Fee Basis
Release Notes

FB*3.5*135

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Version 1.3

Department of Veterans Affairs
Office of Information and Technology (OIT)
Product Development

Revision History

Date	Version	Description	Author
July 10, 2012	1.0	Initial document creation	L. Faraci
Sept 18, 2012	1.1	FB UCID UTILITY MENU update	L. Faraci
Nov. 29,2012	1.2	Updated section 4.4	M. Rayford
Dec. 11,2012	1.3	Updated from patch return feedback	M. Rayford

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1. Introduction

The Chief Business Office (CBO) is requesting an enhancement to the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis software application that will meet the Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) 5010 mandate.

On January 16, 2009, the Department of Health and Human Services (HHS) published the final rule that will facilitate the United States' ongoing transition to an electronic health care environment through the adoption of updated standards for electronic health care and pharmacy transactions. This portion of the transition involves converting all EDI transactions from HIPAA Accredited Standards Committee (ASC) X12 Version 4010 and 4010A1 to ASC X12 Version 5010. Effective January 1, 2012, VHA must reach Level II compliance, which means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards." All covered entities must be fully compliant on January 1, 2012. On this date, VHA will cease accepting 4010 and 4010A1 transactions.

2. Overview

This patch continues to enhance the VistA Fee Basis software for Health Insurance Portability and Accountability Act (HIPAA) 5010 compliance. It includes new fields and logic for storing and creating a VistA Unique Claim ID for entries in the Fee Basis Payment (#162) and Fee Basis Invoice (#162.5) files and addresses 5010 deficiencies in the Civil Hospital Invoice Display option.

IMPORTANT NOTE
Associated patch FB*3.5*135 requires IB*2.0*476 to be installed first.
Once installed, FB*3.5*135 must be installed immediately after.

FB*3.5*135 and IB*2.0*476 have enhancements to FB and IB that represent partial automation of Fee vendors and 5010 providers. These enhancements were tested at the test sites and will be rolled out nationally, but not "turned on" (no post install). Future patches will build upon the baseline functionality established in these patches. See item #4.4 listed in the section 4. Modifications for Patch…below.

3. New Service Request

20090705 – VistA Fee HIPAA 5010 Implementation
VistA Fee HIPAA 5010 Implementation, Discovery and Requirements to meet the expanding needs of Electronic Data Interchange (EDI) processes and address the system and data changes required with the 5010 version, the Fee Basis package will need to collect, store and report additional elements from the claim data. National Provider Identifiers (NPI) and physical service locations are needed to better inform downstream or dependent processes. Much of the additional data collection is needed to support (1) revenue functions, where a third party insurance has a financial obligation surrounding payments made for non-service connected episodes of care and (2) pricing functions, where the service location impacts the allowed amount for a healthcare service.

4. Modifications for Patch FB*3.5*135

4.1. Civil Hospital and Medical claims Invoice Display option outputs were modified.

Routines FBAAPIN and FBCHVH have been modified to display the Line Item Rendering Provider, Line Item NPI and Line Item Taxonomy codes when available.

4.2. Potential Cost Recovery report has been modified to allow users to exclude setected insurance types

FBPCR has been modified to include an optional prompt so that users may exclude selected Insurance types (Type of Plan) from the Potential Cost Recovery report [FB PCR] option. FBPCR4 was modified to exclude patients that have only the selected insurance type(s) and no other third party insurance. The paid claims for these patients will not display or print on the report.

4.3. A new Unique Claim Identifier (UCID) will be generated for all Civil Hospital and Medical claims manually entered in VistA Fee Basis.

The UCID will be used by the Purchased Care business office in systems downstream from VistA (Central Fee, VHA Support Service Center, etc) to enable the VA to recreate claims as they were submitted by a vendor. The UCID will be comprised of the following:

5 digit Station#, left justified, zero filled
1 digit Source (1=FB, 2=FBCS, 3=VAPM)
1 digit Initiation Type (S=scanned, E=EDI, M=Manual)
1 digit Claim Type (I=Institutional, P=Professional, D=Dental, N=Non Standard)
4 digit Calendar year
'-' to separate the year and sequence#
15 digit Sequence number

Note: the "4 digit year-Seq#" will be known as the Claim Number. For "E" (EDI) Claims, VistA Fee Basis forces the Sequence number portion of the Claim Number to be the FPPS Claim ID.
Two APIs have been created for Fee and COTS applications to set the UCID value when filing data to Fee Basis Payment (#162) or Fee Basis Invoice (#162.5) files. These APIs are:

$$PAYUCID^FBUTL135(VET,VEN,TDIEN,SVCIEN,STN,SRCE,INITTYP,CLTYP,CLNUM)
Inputs: (all inputs are required)
VET = veteran DFN
VEN = Vendor IEN
TDIEN = Treatment Date IEN
SVCIEN = Service Provided IEN
STN = Station
SRCE = Source (1=FB, 2=FBCS, 3=VAPM)
INITTYP = Initiation Type (S=scanned, E=EDI, M=Manual)
CLTYP = Claim Type (P=Professional, D=Dental, N=Non Standard)
CLNUM = Claim Number - in format YYYY-nnnn
Output: "-1^" with an error message
or
Populates the Unique Claim ID field (#81) in file FEE BASIS PAYMENT (#162) (Outpatient) and, Returns the Unique Claim ID

$$INVUCID^FBUTL135(INVIEN,STN,SRCE,INITTYP,CLNUM)
Inputs: (all inputs are required)
INVIEN = Invoice IEN
STN = Station
SRCE = Source (1=FB, 2=FBCS, 3=VAPM)
INITTYP = Initiation Type (S=scanned, E=EDI, M=Manual)
CLNUM = Claim Number - in YYYY-nnnn format

Output: "-1^" with an error message
or
Populates the Unique Claim ID field (#85) in file FEE BASIS INVOICE (#162.5) (Inpatient)
and Returns the Unique Claim ID

In order to create the UCID, the following Fee components were created or modified:
Five new APIs were created:

$$ENTINPAT^FBUTL136(FBSTA,FBSRC,FBINT,FBCLT,FBCLAIMS,FBVEND)
This API is used by Input Template "FBCH ENTER PAYMENT"
Inputs: FBSTA = Station
FBSRC = Source
FBINT = Initiation Type
FBCLT = Claim Type
FBCLAIMS = Claim Number
FBVEND = Vendor IEN
Output: Returns a Unique Claim ID that is used by Fileman to populate the Unique Claim ID field (#85) in file FEE BASIS INVOICE (#162.5) (Inpatient)

EDINPAT^FBUTL136(FBXSTR,FBI)
This API is used by Input Template "FBCH EDIT PAYMENT"
Inputs: FBXSTR = FPPS value entered by user for FPPS
FBI = IEN of Invoice record
Output: UCID is saved in file 162.5 via Fileman

$$ENTROUTP^FBUTL136(DFN,FBV,FBAAVID,FBCLAIMS)
This API is used by routine FBAACO
Inputs: DFN = Patient ID
FBV = Vendor IEN
FBAAVID = Vendor Invoice Date
FBCLAIMS = FPPS claim id
Output: UCID that is save in file 162

EDITOUTP^FBUTL136(FBXSTR,FBDA)
This API is used by routine FBUTL5.
Inputs: FBXSTR = FPPS CLAIM ID entered by user
FBDA = DA variable containing SERVICE PROVIDED, INITIAL TREATMENT DATE, VENDOR, PATIENT
Output: UCID that is saved in file 162

$$UCLAIMNO^FBUTIL135(FBSTA,FBSRC,FBINT,FBCLT,FBCLAIMS)
This API is used by all the other API's
Inputs: All inputs are optional.
FBSTA = Station - Default is the station ID returned by routine STATION^FBAAUTL
FBSRC = Source - Default is "1" - FB
FBINT = Initiation Type - Default is "M" - Manual
FBCLT = Claim Type - Default is "N" - Non Standard
FBCLAIMS = Claim Number - in YYYY-nnnn format
Default is <Current Year>-<Next Sequential Number
from file FEE BASIS SITE PARAMETERS (#161.4),
field UNIQUE CLAIM IDENTIFIER SEQ (#39)
Output: Returns a Unique Claim ID

Created field for Unique Claim Identifier Sequence in the FEE BASIS SITE PARAMETERS (#161.4) file.

For Civil Hospital claims: added field for Unique Claim Identifier to the FEE BASIS INVOICE (#162.5), modified routine FBCHEP and input template [FBCH ENTER PAYMENT] (file 162.5) to call new API: ENTINPAT^FBUTL136, and [FBCH EDIT PAYMENT] (file 162.5) to call new API: EDINPAT^FBUTL136 prompt for the Claim Number.

For Medical claims: added field for Unique Claim Identifier to the FEE BASIS PAYMENT (#162) file, modified routine FBAACO to prompt for CLAIM NUMBER and a claim type by calling new API: ENTROUTP^FBUTL136, modified routine FBAACO2 and FBUTL5 to prompt for Claim Number and a claim type by calling new API: EDITOUTP^FBUTL136.

Three options were added to verify Unique Claim Identifier (UCID) entries for testing. Unique Claim Identifier Utility Menu [FB UCID UTILITY MENU] has been created to display information about the Unique Claim Identifier field for entries in files FEE BASIS INVOICE (#162.5),FEE BASIS PAYMENT (#162). This menu option is not available on any existing FB menus, but could be added to a secondary menu. The new menu contains the Fee Basis Unique Claim Identifier Display [FB UCID DISPLAY] option and the FB OUTPATIENT UCID REPORT [FB UCID PAYMENT RPT] option.

4.4. An automated process to copy valid Fee Basis Vendor and 5010 Providers within a paid claim to the IB NON/OTHER VA PROVIDER (#355.93) file was added (For Future Use).

The following changes represent partial automation of Fee vendors and 5010 providers from FB to IB. These enhancements were tested at the test sites and will be rolled out nationally, but not "turned on" (no post install). Future patches will build upon the baseline functionality established for this item in the patch.

Paid inpatient and outpatient claims that are potentially cost recoverable from Integrated Billing (IB) will now have an automated process (For Future Use) available to copy valid Fee Basis Vendor and 5010 Providers within a paid claim to the IB NON/OTHER VA PROVIDER (#355.93) file. Routine FBPAID was modified and new routines FBPAID3 and FBPAID3A were created to capture the paid

claims into the new file FEE BASIS PAID TO IB (#161.9) during the nightly mailman processing of the PAID message from Central Fee.

A new field ALLOW FB PAID TO IB (#40) was created in the FEE BASIS SITE PARAMETERS (#161.4) file (For Future Use), and included in the Input Template [FBAA SITE PARAMETERS] Fee Basis Supervisor to allow/disallow the automated process. The interface will not run unless this field is set to YES (allow).

A new queued option (For Future Use) Fee Basis Payment to IB [FB PAID TO IB] calling new routine FBPAID3 will read through the paid entries saved to the FEE BASIS PAID TO IB (#161.9) file and determine claims that are potential cost recovery claims using the same business rules as the existing Potential Cost Recovery Report. Vendor and 5010 providers for entries that pass the potential cost recovery rules will be sent to the new IB API $$EPFBAPI^IBCEP8C1, introduced in IB*2.0*476, for additional IB checks and to save to file 355.93. Data will be captured for reporting on entries filed to IB and those that failed to file for a variety of reasons (invalid provider name format, etc). ICR 5806: FB PROVIDER TO IB AUTOMATION was approved for this call.

A new option Provider to IB Report [FB PROVIDER TO IB] was created (For Future Use) which calls the new routine FBPAID3B to display data from file 161.9 for entries that were filed to IB and those that failed to file. The data in file 161.9 will be retained for six months after which it will be purged by the nightly process Fee Basis Payment to IB [FB PAID TO IB].