edit a Group/Plan ......................................................................................................................................................................................... 19
3.4.5 Security Key – User Requires Key to Add/Edit Group/Plan in the Buffer ......................................................................................................................................................................................... 19
3.4.6 Security Key – Lock the Ability to Create a Group/Plan within ‘Patient Insurance Info View/Edit’ Option ......................................................................................................................................................................................... 19

3.5 System Feature: Eligibility Benefits......................................................................................................................................................................................... 19
3.5.1 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Process Insurance Buffer’ option ......................................................................................................................................................................................... 19
3.5.2 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘TPJI’ Option ......................................................................................................................................................................................... 19
3.5.3 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Patient Insurance Info View/Edit’ Option ......................................................................................................................................................................................... 20
3.5.4 Eligibility Benefits – Include the Eligibility Benefit Information on the eIV Response Report ......................................................................................................................................................................................... 20
3.5.5 Eligibility Benefits – Store the Service Date on the Patient’s Policy Record ......................................................................................................................................................................................... 20
3.5.6 Eligibility Benefits – Store the Service Type on the Patient’s Policy Record ......................................................................................................................................................................................... 20
3.5.7 Eligibility Benefits – Display the Service Date of the Response ......................................................................................................................................................................................... 20
3.5.8 Eligibility Benefits – Display the Service Type of the Response ......................................................................................................................................................................................... 20
3.5.9 Eligibility Benefits – Eligibility Benefit (1st Priority Sort Order): Insurance Status ......................................................................................................................................................................................... 20
3.5.10 Eligibility Benefits – Eligibility Benefit (2nd Priority Sort Order): Insurance Type ......................................................................................................................................................................................... 20
3.5.11 Eligibility Benefits – Eligibility Benefit (3rd Priority Sort Order): Coordination of Benefits (COB) (Removed – 08/01/2013) ......................................................................................................................................................................................... 20
3.5.12 Eligibility Benefits – Eligibility Benefit (4th Priority Sort Order): Indication of Other Insurance ......................................................................................................................................................................................... 20
1 Introduction

This Integrated Billing (IB) patch introduces substantial changes to VistA's electronic Insurance Verification (eIV) Eligibility Inquiry and Response Processing in order to meet the Committee on Operating Rules for Information Exchange (CORE) Operating Rules.

APPLICATION/VERSION PATCH
----------------------------------------
INTEGRATED BILLING (IB) V. 2.0 IB*2*506

This patch (IB*2*506) is being released in the Kernel Installation and Distribution System (KIDS) distribution.

1.1 Documentation and Distribution

Updated documentation describing the new functionality introduced by this patch is available.

The preferred method is to File Transfer Protocol (FTP) the files from ftp://download.vista.med.va.gov/. This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:


Documentation can also be found on the VA Software Documentation Library at:
http://www4.va.gov/vdl/

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<th>Title</th>
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<td>IB eIV System Modification Compliance</td>
<td>ib_2_p506_rn.pdf</td>
<td>Binary</td>
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<tr>
<td>Release Notes/Installation Guide</td>
<td></td>
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<tr>
<td>(IB<em>2.0</em>506)</td>
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<td>Electronic Insurance Verification</td>
<td>ib_2_0_eIV_ug_r0514.pdf</td>
<td>Binary</td>
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<td>Integrated Billing (IB) V. 2.0</td>
<td>ib_2_0_tm_r0514.pdf</td>
<td>Binary</td>
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<tr>
<td>Technical Manual</td>
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2 Patch Description and Installation Instructions

2.1 Patch Description

=============================================================================  
Run Date: JUN 06, 2014                      Designation: IB*2*506  
Package : INTEGRATED BILLING                Priority : MANDATORY  
Version : 2                                 Status     : COMPLETE/NOT RELEASED  
=============================================================================  

Associated patches: (v)IB*2*142 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*276 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*399 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*416 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*435 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*438 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*479 <<< must be installed BEFORE `IB*2*506'  
(v)IB*2*497 <<< must be installed BEFORE `IB*2*506'  

Subject:  EIV SYSTEM MODIFICATIONS  
Category:  ROUTINE  
DATA DICTIONARY  
ENHANCEMENT  
INPUT TEMPLATE  
OTHER  

Description:  

This Integrated Billing (IB) patch introduces substantial changes to  
Veterans Health Information Systems & Technology Architecture (VistA)'s  
electronic Insurance Verification (eIV) eligibility inquiry and  
response processing in order to meet the Committee on Operating Rules for  
Information Exchange (CORE) Operating Rules.  

Complete list of patch items:  

1. Revised the insurance buffer views and actions.  
   a) The new default view for those who select the option PROCESS  
      INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS] is the "Complete  
      Buffer". The "Complete Buffer" view consists of a list of all  
      insurance buffer entries that have the status of 'ENTERED'.  
   b) Added a new insurance buffer view "Failure Buffer", which consists  
      of a list of all entries that have the status of 'ENTERED' and has  
      the eIV symbol of '!'.  
   c) The insurance buffer view "Future Appointments" has been removed.  
   d) The action (VE) VERIFY ENTRY has been removed.
e) A new action (ES) ESCALATE ENTRY has been introduced with this patch. More details regarding this action are listed below.

2. The ability to escalate an insurance buffer entry was introduced with this patch.

a) Two new security keys were added to VistA as a result of this patch. If a user selects the option PROCESS INSURANCE BUFFER [ICBCN INSURANCE BUFFER PROCESS] and they have neither of the new security keys (IB INSURANCE COMPANY EDIT and IB GROUP PLAN EDIT), then the only insurance buffer records that are displayed to them would be entries for eIV confirmed active policies ("+" entries) when the patient in that record has an active policy on file in VistA. Other active policies marked with an "$" eIV symbol will not be displayed to these users.

b) Only users with neither of the new security keys (IB INSURANCE COMPANY EDIT and IB GROUP PLAN EDIT), may use the new action (ES) ESCALATE ENTRY within the option PROCESS INSURANCE BUFFER [ICBCN INSURANCE BUFFER PROCESS].

c) The "+" eIV symbol of insurance buffer entries that have been escalated using the new action (ES) ESCALATE ENTRY, will be replaced with an "$" eIV symbol.

3. Disabled the ability to create a new Insurance Company and/or a new Group/Plan in VistA through the option PROCESS INSURANCE BUFFER [ICBCN INSURANCE BUFFER PROCESS].

4. The name of the VistA file that stores the records for the Insurance Buffer has been renamed from the "INSURANCE BUFFER" to the "INSURANCE VERIFICATION PROCESSOR". The file number and file layout remain the same. The patch includes the DATE ENTERED (#355.33,.01) field although it was not changed, in order for KIDS to update the file name of the file #355.33 on the system where this patch is being installed.

5. Modified the daily eIV registration message that is automatically sent by VistA via a Health Level 7 (HL7) message to the Financial Service Center (FSC) in Austin, TX. The updated message now includes additional data regarding the site's current eIV Site Parameter settings.

6. Modified the eIV Site Parameters that are viewed/edited using the option MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS].

a) The value of the existing FRESHNESS DAYS field (#350.9,51.01), which controls the days between electronic re-verification checks, is now controlled by FSC through HL7 messages. This field may no longer be edited using the option MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS].

b) The existing TIMEOUT DAYS field (#350.9,51.05) which controls the number of days between when an eIV inquiry is sent to FSC and when the eIV system determines that FSC did not send an eIV response in time. The value of this existing field is now controlled by FSC through HL7 messages.

c) The new RETRY FLAG field (#350.9,51.26) which controls whether VistA will retransmit an eIV inquiry if an eIV response is not received from FSC within the value of the TIMEOUT DAYS (#350.9,51.05). This flag is controlled by FSC.
d) The value of the existing field HL7 RESPONSE PROCESSING (#350.9,51.13) is no longer displayed within the eIV Site Parameters. The value of this field may no longer be edited using the option MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS].

7. Modified VistA's retry methodology (resending inquiries to FSC) so that any payer's eIV response will be considered a final response to the eIV inquiry. Prior to this change, payer's eIV response could result in an eIV inquiry being resent to the payer (with no modifications to the eIV inquiry) every few days without actually providing an answer to the eligibility inquiry itself.

8. The option INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT] has been locked with the new security key IB INSURANCE COMPANY EDIT.

9. The ability to add a new group/plan through the option PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE] has been locked with the new security key IB GROUP PLAN EDIT.

10. The option EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT] has been modified to include the associated eligibility benefit information.

11. For the following options, the display of eligibility benefits has been modified with this patch to include a summary of key elements of data when available. This summary will contain the Coverage Status and Coverage Type for all payers that send this information in their eIV response. When the software determines that the eIV eligibility data from Medicare payers indicate possible other insurance for that patient, this information will be included in the summary of key data elements. This change to the display of eligibility information applies to the following options:

   a) PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]

   b) PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]

   c) EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]

   d) THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]

12. The EIV STATISTICAL REPORT [IBCNE IIV STATISTICAL REPORT] was modified to include 'Escalated' records in the insurance buffer breakout of the eIV symbols.

13. Increased the length of field ORIGINAL SUBSCRIBER ID (#365.1,1.05) from 20 to 80 characters.

14. Increased the length of field HL7 SUBSCRIBER ID FIELD (#365.1,.16) from 20 to 80 characters.

Patch Components
 =================

Files & Fields Associated:

File Name (#) New/Modified/
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<th>Field Name (Number)</th>
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<td>INSURANCE TYPE sub-file (#2.312)</td>
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<td>REQUESTED SERVICE DATE (#8.01)</td>
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<td></td>
<td>REQUESTED SERVICE TYPE (#8.02)</td>
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<td>IB SITE PARAMETERS (#350.9)</td>
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<td>INSURANCE VERIFICATION PROCESSOR (#355.33)</td>
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<td></td>
<td>DATE ENTERED (#.01)</td>
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<td>IBCNB LIST COMPLETE VIEW</td>
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Templates, Input Associated:

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Templates, List Associated:

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Additional Information:

New Service Requests (NSRs)

#20110503 Electronic Data Interchange (EDI) New Standards and Operating Rules (Veterans Health Administration) VHA Provider-Side TCRs.

Patient Safety Issues (PSIs)

N/A

Remedy Ticket(s) & Overview

N/A

Test Sites:

Wilmington, DE
Madison, WI
Memphis, TN
Denver, CO (East Colorado HCS)

2.2 Pre/Post Installation Overview

Pre/Post Installation Overview

Two new security keys were added as a result of this patch. These keys need to be assigned to the appropriate folks as determined by the site.

a) The security key IB INSURANCE COMPANY EDIT is to be assigned to users who are authorized to add new insurance companies in VistA.

b) The security key IB GROUP PLAN EDIT is to be assigned to users who are authorized to add new group plans and individual plans in VistA.

There is a post install routine, IBY506PO that is included in this patch. After the patch has been installed the post install routine may be deleted by the site.

1. Initializes several eIV site Parameters

2. Loops through the IIV TRANSMISSION QUEUE file (#365.1) and performs the following for all entries with a TRANSMISSION STATUS (#365.1,.04) that has a value of HOLD.

   a) Changes the TRANSMISSION STATUS (#365.1,.04) to COMMUNICATION FAILURE.

   b) Identifies all associated entries in the IIV RESPONSE file (#365)
and changes the TRANSMISSION STATUS (#365,.06) to COMMUNICATION FAILURE unless it currently has the status of RESPONSE RECEIVED.

c) Identifies any associated insurance buffer entry and changes the eIV symbol to be "#" and indicate that a communication failure occurred.

3. Adds two new entries to the existing IIV STATUS TABLE (#365.15)

4. A one-time subscriber update utility must be scheduled upon installation of the patch. Unless the installation is queued, the post-install will prompt the installer of the patch to schedule this activity for off-hours. If the installation is queued, the new update utility will be scheduled for tomorrow at 9 PM. NOTE: This part of the process does NOT require that IB users be off the system, or un-scheduling of the eIV Nightly Process [IBCNE IIV BATCH PROCESS] option. A message will be sent to the MailMan mailbox of the installer, upon successful completion of the subscriber update process. It is recommended that one look for the MailMan message 24 hours after the process is scheduled to run.

The subject of the message will be "Subscriber Update Has Completed".

2.3 Installation Instructions

Installation Instructions
--------------------
This patch may be installed with users on the system although it is *strongly* recommended that it be installed during non-peak hours to minimize potential disruption to users. This patch should take less than 5 minutes to install.

The following Menu Options at the site should be disabled during install:

PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]
MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS]
INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT]
PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]
EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]
THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]

Pre-Installation Instructions
-----------------------------
1. Choose the PackMan message containing this patch.
2. Choose the INSTALL/CHECK MESSAGE PackMan option.
3. From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following option. When prompted for the INSTALL enter the patch IB*2.0*506:

   a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not
backup any other changes such as Data Dictionaries (DD's) or templates.

b. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DD's, templates, etc.).

c. Verify Checksums in Transport Global - This option will allow you to ensure the integrity of the routines that are in the transport global.

4. From the Installation Menu, select the Install Package(s) option and choose the patch to install.

5. 355.33 INSURANCE VERIFICATION PROCESSOR (Partial Definition)
   *BUT YOU ALREADY HAVE 'INSURANCE BUFFER' AS FILE #355.33!
   Shall I write over your INSURANCE BUFFER File? YES/

6. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES//YES'
   ******************************************IMPORTANT**********************************************
   You must answer 'Yes' to the Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES// prompt.
   Failure to do so will cause the Insurance Buffer to not function properly until the rebuild runs at night.
   ******************************************IMPORTANT**********************************************

7. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//'

8. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? YES//YES'

   When prompted 'Enter options you wish to mark as 'Out Of Order':
   Enter the following options one at a time:

   PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS]
   MCCR SITE PARAMETER DISPLAY/EDIT [IBJ MCCR SITE PARAMETERS]
   INSURANCE COMPANY ENTRY/EDIT [IBCN INSURANCE CO EDIT]
   PATIENT INSURANCE INFO VIEW/EDIT [IBCN PATIENT INSURANCE]
   EIV RESPONSE REPORT [IBCNE IIV RESPONSE REPORT]
   THIRD PARTY JOINT INQUIRY [IBJ THIRD PARTY JOINT INQUIRY]

   When prompted 'Enter protocols you wish to mark as 'Out Of Order':
   Press the Return or Enter key as there are no protocols that needs to be marked as 'Out of Order'.

9. If prompted "Delay Install (minutes): (0 - 60): 0// respond 0.

10. There is no need to queue the install. At the 'DEVICE' prompt, hit the return key which will enable the Install to run in the foreground.
     a '^' to abort the install.

     DEVICE: HOME/

11. A one-time subscriber update utility must be scheduled upon installation of the patch. During installation, the post-install routine prompts for the installer to schedule the one time subscriber update utility and will not complete installation until it is scheduled.

    The following shows an example of the message and then the date/time prompt that is generated:
Creating Task to Update the Insurance Type File...

*** IMPORTANT!! ***

Creating Task to Update the Insurance Type File...

This option will scan through the entire Patient File for patients with insurance where the relationship to insured is self. Certain fields in Insurance Type sub-file will be updated to match the patient data if it does not already exist. This will take a while and must be queued to run in the background when there are few users on the system. The default is tomorrow at 9:00 p.m.

Enter date/time to queue the option: T+1@2100//

Post-Installation Instructions
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1. Two new security keys were added as a result of this patch. These keys need to be assigned to the appropriate folks as determined by the site.

   a. The security key IB INSURANCE COMPANY EDIT is to be assigned to users who are authorized to add new insurance companies in VistA and/or users who currently have the IB EDI INSURANCE EDIT security key assigned to them.

   b. The security key IB GROUP PLAN EDIT is to be assigned to users who are authorized to add new group plans and individual plans in VistA.

2. A message will be sent to the MailMan mailbox of the installer, upon successful completion of the subscriber update process. It is recommended that one look for the MailMan message 24 hours after the process is scheduled to run.

   The subject of the message will be "Subscriber Update Has Completed".

3. There is a post install routine, IBY506PO that is included in this patch. After the patch has been installed the post install routine may be deleted by the site.

Routine Information:
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The second line of each of these routines now looks like:

    ;;2.0;INTEGRATED BILLING;**[Patch List]**;21-MAR-94;Build 74

The checksums below are new checksums, and can be checked with CHECK1^XTSUMBルド.

Routine Name: IBCNBA
    Before: B67963575   After: B75234738  **82,184,246,416,506**
Routine Name: IBCNBLA
    Before: B65832730   After: B68621473  **82,149,153,184,271,416,506**
Routine Name: IBCNBLA1
    Before: B83105620   After:B109017255 **82,133,149,184,252,271,416, 438,506**
Routine Name: IBCNBLL
    Before:B101908545   After:B138729075 **82,149,153,183,184,271,345, 416,438,435,506**
Routine Name: IBCNEDE2
Routine Name: IBNEDE6
Before: B60928994 After: B63879348 **184,271,249,345,416,438,506**

Routine Name: IBNEDEP
Before: B32414593 After: B33816621 **184,271,345,416,497,506**

Routine Name: IBNEDEST
Before: B86075479 After: B83976754 **184,271,300,416,438,506**

Routine Name: IBNEHL1
Before: B206919324 After: B215626728 **300,345,416,444,438,497,506**

Routine Name: IBNEHL3
Before: B168485042 After: B171692667 **300,416,497,506**

Routine Name: IBNEHL4
Before: B174356077 After: B174792299 **300,416,438,497*506**

Routine Name: IBNEHL5
Before: B26579443 After: B28096778 **184,251,300,416,438,497,506**

Routine Name: IBNEHLT
Before: B77895122 After: B80145618 **184,251,271,300,416,438,506**

Routine Name: IBNERP8
Before: B66453982 After: B75472595 **184,271,345,416,506**

Routine Name: IBNERP9
Before: B102330381 After: B103562066 **184,271,416,506**

Routine Name: IBNERPE
Before: B60593817 After: B65900140 **271,300,416,438,497,506**

Routine Name: IBCNES
Before: B28429551 After: B63081036 **416,438,497,506**

Routine Name: IBCNESU1
Before: B35326232 After: B44078437 **184,497,506**

Routine Name: IBCNSJ12
Before: B20812349 After: B21606758 **28,62,142,506**

Routine Name: IBCNSJ3
Before: B17659726 After: B19317542 **28,497,506**

Routine Name: IBCNSM3
Before: B14041849 After: B14271242 **6,28,85,211,251,399,506**

Routine Name: IBCNUR
Before: B23131946 After: B24160231 **103,276,506**

Routine Name: IBNCUPD
Before: B15205533 After: B19970193 **497,506**

Routine Name: IBJPI
Before: B21978399 After: B19548396 **184,271,316,416,438,479,506**

Routine Name: IBY506PO
Before: n/a After: B23493376 **506**
3 Enhancements
The following features in VistA, Integrated Billing are affected by this effort:

3.1 Enhancements to the Insurance Buffer

3.1.1 Insurance Buffer – Create New ‘Complete Buffer’ (CB) Screen
Provides a new view, the ‘Complete Buffer’ (CB) view, within the Insurance Buffer.

3.1.2 Insurance Buffer – Default View to be the ‘Complete Buffer’ (CB) Screen

3.1.3 Insurance Buffer – ‘Complete Buffer’ Screen Contents
Contains all of the records found on the other Insurance Buffer views.

3.1.4 Insurance Buffer – ‘Complete Buffer’ Screen Actions
Provides the user with the same actions as found on the Positive Buffer view.

3.1.5 Insurance Buffer – Ability to Jump to the ‘Complete Buffer’ Screen
Provides the capability to jump to the ‘Complete Buffer’ (CB) screen.

3.1.6 Insurance Buffer – ‘Positive Buffer’ Screen Fix Filter
Contains only non-Medicare records that meet any of the following criteria:
  - Non-Medicare records that have an eIV symbol of “+”
  - Non-Medicare records that have an “*” that previously had an eIV symbol of “+”
  - Non-Medicare records that have an “*” with no current or past eIV symbol
  - Non-Medicare records that have a “$” symbol

3.1.7 Insurance Buffer – ‘Medicare Buffer’ Screen Fix Filter
Contains only Medicare records regardless of the eIV symbol.

3.1.8 Insurance Buffer – ‘Negative Buffer’ Screen Fix Filter
Contains only non-Medicare records that meet any of the following criteria:
  - Non-Medicare records that have an eIV symbol of “-“
  - Non-Medicare records that have an “*” that had an eIV symbol of “-“

3.1.9 Insurance Buffer – Remove ‘Future Appointments’ Screen
The ‘Future Appointment’ view has been removed from the Insurance Buffer.

3.1.10 Insurance Buffer – Create New ‘Failure Buffer’ (FB) Screen
The ‘Failure Buffer’ (FB) view is available from within the Insurance Buffer.
3.1.11 Insurance Buffer – ‘Failure Buffer’ Screen Contents
Contains non-Medicare records having an eIV symbol of “!” only.

3.1.12 Insurance Buffer – ‘Failure Buffer’ Screen Actions
Allows the user to perform the same actions as the ‘Positive Buffer’ view.

3.1.13 Insurance Buffer – Remove ‘Verify Entry’ Action from the Buffer Views
The user can no longer select the action ‘Verify Entry’ from within the Insurance Buffer.

3.1.14 Insurance Buffer – Filter Insurance Buffer Records Based on User’s Security Keys (Revised)
All Insurance Buffer views show users (who do NOT have either the new insurance edit key or the new group/plan edit key) only those NON-MEDICARE buffer records that have an eIV symbol of “+” and the patient identified on the buffer record has at least one active policy on their insurance records. (The insurance company name has no part in this comparison.)

- In other words: the user would see the same things on the complete buffer view and the positive view, while all other views will be empty of records.

3.1.15 Insurance Buffer – Ability to Jump to the ‘Failure Buffer’ Screen
All of the views within the Insurance Buffer contain the ability to jump to the ‘Failure Buffer’ (FB) screen.

3.1.16 Insurance Buffer – Remove Ability to Create New Insurance Company
The user no longer has the ability to create a new insurance company from within the Insurance Buffer.

3.1.17 Insurance Buffer – Remove Ability to Create New Group/Plan
The user no longer has the ability to create a new group/plan from within the Insurance Buffer.

3.1.18 Insurance Buffer – Rename the Insurance Buffer File
The VistA ‘Insurance Buffer’ (#355.33) file is now named the ‘Insurance Verification Processor’ (#355.33).

3.1.19 Insurance Buffer – Create Insurance Buffer Entry for Appointments with Nationally Inactive Payers
The system creates an Insurance Buffer record with a blank eIV symbol for instances in which the eIV appointment extract would have created an eIV inquiry except for the fact that the payer is nationally inactive.

3.1.20 Insurance Buffer – Add “Escalate” Action to the Buffer Views
Displays the new action, “Escalate”.

3.1.21 Insurance Buffer – Restrict use of the “Escalate” Action
“Escalate” can only be used by users who do NOT have either the new insurance edit key or the new group/plan edit key.
3.1.22 Insurance Buffer – Implement the “Escalate” Action
“Escalate” replaces the “+” symbol with a “$” for the selected insurance buffer entry to indicate that the policy on the insurance buffer record cannot be processed by that user.

3.2 System Feature: eIV – HL7 Transactions

3.2.1 eIV HL7 Transactions - Daily Registration Message to FSC
The system transmits the following data to FSC daily via the eIV Registration message:
- The value of Freshness Days (#350.9,51.01)
- The value of Timeout Days (#350.9,51.05)
- The value of Retry Flag (#350.9,51.26)

3.2.2 eIV HL7 Transactions – Receive Retry Flag from FSC
Provides users with the ability to receive the Retry flag when received as an eIV table update message (HL7 MFN^M01).

3.2.3 eIV HL7 Transactions – Store Retry Flag from FSC
Provides users with the ability to store the Retry flag within the IB Site Parameters file.

3.2.4 eIV HL7 Transactions – Receive Freshness Days from FSC
Provides users with the ability to receive the Freshness Days when received as an eIV table update message (HL7 MFN^M01).

3.2.5 eIV HL7 Transactions – Store Freshness Days from FSC
Provides users with the ability to store the Freshness Days within the IB Site Parameters file.

3.2.6 eIV HL7 Transactions – Receive Timeout Days from FSC
Provides users with the ability to receive the Timeout Days when received as an eIV table update message (HL7 MFN^M01).

3.2.7 eIV HL7 Transactions – Store Timeout Days from FSC
Provides users with the ability to store the Timeout Days within the IB Site Parameters file.

3.2.8 eIV HL7 Transactions – Treat all AAA Action Codes as Though the Payer/FSC Responded
The eIV system does NOT resend an inquiry for any X12 271 message that contains an error action code and treats the X12 271 as having received an answer to the X12 270 inquiry.

3.2.9 eIV HL7 Transactions – Honor the Retry Flag when Resending an eIV Inquiry
The eIV system only resends an X12 270 message (eIV inquiry) if the Retry flag is set to YES and all other criteria is met.

3.2.10 eIV HL7 Transactions – Honor the Timeout Days when Resending an eIV Inquiry
The eIV system only resends an X12 270 message (eIV inquiry) if it has been at least the number of Timeout Days since the last time the eIV inquiry was sent to FSC and all other criteria is met.
3.2.11 eIV HL7 Transactions – Honor the ‘NUMBER RETRIES’ when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if the number of times an eIV inquiry was resent to FSC is less than the ‘NUMBER RETRIES’ allowed and all other criteria is met.

3.2.12 eIV HL7 Transactions – Honor the Payer’s Nationally Active Flag when Resending an eIV Inquiry

The eIV system only resends an X12 270 message (eIV inquiry) if the payer defined in the eIV inquiry is currently Nationally Active and all other criteria is met.

3.2.13 eIV HL7 Transactions – Do Not Send MailMan Message When Retries are Exhausted

The eIV system does not send a MailMan message when the number of retries for a missing X12 271 message (eIV response) has been exhausted.

3.3 System Feature: eIV Site Parameters

3.3.1 eIV Site Parameters – Retry Flag Not Editable

The eIV Site Parameters do not display the Retry Flag.

3.3.2 eIV Site Parameters - Freshness Days Not Editable

Displays the Freshness Days as viewable only.

3.3.3 eIV Site Parameters – Timeout Days Not Editable

The eIV Site Parameters do not display the Timeout Days.

3.3.4 eIV Site Parameters – Set the Value of ‘NUMBER RETRIES’ Field

The eIV Site Parameter, ‘NUMBER RETRIES’, is initially defined as having a value of “1.”

3.3.5 eIV Site Parameters – Set the Initial Value of the Retry Flag

The eIV Site Parameter, ‘Retry Flag’, is initially defined as having a value of “No.”

3.3.6 eIV Site Parameters – Set the Initial Value of the Freshness Days

The eIV Site Parameter, ‘Freshness Days’, is initially defined as having a value of “180”.

3.3.7 eIV Site Parameters – Set the Initial Value of the Timeout Days

The eIV Site Parameter, ‘Timeout Days’, is initially defined as having a value of “5.”

3.3.8 eIV Site Parameters - Set the Value of the ‘HL7 Response Processing’ Field

The eIV Site Parameter, ‘HL7 Response Processing’ field is initially defined as having a value of ‘immediate’.

3.3.9 eIV Site Parameters – ‘HL7 Response Processing’ Field Not Editable

The eIV Site Parameters does not display the ‘HL7 Response Processing’ field.
3.3.10 eIV Site Parameters – Restrict eIV Number of Possible Retries
The eIV Site Parameter, ‘NUMBER RETRIES’ field is defined as having a value of ‘1’.

3.4 System Feature: Security Keys

3.4.1 Security Key – Create New Key to Add/Edit an Insurance Company
Includes a new IB security key to control edits/additions to records in VistA’s Insurance Company file.

3.4.2 Security Key – Lock the “Insurance Company Entry/Edit” Option
Restricts the ability to add/edit an insurance company through the “Insurance Company Entry/Edit” [IBCN INSURANCE CO EDIT] option to only users with the new IB INSURANCE COMPANY EDIT security key.

3.4.3 Security Key – User Requires Key to Add/Edit Insurance Company in the Insurance Buffer
Restricts the ability of users to add/edit an insurance company through the Insurance Buffer to only those users with the new IB INSURANCE COMPANY EDIT security key.

3.4.4 Security Key – Create New Key to Add/Edit a Group/Plan
Includes a new IB security key to control edits/additions to records in VistA’s Group Insurance Plan file.

3.4.5 Security Key – User Requires Key to Add/Edit Group/Plan in the Buffer
Restricts the ability of users to add/edit a Group/Plan through the Insurance Buffer to only those users with the new IB GROUP PLAN EDIT security key.

3.4.6 Security Key – Lock the Ability to Create a Group/Plan within ‘Patient Insurance Info View/Edit’ Option
Restricts the ability of users to add/edit a Group/Plan through the ‘Patient Insurance Info View/Edit’ option to only those users with the new IB GROUP PLAN EDIT security key.

3.5 System Feature: Eligibility Benefits

3.5.1 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Process Insurance Buffer’ option
Displays the newly formatted eligibility benefit information when accessed by the ‘Process Insurance Buffer’ option.

3.5.2 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘TPJI’ Option
Displays the newly formatted eligibility benefit information when accessed by the ‘TPJI’ option.
3.5.3 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Patient Insurance Info View/Edit’ Option
Displays the newly formatted eligibility benefit information when accessed by the ‘Patient Insurance Info View/Edit’ option.

3.5.4 Eligibility Benefits – Include the Eligibility Benefit Information on the eIV Response Report
Displays the eligibility benefit information that is associated with the X12 271 response on the eIV Response Report.

3.5.5 Eligibility Benefits – Store the Service Date on the Patient’s Policy Record
Stores on the patient’s record the Service Date associated with the eligibility benefits when eligibility benefits are saved from the Insurance Buffer to the patient’s policy.

3.5.6 Eligibility Benefits – Store the Service Type on the Patient’s Policy Record
Stores on the patient’s record the Service Type that was inquired about when eligibility benefits are saved from the Insurance Buffer to the patient’s policy.

3.5.7 Eligibility Benefits – Display the Service Date of the Response
Displays the service date the payer responded to at the top of the Eligibility Benefit section above the insurance status.

3.5.8 Eligibility Benefits – Display the Service Type of the Response
Displays the service type inquired about at the top of the Eligibility Benefit section above the insurance status.

3.5.9 Eligibility Benefits – Eligibility Benefit (1st Priority Sort Order): Insurance Status
Displays the insurance status of the policy found within the eligibility benefit data at the top of the Eligibility Benefit section.

3.5.10 Eligibility Benefits - Eligibility Benefit (2nd Priority Sort Order): Insurance Type
Displays the insurance type of the policy, when available, that is found in the eligibility benefit data as the second data element of the Eligibility Benefit section.

3.5.11 Eligibility Benefits – Eligibility Benefit (3rd Priority Sort Order): Coordination of Benefits (COB) (Removed – 08/01/2013)

3.5.12 Eligibility Benefits - Eligibility Benefit (4th Priority Sort Order): Indication of Other Insurance
Indicates possible other insurance as the fourth data element of the Eligibility Benefit section, only if the payer’s response contains potential additional insurance.