

Medical Care Collection Fund (MCCF) eBilling Compliance Phase 3

RELEASE NOTES/Installation Guide/Rollback Plan

IB*2*547



Department of Veterans Affairs

August 2016

Version 5.0

Office of Information and Technology (OI&T)

Table of Contents

1	Introduction.....	1
1.1	Documentation and Distribution.....	1
2	Patch Description and Installation Instructions	3
2.1	Patch Description.....	3
2.2	Pre/Post Installation Overview.....	12
2.3	Installation Instructions.....	14
3	Backout and Rollback Procedures	19
3.1	Overview of Backout and Rollback Procedures.....	19
3.2	Backout Procedure	19
3.3	Rollback Procedure	19
4	Enhancements	20
4.1.1	Enter/Edit Billing Information	20
4.1.2	Printed Claims	20
4.1.3	Insurance Company Entry/Edit/View Insurance Company	20
4.1.4	Integrated Billing Site Parameters	20
4.1.5	Claims Status Awaiting Resolution (CSA).....	21
4.1.6	Third Party Joint Inquiry (TPJI)	21
4.1.7	EDI Menu For Electronic Bills	21
4.1.8	View/Resubmit Claims - Live or Test (RCB).....	21
4.1.9	Medicare Management Worklist (MRW).....	21
4.1.10	Billing Reports	21
4.1.11	Copy and Cancel (CLON).....	22
4.1.12	COB Management Worklist (CBW).....	22
4.1.13	Request For Additional Information Worklist	22
4.1.14	ASC X12N Health Care Claim (837) Transactions.....	22
4.1.15	ASC X12N Health Care Claim Request For Additional Information (277) Transactions.....	22
4.2	Issue Resolutions	23
4.2.1	New Service Requests (NSRs)	23
4.2.2	Defect Tracking System Tickets.....	23
4.2.3	CA SDM Tickets	23

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1 Introduction

The purpose of this patch is to meet the requirements for the Medical Care Collection Fund (MCCF) eBilling Compliance Phase 3 project related to Integrated Billing (IB). Integrated Billing is a software module within the Veterans Health Information Systems and Technology Architecture (VistA) that provides the ability for billing personnel to submit claims in either a paper or electronic format to third-party payers. The IB module also transmits and receives HL7 messages from the Financial Services Center (FSC). This effort will include adding a new inbound HL7 message for the Accredited Standards Committee (ASC) X12N Health Care Claim Request for Additional Information (277RFAI) transactions to the existing interfaces with FSC.

This integrated Billing patch introduces changes to the VistA IB module.

Application Version	Patch
INTEGRATED BILLING V.2.0	IB*2*547

1.1 Documentation and Distribution

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

The preferred method is to retrieve files from download.vista.med.va.gov.

This transmits the files from the first available FTP server. Sites may also elect to retrieve files directly from a specific server.

Sites may retrieve the documentation directly using Secure File Transfer Protocol (SFTP) from the ANONYMOUS.SOFTWARE directory at the following OI Field Offices:

Albany	REDACTED
Hines	REDACTED
Salt Lake City	REDACTED

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

Title	File Name	Transfer Mode
Release Notes/Installation Guide	ib_2_0_p547_rn.pdf	Binary
EDI User Guide	edi_user_guide.pdf	Binary
Integrated Billing (IB) V.2.0 Technical/Security Manual	ib_2_0_tm.pdf	Binary

(This page included for two-sided copying.)

2 Patch Description and Installation Instructions

2.1 Patch Description

Run Date: AUG 11, 2016	Designation: IB*2*547
Package : INTEGRATED BILLING	Priority : MANDATORY
Version : 2	Status : COMPLETE/NOT RELEASED

Associated patches:

(v)IB*2*214	<=<= must be installed BEFORE `IB*2*547'
(v)IB*2*451	<=<= must be installed BEFORE `IB*2*547'
(v)IB*2*473	<=<= must be installed BEFORE `IB*2*547'
(v)IB*2*489	<=<= must be installed BEFORE `IB*2*547'
(v)IB*2*516	<=<= must be installed BEFORE `IB*2*547'
(v)IB*2*522	<=<= must be installed BEFORE `IB*2*547'

Subject: MCCF FY15 EBILLING

Category: ROUTINE

Description:

Important Note: In production, there is one ****MANDATORY**** pre-installation activity associated with this install.

The IB Staff **MUST** empty the 837 extract/transmission queue **PRIOR** to the installation of this patch.

Please reference instructions from the Pre/Post Installation Overview for further details.

The purpose of this patch is to meet the requirements for the MCCF eBilling Compliance Phase 3 project related to Integrated Billing (IB). Integrated Billing is a software module within Veterans Health Information Systems and Technology Architecture (Vista) that provides the ability for billing personnel to submit claims in either a paper or electronic format to third-party payers. The IB module also transmits and receives HL7 messages from FSC. This effort will include adding a new inbound HL7 message for the ASC X12N Health Care Claim Request For Additional Information (RAI) (277) transactions to the existing interfaces with FSC.

The following features of the IB software will be affected by this project:

- Enter/Edit Billing Information [IB EDIT BILLING INFO] option
- Printed Claim Forms
- Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT] option
- View Insurance Company [IBCN VIEW INSURANCE CO] option
- IB SITE PARAMETERS (#350.9) file

- Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING]
- Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY] option
- Print EOB [IBCE PRINT EOB] option
- View/Resubmit Claims - Live or Test [IBCE PREV TRANSMITTED CLAIMS] option
- Medicare Management Worklist (MRW) [IBCE MRA MANAGEMENT] option
- Billing Reports - Printed Claims Report [IB PRINTED CLAIMS REPORT]/ Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT]
- Copy and Cancel [IB COPY AND CANCEL] option
- COB Management Worklist [IBCE COB MANAGEMENT] option
- RFAI Management Worklist [IBRFI 277 WORKLIST] option
- ASC X12N Health Care Claim (837) Transactions
- ASC X12N Health Care Claim Request for Additional Information (277RFAI)

Enter/Edit Billing Information [IB EDIT BILLING INFO] option

- Make any necessary changes to the logic for determining Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code service lines and revenue codes to ensure that identical codes either:
 - Combine and calculate the correct number of units - no Print Order
 - Do not combine - Print Order
- Remove the fatal error that prevents the authorization of a claim for a patient with only a last name in the Patient file
- Remove the fatal error that prevents the authorization of a claim for a subscriber with only a last name
- Remove the obsolete Present on Admission (POA) code option of Blank/Exempt from POA Reporting

Printed Claims

- Add the ability to print the amount paid on a claim by the previous payer(s) in Box 29 of the CMS-1500 claim form when a secondary/tertiary claim is printed locally
- Remove the printing of the admission date and time from the UB04 claim form (FL12/13) when an outpatient, institutional claim is printed locally
- Remove the printing of the discharge time from the UB04 claim form (FL16) when an outpatient, institutional claim is printed locally

Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT] option

- Add the ability to define multiple Additional Primary Payer Identification numbers for an insurance company for the purpose of routing claims to different administrative contractors for both Medicare Will Not Reimburse (WNR) and commercial [non-Medicare (WNR)] insurance companies
- Add the ability to view what is defined as the insurance company addresses in Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT] option and View Insurance Company [IBCN VIEW INSURANCE CO] option even if the address is incomplete or blank
- Add the ability to define a Utilization Management Organization (UMO) identifier to be transmitted in the X12N 5010 Health Care Services Review - Request for Review and Response (278) transaction

IB SITE PARAMETERS (#350.9) file

- Add a parameter that controls how long the VistA system will store American Standard Code (ASC) X12N Health Care Claim Request For Additional Information (277) transactions (default = infinity)
- Add a parameter that controls how long an ASC X12N Health Care Claim

Request For Additional Information (277) transaction will display on the ASC X12N Health Care Claim Request For Additional Information (277) worklist

- Add the ability to maintain a list of revenue codes that will be used to make some printed claims exempt from tracking
- Add ability to define Alternate Primary Payer ID Types to be used to qualify Alternate Primary Payer IDs

Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING] option (CSA)

- Add the ability to view through Claims Status Awaiting Resolution [IBCE CLAIMS STATUS AWAITING] option (CSA), the Health Care Clearing House (HCCH) that sent a Claim Status (277) message for a claim when the message source is an HCCH

Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY] option (TPJI)

- Add the ability to view through Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY] option (TPJI), the HCCH that sent a Claim Status (277) message for a claim when the message source is an HCCH
- Modify the Electronic Explanation of Benefits (EEOB) view within the Claim Information action to display the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA (#345) and AR EDI RARC DATA (#346) files.
- Add the ability to view comments added to the Request for Additional Information (RFAI) Worklist for a claim

EDI Menu For Electronic Bills [IBCE 837 EDI MENU] option

- Modify the Electronic Explanation of Benefits (EEOB) to display the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA (#345) and AR EDI RARC DATA (#346) files from the following locations:
 - Print EOB [IBCE PRINT EOB] option

View/Resubmit Claims-Live or Test [IBCE PREV TRANSMITTED CLAIMS] option (RCB)

- Add the ability to look up claims for an insurance company by Electronic Data Interchange (EDI) Payer ID in addition to the name of the insurance company
- Add the ability to search for claims that were previously printed and transmit them via the test queue

Medicare Management Worklist [IBCE MRA MANAGEMENT] option (MRW)

- Modify the EEOB view to display the CARCs and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA (#345) and AR EDI RARC DATA (#346) files from the following options:
 - View MRA EOB [IBCEM VIEW MRA EOB] option
 - MRW [IBCE MRA MANAGEMENT] option

Billing Reports

- Add the ability to track claims that are printed locally based on specific search criteria for CPAC and TRICARE/CHAMPVA claims
- Modify the Re-generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT]summary to display the summary totals before divisional totals and to provide the ability to select whether or not the report is sorted by division

Copy and Cancel [IB COPY AND CANCEL] option (CLON)

- Modify the existing logic associated with copying a claim to ensure the Coordination of Benefits (COB) data associated with the cancelled claim is associated with the new copy

COB Management Worklist [IBCE COB MANAGEMENT] option (CBW)

- Add the ability to search for claims on the COB Management Worklist by payer sequence and to sort the claims by payer sequence
- Modify the EEOB to display the CARCs and RARCs descriptions from the new AR EDI CARC DATA (#345) and AR EDI RARC DATA (#346) files from the following CBW actions:
 - Print EOB/MRA
 - View EOB

RFAI Management Worklist [IBRFI 277 WORKLIST] option

- Add the ability to view and manage manually, requests for additional claim information (ASC X12N Health Care Claim Request For Additional Information (277) transactions) received from payers

ASC X12N Health Care Claim (837) Transactions

- Add the ability to transmit all claims with a rate type for which the insurer is responsible in an ASC X12N Health Care Claim (837) transaction
- Add the ability to transmit up to 25 procedures codes in an institutional ASC X12N Health Care Claim (837) transaction
- Add the ability to transmit up to 12 External Cause of Injury diagnosis codes in an institutional ASC X12N Health Care Claim (837) transaction|TAB|
- Modify the ASC X12N Health Care Claim (837) layout to include maximum allowable data element lengths for the insurance fields whose lengths were increased by the eInsurance Patch IB*2*497
- Modify the ASC X12N Health Care Claim (837) layout to only transmit an admission date on inpatient claims
- Modify the ASC X12N Health Care Claim (837) layout to only transmit a discharge date/time on inpatient claims

ASC X12N Health Care Claim Request For Additional Information (277) Transactions

- Add the ability to receive a ASC X12N Health Care Claim Request For Additional Information (277) equivalent transaction from FSC

Patch Components

Files & Fields Associated:

File Name (#)

Sub-file Name (#)	Field Name (Number)	New/Modified/Deleted
NEW PERSON (#200)		New Entry
INSURANCE COMPANY (#36)		Modified
	EDI ID NUMBER - PROF (#3.02)	Modified
	EDI ID NUMBER - INST (#3.04)	Modified
	EDI - UMO (278) ID (#7.01)	New
ALTERNATE INST PAYER ID TYPE sub-file (#36.015)		New
ALTERNATE PROF PAYER ID TYPE sub-file (#36.016)		New
IB SITE PARAMETERS (#350.9)		Modified
	PURGE DAYS 277 RFAI (#52.01)	New

WORKLIST PURGE DAYS 277 RFAI (#52.02)	New
PRINTED CLAIMS RC EXCLUSIONS sub-file (#350.9399)	New
PRIMARY PAYER ID TYPES MED sub-file (#350.981)	New
PRIMARY PAYER ID TYPES COM sub-file (#350.982)	New
IB ALTERNATE PRIMARY ID TYPE (#355.98)	New
IB BILL/CLAIMS DIAGNOSIS (#362.3)	Modified
POA INDICATOR (#.04)	Modified
IB FORM SKELETON DEFINITION (#364.6)	
Screen: I \$\$INCLUDE^IBY547PR(6,Y)	
IB FORM FIELD CONTENT (#364.7)	
Screen: I \$\$INCLUDE^IBY547PR(7,Y)	
HEALTH CARE CLAIM RFAI (277) (#368)	New
X12 277 CLAIM STATUS CATEGORY (#368.001)	New
X12 277 PRODUCT OR SERVICE ID QUAL (#368.002)	New
BILL/CLAIMS (#399)	Modified
FORM TYPE (#.19)	Modified
PRIMARY INSURANCE CARRIER (#101)	Modified
SECONDARY INSURANCE CARRIER (#102)	Modified
TERTIARY INSURANCE CARRIER (#103)	Modified
PRIMARY PAYER-ALT ID TYPE (#140)	New
PRIMARY PAYER-ALT ID (#141)	New
SECONDARY PAYER-ALT ID TYPE (#142)	New
SECONDARY PAYER-ALT ID (#143)	New
TERTIARY PAYER-ALT ID TYPE (#144)	New
TERTIARY PAYER-ALT ID (#145)	New
HL7 Message Type (#771.2)	New Entry
HL7 VERSION (#771.5)	New Entry
HL7 Event Type Code (#779.001)	New Entry
HL7 MESSAGE STRUCTURE CODE (#779.005)	New Entry

Bulletins Associated:

Bulletin Name	New/Modified/ Deleted
-----	-----
N/A	

Dialogs Associated:

Dialog Name	New/Modified/ Deleted
-----	-----
N/A	

Forms Associated:

Form Name	File Name (Number)	New/Modified/ Deleted
-----	-----	-----
N/A		

Functions Associated:

Function Name -----	New/Modified/ Deleted -----
N/A	

HL Logical Link:

HL Logical Name -----	New/Modified/ Deleted -----
N/A	

HL7 Application Parameters:

HL7 Parameter Name -----	New/Modified/ Deleted -----
IB RFAI VISTA	New
RFAI FSC	New

HLO Application Registry:

HLO Registry Name -----	New/Modified/ Deleted -----
N/A	

Help Frames Associated:

Help Frame Name -----	New/Modified/ Deleted -----
N/A	

Mail Groups Associated:

Mail Group Name -----	New/Modified/Deleted -----
IBRFI 277 MESSAGE	New

Options Associated:

Option Name -----	Type -----	New/Modified/Deleted -----
IB OUTPUT MANAGEMENT REPORTS	menu	Modified
IB PRINTED CLAIMS REPORT	run routine	New
IBCE 837 EDI MENU	menu	Modified
IBRFI 277 WORKLIST	run routine	New

Parameter Definitions:

Parameter Name -----	New/Modified/Deleted -----
N/A	

N/A

Templates, Input Associated:

Template Name	Type	File Name (Number)	New/Modified/Deleted
-----	---	-----	-----
IB SCREEN102	Input	BILL/CLAIMS (#399)	
IB SCREEN10H	Input	BILL/CLAIMS (#399)	
IBEDIT INS CO1	Input	INSURANCE COMPANY (#36)	Modified

Templates, List Associated:

Template Name	Type	New/Modified/Deleted
-----	---	-----
IBCE VIEW LOC PRINT	List	New
IBJP ADMIN CONTRACTOR COM	List	New
IBJP ADMIN CONTRACTOR MED	List	New
IBJP IB REVENUE CODES	List	New
IBRFI 277 DETAIL WL	List	New
IBRFI 277 WL	List	New
IBRFI COMMENTS	List	New

Templates, Print Associated:

Template Name	Type	File Name (Number)	New/Modified/Deleted
-----	---	-----	-----
N/A			

Templates, Sort Associated:

Template Name	Type	File Name (Number)	New/Modified/Deleted
-----	---	-----	-----
N/A			

New Service Requests (NSRs)

NSR 20140414 - Medical Care Collection Fund (MCCF) eBilling Compliance Phase 3

Patient Safety Issues (PSIs)

N/A

Defect Tracking System Tickets(s) & Overview

1. Remedy ticket - #1262831

Problem:

Problem with Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT]. After the installation of IB*2*516 the last 3 columns of the report for CPT, I. Rate, and P. Rate no longer display data.

Resolution:

Corrected with the install of this patch. The Re-generate Unbilled Amounts report summary was modified to display the summary totals before divisional totals and to provide the ability to select whether or not the report is sorted by division.

2. CA Service Desk Manager (SDM) Ticket - #I6528186FY16

Problem:

If the user selects to sort the CBW (COB Management Worklist) by Secondary Insurance Company, when the worklist displays the Secondary Insurance Company name in the header is incorrect.

Resolution:

Corrected with the install of this patch. The IBCAPP2 routine was incorrectly assuming for secondary claims where Medicare was the insurer, that the tertiary insurance company was the current insurance company name to use in the header.

Test Sites:

Pittsburgh
South Texas
Northern Indiana
Illiana

Documentation Retrieval Instructions

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

The preferred method is to retrieve files from download.vista.med.va.gov.

This transmits the files from the first available server. Sites may also elect to retrieve files directly from a specific server.

Sites may retrieve the documentation directly using Secure File Transfer Protocol (SFTP) from the ANONYMOUS.SOFTWARE directory at the following OI Field Offices:

Albany

REDACTED

Hines
Salt Lake City

REDACTED
REDACTED

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

Title	File Name	Transfer Mode
Release Notes/Installation Guide	ib_2_0_p547.pdf	Binary
EDI User Guide	edi_user_guide.pdf	Binary
Integrated Billing (IB) V.2.0 Technical/Security Manual	ib_2_0_tm.pdf	Binary

2.2 Pre/Post Installation Overview

****Important Note: In production, there is one **MANDATORY** pre-installation activity associated with this install. The IB Staff MUST empty the 837 extract/transmission queue PRIOR to the installation of this patch. ***

The site Information Resource Management (IRM) should coordinate with the Billing Department to insure that the 837 extract/transmission queue is empty. The Billing Department should be aware of the set of instructions to be executed. If not, the billing supervisor can be contacted. Once the Billing Department has completed the instructions, the Billing Department is to inform the IRM that the patch installation can proceed.

The instructions to empty the queue are as follows:

Select the option:

TRANSMIT EDI BILLS - MANUAL [IBCE 837 MANUAL TRANSMIT]

What is the purpose of this option?

This option is used to by-pass the normal daily/nightly transmission_queues if the need arises to get the claim to the payer quickly.

When is this option used?

There are occasions when there is a need to transmit a claim(s) immediately instead of waiting for the batching frequency as scheduled in the MCCR Site Parameters. This option will allow sending individual claim(s) or all claims in a ready for extract status.

Upon selecting this option you will be prompted with the following:

Select one of the following:

- A Transmit (A)LL bills in READY FOR EXTRACT status
- S Transmit only (S)ELECTED bills

You should select 'A' for ALL.

Once the Billing Department has completed the instruction, the Billing Department is to inform the IRM that the patch installation can proceed.

There are no other mandatory pre-installation activities associated with this package.

The Pre-install routine (IBY547PR) will automatically do the following:

- Update all active rate types to be transmittable electronically.
- Update the output formatter entries.

The Post-install (IBY547PO) will automatically do the following:

- Set new CROSS-REFERENCES for existing fields 3.02 (EDI ID NUMBER - PROF) & 3.04 (EDI ID NUMBER - INST) in file 36 (INSURANCE COMPANY)
- Set new multi=field (#15 PRINTED CLAIMS RC EXCLUSIONS) in file #350.9 (IB SITE PARAMETERS) for the default Revenue Code Exclusions on the Printed Claims Report. (270-279 & 290-299)
- Set initial values in new multiple (#81 PRIMARY PAYER ID TYPES MED) in file #350.9 to the default Administrative Contractors for Medicare. (DME)
- Set initial values in fields 52.01 & 52.02 in file #350.9.RFAI Transaction Purge Days (#52.01) set to null for 'no purge' and RFAI Worklist Purge Days (#52.02) set to 20 days

Routines IBY547PO and IBY547PR can be manually deleted by the IT/IRM upon completion of the installation.

2.3 Installation Instructions

You should install this patch during non-peak hours, when no Integrated Billing or Accounts Receivable users are on the system. Installation may be queued.

****There are no options to disable.

Install Time: Less than 10 minutes.

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 #(ex.IB*2.0*547):
 - 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 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. When prompted 'Enter the Coordinator for the Mail Group 'IBRFI 277 MESSAGE':, respond with the name of the person who will be the coordinator for this new mail group. This would be the IRM or person responsible for HL7 issues.
 6. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? NO//' You may press return to accept the default answer of NO IF your system rebuilds menu trees nightly using TaskMan. If you do not have this scheduled as a nightly task, you must answer YES to rebuild the menu trees. This could affect users on the system and your installation time will increase.
 7. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//' Press return to accept the default of NO.
 8. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO// Press return to accept the default of NO.
 9. If prompted "Delay Install (Minutes): (0 - 60): 0// respond 0.

Post-Installation Instructions

Routines IBY547PO and IBY547PR can be manually deleted by the IT/IRM upon completion of the installation.

Routine Information

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

;:2.0;INTEGRATED BILLING; **[Patch List]**;21-MAR-94;Build 119

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

Routine Name: IBCAPP2

Before: B49339546 After: B52487921 **432,447,516,547**

Routine Name: IBCBB

Before: B76368179 After: B79149601 **80,51,137,288,327,361,371,377,400,432,461,547**

Routine Name: IBCBB9

Before: B8708481 After: B7577761 **51,137,155,349,371,432,547**

Routine Name: IBCC

Before: B65165308 After: B65758578 **2,19,77,80,51,142,137,161, 199,241,155,276,320,358,433, 432,447,516,547**

Routine Name: IBCCC1

Before: B10846914 After: B11074104 **80,109,106,51,320,358,433,432,547**

Routine Name: IBCCCB

Before: B65683261 After: B69153739 **80,106,51,151,137,182,155,323,436,432,447,547**

Routine Name: IBCE837

Before: B82438812 After: B86551026 **137,191,197,232,296,349,547**

Routine Name: IBCECOB

Before: B27628888 After: B35210416 **137,155,288,432,488,516,547**

Routine Name: IBCECOB1

Before: B141608790 After: B144950163 **137,155,288,348,377,417,432,447,488,516,547**

Routine Name: IBCECSA5

Before: B69687266 After: B92877287 **137,135,263,280,155,349,489,488,547**

Routine Name: IBCECSA6

Before: B168448681 After: B177663056 **137,135,155,417,431,451,488,547**

Routine Name: IBCEF1

Before: B60116186 After: B67394178 **52,124,51,137,210,155,349,371,447,547**

Routine Name: IBCEF2

Before: B68782434 After: B78152141 **52,85,51,137,232,155,296,349,403,400,432,488,461,547**

Routine Name: IBCEM

Before: B59477823 After: B60823035 **137,191,155,371,547**

Routine Name: IBCEMCA

Before: B50663666 After: B50686321 **320,547**

Routine Name: IBCEMSR6

Before: n/a After: B40067499 **547**

Routine Name: IBCEMSR7

Before: n/a After: B12041405 **547**

Routine Name: IBCEMSRP

Before: n/a After: B11656625 **547**

Routine Name: IBCEMU2

Before: B50579600 After: B52413436 **155,320,349,436,547**

Routine Name: IBCEPTC

Before: B73846372 After: B92340697 **296,320,348,349,547**

Routine Name: IBCEPTC0

Before: B19837123 After: B40575166 **320,348,547**

Routine Name: IBCEPTC1

Before: B16490219 After: B19060601 **296,320,547**

Routine Name: IBCEPTC2

Before: B48277704 After: B52666304 **296,320,348,349,547**

Routine Name: IBCEPTC3

Before: B61167367 After: B64803891 **320,547**

Routine Name: IBCEU1

Before: B90709480 After: B91847621 **137,155,296,349,371,432,473,547**

Routine Name: IBCEU6

Before: B13249318 After: B13711797 **155,371,432,547**

Routine Name: IBCF23

Before: B46459420 After: B49750471 **52,80,106,122,51,152,137,402,432,488,547**

Routine Name: IBCF23A

Before: B20324273 After: B37854610 **51,432,516,547**

Routine Name: IBCNSC

Before: B26150929 After: B36416057 **46,137,184,276,320,371,400,488,547**

Routine Name: IBCNSC0

Before: B9881323 After: B13502229 **371,547**

Routine Name: IBCNSC01

Before: B59075221 After: B73912803 **52,137,191,184,232,320,349,371,399,416,432,494,519,547**

Routine Name: IBCNSC02

Before: B55602026 After: B56719125 **320,371,547**

Routine Name: IBCNSC1

Before: B80307925 After: B84078544 **62,137,232,291,320,348,349,371,400,519,516,547**

Routine Name: IBCSC10

Before: B3383615 After: B8325466 **432,547**

Routine Name: IBCSC102

Before: B41297495 After: B47787919 **432,447,461,547**

Routine Name: IBCSC10H

Before: B44927826 After: B51814065 **432,488,547**

Routine Name: IBCSC4F

Before: B34285009 After: B36628771 **106,403,400,522,547**

Routine Name: IBCSCE

Before: B9204544 After: B10358004 **52,80,91,106,51,137,236,245,287,349,371,400,432,447,547**

Routine Name: IBCSCP

Before: B11636365 After: B12277958 **52,51,161,266,432,447,547**

Routine Name: IBCU

Before: B52974983 After: B86259413 **52,106,51,191,232,323,320,384,432,547**

Routine Name: IBJPS

Before: B4384435 After: B6490988

39,52,70,115,143,51,137,161,155,320,348,349,377,384,400,432,494,461,516,547

Routine Name: IBJPS2

Before: B45274108 After: B54853458

39,52,115,143,51,137,161,155,320,348,349,377,384,400,432,494,461,516,547

Routine Name: IBJPS5

Before: n/a After: B7748441 **547**

Routine Name: IBJPS6

Before: n/a After: B107465430 **547**

Routine Name: IBJTTC

Before: B69337757 After: B92801270 **39,377,431,432,447,547**

Routine Name: IBRFIHL1

Before: n/a After: B29928361 **547**

Routine Name: IBRFIHL2

Before: n/a After: B153552095 **547**

Routine Name: IBRFIHLI

Before: n/a After: B4300194 **547**

Routine Name: IBRFIHLU

Before: n/a After: B7107625 **547**

Routine Name: IBRFIN

Before: n/a After: B7093032 **547**

Routine Name: IBRFIWL

Before: n/a After: 194634880 **547**

Routine Name: IBRFIWL1

Before: n/a After: B148319097 **547**

Routine Name: IBRFIWLA

Before: n/a After: B115196222 **547**

Routine Name: IBTRKR

Before: B36589425 After: B38263485 **23,43,45,56,214,547**

Routine Name: IBTUBO

Before: B35610159 After: B47033794 **19,31,32,91,123,159,192,235,248,155,516,547**

Routine Name: IBTUBO1

Before: B62446159 After: B65321637 **19,31,32,91,123,159,247,155,277,339,399,516,547**

Routine Name: IBTUBO2

Before: B49823798 After: B54785777 **19,31,32,91,123,159,192,155,309,347,437,516,547**

Routine Name: IBTUBO3

Before: B28228475 After: B42226483 **123,159,192,155,277,516,547**

Routine Name: IBTUBUL

Before: B72452562 After: B60799593 **19,123,159,217,155,356,516,547**

Routine Name: IBY547PO

Before: n/a After: B11193414 **547**

Routine Name: IBY547PR

Before: n/a After: B46231321 **547**

Routine list of preceding patches: 214, 473, 516, 522

3 Backout and Rollback Procedures

3.1 Overview of Backout and Rollback Procedures

The rollback plan for VistA applications is complex and not able to be a “one size fits all” solution. The general strategy for a VistA rollback is to repair the code with a follow-up patch. The development team recommends that sites a log ticket if it is a nationally released patch. If not, the site should contact the Enterprise Program Management Office (EPMO) team directly for specific solutions to their unique problems.

3.2 Backout Procedure

During the VistA installation procedure of the KIDS build, the installer can back up the modified routines using the ‘Backup a Transport Global’ action. The installer can restore the routines using the MailMan message that was saved prior to the installation of the patch. The backout procedure for global, data dictionary and other VistA components is more complex and will require issuance of a follow-up patch to ensure all components are properly removed. All software components (routines and other items) must be restored to their previous state at the same time and in conjunction with the restoration of the data. This backout process may need to include a database cleanup process.

Please contact the EPMO team for assistance if the installed patch that needs to be backed out contains anything at all besides routines before trying to backout the patch. If the installed patch that needs to be backed out includes a pre or post install routine, please contact the EPMO team before attempting the backout.

From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following option:

- 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 DD's or templates.

Note: When prompted for the INSTALL enter the patch #.

3.3 Rollback Procedure

The rollback procedure for VistA patches is complicated and may require a follow-up patch to fully roll back to the pre-patch state. This is due to the possibility of Data Dictionary updates, Data updates, cross references, and transmissions from VistA to offsite data stores.

Please contact the product development team for assistance if needed.

4 Enhancements

4.1.1 Enter/Edit Billing Information

- Make any necessary changes to the logic for determining Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code service lines and revenue codes to ensure that identical codes either:
 - Combine and calculate the correct number of units – no Print Order
 - Do not combine – Print Order
- Remove the fatal error that prevents the authorization of a claim for a patient with only a last name in the Patient file
- Remove the fatal error that prevents the authorization of a claim for a subscriber with only a last name
- Remove the obsolete Present on Admission (POA) code option of Blank/Exempt from POA Reporting

4.1.2 Printed Claims

- Add the ability to print the amount paid on a claim by the previous payer(s) in Box 29 of the CMS-1500 claim form when a secondary/tertiary claim is printed locally
- Remove the printing of the admission date and time from the UB04 claim form (FL12/13) when an outpatient, institutional claim is printed locally
- Remove the printing of the discharge time from the UB04 claim form (FL16) when an outpatient, institutional claim is printed locally

4.1.3 Insurance Company Entry/Edit/View Insurance Company

- Add the ability to define multiple Additional Primary Payer Identification numbers for an insurance company for the purpose of routing claims to different administrative contractors for both Medicare Will Not Reimburse (WNR) and commercial [non-Medicare (WNR)] insurance companies
- Add the ability to view what is defined as the insurance company addresses in Insurance Company Entry/Edit and View Insurance Company even if the address is incomplete or blank
- Add the ability to define a Utilization Management Organization (UMO) identifier to be transmitted in the X12N 5010 Health Care Services Review – Request for Review and Response (278) transaction

4.1.4 Integrated Billing Site Parameters

- Add a parameter that controls how long the VistA system will store American Standard Code (ASC) X12N Health Care Claim Request For Additional Information (277) transactions (default = infinity)
- Add a parameter that controls how long an ASC X12N Health Care Claim Request For Additional Information (277) transaction will display on the ASC X12N Health Care Claim Request For Additional Information (277) worklist

- Add the ability to maintain a list of revenue codes that will be used to make some printed claims exempt from tracking
- Add ability to define Alternate Primary Payer ID Types to be used to qualify Alternate Primary Payer IDs

4.1.5 Claims Status Awaiting Resolution (CSA)

- Add the ability to view through CSA, the Health Care Clearing House (HCCH) that sent a Claim Status (277) message for a claim when the message source is an HCCH

4.1.6 Third Party Joint Inquiry (TPJI)

- Add the ability to view through TPJI, the HCCH that sent a Claim Status (277) message for a claim when the message source is an HCCH
- Modify the Electronic Explanation of Benefits (EEOB) view within the Claim Information action to display the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA and AR EDI RARC DATA files (345 and 346)
- Add the ability to view comments added to the Request for Additional Information (RAFI) Worklist for a claim

4.1.7 EDI Menu For Electronic Bills ...

- Modify the Electronic Explanation of Benefits (EEOB) to display the Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA and AR EDI RARC DATA files (345 and 346) from the following locations:
 - Print EOB [IBCE PRINT EOB]

4.1.8 View/Resubmit Claims - Live or Test (RCB)

- Add the ability to look up claims for an insurance company by Electronic Data Interchange (EDI) Payer ID in addition to the name of the insurance company
- Add the ability to search for claims that were previously printed and transmit them via the test queue

4.1.9 Medicare Management Worklist (MRW)

- Modify the EEOB view to display the CARCs and Remittance Advice Remark Codes (RARC)s descriptions from the new AR EDI CARC DATA and AR EDI RARC DATA files (345 and 346) from the following options:
 - View MRA EOB [IBCEM VIEW MRA EOB]
 - MRW [IBCE MRA MANAGEMENT]

4.1.10 Billing Reports

- Add the ability to track claims that are printed locally based on specific search criteria for CPAC and TRICARE/CHAMPVA claims

- Modify the Re-generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT] summary to display the summary totals before divisional totals and to provide the ability to select whether or not the report is sorted by division

4.1.11 Copy and Cancel (CLON)

- Modify the existing logic associated with copying a claim to ensure the Coordination of Benefits (COB) data associated with the cancelled claim is associated with the new copy

4.1.12 COB Management Worklist (CBW)

- Add the ability to search for claims on the COB Management Worklist by payer sequence and to sort the claims by payer sequence
- Modify the EEOB to display the CARCs and RARCs descriptions from the new CARC and RARC files (344 and 345) from the following CBW actions:
 - Print EOB/MRA
 - View EOB

4.1.13 Request For Additional Information Worklist

- Add the ability to view and manage manually, requests for additional claim information (ASC X12N Health Care Claim Request For Additional Information (277) transactions) received from payers

4.1.14 ASC X12N Health Care Claim (837) Transactions

- Add the ability to transmit all claims with a rate type for which the insurer is responsible in an ASC X12N Health Care Claim (837) transaction
- Add the ability to transmit up to 25 procedures codes in an institutional ASC X12N Health Care Claim (837) transaction
- Add the ability to transmit up to 12 External Cause of Injury diagnosis codes in an institutional ASC X12N Health Care Claim (837) transaction
- Modify the ASC X12N Health Care Claim (837) layout to include maximum allowable data element lengths for the insurance fields whose lengths were increased by the eInsurance Patch IB*2*497
- Modify the ASC X12N Health Care Claim (837) layout to only transmit an admission date on inpatient claims
- Modify the ASC X12N Health Care Claim (837) layout to only transmit a discharge date/time on inpatient claims

4.1.15 ASC X12N Health Care Claim Request For Additional Information (277) Transactions

Add the ability to receive a ASC X12N Health Care Claim Request For Additional Information (277) equivalent transaction from FSC

4.2 Issue Resolutions

4.2.1 New Service Requests (NSRs)

This patch addresses the following New Service Request (NSR):

NSR 20140414 - Medical Care Collection Fund (MCCF) eBilling Compliance Phase 3.\

4.2.2 Defect Tracking System Tickets

Remedy Ticket #1262831 is associated with this patch.

Problem:

Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT].

After install of IB*2*516 the last 3 columns of the report for CPT, I. Rate, and P. Rate no longer display data.

Resolution:

Problem is corrected with the installation of this patch. The Re-generate Unbilled Amounts report summary is modified to display the summary totals before divisional totals and to provide the ability to select whether or not the report is sorted by division.

4.2.3 CA SDM Tickets

CA SDM Ticket # I6528186FY16 is associated with this patch.

Problem:

If the user selects to sort the CBW (COB Management Worklist) by Secondary Insurance Company, when the worklist displays the Secondary Insurance Company name in the header is incorrect.

Resolution:

Corrected with the install of this patch. The IBCAPP2 routine was incorrectly assuming for secondary claims where Medicare was the insurer, that the tertiary insurance company was the current insurance company name to use in the header.