INTEGRATED BILLING ELECTRONIC INSURANCE VERIFICATION INTERFACE (eIV)

TECHNICAL MANUAL / SECURITY GUIDE

IB Version 2.0
Patch IB*2.0*184, 246, 252, 271, 316, 300, 416, 444, 438, 497

August 2013

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Revision History

Note: The revision history cycle begins once changes or enhancements are requested to an approved SRS.

Date	Revision	Description	Author
09/18/03	**Patch 184**	**Initial Version**	**Darlene White**
02/08/05	**Patch 271**	**Updated**	**Darlene White**
07/07/05	**Patch 300**	**Updated**	**Darlene White**
01/17/06	**Patch 300**	**Updated**	**Ellen Nam**
05/18/10	**Patch 416**	**Updated**	**Jonathan Bolas**
08/01/11	**Patch 438**	**Updated**	**Jonathan Bolas/Berry Anderson**
8/26/13	**Patch 497**	**Updated**	**FirstView Team**

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PREFACE

This is the Technical Manual for the Integrated Billing (IB) software package's electronic Insurance Identification and Verification Interface (IIV) which was first introduced as Patch IB*2.0*184. It is designed to assist IRM personnel in the operation and maintenance of the interface.

For information regarding use of the software, please refer to the Integrated Billing Insurance Identification and Verification Interface User Guide and the Integrated Billing User Manual.

For information on the installation of this interface, please refer to the Integrated Billing Insurance Identification and Verification Interface (eIV) Installation Guide.

Symbols

The following are explanations of the symbols used throughout this manual.

<RET>   Press the RETURN or ENTER key.

<SP>   Press the SPACEBAR.

<^>   Up-arrow, which you enter by pressing the SHIFT key and the numeric 6 key simultaneously

<?> <??> <???>   Enter single, double, or triple question marks to activate on-line help, depending on the level of help you need.

Note to Users with Qume Terminals

It is very important that you set up your Qume terminal properly. After entering your access and verify codes, you will see

Select TERMINAL TYPE NAME: {type} //

Please make sure that <C-QUME> is entered here. This entry will become the default. You can then press <RET> at this prompt for all subsequent logins. If any other terminal type configuration is set, options using the List Manager utility will neither display nor function properly on your terminal. The reports and error messaging system in the interface makes extensive use of the List Manager functions.

Who Should Read this Manual?

This manual is intended for technical IRM personnel who may be called upon to install and support this software.

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INTRODUCTION

Overview

The release of Integrated Billing patch IB*2.0*184 introduced electronic Insurance Identification and Verification (IIV). The IIV project has been renamed and is now referred to as Electronic Insurance Verification (eIV).

The purpose of eIV is to automate:
- The determination of eligibility for claimed insurance (Verification).

This interface was planned and designed to be a Class I initiative with the coordination and assistance of the national IB team.

The software enhancements included in the patches that are described within this document directly support the following VHA program initiatives:
1. The VHA Revenue Cycle Improvement Plan approved by Secretary Principe in September, 2001, and particularly:
   a. Recommendation 5 of that Plan, which calls for implementation of automated methods of identifying and verifying veteran insurance coverage.
   b. Recommendation 3 of that Plan, which recommends adopting a national policy for the update of patient data no less frequently than every six months.
2. The VHA Office of Compliance and Business Integrity (CBI) Program Indicator No. 3a , which measures, among other things, whether patient insurance coverage is verified every six months.

The Technology Services Division of DAOU Systems Inc, 8401 Connecticut Ave. Suite 700, Chevy Chase, MD 20815, provided the interface between the existing IB software and the Eligibility Communicator (EC), located at the Financial Service Center (FSC) in Austin, TX.

Functional Description

The Electronic Insurance Verification (eIV) project provides an extension to the existing VistA Insurance Buffer functionality by enabling electronic confirmation of third-party commercial health insurance coverage for registered VA patients. Each night a process is run, which compiles a batch of insurance eligibility inquiries based on activity within the system. Sources include unverified insurance information entered in the Insurance Buffer as well as patients that have scheduled appointments or have had past encounters, but have not had a recent verification of their insurance files.

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.
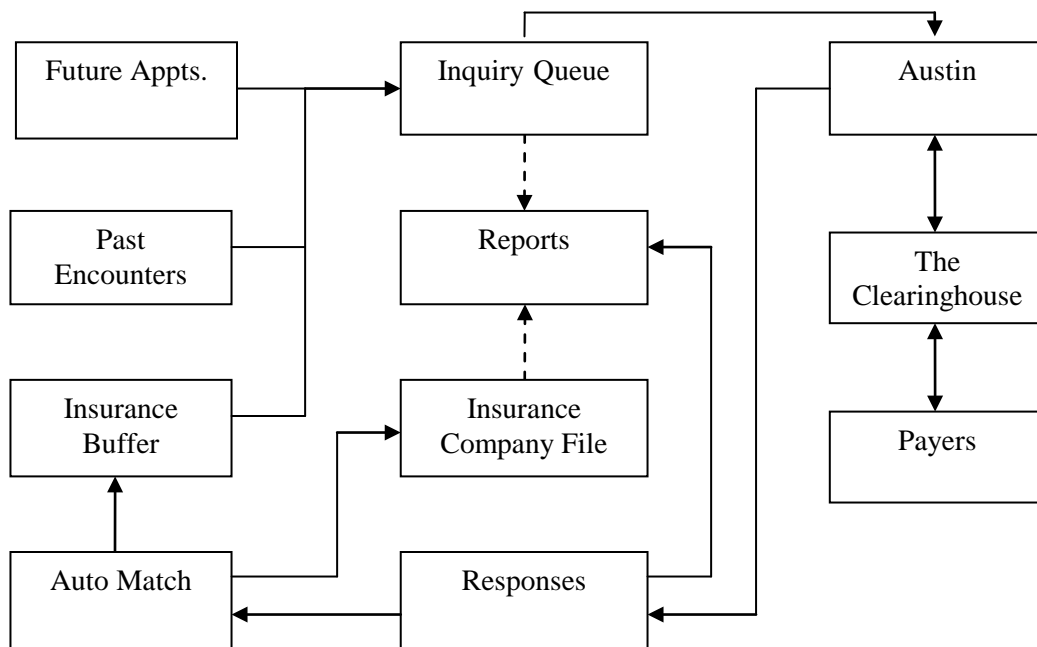
Figure 1. Overview of eIV Process

Inquiries are then verified through an exchange of HIPAA-compliant electronic communications between the VistA system and an Eligibility Communications server that is located at the FSC in Austin, Texas. This national datacenter receives the eligibility inquiry messages and forwards the request to an electronic clearinghouse of insurance information. The clearinghouse, in turn, forwards the inquiry to the requested payer, ex. Aetna, Blue Cross/Blue Shield, etc. The payer issues a response message to confirm or deny coverage based on the information provided in the inquiry. The response message is routed back to the VistA site and may be posted to the Insurance Buffer where authorized users can review and accept the returned information into the current insurance files through enhancements to the insurance buffer list option.

One challenge inherent in this process results from the fact that each VA site is able to maintain a separate list of insurance companies. In order for the various VistA locales to be able to effectively request eligibility information for the various payers, a national VA insurance payer list has been established to provide a standard identification system for all payers that are participating in this process. Enhancements have been added to allow each VA site the ability to link the insurance companies in their own site's list to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry should be directed.

Additional features were also added to assist the users of the insurance buffer with eIV related tasks. A feature named "Auto Match" has been added that allows the system to be "taught" rules for matching the user-entered insurance company names in the insurance buffer to existing entries in the site's insurance company file. Also, a method has been added for accepting information from an insurance buffer entry into the patient's permanent insurance records that allows each data field change to be individually accepted or rejected. Another feature allows a user to select multiple buffer entries for the Process, Expand, and Reject entry actions, to ease the process of working with larger sets of buffer entries.

eIV Process Flow

Each VistA system, as the Insurance and Verification patch software is installed, is eligible to send and receive messages from the Eligibility Communicator (EC,[EC messaging passes through/via the Vitria server]), the component of eIV located at the Austin Information Technology Center (AITC) formerly Austin Automation Center (AAC). VistA communication methodology is through a TCP/IP connection to the Vitria server in the form of an HL7 message. Vitria validates the HL7 message.

> **If the message fails EC's validation, the sending VistA facility receives an error message from EC. Otherwise EC processes the message and returns responses to most of them as defined in this Interface Design Document (IDD).**

Vitria's EC transforms the HL7 message to a standard X12 270 message and sends it on to the Clearinghouse.

The Clearinghouse processes the 270 message on to the appropriate payer. When the Clearinghouse receives a response from the payer, it is forwarded back to Vitria at Austin. If the response is a 997 error response, steps to determine the problem are taken to resolve the problem.

If a "success" response is received from the payer via the Clearinghouse in a 271 message, Vitria saves the data into the National Insurance Cache and transforms it to an HL7 message. The message is then sent back to the VistA facility for processing. Vista facilities can set site parameters to either have the messages returned real-time, or held and batched for processing at a later time.
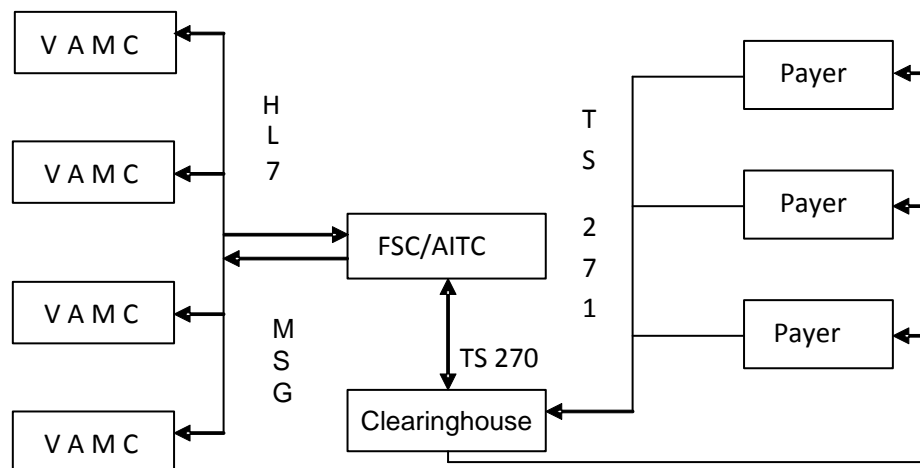
Figure 2. Diagram of the process-flow for electronic eligibility requests sent by the eIV process

VistA Registration Dialog

When a site installs the eIV software and performs all of the post-installation instructions, a registration message will be sent to confirm the registration and update any site-specific information. Any subsequent changes to the payer table are initiated by FSC.

IMPLEMENTATION AND MAINTENANCE

General Notes Regarding Changes to this Software

1. Integrated Billing files may only be updated through distributed options.
2. Per VHA Directive 10-93-142 regarding security of software that affects financial systems, most of the IB routines and files may not be modified. Routines that may not be modified will be indicated by a comment on the third line. Files that may not be modified will have a note in the file description.
3. According to the same directive, most of the IB Data Dictionaries may not be modified.

Platform Requirements

VistA System:

A fully patched and complete VistA system is required, running Integrated Billing (IB) Version 2.0. In particular, the pre-requisite patches listed below must be installed prior to the installation of the eIV patch IB*2.0*497.

In addition, the VistA system must have a properly installed and functioning HL7 module.

Pre-Requisite Patch Requirements

VistA Package and Version	Associated Patch Designation(s)	Brief Patch Description
Integrated Billing Version 2.0	IB*2.0*141	The primary purpose of this patch is to create an API for Insurance data to support the 1010EZ project. This patch adds an API for the Insurance Buffer. The API will allow Medicare (WNR) and multiple insurance entries for a single patient to be inserted into the Insurance Buffer File (#355.33).
Integrated Billing Version 2.0	IB*2.0*359	This patch insures that while navigating in the Claims Tracking Edit Option after the user switches patients while in the View Patient (VP) menu and returns to the list of the patient's claims that the claims that are listed are actually the indicated patient's claims. It also adds adjustment code CO 194

VistA Package and Version	Associated Patch Designation(s)	Brief Patch Description
		to the list of codes automatically processed, and modifies function call GETWNR^IBCNSMM1 to return only Part A or Part B Medicare plans like it is supposed to.
Integrated Billing Version 2.0	IB*2.0*399	This patch contains several updates to Integrated Billing for billable event processing and reports related to billing Reasonable Charges. No charges are updated or exported with this patch. New Reasons Not Billable and updates to Insurance Timely Filing Timeframe with supporting Claims Tracking functionality are the primary updates.
Integrated Billing Version 2.0	IB*2.0*444	This patch adds an extra check for determination of response being positive or negative - if Eligibility/Benefit status in field 2 of ZEB segment is not set to 1 ("Active Coverage"), the response is now considered to be negative regardless of the acknowledgement value in MSA segment.

Integrated Billing Version 2.0	IB*2.0*467	This patch adds an extra check to PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS] option, real-time inquiry, and buffer extract that will ensure that entries are placed into the transmission queue only if either of the following conditions is met:
		
		  - If subscriber inquiry (patient relationship is set to "self" or is blank) AND subscriber id is not blank
		  - If dependent inquiry (patient relationship is not set to "self" and is not blank) AND patient id is not blank

Integrated Billing Version 2.0	IB*2.0*473	This patch finalizes the HIPAA 5010 enhancements

Hardware Requirements

The eIV patch requires a standard implementation of VistA running on a hardware platform that is commonly supported by VistA.

Additionally, TCP/IP network connectivity needs to be available between the site's VistA server and the Eligibility Communicator (EC) server located at the FSC in Austin, TX. The EC server is connected to the VA's intranet; therefore connectivity should be available without additional action as long as the VistA server is also connected to the VA's intranet.

Globals

Global ^IBCN should have been created prior to installation of IB*2.0*184. Please verify the global exists prior to installation of IB*2.0*497.

Data Files Stored in the Global ^IBCN:
- IIV RESPONSE (#365)
- IIV TRANSMISSION QUEUE (#365.1)
- IIV AUTO MATCH (#365.11)
- IIV RESPONSE REVIEW (#365.2)

Data Files Stored in the Global ^IBE:
- X12 271 ELIGIBILITY/BENEFIT (#365.011)
- X12 271 COVERAGE LEVEL (#365.012)
- X12 271 SERVICE TYPE (#365.013)
- X12 271 INSURANCE TYPE (#365.014)
- X12 271 TIME PERIOD QUALIFIER (#365.015)
- X12 271 QUANTITY QUALIFIER (#365.016)
- X12 271 ERROR CONDITION (#365.017)
- X12 271 ERROR ACTION (#365.018)
- X12 271 CONTACT QUALIFIER (#365.021)
- PAYER (#365.12)
- PAYER APPLICATION (#365.13)
- IIV TRANSMISSION STATUS (#365.14)
- IIV STATUS TABLE (#365.15)
- X12 271 ENTITY IDENTIFIER CODE (#365.022)
- X12 271 IDENTIFICATION QUALIFIER (#365.023)
- X12 271 PROVIDER CODE (#365.024)
- X12 271 DELIVERY FREQUENCY CODE (#365.025)
- X12 271 DATE QUALIFIER FILE (#365.026)
- X12 271 LOOP ID (#365.027)
- X12 271 REF IDENTIFICATION (#365.028)
- X12 271 UNITS OF MEASUREMENT (#365.029)
- X12 271 ENTIITY RELATIONSHIP CODE (#365.031)
- X12 271 DATE FORMAT QUALIFIER (#365.032)
- X12 271 YES/NO RESPONSE CODE (#365.033)

- X12 271 LOCATION QUALIFER (#365.034)
- X12 271 PROCEDURE CODING METHOD (#365.035)
- X12 271 DELIVERY PATTERN (#365.036)
- X12 271 PATIENT RELATIONSHIP (#365.037)
- X12 271 INJURY CATEGORY (#365.038)
- X12 271 MILITARY PERSONNEL INFO STATUS CODE (#365.039)
- X12 271 MILITARY GOVT SERVICE AFFILIATION (#365.041)
- X12 271 MILITARY SERVICE RANK (#365.042)
- X12 271 ENTITY TYPE QUALIFIER (#365.043)
- X12 271 CODE LIST QUALIFIER (#365.044)
- X12 271 NATURE OF INJURY CODES (#365.045)
- X12 271 MILITARY EMPLOYMENT STATUS CODE (#365.046)

Globals to Journal

Journaling for the global **IBCN** is recommended. Journaling instructions from the IB Technical Manual should be followed.

Estimated Global Growth

Only two of the files related to eIV are expected to grow significantly over time. These files are the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files. The growth rate of these files is directly proportional to the number of inquiries/responses that are generated each day. The volume of daily activity at each site can be controlled through the batch extract settings defined in the MCCR Site Parameters screen. As an example, if 5,000 records are generated for one day, the total growth for that day may be up to 20 MB.

> ^IBCN(365) - .003 Mb per entry (IIV Response File #365)
> ^IBCN(365.1) - .001Mb per entry (IIV Transmission Queue #365.1)

Note that functionality has been included that allows data in these files to be purged if it is at least six months old.

HL7 Management

eIV makes heavy use of HL7 messaging. Ensure that the HL7 globals have sufficient room for growth. Reference HL*1.6*19 patch documentation for further instructions. Also, reference the External Interfaces – HL7 Communications Setup section, in this manual, for specific eIV HL7 information.

This interface is dependent upon both an IP address and the port on which HL7 listens. If any of the following scenarios occur, you may need to adjust the settings for one of the eIV logical links. Without this adjustment, the interface will stop transmitting insurance inquiries and receiving eligibility responses. In other words, the interface will stop working.

- The VAMC changes which node is the start-up node.
- The VAMC changes the port on which HL7 is listening.

If either of the above scenarios occurs, reference Appendix C for specific instructions related to adjusting the eIV logical links.

Bulletins

Currently there are no bulletins set up for the electronic Insurance Identification and Verification Interface Version 1.0 software.

TECHNICAL NOTES

Namespace

The Insurance Identification and Verification Interface has been assigned the namespace IBCNE. Approval was obtained in order to modify some routines in the IBJPI namespace. The IBCNE namespace is used for all new routines, options etc. associated with this interface. Routines directly associated with IB IIV Site Parameters uses the IBJPI namespace.

File Number Space

The eIV package file range is 365-365.99.

Routines

These are current Integrated Billing programs that are part of the electronic Insurance Verification Version 1.0 software.

Routine Name	Description
IBCNBAA	This program sets up the Insurance Buffer to process Accepts.
IBCNBAC	This program contains subroutines for the individual acceptance of buffer entry information.
IBCNBAR	Insurance Buffer Accept/Reject functions.
IBCNBCD	Compare buffer entry with existing patient insurance.
IBCNBEE	This program edits existing entries in the Insurance Buffer.
IBCNBES	This program files new entries/data into the Insurance Buffer.
IBCNBLA	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA1	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA2	This program contains subroutines for processing and validating the selection of multiple entries from the INSURANCE BUFFER File (#355.33).
IBCNBLB	"Expand benefits" option in Insurance Buffer views.
IBCNBLE	This program is the Insurance Buffer entry screen.
IBCNBLE1	This program performs the Expand Entry action in the Insurance Buffer List Manager screen. Code to call utilities to reevaluate the eIV Status and display revised values is included, as well.
IBCNBLL	This program generates the Insurance Buffer entries for the initial List Manager screen.
IBCNBME	This program is used to add or edit an Insurance Buffer entry for other packages.

Routine Name	Description
IBCNBMI	This program moves data from the Insurance Buffer to the Insurance files.
IBCNBU1	This program contains Insurance Buffer utilities.
IBCNBUH	This program contains Insurance Buffer Help text.
IBCNEAMC	This program produces the list of auto matched entries for the INSURANCE BUFFER File (#355.33).
IBCNEAME	This program allows users to enter or edit Auto matched entries.
IBCNEAMI	This program performs an input transform for the Auto Match functionality.
IBCNEBF	This program will create a Buffer entry based upon input values.
IBCNEDE	This program is the main driver for all data extracts associated with the Insurance Identification and Verification interface. This program will run each extract in the specified order, which populates the IIV Transmission File (sometimes it creates/updates an entry in the insurance buffer as well). It then begins to process the inquiries in the IIV TRANSMISSION FILE (#365.1).
IBCNEDE1	This program loops through the insurance buffer and creates eIV transaction queue entries when appropriate. Periodically checks for stop request for background task.
IBCNEDE2	This program finds veterans who are scheduled to be seen within a specified date range. Periodically checks for stop request for background task.
IBCNEDE3	This program finds veterans who have been seen within a specified date range that have active insurance records that have not been verified recently. Periodically checks for stop request for background task.
IBCNEDE4	This program finds veterans who have been seen within a specified date range but who have no active or no insurance records. Periodically checks for stop request for background task.
IBCNEDE5	This program contains function calls used for the data extracts.
IBCNEDE6	This program contains function calls used for the data extracts.
IBCNEDE7	This program was added to include subroutines originally in routine IBCNEDE when IBCNEDE had expanded beyond the routine size limitation in VistA.
IBCNEDEP	This program finds records needing HL7 message creation and creates records in the Transmission Queue and Response Files.
IBCNEDEQ	This program contains some subroutines for processing a transmission.
IBCNEDST	HL7 Registration Message Statistics
IBCNEHLD	This program will process deactivate registration MFN message. This should only be executed by instruction – to be used to turn off a site from electronic Insurance Identification and Verification interface.
IBCNEHLI	This program parses each incoming HL7 message and passes the message on to the processing program.
IBCNEHL1	This program, which processes incoming RPI messages, replaces IBCNEHLR
IBCNEHL2	This program, which processes incoming RPI messages, replaces IBCNEHLP

Routine Name	Description
IBCNEHL3	This program, which processes incoming RPI messages, replaces IBCNEHLS
IBCNEHL4	This program, which processes incoming RPI messages, replaces IBCNEHLP
IBCNEHL5	HL7 Process Incoming RPI Messages
IBCNEHLK	This program processes the Registration MFN Acknowledgement message.
IBCNEHLM	This program will create the outgoing Registration MFN message.
IBCNEHLO	This program takes "ready to transmit" records and sets variables needed to create the HL7 message.
IBCNEHLQ	This routine builds the HL7 segments for an eIV Verification (RQI^I01) or Identification (RQI^I03) request.
IBCNEHLT	This program will process incoming HL7 MFN messages and update the appropriate tables
IBCNEHLU	This program contains some specialized HL7 utility functions.
IBCNEKI2	This program is a continuation of the eIV purge logic in IBCNEKIT.
IBCNEKIT	This program handles the purging of the eIV data stored in the IIV TRANSMISSION QUEUE File (#365.1) and in the IIV RESPONSE File (#365). User can pick a date range for the purge. Data created within 6 months cannot be purged. The actual global kills are done by a background task after hours.
IBCNEML	MAILMAN NOTIFICATION TO LINK PAYERS
IBCNEPM	This program executes the Payer Maintenance option.
IBCNEPM1	This program is a continuation of the Payer Maintenance option.
IBCNEPM2	This program is a continuation of the Payer Maintenance option.
IBCNEPST	This is the KIDS post-installation program for IB*2.0*184.
IBCNEPY	This program modifies entries in the PAYER File (#365.12).
IBCNEQU	This program performs the Request Electronic Insurance Inquiry functionality.
IBCNERP0	This program is part of the eIV Statistical Report.
IBCNERP1	This program is part of the eIV Response Report.
IBCNERP2	This program is part of the eIV Response Report compile.
IBCNERP3	This program is part of the eIV Response Report print.
IBCNERP4	This program is part of the eIV Payer Report.
IBCNERP5	This program is part of the eIV Payer Report compile.
IBCNERP6	This program is part of the eIV Payer Report print.
IBCNERP7	This program is part of the eIV Statistical Report.
IBCNERP8	This program is part of the eIV Statistical Report compile.
IBCNERP9	This program is part of the eIV Statistical Report print.
IBCNERPA	This program is part of the eIV Response Report.
IBCNERPB	This program is part of the eIV Payer Link Report.
IBCNERPC	This program is part of the eIV Payer Link Report.
IBCNERPD	This program is part of the eIV Payer Link Report.
IBCNERPE	This program is part of the eIV Response Report.
IBCNERPF	This program is part of the eIV Insurance Update Report.
IBCNERPG	This program is part of the eIV Insurance Update Report.
IBCNERPH	This program is part of the eIV Insurance Update Report.

Routine Name	Description
IBCNERPI	IBCNE eIV Secondary Insurance Report Print
IBCNERTQ	Real-time Insurance Verification
IBCNES	Eligibility/Benefits screen.
IBCNES1	Eligibility/Benefits screen utilities.
IBCNES2	Eligibility/Benefits screen action protocols.
IBCNES3	Eligibility/Benefits screen action protocols, cont.
IBCNESI	Potential Medicare COB Prompts
IBCNESI1	MEDICARE POTENTIAL COB Patient Selection
IBCNESI2	MEDICARE PATIENTS WITH SUBSEQUENT INSURANCE
IBCNEUT1	This program contains general eIV utilities.
IBCNEUT2	This program contains general eIV utilities.
IBCNEUT3	This program contains general eIV utilities.
IBCNEUT4	This program contains general eIV utilities.
IBCNEUT5	This program contains general eIV utilities.
IBCNEUT6	This program contains general eIV utilities.
IBCNEUT7	This program contains general eIV utilities.
IBCNEUT8	This program contains general eIV utilities.
IBCNS3	Display extended insurance information.
IBCNSC	This program edits an Insurance Company.
IBCNSC01	This program edits an Insurance Company.
IBCNSC41	Insurance plan screen utilities.
IBCNSP0	INSURANCE MANAGEMENT - EXPANDED POLICY
IBCNSP01	Insurance management – expanded policy screen.
IBCNSMM	This program deals with Medicare Insurance intake.
IBCNUPD	UPDATE SUBCRIBER INFO FOR SELECTED PATIENTS
IBJPI	This program is used to define the IIV Site Parameters.
IBJPI2	This program performs the IIV Site Parameters actions.
IBJPI3	Most popular payer screen.
IBJPI4	Most popular payer screen.
IBJPI5	IBJP5 eIV SITE PARAMETERS SCREEN
IBJPM	This program displays and allows editing of the MCCR Site Parameters.
IBY497PO	Post Install for IB*2*497.

File List with Descriptions

***WARNING: It is not recommended that you use VA FileManager to edit any of the files directly!
Furthermore, editing any of the new files without direction from the interface programmers may
cause the interface to become non-functional!***

File #	File Name	Data Dictionary
2	PATIENT	^DPT – contains all the patients followed by the medical center/Outpatient clinic.
2.312	INSURANCE TYPE SUB_FILE	This multiple contains patient's insurance information.

File #	File Name	Data Dictionary
2.322	ELIGIBILITY/BENEFIT SUB-FILE	This multiple contains all of the eligibility and benefit data for a specific insured person returned from the Payer.
36	INSURANCE COMPANY	^DIC(36)- This file contains the names and addresses of insurance companies as needed by the local facility. The data in this file is NOT EDITABLE USING VA FILEMAN. If a new entry needs to be made or an existing entry changed, the user must be assigned the appropriate MAS or IB module option.
350.9	IB SITE PARAMETERS	^IBE(350.9) – This file contains the data necessary to run the IB package. It has been modified to store the parameters needed for the Insurance Identification and Verification Interface. All data elements for the Insurance Identification and Verification Interface will be numbered 51.nn.
350.9002	BATCH EXTRACTS (sub-file)	This multiple contains site parameters related to batch extracts.
353.1	PLACE OF SERVICE	
355.33	INSURANCE BUFFER	^IBA(355.33) – This file contains insurance information accumulated by various sources. The data is held in this file until an authorized person processes the information by either rejecting it or moving it to the Insurance files.
365	IIV RESPONSE	^IBCN(365) – This file holds all responses to HL7 messages generated from the IIV TRANSMISSION QUEUE File (#365.1) for Insurance Identification and Verification.
365.011	X12 271 ELIGIBILITY/BENEFIT	^IBE(365.011) – This contains the eligibility statuses of the individual or the benefit related categories from the corresponding X.12 271 EB01 codes.
365.012	X12 271 COVERAGE LEVEL	^IBE(365.012) – This contains the level of coverage of benefits from the corresponding X.12 271 EB02 codes.
365.013	X12 271 SERVICE TYPE	^IBE(365.013) – This contains the classification of services from the corresponding X.12 271 EB03 codes.
365.014	X12 271 INSURANCE TYPE	^IBE(365.014) – This contains different types of insurance policies from the corresponding X.12 271 EB04 codes.
365.015	X12 271 TIME PERIOD QUALIFIER	^IBE(365.015) – This contains the time period category when qualifying benefit availability from the corresponding X.12 271 EB05 codes.
365.016	X12 271 QUANTITY	^IBE(365.016) – This contains the type of units that

File #	File Name	Data Dictionary
	QUALIFIER	are conveyed when describing a benefit quantity from the corresponding X.12 271 EB06 codes.
365.017	X12 271 ERROR CONDITION	^IBE(365.017) – This file contains all the corresponding X.12 271 AAA03 codes. These values are returned because of an error in processing.
365.018	X12 271 ERROR ACTION	^IBE(365.018) – This file contains the action that eIV should take as a result of an error encountered.
365.02	ELIGIBILITY / BENEFIT SUB-FILE	This multiple contains eligibility/benefit information.
365.021	X12 271 CONTACT QUALIFIER	^IBE(365.021) – This contains the different types of communications.
365.022	X12 ENTITY IDENTIFIER CODE	This file contains all the corresponding X.12 codes which identify an eligibility/benefit entity.
365.023	X12 271 IDENTIFICATION QUALIFIER	This file contains all the corresponding X.12 codes for identification qualifiers.
365.024	X12 271 PROVIDER CODE	This file contains all the corresponding X.12 codes which identify a provider.
365.025	X12 271 DELIVERY FREQUENCY CODE	This file contains all the corresponding X.12 codes for delivery frequency.
365.026	X12 271 DATE QUALIFIER FILE	This file contains all the corresponding X.12 codes for date/time qualifiers.
365.027	X12 271 LOOP ID	This file contains all the corresponding X.12 codes for loop IDS
365.028	X12 271 REF IDENTIFICATION	This file contains all the corresponding X.12 codes for ref identification.
365.029	X12 271 UNITS OF MEASUREMENT	This file contains all the corresponding X.12 271 Units of measurement.
365.031	X12 271 ENTITY RELATIONSHIP CODE	This file contains all the corresponding X.12 271 Entity Relationship codes.
365.032	X12 271 DATE FORMAT QUALIFIER	This file contains all the corresponding X.12 271 date format qualifiers.
365.033	X12 271 YES/NO RESPONSE CODE	This file contains the corresponding X.12 271 YES/NO condition or Response codes.
365.034	X12 271 LOCATION QUALIFER	This file contains all the corresponding X.12 271 Location Qualifiers.
365.035	X12 271 PROCEDURE CODING METHOD	This file contains all the corresponding X.12 271 procedure coding methods.
365.036	X12 271 DELIVERY PATTERN	This file contains all the corresponding X12 271 Delivery Pattern codes.
365.037	X12 271 PATIENT RELATIONSHIP	This file contains all the corresponding X.12 271 patient relationship codes.

File #	File Name	Data Dictionary
365.038	X12 271 INJURY CATEGORY	This file contains all the corresponding X.12 271 Nature of Injury Category codes.
365.039	X12 271 MILITARY PERSONNEL INFO STATUS CODE	This file contains all the corresponding X.12 271 military personnel information status codes.
365.041	X12 271 MILITARY GOVT SERVICE AFFILIATION	This file contains all the corresponding X.12 271 military personnel information government service affiliation codes.
365.042	X12 271 MILITARY SERVICE RANK	This file contains all the corresponding X.12 271 military personnel information rank codes.
365.043	X12 271 ENTITY TYPE QUALIFIER	This file contains all the corresponding X.12 271 Entity Type Qualifiers.
365.044	X12 271 CODE LIST QUALIFIER	This file contains all the corresponding X.12 271 code list qualifiers.
365.045	X12 271 NATURE OF INJURY CODES	This file contains all the corresponding X.12 271 NATURE OF INJURY CODES.
365.046	X12 271 MILITARY EMPLOYMENT STATUS CODE	This file contains all the corresponding X.12 271 MPI employment status codes.
365.1	IIV TRANSMISSION QUEUE	^IBCN(365.1) – This file contains records, which have been selected based on specific criteria to generate an HL7 message. These messages will be sent to the Eligibility Communicator for processing.
365.11	IIV AUTO MATCH	^IBCN(365.11) – This file contains records, which have been entered by the users to assist with the identification of a valid insurance company names that are found in the INSURANCE COMPANY File (#36).
365.12	PAYER	^IBE(365.12) – This file contains all payers, which can be communicated with electronically for insurance identification and verification.
365.121	APPLICATION SUB-FILE	This multiple contains application-related data for a given payer.
365.1212	ACTIVE FLAG LOG (sub-file)	This multiple contains log of changes to the "ACTIVE" flag.
365.1213	TRUSTED FLAG LOG (sub-file)	This multiple contains log of changes to the "TRUSTED" flag.
365.13	PAYER APPLICATION	^IBE(365.13) – This file contains all the different applications that a payer could be contacted electronically for.
365.14	IIV TRANSMISSION STATUS	^IBE(365.14) – This file contains all the possible message statuses that are found in the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365).

File #	File Name	Data Dictionary
365.15	IIV STATUS TABLE	^IBE(365.15) – This file contains the possible eIV Status symbols, and in some cases the applicable error message, that is found in the Insurance Buffer entries.
365.2	IIV RESPONSE REVIEW	^IBCN(365.2) - This file holds the outcome of the reviews of MEDICARE (WNR) messages contained in the IIV RESPONSE file (#365). The file is populated when the user enters comments and statuses against selected messages using the Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST] option.

Input Templates

Following is a list of the VA FileMan input templates exported.

Input Template	File
IBEDIT INS CO1	INSURANCE COMPANY #36
IBCNE GENERAL PARAMETER EDIT	IB SITE PARAMETERS #350.9

List Templates

Following is a list of the VA FileMan list templates exported.

List Template
IBCNB INSURANCE BUFFER ENTRY
IBCNE MEDICARE COB DISPLAY
IBCNE MEDICARE COB LIST
IBCNE AUTO MATCH BUFFER LIST
IBCNE PAYER EXPAND LIST
IBCNE PAYER MAINT LIST
IBCNE REQUEST INS INQUIRY LIST
IBJP IIV SITE PARAMETERS
IBJP IIV MOST POPULAR PAYERS
IBJP MCCR PARAMETERS
IBCNB INSURANCE BUFFER LIST
IBCNE ELIGILITY/BENEFIT INFO
IBCNS EXPANDED POLICY
IBCNS INS CO PLAN DETAIL

List Template
IBJT CLAIM INFO
IBCNE ELIGIBILITY/BENEFIT INFO
IBCNE MEDICARE COB DISPLAY
IBCNE MEDICARE COB LIST

Mail Group

Mail Group Name	Description
IBCNE EIV MESSAGE	This Mail Group receives message when eIV encounters a problem, which includes but is not limited to: building inquiries, processing responses, and other issues with the HL7 messages.

Options for eIV

eIV (VistA) options	Description	Attached to Menu
Enter/Edit Auto Match Entries [IBCNE AUTO MATCH ENTER/EDIT]	This option is used to define and/or edit eIV Auto Match rules which assist the eIV software with matching free-text insurance company names in the Insurance Buffer with insurance companies in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]
Add Auto Match Entries Using Insurance Buffer Data [IBCNE AUTO MATCH BUFFER]	This option is a tool that lists each of the free-text insurance company names in the Insurance Buffer to determine whether a match is able to be made to an existing insurance company in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]
IIV Nightly Process [IBCNE IIV BATCH PROCESS]	This option is used to begin the nightly batch processing. The nightly processing checks to ensure that all required parameters are defined, runs the inquiry extracts, send a registration message to the EC, and then proceeds to deliver the inquiries. This option is typically run on a nightly basis	(TaskMan ONLY)

eIV (VistA) options	Description	Attached to Menu
	through a scheduled TaskMan task.	
Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]	This menu lists options to maintain the PAYER File (#365.12).	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
IIV Statistical Report [IBCNE IIV STATISTICAL REPORT]	This option runs the eIV Statistical Report which contains a summary of incoming and outgoing message traffic, as well as current statistics for the Insurance Buffer.	eIV Menu [IBCNE IIV MENU]
[IBCNE EIV PAYER LINK NOTIFY]	This option sends a Mailman notification to eIV mail group that contains total number of nationally active unlinked payers with potential insurance company matches along with the list of nationally active linked payers that are locally inactive.	
[IBCNE EIV UPDATE REPORT]	This option 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 or processing via the Insurance Buffer option	Patient Insurance Menu. [IBCN INSURANCE MGMT MENU]
IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT]	This option runs the eIV Payer Link Report which provides either a Payer List or an Insurance Company List. The Payer List reflects the payer / insurance company link information while the Insurance Company List reflects the insurance company / payer link information.	eIV Menu [IBCNE IIV MENU]
IIV Payer Report [IBCNE IIV PAYER REPORT]	This option runs the eIV Payer Report which provides statistics on a payer-by-payer basis regarding the number of inquiries sent and received and summaries of error codes that	eIV Menu [IBCNE IIV MENU]

eIV (VistA) options	Description	Attached to Menu
	have been returned.	
Payer Edit [IBCNE PAYER EDIT] *Requires the security key IB INSURANCE SUPERVISOR	This option is used to review the list payers that are currently available for EDI communications in the national payer list maintained by the EC. This option can be used to locally enable or disable each payer for the site.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
Purge IIV Transactions [IBCNE PURGE IIV DATA]	This option allows the site to purge eIV inquiry and response data from the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files, respectively.	Purge Menu [IB PURGE MENU]
Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] *Requires the security key IBCNE IIV SUPERVISOR	This option provides the means to manually request an electronic eligibility inquiry for a specified patient and insurance company. This option also allows an identification request to the sent for a specified patient that directs the EC to send all known insurance for that patient.	eIV Menu [IBCNE IIV MENU]
Link Insurance Companies to Payers [IBCNE PAYER LINK] *Requires the security key IB INSURANCE SUPERVISOR	This option is a tool that assists insurance supervisor staff with matching the individual insurance companies in the INSURANCE COMPANY File (#36) to payers in the PAYER File (#365.12) by utilizing the professional and institutional EDI identifier to propose potential matches.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
IIV Ambiguous Policy Report [IBCNE IIV AMBIGUOUS POLICY RPT]	This option displays details of ambiguous responses that were received as a result of identification inquiries. These responses are not stored in the buffer. Therefore, this report was added as a mechanism for reviewing this information.	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]
IIV Inactive Policy Report [IBCNE IIV INACTIVE POLICY RPT]	This option display details of no active insurance responses were received as a result of	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]

eIV (VistA) options	Description	Attached to Menu
	identification inquiries. These responses are not stored in the buffer. Therefore, this report was added as a mechanism for reviewing this information.	
Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]	This menu contains the eIV Ambiguous Policy and eIV Inactive Policy reports.	eIV MENU [IBCNE IIV MENU]
eIV Response Report [IBCNE IIV RESPONSE REPORT	This option runs the eIV Response Report that displays details about the incoming electronic responses from the payers via the Eligibility Communicator.	eIV MENU [IBCNE IIV MENU]
IBCN UPDATE SUBSCRIBER INFO	This option will update subscriber fields defined to the INSURANCE TYPE sub-file (2.312).	MCCR System Definition Menu [IB SYSTEM DEFINITION MENU]
IBCNE POTENTIAL COB LIST	This option creates a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare Insurance.	eIV MENU [IBCNE IIV MENU]

VistA Options Included in Transport Global

The following VistA option	Description
IB SYSTEM DEFINITION MENU	Modified the MENU to include the new option Update Subscriber Info [IBCN UPDATE SUBSCRIBER INFO]
IBCN MEDICARE INSURANCE INTAKE	This existing option no longer supports the business needs of the user and will be deleted upon patch installation.
IBCN UPDATE SUBSCRIBER INFO	A new option that is attached to the IB SYSTEM DEFINITION MENU. This option will update subscriber fields defined to the PATIENT FILE (#2) INSURANCE TYPE sub-file (#2.312).
IBCNE IIV MENU	Modified the MENU to include the new option Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST]
IBCNE POTENTIAL COB LIST	A new option that is attached to the IBCNE IIV MENU. This option creates a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare Insurance.

List Manager Templates

List Manager Template	Description
IBJP IIV SITE PARAMETERS	List Manager template for the Insurance Verification screen.
IBCN MEDICARE COB EXPAND	Display type List Manager template for expanded Medicare patients with subsequent insurance
IBCNE AUTO MATCH BUFFER LIST	List Manager template for the IBCNE AUTO MATCH BUFFER option.
IBCNE ELIGIBILITY/BENEFIT INFO	Protocol type List Manager template for Insurance Buffer Process screen
IBCNE MEDICARE COB DISPLAY	Protocol type List Manager template for the display of the MEDICARE POTENTIAL COB worklist
IBCNE MEDICARE COB LIST	Protocol type List Manager template for the display of the MEDICARE POTENTIAL COB worklist
IBCNE REQUEST INS INQUIRY LIST	List Manager template to lists the veteran's active and inactive insurance policies not including any ineligible (Medicare or Medicaid) policies.
IBCNE PAYER EXPAND LIST	List Manager template to show detail information about a Payer and Insurance Companies to link.
IBCNE PAYER MAINT LIST	List Manager template that shows the number of Insurance Companies with a matching EDI number that does not link to a Payer.
IBJP IIV MOST POPULAR PAYERS	List Manager template that allows the entry and edits of the eIV Most Popular Payer list.

Protocols

Protocol	Type
IBCNB ENTRY EDIT ALL	Action
IBCNB ENTRY EDIT GROUP	Action
IBCNB ENTRY EDIT INSURANCE	Action
IBCNB ENTRY EDIT POLICY	Action
IBCNB ENTRY RESPONSE REPORT	Action
IBCNB ENTRY SCREEN MENU	Menu
IBCNB ENTRY VERIFY	Action
IBCNB EXPAND BENEFITS	Action
IBCNB FAST EXIT	Action
IBCNB LIST SCREEN MENU	Menu
IBCNB LIST ADD	Action
IBCNB LIST APPOINTMENTS VIEW	Action

Protocol	Type
IBCNB LIST CHECK NAMES	Action
IBCNB LIST ENTRY SCREEN	Action
IBCNB LIST EPHARMACY VIEW	Action
IBCNB LIST MEDICARE VIEW	Action
IBCNB LIST NEGATIVE VIEW	Action
IBCNB LIST POSITIVE VIEW	Action
IBCNB LIST PROCESS SCREEN	Action
IBCNB LIST REJECT	Action
IBCNB LIST SCREEN MENU	Menu
IBCNB LIST SORT	Action
IBCNB PROCESS ACCEPT	Action
IBCNB PROCESS COMPARE/EDIT	Action
IBCNB PROCESS ENTRY SCREEN	Action
IBCNB PROCESS REJECT	Action
IBCNB PROCESS SCREEN MENU	Menu
IBCNB PROCESS TOGGLE	Action
IBCNE AUTO MATCH BUFFER EXIT	Action
IBCNE AUTO MATCH BUFFER LINK	Action
IBCNE AUTO MATCH BUFFER MENU	Menu
IBCNE AUTO MATCH BUFFER SELECT	Action
IBCNE AB VIEW EXP ELIG BEN SCREEN	Action
IBCNE ELIG BEN INFO MENU	Menu
IBCNE FAST EXIT	Action
IBCNE IIV ID REQUEST	Event driver
IBCNE IIV IN	Event driver
IBCNE IIV MFN OUT	Event driver
IBCNE IIV MFN IN	Subscriber
IBCNE IIV REGISTER	Event driver
IBCNE IIV RESPONSE	Subscriber
IBCNE IIV RQI OUT	Event driver
IBCNE IIV RQV OUT	Event driver
IBCNE IIV TABLE	Subscriber
IBCNE IIV VER REQUEST	Subscriber
IBCNE JT COVERAGE LIMIT DATE RANGE	Action
IBCNE JT VIEW EXP ELIG BEN SCREEN	Action
IBCNE MEDICARE COB	Menu
IBCNE MEDICARE COB AC	Action
IBCNE MEDICARE COB CS	Action
IBCNE MEDICARE COB DISP	Menu
IBCNE MEDICARE COB EE	Action
IBCNE PAYER EXIT	Action
IBCNE PAYER EXPAND	Action
IBCNE PAYER EXPAND MENU	Menu
IBCNE PAYER LINK	Action
IBCNE PAYER MAINT MENU	Menu
IBCNE REVERIFY INSURANCE MENU	Menu
IBCNE SELECT INSURANCE	Action

Protocol	Type
IBCNE SV VIEW EXP ELIG BEN SCREEN	Action
IBCNE VP VIEW EXP ELIG BEN SCREEN	Action
IBCNS EXIT	Action
IBCNS QUIT	Action
IBCNSA AN BEN ADD COM	Action
IBCNSA AN BEN CH YR	Action
IBCNSA AN BEN ED ALL	Action
IBCNSA AN BEN HOME HEA	Action
IBCNSA AN BEN HOSPC	Action
IBCNSA AN BEN INPT	Action
IBCNSA AN BEN IV MGMT	Action
IBCNSA AN BEN MEN H	Action
IBCNSA AN BEN OPT	Action
IBCNSA AN BEN POL INF	Action
IBCNSA AN BEN REHAB	Action
IBCNSA AN BEN USER INF	Action
IBCNSA ANNUAL BENEFITS	Menu
IBCNSC INS CO (IN)ACTIVATE COMPANY	Action
IBCNSC INS CO APPEALS OFFICE	Action
IBCNSC INS CO ASSOCIATION	Action
IBCNSC INS CO BILLING PARAMETERS	Action
IBCNSC INS CO CHANGE COMPANY	Action
IBCNSC INS CO DELETE COMPANY	Action
IBCNSC INS CO EDIT ALL	Action
IBCNSC INS CO INPT CLAIMS	Action
IBCNSC INS CO INQUIRY OFFICE	Action
IBCNSC INS CO MAIN MAILING ADDRESS	Action
IBCNSC INS CO OPT CLAIMS	Action
IBCNSC INS CO PAYER	Action
IBCNSC INS CO REMARKS	Action
IBCNSC INS CO RX CLAIMS	Action
IBCNSC INS CO SYNONYMS	Action
IBCNSC INS CO TELEPHONE	Action
IBCNSC INSURANCE CO	Menu
IBCNSC PLAN DETAIL	Action
IBCNSC PLAN LIST	Menu
IBCNSC PROVIDER ID PARAMETERS	Action
IBCNSJ CHANGE PLAN	Action
IBCNSJ EDIT COVERAGE LIMITS	Action
IBCNSJ EDIT PLAN INFO	Action
IBCNSJ INACTIVATE PLAN	Action
IBCNSJ INS CO EDIT COVERAGE LIMITS	Action
IBCNSJ INS CO INACTIVATE PLAN	Action
IBCNSJ INS CO PLANS	Action
IBCNSJ PLAN COMMENT	Action
IBCNSJ PLAN LOOKUP	Menu
IBCNSJ PLAN SELECT	Action

Protocol	Type
IBCNSJ PLAN UR INFO	Action
IBCNSJ PLAN VIEW/EDIT	Action
IBCNSJ SWITCH PLANS	Action
IBCNSJ UPDATE ANNUAL BENEFITS	Action
IBCNSM INSURANCE MANAGEMENT	Menu
IBCNSM ADD POLICY	Action
IBCNSM BENEFITS USED	Action
IBCNSM CHANGE PATIENT	Action
IBCNSM DELETE POLICY	Action
IBCNSM EDIT ALL	Action
IBCNSM PATIENT INSURANCE	Menu
IBCNSM PERSONAL RIDERS	Action
IBCNSM PRINT PATIENT INS	Action
IBCNSM PRINT WORKSHEET	Action
IBCNSM RX COB DETERMINATION	Action
IBCNSM UPDATE ANNUAL BENEFITS	Action
IBCNSM UPDATE INS BENEFITS	Action
IBCNSM UPDATE INS CO.	Action
IBCNSM UPDATE POLICY	Action
IBCNSM VERIFY INS	Action
IBCNSM VIEW BENEFITS	Action
IBCNSM VIEW INS CO	Action
IBCNSM VIEW NAT INS CO	Action
IBCNSM VIEW PAT POLICY	Action
IBCNSP ADD COMMENT	Action
IBCNSP ANNUAL BENEFITS	Action
IBCNSP BENEFITS USED	Action
IBCNSP EDIT ALL	Action
IBCNSP EDIT EFFECTIVE DATES	Action
IBCNSP EDIT POLICY INFO	Action
IBCNSP EMPLOYER INFO FOR CLAIMS	Action
IBCNSP INSURANCE CONTACT INF	Action
IBCNSP PERSONAL RIDERS	Action
IBCNSP POLICY MENU	Action
IBCNSP SUBSCRIBER UPDATE	Action
IBCNSP UR INFO	Action
IBCNSP VERIFY COVERAGE	Action
IBCNSV ANNUAL BENEFITS	Menu
IBCNSV BENEFITS USED BY DATE	Menu
IBCNSV INSURANCE CO	Menu
IBCNSV PATIENT INSURANCE	Action
IBCNSV POLICY MENU	Menu
IBCNSV VIEW AN BEN	Action
IBCNSV VIEW BEN USED	Action
IBCNSV VIEW EXP POL	Action
IBJ EXIT	Action
IBJP AUTO BILLING SCREEN	Action

Protocol	Type
IBJP CLAIMS TRACKING SCREEN	Action
IBJP IB SITE PARAMETER SCREEN	Action
IBJP IB SITE SELECTED SERVICE CODES	Action
IBJP IIV BATCH EXTRACT EDIT	Action
IBJP IIV GENERAL EDIT	Action
IBJP IIV MOST POPULAR ADD	Action
IBJP IIV MOST POPULAR DELETE	Action
IBJP IIV MOST POPULAR EDIT	Action
IBJP IIV MOST POPULAR EXIT	Action
IBJP IIV MOST POPULAR MENU	Action
IBJP IIV MOST POPULAR MODIFY	Action
IBJP IIV MOST POPULAR REORDER	Action
IBJP IIV MOST POPULAR RESTORE	Action
IBJP IIV MOST POPULAR SAVE	Action
IBJP IIV PAT W/O INS	Action
IBJP INS VER MENU	Action
IBJP INS VER SCREEN	Action
IBJP MCCR PARAMETERS MENU	Menu
IBJT ACTIVE LIST SCREEN SKIP	Action
IBJT AR ACCOUNT PROFILE SCREEN	Action
IBJT AR COMMENT HISTORY SCREEN	Action
IBJT BILL CHARGES SCREEN	Action
IBJT BILL DX SCREEN	Action
IBJT BILL PROCEDURES SCREEN	Action
IBJT CHANGE BILL	Action
IBJT CLAIM MENU SCREEN	Menu
IBJT CLAIM SCREEN SKIP	Action
IBJT CT/IR COMMUNICATIONS LIST SCREEN	Action
IBJT EDI STATUS SCREEN	Action
IBJT HS HEALTH SUMMARY	Action
IBJT NS VIEW AN BEN MENU	Menu
IBJT NS VIEW AN BEN REDISPLAY	Action
IBJT NS VIEW AN BEN SCREEN	Action
IBJT NS VIEW EXP POL MENU	Menu
IBJT NS VIEW EXP POL REDISPLAY	Action
IBJT NS VIEW EXP POL SCREEN	Action
IBJT NS VIEW INS CO SCREEN	Action
IBJT PT ELIGIBILITY SCREEN	Action
VALM BLANK 1	Menu
VALM PRINT LIST	Menu

HL7 Application Parameters

HL7 Application Parameter
IIV EC

HL7 Application Parameter
IIV VistA

HL Logical Links

HL Logical Link	Description
IIV EC	Link to Austin from VistA

Purging

All inquiries and responses for electronic eligibility requests made through eIV are stored in the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365). Over time these files will continue to grow as more inquiries and responses are stored. Therefore, the option Purge Insurance Verification Transactions [IBCNE PURGE IIV DATA] has been provided to allow inquiry and response data that is at least six months old to be purged. Note that it is critical to the eIV software to maintain at least six months of inquiry and response data to properly determine when a new inquiry should be made. This is due to the fact that eIV uses the information in these histories to determine when inquiries were made for specific patients/payers. The eIV nightly process will send an email reminder notice to the eIV MESSAGES mail group on the first day of each month if records are found that are eligible to be purged.

SECURITY

File Protection

The Insurance Identification and Verification Interface contains files that are standardized. They carry a higher level of file protection with regard to Delete, Read, Write, and LAYGO access, and should not be edited locally unless otherwise directed. The data dictionaries for all files should NOT be altered.

The following is a list of recommended VA FileMan access codes associated with each file contained in the KIDS build for the eIV interface.

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365	IIV RESPONSE	@					
365.011	X12 271 ELIGIBILITY/BENEFIT	@			@	@	
365.012	X12 271 COVERAGE LEVEL	@			@	@	

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.013	X12 271 SERVICE TYPE	@			@	@	
365.014	X12 271 INSURANCE TYPE	@			@	@	
365.015	X12 271 TIME PERIOD QUALIFIER	@			@	@	
365.016	X12 271 QUANTITY QUALIFIER	@			@	@	
365.017	X12 271 ERROR CONDITION	@			@	@	
365.018	X12 271 ERROR ACTION	@			@	@	
365.021	X12 271 CONTACT QUALIFIER	@			@	@	
365.022	X12 ENTITY IDENTIFIER CODE	@			@	@	
365.023	X12 271 IDENTIFICATION QUALIFIER	@			@	@	
365.024	X12 271 PROVIDER CODE	@			@	@	
365.025	X12 271 DELIVERY FREQUENCY CODE	@			@	@	
365.026	X12 271 DATA QUALIFIER FILE	@			@	@	
365.027	X12 271 LOOP ID	@			@	@	
365.028	X12 271 REFERENCE IDENTIFICATION	@			@	@	
365.029	X12 271 UNITS OF MEASUREMENT	@			@	@	
365.031	X12 271 ENTITY RELATIONSHIP CODE	@			@	@	
365.032	X12 271 DATE FORMAT QUALIFIER						

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.033	X12 271 YES/NO RESPONSE CODE	@			@	@	
365.034	X12 271 LOCATION QUALIFER						
365.035	X12 271 PROCEDURE CODING METHOD	@			@	@	
365.036	X12 271 DELIVERY PATTERN						
365.037	X12 271 PATIENT RELATIONSHIP	@			@	@	
365.038	X12 271 INJURY CATEGORY						
365.039	X12 271 MILITARY PERSONNEL INFO STATUS CODE	@			@	@	
365.041	X12 271 MILITARY GOVT SERVICE AFFILIATION						
365.042	X12 271 MILITARY SERVICE RANK	@			@	@	
365.043	X12 271 ENTITY TYPE QUALIFIER						
365.044	X12 271 CODE LIST QUALIFIER	@			@	@	
365.045	X12 271 NATURE OF INJURY CODES						
365.046	X12 271 MILITARY EMPLOYMENT STATUS CODE	@			@	@	
365.1	IIV TRANSMISSION QUEUE	@					
365.11	IIV AUTO MATCH	@					
365.12	PAYER	@					
365.13	PAYER APPLICATION	@					

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.14	IIV TRANSMISSION STATUS	@			@	@	
365.15	IIV STATUS TABLE	@			@	@	
365.2	IIV RESPONSE REVIEW	@	@	@	@	@	

Security Keys

Security Key Name	Description
IBCNE IIV SUPERVISOR	This security key is for the Electronic Insurance Verification project (eIV). It will be used to restrict access to certain eIV options and applications. Only users holding this key will be allowed to access these eIV options and applications.
IBCNE IIV AUTO MATCH	This security key is for the Electronic Insurance Verification project (eIV). It will be used to restrict access for certain actions associated with the Auto Match File. Only users holding this key will be allowed to add, delete, or modify entries in the Auto Match File.

Options Locked by Security Keys

Options/Programs locked by a Security Key	Security Key
Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] option	IBCNE IIV SUPERVISOR
Payer Edit (Activate/Inactivate) [IBCNE PAYER EDIT] option	IB INSURANCE SUPERVISOR
Link Insurance Companies to Payers [IBCNE PAYER LINK] option	IB INSURANCE SUPERVISOR
The Auto Match routines programmatically check for the existence of this security key before allowing a user to add, delete, or update an entry in the Auto Match File. Users without the key may still view existing entries in the Auto Match File.	IBCNE IIV AUTO MATCH
Update Subscriber Info [IBCN UPDATE SUBSCRIBER INFO] option	IB SUPERVISOR

EXTERNAL INTERFACES

HL7 Messaging with the Eligibility Communicator (EC)

Interfacing between the two systems is accomplished by using VistA's HL7 software to communicate with the Eligibility Communicator. The HL7 software opens a TCP/IP port to transmit data to the Vitria BusinessWare application. The HL7 software listener waits for a response and processes the data when a response is received.

HL7 Communication Setup

Your facility should already be using HL7 for other VistA modules. Additional information on the setup of the HL7 package may be found at *http://vista.med.va.gov/hl7/archive/1.6/hl71_6p19.pdf.*

The logical links needed for this patch will be sent as part of the Installation KIDS.

```
          SYSTEM LINK MONITOR for VAMC

               MESSAGES  MESSAGES  MESSAGES  MESSAGES  DEVICE
     NODE      RECEIVED  PROCESSED TO SEND   SENT      TYPE     STATE

     IIV EC    850       850       850       850       NC       Inactive




     Incoming filers running => 1              TaskMan running
     Outgoing filers running => 1              Link Manager running

     Select a Command:
 (N)EXT  (B)ACKUP  (A)LL LINKS  (S)CREENED  (V)IEWS  (Q)UIT  (?) HELP:
```

The IIV EC Logical Link is the link that is used to transmit messages. It is defined as a CLIENT (SENDER). A CLIENT (SENDER) indicates that this Logical Link connects to a target system, with the current system acting as the sender. Since the eIV HL7 messages are transmitted in batch mode, it also has a definition of NON-PERSISTENT so that when all the messages have been sent, it will go to an Inactive state.

Data Sent to the Eligibility Communicator

As VistA sites install the Insurance Identification and Verification patch, VistA sends important information to the Eligibility Communicator. This registration dialog triggers several events; a download of the Payer Table and an update to the Eligibility Communicator's Facility Table. The Eligibility Communicator returns an MSA Acknowledgement message to the facility, so that eIV processing can begin at the registering site.

- **REGISTRATION -** The Registration Request is the HL7 message that VistA sends to EC to pass site identifying information. A site sends an initial request. Subsequently the site sends additional requests on a daily basis to update the registration should any changes have taken place in the 24 hours before.

- **ELIGIBILITY INQUIRY –** The Eligibility Inquiry Request is the HL7 message that VistA sends to EC to ask for identification of insurance for a veteran.

Registration Request

The registration request is constructed of the following HL7 segments in the same order as listed:
MSH – Message Header
MFI – Master File Identifier
MFE – Master File Entry
ZRR – eIV Registration Request
NTE – Statistical Data

The notation is:
MSH MFI MFE [ZRR] NTE

Registration Request MSH Segment

The Registration Request starts with the header MSH segment.

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"
3	Sending Application	Req	
3-1	Namespace ID	Req	"IIV VISTA"
4	Sending Facility	Req	
4-1	Namespace ID	Req	The VistA site's assigned station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
4-2	Universal ID	Req	The VistA site's Domain Name System name, e.g. AUSTIN.VA.GOV VistA: 869.3, .02 DOMAIN

Sequence	Element Name	Use	Definition
			eIV Database: site.domain_name
4-3	Universal ID Type	Req	"DNS"
5	Receiving Application	Req	
5-1	Namespace ID	Req	"IIV EC"
6	Receiving Facility	Req	
6-1	Namespace ID	NS	
6-2	Universal ID	Req	IIV.VITRIA-EDI.AAC.VA.GOV VistA: 870, .03 DOMAIN
6-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
7-1	Date/Time of Message	Req	Date/Time the Message was created. eIV Database: site.registration_as_of
9	Message Type	Req	
9-1	Message Type	Req	"MFN"
9-2	Trigger Event	Req	"M01"
10	Message Control ID	Req	Sequential number assigned by VistA eIV Database: site.last_registration_msg_ctrl_id
11-1	Processing ID	Req	VistA: 869.3, .03 DEFAULT PROCESSING ID "P"=Production "T"=Test eIV Database: site.processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgment	Req	"AL"=Always
16	Application Acknowledgment Type	Req	"AL"=Always
17	Country Code	Req	"USA"

Date/Time of Message Format Detail
The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:
- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".

- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Registration Request MFI Segment

The MFI Segment is used to identify the site-specific master file.

Sequence	Element Name	Use	Description
1-1	Master File Identifier	Req	"Facility Table"
3	File-Level Event Code	Req	"UPD"=Change file records as defined in the record-level event codes for each record that follows
4-1	Entered Date/Time	Req	This will be the current date when the message was generated.
5-1	Effective Date/Time	Req	This will be the current date when the message was generated.
6	Response Level Code	Req	"NE"=Never. Vitria does not send any MFA segments back to VistA and thus does not echo the submitted values.

Registration Request MFE Segment

The MFE Segment identifies what the Eligibility Communicator is to do with the information. If this is the initial installation for a facility, the Record-Level Event Code (MFE-1) is "MAD". Every night, a new message is sent to keep the information up-to-date, the Record-Level Event Code is "MUP". A retiring facility, perhaps its VistA database is being folded into a consolidated site, sends a registration request with a Record-Level Event Code of "MDC".

Sequence	Element Name	Use	Description
1	Record-Level Event Code	Req	One of: "MUP" = Update record for master file "MDC" = Deactivate: discontinue using record in master file, but do not delete from database
3-1	Effective Date/Time	Req	Effective Date/Time (If MDC then the deactivate date/time). The current date and time when VistA generated the message.
4	Primary Key Value - MFE	Req	

Sequence	Element Name	Use	Description
4-1	Identifier	Req	The VistA site's station number VistA: 389.9,.04 STATION NUMBER eIV Database: site.site_number
5	Primary Key Value Type	Req	"CE" Coded Element

Registration Request ZRR Segment

The ZRR Segment is used to hold site parameter values passed in the registration request.

Sequence	Element Name	Use	Description
1	Set-ID	Opt	"1"
2	FEDERAL TAX NUMBER	Req	The unique 9-digit Federal Tax Number of the VistA site (digits from '0' to '9')'. VistA: 350.9, 1.05 FEDERAL TAX NUMBER eIV Database: site.federal_tax_number
4	Contact	Req	The person at the VistA site that the EC monitoring personnel can contact in case of connection problems.
4-1-1	Last Name (Surname)	Req	VistA: 350.9,51.16 CONTACT PERSON eIV Database: site.registration_contact_name
4-2	First Name	Req	
4-3	Second and Further given names or initials	Opt	VistA: 350.9,51.16 CONTACT PERSON eIV Database: site.registration_contact_name
4-4	Suffix (e.g., Jr or III)	Opt	VistA: 350.9,51.16 CONTACT PERSON eIV Database: site.registration_contact_name
4-5	Prefix (e.g., DR)	Opt	VistA: 350.9,51.16 CONTACT PERSON eIV Database: site.registration_contact_name
4-6	Degree (e.g., MD)	Opt	
5	Contact Phone	Req	The phone number and email address of the CONTACT NAME

Sequence	Element Name	Use	Description
5-1	[(999)] 999-9999 [X99999][C any text]	Req	Contact phone number in the fomat: [(999)]999-9999 [x99999] [any text] VISTA: 200, .132 OFFICE PHONE eIV Database: site.registration_contact_phone
5-2	Telecommunication Use Code	NS	
5-3	Telecommunication equipment type	NS	
5-4	Email Address	Req	Contact email address VISTA: 200, .151 EMAIL ADDRESS
6	Freshness Days	Req	In VISTA - # of days (site definable) before insurance data should be re-verified. VISTA: 350.9, 51.01 FRESHNESS DAYS eIV Database: site.freshness_days
7	Processing Mode	Req	Indicates whether EC should transmit response messages immediately or in batch mode. (Values are "I" - Immediate or "B" - Batch). VISTA: 350.9, 51.13 HL7 RESPONSE PROCESSING eIV Database: site.process_hl7
8	Batch Processing Times	Con	If Processing Mode = "I" then this field should be blank.
8-1-1	Range Start Date/Time	Req	If Processing Mode= "B" this field tells the EC (in military time format, hhmm) the beginning of the daily period during which EC may send messages to the site. HL7 BATCH START TIME marks the beginning of the period. The start time may be later in the day than the stop time in which case EC may send starting at the start time into the following day until the end time occurs. VistA: 350.9, 51.13 HL7 START TIME eIV Database: site.hl7_batch_start_time
8-2-1	Range End Date/Time	Req	If Processing Mode= "B", this field tells the EC (in military time format, hhmm) the end of the daily period during which EC may send messages to the site. HL7 BATCH STOP TIME marks the end of the period. The start time may be later in the day than the stop time in which case EC may

Sequence	Element Name	Use	Description
			send starting at the start time into the following day until the end time occurs. VistA: 350.9, 51.19 HL7 STOP TIME eIV Database: site.hl7_batch_end_time
9	Check Inactive Insurance	Opt	
10	Interface Version	Req	VistA value indicating version of eIV eIV Database: site.iiv_interface_version

Registration Request NTE Segment

Sequence	Element Name	Use	Definition
1	Set ID – NTE	Req	"1"

Sequence	Element Name	Use	Definition
3	Comment	Req	NTE.3 is a repeating data element that will be repeated 16 times. Holds statistical data. 1. Number of patients with potential secondary/tertiary insurance as identified by Medicare 2. Number of automatically updated patient insurance records. Number of 270 inquiries pending receipt of 271 responses 4. Number of queued 270 inquiries 5. Number of deferred 270 inquiries Number of insurance companies with no National ID. 7. Number of locally disabled payers 8. Number of verified (*) buffer entries. 9. Number of buffer entries indicated as having Active insurance (+). 10. Number of buffer entries indicated as having Inactive insurance (-). 11. Number of buffer entries indicated as policy status undetermined (#). 12. Number of buffer entries indicated as requiring correction before 270 can be sent (!). 13. Number of buffer entries awaiting processing 14. Number of buffer entries indicated as waiting for a 271 response (?). 15. Number of buffer entries entered by manual process with no further processing (blank). 16. Number of unlinked insurance companies NTE|1||234~345~349~

Eligibility Inquiry

Inquiry messages are an RQI^I01 event type for verification. The eligibility inquiry message is constructed of the following HL7 segments in the order as listed:

- MSH – Message Header
- PRD - Provider Data
- PID – Patient Identification
- GT1 – Guarantor
- IN1 – Insurance Segment

- NTE – Service Type Code

The message notation is:
- MSH PRD PID [GT1] [IN1]{NTE}

For inquiries over this interface and where the veteran patient is the subscriber, the required segments are MSH, PID, IN1 and NTE. For inquiries where the veteran patient is a dependent, required segments are MSH, PID, GT1, IN1 and NTE.

Data extracts may be run on a schedule at a time to be determined by the Information Resource Manager (IRM). Successful extractions are stored in the eIV Transmission Queue File from which HL7 messages are generated and sent to EC via the VistA HL7 package. There is a one-to-one correspondence between an entry in the eIV Transmission Queue File and an HL7 message.

Eligibility Inquiry MSH Segment

The MSH segment is a header identifying the message's source. Which tells the Eligibility Communicator for eIV the message's origin. The MESSAGE CONTROL ID (#365,.01) is used to trace the message and is returned in the EC response back to VistA.

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"
3-1	Sending Application	Req	"IIV VISTA"
4	Sending Facility	Req	
4-1	Namespace ID	Req	The VistA site's assigned station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
4-2	Universal ID	Req	VistA site's Domain Name System name, e.g. AUSTIN.VA.GOV VistA: 869.3, .02 DOMAIN eIV Database: site.domain_name
4-3	Universal ID type	Req	"DNS" eIV Database: (no mapping)
5	Receiving Application	Req	
5-1	Namespace ID	Req	"IIV EC"
6	Receiving Facility	Req	
6-1	Namespace ID	NS	
6-2	Universal ID	Req	IIV.VITRIA-EDI.AAC.VA.GOV

Sequence	Element Name	Use	Definition
			VistA: 870,.03 DOMAIN
6-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
7	Date/Time of Message	Req	
7-1	Date/Time	Req	Date/Time the Message was created. For the format, see section 0 Date/Time of Message Format, page 34. X12: (no mapping) eIV Database: eligibility_inquiry . hl7_datetime
9	Message Type	Req	
9-1	Message Type	Req	"RQI"
9-2	Trigger Event	Req	"I01" for verification eIV Database: eligibility_inquiry.inquiry_kind
10	Message Control ID	Req	Assigned by the HL7 Package on VistA eIV Database: eligibility_inquiry.message_control_id
11-1	Processing ID	Req	VistA: 869.3,.03 DEFAULT PROCESSING ID "P"=Production "T" = Test eIV Database: eligibility_inquiry . processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgment	Req	"AL" = Always
16	Application Acknowledgment Type	Req	"NE" = Never
17	Country Code	Req	"USA"

Eligibility Inquiry PRD Segment

The PRD segment is required by the message type, but not used.

Sequence	Element Name	Use	Definition
1	Provider Role - Identifier	Req	"NA"

Eligibility Inquiry PID Segment

The PID segment identifies a veteran from the VistA database.

Sequence	Element Name	Use	Definition
1	Set ID	Req	"1"
3	Patient Identifier List	Req	Repeating field of patient identifiers. Current supported identifiers will be NI=ICN and PI=DFN (i.e. 123121234^^^USVHA^NI~121603^^^USVHA^PI^509~000000002^^^^^)
3-1	Patient ID - ST	Con	The value of the ID being sent. ST data type with maximum length of 20 (i.e. 123121234) First iteration of the patient identifier (Req) VistA: 2, 991.01 INTEGRATION CONTROL NUMBER eIV Database: eligibility_inquiry . integration_control_number -- Second iteration of the patient identifier (Req) VistA: 2, .01 DFN
3-2	Check Digit	NS	
3-3	Code Identifying Check digit scheme employed	NS	
3-4-1	Assigning Authority	Con	"USVHA" for the VA ID's (i.e. ICN and DFN)
3-5	Identifier Code Type	Con	"NI" = Integration Control Number "PI" = Patient DFN
3-6-1	Assigning Facility	Con	For the Integration Control Number, use the value "USVHA" For site specific DFN, use VistA site number VistA: 869.3, .04 INSTITUTION

Sequence	Element Name	Use	Definition
5	Patient Name	Req	
5-1-1	Last Name (Surname)	Req	VistA: 2, .01 PATIENT X12 (patient is subscriber): 270, 2100C, NM103 Name Last or Organization Name. eIV Database (patient is subscriber): inquiry_subscriber . name_last_or_organization_name X12 (patient is not subscriber): 270, 2100D, NM103 Name Last or Organization Name. eIV Database (patient is not subscriber): inquiry_dependent. name_last_or_organization_name
5-1-2	Own Last Name Prefix	Opt	Not Used
5-2	First Name	Opt	VistA: 2, .01 PATIENT X12 (patient is subscriber): 270, 2100C, NM104 Name First. eIV Database (patient is subscriber): inquiry_subscriber . name_first VistA: 365.1, .02 PATIENT X12 (patient is not subscriber): 270, 2100D, NM104 Name First. eIV Database (patient is not subscriber): inquiry_dependent . name_first
5-3	Middle Name	Opt	VistA: 2., 01 PATIENT X12 (patient is subscriber): 270, 2100C, NM105 Name Middle. eIV Database (patient is subscriber): inquiry_subscriber . name_middle

Sequence	Element Name	Use	Definition
			X12 (patient is not subscriber): 270, 2100D, NM105 Name Middle.
			eIV Database (patient is not subscriber): inquiry_dependent. name_middle
5-4	Suffix (e.g., Jr or III)	Opt	VistA: 2, .01 PATIENT
			X12 (patient is subscriber): 270, 2100C, NM107 Name Suffix.
			X12 (patient is subscriber): 270, 2100C, NM107 Name Suffix.
5-5	Prefix (e.g., DR)	Opt	VistA: 2, .01 PATIENT
			X12 (No mapping)
5-6	Degree (e.g, MD)	Opt	X12 (No Mapping)
7	Date/Time Of Birth	Req	
7-1	Date/Time	Req	VistA: 2, .03 Date of Birth
			X12 (patient is subscriber): value → 270, 2100C, DMG02 Date Time Period; and "D8" → 270, 2100C, DMG01 Date Time Period Format Qualifier.
			eIV Database (patient is subscriber): value → inquiry_subscriber. Date_of_birth; and "D8" → inquiry_subscriber. date_time_period_format_qualifier.
			X12 (patient is not subscriber): value → 270, 2100D, DMG02 Date Time Period; and "D8" → 270, 2100D, DMG01 Date Time Period Format Qualifier.
			eIV Database (patient is not subscriber): value → inquiry_dependent. Date_of_birth ; and "D8" → inquiry_dependent . date_time_period_format_qualifier.
8	Administrative Sex	Req	See Table 0-1 Eligibility Inquiry PID-8 Values

Sequence	Element Name	Use	Definition
			below for the HL7 and the paired X12 values.
			VistA: 2, .02-Sex
			X12 (patient is subscriber): 270, 2100C, DMG03 Gender Code.
			eIV Database (patient is subscriber): inquiry_subscriber. Gender_code
			X12 (patient is not subscriber): 270, 2100D, DMG03 Gender Code.
			eIV Database (patient is not subscriber): inquiry_dependent. Gender_code
9	Patient Alias	NS	
10	Race	NS	
11	Patient Address	Opt	
11-1	Street or mailing address	Opt	VistA: 2,.111 STREET ADDRESS [LINE 1]
			X12 (patient is subscriber): 270, 2100C, N301 Address Line.
			eIV Database (patient is subscriber): inquiry_subscriber. Address_line_1
			X12 (patient is not subscriber):
			270, 2100D, N301 Address Line.
			eIV Database (patient is not subscriber): inquiry_dependent . address_line_1
11-2	Other Designation	Opt	VistA: 2,.112 STREET ADDRESS [LINE 2]
			X12 (patient is subscriber): 270, 2100C, N302 Address Line.
			eIV Database (patient is subscriber): inquiry_subscriber . address_line_2

Sequence	Element Name	Use	Definition
			X12 (patient is not subscriber): 270, 2100D, N302 Address Line.
			eIV Database (patient is not subscriber): inquiry_dependent . address_line_2
11-3	City	Opt	VistA: 2,.114 CITY
			X12 (patient is subscriber): 270, 2100C, N401 City Name.
			eIV Database (patient is subscriber): inquiry_subscriber . city_name
			X12 (patient is not subscriber): 270, 2100D, N401 City Name.
			eIV Database (patient is not subscriber): inquiry_dependent . city_name
11-4	State or Province	Opt	VistA: 2,.115 STATE
			X12 (patient is subscriber): 270, 2100C, N402 State or Province Code.
			eIV Database (patient is subscriber): inquiry_subscriber . state_or_province_code
			X12 (patient is not subscriber): 270, 2100D, N402 State or Province Code.
			eIV Database (patient is not subscriber): inquiry_dependent . state_or_province_code
11-5	Zip or Postal Code	Opt	VistA: 2, .116 ZIP CODE
			X12 (patient is subscriber): 270, 2100C, N403 Postal Code.
			eIV Database (patient is subscriber): inquiry_subscriber . postal_code

Sequence	Element Name	Use	Definition
			X12 (patient is not subscriber): 270, 2100D, N403 Postal Code**.** eIV Database (patient is not subscriber): inquiry_dependent . postal_code
33-1	Last Update Date/Time	Opt	

Eligibility Inquiry PID-8 Values

SEX value	HL7 value for this field	HL7 Meaning
M	"M"	Male
F	"F"	Female

Eligibility Inquiry GT1 Segment

The GT1 Segment identifies a subscriber who is not the veteran only in verification inquiries. The insurance company is identified in the IN1 segment that immediately follows the GT1 segment. The GT1/IN1 pair may be used again only in identification inquiries to inquire of another insurance company for the same or another subscriber. An IN1 *not* preceded by a GT1 segment indicates an inquiry with the PID-identified veteran as the subscriber and patient, to the IN1-named insurance company

Sequence	Element Name	Use	Definition
1	Set ID - GT1	Req	"1"
2	Guarantor Number	Req	
2-1	ID	Req	The subscriber's member ID VistA 2.312, 1 SUBSCRIBER ID eIV Database: *value* → inquiry_subscriber_add_id. Reference_identification; and "MI" (Member Identification Number) → inquiry_subscriber_add_id. reference_identification_qualifier
2-2	Check digit	NS	
2-3	Code identifying the check digit scheme employed	NS	
2-4	Assigning authority	NS	
2-5	Identifier Type Code	Req	"HC" - Used to represent the Guarantor's subscriber ID.

Sequence	Element Name	Use	Definition
3	Guarantor Name	Req	Six component field in Last_Name^First_Name^MI^Suffix^Prefix^Degree (i.e. DOE^JOHN^M^JR^DR.^Phd. VistA: 2.312,17 NAME OF INSURED
3-1-1	Last Name (Surname)	Req	X12: 270, 2100C, NM103 Name Last or Organization Name eIV Database: inquiry_subscriber . name_last_or_organization_name
3-1-2	Own Last Name Prefix	Opt	
3-2	First Name	Opt	X12: 270, 2100C, NM104 Name First eIV Database: inquiry_subscriber . name_first
3-3	Middle Name	Opt	X12: 270, 2100C, NM105 Name Middle eIV Database: inquiry_subscriber . name_middle
3-4	Suffix (e.g, Jr or III)	Opt	
3-5	Prefix (e.g, DR)	Opt	
3-6	Degree (e.g, MD)	Opt	
5	Guarantor Address	Opt	
5-1-1	Street or Mailing Address	Opt	VistA: 2.312, 3.06 INSURED'S STREET 1 X12: 270, 2100C, N301 Address Information eIV Database: inquiry_subscriber . address_line_1
5-3	City	Opt	VistA: 2.312, 3.08 INSURED'S CITY X12: 270, 2100C, N401 City Name eIV Database: inquiry_subscriber . city_name
5-4	State or Province	Opt	VistA: 2.312, 3.09 INSURED'S STATE X12: 270, 2100C, N402 State or Province Code eIV Database: inquiry_subscriber .

Sequence	Element Name	Use	Definition
			state_or_province_code
5-5	Zip or Postal Code	Opt	VistA: 2.312, 3.1 INSURED'S ZIP X12: 270, 2100C, N403 Postal Code eIV Database: inquiry_subscriber . postal_code
8-1	Guarantor Date/Time Of Birth	Opt	VistA: 2.312, 3.01 INSURED'S DOB X12: *value* → 270, 2100C, DMG02 Date Time Period; and "D8" → 270, 2100C, DMG01 Date Time Period Format Qualifier eIV Database: *value* → inquiry_subscriber . date_of_birth; and "D8" → inquiry_subscriber. date_time_period_format_qualifier
9	Guarantor Administrative Sex	Opt	VistA: 2, .02 SEX X12: 270, 2100C, DMG03 Gender Code eIV Database: inquiry_subscriber . gender_code

Eligibility Inquiry IN1 Segment

The IN1 segment identifies the Payer to whom the inquiry is directed.

Sequence	Element Name	Use	Definition
1	Set ID – IN1	Req	"1"
2-1	Insurance Plan ID	Req	The subscriber's Member ID (patient is subscriber and there is no GT1 segment) – If no Subscriber Primary ID available in VistA, transmit Blank/Empty The patient's Member ID (patient is not subscriber and there is a GT1 segment) - If no Patient Primary ID available in VistA, transmit Blank/Empty VistA: 2.312,1 SUBSCRIBER ID VistA 2.312,5.01 PATIENT ID

Sequence	Element Name	Use	Definition
			X12: "MI" → 270, 2100C, NM108 Identification Code Qualifier; and value → 270, 2100C, NM109 Subscriber Primary Identifier eIV Database (if the patient is the subscriber): value → inquiry_subscriber. Identification_code; and "MI" → inquiry_subscriber. Identification_code_qualifier
3	Insurance Company ID	Req	(i.e., VA1^^^USVHA^VP)
3-1	Insurance Company ID	Req	The VA National Payer ID number as defined by the FSC in Austin, TX. VistA: 365.12, .02 VA National Payer ID X12: 270, 2100A, NM109 Identification Code (after translation through the EIV Database) eIV Database: payer.va_national_payer_id
3-4	Assigning Authority	Req	
3-4-1	Namespace ID	Req	The national ID's as assigned by the VA at a National level. "USVHA"
3-5	Identifier Type Code (ID)	Req	"VP"
4	Insurance Company Name	Req	
4-1	Organization name	Req	The Payer Name, from the VA National Insurance Payer list. VistA: 365.12, .01 PAYER NAME eIV Database: payer.name
8	Group Number	Opt	VistA: 2.312, 21 NEW GROUP NUMBER X12: *value* → 270, 2100C, REF02 Reference ID; and "6P" → 270, 2100C, REF01 ID Qualifier eIV Database: *value* →inquiry_subscriber . reference_identification, ; and "6P" → inquiry_subscriber .

Sequence	Element Name	Use	Definition
			reference_identification_qualifier
9-1	Group Name	Opt	VistA: 2.312, 20 NEW GROUP NAME X12 (if 270, 2100C, REF01 ID Qualifier = "6P" (Group Number)): 270, 2100C, REF03 Description (Plan Sponsor Name) eIV Database: *value* → inquiry_subscriber_add_id. Plan_sponsor_name, and "6P" → inquiry_subscriber_add_id . reference_id_qualifier
12	Plan Effective Date	Opt	VistA: 2.312, 8 EFFECTIVE DATE OF POLICY
13	Plan Expiration Date	Opt	VistA: 2.312, 3 INSURANCE EXPIRATION DATE
17-1	Insured's Relationship To Patient	Opt	VistA 2.312,6 WHOSE INSURANCE See Table 3-17 IN1-17 X12 (patient is not subscriber): 270, 2100D, INS02 Individual Relationship Code eIV Database: inquiry_dependent . individual_relationship_code
20	Assignment Of Benefits	Opt	BLANK
21	Coordination Of Benefits	Opt	BLANK
24	Notice Of Admission Date * Per 5010 HIPAA standards, Admission date will not be transmitted in an inquiry. *	Opt	VistA: 405,.01 ADMISSION DATE X12(patient is subscriber): *value* → 270, 2100C, DTP03 Date Time Period; "D8" → 270, 2100C, DTP02 Date Time Period Format Qualifier; and "435" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_subscriber_date . date_time_period; "D8" → inquiry_subscriber_date . date_time_period_format_qualifier; and "435" → inquiry_subscriber_date . date_time_qualifier X12(patient is not subscriber): *value* → 270,

Sequence	Element Name	Use	Definition
			2100D, DTP03 Date Time Period; "D8" → 270, 2100D, DTP02 Date Time Period Format Qualifier; and "435" → 270, 2100D, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_dependent_date . date_time_period; "D8" → inquiry_dependent_date . date_time_period_format_qualifier; and "435" → inquiry_dependent_date . date_time_qualifier
			X12 (patient is subscriber): *value* → 270, 2100C, DTP03 Date Time Period; "D8" → 270, 2100C, DTP02 Date Time Period Format Qualifier; and "307" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_subscriber_date . start_date; "D8" → inquiry_subscriber_date . period_format_qualifier; and 307" → inquiry_subscriber_date. date_time_qualifier X12 (patient is not subscriber): *value* → 270, 2100D, DTP03 Date Time Period; "D8" → 270, 2100D, DTP02 Date Time Period Format Qualifier; and "472" → 270, 2100D, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_dependent_date . start_date; "D8" → inquiry_dependent_date . period_format_qualifier; and 472" → inquiry_dependent_date. date_time_qualifier X12 (patient is not subscriber): *value* → 270, 2100D, DTP03 Date Time Period; "D8" → 270, 2100D, DTP02 Date Time Period Format Qualifier; and "307" → 270, 2100D, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_dependent_date . start_date; "D8" → inquiry_dependent_date . period_format_qualifier; and 307" → inquiry_dependent_date. date_time_qualifier
26	Report of Eligibility Date * Per 5010 HIPAA standards, Eligibility date will not be transmitted in an inquiry. *	Opt	VistA: Service Date (as determined) The service date (appointment date) will be "Today" for the Appointment Extract for payers who are unable to accept future dates.

Sequence	Element Name	Use	Definition
			X12 (patient is subscriber): *value* → 270, 2100C, DTP03 Date Time Period; "D8" → 270, 2100C, DTP02 Date Time Period Format Qualifier; and "472" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_subscriber_date . start_date; "D8" → inquiry_subscriber_date . period_format_qualifier; and 472" → inquiry_subscriber_date. date_time_qualifier X12 (patient is subscriber): *value* → 270, 2100C, DTP03 Date Time Period; "D8" → 270, 2100C, DTP02 Date Time Period Format Qualifier; and "472" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_subscriber_date . start_date; "D8" → inquiry_subscriber_date . period_format_qualifier; and 472" → inquiry_subscriber_date. date_time_qualifier
			X12 (patient is subscriber): *value* → 270, 2100C, DTP03 Date Time Period; "D8" → 270, 2100C, DTP02 Date Time Period Format Qualifier; and "307" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_subscriber_date . start_date; "D8" → inquiry_subscriber_date . period_format_qualifier; and 307" → inquiry_subscriber_date. date_time_qualifier X12 (patient is not subscriber): *value* → 270, 2100D, DTP03 Date Time Period; "D8" → 270, 2100D, DTP02 Date Time Period Format Qualifier; and "472" → 270, 2100D, DTP01 Date/Time Qualifier eIV Database: *value* → inquiry_dependent_date . start_date; "D8" → inquiry_dependent_date . period_format_qualifier; and 472" → inquiry_dependent_date. date_time_qualifier X12 (patient is not subscriber): *value* → 270, 2100D, DTP03 Date Time Period; "D8" → 270, 2100D, DTP02 Date Time Period Format Qualifier; and "307" → 270, 2100D, DTP01

Sequence	Element Name	Use	Definition
			Date/Time Qualifier eIV Database: *value* → inquiry_dependent_date . start_date; "D8" → inquiry_dependent_date . period_format_qualifier; and 307" → inquiry_dependent_date. date_time_qualifier

IN1-17 Values

WHOSE INSURANCE value	HL7 value for this field	X12 Definition
Spouse	"01"	Spouse
Veteran	"18"	Self
Unknown	"21"	Unknown
Other	"34"	Other Adult

Eligibility Inquiry NTE Segment

The NTE segment identifies the Service Type Codes in an Eligibility Inquiry. NTE segment can be multi-field in that it contains more than one Service Type Code and multi-segment in which each repeated NTE segment contains a single Service Type Code. At least one NTE segment is required.

The following describes the NTE segment

Sequence	Element Name	Use	Definition
1	Set ID – NTE	Req	"1"

Sequence	Element Name	Use	Definition
3	Comment	Req	The Service Type Code for the Benefit Inquiry. This code field is repeatable up to 99 times. The information source must support a generic request of Eligibility, i.e., Service Type Code '30'. An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code. If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source.

Data Received From the Eligibility Communicator

- **REGISTRATION ACKNOWLEDGEMENT -** The Eligibility Communicator sends the Registration Acknowledgement after receiving the request and filing the registration information in the Cache.

- **ELIGIBILITY RESPONSE -** The Eligibility Response Messages report payer's answers that did not include any error indications. Those that did are reported using the Inquiry Problem Message. Non-error response messages are an RPI^I01 event regardless as to whether the inquiry was for an identification or a verification.

- **ELIGIBILITY INQUIRY PROBLEM MESSAGES -** There are two types of Inquiry Problem Messages. One type of message occurs when EC receives an HL7 message from a VistA facility and it is validated. If data is found missing or inaccurate so that translation to the X12 270 message cannot be done correctly, EC sends an email message to EC support staff for resolution. This is one type of Inquiry Problem message. The other type of Inquiry Problem message is after EC has sent the X12 270 messages on to the Payer and the Payer returns it with an error in the X12 'AAA' segment. Some error codes may be returned to the VistA facility as an Inquiry Problem Message for handling and some errors may remain with EC for resolution. The message event is the same for either Inquiry Problem type.

- **TABLE UPDATES -** All table messages are an MFN^M01 event. When a VistA site initially installs the eIV software, the Eligibility Communicator for eIV is notified via an MFN^M01

message. The EC sends all current Payer identifications to the VistA site as part of this enrollment process. Any subsequent modifications or additions to the Payer table maintained by the EC are sent in the same manner.

Registration Acknowledgement

The registration acknowledgement is constructed of the following HL7 segments in the same order as listed:

MSH – Message Header
MSA – Message Acknowledgement
MFI – Master File Identifier

The message notation is:
MSH MSA MFI

Registration Acknowledgement MSH Segment

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\\&"
3	Sending Application	Req	"IIV EC"
4	Sending Facility	Req	
4-1	Universal ID	NS	
4-2	Universal ID	Req	"IIV.VITRIA-EDI.AAC.VA.GOV" VistA: 870, .03 DOMAIN eIV Database: iiv.domain_name
4-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
5-1	Receiving Application	Req	"IIV VISTA"
6	Receiving Facility		
6-1	Namespace ID	Req	The VistA site's station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
6-2	Universal ID	Req	The VistA site's Domain Name System name, e.g. AUGUSTA.MED.VA.GOV VistA: 869.3, .02 DOMAIN

Sequence	Element Name	Use	Definition
			eIV Database: site.domain_name
6-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
7-1	Date/Time of Message	Req	Date/Time the Message was created. For the format, see section 0 Date/Time of Message Format, page 34.
9	Message Type	Req	
9-1	Message Type	Req	"MFK"
9-2	Trigger Event	Req	"M01"
10	Message Control ID	Req	Sequential number assigned by the Eligibility Communicator.
11-1	Processing ID	Req	"P"=Production "T"=Test eIV Database: site.processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgement	Req	"AL" = Always
16	Application Acknowledgment Type	Req	"NE"=Never
17	Country Code	Req	"USA"

Date/Time of Message Format

The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:

- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".
- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Registration Acknowledgement MSA Segment

The MSA Segment is the Message Acknowledgement segment. It carries acknowledgement information for the HL7 message received.

Sequence	Element Name	Use	Definition
1	Acknowledgment Code	Req	"AA"=Accept. "AE"=Error and VistA is to not send eligibility inquiry messages until a subsequent registration request receives an "AA" Acknowledgement Code.
2	Message Control ID	Req	Returned Message Control ID. This should match the sending message's Message Control ID from the registration request. eIV Database: site. last_registration_msg_ctrl_id

Registration Acknowledgement MFI Segment

The MFI Segment is used to identify the site-specific master file.

Sequence	Element Name	Use	Description
1-1	Master File Identifier	Req	"Facility Table"
3	File-Level Event Code	Req	"UPD" = Update. Change file records as defined in the record-level event codes for each record that follows
6	Response Level Code	Req	"NE" = Never. No application-level response needed

Eligibility Response

The Eligibility Response Messages in this document reports payer's answers that did not include any error indications. Those that did are reported using the Inquiry Problem Message, see section 3.6.3. Non-error response messages are an RPI^I01 event.

Per the HL7 standard, the insurance response event is constructed of the following HL7 segments in the order as listed:
- MSH – Message Header
- MSA - Message Acknowledgment
- ERR – Error
- NTE – Additional Error Information
- PRD - Provider Data
- CTD – Subscriber Contact Data
- PID – Patient Identification
- GT1 – Guarantor

- IN1 – Insurance
- IN3 – Insurance Additional Info – Certification Date
- ZRF – Subscriber Additional ID (Policy level)
- ZEB – Eligibility Benefits
- ZHS – Health Care Service Delivery
- ZRF – Subscriber Additional ID (Eligibility/Benefit level)
- ZSD – Subscriber Eligibility Benefit Date
- NTE – Comments
- ZII – Subscriber Eligibility/Benefit Additional Info – DX or Facility Code
- ZTY – Subscriber Benefit Related Entity
- CTD – Benefit Related Entity Contact Data
- ZTP – Subscriber Date
- ROL – Provider Identification
- DG1 – Health Care Diagnosis Codes
- ZMP – Military Personnel Information

For responses the notation is:
MSH,MSA,{[(Error_Group)ERR,[NTE]]},PRD,{[CTD]},PID,[GT1],[IN1],[IN3], {[ZRF]}
{[(Z_Benefit_Group)ZEB,{[ZHS]},{[ZRF]},{[ZSD]},{[NTE]},{[ZII]},[(g1R.G2O)ZTY,{[CTD]}]]}{[Z
TP]},{ROL},{DG1},[ZMP]

GT1 is only populated when the patient is <u>not</u> the subscriber. It identifies guarantor (subscriber), and PID identifies the patient. When patient is the subscriber, only PID is present, there's no GT1. Our notation differs from the standard by associating the NTE segments with the non-standard but permitted ZEB segment.

Eligibility Response MSH Segment

The MSH segment is a header that is used by the Eligibility Communicator for eIV to direct a response message back to the appropriate VistA site.

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"
3-1	Sending Application	Req	"IIV EC"
4	Sending Facility	Req	
4-1	Namespace ID	NS	
4-2	Universal ID	Req	"IIV.VITRIA-EDI.AAC.VA.GOV" eIV Database: iiv.domain_name
4-3	Universal ID Type	Req	"DNS"

Sequence	Element Name	Use	Definition
			eIV Database: (no mapping)
5-1	Receiving Application	Req	"IIV VISTA"
6	Receiving Facility	Req	
6-1	Namespace ID	Req	The VistA site's station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
6-2	Universal ID	Req	The VistA site's Domain Name System name, e.g. AUGUSTA.MED.VA.GOV VistA: 869.3, .02 DOMAIN eIV Database: site.domain_name
6-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
7	Date/Time of Message	Req	
7-1	Date/Time	Req	Date/Time EC created the Message. For the format, see section 0 Date/Time of Message Format, page 34. X12: 271, no loop, BHT04 Date; and 271, no loop, BHT05 Time eIV Database: (no mapping)
9	Message Type	Req	
9-1	Message Type	Req	"RPI"
9-2	Trigger Event	Req	"I01"
10	Message Control ID	Req	Sequential number assigned by EC eIV Database: eligibility_response.message_control_id
11-1	Processing ID	Req	VistA: 869.3, .03 DEFAULT PROCESSING ID "P" = Production "T" = Test

Sequence	Element Name	Use	Definition
			eIV Database: eligibility_response . processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgment Type	Req	"AL"=Always
16	Application Acknowledgment Type	Req	"NE"=Never
17	Country Code	Req	"USA"

Date/Time of Message Format

The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:

- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".
- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Eligibility Response MSA Segment

Sequence	Element Name	Use	Definition
1	Acknowledgment Code	Req	"AA"=Accept
2	Message Control ID	Req	Returned Message Control ID. This should match the sending message's Message Control ID. VistA: 365, .01 MESSAGE CONTROL ID eIV Database: eligibility_inquiry . message_control_id
3	Text Message	Req	Trace Number as a numeric string = 9 chars VistA: 365, .09 TRACE NUMBER X12: 271, IEA02 Interchange Control Number eIV Database: response_trace_number . trace_number (where trace_type_code = '1", reference identification is trace number)

Sequence	Element Name	Use	Definition
5	Delayed Acknowledgement Type	NS	This field may only be populated when the MSA-1="AE". See 'Inquiry Problem MSA segment'
6-1	Error Condition	NS	This field may only be populated when the MSA-1="AE". See 'Inquiry Problem MSA segment'
6-2	Text	NS	This field may only be populated when the MSA-1="AE". See 'Inquiry Problem MSA segment'

Eligibility Response ERR Segment

The ERR Segment contains information about the reject reasons for the inquiry.

Sequence	Element Name	Use	Definition
2	Error Location	Opt	HL7 error location: segment, field, component, sub-component
2-1	Segment ID	Req	Error location – segment ("PID", "IN1", etc.)
2-2	Segment Sequence	Req	Error-location – segment sequence (1 for non-repeatable segments, >=1 for repeatable segments)
2-3	Field Position	Opt	Error location – field number
2-4	Field Repetition	Opt	Error location – field sequence (1 or empty for non-repeatable fields, >=1 or empty for repeatable fields)
2-5	Component Number	Opt	Error location – component number
2-6	Sub-component Number	Opt	Error location – sub-component number
3	HL7 Error Code	Req	
3-1	Identifier		Always "207" – Internal application error.
4	Severity	Req	Always "E" - Error
5	Application Error Code	Req	
5-1	Identifier	Req	Reject reason code.
5-3	Name Of Coding System	Opt	Error source (("F" for FSC, "P" for Payer, etc.)
7	Diagnostic Information	Req	HIPAA loop id (2100C, 2100D, etc.)
8	User Message	Req	Action code.

Eligibility Response NTE Segment

Sequence	Element Name	Use	Description
1	Set ID – NTE	Req	1

Sequence	Element Name	Use	Description
3	Comment	Req	VistA: 365.06, 1, .01 EB*V~MSG*additional Error Message. when an AAA segment contains a rejection code and the EB segment (element 01) contains a value of "V" in the corresponding X12 loops. Field 3 can repeat as 1 to many EB*V~MSGs can be sent.

Eligibility Response PRD Segment

The PRD segment is not currently used, however it is a required segment according to the HL7 standard. Because of this, a PRD segment with only the segment identifier is sent in the message context.

Sequence	Element Name	Use	Definition
1	Set ID	Req	"PRD"

Eligibility Response CTD Segment

There can be repeating contact (CTD) segments mapped from the X12 271 messages. Each 271 PER segment nets up to three CTD segments. EC creates a CTD separate segment from (PER02, PER03 and PER04); (PER02, PER05 and PER06); and (PER02, PER07 and PER08) if either of the latter two elements in each triple is not empty. If PER02 is not empty and PER03-8 are empty, then one CTD results with CTD-2 set to PER02 and CTD-5 and CTD-6 set to empty.

Sequence	Element Name	Use	Definition
2	Contact Name	Opt	
2-1-1	Last Name (Surname)	Opt	At least one of the elements CTD-2, CTD-5 and CTD-6 must not be empty. X12: 271, 2100A, PER02 Name X12: 271, 2100C, PER02 Name X12: 271, 2120C, PER02 Name X12: 271, 2120D, PER02 Name VistA: 365.3, .01 eIV Database: source_contact.name
2-2	First Name	Opt	
2-3	Middle Name	Opt	
2-4	Suffix (e.g., Jr or III)	Opt	

Sequence	Element Name	Use	Definition
2-5	Prefix (e.g., DR)	Opt	
2-6	Degree (e.g., MD)	Opt	
5	Contact Communication Information	Opt	
5-1	[(999)] 999-9999 [X99999][C any text]	Opt	VistA: 365.3, .03 COMMUNICATION NUMBER #1 At least one of the elements CTD-2, CTD-5 and CTD-6 must not be empty. X12: 271, 2100C, PER04 Communication Number X12: 271, 2100C, PER06 Communication Number X12: 271, 2100C, PER08 Communication Number X12: 271, 2100D, PER04 Communication Number X12: 271, 2100D, PER06 Communication Number X12: 271, 2100D, PER08 Communication Number X12: 271, 2120C, PER04 Communication Number X12: 271, 2120C, PER06 Communication Number X12: 271, 2120C, PER08 Communication Number X12: 271, 2120D, PER04 Communication Number X12: 271, 2120D, PER06 Communication Number X12: 271, 2120D, PER08 Communication Number eIV Database: source_contact_number . communication_number
5-9	Any Text	Opt	VistA: 365.03,.02-COMMUNICATION QUALIFIER #1 Table 3-19 (i.e. TE)

CTD-5-9 Values

Value	Definition
ED	Electronic Data Interchange Access Number
EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone

Value	Definition
WP	Work Phone Number

Eligibility Response PID Segment

Only one PID segment is in the response message.

Sequence	Element Name	Use	Definition
1	Set ID – PID	Req	"1"
3	Patient Identifier List	Req	
3-1	Patient ID	Opt	Current supported identifiers will be NI=ICN, PI=DFN (i.e.123121234^^^USVHA^NI~121603^^^USVHA^PI^509~000000002^^^^^) Empty when associated inquiry's PID-3-1 is empty. First patient ID is the ICN. Second patient ID is the DFN. Both are Required. eIV Database: eligibility_inquiry. integration_control_number
3-2	Check Digit	NS	
3-3	Code Identifying Check digit scheme employed	NS	
3-4-1	Assigning Authority	Req	"USVHA" for the VA ID's (i.e. ICN and DFN),
3-5	Identifier Code Type (ID)	Req	"NI" = Integration Control Number "PI" = Patient DFN
3-6-1	Assigning Facility	Opt	Integration Control Number = "USVHA" For site specific DFN, the VistA site number is used in this field. (Req)
5	Patient Name	Req	
5-1-1	Last Name (Surname)	Req	VistA: 365,1.01 NAME OF INSURED (PID^IBCNEHL4) X12 (patient is subscriber): 271, 2100C, NM103

Sequence	Element Name	Use	Definition
			Name Last or Organization Name
			eIV Database (patient is subscriber): response_subscriber. name_last_or_organization_name
			X12 (patient is not subscriber): 271, 2100D, NM103 Name Last or Organization Name
			eIV Database (patient is not subscriber): response_dependent.last_or_organization_name
5-1-2	Own Last Name Prefix	Opt	
5-2	First Name	Req	VistA: 365,1.01 NAME OF INSURED (PID^IBCNEHL4)
			X12 (patient is subscriber): 271, 2100C, NM104 Name First
			eIV Database (patient is subscriber): response_subscriber. name_first
			X12 (patient is not subscriber): 271, 2100D, NM104 Name First
			eIV Database (patient is not subscriber): response_dependent. name_first
5-3	Middle Name	Opt	VistA: 365,1.01 NAME OF INSURED (PID^IBCNEHL4)
			X12 (patient is subscriber): 271, 2100C, NM105 Name Middle
			eIV Database (patient is subscriber): response_subscriber. Name_middle
			X12 (patient is not subscriber): 271, 2100D, NM105 Name Middle
			eIV Database (patient is not subscriber):

Sequence	Element Name	Use	Definition
			response_dependent. Name_middle
5-4	Suffix (e.g., Jr or III)	Opt	VistA: 365,1.01 NAME OF INSURED (PID^IBCNEHL4)
5-5	Prefix (e.g., DR)	Opt	VistA: 365,1.01 NAME OF INSURED (PID^IBCNEHL4)
5-6	Degree (e.g., MD)	NS	
7-1	Date/Time of Birth	Req	VistA : 365, 1.02 INSURED DOB X12 (patient is subscriber): 271, 2100C, DMG02 Date Time Period eIV Database (patient is subscriber): response_subscriber . date_of_birth X12 (patient is not subscriber): 271, 2100D, DMG02 Date Time Period eIV Database (patient is not subscriber): response_dependent . date_of_birth
8	Sex	Req	VistA: 365, 1.03 INSURED SEX X12 (patient is subscriber): 271, 2100C, DMG03 Gender Code eIV Database (patient is subscriber): response_subscriber . gender_code X12 (patient is not subscriber): 271, 2100D, DMG03 Gender Code eIV Database (patient is not subscriber): response_dependent . gender_code
11	Patient Address	Opt	
11-1-1	Street Address Line 1	Opt	VistA : 365, 5.01 SUBSCRIBER ADDRESS LINE 1 (PID^IBCNEHL4) X12 (patient is subscriber): 271, 2100C, N301

Sequence	Element Name	Use	Definition
			Address Information
			eIV Database (patient is subscriber): response_subscriber. address_line_1;
			X12 (patient is not subscriber): 271, 2100D, N301 Address Information
			eIV Database (patient is not subscriber): response_dependent. address_line_1
11-2	Other Designation	Opt	VistA : 365, 5.02 SUBSCRIBER ADDRESS LINE 2
			(PID^IBCNEHL4)
			X12 (patient is subscriber): 271, 2100C, N302 Address Information
			eIV Database (patient is subscriber): response_subscriber . address_line_2;
			X12 (patient is not subscriber): 271, 2100D, N302 Address Information
			eIV Database (patient is not subscriber): response_dependent . address_line_
11-3	City	Opt	VistA : 365, 5.03 SUBSCRIBER ADDRESS CITY
			(PID^IBCNEHL4)
			X12 (patient is subscriber): 271, 2100C, N401 City Name
			eIV Database (patient is subscriber): response_subscriber . city_name;
			X12 (patient is not subscriber): 271, 2100D, N401 City Name
			eIV Database (patient is not subscriber): response_dependent . city_name

Sequence	Element Name	Use	Definition
11-4	State	Opt	VistA : 365, 5.04 SUBSCRIBER ADDRESS STATE (PID^IBCNEHL4) X12 (patient is subscriber): 271, 2100C, N402 State or Province Code eIV Database (patient is subscriber): response_subscriber.state_or_province_code; X12 (patient is not subscriber): 271, 2100D, N402 State or Province Code eIV Database (patient is not subscriber): response_dependent. state_or_province_code
11-5	Zip Code	Opt	VistA : 365, 5.05 SUBSCRIBER ADDRESS ZIP (PID^IBCNEHL4) X12 (patient is subscriber): 271, 2100C, N403 Postal Code eIV Database (patient is subscriber): response_subscriber.postal _code; X12 (patient is not subscriber): 271, 2100D, N403 Postal Code eIV Database (patient is not subscriber): response_dependent. postal _code
11-6	Country Code	Opt	VistA : 365, 5.06 SUBSCRIBER ADDRESS COUNTRY (PID^IBCNEHL4) Country code
11-8	Country Subdivision Code	Opt	VistA : 365, 5.07 SUBSCRIBER ADDRESS SUBDIVISION (PID^IBCNEHL4) Country Subdivision Code

Sequence	Element Name	Use	Definition
29-1	Patient Death Date and Time	Opt	VistA: 365, 1.16 DATE OF DEATH X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "442" (Date of Death); and 271, 2100C, DTP02 Date Time Period Format Qualifier = "D8" (CCYYMMDD)): 271, 2100C, DTP03 Date Time Period eIV Database (patient is subscriber; and response_subscriber. date_time_qualifier = "442"; and response_subscriber. date_time_period_qualifier = "D8"): response_subscriber. date_of_death X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "442" (Date of Death); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "D8" (CCYYMMDD)): 271, 2100D, DTP03 Date Time Period eIV Database (patient is not subscriber; and response_dependent. date_time_qualifier = "442"; and response_dependent. date_time_period_qualifier = "D8"): response_dependent. date_of_death

Eligibility Response GT1 Segment

The GT1 Segment identifies a subscriber who is not the veteran.

Sequence	Element Name	Use	Definition
1	Set ID - GT1	Req	"1"
2	Guarantor Number	Req	
2-1	ID	Opt	VistA: 365, 1.18 SUBSCRIBER ID (GT1^IBCNEHL4) X12: 271, 2100C, NM109 Identification Code (Subscriber Primary Identifier); NM108 should equal 'MI'

Sequence	Element Name	Use	Definition
			eIV Database: response_subscriber. subscriber_primary_identifier
2-2	Check digit	NS	
2-3	Code identifying the check digit scheme employed	NS	
2-4	Assigning authority	NS	
2-5	Identifier Type Code	Req	"HC" for the Guarantor's subscriber ID.
3	Guarantor Name		
3-1-1	Last Name (Surname)	Req	VistA: 365, 1.01 NAME OF INSURED X12: 271, 2100C, NM103 Name Last or Organization Name eIV Database: response_subscriber . name_last_or_organization_name
3-1-2	Own Surname Prefix	Opt	
3-2	First Name	Req	VistA: 365, 1.01 NAME OF INSURED (GT1^IBCNEHL4) X12: 271, 2100C, NM104 Name First eIV Database: response_subscriber . name_first
3-3	Middle Name	Opt	VistA: 365, 1.01 NAME OF INSURED (GT1^IBCNEHL4) X12: 271, 2100C, NM105 Name Middle eIV Database (if the subscriber is the patient): response_subscriber. Name_middle
3-4	Suffix (e.g., Jr or III)	Opt	VistA: 365, 1.01 NAME OF INSURED (GT1^IBCNEHL4)
3-5	Prefix e.g., DR)	Opt	VistA: 365, 1.01 NAME OF INSURED (GT1^IBCNEHL4)
3-6	Degree (e.g., MD)	Opt	

Sequence	Element Name	Use	Definition
5	Guarantor Address	Opt	
5-1-1	Street or Mailing Address	Opt	VistA: 365, 5.01 SUBSCRIBER ADDRESS LINE 1 (GT1^IBCNEHL4) X12: 271, 2100C, N301 Address Information eIV Database: response_subscriber . address_line_1
5-2	Street Name	Opt	VistA: 365, 5.02 SUBSCRIBER ADDRESS LINE 2 (GT1^IBCNEHL4)
5-3	City	Opt	VistA: 365, 5.03 SUBSCRIBER ADDRESS CITY (GT1^IBCNEHL4) X12: 271, 2100C, N401 City Name eIV Database: response_subscriber . city_name
5-4	State	Opt	VistA: 365, 5.04 SUBSCRIBER ADDRESS STATE (GT1^IBCNEHL4) X12: 271, 2100C, N402 State or Province Code eIV Database: response_subscriber . state_or_province_code
5-5	Zip Code	Opt	VistA: 365, 5.05 SUBSCRIBER ADDRESS STATE (GT1^IBCNEHL4) X12: 271, 2100C, N403 Postal Code eIV Database: response_subscriber . postal_code
5-6	Country Code	Opt	VistA: 365, 5.06 SUBSCRIBER ADDRESS COUNTRY (GT1^IBCNEHL4) Country code
5-8	Country Subdivision Code	Opt	VistA: 365, 5.07 SUBSCRIBER ADDRESS SUBDIVISION

Sequence	Element Name	Use	Definition
			(GT1^IBCNEHL4)
			Country Subdivision Code
8	Guarantor Date/Time of Birth	Opt	VistA: 365, 1.02 INSURED DOB
			GT1^IBCNEHL4)
			X12: 271, 2100C, DMG02 Date Time Period
			eIV Database: response_subscriber . date_of_birth
9	Guarantor Administrative Sex	Opt	VistA: 365, 1.04 INSURED SEX
			GT1^IBCNEHL4)
			X12: 271, 2100C, DMG03 Gender Code
			eIV Database: response_subscriber . gender_code

Eligibility Response IN1 Segment

The IN1 segment identifies the Payer from whom the response is coming. There is at least one IN1 segment.

Sequence	Element Name	Use	Definition
1	Set ID - IN1	Req	"1"
2	Insurance Plan ID	Req	
2-1	ID	Opt	If no GT1 segment then map to both VistA fields else map to the MEMBER ID field
			VistA: 365, 13.02 SUBSCRIBER ID (LONG) (GT1^IBCNEHL4)
			VistA: 365, 1.18 MEMBER ID (IN1^IBCNEHL2)
			X12 (patient is subscriber): 271, 2100C, NM109 Identification Code (Subscriber Primary ID)
			eIV Database (patient is subscriber): response_subscriber. Subscriber_primary_identifier
			X12 (patient is not subscriber): 271, 2100D, NM109 ID Code (Dependent Primary ID)

Sequence	Element Name	Use	Definition
			eIV Database: response_dependent . dependent_primary_identifier
3	Insurance Company ID	Opt	
3-1	ID	Req	VistA: 365, .03 PAYER ID (VA National Payer ID) X12: 271, 2100A, NM109 Identification Code after translation through the EIV Database eIV Database: payer . va_national_payer_id
3-4-1	Assigning Authority	Req	The National ID's are assigned by the VA at a National level "USVHA"
3-5	Identifier Type Code (ID)	Req	"VP"
4	Insurance Company Name	Opt	
4-1	Organization Name	Opt	Payer Name from the VA National Insurance Payer List X12: 271, 2100A, NM103 Name Last or Organization Name eIV Database: response_info_source . name_last_or_organization_name
8	Group Number	Opt	VistA: 365, 14.02 GROUP NUMBER (LONG) (IN1^IBCNEHL2) X12 (if 271, 2100C, REF01 ID Qualifier = "6P" (Group Number)): 271, 2100C, REF02 ID Number eIV Database (if response_subscriber_add_id . reference_id_qualifier = "6P" (Group Number)): response_subscriber_add_id . reference_identifier X12 (if 271, 2100C, REF01 ID Qualifier = "1L" (Group or Policy Number)): 271, 2100C, REF02 ID Number eIV Database (if response_subscriber_add_id . reference_id_qualifier = "1L" (Group or Policy Number)): response_subscriber_add_id . reference_identifier

Sequence	Element Name	Use	Definition
			X12 (if 271, 2100D, REF01 ID Qualifier = "6P" (Group Number)): 271, 2100D, REF02 ID Number
			eIV Database (if response_dependent_add_id . reference_id_qualifier = "6P" (Group Number)): response_dependent_add_id . reference_identifier
			X12 (if 271, 2100D, REF01 ID Qualifier = "1L" (Group or Policy Number)): 271, 2100D, REF02 ID Number
			eIV Database (if response_dependent_add_id . reference_id_qualifier = "1L" (Group or Policy Number)): response_dependent_add_id . reference_identifier
9-1	Group Name	Opt	VistA: 365, 14.02 GROUP NAME (LONG) (IN1^IBCNEHL2)
			X12 (if 271, 2100C, REF01 ID Qualifier = "6P" (Group Number)): 271, 2100C, REF03 Plan Sponsor Name
			eIV Database (if response_subscriber_add_id . reference_identification_qualifier = '6P' (Group Number)): response_subscriber_add_id . plan_sponsor_name
			X12 (if 271, 2100C, REF01 ID Qualifier = "1L" (Group or Policy Number)): 271, 2100C, REF03 Plan Sponsor Name
			eIV Database (if response_subscriber_add_id . reference_identification_qualifier = '1L' (Group or Policy Number)): response_subscriber_add_id . plan_sponsor_name
			X12 (if 271, 2100D, REF01 ID Qualifier = "6P" (Group Number)): 271, 2100D, REF03 Plan Sponsor Name
			eIV Database (if response_dependent_add_id . reference_identification_qualifier = '6P'): response_dependent_add_id . plan_sponsor_name

Sequence	Element Name	Use	Definition
			X12 (if 271, 2100D, REF01 ID Qualifier = "1L" (Group or Policy Number)): 271, 2100D, REF03 Plan Sponsor Name eIV Database (if response_dependent_add_id . reference_identification_qualifier = '1L'): response_dependent_add_id . plan_sponsor_name
12	Plan Effective Date	Opt	VistA: 365, 1.11 EFFECTIVE DATE (IN1^IBCNEHL2) X12 * See Notes on IN1_12 and IN1_13 mapping. eIV Database (patient is subscriber); 271, 2100C, response_subscriber_date . date_start eIV Database (patient is not subscriber); 271, 2100D, response_dependent_date . date_start
13	Plan Expiration Date	Opt	VistA: 365, 1.12 EXPIRATION DATE (IN1^IBCNEHL2) X12 * See Notes on IN1_12 and IN1_13 mapping. eIV Database (patient is subscriber); 271, 2100C, response_subscriber_date . date_end eIV Database (patient is not subscriber); 271, 2100D, response_dependent_date . date_end
17	Insured's Relationship To Patient	Opt	
17-1	Identifier	Opt	VistA: 365, 1.08 PT RELATIONSHIP TO INSURED (IN1^IBCNEHL2) X12 (patient is subscriber): 271, 2100C, INS02 Individual Relationship Code eIV Database (patient is subscriber): response_subscriber. Individual_relationship_code X12 (patient is not subscriber): 271, 2100D,

Sequence	Element Name	Use	Definition
			INS02 Individual Relationship Code eIV Database (patient is not subscriber): response_dependent. Individual_relationship_code
22	COB Priority	Opt	VistA: 365, 1.13 COORDINATION OF BENEFITS (IN1^IBCNEHL2) See table for IN1-22 Values. X12 (patient is subscriber): 271, 2120C Subscriber Benefit Related Entity Name, NM101 Entity Identifier Code per the translation given in IN1_12 and IN1_13 mapping. eIV Database (patient is subscriber): response_subscriber . coordination_of_benefits X12 (patient is not subscriber): 271, 2120D Subscriber Benefit Related Entity Name, NM101 Entity Identifier Code per the translation given in IN1_12 and IN1_13 mapping. eIV Database (patient is not subscriber): response_dependent . coordination_of_benefits
26	Report Of Eligibility Date	Opt	VistA: 365, 1.1 SERVICE DATE (IN1^IBCNEHL2) Service date returned in the 271 response. If no service date is returned, VistA will use the service date in the corresponding 270 inquiry. X12: (subscriber is patient, first choice): 271, 2100C, DTP03 Date Time Period (first value if a range); and "472" → 270, 2100C, DTP01 Date/Time Qualifier eIV Database (if response_subscriber_date . date_time_qualifier = "472"): response_subscriber_date . start_date

Sequence	Element Name	Use	Definition
			X12: (patient is subscriber, second choice): 271, 2110C, DTP03 Date Time Period (first value if a range); and "472" → 270, 2110C, DTP01 Date/Time Qualifier
			X12: (patient is not subscriber, first choice): 271, 2100D, DTP03 Date Time Period (first value if a range); and "472" → 270, 2100D, DTP01 Date/Time Qualifier
			eIV Database (if response_dependent_date . date_time_qualifier = "472"): response_dependent_date . start_date
			X12: (patient is not subscriber, second choice): 271, 2110D, DTP03 Date Time Period (first value if a range); and "472" → 270, 2110D, DTP01 Date/Time Qualifier
29	Verification date/time	Opt	
29-1	Date/time	Opt	VistA: 365, 1.19 PAYER UPDATED POLICY (IN1^IBCNEHL2) X12 (patient is subscriber): 271, 2100C, DTP01 Date/Time Qualifier = "636" (Date of Last Update)): 271, 2100C, DTP03 Date Time Period (first value if DTP03 is a range (DTP02 = "RD8")) eIV Database (if Date/Time Qualifier = "636"; and Date Time Period Format Qualifier = "RD8" (date time period is verification date)): response_subscriber. verification_date X12 (patient is not subscriber): 271, 2100D, DTP01 Date/Time Qualifier = "636" (Date of Last Update)): 271, 2100D, DTP03 Date Time Period (first value if DTP03 is a range (DTP02 = "RD8")) eIV Database (if Date/Time Qualifier = "636" and Date Time Period Format Qualifier = "RD8", date time period is verification date): response_dependent. verification_date
36	Policy Number	Opt	Not Used by VistA

Sequence	Element Name	Use	Definition
			X12 (if 271, 2100C, REF01 ID Qualifier = "1G" (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID
			eIV Database: response_subscriber. Policy_number
			X12 (if 271, 2100C, REF01 ID Qualifier = "1L" (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID
			eIV Database: response_subscriber_add_id . reference_identifier
			X12 (if 271, 2100C, REF01 ID Qualifier = "18" (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID
			eIV Database: response_subscriber_add_id . reference_identifier
			If dependent is the patient, use the first found in the following order:
			X12 (if 271, 2100D, REF01 ID Qualifier = "IG" (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID
			eIV Database (if response_subscriber . policy_number IS NULL): response_dependent. Policy_number
			X12 (if 271, 2100D, REF01 ID Qualifier = "1L" (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID
			eIV Database: response_dependent_add_id . reference_identifier
			X12 (if 271, 2100D, REF01 ID Qualifier = "18" (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID
			eIV Database: response_dependent_add_id .

Sequence	Element Name	Use	Definition
			reference_identifier

Eligibility Response IN1-22 Translation

X12 Code	HL7 Code
"PR" (Payer)	"" (empty)
"PRP" (Primary Payer)	"1"
"SEP" (Secondary Payer)	"2"
"TTP" (Tertiary Payer)	"3"

Eligibility Response IN3 Segment

The IN3 segment contains the eligibility and benefit information on a subscriber from the payer.

Sequence	Element Name	Use	Description
1	Set ID – IN3	Req	Sequential number ranging from 1 by 1
6-1	Certification Date/Time	Opt	VistA: 365, 1.17 CERTIFICATION DATE (IN3^IBCNEHL2) X12 (if 271, 2100C, DTP01 Date Time Qualifier = "458" (Certification)): 271, 2100C, DTP03 Date Time Period eIV Database (if 271, 2100C, DTP01 Date Time Qualifier = "458" (Certification)): response_subscriber_el_or_ben . certification_date X12: (if 271, 2100D, DTP01 Date Time Qualifier = "458" (Certification)): 271, 2100D, DTP03 Date Time Period eIV Database (if 271, 2100C, DTP01 Date Time Qualifier = "458" (Certification)): response_dependent_el_or_ben . certification_date

Eligibility Response ZRF Segment
Dependent Additional Information/Subscriber Additional ID (Policy level fields)

Sequence	Element Name	Use	Description
1	Set ID - ZRF	Opt	"1"

Sequence	Element Name	Use	Description
1	Set ID - ZRF	Opt	"1"
2.1	Reference Identification Qualifier	Req	VistA: 365.09, .03 REF ID QUALIFIER (GROUP) Policy/Group Level X12: 271, 2100C, REF01 Reference Identification Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id.reference_id_qualifier X12: 271, 2100D,, REF01 Reference Identification Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id. reference_id_qualifier Values in X12:271 18 Plan Number 1L Group or Policy Number 1W Member Identification Number 3H Case Number 49 Family Unit Number 6P Group Number CT Contract Number EA Medical Record Identification Number EJ Patient Account Number F6 Health Insurance Claim (HIC) Number GH Identification Card Serial Number HJ Identity Card Number IF Issue Number IG Insurance Policy Number N6 Plan Network Identification Number NQ Medicaid Recipient Identification Number Q4 Prior Identifier Number SY Social Security Number Y4 Agency Claim Number

Sequence	Element Name	Use	Description
1	Set ID - ZRF	Opt	"1"
3	Reference Identification	Req	VistA: 365.09, .02 REFERENCE ID (GROUP) X12: 271, 2100C, REF02 Reference Identification eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id. eligibility_or_benifit_id X12: 271, 2100D, REF02 Reference Identification eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id.eligibility_or_benifit_id
4	Description	Opt	VistA: 365.09, .04 DESCRIPTION X12: 271, 2100C, REF03 Description eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id.plan_sponsor_name X12: 271, 2100D, REF02 Reference Identification eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id.plan_sponsor_name

Eligibility Response ZEB Segment
**** At least one of the elements ZEB-2 through ZEB-13 must not be empty. ****

Sequence	Element Name	Use	Description
1	Set ID - ZEB	Req	Sequential numbering of ZEB segments in each 271 Response Message.
2-1	Eligibility or Benefit Information	Opt	VistA: 365.02, .02 ELIGIBILITY/BENEFIT INFO (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB01 Eligibility or Benefit Information eIV Database (patient is subscriber): response_subscriber_el_or_ben . eligibility_or_benefit_info X12 (patient is not subscriber): 271, 2110D, EB01

Sequence	Element Name	Use	Description
			Eligibility or Benefit Information eIV Database (patient is not subscriber): response_dependent_el_or_ben . eligibility_or_benefit_info
3-1	Coverage Level	Opt	VistA: 365.02, .03 COVERAGE LEVEL (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB02 Coverage Level Code eIV Database (patient is subscriber): response_subscriber_el_or_ben . coverage_levl_code X12 (patient is not subscriber): 271, 2110D, EB02 Coverage Level Code eIV Database (patient is not subscriber): response_dependent_el_or_ben . coverage_levl_code
4-1	Service Type	Opt	VistA: 365.292,.01SERVICE TYPE (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB03 Service Type Code eIV Database (patient is subscriber): response_subscriber_el_or_ben . service_type_code X12 (patient is not subscriber): 271, 2110D, EB03 Service Type Code eIV Database (patient is not subscriber): response_dependent_el_or_ben . service_type_code
5-1	Insurance Type	Opt	VistA: 365.02, .05 INSURANCE TYPE (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB04 Insurance Type Code

Sequence	Element Name	Use	Description
			eIV Database (patient is subscriber): response_subscriber_el_or_ben . insurance_type_code
			X12 (patient is not subscriber): 271, 2110D, EB04 Insurance Type Code
			eIV Database (patient is not subscriber): response_dependent_el_or_ben . insurance_type_code
6	Plan Coverage	Opt	VistA: 365.02, .06 PLAN COVERAGE DESCRIPTION (ZEB^IBCNEHL2)
			X12 (if the patient is the subscriber): 271, 2110C, EB05 Plan Coverage Description
			eIV Database: response_subscriber_el_or_ben . plan_coverage_description
			X12 (patient not subscriber): 271, 2110D, EB05 Plan Coverage Description
			eIV Database: response_dependent_el_or_ben . plan_coverage_description
7-1	Time Period for Qualifier	Opt	VistA: 365.02, .07 TIME PERIOD QUALIFIER (ZEB^IBCNEHL2)
			X12 (patient is subscriber): 271, 2110C, EB06 Time Period Qualifier
			eIV Database (patient is subscriber): response_subscriber_el_or_ben . time_period_qualifier
			X12 (patient is not subscriber): 271, 2110D, EB06 Time Period Qualifier
			eIV Database (patient is not subscriber):

Sequence	Element Name	Use	Description
			response_dependent_el_or_ben . time_period_qualifier
8-1	Monetary Amount	Opt	VistA: 365.02, .08 MONETARY AMOUNT (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB07 Monetary Amount eIV Database (patient is subscriber): response_subscriber_el_or_ben . monetary_amount X12 (patient is not subscriber): 271, 2110D, EB07 Monetary Amount eIV Database (patient is not subscriber): response_dependent_el_or_ben . monetary_amount
9	Percent	Opt	VistA: 365.02, .09 PERCENT (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB08 Percent eIV Database (patient is subscriber): response_subscriber_el_or_ben . percent X12 (patient is not subscriber): 271, 2110D, EB08 Percent eIV Database (patient is not subscriber): response_dependent_el_or_ben . percent
10-1	Quantity Qualifier	Opt	VistA: 365.02, .1 QUANTITY QUALIFIER (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB09 Quantity Qualifier eIV Database (patient is subscriber): response_subscriber_el_or_ben . quantity_qalifier

Sequence	Element Name	Use	Description
			X12 (patient is not subscriber): 271, 2110D, EB09 Quantity Qualifier eIV Database (patient is not subscriber): response_dependent_el_or_ben . quantity_qalifier
11	Benefit Quantity	Opt	VistA: 365.02, .11 QUANTITY (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB10 Quantity (Benefit Quantity) eIV Database (patient is subscriber): response_subscriber_el_or_ben . benefit_quantity X12 (patient is not subscriber): 271, 2110D, EB10 Quantity (Benefit Quantity) eIV Database (patient is not subscriber): response_dependent_el_or_ben . benefit_quantity
12	Authorization or Certification Indicator	Opt	VistA: 365.02, .12 AUTHORIZATION/CERTIFICATION (ZEB^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, EB11 Yes/No Condition or Response Code (Authorization or Certification Indicator) eIV Database (patient is subscriber): response_subscriber_el_or_ben . authorization_or_certification X12 (patient is not subscriber): 271, 2110D, EB11 Yes/No Condition or Response Code (Authorization or Certification Indicator) eIV Database (patient is not subscriber): response_dependent_el_or_ben . authorization_or_certification
13	In Plan Network Indicator	Opt	VistA: 365.02, .13 IN PLAN

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Sequence	Element Name	Use	Description
			(ZEB^IBCNEHL2)
			X12 (patient is subscriber): 271, 2110C, EB12 Yes/No Condition or Response Code (In Plan Network Indicator)
			eIV Database (patient is subscriber): response_subscriber_el_or_ben . in_plan_network_indicator
			X12 (patient is not subscriber): 271, 2110D, EB12 Yes/No Condition or Response Code (In Plan Network Indicator)
			eIV Database (patient is not subscriber): response_dependent_el_or_ben . in_plan_network_indicator
14	Product/Service ID Qualifier	Opt	VistA: 365.02,1.01 PROCEDURE CODING METHOD
			(ZEB^IBCNEHL2)
			X12: 271, 2110C, EB13-1 Product/Service ID Qualifier
			eIV Database (patient is subscriber): response_subscriber_el_or_ben.product_service_id_qualifier
			X12: 271, 2110D, EB13-1 Product/Service ID Qualifier
			eIV Database (patient is not subscriber): response_dependent_el_or_ben.product_service_id_qualifier
15	Product/Service ID	Opt	VistA: 365.02,1.02 PROCEDURE CODE
			(ZEB^IBCNEHL2)
			X12: 271, 2110C, EB13-2 Product/Service ID
			eIV Database (patient is subscriber): response_subscriber_el_or_ben.procedure_code

Sequence	Element Name	Use	Description
			X12: 271, 2110D, EB13-2 Product/Service ID eIV Database (patient is not subscriber): response_dependent_el_or_ben.procedure_code
16	Procedure Modifier	Opt	Procedure Modifier field can repeat up to 4 times. VistA: 365.02,1.03 PROCEDURE MODIFIER #1, 365.02, 1.04 PROCEDURE MODIFIER #2, 365.02, 1.05 PROCEDURE MODIFIER #3, 365.02, 1.06 PROCEDURE MODIFIER #4 (ZEB^IBCNEHL2) X12: 271, 2110C, EB13-3, EB13-4, EB13-5, EB13-6 Procedure Modifiers. eIV Database (patient is subscriber): resp_sub_procedure_modifier.procedure_modifier X12: 271, 2110D, EB13-3, EB13-4, EB13-5, EB13-6 Procedure Modifiers. eIV Database (patient is not subscriber): response_dep_procedure_modifier.procedure_modifier
17	Diagnosis Code Pointer	Opt	Pointer to the corresponding diagnosis in the DG1 record by using the DG1-1 (SET ID). This number will also match the HI## of the incoming X12 record. A pointer to the diagnosis code in the order of importance to this service Repeatable up to 4 occurrences. X12 EB-14 This first pointer designates the primary diagnosis for this EB segment. Remaining diagnosis pointers indicate declining level of importance to the EB segment. Acceptable values are 1 through 8, and correspond to Composite Data Elements 01 through 08 in the Health Care Diagnosis Code HI segment in loop 2100C.

Eligibility Response ZHS Segment
To specify the delivery pattern of health care services.

Sequence	Element Name	Use	Description
1	Set ID - ZHS	Opt	"1"
2	Quantity Qualifier	Opt	VistA: 365.27,.03 QUANTITY QUALIFIER (ZHS^IBCNEHL4) X12: 271, 2110C, HSD01 Quantity Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.quantity_qualifier X12: 271, 2110D, HSD01 Quantity Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.quantity_qualifier
3	Benefit Quantity	Opt	VistA: 365.27,.02 BENEFIT QUANTITY (ZHS^IBCNEHL4) X12: 271, 2110C, HSD02 Quantity eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.quantity_qualifier X12: 271, 2110D, HSD02 Quantity eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.quantity_qualifier
4	Unit or Basis for Measurement Code	Opt	VistA: 365.27, .05 UNITS OF MEASUREMENT (ZHS^IBCNEHL4) X12: 271, 2110C, HSD03 Unit or Basis for Measurement Code eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.benefit_quantity X12: 271, 2110D, HSD03 Unit or Basis for Measurement Code

Sequence	Element Name	Use	Description
			eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.benefit_quantity
5	Sample Selection Modulus	Opt	VistA: 365.27,.04 SAMPLE SELECTION MODULUS (ZHS^IBCNEHL4) X12: 271, 2110C, HSD04 Sample Selection Modulus eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.quantity_qualifier X12: 271, 2110D, HSD04 Sample Selection Modulus eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.quantity_qualifier
6	Time Period Qualifier	Opt	VistA: 365.27,.07 TIME PERIOD QUALIFIER (ZHS^IBCNEHL4) X12: 271, 2110C, HSD05 Time Period Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.time_period_qualifier X12: 271, 2110D, HSD05 Time Period Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.time_period_qualifier
7	Number of Periods	Opt	VistA: 365.27,.06 TME PERIODS (ZHS^IBCNEHL4) X12: 271, 2110C, HSD06 Number of Periods eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.time_period_count X12: 271, 2110D, HSD06 Number of Periods

Sequence	Element Name	Use	Description
			eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery.time_period_count
8	Ship/Delivery or Calendar Pattern Code	Opt	VistA: 365.27,.08 DELIVERY FREQUENCY (ZHS^IBCNEHL4) X12: 271, 2110C, HSD07 Ship/Delivery or Calendar Pattern Code eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.ship_delivery_calendar_code X12: 271, 2110D, HSD07 Ship/Delivery or Calendar Pattern Code eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery. ship_delivery_calendar_code
9	Ship/Delivery Pattern Time Code	Opt	VistA: 365.27,.09 DELIVERY PATTERN (ZHS^IBCNEHL4) X12: 271, 2110C, HSD08 Ship/Delivery Pattern Time Code eIV Database (patient is subscriber): resp_sub_el_or_ben_delivery.ship_delivery_time_code X12: 271, 2110D, HSD08 Ship/Delivery Pattern Time Code eIV Database (patient is not subscriber): resp_dep_el_or_ben_delivery. ship_delivery_time_code

Eligibility Response ZRF Segment
Dependent Additional Information/Subscriber Additional ID (Eligibility/Benefit level fields)

Sequence	Element Name	Use	Description
1	Set ID - ZRF	Opt	"1"

Sequence	Element Name	Use	Description
2	Reference Identification Qualifier	Opt	VistA: 365.291, .03 REFERENCE ID QUALIFIER (ZRF^IBCNEHL4) X12: 271, 2110C, REF01 Reference Identification Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id.reference_id_qualifier X12: 271, 2110D, REF01 Reference Identification Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id. reference_id_qualifier
3	Reference Identification	Opt	VistA: 365.291,.02 REFERENCE ID (ZRF^IBCNEHL4) X12: 271, 2110C, REF02 Reference Identification eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id. eligibility_or_benifit_id X12: 271, 2110D, REF02 Reference Identification eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id.eligibility_or_benifit_id
3	Description	Opt	VistA: 365.291,.04 DESCRIPTION (ZRF^IBCNEHL4) X12: 271, 2110C, REF03 Description eIV Database (patient is subscriber): resp_sub_el_or_ben_add_id.plan_sponsor_name X12: 271, 2110D, REF02 Reference Identification eIV Database (patient is not subscriber): resp_dep_el_or_ben_add_id.plan_sponsor_name

Eligibility Response ZSD Segment

Sequence	Element Name	Use	Description
1	Set ID - ZSD	Opt	"1"
2	Date/Time Qualifier	Req	VistA: 365.28, .03 DATE QUALIFIER (ZSD^IBCNEHL4) X12: 271, 2110C, DTP01 Date/Time Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_date.date_time_qualifier X12: 271, 2110D, DTP01 Date/Time Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_date.date_time_qualifier
3	Date Time Period Format Qualifier	Opt	VistA: 365.28, .04 DATE FORMAT (ZSD^IBCNEHL4) X12: 271, 2110C, DTP02 Date Time Period Format Qualifier eIV Database (patient is subscriber): resp_sub_el_or_ben_date.period_format_qualifier X12: 271, 2110D, DTP02 Date Time Period Format Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_date. period_format_qualifier
4	Date Time Period	Opt	VistA: 365.28, .02 DATE(ZSD^IBCNEHL4) X12: 271, 2110C, DTP03 Date Time Period eIV Database (patient is subscriber): resp_sub_el_or_ben_date.period_format_qualifier X12: 271, 2110D, DTP02 Date Time Period Format Qualifier eIV Database (patient is not subscriber): resp_dep_el_or_ben_date. period_format_qualifier

Eligibility Response NTE Segment

Sequence	Element Name	Use	Description
1	Set ID – NTE	Req	Sequential number of lines of text in the message, running from 1 by 1.
3	Comment	Req	VistA: 365.02, 2 NOTES (NTE^IBCNEHL2) X12 (patient is subscriber): 271, 2110C, MSG-3 Free Form Message Text eIV Database (patient is subscriber): resp_sub_el_or_ben_message.message X12 (patient is not subscriber): 271, 2110D, MSG-3 Free Form Message Text eIV Database (patient not subscriber): resp_dep_el_or_ben_message.message

Eligibility Response ZII Segment

Sequence	Element Name	Use	Description
1	Set ID - ZII	Opt	"1"
2	Code List Qualifier Code	Con	VistA: 365.29,.04 QUALIFIER (ZII^IBCNEHL4) X12: 271, 2115C, III01 Code List Qualifier Code eIV Database (patient is subscriber): resp_sub_el_or_ben_add_info.code_list_qual_code X12 (patient is not subscriber): 271, 2115D, III01 Code List Qualifier Code eIV Database (patient not subscriber):

Sequence	Element Name	Use	Description
			resp_dep_el_or_ben_add_info.code_list_qual_code
3-1	Industry Code	Con	VistA: 365.29,.02 PLACE OF SERVICE (ZII^IBCNEHL4) X12: 271, 2115C, III02 Industry Code eIV Database (patient is subscriber): resp_sub_el_or_ben_add_info.industry_code X12 (patient is not subscriber): 271, 2115D, III02 Industry Code eIV Database (patient not subscriber): resp_dep_el_or_ben_add_info.industry_code
4-2	Nature of Injury Code	Con	VistA: 365.29, .05 NATURE OF INJURY CODE (ZII^IBCNEHL4) X12: 271, 2115C, III02 Industry Code Where III01 is "GR" or "NI" X12 (patient is not subscriber): 271, 2115D, III02 Industry Code Where III01 is "GR" or "NI"
5-2	Nature of Injury Code Category	Con	VistA: 365.29, .06 NATURE OF INJURY CATEGORY (ZII^IBCNEHL4) X12: 271, 2115C, III03 Code Category X12 (patient is not subscriber): 271, 2115D, III03 Code Category Required if X12 III01 and III02 are not present or additional detail is required
6	Nature of Injury Text	Con	VistA: 365.29, .07 NATURE OF INJURY TEXT (ZII^IBCNEHL4) X12: 271, 2115C, III04 Free Text X12 (patient is not subscriber): 271, 2115D, III04 Free Text Required if X12 III03 is present

Sequence	Element Name	Use	Description

Eligibility Response ZTY Segment

Sequence	Element Name	Use	Description
1	Set ID - ZTY	Req	"1"
2-1	Entity Identifier Code	Req	VistA: 365.02, 3.01 ENTITY ID CODE (ZTY^IBCNEHL4) X12: 271, 2120C, NM101 Entity Identifier Code eIV Database (patient is subscriber): resp_sub_ben_rel_ety.entity_identifier_code X12 (patient is not subscriber): 271, 2120D, NM101 Entity Identifier Code eIV Database (patient not subscriber): resp_dep_ben_rel_ety.entity_identifier_code
3-1	Entity Type Qualifier	Req	VistA: 365.02, 3.02 ENTITY TYPE (ZTY^IBCNEHL4) X12: 271, 2120C, NM102 Entity Type Qualifier eIV Database (patient is subscriber): resp_sub_ben_rel_ety.entity_type_qualifier X12 (patient is not subscriber): 271, 2120D, NM102 Entity Type eIV Database (patient not subscriber): resp_dep_ben_rel_ety.entity_type_qualifier
4-1	Name Last or Organization Name	Opt	VistA: 365.02, 3.03 NAME OR ORG NAME (ZTY^IBCNEHL4) X12: 271, 2120C, NM103 Name Last or

Sequence	Element Name	Use	Description
			Organization Name
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.name_last_or_organization_name
			X12 (patient is not subscriber): 271, 2120D, NM103 Name Last or Organization Name
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. name_last_or_organization_name
4-2	Name First	Opt	VistA: 365.02, 3.03 NAME (ZTY^IBCNEHL4)
			X12: 271, 2120C, NM104 Name First
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.name_first
			X12 (patient is not subscriber): 271, 2120D, NM104 Name First
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. name_first
4-3	Name Middle	Opt	VistA: 365.02, 3.03 NAME (ZTY^IBCNEHL4)
			X12: 271, 2120C, NM105 Name Middle
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.name_middle
			X12 (patient is not subscriber): 271, 2120D, NM105 Name Middle
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. name_middle
4-4	Name Suffix	Opt	VistA: 365.02, 3.03 NAME (ZTY^IBCNEHL4)
			X12: 271, 2120C, NM107 Name Suffix

Sequence	Element Name	Use	Description
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.name_suffix
			X12 (patient is not subscriber): 271, 2120D, NM107 Name Suffix
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. name_suffix
5	Identification Code Qualifier	Opt	VistA: 365.02, 3.05 ENTITY ID QUALIFIER
			(ZTY^IBCNEHL4)
			X12: 271, 2120C, NM108 Identification Code Qualifier
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.identifier_qualifier
			X12 (patient is not subscriber): 271, 2120D, NM108 Identification Code Qualifier
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. Identifier_qualifier
6	Identification Code	Opt	VistA: 365.02, 3.04 ENTITY ID
			(ZTY^IBCNEHL4)
			X12: 271, 2120C, NM109 Identification Code
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.identification_code
			X12 (patient is not subscriber): 271, 2120D, NM109 Identification Code
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety.identification_code
7-1	Address Information	Opt	VistA: 365.02, 4.01 ADDRESS LINE 1
			(ZTY^IBCNEHL4)
			X12: 271, 2120C, N301 Address Information
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.address_line_1

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Sequence	Element Name	Use	Description
			X12 (patient is not subscriber): 271, 2120D, N301 Address Information
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. address_line_1
7-2	Address Information	Opt	VistA: 365.02, 4.02 ADDRESS LINE 2 (ZTY^IBCNEHL4)
			X12: 271, 2120C, N302 Address Information
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.address_line_2
			X12 (patient is not subscriber): 271, 2120D, N302 Address Information
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety. address_line_2
7-3	City Name	Opt	VistA: 365.02, 4.03 CITY (ZTY^IBCNEHL4)
			X12: 271, 2120C, N401 City Name
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.city_name
			X12 (patient is not subscriber): 271, 2120D, N401 City Name
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety.city_name
7-4	State or Province Code	Opt	VistA: 365.02, 4.04 STATE (ZTY^IBCNEHL4)
			X12: 271, 2120C, N402 State or Province Code
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.state_or_province_code
			X12 (patient is not subscriber): 271, 2120D, N402 State or Province Code

Sequence	Element Name	Use	Description
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety.state_or_province_code
7-5	Postal Code	Opt	VistA: 365.02, 4.05 ZIP (ZTY^IBCNEHL4) X12: 271, 2120C, N403 Postal Code eIV Database (patient is subscriber): resp_sub_ben_rel_ety.postal_code X12 (patient is not subscriber): 271, 2120D, N403 Postal Code eIV Database (patient not subscriber): resp_dep_ben_rel_ety.postal_code
7-6	Country Code	Opt	VistA: 365.02, 4.06 COUNTRY CODE (ZTY^IBCNEHL4) X12: 271, 2120C, N404 Country Code eIV Database (patient is subscriber): resp_sub_ben_rel_ety.country_code X12 (patient is not subscriber): 271, 2120D, N404 Country Code eIV Database (patient not subscriber): resp_dep_ben_rel_ety.country_code
7-8	Other Geographic Designation	Opt	VistA: 365.02, 4.09 SUBDIVISION CODE (ZTY^IBCNEHL4) Country subdivision code
8	Location Qualifier	Opt	VistA: 365.02, 4.08 LOCATION QUALIFIER (ZTY^IBCNEHL4) X12: 271, 2120C, N405 Location Qualifier eIV Database (patient is subscriber): resp_sub_ben_rel_ety.location_qualifier X12 (patient is not subscriber): 271, 2120D, N405 Location Qualifier

Sequence	Element Name	Use	Description
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety.location_qualifier
9	Location Identifier	Opt	VistA: 365.02, 4.07 LOCATION (ZTY^IBCNEHL4)
			X12: 271, 2120C, N406 Location Identifier
			eIV Database (patient is subscriber): resp_sub_ben_rel_ety.location_identifier
			X12 (patient is not subscriber): 271, 2120D, N406 Location Identifier
			eIV Database (patient not subscriber): resp_dep_ben_rel_ety.location_identifier
10-1	Provider Code	Opt	VistA: 365.02, 5.01 PROVIDER CODE (ZTY^IBCNEHL4)
			X12: 271, 2120C, PRV01 Provider Code
			eIV Database (patient is subscriber): resp_sub_ben_ety_prov_info.provider_code
			X12 (patient is not subscriber): 271, 2120D, PRV01 Provider Code
			eIV Database (patient not subscriber): resp_dep_ben_ety_prov_info.provider_code
11-1	Reference Identification Qualifier	Opt	VistA: 365.02, 5.03 REFERENCE ID QUALIFIER (ZTY^IBCNEHL4)
			X12: 271, 2120C, PRV02 Reference Identification Qualifier
			eIV Database (patient is subscriber): resp_sub_ben_ety_prov_info. reference_id_qual
			X12 (patient is not subscriber): 271, 2120D, PRV02 Reference Identification Qualifier
			eIV Database (patient not subscriber):

Sequence	Element Name	Use	Description
			resp_dep_ben_ety_prov_info.reference_id_qual
12	Reference Identification	Opt	VistA: 365.02, 5.02 REFERENCE ID (ZTY^IBCNEHL4) X12: 271, 2120C, PRV03 Reference Identification eIV Database (patient is subscriber): resp_sub_ben_ety_prov_info. reference_id X12 (patient is not subscriber): 271, 2120D, PRV03 Reference Identification eIV Database (patient not subscriber): resp_dep_ben_ety_prov_info.reference_id
13	Entity Relationship Code	Opt	VistA 365.02, 3.06 ENTITY RELATIONSHIP CODE (ZTY^IBCNEHL4) X12 271 NM1 element 10 received in X12 loops: 2120C, 2120D 01 Parent 02 Child 27 Domestic Partner 41 Spouse 48 Employee 65 Other 72 Unknown

Eligibility Response CTD Segment

Sequence	Element Name	Use	Definition
2	Contact Name	Opt	VistA: 365.26, .02 NAME (G2OCTD^IBCNEHL4)
2-1-1	Last Name (Surname)	Opt	At least one of the elements CTD-2, CTD-5 and CTD-6 must not be empty. X12: 271, 2100A, PER02 Name

Sequence	Element Name	Use	Definition
			X12: 271, 2100C, PER02 Name
			X12: 271, 2120C, PER02 Name
			X12: 271, 2120D, PER02 Name
			eIV Database (patient is subscriber): resp_sub_ben_ety_cnt_info. name
			X12 (patient is not subscriber): 271, 2120D, PER02 Name
			eIV Database (patient not subscriber): resp_dep_ben_ety_cnt_info.name
2-2	First Name	Opt	
2-3	Middle Name	Opt	
2-4	Suffix (e.g., Jr or III)	Opt	
2-5	Prefix (e.g., DR)	Opt	
2-6	Degree (e.g., MD)	Opt	
5	Contact Communication Information	Opt	VistA: 365.26, 1,01 COMMUNICATION NUMBER (LONG) (G2OCTD^IBCNEHL4)
5-1	[(999)] 999-9999 [X99999][C any text]	Opt	Contact phone number At least one of the elements CTD-2, CTD-5 and CTD-6 must not be empty. X12: 271, 2120C, PER04 Communication Number X12: 271, 2120C, PER06 Communication Number X12: 271, 2120C, PER08 Communication Number X12: 271, 2120D, PER04 Communication Number X12: 271, 2120D, PER06 Communication Number X12: 271, 2120D, PER08 Communication Number X12: 271, 2120C, PER04 Communication Number X12: 271, 2120C, PER06 Communication

Sequence	Element Name	Use	Definition
			Number
			X12: 271, 2120C, PER08 Communication Number
			X12: 271, 2120D, PER04 Communication Number
			X12: 271, 2120D, PER06 Communication Number
			X12: 271, 2120D, PER08 Communication Number
			eIV Database (patient is subscriber): resp_sub_ben_ety_cnt_info. comm._number
			X12 (patient is not subscriber): 271, 2120D, PER04/PER06/PER08 Name
			eIV Database (patient not subscriber): resp_dep_ben_ety_cnt_info.comm_number
5-9	Any Text	Opt	VistA: 365.26,.04 COMMUNICATION QUALIFIER
			(G2OCTD^IBCNEHL4)
			See table 3-19
			(i.e. TE)
			eIV Database (patient is subscriber): resp_sub_ben_ety_cnt_info.comm_number_qual
			X12 (patient is not subscriber): 271, 2120D, PER03/PER05/PER07 Communication Number Qualifier
			eIV Database (patient not subscriber): resp_dep_ben_ety_cnt_info. comm_number_qual

Eligibility Response ZTP Segment

Sequence	Element Name	Use	Description
1	Set ID - ZTP	Req	"1"
2	Date/Time Qualifier	Req	VistA 365.07,.03 DATE QUALIFIER (ZTP^IBCNEHL4)

Sequence	Element Name	Use	Description
2-1	Identifier	Req	Describes the type of date or date range.
3	Date Time Period	Req	VistA 365.07,.02 DATE (ZTP^IBCNEHL4)
3-1	Range Start Date/Time	Req	Date for single date or start date for range of dates.
3-2	Range End Date/Time	Req	End date for range of dates, empty for single date
4	Loop ID	Req	VistA 365.07,.04 LOOP ID HIPAA loop id (2100C, 2100D, etc.)

Eligibility Response ROL Segment

The Provider Information in the X12 271 PRV segment in these X12 loops: 2100B, 2100C, 2100D.

Sequence	Element Name	Use	Description
1-1	ROL Instance ID – Entity Identifier	Req	X12 LOOP ID
2	Action Code	Req	Hardcoded value "AD" VistA will ignore this field.
3-1	Identifier	Req	"Provider Code - Identifier" This value should be only the code not the description. i.e. "CV" VistA: 365.04, .02 PROVIDER CODE 271B1_2100C_PRV01__ProviderCode Code identifying the type of provider. AD Admitting AT Attending BI Billing CO for Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SK Skilled Nursing Facility SU Supervising

Sequence	Element Name	Use	Description
3-3	Coding System	Req	This value indicates which X12 code set we are using. "X12DE" is the prefix followed by the version of the coding system. Format "X12DEnnnn"
4-1	ID Number	Req	"Reference ID" VistA: 365.04, .03 PROV REFERENCE ID 271B1_2100(B|C|D)_PRV03__Provider Identifier Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. "X12 uses the term specialty code for taxonomy code"
4-8	Source Table	Req	Hardcode "HL70454" to indicate that ROL4.1 is the "Taxonomy code - level 3" (aka 'speciality')

Eligibility Response DG1 Segment
Health Care Diagnosis Code information in the X12 271 HI segment in these X12 loops: 2100C, 2100D.

Sequence	Element Name	Use	Description
1	Set ID – DG1	Req	The data for DG1 is coming in on the X12 HI## segment. The Set ID of the DG1 will match the ## of the corresponding HI segment. This is also used as a pointed to value from the X12 EB-14 segment which is sent in ZEB-17 in this interface.
3-1	Diagnosis Code Identifier	Req	"Industry Code" VistA: 365.01, .02 DIAGNOSIS CODE 271B1_2100C_HI01_C02202_DiagnosisCode Health Care Diagnosis Code Code indicating a code from a specific industry code list.

Sequence	Element Name	Use	Description
3-3	Diagnosis Code – Name of Coding System	Req	"Code List Qualifier Code" VistA: 365.01, .03 DIAGNOSIS CODE QUALIFIER 271B1_2100C_HI01_C02201_DiagnosisTypeCode Code identifying a specific industry code list. Health Care Diagnosis Code Qualifier ABK International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis "ABK or BK" - refers to primary codes "ABF or BF" - refers to secondary codes X12 send code ABK I10C ABF I10C BK I9C BF I9C

Sequence	Element Name	Use	Description
15	Diagnosis Priority	Req	VistA: 365.01, .04 PRIMARY OR SECONDARY 1 if Primary Diagnosis 0 if Secondary Diagnosis The primary diagnosis (1) should be in the X12 HI01 which corresponds to the DG1 Set ID 1. All other DG1s should be Secondary/Unranked diagnosis (0). Table 0359 - Diagnosis priority _see table below_ Used, along with coding system, to determine the X12 HI Code List Qualifier Code.

Table 0359 - Diagnosis priority

Value	Description
0	Not included in diagnosis ranking
1	The primary diagnosis
2 …	For ranked secondary diagnoses

Eligibility Response ZMP Segment

Military Personnel Information in the X12 271 MPI segment in these X12 loops: 2100C, 2100D.

Sequence	Element Name	Use	Description
1	Set ID – ZMP	Req	"1"
2	Information Status Code	Req	VistA: 365, 12.01 MILITARY INFO STATUS CODE 271B1_2100C_MPI01__InformationStatusCode Code to indicate the status of information. A Partial C Current L Latest O Oldest P Prior S Second Most Current T Third Most Current

Sequence	Element Name	Use	Description
3	Employment Status Code	Req	VistA: 365, 12.02 MILITARY EMPLOYMENT STATUS 271B1_2100C_MPI02__EmploymentStatusCode Code showing the general employment status of an employee/claimant. AE Active Reserve AO Active Military - Overseas AS Academy Student AT Presidential Appointee AU Active Military - USA CC Contractor DD Dishonorably Discharged HD Honorably Discharged IR Inactive Reserves LX Leave of Absence: Military PE Plan to Enlist RE Recommissioned RM Retired Military - Overseas RR Retired Without Recall RU Retired Military – USA

Sequence	Element Name	Use	Description
4	Government Service Affiliation Code	Req	VistA: 365, 12.03 MILITARY GOVT AFFILIATION CODE 71B1_2100C_MPI03__GovernmentServiceAffiliationCode Code specifying the government service affiliation A Air Force B Air Force Reserves C Army D Army Reserves E Coast Guard F Marine Corps G Marine Corps Reserves H National Guard I Navy J Navy Reserves K Other L Peace Corp M Regular Armed Forces N Reserves O U.S. Public Health Service Q Foreign Military R American Red Cross S Department of Defense U United Services Organization W Military Sealift Command
5	Description	Opt	VistA: 365, 12.04 MILITARY PERSONNEL DESCRIPTION 271B1_2100C_MPI04__Description A free-form description to clarify the related data elements and their content

Sequence	Element Name	Use	Description
6	Military Service Rank Code	Opt	VistA: 365, 12.05 MILITARY SERVICE RANK CODE Code specifying the military service rank 271B1_2100C_MPI05__MilitaryServiceRankCode A1 Admiral A2 Airman A3 Airman First Class B1 Basic Airman B2 Brigadier General C1 Captain C2 Chief Master Sergeant C3 Chief Petty Officer C4 Chief Warrant C5 Colonel C6 Commander C7 Commodore C8 Corporal C9 Corporal Specialist 4 E1 Ensign F1 First Lieutenant F2 First Sergeant F3 First Sergeant-Master Sergeant F4 Fleet Admiral G1 General G4 Gunnery Sergeant L1 Lance Corporal L2 Lieutenant L3 Lieutenant Colonel L4 Lieutenant Commander L5 Lieutenant General L6 Lieutenant Junior Grade M1 Major M2 Major General M3 Master Chief Petty Officer M4 Master Gunnery Sergeant Major M5 Master Sergeant M6 Master Sergeant Specialist 8 P1 Petty Officer First Class P2 Petty Officer Second Class P3 Petty Officer Third Class P4 Private P5 Private First Class R1 Rear Admiral R2 Recruit S1 Seaman S2 Seaman Apprentice S3 Seaman Recruit S4 Second Lieutenant S5 Senior Chief Petty Officer S6 Senior Master Sergeant S7 Sergeant S8 Sergeant First Class Specialist 7

Sequence	Element Name	Use	Description
7	Date Time Period Format Qualifier	Opt	VistA: 365, 12.06 DATE TIME PERIOD FORMAT QUAL Code indicating the date format, time format, or date and time format 271B1_2100C_MPI06__DateTimePeriodFormatQualifier
8	Date Time Period	Opt	VistA: 365, 12.07 DATE TIME PERIOD Expression of a date, a time, or range of dates, times or dates and times 271B1_2100C_MPI07__DateTimePeriod

Eligibility Inquiry Problem Messages

There are two types of Inquiry Problem Messages. One type of message occurs when EC receives an HL7 message from a VistA facility, it is validated. If data is found missing or inaccurate so that translation to the X12 270 message cannot be done correctly, EC sends an email message to EC support staff for resolution. This is one type of Inquiry Problem message. The other type of Inquiry Problem message is after EC has sent the X12 270 messages on to the Payer and the Payer returns it with an error in the X12 'AAA' segment. Some error codes may be returned to the VistA facility as an Inquiry Problem Message for handling and some errors may remain with EC for resolution. The message event is the same for either Inquiry Problem type. The acknowledgement event is constructed of the following HL7 segments in the order as listed:

> MSH – Message Header
> MSA – Message Acknowledgement
> PID – Patient Identification
> IN1 - Insurance

The message notation is:

> MSH MSA PID [IN1]
> The IN1 segment is required when an error was generated by the Payer rather then Austin.

Eligibility Inquiry Problem MSH Segment

The MSH segment is a header which is used by the Eligibility Communicator for eIV to direct a response message back to the appropriate VistA site.

Sequence	Element Name	Use	Description
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"

Sequence	Element Name	Use	Description
3	Sending Application	Req	"IIV EC"
4	Sending Facility	Req	
4-1	Namespace ID	NS	
4-2	Universal ID	Req	"IIV.VITRIA-EDI.AAC.VA.GOV" eIV Database: iiv.domain_name
4-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
5	Receiving Application	Req	"IIV VISTA"
6	Receiving Facility	Req	
6-1	Namespace ID	Req	The VistA site's station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
6-2	Universal ID	Req	The VistA site's Domain Name System name, e.g. AUGUSTA.MED.VA.GOV VistA: 869.3, .02 DOMAIN eIV Database: site.domain_name
6-3	Universal ID Type	Req	"DNS" eIV Database: (no mapping)
7	Date/Time of Message	Req	Date/Time EC created the Message eIV Database: (no mapping)
9	Message Type	Req	
9-1	Message Type	Req	"RPI"
9-2	Trigger Event	Req	"I01"
10	Message Control ID	Req	Unique sequential number assigned by EC eligibility_response. message_control_id
11-1	Processing ID	Req	VistA: 869.3, .03 DEFAULT PROCESSING ID "P" = Production "T" = Test eIV Database: eligibility_response. processing_id

Sequence	Element Name	Use	Description
12	Version ID	Req	"2.4"
15	Accept Acknowledgment Type	Req	"AL" = Always
16	Application Acknowledgment Type	Req	"NE"=Never
17	Country Code	Req	"USA"

Date/Time of Message Format

The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:

- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".
- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Eligibility Inquiry Problem MSA Segment

The MSA Segment contains information sent while acknowledging another message. The Eligibility Communicator is sending error acknowledgements back to the VistA facility for review and resolution. After correction, the message may be resent to EC if one of the 'Delayed Acknowledgement Type' codes indicates that resubmission is permissible.

Sequence	Element Name	Use	Description
1	Acknowledgment Code	Req	"AE"=Error
2	Message Control ID	Req	Returned Message Control ID matches sending Message Control ID. VistA: 365, .01 MESSAGE CONTROL ID eIV Database: eligibility_inquiry.message_control_id
3	Text Message	Req	VistA: 365, .09 TRACE NUMBER (9 NUM) X12: 271, IEA02 Interchange Control Number eIV Database: response_trace_number . trace_number (where trace_type_code = '1", reference identification is trace number)
5	Delayed Acknowledgement	Con	Only populated when the MSA-1="AE".

Sequence	Element Name	Use	Description
	Type		The acceptable values correspond to the codes that EC sent to the VistA systems populating the VistA file: "X12 271 ERROR ACTION" (#365.018)
			Acceptable Values:
			"C"=Please Correct and Resubmit
			"N"=Resubmission Not Allowed
			"R"=Resubmission Allowed
			"W"=Please Wait 30 Days and Resubmit
			"X"=Please Wait 10 Days and Resubmit
			"Y"=Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly
			"P"=Please Resubmit Original Transaction
			"S"=Do Not Resubmit; Inquiry Initiated to a Third Party
			VistA: 365, 1.15 ERROR ACTION
			X12: 271, 2000A — Information Source Level, AAA04 Follow-up Action Code; or 271, 2100A — Information Source Name, AAA04 Follow-up Action Code; or 271, 2100B — Information Receiver Name, AAA04 Follow-up Action Code; or 271, 2100C — Subscriber Name, AAA04 Follow-up Action Code; or 271, 2110C — Subscriber Eligibility or Benefit Information, AAA04 Follow-up Action Code; or 271, 2100D — Dependent Name, AAA04 Follow-up Action Code; or 271, 2110D — Dependent Eligibility or Benefit Information, AAA04 Follow-up Action Code
6-1	Error Condition	Con	The Reject Reason Code from one of seven locations within a 271 reporting a problem.
			The acceptable values correspond to the codes that EC sent to the VistA systems populating the VistA file: "X12 271 ERROR CONDITION" (#365.017)
			VistA: 365, 1.14 ERROR CONDITION
			X12: 271, 2000A — Information Source Level, AAA03 Reject Reason Code; or 271, 2100A — Information Source Name, AAA03 Reject Reason Code; or 271, 2100B — Information Receiver Name, AAA03 Reject Reason Code; or 271,

Sequence	Element Name	Use	Description
			2100C — Subscriber Name, AAA03 Reject Reason Code; or 271, 2110C — Subscriber Eligibility or Benefit Information, AAA03 Reject Reason Code; or 271, 2100D — Dependent Name, AAA03 Reject Reason Code; or 271, 2110D — Dependent Eligibility or Benefit Information, AAA03 Reject Reason Code
6-2	Text	Con	Any error message that does not conform to the X12 Error Codes stored in Sequence #5. VistA: 365, 4.01 ERROR TEXT eIV Database: (no mapping)

Inquiry Problem PID Segment

Only one PID segment is in the response message.

Sequence	Element Name	Use	Definition
1	Set ID – PID	Req	"1"
3	Patient Identifier List	Req	
3-1	Patient ID	Req	The value is empty if and only if the associated inquiry's PID-3-1 was empty. First iteration of the patient identifier is the ICN. (Req) The second iteration of the patient identifier is the DFN. (Req) eIV Database: eligibility_inquiry. integration_control_number
3-2	Check Digit	NS	
3-3	Code Identifying Check digit scheme employed	NS	
3-4-1	Assigning Authority	Req	"USVHA" for the VA ID's (i.e. ICN and DFN),
3-5	Identifier Code Type (ID)	Req	"NI" = Integration Control Number "PI" = Patient DFN
3-6-1	Assigning Facility	Con	For the Integration Control Number, use the value "USVHA" For site specific DFN, the VistA site number is used in this field. (Req)

Sequence	Element Name	Use	Definition
5	Patient Name	Req	
5-1-1	Last Name (Surname)	Req	VistA: 365, 1.01 NAME OF INSURED X12 (patient is subscriber): 271, 2100C, NM103 Name Last or Organization Name eIV Database (patient is subscriber): response_subscriber. name_last_or_organization_name X12 (patient is not subscriber): 271, 2100D, NM103 Name Last or Organization Name eIV Database (patient is not subscriber): response_dependent.last_or_organization_name
5-1-2	Own Last Name Prefix	Opt	
5-2	First Name	Req	VistA: 365, 1.01 NAME OF INSURED X12 (patient is subscriber): 271, 2100C, NM104 Name First eIV Database (patient is subscriber): response_subscriber. name_first X12 (patient is not subscriber): 271, 2100D, NM104 Name First eIV Database (patient is not subscriber): response_dependent. name_first
5-3	Middle Name	Opt	VistA: 365, 1.01 NAME OF INSURED X12 (patient is subscriber): 271, 2100C, NM105 Name Middle eIV Database (patient is subscriber): response_subscriber. Name_middle X12 (patient is not subscriber): 271, 2100D, NM105 Name Middle

Sequence	Element Name	Use	Definition
			eIV Database (patient is not subscriber): response_dependent. Name_middle
5-5	Suffix (e.g., Jr or III)	Opt	VistA: 365, 1.01 NAME OF INSURED
5-6	Prefix (e.g., DR)	Opt	VistA: 365, 1.01 NAME OF INSURED
5-7	Degree (e.g., MD)	Opt	
7-1	Date/Time of Birth	Req	VistA : 365, 1.02 INSURED DOB X12 (patient is subscriber): 271, 2100C, DMG02 Date Time Period eIV Database (patient is subscriber): response_subscriber . date_of_birth X12 (patient is not subscriber): 271, 2100D, DMG02 Date Time Period eIV Database (patient is not subscriber): response_dependent . date_of_birth
8	Sex	Req	VistA: 365, 1.03 INSURED SEX X12 (patient is subscriber): 271, 2100C, DMG03 Gender Code eIV Database (patient is subscriber): response_subscriber . gender_code X12 (patient is not subscriber): 271, 2100D, DMG03 Gender Code eIV Database (patient is not subscriber): response_dependent . gender_code
11	Patient Address	Opt	
11-1-1	Street Address Line 1	Opt	X12 (patient is subscriber): 271, 2100C, N301 Address Information eIV Database (patient is subscriber): response_subscriber. address_line_1;

Sequence	Element Name	Use	Definition
			X12 (patient is not subscriber): 271, 2100D, N301 Address Information eIV Database (patient is not subscriber): response_dependent. address_line_1
11-2	Other Designation	Opt	X12 (patient is subscriber): 271, 2100C, N302 Address Information eIV Database (patient is subscriber): response_subscriber . address_line_2; X12 (patient is not subscriber): 271, 2100D, N302 Address Information eIV Database (patient is not subscriber): response_dependent . address_line_
11-3	City	Opt	X12 (patient is subscriber): 271, 2100C, N401 City Name eIV Database (patient is subscriber): response_subscriber . city_name; X12 (patient is not subscriber): 271, 2100D, N401 City Name eIV Database (patient is not subscriber): response_dependent . city_name
11-4	State	Opt	X12 (patient is subscriber): 271, 2100C, N402 State or Province Code eIV Database (patient is subscriber): response_subscriber.state_or_province_code; X12 (patient is not subscriber): 271, 2100D, N402 State or Province Code eIV Database (patient is not subscriber): response_dependent. state_or_province_code
11-5	Zip Code	Opt	X12 (patient is subscriber): 271, 2100C, N403

Sequence	Element Name	Use	Definition
			Postal Code
			eIV Database (patient is subscriber): response_subscriber.postal _code;
			X12 (patient is not subscriber): 271, 2100D, N403 Postal Code
			eIV Database (patient is not subscriber): response_dependent. postal _code
29-1	Patient Death Date and Time	Opt	VistA: 365, 1.16 DATE OF DEATH
			X12 (patient is subscriber; and 271, 2000C, DTP01 Date/Time Qualifier = "442" (Date of Death); and 271, 2000C, DTP02 Date Time Period Format Qualifier = "D8" (CCYYMMDD)): 271, 2000C, DTP03 Date Time Period
			eIV Database (patient is subscriber; and response_subscriber_date. date_time_qualifier = "442"; and response_subscriber_date. date_time_period_qualifier = "D8"): response_subscriber. date_of_death
			X12 (patient is not subscriber; and 271, 2000D, DTP01 Date/Time Qualifier = "442" (Date of Death); and 271, 2000D, DTP02 Date Time Period Format Qualifier = "D8" (CCYYMMDD)): 271, 2000D, DTP03 Date Time Period
			eIV Database (patient is not subscriber; and response_dependent_date. date_time_qualifier = "442"; and response_dependent_date. date_time_period_qualifier = "D8"): response_dependent. Date_of_death

Eligibility Inquiry Problem IN1 Segment

The IN1 segment identifies the Payer from whom the response is from.

Sequence	Element Name	Use	Definition
1	Set ID - IN1	Req	"1"
2	Insurance Plan ID	Req	
2-1	ID	Opt	If no GT1 segment then map to both VistA fields else map to the MEMBER ID field VistA: 365, 1.05 SUBSCRIBER ID VistA: 365, 1.18 MEMBER ID X12 (patient is subscriber): 271, 2100C, NM109 Identification Code (Subscriber Primary ID) eIV Database (patient is subscriber): response_subscriber. Subscriber_primary_identifier X12 (patient is not subscriber): 271, 2100D, NM109 ID Code (Dependent Primary ID) eIV Database: response_dependent . dependent_primary_identifier
3	Insurance Company ID	Req	VA National Payer ID
3-1	ID	Req	VistA: 365, .03 PAYER ID X12: 271, 2100A, NM109 Identification Code after translation through the eIV Database eIV Database: payer . va_national_payer_id
3-4-1	Assigning Authority	Req	The National ID's are assigned by the VA at a National level "USVHA"
3-5	Identifier Type Code (ID)	Req	"VP"
4	Insurance Company Name	Opt	
4-1	Organization Name	Opt	X12: 271, 2100A, NM103 Name Last or Organization Name (VA National Insurance Payer List) eIV Database: response_info_source . name_last_or_organization_name

Sequence	Element Name	Use	Definition
8	Group Number	Opt	VistA: 365, 1.07 GROUP NUMBER
			X12 (if 271, 2100C, REF01 Reference Identification Qualifier = "6P" (Group Number)): 271, 2100C, REF02 Reference Identifier
			eIV Database (if response_subscriber_add_id . reference_id_qualifier = "6P" (Group Number)): response_subscriber_add_id . reference_identifier
			X12 (if 271, 2100C, REF01 Reference Identification Qualifier = "1L" (Group or Policy Number)): 271, 2100C, REF02 Reference Identifier
			eIV Database (if response_subscriber_add_id . reference_id_qualifier = "1L" (Group or Policy Number)): response_subscriber_add_id . reference_identifier
			X12 (if 271, 2100D, REF01 Reference Identification Qualifier = "6P" (Group Number)): 271, 2100D, REF02 Reference Identification
			eIV Database (if response_dependent_add_id . reference_id_qualifier = "6P" (Group Number)): response_dependent_add_id . reference_identifier
			X12 (if 271, 2100D, REF01 Reference Identification Qualifier = "1L" (Group or Policy Number)): 271, 2100D, REF02 Reference Identifier
			eIV Database (if response_dependent_add_id . reference_id_qualifier = "1L" (Group or Policy Number)): response_dependent_add_id . reference_identifier
9-1	Group Name	Opt	VistA: 365, 1.06 GROUP NAME
			X12 (if 271, 2100C, REF01 Reference Identification Qualifier = "6P" (Group Number)): 271, 2100C, REF03 Plan Sponsor Name

Sequence	Element Name	Use	Definition
			eIV Database (if response_subscriber_add_id . reference_identification_qualifier = '6P' (Group Number)): response_subscriber_add_id . plan_sponsor_name
			X12 (if 271, 2100C, REF01 Reference Identification Qualifier = "1L" (Group or Policy Number)): 271, 2100C, REF03 Plan Sponsor Name
			eIV Database (if response_subscriber_add_id . reference_identification_qualifier = '1L' (Group or Policy Number)): response_subscriber_add_id . plan_sponsor_name
			X12 (if 271, 2100D, REF01 Reference Identification Qualifier = "6P" (Group Number)): 271, 2100D, REF03 Plan Sponsor Name
			eIV Database (if response_dependent_add_id . reference_identification_qualifier = '6P'): response_dependent_add_id . plan_sponsor_name
			X12 (if 271, 2100D, REF01 Reference Identification Qualifier = "1L" (Group or Policy Number)): 271, 2100D, REF03 Plan Sponsor Name
			eIV Database (if response_dependent_add_id . reference_identification_qualifier = '1L'): response_dependent_add_id . plan_sponsor_name
12	Plan Effective Date	Opt	VistA: 365, 1.11 EFFECTIVE DATE
			* See Notes below on how IN1_12 and IN1_13 mapping is determined
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "342" (Premium Paid to Date Begin), "346" (Plan Begin), or "356" (Eligibility Begin)): 271, 2100C, DTP03 Date Time Period
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100C, DTP02 Date Time

Sequence	Element Name	Use	Definition
			Period Format Qualifier = "D8"): 271, 2100C, DTP03 Date Time Period
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100C, DTP02 Date Time Period Format Qualifier = "RD8"): the first of the two date values in 271, 2100C, DTP03 Date Time Period
			eIV Database (patient is subscriber; and response_subscriber_date . date_time_qualifier = "342" (Premium Paid to Date Begin), "346" (Plan Begin), or "356" (Eligibility Begin)): response_subscriber_date . date_start
			eIV Database (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100C, DTP02 Date Time Period Format Qualifier = "D8"): response_subscriber_date . date_start
			eIV Database (if the subscriber is the patient; and 271, 2100C, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100C, DTP02 Date Time Period Format Qualifier = "RD8"): response_subscriber_date . date_start
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "342" (Premium Paid to Date Begin), "346" (Plan Begin), or "356" (Eligibility Begin)): 271, 2100D, DTP03 Date Time Period
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "D8"): 271, 2100D, DTP03 Date Time Period
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "RD8"): the first of the two date values in 271, 2100D, DTP03 Date Time Period

Sequence	Element Name	Use	Definition
			eIV Database (if the dependent is the patient; and 271, 2100D, DTP01 Date/Time Qualifier = "342" (Premium Paid to Date Begin), "346" (Plan Begin), or "356" (Eligibility Begin)): response_dependent_date . date_start
			eIV Database (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "D8"): response_dependent_date . date_start
			eIV Database (patient is not ubscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "RD8"): response_dependent_date . date_start
13	Plan Expiration Date	Opt	VistA: 365, 1.12 EXPIRATION DATE
			* See Notes below on how IN1_12 and IN1_13 mapping is determined.
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "343" (Premium Paid to Date End), "347" (Plan End), or "357" (Eligibility End)): 271, 2100C, DTP03 Date Time Period
			eIV Database (patient is subscriber; and response_subscriber_date . date_time_qualifier = "343" (Premium Paid to Date End), "347" (Plan End), or "357" (Eligibility End)): response_subscriber_date . date_end
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100C, DTP02 Date Time Period Format Qualifier = "RD8"): the second of the two date values in 271, 2100C,DTP03 Date Time Period
			eIV Database (patient is subscriber; and response_subscriber_date . date_time_qualifier = "539" (Policy Effective)): response_subscriber_date . date_end

Sequence	Element Name	Use	Definition
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "343" (Premium Paid to Date End), "347" (Plan End), or "357" (Eligibility End)): 271, 2100D, DTP03 Date Time Period
			eIV Database (patient is not subscriber; and response_subscriber_date . date_time_qualifier = "343" (Premium Paid to Date End), "347" (Plan End), or "357" (Eligibility End)): response_dependent_date . date_end
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "539" (Policy Effective); and 271, 2100D, DTP02 Date Time Period Format Qualifier = "RD8"): the second of the two date values in 271, 2100D, DTP03 Date Time Period
			eIV Database (patient is not subscriber; and response_dependent_date . date_time_qualifier = "539" (Policy Effective)): response_dependent_date . date_end
17	Insured's Relationship To Patient	Opt	VistA: 365, 1.09 PT RELATIONSHIP TO INSURED
17-1	Identifier	Opt	See Eligibility Response IN1-17 Values Table.
			X12 (patient is subscriber): 271, 2100C, INS02 Individual Relationship Code
			eIV Database (patient is subscriber): response_subscriber. Individual_relationship_code
			X12 (patient is not subscriber): 271, 2100D, INS02 Individual Relationship Code
			eIV Database (patient is not subscriber): response_dependent. Individual_relationship_code
22	Coord Of Ben. Priority	Opt	VistA: 365, 1.13 COORDINATION OF BENEFITS See table for IN1-22 Values.

Sequence	Element Name	Use	Definition
			X12 (patient is subscriber): 271, 2120C Subscriber Benefit Related Entity Name, NM101 Entity Identifier Code per the translation given in IN1_12 and IN1_13 mapping.
			eIV Database (patient is subscriber): response_subscriber . coordination_of_benefits
			X12 (patient is not subscriber): 271, 2120D Subscriber Benefit Related Entity Name, NM101 Entity Identifier Code per the translation given in IN1_12 and IN1_13 mapping.
			eIV Database (patient is not subscriber): response_dependent . coordination_of_benefits
26	Report Of Eligibility Date	Opt	VistA: 365, 1.1 SERVICE DATE
			Service date as returned in the 271 response. If blank service date received in the 271 response, then VistA system will assume the service date to be the service date in the corresponding 270 inquiry.
			X12: 271, 2100C, DTP03 Date Time Period (first value if a range); and "472" → 270, 2100C, DTP01 Date/Time Qualifier
			eIV Database (if response_subscriber_date . date_time_qualifier = "472"): response_subscriber_date . start_date
			X12: 271, 2100D, DTP03 Date Time Period (first value if a range); and "472" → 270, 2100D, DTP01 Date/Time Qualifier
			eIV Database (if response_dependent_date . date_time_qualifier = "472"): response_dependent_date . start_date
29	Verification date/time	Opt	
29-1	Date/time	Opt	VistA: 365, 1.19 PAYER UPDATED POLICY
			X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = "636" (Date of Last Update)): 271, 2100C, DTP03 Date Time Period

Sequence	Element Name	Use	Definition
			(first value if DTP03 is a range (DTP02 = "RD8"))
			eIV Database (if Date/Time Qualifier = "636"; and Date Time Period Format Qualifier = "RD8" (date time period is verification date)): response_subscriber. verification_date
			X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = "636" (Date of Last Update)): 271, 2100D, DTP03 Date Time Period (first value if DTP03 is a range (DTP02 = "RD8"))
			eIV Database (if Date/Time Qualifier = "636" and Date Time Period Format Qualifier = "RD8", date time period is verification date): response_dependent. verification_date
36	Policy Number	Opt	X12 (if 271, 2100C, REF01 ID Qualifier = "IG" (Insurance Policy Number)): 271, 2100C, REF02 Subscriber Supplemental ID
			eIV Database: response_subscriber. Policy_number
			X12 (if 271, 2100D, REF01 ID Qualifier = "IG" (Insurance Policy Number)): 271, 2100D, REF02 Dependent Supplemental ID
			eIV Database (if response_subscriber . policy_number IS NULL): response_dependent. Policy_number

IN1_12 and IN1_13 Mapping
Before IN1_12 or IN1_13 is determined, the Eligibility Flag is determined.
'N' = if EB-01 value of {6,7,8,I,V}
'Y' = EB-01 value of {1,2,3,4,5}; Default 'Y" = Default

In eIV Phase 3 Iteration 1, per 4010 X12 271,
To determine IN1_12 Date
Find the earliest date included in the 271 Response which is prior to or equal to 21001231 and which is located in one of the following locations:

Patient is Subscriber	Patient is NOT Subscriber
2100C DTP Segment with Qualifier = 307	2100D DTP Segment with Qualifier = 307
2100C DTP Segment with Qualifier = 342	2100D DTP Segment with Qualifier = 342
2100C DTP Segment with Qualifier = 346	2100D DTP Segment with Qualifier = 346

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2100C DTP Segment with Qualifier = 348   2100D DTP Segment with Qualifier = 348
2100C DTP Segment with Qualifier = 356   2100D DTP Segment with Qualifier = 356
2100C DTP Segment with Qualifier = 382   2100D DTP Segment with Qualifier = 382
2100C DTP Segment with Qualifier = 356   2100D DTP Segment with Qualifier = 539
2100C DTP Segment with Qualifier = 359
Note: When a date range is present, the Begin date should be extracted from the first 8 characters.

Determine IN1_13 Date
Find the most recent end date included in the 271 Response which is prior to today and is located in one
of the following locations:

Patient is Subscriber   Patient is NOT Subscriber
2100C DTP Segment with Qualifier = 307   2100D DTP Segment with Qualifier = 307
2100C DTP Segment with Qualifier = 343   2100D DTP Segment with Qualifier = 343
2100C DTP Segment with Qualifier = 347   2100D DTP Segment with Qualifier = 347
2100C DTP Segment with Qualifier = 357   2100D DTP Segment with Qualifier = 539
2100C DTP Segment with Qualifier = 539   2100D DTP Segment with Qualifier = 540
2100C DTP Segment with Qualifier = 540
Note: When a date range is present, the Begin date should be extracted from the first 8 characters.

If the Eligibility Flag is determined to be 'N', continue to look in the following locations for additional
dates:

Patient is Subscriber   Patient is NOT Subscriber
2100C DTP Segment with Qualifier = 307   2100D DTP Segment with Qualifier = 307
2100C DTP Segment with Qualifier = 349   2100D DTP Segment with Qualifier = 349
2100C DTP Segment with Qualifier = 357   2100D DTP Segment with Qualifier = 357

For eIV Phase 3 Iteration 2 (5010A1 X12 version), the following logic will be used to
Determine IN1_12 Date:
Patient is Subscriber
2100C DTP Segment with Qualifier = 346
2100C DTP Segment with Qualifier = 291 (1st eight characters)

Patient is NOT Subscriber
2100D DTP Segment with Qualifier = 346
2100D DTP Segment with Qualifier = 291 (1st eight characters)

Determine IN1_13 Date:
Patient is Subscriber
2100C DTP Segment with Qualifier = 347
2100C DTP Segment with Qualifier = 291 (characters 10-17 if present)
2100C DTP Segment with Qualifier = 357
2100C DTP Segment with Qualifier = 540
2100C DTP Segment with Qualifier = 307 (characters 10-17 if present)

Patient is NOT Subscriber

2100D DTP Segment with Qualifier = 347
2100D DTP Segment with Qualifier = 291 (characters 10-17 if present)
2100C DTP Segment with Qualifier = 357
2100C DTP Segment with Qualifier = 540
2100C DTP Segment with Qualifier = 307 (characters 10-17 if present)

Eligibility Response IN1-17 Values

WHOSE INSURANCE value	HL7 value for this field	X12 Definition
Spouse	"01"	Spouse
Veteran	"18"	Self
Unknown	"21"	Unknown
Other	"34"	Other Adult

Eligibility Response IN1-22 Translation

X12 Code	HL7 Code
"PR" (Payer)	"" (empty)
"PRP" (Primary Payer)	"1"
"SEP" (Secondary Payer)	"2"
"TTP" (Tertiary Payer)	"3"

Table Updates

The Eligibility Communicator broadcasts updates of certain tables in the Cache to the VistA systems. These broadcasts include the changes to the payer table, and other tables specific to eligibility and benefit data in the eligibility responses from the payers.

The Eligibility Communicator broadcasts a table change, row added, updated or deleted, by sending a table update message to each VistA site registered in the Cache. Each VistA system in turn sends a table update acknowledgement back to the Communicator. Lacking an acknowledgement from a VistA system, the Communicator reissues the table update message to that system after eight hours and repeats sending the message every eight hours thereafter until an acknowledgement is received or the site is marked as disconnected in the Cache.

Table updates to the Cache are repeated in the same order to the VistA sites. Further, each update is acknowledged before the next one is sent in order to assure the sequence is properly without possible overruns (the second update wins a race condition with the first update and so is applied before the first).

All table messages are an MFN^M01 event. When a VistA site initially installs the eIV software, the Eligibility Communicator for eIV is notified via an MFN^M01 message. The EC sends all current Payer

identifications to the VistA site as part of this enrollment process. Any subsequent modifications or additions to the Payer table maintained by the EC are sent in the same manner.

The other tables include the following:
- Eligibility or Benefit Information Table (maps to X12 EB01)
- Coverage Level Code Table (maps to X12 EB02)
- Service Type Code Table (maps to X12 EB03)
- Insurance Type Code Table (maps to X12 EB04)
- Time Period Qualifier Table (maps to X12 EB06)
- Quantity Qualifier Table (maps to X12 EB09)
- Error Condition Table (maps to X12 AAA03)
- Error Action Table (maps to X12 AAA04)
- Contact Qualifier Table (maps to X12 PER03, PER05, PER07)

The table event (excluding the Payer Table) is constructed of the following HL7 segments in the order listed:

MSH – Message Header
MFI – Master File Identifier
MFE – Master File Entry

The message notation is:

MSH MFI MFE

The Payer table event consists of the following segments:

MSH – Message Header
MFI – Master File Identifier
MFE – Master File Entry
ZP0 – Payer Table Update Z Segment
ZPA – Payer Table Update Z Segment

The message notation is:

MSH MFI {MFE,[ZP0],[ZPA]}

Table Update (non-Payer Table)

Table Update MSH Segment

The MSH segment is a header which is used by the Eligibility Communicator for eIV to direct an X12 271 Table update to all VistA sites.

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"
3-1	Sending Application	Req	"IIV EC"
4	Sending Facility	Req	

Sequence	Element Name	Use	Definition
4-1	Namespace ID	NS	
4-2	Domain Name	Req	EC's Domain Name System name, e.g. IIV.VITRIA-EDI.AAC.VA.GOV VistA: 870,.03 DOMAIN eIV Database: iiv.domain_name
4-3	DNS	Req	"DNS" eIV Database: (no mapping)
5-1	Receiving Application	Req	"IIV VISTA"
6	Receiving Facility	Req	
6-1	Site Number	Req	The VistA site's station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
6-2	Site Domain Name	Req	The VistA site's Domain Name System name, e.g. AUGUSTA.MED.VA.GOV VistA: 869.3, .02 DOMAIN EIV Database: site.domain_name
6-3	DNS	Req	"DNS" eIV Database: (no mapping)
7-1	Date/Time of Message	Req	Date/Time the Message was created. See section 0 Date/Time of Message Format
9	Message Type	Req	
9-1	Message Type	Req	"MFN"
9-2	Trigger Event	Req	"M01"
10	Message Control ID	Req	Sequential number assigned by the Eligibility Communicator.
11	Processing ID	Req	"P"=Production "T"=Test eIV Database: site.processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgement	Req	"AL" = Always
16	Application Acknowledgment Type	Req	"NE" = Never
17	Country Code	Req	"USA"

Date/Time of Message Format

The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:

- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".
- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Table Update MFI Segment

The MFI Segment is used to identify the site-specific master file.

Sequence	Element Name	Use	Description
1	Master File Identifier	Req	
1-1	Identifier	Req	Send the number of the file in this field: "365.011" for "X12 271 ELIGIBILITY/BENEFIT" "365.012" for "X12 271 COVERAGE LEVEL" "365.013" for "X12 271 SERVICE TYPE" "365.014" for "X12 271 INSURANCE TYPE" "365.015" for "X12 271 TIME PERIOD QUALIFIER" "365.016" for "X12 271 QUANTITY QUALIFIER" "365.017" for "X12 271 ERROR CONDITION" "365.018" for "X12 271 ERROR ACTION" "365.021" for "X12 271 CONTACT QUALIFIER"
1-2	Text	Req	Send the name of the file in this field: "X12 271 ELIGIBILITY/BENEFIT" for 365.011 "X12 271 COVERAGE LEVEL" for 365.012 "X12 271 SERVICE TYPE" for 365.013 "X12 271 INSURANCE TYPE" for 365.014 "X12 271 TIME PERIOD QUALIFIER" for 365.015

Sequence	Element Name	Use	Description
			"X12 271 QUANTITY QUALIFIER" for 365.016
			"X12 271 ERROR CONDITION" for 365.017
			"X12 271 ERROR ACTION" for 365.018
			"X12 271 CONTACT QUALIFIER" for 365.021
3	File-Level Event Code	Req	"UPD"=Change file records as defined in the record-level event codes for each record that follows
6	Response Level Code	Req	"NE"=Never. No application-level response needed

Table Update MFE Segment

The MFE Segment identifies each of the records for the site-specific master file.

Sequence	Element Name	Use	Description
1	Record-Level Event Code	Req	One of: "MAD"=Add record to master file "MUP"=Update record for master file
3-1	Effective Date/Time	Req	Effective Date/Time
4	Primary Key Value - CE	Req	See the following two tables for the possible values.
5	Primary Key Value Type	Req	"CE" Coded Element

Primary Key Value – Eligibility Response MFE Sequence 4

VistA Table Name	Value for the Primary Key Value Field (4-1) Code	Value for the Primary Key Value Field (4-2) Description
X12 271 ELIGIBILITY/BENEFIT (#365.011)	VistA: 365.011, .01 CODE EIV Database: eligibility_or_benefit_info . eligibility_or_benefit_info	VistA: 365.011, .02 DESCRIPTION EIV Database: eligibility_or_benefit_info. Definition
X12 271 COVERAGE LEVEL (#365.012)	VistA: 365.012, .01 CODE EIV Database: coverage_level. Coverage_level_code	VistA: 365.012, .02 DESCRIPTION EIV Database: coverage_level . definition

VistA Table Name	Value for the Primary Key Value Field (4-1) Code	Value for the Primary Key Value Field (4-2) Description
X12 271 SERVICE TYPE (#365.013)	VistA: 365.013, .01 CODE EIV Database: service_type . service_type_code	VistA: 365.013, .02 DESCRIPTION EIV Database: service_type . definition
X12 271 INSURANCE TYPE (#365.014)	VistA: 365.014, .01 CODE EIV Database:	VistA: 365.014, .02 DESCRIPTION EIV Database:
X12 271 TIME PERIOD QUALIFIER (#365.015)	VistA: 365.015, .01 CODE EIV Database: time_period . time_period_qualifier	VistA: 365.015, .02 DESCRIPTION EIV Database: time_period_format . definition
X12 271 QUANTITY QUALIFIER (#365.016)	VistA: 365.016, .01 CODE EIV Database: quantity . quantity_qualifier	VistA: 365.016, .02 DESCRIPTION EIV Database: quantity. definition
X12 271 ERROR CONDITION (#365.017)	VistA: 365.017, .01 CODE EIV Database: error_condition. error_codition	VistA: 365.017, .02 DESCRIPTION EIV Database: error_condition. definition
X12 271 ERROR ACTION (#365.018)	VistA: 365.018, .01 CODE EIV Database: error_action. error_action	VistA: 365.018, .02 DESCRIPTION EIV Database: error_action.definition
X12 271 CONTACT QUALIFIER (#365.021) Contact Qualifier Table	VistA: 365.021, .01 CODE; 365.021 EIV Database: Contact_function . contact_function_code	VistA: 365.021, .02 DESCRIPTION EIV Database: Contact _function.definition

Table Update (Payer Table)

Table Update MSH Segment

The MSH segment is a header which is used by the Eligibility Communicator for eIV to direct a Payer Table update to all VistA sites.

Sequence	Element Name	Use	Definition
1	Field Separator	Req	"|"
2	Encoding Characters	Req	"^~\&"
3-1	Sending Application	Req	"IIV EC"
4	Sending Facility	Req	

Sequence	Element Name	Use	Definition
4-1	Namespace ID	NS	
4-2	Domain Name for IIV EC server	Req	Domain Name for the eIV EC server located at the AITC in Austin. I.E. IIV.VITRIA-EDI.AAC.VA.GOV VistA: 870,.03 DOMAIN eIV Database: iiv.domain_name
4-3	DNS	Req	"DNS" eIV Database: (no mapping)
5-1	Receiving Application	Req	"IIV VISTA"
6	Receiving Facility	Req	
6-1	Site Number	Req	The VistA site's station number VistA: 869.3, .04 INSTITUTION eIV Database: site.site_number
6-2	Site Domain Name	Req	The VistA site's Domain Name System name, e.g. AUGUSTA.MED.VA.GOV VistA: 869.3, .02 DOMAIN eIV Database: site.domain_name
6-3	DNS	Req	"DNS" eIV Database: (no mapping)
7-1	Date/Time of Message	Req	Date/Time the Message was created.
9	Message Type	Req	"MFN^M01"
10	Message Control ID	Req	Sequential number assigned by the Eligibility Communicator.
11	Processing ID	Req	"P"=Production "T"=Test eIV Database: site.processing_id
12-1	Version ID	Req	"2.4"
15	Accept Acknowledgement	Req	"AL" = Always
16	Application Acknowledgment Type	Req	"NE" = Never
17	Country Code	Req	"USA"

Date/Time of Message Format

The format for MSH-7, Date/Time of Message, is YYYYMMDDHHMMSSZZZZZ where:

- YYYY is the 4-digit year, e.g. "2002".
- MM is the month number, ranging from "01" to "12".
- DD is the day number within the month, ranging from "01" to "31".
- HH is the hour from "00" to "23".
- MM is the minute from "00" to "59".
- SS is the second from "00" to "59".
- ZZZZZ represents the time zone as a leading signed value time offset from Greenwich Mean Time of the form HHMM using the same convention for HH and MM as given above. For example, Eastern Daylight Time (EDT) is given as "–0400".

Table Update MFI Segment

The MFI Segment is used to identify the site-specific master file.

Sequence	Element Name	Use	Description
1	Master File Identifier		
1-1	Identifier	Req	"365.12"
1-2	Text	Req	"PAYER"
3	File-Level Event Code	Req	"UPD"=Change file records as defined in the record-level event codes for each record that follows
6	Response Level Code	Req	"NE"=Never. No application-level response needed

Table Update MFE Segment

The MFE Segment identifies each of the records for the site-specific master file.

Sequence	Element Name	Use	Description
1	Record-Level Event Code	Req	"MAD"=Add record to master file; or "MUP"=Update record for master file; or "MDC"=Deactivate: discontinue using record in master file, but do not delete from database; or "MAC"=Reactivate deactivated record
3-1	Effective Date/Time	Req	Effective Date/Time (If MDC then the deactivate date/time) If MFI-1 = "365.12^Payer" and MFE-1=" MDC" then VistA: 365.121, .12 DATE/TIME DEACTIVATED

Sequence	Element Name	Use	Description
			EC: System D/T when message generated
4-1	Primary Key Value - MFE	Req	This will carry the current Payer ID, if changing. VistA: 365.12, .02 VA NATIONAL ID
5	Primary Key Value Type	Req	"CE" Coded Element

MFE-4 Primary Key Value for the Payer Table Updates

MFE Seq	Element Name	Use	Definition
4-1	Payer ID	Req	Payer ID is the VA National Payer ID before an update to the payer in the Cache. VistA: 365.12, .02 VA NATIONAL ID Cache: payer . va_national_payer_id

Table Update ZP0 Segment

The ZP0 Segment contains payer level data values. This does not include application specific data.

Sequence	Element Name	Use	Definition
2	Payer ID	Req	Payer ID is the VA National Payer ID before an update to the payer in the eIV Database. VistA: 365.12, .02 VA NATIONAL ID eIV Database: payer . va_national_payer_id
3	New Payer ID	Req	If the payer ID changes in the update, the value before the change is Payer ID and the value after the change is New Payer ID. In the case of a new payer, or one whose ID did not change, then Payer ID and New Payer ID have the unchanged ID. VistA: 365.12, .02 VA NATIONAL ID eIV Database: payer . va_national_payer_id
4	Payer Name	Req	The payer's name. VistA: 365.12, .01 PAYER NAME eIV Database: payer . payer_name
5	Institutional ID	Opt	Payer ID for institutional claims

Sequence	Element Name	Use	Definition
			VistA: 365.12, .06 EDI ID NUMBER - INST eIV Database: payer . institutional_id
6	Professional ID	Opt	Payer ID for professional claims VistA: 365.12, .05 EDI ID NUMBER – PROF eIV Database: payer . professional_id

Table Update ZPA Segment

The ZPA Segment identifies data specific to a Payer that is specific to a particular interface/application.

Sequence	Element Name	Use	Definition
2	Application	Req	Identifies the application. "IIV" VistA: 365.121, .01 APPLICATION
3	Nationally Active	Req	Indicates whether the indicated application may communicate with the identified payer. Communication is enabled through Austin if the value is "ON". Communication is disabled if the value is "OFF". VistA: 365.121, .02 NATIONAL ACTIVE Values are "Y" and "N". eIV Database: payers_applications . enabled. If this column's value is NULL, then "N" is this element's value.
4	Send SSN to Payer	NS	
5	Use SSN as Member ID	NS	
6	Inquiry Needs Subscriber ID	Req	VistA may only issue inquiries that include the subscriber (member) ID to the payer. VistA: 365.121, .08 IDENT REQUIRES SUBSCRIBER ID Values are "Y" and "N". eIV Database: payers_applications . payers_applications.requires_member_id. If this column's value is NULL, then "N" is this

Sequence	Element Name	Use	Definition
			element's value.
7	Future Service Days	Opt	Number of days in the future that are allowed by a payer for the service date.
			Service dates that are sent in the eligibility inquiry are adjusted to fall within the range defined by this parameter.
			If value is not defined, then there is no limit to how far into the future the service date can be.
			VistA: 365.121, .14 FUTURE SERVICE DAYS
			eIV Database: payers_applications . future_service_date. If this column's value is NULL, then NULL is this element's value.
8	Past Service Days	Opt	Number of days in the past that are allowed by a payer for the service date.
			Service dates that are sent in the eligibility inquiry are adjusted to fall within the range defined by this parameter.
			If value is not defined, then there is no limit to how far into the past the service date can be.
			VistA: 365.121, .15 PAST SERVICE DAYS
			eIV Database: payers_applications . past_service_date. If this column's value is NULL, then NULL is this element's value.
9	Status	Req	Nationally trusted insurance.
			Values are "Y" and "N".
			eIV Database: payers_applications .trusted. If this column's value is NULL, then "Y" is this element's value.

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APPENDIX A – TABLE OF EIV GENERATED MAILMAN MESSAGES

The eIV interface will create a MailMan message under certain circumstances. This chart will help to identify when these messages are triggered and from where. If the recipient of the message was not defined, then the message will be rerouted to the 'Postmaster'.

Triggering Event	Routine Reference	Recipients	Subject	Message Text
Error returned when adding an Insurance Buffer entry	IBCNEBF+156	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Buffer Entry	Error returned by $$ADDSTF^IBCNBES: {Error Message} Values: Patient DFN = {Patient IEN} Pt Ins Record IEN = {Patient Ins IEN} Please log a NOIS for this problem.
Error returned when creating an IIV Transmission Queue entry	IBCNEDE+199	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Problem: Trouble setting entry in File 365.1	Tried to create an entry in the IIV TRANSMISSION QUEUE File (#365.1) without success. Error encountered: {Error Message} The data that was to be stored is as follows: Transaction #: {Transaction #} Patient: {Patient Name} Extract: {Data Extract} Payer: {Payer Name} Please log a NOIS for this problem.
Unable to schedule the daily eIV Statistical report and distribute via MailMan	IBCNEDE+249	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Statistical Message Not Sent	TaskManager could not schedule the daily eIV MailMan message at the specified time of {DAILY MSG TIME (#350.9,51.03)}. This is defined in the eIV Site Parameters option.
Error returned when creating an outgoing HL7 message	IBCNEDEQ+27	MESSAGES MAILGROUP (#350.9, 51.04)	IIV HL7 Creation Error	Error – {HL7 Result} occurred when trying to create the outgoing HL7 message for Patient: {Patient Name} and Payer: {Payer Name} Please log a NOIS for this problem.
Error when NUMBER RETRIES (File 350.9, Field 51.06) is not defined and the timeout has	IBCNEDEQ+52	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communicatio n Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}. A single attempt was made to

Triggering Event	Routine Reference	Recipients	Subject	Message Text
elapsed without a response (*only if FAILURE MSG flag is YES)				electronically confirm the insurance with this payer.
The number of retries have been exceeded indicating that a communication failure has occurred (*only if FAILURE MSG flag is YES)	IBCNEDEQ+75	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}.
Error creating an IIV Response File entry	IBCNEDEQ+137	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Response	{Error Messages returned by FILE^DIE call} Please log a NOIS for this problem.
A response has not been received in TIMEOUT DAYS (IB SITE PARAMETERS field) (*only if TIMEOUT MSG flag is YES)	IBCNEDEQ+149	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Timeout	No Response has been received within the defined failure days of {Timeout Days} for Patient: {Patient Name} and Payer: {Payer Name}
Error returned when creating an outgoing HL7 message to deactivate IIV	IBCNEHLD+57	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Deactivation Failure	IIV Deactivation Message not created. Error – {HL7 Result} Please log a NOIS for this problem.
MSH Segment is not the first segment in the HL7 message when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	MSH Segment is not the first segment found. Please log a NOIS for this problem.
Protocol not defined for the HL7 Event Type when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	Unable to find a protocol for Event = {Event Type} Please log a NOIS for this problem
ACK – AE received when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	N/A
Error returned when creating/updating an IIV Response File entry	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	{Error messages array from multiple calls to FILE^DIE} and may also include National ID: {VA National ID} not found in Payer Table for Trace Number: {Trace #} OR

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				Not able to create a Response for an unsolicited response for Trace Number: {Trace #}
Error returned when creating/updating non-Payer files	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	File Number not found in MFN message OR File {File Number} not found in the Data Dictionary
Error(s) returned when creating the HL7 Registration message for Vitria	IBCNEHLM+116	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Registration Failure	IP Address or Port is not defined. OR The Contact Person is not defined in the IIV Site Parameters. OR The office phone number of the IIV Contact Person is not defined (File 200, Field .132). OR The email address of the IIV Contact Person is not defined (File 200, Field .151). OR The "HL7 Response Processing Method" selected is Batch but the HL7 Batch Start and End Times are blank. OR The following IIV Site Parameters are not defined: "Days between electronic reverification checks" is blank. OR "Look at a patient's inactive insurance?" is blank. OR "HL7 Response Processing Method" is blank.
Error returned when creating/updating an IIV Response File entry	IBCNEHLR+79	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating IIV Response	An invalid Eligibility Status flag {Status Flag} was received for site {VA National ID}, trace number {Trace #} and message control id {Message Control ID}. It has been interpreted as an ambiguous response in VistA.
Message received from the Eligibility Communicator could not be processed.	IBCNEHLR+193	MESSAGES MAILGROUP (#350.9, 51.04)	IMPORTANT: Error While Processing Response Message from the EC	IMPORTANT: Error While Processing Response Message from the EC. ***IRM*** Please log a NOIS because the response message received from the Eligibility

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				Communicator could not be processed. Programming changes may be necessary to properly handle the response. The associated trace is {Trace #}. If applicable, please review the response with the IIV Response Report by Trace #.
Date of Death received in insurance verification response	IBCNEHLS+135	MESSAGES MAILGROUP (#350.9, 51.04)	Date of Death Received	A Date of Death ({Date of Death}) was received for patient: {Patient Name} / {Patient SSN} from payer {Payer Name}. There is no current Date of Death on file for this patient.
Date of Death received in insurance verification response does not match the Date of Death on file	IBCNEHLS+141	MESSAGES MAILGROUP (#350.9, 51.04)	Variant Date of Death	A Date of Death ({Date of Death}) was received for patient: {Patient Name} / {Patient SSN} from payer {Payer Name}. This Date of Death does not currently match the Date of Death ({Patient Date of Death}) on file for this patient.
New Error Action code received from the Eligibility Communicator	IBCNEHLS+257	MESSAGES MAILGROUP (#350.9, 51.04), iiv@daou.com	Message Control Id Field is Blank	A response was received with a blank Message Control ID and Trace # {Trace #}, ICN #: {ICN #}, Patient: {Patient Name}. It is likely that there are communication issues with the EC. This response cannot be processed. Please log a NOIS.
IIV payer tables may be out of sync with master list.	IBCNEHLT+108	MESSAGES MAILGROUP (#350.9, 51.04)	IIV payer tables may be out of sync with master list.	{IBCN Type} {IBCN Action} action received. Payer and/or Application may be unknown. VA National: {VA National ID} Payer Name: {Payer Name}, Application: {Application Name}. Log a NOIS for this issue. Please include in the NOIS that VistA did not receive the required information or the accurate information to add/update this Payer.
IIV Date becomes available for purging.	IBCNEKI2+63	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Data Eligible for Purge	ATTENTION IRM: There are IIV TRANSMISSION QUEUE and IIV RESPONSE records eligible to be purged. Please run IBCNE PURGE IIV DATA – Purge IIV

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				Transactions, if you would like to purge the eligible records. To purge IIV data, journaling should be temporarily disabled for ^IBCN.
Unable to schedule the background compile of the Most Popular Insurance Company List	IBCNEPST+64	MESSAGES MAILGROUP (#350.9, 51.04)	Most Popular Insurance Company List was not compiled	The Most Popular Insurance Company List could not be compiled for {TODAY-365 Days} to {TODAY} because task could not be scheduled in the background.
Error(s) identified during Batch Extract parameter set-up in IB SITE PARAMETERS	IBCNEPST+150	PATCHES, iiv@daou.com	IIV Batch Extract# {Batch IEN} not set-up properly	{Error messages returned by FILE^DIE}
Daily IIV Statistical Report via MailMan	IBCNERP9+122	MESSAGES MAILGROUP (#350.9, 51.04)	** IIV Statistical Rpt **	IIV Statistical Report with data for the previous 24 hours. ** END OF REPORT** OR ** NO DATA FOUND**
Inconsistent IIV responses for IIV queue.	IBY271PS+46	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Responses for an IIV Transmission Queue entry are inconsistent.	IIV Transmission Queue entry {Transmission Queue Entry} has a status of Response Received. None of the associated responses have this status. Please create a NOIS specifying that this Transmission Queue entry is inconsistent with its associated responses and, as a result, its status could not be adjusted.
Most popular insurance sites.	IBY271PS+77	MESSAGES MAILGROUP (#350.9, 51.04)	Most Popular Insurance Site Parameter	As part of patch IB*2.0*271, the Most Popular Insurance functionality, accessed by the MP action of the IIV Site Parameters, has been modified. Prior to this patch, the Most Popular Insurance Companies were automatically identified based on the number of authorized bills created. IB*2.0*271 has changed two aspects of the functionality. The list will now contain payers rather than insurance companies. In addition, these payers will be manually entered by each site. As a result of these changes, the prior values of this list have been deleted. If your site has elected to use this functionality, please update the

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				table with the payers that are most commonly used in your facility and who are nationally active for IIV. Please select option, "IBJ MCCR SITE PARAMETERS", action MP(Most Popular Payers) within the IIV parameters to populate the list.

APPENDIX B – INCOMING DATA MAPPING

The following table identifies the mapping of each data element of an incoming eligibility response message (HL7 Message Type: RPI^I01) to the corresponding storage location within the VistA Files. The right-most column indicates the storage location for each data element upon acceptance of the Insurance Buffer entry information.

IIV Response File (#365) →	Insurance Buffer File (#355.33) →	(Final disposition)
MESSAGE CONTROL ID Field # .01	N/A	N/A
PATIENT Field # .02	N/A	N/A
PAYER Field # .03	N/A	N/A
BUFFER ENTRY Field # .04	N/A	N/A
TRANSMISSION QUEUE Field # .05	N/A	N/A
TRANSMISSION STATUS Field # .06	N/A	N/A
DATE/TIME RECEIVED Field # .07	N/A	N/A
DATE/TIME CREATED Field # .08	N/A	N/A
TRACE NUMBER Field # .09	N/A	N/A
RESPONSE TYPE Field # .1	N/A	N/A
NAME OF INSURED Field # 1.01	NAME OF INSURED (LONG) Field # 91.01	NAME OF INSURED (LONG) File # 2.312 Field # 7.01
INSURED DOB Field # 1.02	INSURED'S DOB Field # 60.08	INSURED'S DOB File # 2.312 Field # 3.01
INSURED SSN Field # 1.03	INSURED'S SSN Field # 60.09	INSURED'S SSN File # 2.312 Field # 3.05
INSURED SEX Field # 1.04	N/A	N/A
SUBSCRIBER ID (LONG) Field # 13.02	SUBSCRIBER ID (LONG) Field # 90.03	SUBSCRIBER ID (LONG) File # 2.312 Field # 7.02
GROUP NAME (LONG)Field # 14.01	GROUP NAME (LONG) Field # 90.01	GROUP NAME (LONG) File # 355.3 Field # 2.01
GROUP NUMBER (LONG) Field # 14.02	GROUP NUMBER (LONG) Field # 90.02	GROUP NUMBER (LONG) File # 355.3 Field # 2.02
WHOSE INSURANCE Field # 1.08	WHOSE INSURANCE Field # 60.05	WHOSE INSURANCE File # 2.312 Field # 6
PT RELATIONSHIP TO INSURED Field # 1.09	PT. RELATIONSHIP TO INSURED Field # 60.06	PT. RELATIONSHIP TO INSURED File # 2.312 Field # 16
SERVICE DATE Field # 1.1	N/A	N/A
EFFECTIVE DATE Field # 1.11	EFFECTIVE DATE Field # 60.02	EFFECTIVE DATE OF POLICY

IIV Response File (#365) →	Insurance Buffer File (#355.33) →	(Final disposition)
		File # 2.312 Field # 8
EXPIRATION DATE Field # 1.12	EXPIRATION DATE Field # 60.03	INSURANCE EXPIRATION DATE File # 2.312 Field # 3
COORDINATION OF BENEFITS Field # 1.13	COORDINATION OF BENEFITS Field # 60.12	COORDINATION OF BENEFITS File # 2.312 Field # .2
ERROR CONDITION Field # 1.14	N/A	N/A
ERROR ACTION Field # 1.15	N/A	N/A
DATE OF DEATH Field # 1.16	N/A	N/A
CERTIFICATION DATE Field # 1.17	N/A	N/A
MEMBER ID Field # 1.18	N/A	N/A
ELIGIBILITY/BENEFIT Field # 2	N/A	N/A
CONTACT PERSON Field # 3	N/A	N/A
ERROR TEXT Field # 4.01	N/A	N/A

APPENDIX C – TROUBLESHOOTING

eIV makes heavy use of HL7 messaging. Ensure that the HL7 globals have sufficient room for growth. Reference HL*1.6*19 patch documentation for further instructions. Also, reference the External Interfaces – HL7 Communications Setup section, in this manual, for specific eIV HL7 information.

The HL7 Logical Link associated with this interface is IIV EC.

How To Determine If Connectivity To Austin Is Lost…

If the "Inquiries Sent" and "Responses Received" entries on the IIV Statistical report [IBCNE IIV STATISTICAL REPORT] both remain at zero while the "Queued Inquiries" entry on the report continues to increase over a period of time, then no IIV inquiries are being sent (See Section 6 of the Integrated Billing Insurance Identification and Verification Interface User Guide). If this situation occurs over a two days elapse and both the "Inquiries Sent" and "Responses Received" entries remain at zero, there is a communications problem.

How To Restore Connectivity To Austin…

1. Verify that the name of the HL7 Logical Link has not changed. It must be "IIV EC".
2. Verify the following settings for the HL7 Logical Link "IIV EC":
    a. The institution field is blank
    b. The domain field is set to **IIV.VITRIA-EDI.AAC.VA.GOV**
    c. The AUTOSTART field is set to **enabled**
    d. The TCP/IP address is set to **10.224.187.133**
    e. The TCP/IP Port is set to **5100**
3. Verify that the HL7 Logical Link "IIV EC" is running.
4. Ask your IB Supervisor or insurance personnel who brought this communication issue to your attention, to review the IIV Statistical report the following day and confirm that connectivity has been restored with Austin.
5. If this does not resolve your communication with Austin for IIV, ask the IB Supervisor or insurance personnel to log a Remedy Ticket with the VA support.

Example – HL7 Logical Link

```
CHOOSE 1-15: 11   HL MAIN MENU       HL7 Main Menu


          Systems Link Monitor
          Filer and Link Management Options ...
          Message Management Options ...
          Interface Developer Options ...
          Site Parameter Edit

Select HL7 Main Menu Option: FILER and Link Management Options


     SM    Systems Link Monitor
     FM    Monitor, Start, Stop Filers
     LM    TCP Link Manager Start/Stop
```

```
        SA    Stop All Messaging Background Processes
        RA    Restart/Start All Links and Filers
        DF    Default Filers Startup
        SL    Start/Stop Links
        PI    Ping (TCP Only)
        ED    Link Edit
        ER    Link Errors ...



Select Filer and Link Management Options Option: ED  Link Edit


Select HL LOGICAL LINK NODE: IIV
        1    IIV EC
```

Example – HL7 Logical Link "IIV EC"

```
                         HL7 LOGICAL LINK
------------------------------------------------------------------------------

            NODE: IIV EC

   INSTITUTION:

          DOMAIN: IIV.VITRIA-EDI.AAC.VA.GOV

       AUTOSTART: Enabled

      QUEUE SIZE: 10

        LLP TYPE: TCP
```

```
                         HL7 LOGICAL LINK
------------------------------------------------------------------------------
    [-------------------TCP LOWER LEVEL PARAMETERS-----------------------]
    |                    IIV EC                                         |
    |                                                                   |
    |   TCP/IP SERVICE TYPE: CLIENT (SENDER)                            |
    |        TCP/IP ADDRESS: 10.224.187.133                            |
    |          TCP/IP PORT: 5100                                       |
    |                                                                   |
    |                                                                   |
    |   ACK TIMEOUT: 60                 RE-TRANSMISION ATTEMPTS:        |
    |  READ TIMEOUT: 60             EXCEED RE-TRANSMIT ACTION: restart  |
    |    BLOCK SIZE:                                  SAY HELO:         |
    |                                                                   |
    |STARTUP NODE:                                 PERSISTENT: NO       |
    |    RETENTION: 60              UNI-DIRECTIONAL WAIT:               |
    [-------------------------------------------------------------------]
_____

  COMMAND:                             Press <PF1>H for help   Insert
```

APPENDIX D – eIV IMPLEMENTATION QUICK CHECKLIST (IB*2.0*184 only)

The following tasks must be accomplished before, during and after the eIV patch IB*2.0*184 is installed at your medical center. This quick checklist identifies the order in which tasks must be completed and responsible parties for either performing an action or providing information. Please refer to the eIV Installation Guide for step-by-step instructions on how to complete these actions.

✓	Pre-Implementation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Verify that required IB patches were installed.	�x	
	Verify that the domain reflected in patch XM*DBA*153 was manually added to the system.	�x	
	Identify members of the IBCNE IIV MESSAGE mail group.		�x

✓	Patch Installation Task	IRM	Revenue Coordinator and/or Insurance Supervisor
	With the assistance of a system administrator (system manager) define the new IBCN global.	�x	
	Ensure that all Integrated Billing users are logged off the system.	�x	
	Install the IB*2.0*184 patch.	�x	
	Enable journaling for the new ^IBCN global.	�x	

✓	Post-Installation Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Add members to the IBCNE IIV MESSAGE mail group.	�x	
	Assign security keys & menus to users.	�x	
	Setup HL7 logical links for IIV	�x	
	Configure the eIIV site parameters as recommended in the Installation Guide. IRM must provide assistance with setting up the eIIV Site Parameters that correspond with HL7 messages / traffic.	�x	�x

✓	Site Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Execute the IBCNE IIV BATCH PROCESS option and wait for it to complete.	✗	
	Check IBCNE IIV MESSAGE mail group messages. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	✗	
	Check the HL7 system monitor for incoming messages and verify that 350+ messages were received.	✗	
	Check IBCNE IIV MESSAGE mail group messages again. Proceed if no "problem" messages were received. Otherwise, reconcile any "problem" messages and start over.	✗	
	Confirm the HL7 logical link settings. Proceed if they have not been updated. Otherwise, start over.	✗	

✓	Post-Registration Tasks	IRM	Revenue Coordinator and/or Insurance Supervisor
	Link insurance companies to payers.		✗
	Enable the linked payers.		✗
	Schedule the nightly IBCNE IIV BATCH PROCESS through TaskMan.	✗	
	Use the IIV Site Parameters and gradually enable IIV extracts to begin sending inquires and receiving responses.		✗

APPENDIX E – eIV Database Integration Agreements (DBIAs)

This appendix lists the associated DBIAs for the eIV software. Please refer to FORUM for the most up-to-date listing of active DBIAs.

IA #	Between IB and	Related to	FORUM Status
DBIA950	INCOME VERIFICATION MATCH	Direct global read and w/Fileman to fields at ^DPT(D0,.31), Write with Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA2780	PATIENT DATA EXCHANGE	Both R/W w/Fileman to fields at ^DPT(D0,.31), ^DPT(D0,.312,D1)	Active
DBIA2782	MENTAL HEALTH	Direct Global Read & w/Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA3302	ENROLLMENT APPLICATION SYSTEM	$$BUFF^IBCNBES1	Active
DBIA4238-A	REGISTRATION	$$MFE^VAFHLMFE	Active
DBIA4238-B DBIA4239	REGISTRATION	$$MFI^VAFHLMFI	Active
DBIA4240	PCE – PATIENT CARE ENCOUNTER	^AUPNVSIT direct references VISIT FILE	Active
DBIA4242	REGISTRATION	^DG(43 direct access MAS PARAMETERS FILE (#43)	Active
DBIA4243	REGISTRATION	^DGPR(408.13 direct reference INCOME PERSON File (#403.13)	Active
DBIA4244	REGISTRATION	^DGPR(408.12 direct reference PATIENT RELATION File(408.12)	Active
4785	REGISTRATION	Direct Global Read & w/Fileman to all fields stored at ^IBA(355.33	Active
DBIA419	REGISTRATION	^DGPM(D0,0)	Active
DBIA263-A	HL7	EN^VAFHLPID	Approved by Donna H. Harris 9/8/03. Acknowledged by Cameron 9/8/03.
DBIA2120	KERNAL	KCHK^XUSRB	Approved by Joel L. Ivey 9/9/03. Acknowledged by Cameron 9/9/03.
5293	INSURANCE CAPTURE BUFFER	Read w/FileMan to fields at^IBA(355.3,D0,0) and ^IBA(355.3,D0,6) FileMan read/write to fields at ^IBA(355.3,D0,11,D1,0)	Active
5294	INSURANCE CAPTURE BUFFER	FileMan read/write to fields at: ^IBA(355.33,D0,0) ^IBA(355.33,D0,20) ^IBA(355.33,D0,21)	Active

		^IBA(355.33,D0,40) ^IBA(355.33,D0,60) ^IBA(355.33,D0,61) ^IBA(355.33,D0,62)	
5304	INSURANCE CAPTURE BUFFER	Fileman read/write to fields at ^DPT(D0,.31) Read w/FileMan to fields at ^DPT(D0,.312,D1,0) ^DPT(D0,.312,D1,1) ^DPT(D0,.312,D1,2) ^DPT(D0,.312,D1,3) ^DPT(D0,.312,D1,4) ^DPT(D0,.312,D1,5) ^DPT(D0,.312,D1,7)	Active

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GLOSSARY

Term	Description
AITC	Austin Information Technology Center (formerly Austin Automation Center - AAC)
EC	Eligibility Communicator – this refers to the National Health Insurance Cache database that is housed in the AITC in Austin, TX. The eIV software communicates with the Eligibility Communicator directly through HL7. The EC in turn searches its caches insurance information data, and communicates with Communication Partners to create an eligibility response that is returned to the VistA system
HIPAA	Health Insurance Portability and Accountability Act of 1996
HL7	Health Level Seven, a standardized application level communications protocol that enables systems to exchange information and to affect requests and responses. Basically, HL7 is an agreement between two HL7-compliant systems that specifies where to expect certain data in a stream of characters.
IB	Integrated Billing
MCCR	Medical Care Cost Recovery. The collection of monies by the Department of Veterans Affairs (VA).
Required Variable	An attribute of a package interface. It is a variable that must exist in order for the interface's entry point to be called.
Security Key	Used in conjunction with locked options or functions. Only holders of this key may perform these options/functions. Used for options, which perform a sensitive task.