Electronic Insurance Verification
User Guide

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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.
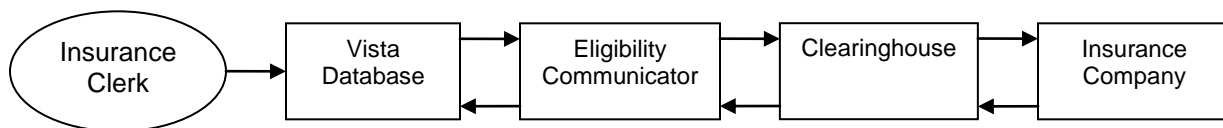
Figure 1. eIV Process Flow

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.
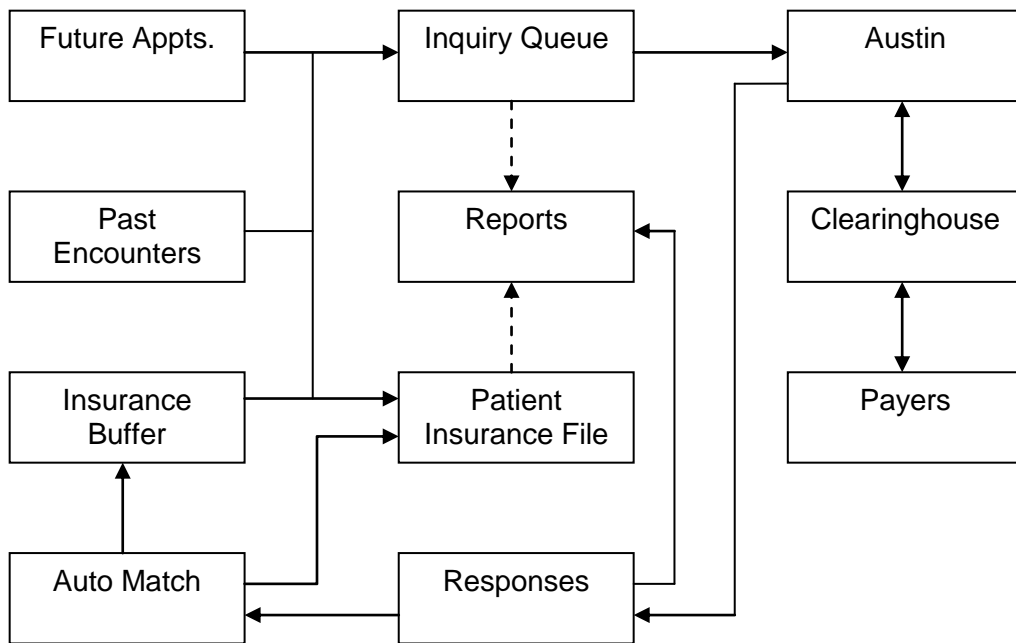
Figure 2. Flowchart of eIV Processes

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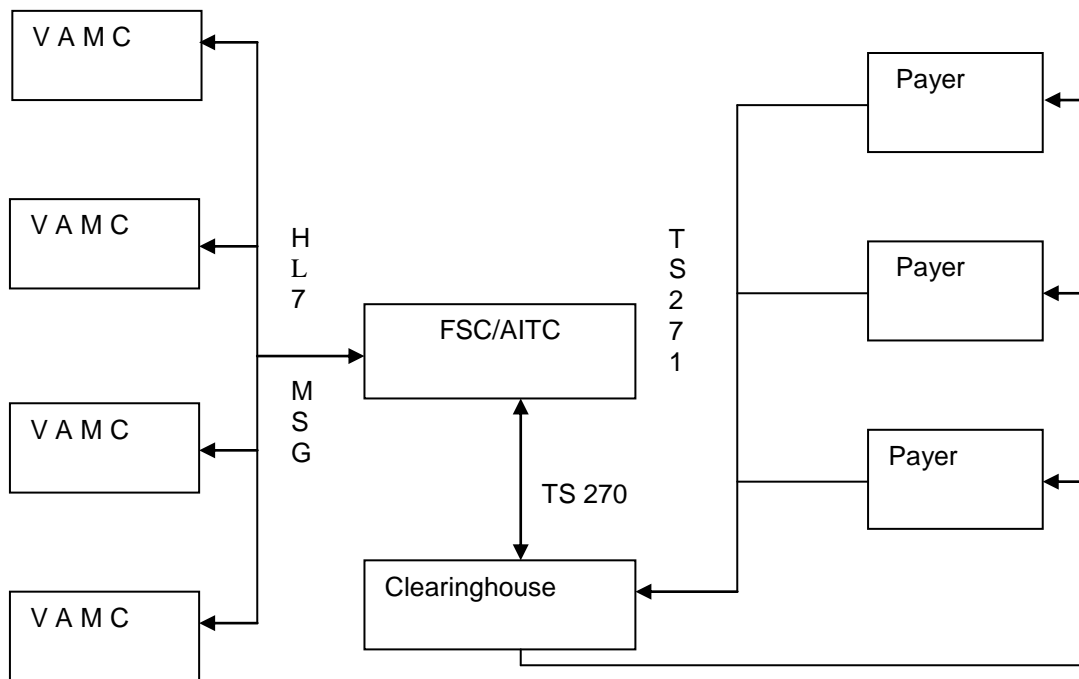
Figure 3. Flowchart of Inquiries from VistA to Payers and Responses from Payers to VistA

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	Definition
Freshness Days	How frequently should insurance information be re-verified? 7-180 Days
Daily Mailman MSG	Should the eIV Statistical Report be sent out in an email each day? YES/NO
Daily MSG Time	When should the eIV Statistical Report be sent each day?
Messages MailGroup	To which mailgroup should the eIV Statistical Report be sent?
HL7 Response Processing	Should FSC return each 270 Health Care Eligibility/Benefit Responses to the site immediately or in larger batches? Immediate or Batch
Contact Person	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:	What is the POC's phone number?
EMAIL Address	What is the POC's email address?
Failure Mailman MSG	Send a mail message for communication failures? YES/NO

Batch - Buffer Extract	Definition
Active?	Not Editable – Buffer Extract will be turned on.

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 10 days.

Batch – Non-verified Extract	Definition
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 – No Insurance Extract	Definition
Removed with Patch IB*2*416	

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.

```
eIV Site Parameters         Mar 25, 2011@12:55:52        Page:    1 of    1
Only authorized persons may edit this data.
_____

   Days between electronic re-verification checks:  30
         Send daily statistical report via MailMan:  YES
          Time of day for daily statistical report:  0700
                        Mail Group for eIV messages:  IBCNE EIV MESSAGE
                     HL7 Response Processing Method:  IMMEDIATE
                                     Contact Person:  TESTER,IB
   Send MailMan message if communication problem:  YES


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



GP  General Parameters    ST  Service Type Codes    EX  Exit
Select Action: Quit//
```

Step	Procedure
4	At the **Select Action:** prompt, enter **GP** for **General Parameters**.

```
General Parameters

FRESHNESS DAYS: 180//
DAILY MAILMAN MSG: YES//
DAILY MSG TIME: 0700//
MESSAGES MAILGROUP: IBCNE EIV MESSAGE//
HL7 RESPONSE PROCESSING: Immediate//
CONTACT PERSON: IBclerk,One//
  OFFICE PHONE: (777) 777-7777//
  EMAIL ADDRESS: Clerk.IB@MEDVA.GOV  Replace
FAILURE MAILMAN MSG: YES//
```

Step	Procedure
5	At the **Freshness Days**: prompt, enter a number between **7** and **180**.
6	At the **Daily Mailman MSG**: prompt, enter **YES**.
7	At the **Daily MSG Time:** prompt, enter **0700.**
8	At the **MESSAGES MAILGROUP:** prompt, enter **IBCNE EIV MESSAGE**.
9	At the **HL7 Response Processing:** prompt, enter **Immediate**.
(i)	*Patch IB*2*416 removed the prompt HL7 MAXIMUM NUMBER. A site can no longer limit the number of daily inquiries.*
10	At the **Contact Person:** prompt, enter the **Name** of your site's contact person.
11	At the **Office Phone:** prompt, enter the **Number** of your site's contact person.
12	At the **eMail Address:** prompt, enter the **Email** of your site's contact person.

Step	Procedure
13	At the **Failure Mailman MSG:** prompt, enter **YES**.

The user will then be returned to the eIV Site Parameters Screen.

```
eIV Site Parameters           Dec 10, 2010@11:21:19        Page:    1 of    1
Only authorized persons may edit this data.


   Days between electronic re-verification checks:  30
          Send daily statistical report via MailMan:  YES
           Time of day for daily statistical report:  0700
                          Mail Group for eIV messages:  IBCNE EIV MESSAGE
                   HL7 Response Processing Method:  IMMEDIATE
                                      Contact Person:  IBclerk,One
     Send MailMan message if communication problem:  YES


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




GP  General Parameters    ST  Service Type Codes
EX  Exit
Select Action: Quit//
```

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)	*Patch IB*2*438 set Non-verified parameters to Not Active and Non-editable.*
(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)	*Appointment extracts will skip policies whose last verified date is less than the freshness days from creating buffer entries.*
(i)	*The "Pt. Relationship to Insured" will default as "Self" when the field is null for ANY file source.*

2.3 Define Service Type Code 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.
4	At the **Select Action:** prompt, enter **ST** for Service Type Codes.
(i)	*This is new for patch IB*2*438. Inquiries may now be sent for multiple **Service Type Codes**, specified by user. Responses also include multiple **Service Type Codes**.*

The following screen will be displayed

```
Service Type Codes

Default Service Type Codes
 1 - Medical Care                      7 - Anesthesia
30 - Health Benefit Plan Cov          47 - Hospital
54 - Long Term Care                   62 - MRI/CAT Scan
75 - Prosthetic Device                88 - Pharmacy
97 - Anesthesiologist                 98 - Prof(Phy) Visit/Office
IC - Intensive Care


Site Selected Service Type Codes






         Enter ?? for more information
AS  Add a Service Type Code      DS  Delete a Service Type Code
EX  Exit
Select Action: Exit//AS  Add a Service Type Code from a list of available codes
```

Step	Procedure
(i)	The following example shows how to add a new Site Selected Service Type Codes. For ex. **Service Type Code**, 10 – Blood Charges.
5	At the **Select Action:** prompt, enter **AS** for Add a Service Type Code.

The following screen will be displayed.

```
2 Surgical
3 Consultation
4 Diagnostic X-Ray
```

```
5 Diagnostic Lab
6 Radiation Therapy
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
20 2nd Surgical Opinion
21 3rd Surgical Opinion
22 Social Work
23 Diagnostic Dental
24 Periodontics
25 Restorative
Enter RETURN to continue, code mnemonic/# to add, or '^' to exit:
```

Step	Procedure
6	At the **Enter RETURN to continue, code mnemonic/# to add, or '^' to exit:** prompt, enter the **Service Type Code** required, in this example, enter **10** for Blood Charges.
(i)	*As demonstrated above, if the **Service Type Code** is known, it can be selected without paging through the entire list.*

The user will be returned to the **Service Types Codes** screen.

```
Service Type Codes

Default Service Type Codes
 1 - Medical Care                      7 - Anesthesia
30 - Health Benefit Plan Cov          47 - Hospital
54 - Long Term Care                   62 - MRI/CAT Scan
75 - Prosthetic Device                88 - Pharmacy
97 - Anesthesiologist                 98 - Prof(Phy) Visit/Office
IC - Intensive Care

Site Selected Service Type Codes
10 - Blood Charges



        Enter ?? for more information
AS  Add a Service Type Code      DS  Delete a Service Type Code
EX  Exit
Select Action: Exit//
```

Delete a Service Type Code

Step	Procedure
1	Access the **SYST MCCR System Definition Menu**.
2	Access the **SITE MCCR Site Parameter Display/Edit** option.

Step	Procedure
3	At the **Select Action:** prompt, enter **IV** for Ins. Verification**.**
4	At the **Select Action:** prompt, enter **ST** for Service Type Codes.
5	At the **Select Action:** prompt, enter **DS** for Delete a Service Type Code.
6	Enter the Service Type Code number to be deleted.

```
Service Type Codes

Default Service Type Codes
 1 - Medical Care                          7 - Anesthesia
30 - Health Benefit Plan Cov              47 - Hospital
54 - Long Term Care                       62 - MRI/CAT Scan
75 - Prosthetic Device                    88 - Pharmacy
97 - Anesthesiologist                     98 - Prof(Phy) Visit/Office
IC - Intensive Care

Site Selected Service Type Codes
10 - Blood Charges
19 - Pneumonia Vaccine
22 - Social Work
79 - Allergy Testing


          Enter ?? for more information
EX  Exit
Select Action: Exit//DS Delete a Service Type Code from a list of existing codes

      Select one of the following:

           10        Blood Charges
           19        Pneumonia Vaccine
           22        Social Work
           79        Allergy Testing


Delete Service Type Code: 19  Pneumonia Vaccine..Deleted
```

> *This will delete the Site Selected Service Type Code. Only Site Selected Service Type Codes can be deleted. Default Service Type Codes cannot be deleted.*

The user will be returned to the **Service Types Codes** screen.

```
Service Type Codes
```

```
Default Service Type Codes
 1 - Medical Care                         7 - Anesthesia
30 - Health Benefit Plan Cov             47 - Hospital
54 - Long Term Care                      62 - MRI/CAT Scan
75 - Prosthetic Device                   88 - Pharmacy
97 - Anesthesiologist                    98 - Prof(Phy) Visit/Office
IC - Intensive Care

Site Selected Service Type Codes
10 - Blood Charges
22 - Social Work
79 - Allergy Testing


          Enter ?? for more information
AS  Add a Service Type Code       DS  Delete a Service Type Code
EX  Exit
Select Action: Exit//
```

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 Chief Business Office (CBO). 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 **IB INSURANCE SUPERVISOR** security key to access this option.*
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.*

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)	*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.*

```
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)	*To view the linked Payer for a particular insurance company, users may access **VI** for **View Insurance Company.***

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 **IB INSURANCE SUPERVISOR** 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 **IB INSURANCE SUPERVISOR** security key to access Payer Edit.*

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.*
⚠	*A payer must be nationally ACTIVE and locally ACTIVE for 270/271 Health Care Eligibility Inquiry and Response messages to be transmitted.*
(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.*

4 PROCESS INSURANCE BUFFER

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

- **Positive Insurance Buffer** – Positive 271 Health Care Eligibility Benefits Responses (that failed to meet the auto-update criteria and are non-Medicare WNR) and Manual Entries
- **Negative Insurance Buffer** - Negative 271 Health Care Eligibility Benefits Responses (non-Medicare WNR)
- **Medicare (WNR) Insurance Buffer** – Positive, Negative or Ambiguous 271 Health Care Eligibility Benefits Responses (that failed to meet the auto-update criteria and are Medicare WNR)
- **Future Appointments Buffer** – List of patients with future appointments for which the system was unable to generate 270 Health Care Eligibility Benefits Inquiries

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
?	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.

4.1.2 Buffer Entry Status Flags

Flag	Meaning
*	This entry has been manually verified and the asterisk is not an eIV indicator.
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

Flag	Meaning
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

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 although the **Future Appointments Buffer** has no access to 271 Health Care Eligibility Benefits Response data as this list is comprised of Appointment Extract entries that failed to create a 270 Health Care Eligibility Benefits Inquiry. These will most likely be patient policies that are not linked to

an eIV nationally activated payer. 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
- **SL** – Sort Entry
- **CC** – Check Ins. Co.
- **PB** – Positive Buffer
- **NB** – Negative Buffer
- **MB** – Medicare Buffer
- **FA** – Future Appointments Buffer
- **EX** – Exit

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)	*Some actions such as Reject Entry are only available to users who hold the **IB INSURANCE SUPERVISOR** key.*

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 **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-XXX    DOB: XXX XX,XXXX AGE: XX


          IBinsurance One      (P.O. BOX 555555, CLEVELAND, OH)
  - IBinsurance One    229021915       142239340      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  **XXXXX**           GRP NUM XXXX
3   IBinsurance Two     PO BOX 740800  **XXXXX**           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:  IBinsurance One         | IBinsurance Two
     Reimburse?:                          | WILL REIMBURSE
   Phone Number:  1 800 555 5555          | 1 555 555 5555
  Billing Phone:                          | 800-555-5555
 Pre-Cert Phone:                          | X XXX XXX XXXX
Street [Line 1]:  P.O. BOX 55555          | PO BOX 555555
Street [Line 2]:                          |
Street [Line 3]:                          |
           City:  CLEVELAND               | ATLANTA
          State:  OHIO                    | GEORGIA
       Zip Code:  44101-4776              | 30374-0800
                  (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): N
```

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)	*See Section 4.1.4 for details of the update methods.*

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:  IBinsurance One         | IBinsurance Two
  Is Group Plan?:                          | YES
      Group Name:  XXXXX                    | XXXXXX
    Group Number:  XXXXXXXXX               | XXX XXX XXXXX
             BIN:                          |
             PCN:                          |
      Require UR:                          | NO
Require Pre-Cert:                          | NO
Require Amb Cert:                          | NO
Exclude Pre-Cond:                          | NO
 Benefits Assign:                          | YES
    Type of Plan:                          | COMPREHENSIVE MAJOR MEDICAL
                  (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): N
```

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**.
ⓘ	*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.*

The following screen will be displayed.

```
   Patient Name:  IBpatient,One             | IBpatient,One
  Last Verified:                            | XXX XX, XXXX
 Effective Date:  XXX XX, XXXX              | XXX XX, XXXX
Expiration Date:                            | XXX XX, XXXX
  Subscriber Id:  xxxxxxxxx                 | yyyyyyyyy
Whose Insurance:  VETERAN                   | VETERAN
   Relationship:  PATIENT                   | PATIENT
Name of Insured:  IBpatient,One             | IBpatient,One
  Insured's DOB:  XXX XX, XXXX              | XXX XX, XXXX
  Insured's SSN:                            |
  Insured's SEX:                            | MALE
Primary Provider:                           |
 Provider Phone:                            |
Coor of Benefits:                           | SECONDARY
  Emp Sponsored?:                           |
      Patient Id:                           |
 Subscr Str Ln 1:                           |
 Subscr Str Ln 2:                           |
     Subscr City:                           |
    Subscr State:                           |
      Subscr Zip:                           |
               (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): I
```

Step	Procedure
11	At the **Is this the correct Patient Policy to match with this Buffer entry?** Prompt, enter **YES**.
12	At the **Select the method to update the Patient Policy: (M/O/R/N/I):** prompt, enter **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.*

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

```
     Policy Data:  Buffer Data                    Selected Policy
    Company Name:  IBinsurance One            | IBinsurance Two
         Group #:  XXXXXXXXX                  | XXXXXX
    Patient Name:  IBpatient,One              | IBpatient,One
   Last Verified:                             | XXX XX, XXXX
  Effective Date:  XXX XX, XXXX               | XXX XX, XXXX
Accept Change, Replace? No//   NO


 Expiration Date:                             |
   Subscriber Id:  XXXXXXXXX                  | XXXXXXXX
Accept Change, Replace? No//   NO


 Whose Insurance:  VETERAN                    | VETERAN
    Relationship:  PATIENT                    | PATIENT
 Name of Insured:  IBpatient,One              | IBpatient,One
  Insured's DOB:  XXX XX, XXXX                |
Accept Change, Replace? No//   NO


    Insured's SSN:                            |
Primary Provider:                             |
  Provider Phone:                             |
Coor of Benefits:  PRIMARY                    | PRIMARY
   Insured's Sex:                             | MALE
      Patient Id:                             |
Subscr Addr Ln 1:                             |
Subscr Addr Ln 2:                             |
     Subscr City:                             |
    Subscr State:                             |
      Subscr Zip:                             |

End of changes for POLICY related data.

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

Eligibility/benefit data groups may be available on multiple pages. To scroll through each page, enter RETURN. To skip to the last page, enter ^.

```
     *** Non-editable Patient Eligibility/Benefit data from payer ***
         Payer Response                   VISTA Pt.Insurance
         eIV Eligibility/Benefit Data Group# 1 of 2


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

```
                eIV Eligibility/Benefit Data Group# 2 of 2

Eligibility/Benefit Information
_____

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




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

After selecting the information to be changed, 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: Patient Policy
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Policy data.

STEP 4: Eligibility/Benefits

The Buffer data will replace the existing EB data.



Is this Correct, update the existing Insurance files now? Y  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 Effective and Expiration dates may cover overlapping dates.

There are bills On Hold for this patient.


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

Step	Procedure
13	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.
	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.

4.2.2 Reject Entry

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

Step	Procedure

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.

```
-------------------------------------------------------------------------------
  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
```

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.
	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.

4.2.3 Expand Entry

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

- Appointment Information (**Future Appointments Buffer** view ONLY);
- 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        Jun 03, 2010@10:18:44        Page:    1 of    3
IBpatient,Two                         XXX-XX-XXXX    DOB: XXX XX,XXXX    AGE: XX
        Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)


_____

                         Insurance Company Information
   Name: IBinsurance One                    Reimburse?:
  Phone: 8005555555                      Billing Phone:
                                         Precert Phone:
                                     Remote Query From:
 Address: PO BOX 55555, CLEVELAND, OH  44101

                           Group/Plan Information
   Group Plan?:                               Require UR:
    Group Name: XXXXXXX                    Require Amb Cert:
  Group Number: XXXXXXXXX                  Require Pre-Cert:
          BIN:
          PCN:
+        Enter ?? for more actions
EI  Ins. Co. Edit          VE  Verify Entry        EB  Expand Benefits
EA  All Edit               PI  Pt. Policy Edit     EX  Exit
PE  Group/Plan Edit        RR  Response Report
Select Action: Next Screen//
```

```
Insurance Buffer Entry        Jun 03, 2010@10:20:04        Page:    2 of    3
IBpatient,Two                         XXX-XX-XXXX    DOB: XXX XX,XXXX    AGE: XX
        Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)


+ _____
   Type of Plan:                            Exclude Pre-Cond:
                                          Benefits Assignable:

                         Policy/Subscriber Information
 Whose Insurance: VETERAN                      Effective: 08/03/03
  Insured's Name: IBpatient,Two              Expiration:
   Subscriber Id: XXXXXXXXX           Primary Provider:
    Relationship: PATIENT               Provider Phone:
   Insured's DOB: XX/XX/XX          Coord of Benefits:

 Employer Sponsored Group Health Plan?:

                          Buffer Entry Information
    Date Entered: 12/8/06@08:16            Date Verified:
+        Enter ?? for more actions
EI  Ins. Co. Edit          VE  Verify Entry        EB  Expand Benefits
EA  All Edit               PI  Pt. Policy Edit     EX  Exit
PE  Group/Plan Edit        RR  Response Report
Select Action: Next Screen//
```

```
Insurance Buffer Entry      Jun 03, 2010@10:22:36       Page:   3 of   3
IBpatient,Two                       XXX-XX-XXXX    DOB: XXX XX,XXXX    AGE: XX
        Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)

+_____
     Entered By: IBclerk,One                   Verified By:
     eIV Trace #:                      eIV Processed Date: 4/14/05@19:32
         Source: PRE-REGISTRATION
Current eIV Status: Response Received, Active Policy

  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.




          Enter ?? for more actions
EI  Ins. Co. Edit         VE  Verify Entry          EB  Expand Benefits
EA  All Edit              PI  Pt. Policy Edit        EX  Exit
PE  Group/Plan Edit       RR  Response Report
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
- **Edit All** – Allows users to edit each of the Expand Entry categories
- **Group/Plan Edit** - Allows users to edit the Group/Plan category
- **Verify Entry** – Allows users to Verify an entry without actually processing it out of
  the buffer
- **Pt. Policy Edit** – Allows users to edit the Policy/Subscriber category
- **Response Report** – Allows users to view the Response Report for this entry if
  the entry has an associated 271 Health Care Eligibility Benefits Response
- **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 **Positive Insurance 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 INSURED:
SUBSCRIBER PRIMARY ID:
NAME OF INSURED:
INSURED'S DOB:
INSURED'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 Positive Responses 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)	*This example sets up an auto match entry to associate* ***IBinsurance Twu*** *with* ***IBinsurance Two****.*
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 Positive View/Negative View/Medicare View/Appointment View

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
- **FA** – Future Appts. Buffer

5   REQUEST ELECTRONIC INSURANCE INQUIRY

This option allows users to create a 270 Health Care Eligibility Benefits Inquiry whenever needed. This option allows users to override the re-verification timeframe that is set in the **IB Site Parameters** and individually select a specific Service Type Code or utilize multiple Service Type codes. Using this option to create a buffer entry will by-pass the auto-update feature, leaving the buffer entry for manual processing.

5.1   Request a 270 Health Care Eligibility Benefits Inquiry

Step	Procedure
ℹ️	*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 Codes defined in section 2.3 Define Service Code Parameters*
1	Access the **PI Patient Insurance Menu**.
2	Access the **eIV Menu**.
3	Access the **EI Request Electronic Insurance Inquiry** option.
5	At the Select **Patient Name** prompt, enter **Patient Name** (in this example IBpatient,One)
ℹ️	*Users must hold the **IBCNE IIV SUPERVISOR** security key to access this option.*
ℹ️	*Patch IB*2*438 provided the ability to request insurance inquiries with specific Service Type Codes.*

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 I2222


    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: ?

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

Enter the single SERVICE TYPE CODE to be sent with inquiry or press 'ENTER' to
send DEFAULT and SITE SELECTED codes. Utilizing a single SERVICE TYPE CODE will
only provide eligibility benefit data for the selected code. Utilizing the
DEFAULT and SITE SELECTED codes will provide standard eligibility benefit data.
No response generated by this option will auto-update the patient file.
Enter Service Type Code: ?

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: 11       Used DME

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
6	At the **Select Action** prompt, enter **SE** Select Entry.
7	At the **Select entry to request electronic inquiry: (1-2):** prompt, enter **1** for this example.
8	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 and the Insurance Buffer entry will be created
(i)	*Note: An asterisk (*) will indicate that the request already has a buffer entry.*

6 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.

6.1 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: IBpatient,One 1234

    Insurance Co.    Type of Policy   Group        Holder   Effect.    Expires
1   IBinsurance One  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
EX  Exit
Select Item(s): Quit//
```

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

The following series on screens will be displayed

```
Patient Policy Information    Jul 21, 2010@13:55:12       Page:   1 of   7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company        ** Plan Currently Active **

  Plan Information                        Insurance Company
    Is Group Plan: YES                       Company: IBinsurance,One
       Group Name: TEST3                       Street: PO BOX 55555
     Group Number: GRP NUM 13670           City/State: CLEVELAND, OH 44101
            BIN:                           Billing Ph: 1-800-555-5555
            PCN:                           Precert Ph:
     Type of Plan: COMPREHENSIVE MAJOR MED
  Electronic Type: COMMERCIAL
   Plan Filing TF: days (1 YEAR(S))
      ePharmacy Plan ID:
    ePharmacy Plan Name:
     ePharmacy Natl Status:
+          Enter ?? for more actions
PI  Change Plan Info      IC  Insur. Contact Inf.  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     AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information    Jul 21, 2010@13:55:50       Page:   2 of   7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company         ** Plan Currently Active **
+
  ePharmacy Local Status:


  Utilization Review Info              Effective Dates & Source
         Require UR:                      Effective Date: 06/20/09
    Require Amb Cert:                     Expiration Date:
    Require Pre-Cert:                      Source of Info: eIV
     Exclude Pre-Cond:              Policy Not Billable: NO
 Benefits Assignable: YES



  Subscriber Information              Subscriber's Employer Information
+       Enter ?? for more actions
PI  Change Plan Info      IC  Insur. Contact Inf.  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     AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information    Jul 21, 2010@13:56:05       Page:    3 of    7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company         ** Plan Currently Active **
+
  Whose Insurance: VETERAN           Emp Sponsored Plan: No
  Subscriber Name: IBpatient,One               Employer:
     Relationship: SELF             Employment Status:
       Primary ID: R34566612           Retirement Date:
 Coord.  Benefits:                    Claims to Employer: No, Send to Insurance
 Primary Provider:                          Street:
  Prim Prov Phone: 1-800-test             City/State:
                                             Phone:


    Insured Person's Information (use Subscriber Update Action)
       Insured's DOB: 03/04/1970         Str 1:
+        Enter ?? for more actions
PI  Change Plan Info     IC  Insur. Contact Inf.   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    AC  Add Comment            BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All          EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information    Jul 21, 2010@13:56:20       Page:    4 of    7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company         ** Plan Currently Active **
+
       Insured's Sex: MALE              Str 2:
   Insured's Branch: AIR FORCE           City:
     Insured's Rank:                    St/Zip:
                              Country Subcode: TN
                                    Country: IN
                                      Phone: 55533314



  Insurance Company ID Numbers (use Subscriber Update Action)
   Subscriber Primary ID: R11111111
 Subscriber Secondary ID: 011111119              ID Qual: SY (SSN)



  Plan Coverage Limitations
+        Enter ?? for more actions
PI  Change Plan Info     IC  Insur. Contact Inf.   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    AC  Add Comment            BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All          EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information     Jul 21, 2010@13:56:39          Page:    5 of    7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company        ** Plan Currently Active **
+
   Coverage              Effective Date   Covered?         Limit Comments
   --------              -------------    --------         --------------
   INPATIENT                              COVERED
   OUTPATIENT                             COVERED
   PHARMACY                               NOT COVERED
   DENTAL                                 COVERED
   MENTAL HEALTH                          NOT COVERED
   LONG TERM CARE                         COVERED


  User Information                        Insurance Contact (last)
      Entered By: IBclerk,One             Person Contacted:
+         Enter ?? for more actions
PI  Change Plan Info      IC  Insur. Contact Inf.   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     AC  Add Comment            BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All          EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information     Jul 21, 2010@13:56:55          Page:    6 of    7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company        ** Plan Currently Active **
+
      Entered On: 09/28/09            Method of Contact:
 Last Verified By:                    Contact's Phone:
 Last Verified On: 07/13/10           Call Ref. No.:
  Last Updated By: IBclerk,One            Contact Date:
  Last Updated On: 07/14/10


  Comment -- Patient Policy
 None


  Comment -- Group Plan

+         Enter ?? for more actions
PI  Change Plan Info      IC  Insur. Contact Inf.   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     AC  Add Comment            BU  Benefits Used
IP  Inactivate Plan       EA  Fast Edit All          EB  Expand Benefits
EX  Exit
Select Action: Next Screen//
```

```
Patient Policy Information    Jul 21, 2010@13:57:10        Page:    7 of    7
Expanded Policy Information for: IBpatient,One 011-11-1234
IBinsurance,One Insurance Company        ** Plan Currently Active **
+

  Personal Riders




          Enter ?? for more actions
PI  Change Plan Info        IC  Insur. Contact Inf.   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       AC  Add Comment           BU  Benefits Used
IP  Inactivate Plan         EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action: Quit//
```

6.2 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  Jun 23, 2010@10:01:52     Page:   1 of   1   │
│ IBpatient,One                   xxx-xx-xxxx     IBinsurance One            │
│                                                                            │
│                                                                            │
│            eIV Eligibility/Benefit Data Group# 1 of 5                     │
│                                                                            │
│ Eligibility/Benefit Information                                            │
│  Elig/Ben Info: Active Coverage       Coverage Level: Individual           │
│  Date/Time Qual: Discharge            D/T Period: 11/28/2010               │
│  Date/Time Qual: Plan Begin           D/T Period: 07/01/2001               │
│  Service Type: Psychiatric                                                 │
│  Service Type: Psychiatric/R & B                                           │
│  Service Type: Psychotherapy                                               │
│  Time Period: 24 Hours                                                     │
│                                                                            │
│ Health Care Service Delivery                                               │
│  Quantity Qual: Minimum               Quantity Amount: 30                  │
│  Unit/Basis for Measurement: Months   Sampling Frequency: 2                │
│                                                                            │
│ Benefit Related Entity                                                     │
│  Entity ID Code: Other Physician      Entity Type Qual: Person             │
│  Entity ID Name: EntityLast,EntityFirst EntityMiddle JR                    │
│  ID Qualifier: Service Prov Num       Entity ID Number: 000000415          │
│  Entity Address: Southeast PO Box 14079, Chennai                           │
│  Country Code: IN                     Country Subdivision: TN              │
│  Location Qual:                       DOD Health Service Region            │
│  Comm. Number Qual: Uniform Resource L Entity Comm. Number: www.va.gov     │
│                                                                            │
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
```

7   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 file 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 current insurance buffer file that do not exist in the Insurance Company file (#36). The more one "teaches" the IIV AUTO MATCH file the fewer problems eIV will encounter when it creates insurance inquiries for electronic transmission to the payers.

There is also a menu option, **Enter/Edit Auto Match Entries** that allows users to maintain Auto Match entries. It is described in section 6.2.2.

Users must have the IBCNE IIV AUTO MATCH security key to add, update, or delete an Auto Match entry.

7.1   Auto Match in VistA Applications

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

When a user types in a free text insurance company name, VistA attempts to match the name with one of the insurance company names currently stored in the insurance file. If that attempt fails, the name is compared to the list of **Entered Name(s)** in the IIV AUTO MATCH file (#365.11). If there are **Entered Name(s)** that match it, they are displayed along with their associated **Proper Name(s)**. Users may then select one of the valid names to replace the free text entry.

Users are not required to accept one of the supplied choices. Users are allowed to keep the free text name. The Auto Match process may fail to find a matching insurance company name(s). In this case, no choices are presented to users.

7.2 Types of Auto Match Matches

7.2.1 Simple Auto Match Matches

In a simple Auto Match, the **Entered Name** field literally contains the name found in the insurance buffer. Leading and trailing spaces are ignored. An entry in this form might have **BC/BS** as the **Entered Name** and show **IBinsurance BC/BS** 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).

7.2.2 Wildcard Auto Match Matches

In a wildcard Auto Match, simple matches are supported but now the wildcard character, the asterisk (*), can be utilized. 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 be specified as well.

Step	Procedure
1	Access the **eIV Menu.**
2	Access the **AE Enter/Edit Auto Match Entries** option.
3	At the **Select an Auto Match Entry** prompt, enter **IBinsurance Number Two** for this example.
4	At the **Are you adding 'IBinsurance Number Two' as a new eIV AUTO MATCH (the 144th)? No//** prompt, enter **YES** to override the default of NO.
5	At the **eIV Auto Match Insurance Company Name:** prompt, enter **IBinsurance Two** for this example.
(i)	*Remember – the Entered Name must be a minimum of 3 characters and an '*' must be used with four additional characters.*
(i)	*Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.*
(i)	*Users must have the **IBCNE IIV AUTO MATCH** security key to add, update, or delete an Auto Match entry.*

```
Enter/Edit Insurance Company Name Auto Match Entries

This option will allow you to enter, edit, and manage the entries in the
Insurance Company Auto Match file.  This file will aid in the proper selection
of Insurance Companies by associating together a valid, correct Insurance
Company name with an incorrect entry that a clerk may enter during data entry.

Select an Auto Match Entry: IBinsurance Number Two

 For your information, no insurance company names or synonyms passed
 a pattern match on 'IBinsurance Number Two'.

  Are you adding 'IBinsurance Number Two' as a new eIV AUTO MATCH (the 144TH)? No// Y
(Yes)
   eIV AUTO MATCH INSURANCE COMPANY NAME: IBinsurance Two

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

7.3   Maintain the Auto Match Entries

VistA offers a separate menu option to create, update, and delete IIV AUTO MATCH file (#365.11) entries.

The auto match file has several fields, of which only the **Entered Name** and **Proper Name** are editable:

- The Entered Name which may be a simple company name or a wildcard pattern. In either case, it is this name that is matched to the name entered into the insurance buffer by a user.
- The Proper Name which identifies an insurance company by its name in the insurance files.

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

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//
```

Step	Procedure
3	At the **Select Action** prompt, enter **Auto Match Enter/Edit** for this example.
4	Access 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	At the **Are you adding 'IBinsurance Number Two' as a new eIV AUTO MATCH (the 144th)? No//** prompt, enter **YES**
7	At the **eIV Auto Match Insurance Company Name:** prompt, enter **IBinsurance Two** for this example.
🛈	*Remember – the Entered Name must be a minimum of 3 characters and an '*' must be used with four additional characters.*
🛈	*Entered Names must be unique. One Entered Name can not be associated with more than one Insurance Company Name.*

7.4 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	Access 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//
```

7.5 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 changes 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**.
1	Access the **PI Patient Insurance Menu**.
2	Access 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.*

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       Jun 03, 2010@10:18:44       Page:   1 of   3 │
│ IBpatient,Six                     XXX-XX-XXXX   DOB: XXX XX,XXXX   AGE: XX │
│         Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)      │
│                                                                             │
│ _____ │
│                                                                             │
│                       Insurance Company Information                         │
│    Name: IBinsurance Flur                  Reimburse?:                       │
│   Phone: 8005555555                      Billing Phone:                      │
│                                          Precert Phone:                      │
│                                       Remote Query From:                     │
│  Address: PO BOX 55555, CLEVELAND, OH  44101                                │
│                                                                             │
│                         Group/Plan Information                              │
│    Group Plan?:                                   Require UR:               │
│     Group Name: XXXXXXX                       Require Amb Cert:             │
│   Group Number: XXXXXXXXXX                    Require Pre-Cert:             │
│           BIN:                                                              │
│           PCN:                                                              │
│ +         Enter ?? for more actions                                         │
│ EI  Ins. Co. Edit          VE  Verify Entry          EB  Expand Benefits    │
│ EA  All Edit               PI  Pt. Policy Edit       EX  Exit               │
│ PE  Group/Plan Edit        RR  Response Report                              │
│ Select Action: Next Screen//                                                │
└─────────────────────────────────────────────────────────────────────────────┘

┌─────────────────────────────────────────────────────────────────────────────┐
│ Insurance Buffer Entry       Jun 03, 2010@10:20:04       Page:   2 of   3 │
│ IBpatient,Six                     XXX-XX-XXXX   DOB: XXX XX,XXXX   AGE: XX │
│         Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)      │
│                                                                             │
│ + _____ │
│    Type of Plan:                          Exclude Pre-Cond:                 │
│                                         Benefits Assignable:                │
│                                                                             │
│                       Policy/Subscriber Information                         │
│  Whose Insurance: VETERAN                        Effective: XX/XX/XX        │
│   Insured's Name: IBpatient,Six                 Expiration:                 │
│    Subscriber Id: XXXXXXXXX              Primary Provider:                   │
│     Relationship: PATIENT                  Provider Phone:                   │
│    Insured's DOB: XX/XX/XX              Coord of Benefits:                   │
│                                                                             │
│  Employer Sponsored Group Health Plan?:                                     │
│                                                                             │
│                        Buffer Entry Information                             │
│     Date Entered: 12/8/06@08:16              Date Verified:                 │
│ +         Enter ?? for more actions                                         │
│ EI  Ins. Co. Edit          VE  Verify Entry          EB  Expand Benefits    │
│ EA  All Edit               PI  Pt. Policy Edit       EX  Exit               │
│ PE  Group/Plan Edit        RR  Response Report                              │
│ Select Action: Next Screen//                                                │
└─────────────────────────────────────────────────────────────────────────────┘
```

```
Insurance Buffer Entry      Jun 03, 2010@10:22:36       Page:   3 of   3
IBpatient,Six                    XXX-XX-XXXX   DOB: XXX XX,XXXX    AGE: XX
        Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)

+
      Entered By: IBclerk,One                   Verified By:
     eIV Trace #:                      eIV Processed Date: 4/14/05@19:32
         Source: PRE-REGISTRATION
Current eIV Status: Response Received, Active Policy

  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.




         Enter ?? for more actions
EI  Ins. Co. Edit         VE  Verify Entry          EB  Expand Benefits
EA  All Edit              PI  Pt. Policy Edit        EX  Exit
PE  Group/Plan Edit       RR  Response Report
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       Jun 03, 2010@10:18:44      Page:    1 of    3
IB IBpatient,Six                    XXX-XX-XXXX    DOB: XXX XX,XXXX    AGE: XX
        Buffer entry created on 12/08/06 by IBclerk,One (PRE-REGISTR)


_____


                         Insurance Company Information
   Name: IBinsurance Four                   Reimburse?:
  Phone: 8005555555                      Billing Phone:
                                          Precert Phone:
                                      Remote Query From:
 Address: PO BOX 55555, CLEVELAND, OH  44101


                            Group/Plan Information
   Group Plan?:                             Require UR:
    Group Name: XXXXXXX                 Require Amb Cert:
 Group Number: XXXXXXXXXX               Require Pre-Cert:
          BIN:
          PCN:
+        Enter ?? for more actions
EI  Ins. Co. Edit        VE  Verify Entry         EB  Expand Benefits
EA  All Edit             PI  Pt. Policy Edit      EX  Exit
PE  Group/Plan Edit      RR  Response Report
Select Action: Next Screen//
```

(This page included for two-sided copying.)

8 eIV REPORTS

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

The first five 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
   IU     eIV Patient Insurance Update Report
   LR     eIV Payer Link Report
   NI     Potential New Insurance Found ...
   PR     eIV Payer Report
   RR     eIV Response Report
   SR     eIV Statistical Report

 Select eIV Menu Option:
```

The remaining two 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:
```

8.1 eIV Patient Insurance Update Report

Purpose of this Report

This report is used to view the list of patients whose Patient Insurance Information has been either not updated or updated in one of the following manners:
- Automatic updates based on a 271 Response message
- Processing via the **Insurance Buffer** option

Report Parameters

Search Criteria:
- Summary or Detail
- All or Selected Payers
- Response Received Date Range
- All or Selected Patients

Sort Criteria:
- Payer Name
- Patient Name
- Clerk Name

This is a 132 column report.

Sample Report

```
Pt. Insurance Update Report                                                        Jun 03, 2010@10:35:41  Page:1
 Sorted by: Payer Name                                                             05/04/2010 - 06/03/2010
Detailed Report: All Patients; All Payers

  Patient Name          SSN   Dt Rec'd   Payer              Ck AB  Clerk/Auto                        Verified   Days
-----------------------------------------------------------------------------------------------------------------
IBinsurance One                                                            Count = 12
  IBpatient,One    XXXX 05/12/2010  IBinsurance One     Y    Not Processed                   N/A        22
  IBpatient,Two    XXXX 05/12/2010  IBinsurance One     Y    Not Processed                   N/A        22
  IBpatient,One    XXXX 05/12/2010  IBinsurance One     Y    Not Processed                   N/A        22
  IBpatient,Two    XXXX 05/12/2010  IBinsurance One     Y    xxxxxxxx,xxxxxxxx        05/06/2010  22
  IBpatient,One    XXXX 05/13/2010  IBinsurance One     Y    Not Processed                   N/A        21
  IBpatient,Two    XXXX 05/13/2010  IBinsurance One     Y    Not Processed                   N/A        21
  IBpatient,One    XXXX 05/14/2010  IBinsurance One     Y    Not Processed                   N/A        20
  IBpatient,Two    XXXX 05/14/2010  IBinsurance One     Y    Not Processed                   N/A        20
  IBpatient,Two    XXXX 05/17/2010  IBinsurance One     Y    Not Processed                   N/A        17
  IBpatient,One    XXXX 05/17/2010  IBinsurance One     Y    Not Processed                   N/A        17
  IBpatient,Two    XXXX 05/18/2010  IBinsurance One     Y    Not Processed                   N/A        16
  IBpatient,One    XXXX 05/18/2010  IBinsurance One     Y    Not Processed                   N/A        16
IBinsurance Two                                                            Count = 7
  IBpatient,Three  XXXX 05/12/2010  IBinsurance Two     Y    xxxxxxx,xxxxxxxxx        05/18/2010  22
Enter RETURN to continue or '^' to exit:
```

8.2 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 (This screen shot illustrates the previous report with subscriber and patient dates.)

```
eIV Response Report by Trace #                    Nov 23, 2010@11:34:11  Page: 1
                              Trace #: 938785200
    Payer: A Payer
 Patient: IB,PATIENT C (SSN:       DOB: 03/04/1990)
      Subscriber: IB,CHILD C
   Subscriber ID: W1234562222              Subscriber DOB:
 Subscriber SSN:                           Subscriber Sex:
     Group Name: TEST1                      Group ID: TST1223
 Whose Insurance:                    Pt Rel to Insured: SPOUSE
      Member ID:                                   COB:
    Service Date:                     Date of Death:
 Effective Date: 07/01/2001          Certification Date:
 Expiration Date:                 Payer Updated Policy:
   Response Date: 11/23/2010              Trace #: 938785200
   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 #                    Dec 02, 2010@11:11  Page: 1
                         Trace #: 163292800

  Payer: A Payer
 Patient: IB,PATIENT S (SSN:          DOB: 09/01/1940)

      Subscriber: IB,PATIENT S
  Subscriber ID:                         Subscriber DOB: 09/01/1940
 Subscriber SSN:                         Subscriber Sex: F
     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: 11/29/2010                     Trace #: 163292800

Error Information:

Reject Reason: Invalid/Missing Patient Name
Action Code:   Please Correct and Resubmit
HIPAA Loop:    Dependent Name
HL7 Location:  N/A
Error Source:  P
```

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

8.3   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

                                              ***** SENT *****  *** RECEIVED ***  AvgResp
 Payer [Inactive Date]              Created  Cancel  Queued  1st Att  Retry   Good    Error   (Days)  Timeout  Pending
 ======================================================================================================================
 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:
```

8.4   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       Jun 29, 2009@10:46:41          Page: 1
                            Report Timeframe:
                  11/07/2007 05:00 - 06/29/2009 05:00
 Outgoing Data
 ==============
 Inquiries Sent:                         0
   Insurance Buffer                              0
   Appointment                                   0
   Non-verified Insurance                        0

 Incoming Data
 ==============
 Responses Received:                     0
   Insurance Buffer                              0
   Appointment                                   0
   Non-verified Insurance                        0

 Current Status
 ==============
 Responses Pending:                      1
 Queued Inquiries:                       0
 Deferred Inquiries:                     0
 Insurance Companies w/o National ID:    891
 eIV Payers Disabled Locally:            0

 Insurance Buffer Entries:               11
   User Action Required:                         11
     # of * entries (User Verified policy)               4
     # of + entries (Payer indicated Active policy)      1
     # of - entries (Payer indicated Inactive policy)    1
     # of # entries (Policy status undetermined)         0
     # of ! entries (eIV needs user assistance for entry) 5
   Entries Awaiting Processing:                  0
     # of ? entries (IIV is waiting for a response)      0
     # of blank entries (yet to be processed or accepted) 0

 Current Status
 ==============
 New eIV Payers received during report date range:
    No new Payers added

 National Payers – ACTIVE flag changes at FSC
 ============================================
 IBpayer One                        Message Dt: 09/06/09 Set: ON
 IBpayer Three                      Message Dt: 09/11/09 Set: OFF
 IBpayer Four                       Message Dt: 09/14/09 Set: OFF
 IBpayer Five                       Message Dt: 09/05/09 Set: ON

 Nationally Active Payers – TRUSTED flag changes at FSC
 ======================================================
 IBpayer Two                        Message Dt: 09/12/09 Set: ON
 IBpayer Six                        Message Dt: 09/10/07 Set: OFF
 IBpayer Seven                      Message Dt: 09/05/07 Set: ON
                      *** END OF REPORT ***
```

8.5   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.

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 Enabled Status
- Locally Enabled Status
- # of Linked Insurance Companies

This is a 132 column report.

Sample Report – Payer Link

```
eIV Payer Link Report                                                        Jun 03, 2010@10:47:25  Page:1
 Report Option: Payer List                    All Payers, With Ins. Co. Detail

                                 National      # Linked     Nationally     Locally     Prof.              Inst.
Payer Name:                      Payer ID     Ins. Co.      Active?        Active?      EDI#               EDI#
-------------------------------------------------------------------------------------------------------------
--
 IBpayer One                     VA529            0           YES            YES
 IBpayer Two                     VA1             81           YES            YES        23222              23222
    Linked Insurance Companies:
    IBinsurance Two              PO BOX 26190         GREENSBORO, NC              60054              60054
    IBinsurance Two              PO BOX 30167         TAMPA, FL                   60054              60054
    IBinsurance Two A            PO BOX 937           TOLEDO, OH                  60054              60054
    IBinsurance Two B            PO BOX 150409        HARTFORD, CT                60054              60054
    IBinsurance Two C            PO BOX 795080        SAN ANTONIO, TX             60054              60054
    IBinsurance Two D            PO BOX 91555         ARLINGTON, TX               60054              60054
    IBinsurance Two E            PO BOX 91544         ARLINGTON, TX               60054              60054
    IBinsurance Two F            PO BOX 7012          DOVER, DE                   60054              60054
    IBinsurance Two G            PO BOX 981107        EL PASO, TX                 60054              60054
    IBinsurance Two H            THIRD PARTY CLAIMS M MEMPHIS, TN                 60054              60054
    IBinsurance Two J            PO BOX 35890         LOUISVILLE, KY              60054              60054
    IBinsurance Two K            PO BOX 1725          PEORIA, IL                  60054              60054
Enter RETURN to continue or '^' to exit:
```

Sample Report – Insurance Company List

```
eIV Payer Link Report                                                     Jun 03, 2010@10:49:56  Page: 7
 Report Option: Insurance Company List              All Insurance Companies

                                                    Nat.      Loc.      Prof.          Inst.
 Insurance Company:                                 Act?      Act?      EDI#           EDI#
   Payer:                         VA ID
------------------------------------------------------------------------------------------------------
 IBinsurance One
       35 SAMPLE RD.  MT VERNON, OH 43050
    ** NOT CURRENTLY LINKED **

 IBinsurance Two A                                                      60054          60054
       PO BOX 55555  GREENSBORO, NC 27402
    IBpayer Two                   VA1       YES       YES      23222          23222

 IBinsurance Two B                                                      60054          60054
       PO BOX 55555  TAMPA, FL 33630
    IBpayer Two                   VA1       YES       YES      23222          23222

 IBinsurance Four                                                       60054          60054
       PO BOX 555  TOLEDO, OH 43695
Enter RETURN to continue or '^' to exit:
```

8.6   MailMan Summaries

VistA automatically produces a daily MailMan message to summarize the eIV activity for the preceding 24 hours if the **IB Site Parameters** is set to allow this to occur. 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**. The message is based on an **eIV Statistical Report** created using the default search and sort criteria.

Sample - eIV Statistical Report in MailMan Message

```
Subj: ** eIV Statistical Rpt **  [#13300889] 2 Jul 04 13:01  39 lines
From: INSURANCE IDENTIFICATION & VERIFICATION  In 'IN' basket.  Page 1  *New*
-------------------------------------------------------------------------
IIV Statistical Report                          Jul 2, 2004@13:00:42  Page: 1
                         Report Timeframe:
                 07/01/2004 13:00 - 07/02/2004 13:00


 Outgoing Data
 =============
 Inquiries Sent:                      68
   Insurance Buffer                             10
   Appointment (Pre-Registration)               15
   Non-verified Insurance                       23


 Incoming Data
 =============
 Responses Received:                  60
   Insurance Buffer                             10
   Appointment (Pre-Registration)               14
   Non-verified Insurance                       22


 Current Status
 ==============
 Responses Pending:                    8
 Queued Inquiries:                    57
 Deferred Inquiries:                   0
 Insurance Companies w/o National ID:    1292
 eIV Payers Disabled Locally:             0
```

```
 Insurance Buffer Entries:                     235
   User Action Required:                        215
      # of * entries (User Verified policy)              19
      # of + entries (Payer indicated Active policy)     24
      # of - entries (Payer indicated Inactive policy)    7
      # of # entries (Policy status undetermined)        39
      # of ! entries (IIV needs user assistance for entry)  126
   Entries Awaiting Processing:                  20
      # of ? entries (IIV is waiting for a response)     16
      # of blank entries (yet to be processed or accepted)   4

Current Status
 ==============

 New eIV Payers received during report date range:
   Please link the associated active insurance companies to these payers at your
   earliest convenience.  Locally activate the payers after you link insurance
   companies to them.  For further details regarding this process, please refer
   to the Integrated Billing IIV Interface User Guide.

     IBpayer One
     IBpayer Three

National Payers – ACTIVE flag changes at FSC
 ============================================
 IBpayer Two                          Message Dt: 09/06/09 Set: ON
 IBpayer Four                         Message Dt: 09/11/09 Set: OFF
 IBpayer Six                          Message Dt: 09/14/09 Set: OFF
 IBpayer Eight                        Message Dt: 09/05/09 Set: ON


 Nationally Active Payers – TRUSTED flag changes at FSC
 =====================================================
 IBpayer Five                         Message Dt: 09/12/09 Set: ON
 IBpayer Seven                        Message Dt: 09/10/07 Set: OFF
 IBpayer Nine                         Message Dt: 09/05/07 Set: ON

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

8.7   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//
```

8.8   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:
---------------------------------------------------
USAA LIFE
INSURANCE
UniCare

UMR
(WAUSAU)
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//
```

8.9   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                    Jun 07, 2004@11:35:37  Page: 1
 Sorted by: Payer Name                                  Responses Displayed: All
                           01/01/2003 - 06/07/2004
                                All Payers
                                All Patients


   Payer: FAMILY HEALTH SYSTEMS (COMMERCIAL)
 Patient: IBpatient,Two (SSN: XXX-XX-XXXX  DOB: XX/XX/XXXX)


       Subscriber: IBpatient,Two
  Subscriber ID: 00000XXXX                    Subscriber DOB: XX/XX/XXXX
 Subscriber SSN: XXXXXXXXX                     Subscriber Sex: F
     Group Name: XXXXX-XXXXXX                       Group ID: XXXXXX-A
Whose Insurance: VETERAN              Pt Rel to Insured: PATIENT
      Member ID: XXXXXXX                                  COB:
   Service Date: XX/XX/XXXX                    Date of Death:
 Effective Date: XX/XX/XXXX              Certification Date:
Expiration Date:                       Payer Updated Policy:
  Response Date: XX/XX/XXXX                       Trace #: XXXXXXXXXXX
  Policy Number: XXXXXXX



 Eligibility/Benefit Information:

 eIV was unable to determine the status of this patient's policy.

   Service Type: Vision (Optometry)
     Coverage Level: Family
       Plan Coverage Description: Vision One Discount Applies

 In-Plan-Network: YES
   Service Type: Vision (Optometry)
     Coverage Level: Family
       $80.00,  Quantity: 24 Month

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

8.10 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                        Jun 03, 2010@10:55:47  Page: 1
Sorted by: Payer Name                                 Responses Displayed: All
Earliest Policy Expiration Date: 06/03/2009

                            05/04/2010 - 06/03/2010
                                   All Payers
                                  All Patients


  Payer: FAMILY HEALTH SYSTEMS (COMMERCIAL)
Patient: IBpatient,Four (SSN: XXX-XX-XXXX  DOB: XX/XX/XXXX)


      Subscriber: IBpatient,Four
  Subscriber ID: XXXXXXB                    Subscriber DOB: XX/XX/XXXX
 Subscriber SSN: XXXXXXXXX                  Subscriber Sex: M
     Group Name: XXXXX-XXXXXX                     Group ID: XXXXXXX
 Whose Insurance: VETERAN              Pt Rel to Insured: PATIENT
      Member ID: XXXXXXXX                              COB:
   Service Date: XX/XX/XXXX                 Date of Death:
 Effective Date: 08/01/2001             Certification Date:
Expiration Date: 04/04/2002          Payer Updated Policy:
  Response Date: 06/01/2004                       Trace #: XXXXXXXXXX
  Policy Number: XXXXXXXX



Eligibility/Benefit Information:

eIV has determined that this patient's policy is Inactive.

  Service Type: Vision (Optometry)
    Coverage Level: Family
       Plan Coverage Description: Vision One Discount Applies

 In-Plan-Network: YES
  Service Type: Vision (Optometry)
    Coverage Level: Family
       $50.00,  Quantity: 24 Month
         Time Period: Remaining,  $50.00
       Time Period: Day,  $10.00

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

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9 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:
```

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10 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:

- 20.01 - INSURANCE COMPANY NAME,
- 60.01 - PATIENT NAME,
- 60.04 - SUBSCRIBER ID (if patient is the subscriber),
- 60.08 - INSURED'S DOB (if patient is not the subscriber), and
- 62.01 - 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.

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

- 20.01 - INSURANCE COMPANY NAME; or
- 40.02 - GROUP NAME; or
- 40.03 - GROUP NUMBER; or
- 60.01 - PATIENT NAME; or
- 60.04 - SUBSCRIBER ID; or
- 60.08 - INSURED'S DOB; or
- 62.01 - 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)	*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)	*Remember – Real time verification inquiries are not triggered for buffer entries created by HMS data upload. Source = HMS*
(i)	*Remember – The system does not send a registration request message to FSC each time a real time insurance verification is triggered.*

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11 PURGING eIV FILES (IRM USERS)

11.1 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 Transaction** 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)	*The Purge eIV Transactions option is locked with the **XUMGR** security key.*

The following screen will be displayed.

```
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//
```

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**.

Step	Procedure
(i)	*Note: Files that are not older than six months cannot be purged.*

11.2 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   Total
                                       Count     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.
```

12 APPENDIX A – eIV TROUBLESHOOTING

12.1 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.

12.1.1 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

12.1.2 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

12.1.3 Requeue Batch Process (IRM)

- Verify the IBCNE IIV BATCH PROCESS taskman is still running

o Reschedule the IBCNE IIV BATCH PROCESS task

12.1.4 Restart HL7 Logical Link (IRM)
- Verify the IIV EC HL7 logical link is running
- Stop & Restart IIV EC HL7 logical link

12.2 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.

12.3 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.

13 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 to a valid insurance company name in 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. 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 to more than one uniquely named insurance company in the Insurance Company file. 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. 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 IIV AUTO MATCH file. Make sure there is no more than one entry in the IIV AUTO MATCH file that 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 to more than one insurance company entry with the same name in the Insurance Company file. 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 that 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 and the Payer file.

   Action to take: Use the Insurance Company Entry/Edit option to link this insurance company 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: Use the option **Payer Edit (Activate/Inactivate)** to locally activate this payer.

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 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: Log a Remedy ticket 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.

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

14. **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.

15. **The insurance company name for this buffer entry is blank.**

    Action to take: Please review the Remedy ticket ROS-0402-53243. If the cause of the problem described in the Remedy ticket does not apply to the site, please log a new Remedy ticket for this issue; include a trace number, if available. Otherwise, please contact IRM and provide this buffer information and the Remedy ticket ROS-0402-53243.

16. **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 or contact the insurance company to manually verify this insurance information.

17. **eIV could not create an inquiry for this entry.** This patient's insurance must be verified manually because the Subscriber ID is missing.

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

18. **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 and correct any inaccuracies that may exist in the patient's insurance file.

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

    Action to take: Log a Remedy ticket for this issue; include a trace number if available. A user may process this buffer entry if a Remedy ticket 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.

20. **When the Patient's ID is missing. New error message:**

    Current eIV Status: Problem Identified

    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.

21. **When the Subscriber ID is missing. New error message:**

    Current eIV Status: Problem Identified

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.

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14 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.
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.
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.
Trusted Payer	A payer whose responses, the FSC determines can be used for Automatic Updates. It is also referred to as the Automatic Update 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.