

# **Electronic Insurance Verification User Guide**



**Version 2  
July 2017**

**Veterans Affairs  
Enterprise Project Management Office (EPMO)**

## Revision History

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## 1 INTRODUCTION

In 1996, Congress passed into law the Health Insurance Portability and Accountability Act (HIPAA). This Act directs the federal government to adopt national electronic standards for automated transfer of certain health care data between health care payers, plans, and providers. Now that these standards are in place, the Veterans Health Administration (VHA) will submit electronic 270 Health Care Benefits Eligibility Inquiries to payers and receive 271 Health Care Benefits Eligibility Responses from the payers.

### 1.1 Electronic Insurance Verification (eIV) Process Flow

The VistA users enter patient insurance information through a variety of processes:

- Insurance information may be entered manually during the Registration process
- It may be entered when the patient's insurance card is read by the insurance card reader
- A user may enter patient's insurance information directly into the Patient file using the Patient Insurance Info View/Edit option

Regardless of how the patient's insurance information gets entered into VistA, it must be verified with the insurance company and the verification must be periodically updated. The goal of the eIV process is to automate as much of the verification process as possible to ensure that the insurance information, used to submit claims for services rendered to the patient, is accurate and up-to-date. This in turn, increases the likelihood of timely reimbursement and increased revenue.

The eIV interface is bi-directional. The HIPAA Health Care Eligibility Benefit Inquiry transaction is referred to as the 270 and the Response is referred to as the 271. The 270 Health Care Eligibility Benefit Inquiry originates at a VAMC VistA system and is transmitted as a Health Level Seven (HL7) message to the Eligibility Communicator at the Financial Services Center (FSC) in Austin, TX. At FSC, the HL7 message is translated into a HIPAA compliant 270 Health Care Eligibility Benefit Inquiry message and sent to one of the VA's clearinghouses. From the clearinghouse, the 270 message is transmitted to the designated payer.

The 271 Health Care Eligibility Benefit Response originates at the payer and is sent to FSC through the clearinghouse. FSC translates the response back into an HL7 message and transmits it to the originating VAMC VistA system.

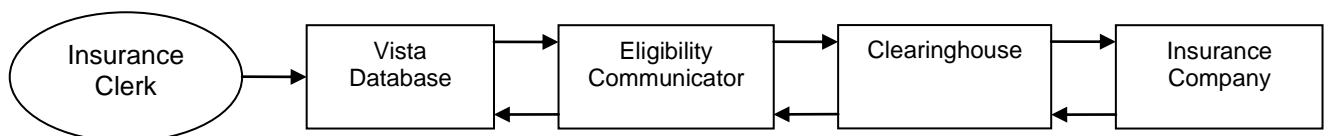


Figure 1. eIV Process Flow

## **1.2 Intended Audience**

The information in this guide is primarily intended for those users who create, update, accept and reject insurance buffer entries or otherwise maintain patients' insurance data using VistA Integrated Billing (IB) software.

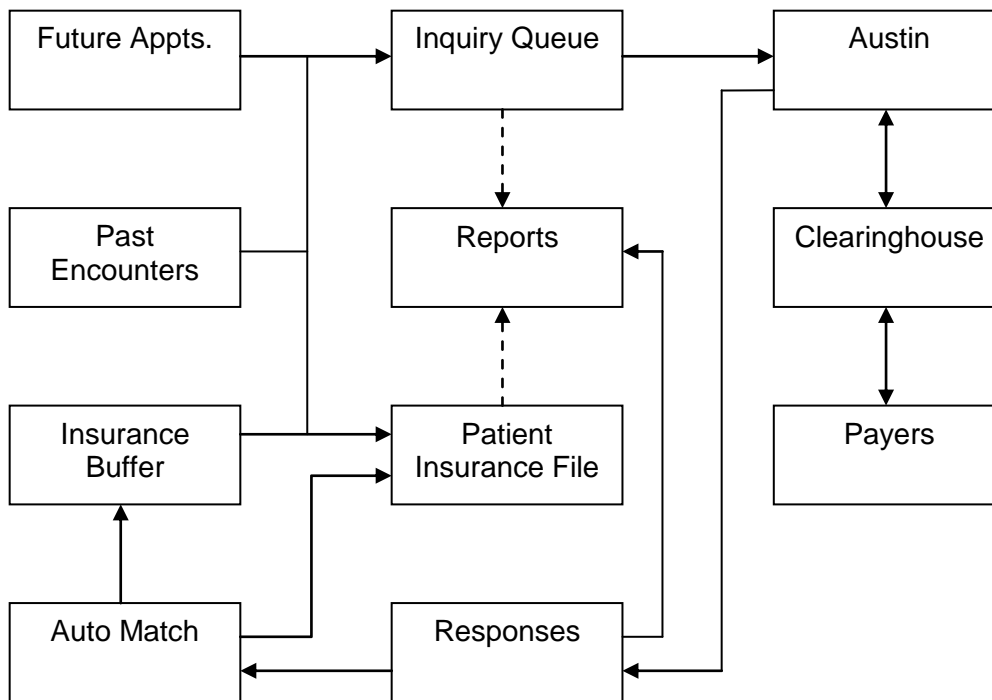
## **1.3 The Role of the Insurance Verification Interface**

The goal of the electronic insurance verification software is to replace much of the telephone work performed by insurance personnel to verify patients' health care insurance.

Electronic insurance inquiries can be made to any electronically active payer.

Automating the insurance verification process should result in an increase in the accuracy and timeliness of patient insurance information in VistA. These improvements will, in turn, reduce the number of rejected third-party claims for services rendered to the Veteran by the Veteran's Administration (VA).

VistA performs both a Buffer Extract and an Appointment Extract. For the Appointment Extract; VistA prepares HL7 inquiries during the night in response to appointment events. For the Buffer Extract, VistA immediately prepares HL7 inquiries in response to registration and check in events. The HL7 inquiries are transmitted to the Eligibility Communicator at the FSC. The messages are translated into 270 Health Care Eligibility Benefits Inquiry messages. They are then sent to the VA's clearinghouses who then distribute them to the correct insurance companies. The 271 Health Care Eligibility Benefits Responses are returned from the payer through the clearinghouses to FSC for translation into an HL7 format and then transmitted to the originating VistA system. There the information is either placed into the insurance buffer for the insurance clerk to review and process to the patient's insurance file or used to automatically update the patient's insurance file.



**Figure 2. Flowchart of eIV Processes**

Automatic updates are made only when a response meets pre-determined criteria. The criteria vary slightly depending upon the situation (e.g. Non-Medicare insurance when the Patient is the Insurance Subscriber will be different from Non-Medicare insurance when the Patient is a dependent of the Insurance Subscriber). Below is an example of some of the criteria:

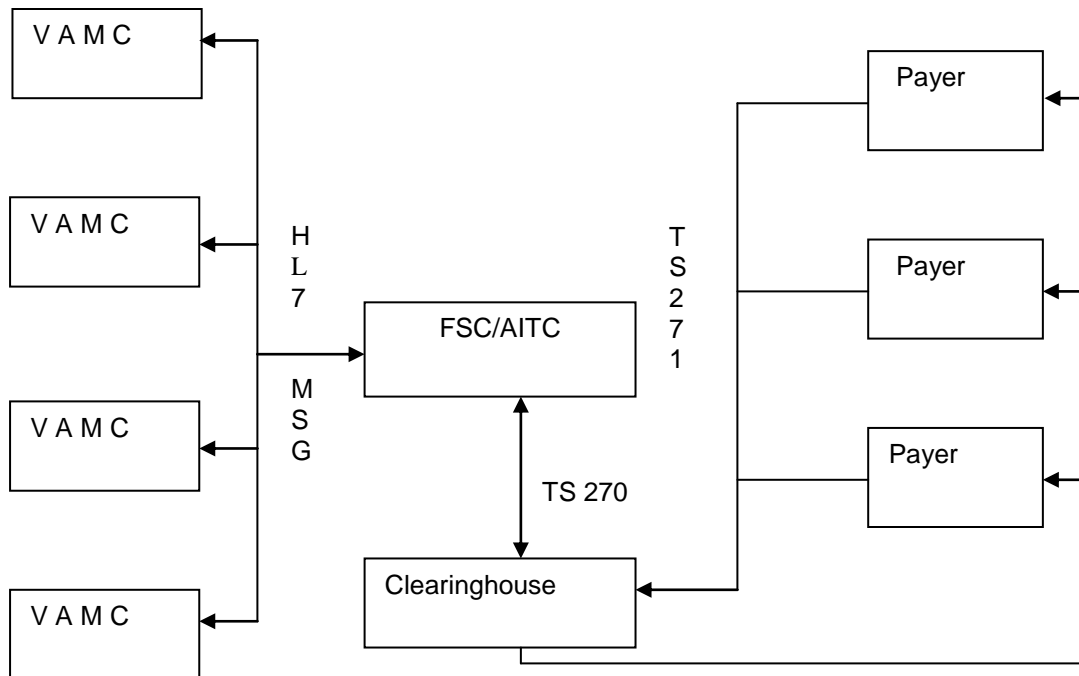
1. Automatic Update Setting = Yes; and
2. Subscriber ID (VistA) = Subscriber ID (271 Response); and
3. Subscriber DOB (VistA) = Subscriber DOB (271 Response); and
4. Subscriber's Name (VistA) = Subscriber Name (271 Response) and
5. Group Number (VistA) = Group Number (271 Response),

Note: The **Automatic Update Setting** is also referred to as the **Trusted Payer Flag**.

#### 1.4 National Insurance Payers

In order for the various VistA sites to be able to request eligibility information from the various payers, a national VA insurance payer list has been established. The national payer list provides a standard identification system for all payers that are participating in this process. Each VistA site has the ability to link the insurance companies in their own database to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry will be directed.





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

*(This page included for two-sided copying.)*

## 2 SITE PARAMETERS

Each VistA site can use the **eIV parameters** to configure some aspects of the eIV software in order to meet a site's unique requirements.

| General Parameter (Editable) | Definition   |
|------------------------------|--|
| Medicare Payer               | Medicare entry from the Payer file (#365.12). It is used to identify the Medicare payer for the insurance buffer lists and any other applications that need to know which payer is the Medicare WNR payer. |
| HMS Directory                | The name of the directory where Extract/Result files are stored as needed by HMS Data Extractor.   |
| EII Active                   | Enable/activate eII Software? YES/NO   |
| SSVI Enabled                 | SSVI Enabled? YES/NO   |
| Days SSVI Retained           | Number of days to retain SSVI data   |

| General Parameter (Non-Editable) | Definition   |
|----------------------------------|--|
| Freshness Days                   | Non Editable - How frequently should insurance information be re-verified? 7-180 Days  |
| HL7 Maximum Number               | Non Editable – Allows the restriction of the daily number of HL7 messages created and sent during the HL7 process for eIV during the eIV Nightly Process. 1-99999 Messages   |
| Timeout Days                     | Non Editable – Number of days that will define a communication timeout. 1-7 Days   |
| Retry Flag                       | Non Editable – Should an eIV Inquiry retransmit if no response is received? YES/NO   |
| Timeout Mailman Msg              | Non Editable – Send a mail message for each communication timeout? YES/NO  |
| Number of Retries                | Non Editable – Number of times to retry an eIV transmission. 0-5 Days  |
| Default STC                      | Non Editable – Default Service Type Code to be used on the eIV 270 transmissions.  |
| Messages MailGroup               | Non Editable - To which mailgroup should the eIV Statistical Report be sent?   |
| Master Switch Realtime           | Non Editable – ‘Yes’ allows realtime 270 transactions to be created and transmitted to the Eligibility Communicator (EC). YES/NO   |
| Master Switch Nightly            | Non Editable – ‘Yes’ allows the following to occur when the eIV Nightly Process is run: eIV extracts run and create 270 transactions, an eIV registration message is sent to the EC, eIV sends 270 transactions upon successful exchange of eIV registration message, the morning statistical report is scheduled to run at a given time (Daily Mailman Msg), the morning eIV registration message with statistics is scheduled to be created and sent to EC at a given time (Daily Mailman Msg). YES/NO<br><br>‘NO’ prevents any of the items listed above in this cell from occurring. |
| Failure Mailman MSG              | Non Editable - Send a mail message for communication failures? YES/NO  |

| General Parameter (Non-Editable) | Definition   |
|----------------------------------|--|
| Daily Mailman MSG                | Non Editable – ‘Yes’ allows the eIV statistical report is set to be sent out in an email each day.   |
| Daily MSG Time                   | Non Editable - Set to be sent at 7am (0700) local time each day.   |
| Contact Person                   | Removed with IB*2.0*549. Non Editable - Who is the site’s POC for eIV problems? This is the person the FSC will coordinate with if there are any problems. |
| Office Phone:                    | Removed with IB*2.0*549. Non Editable - What is the POC’s phone number?  |
| EMAIL Address                    | Removed with IB*2.0*549. Non Editable - What is the POC’s email address?   |
| Failure Mailman MSG              | Non Editable - Send a mail message for communication failures? YES/NO  |

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

| Batch – Appointment Extract | Definition   |
|-----------------------------|--|
| Active?                     | Not Editable – Appointment Extract will be turned on.  |
| Selection Criteria #1       | Not Editable – Appointment extracts will search for appointments scheduled for the next 10 days. |

| Batch – Non-verified Extract | Definition  |
|------------------------------|---|
| Active?                      | Not Editable – Non-Verified Extract will be turned off. |
| Selection Criteria #1        | Not Editable – Non-Verified Extract will be turned off. |
| Selection Criteria #2        | Not Editable – Non-Verified Extract will be turned off. |
| MAXIMUM EXTRACT NUMBER       | Not Editable – Non-Verified Extract will be turned off. |

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

## 2.1 Define General Parameters

| Step | Procedure   |
|------|---|
| 1    | Access the <b>SYST MCCR System Definition Menu</b> .                                |
| 2    | Access the <b>SITE MCCR Site Parameter Display/Edit</b> option.                     |
| 3    | At the <b>Select Action:</b> prompt, enter <b>IV</b> for <b>Ins. Verification</b> . |

| MCCR Site Parameters   |                      | Dec 10, 2010@11:15:16  | Page: 1 of 1 |
|--|----------------------|--|--------------|
| Display/Edit MCCR Site Parameters.<br>Only authorized persons may edit this data.  |                      |  |              |
| <b>IB Site Parameters</b><br>Facility Definition<br>Mail Groups<br>Patient Billing<br>Third Party Billing<br>Provider Id<br>EDI Transmission |                      | <b>Claims Tracking Parameters</b><br>General Parameters<br>Tracking Parameters<br>Random Sampling      |              |
| <b>Third Party Auto Billing Parameters</b><br>General Parameters<br>Inpatient Admission<br>Outpatient Visit<br>Prescription Refill           |                      | <b>Insurance Verification</b><br>General Parameters<br>Batch Extracts Parameters<br>Service Type Codes |              |
| actions  |                      |  |              |
| IB Site Parameter  | AB Automated Billing | EX   | Exit         |
| CT Claims Tracking   | IV Ins. Verification |  |              |
| Select Action: Quit// IV Ins. Verification   |                      |  |              |

The following screen will be displayed.

| IV Site Parameters                                      |                    | May 28, 2015@18:58:17         | Page: 1 of 2 |
|---|--------------------|-------------------------------|--------------|
| Only authorized persons may edit this data.             |                    |                               |              |
| -----   |                    |                               |              |
| General Parameters (editable)                           |                    |                               |              |
| Medicare Payer: CMS                                     |                    |                               |              |
| HMS Directory: USER\$:[HMS]                             |                    |                               |              |
| EII Active: YES   |                    |                               |              |
| SSVI Enabled: NO  |                    |                               |              |
| Number of days to retain SSVI data:                     |                    |                               |              |
| General Parameters (non-editable)                       |                    |                               |              |
| Freshness Days: 180                                     |                    | HL7 Maximum Number: 99999     |              |
| Timeout Days: 5   |                    | Retry Flag: NO                |              |
| Timeout Mailman Msg: NO                                 |                    | Number of Retries: 1          |              |
| Default STC: 30   |                    | Mail Group: IBCNE EIV MESSAGE |              |
| Master Realtime Switch: YES                             |                    | Master Nightly Switch: YES    |              |
| Send MailMan Message if Communication Problem: YES      |                    |                               |              |
| Receive MailMan Message, Daily Statistical: YES at 0700 |                    |                               |              |
| + Enter ?? for more actions                             |                    |                               |              |
| GP  | General Parameters | EX                            | Exit         |
| Select Action: Next Screen//                            |                    |                               |              |

| IV Site Parameters                          |           | May 28, 2015@19:00:08 | Page: 2 of 2 |
|---|-----------|-----------------------|--------------|
| Only authorized persons may edit this data. |           |                       |              |
| +-----                                      |           |                       |              |
| Batch Extracts                              |           |                       |              |
| Extract                                     | Selection | Maximum # to          |              |
| Name  | On/Off    | Criteria              | Extract/Day  |

```

Buffer      ON      n/a      99999
Appt       ON      10      99999

+          Enter ?? for more actions
GP  General Parameters    EX  Exit
Select Action: Quit// GP  General Parameters











```




```

General Parameters

Medicare Payer: CMS//
HMS Directory: USER$:[HMS]//
EII Active: NO//
SSVI Enabled: DISABLED//
Number of days to retain SSVI data: //





```

| Step  | Procedure   |
|---|---|
| 4   | At the <b>Select Action:</b> prompt, enter <b>GP</b> for <b>General Parameters</b> .  |
| 5   | At the <b>Medicare Payer:</b> prompt, enter the appropriate value.  |
| 6   | At the <b>HMS Directory:</b> prompt, enter the directory appropriate for your site.   |
| 7   | At the <b>EII Active:</b> prompt, enter the appropriate value.  |
|   | Patch IB*2*528 has added the source code, data dictionaries, options, templates etc. for System Shared Verified Insurance (SSVI). This feature should be set to <b>Disabled</b> . This feature will be modified and released in future projects. Instructions on how to use this newly added functionality will be issued at that time. |
| 8   | At the <b>SSVI Enabled</b> prompt, enter <b>0</b> or <b>DISABLED</b> .  |
| 9   | At the <b>Days SSVI Retained</b> prompt, leave the amount of time to retain shared insurance information at preferably (blank); otherwise <b>1</b> .  |
|  | <i>The FRESHNESS DAYS prompt has been removed with patch IB*2*506. This is no longer editable and system is set to 180.</i>   |
|  | <i>The DAILY MAILMAN MSG prompt has been removed as it is no longer optional.</i>   |
|  | <i>The DAILY MSG TIME prompt has been removed with patch IB*2*506. The system is set to automatically send the daily message at 0700 local time.</i>  |
|  | <i>Site can no longer turn off nor set time.</i>  |
|  | <i>The MESSAGES MAILGROUP: prompt has been removed by patch IB*2*549. This field is no longer editable and is set to IBCNE EIV MESSAGE.</i>   |
|  | <i>The HL7 RESPONSE PROCESSING prompt has been removed with patch IB*2*506. This field is no longer editable and the system is set to Immediate.</i>  |
|  | <i>Patch IB*2*416 removed the prompt HL7 MAXIMUM NUMBER. A site can no longer limit the number of daily inquiries.</i>  |
|  | <i>The CONTACT PERSON: prompt has been removed by patch IB*2*549. This value is no longer used by the system.</i>   |
|  | <i>The OFFICE PHONE: prompt has been removed by patch IB*2*549. This value is no longer used by the system.</i>   |

| Step  | Procedure   |
|---|---|
|  | <i>The EMAIL ADDRESS: prompt has been removed by patch IB*2*549.</i>  |
|  | <i>The Store Service Type code entry functionality has been removed by patch IB*2*549. This field is no longer editable and is set to 30.</i> |
|  | <i>The FAILURE MAILMAN MSG: prompt has been removed by patch IB*2*549. This field is no longer editable and is set to Yes.</i>                |

## 2.2 Define Batch Extract Parameters

Patch IB\*2\*438 removed the ability for the sites to define Batch Extract Parameters.

|   |  |
|---|--|
|  | <i>Patch IB*2*416 removed the ability for sites to define Buffer and Appointment parameters. No insurance parameters were removed as no inquiries will be sent for patients w/o insurance.</i>   |
|  | <i>Patch IB*2*438 set Non-verified parameters to Not Active and Non-editable.</i>  |
|  | <i>Patch IB*2*438 updated the eIV system to no longer check for freshness days ('Days between electronic re-verification checks' defined in the MCCR site parameter) for eligibility benefit inquiries that are available in the buffer and are awaiting transmission in the transmission queue.</i> |
|  | <i>Appointment extracts will skip policies whose last verified date is less than the freshness days from creating buffer entries.</i>  |

### 3 PAYERS



The VistA Payer file (#365.12) is a VA national file of insurance companies within each VistA system. It is automatically updated when a payer is enrolled and registered at the FSC by the eBusiness Solutions Office. It is non-editable at the facility level and the same data exists in this file at all VistA locations. However, the VistA locations do have the option to locally activate/deactivate payers.

When a 270 Health Care Eligibility Benefits Inquiry is constructed, it is this payer name in the Payer file (#365.12), not the Insurance Company name, which is transmitted with the inquiry. In order for an individual insurance company to participate in the eIV process, it must be linked to a payer in the Payer file. It is important to note that:

- An insurance company can be linked to only one payer.
- Many insurance companies can be linked to a single payer.
- The payer must also be active locally in order for it to be eligible for inclusion in the eIV process.

#### 3.1 Link Insurance Company to Payers using Link Insurance Company to Payers

The **Link Insurance Companies to Payers** option provides a tool for identifying potential matches of active Insurance Companies with Professional and Institutional IDs that are not linked to a particular Payer. Professional and Institutional Payer Primary ID fields correspond respectively to the EDI ID NUMBER – PROF and EDI ID NUMBER – INST fields in the Insurance Company Editor.

| Step  | Procedure  |
|---|--|
| 1   | Access the <b>PI Patient Insurance Menu</b> .  |
| 2   | Access the <b>PM Payer Maintenance</b> option.   |
|  | <i>Users must hold the IBCNE EIV MAINTENANCE security key to access this option.</i>   |
| 3   | Access the <b>LI Link Insurance Companies to Payers</b> option.  |
|  | <i>The system finds potential matches for users based on matching Payer Primary ID fields in the Insurance Company Editor. Please note that all matches are not definitive and should be linked at the users discretion.</i> |

The following screen of Payers who have potentially matching insurance company entries will be displayed:





|  |               |                       |              |
|--|---------------|-----------------------|--------------|
| <b>Payer Maintenance</b>                                     |               | Sep 22, 2009@14:26:21 | Page: 1 of 1 |
| Payers with potential matches to active insurance companies. |               |                       |              |
|  | Payer Name    | # Potential Matches   |              |
| 1  | IBpayer One   | 2                     |              |
| 2  | IBpayer Two   | 1                     |              |
| 3  | IBpayer Three | 3                     |              |
| 4  | IBpayer Four  | 1                     |              |
| Enter ?? for more actions                                    |               |                       |              |
| EE Expand Entry  |               | EX Exit               |              |
| Select Action: Quit//  |               |                       |              |

| Step | Procedure  |
|------|--|
| 4    | At the <b>Select Action:</b> prompt, enter <b>EE</b> for <b>Expand Entry</b> .                   |
| 5    | At the <b>Select entry to Expand, by line #: (1-5):</b> prompt, enter <b>2</b> for this example. |

The following screen will be displayed.

|                                      |                        |                            |                  |
|--------------------------------------|------------------------|----------------------------|------------------|
| <b>Payer Expand Screen</b>           |                        | Sep 22, 2009@14:45:22      | Page: 1 of 1     |
| PAYER: IBpayer Two                   |                        | Prof. EDI#:11111           | Inst. EDI#:11111 |
| Insurance Company Name - Active Only |                        |                            |                  |
|                                      | Insurance Company Name | Address                    | Prof# Inst#      |
| 1                                    | IBinsurance Two A      | PO BOX 5555 SCRANTON, PA   | 11111 11111      |
| 2                                    | IBinsurance Two B      | PO BOX 55555 COLUMBUS OHIO | 11111 11111      |
| Enter ?? for more actions            |                        |                            |                  |
| PL Print List                        |                        | EX Exit                    |                  |
| LP Link Payer                        |                        |                            |                  |
| Select Action: Quit//                |                        |                            |                  |

| Step  | Procedure   |
|---|---|
| 6   | At the <b>Select Action:</b> prompt, enter <b>LP</b> for <b>Link Payer</b> .  |
| 7   | At the <b>Select 1 or more Insurance Company Entries:</b> prompt, enter <b>1-2</b> for this example.  |
| 8   | At the <b>OK to proceed? YES//</b> prompt, press <b>RETURN</b> to accept the default of <b>YES</b> .  |
|  | <i>Patch IB*2*416 provided the ability to link more than one insurance company to a payer at one time.</i>  |
|  | <i>Users also have the option to print a list of insurance companies that may match a Payer. The list can be printed to a printer or to the screen.</i> |

Select 1 or more Insurance Company Entries: (1-2): **1-2**

You have selected 2 insurance companies  
to be linked to payer IBpayer Two.  
OK to proceed? YES//

Link process is complete.  
You may view/edit this relationship by using the  
Insurance Company Entry/Edit option.

Enter RETURN to continue or '^' to exit:

To print the details, go back to **Expand Entry** and select **Print List** as detailed below.

| Step | Procedure  |
|------|--|
| 1    | Access the <b>PI Patient Insurance Menu</b> .  |
| 2    | Access the <b>PM Payer Maintenance</b> option.   |
| 3    | Access the <b>LI Link Insurance Companies to Payers</b> option.  |
| 4    | At the <b>Select Action:</b> prompt, enter <b>EE</b> for <b>Expand Entry</b> .                           |
| 5    | At the <b>Select entry to Expand, by line #: (1-5):</b> prompt, enter <b>2</b> for this example.         |
| 6    | At the <b>Select Action:</b> prompt, enter <b>PL</b> for <b>Print List</b> .                             |
| 7    | At the <b>Device://Home:</b> prompt enter <b>RETURN</b> to display to the screen or enter a device name. |

The following screen will be displayed.

```
Payer Expand Screen          Sep 22, 2009@14:45:22          Page:    1 of    1
PAYER: IBpayer Two          Prof. EDI#:11111  Inst. EDI#:11111
Insurance Company Name - Active Only
  Insurance Company Name      Address                      Prof#    Inst#
1  IBinsurance Two A          PO BOX 5555  SCRANTON,  PA      11111    11111
2  IBinsurance Two B          PO BOX 555555 COLUMBUS OHIO    11111    11111

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



### 3.2 Link Insurance Company to Payers using Insurance Company Editor

When VistA is unable for any reason to identify an insurance company as a potential match to a payer, users can link the insurance company to a payer from within the **Insurance Company Editor**.

| Step | Procedure   |
|------|---|
| 1    | Access the <b>PI Patient Insurance Menu</b> .   |
| 2    | Access the <b>EI Insurance Company Entry/Edit</b> option.   |
| 3    | At the <b>Select INSURANCE COMPANY NAME:</b> prompt, enter <b>IBinsurance Two A</b> for this example. |

The following screen will be displayed:

|  |                      |                                  |                      |
|--|----------------------|----------------------------------|----------------------|
| <b>Insurance Company Editor</b>                      |                      | Sep 22, 2009@15:11:57            | Page: 1 of 9         |
| Insurance Company Information for: IBinsurance Two A |                      |                                  |                      |
| Type of Company: HEALTH INSURANCE                    |                      | Currently Active                 |                      |
| Billing Parameters                                   |                      |                                  |                      |
| Signature Required?: NO                              |                      | Type Of Coverage: HEALTH INSURAN |                      |
| Reimburse?: WILL REIMBURSE                           |                      | Billing Phone: 555-555-5555      |                      |
| Mult. Bedsections: YES                               |                      | Verification Phone: 555-555-5555 |                      |
| One Opt. Visit: NO                                   |                      | Precert Comp. Name:              |                      |
| Diff. Rev. Codes:                                    |                      | Precert Phone: 1-800-555-5555    |                      |
| Amb. Sur. Rev. Code:                                 |                      |                                  |                      |
| Rx Refill Rev. Code:                                 |                      |                                  |                      |
| Filing Time Frame: (12 MONTH(S))                     |                      |                                  |                      |
| EDI Parameters                                       |                      |                                  |                      |
| Transmit?: YES-LIVE                                  |                      | Insurance Type: GROUP POLICY     |                      |
| + Enter ?? for more actions                          |                      | >>>                              |                      |
| BP   | Billing/EDI Param    | IO                               | Inquiry Office       |
| MM   | Main Mailing Address | AC                               | Associate Companies  |
| IC   | Inpt Claims Office   | ID                               | Prov IDs/ID Param    |
| OC   | Opt Claims Office    | PA                               | Payer                |
| PC   | Prescr Claims Of     | RE                               | Remarks              |
| AO   | Appeals Office       | SY                               | Synonyms             |
| EA   | Edit All             | AI                               | (In)Activate Company |
| CC   | Change Insurance Co. | DC                               | Delete Company       |
| VP   | View Plans           | EX                               | Exit                 |
| Select Action: Next Screen// <b>PA Payer</b>         |                      |                                  |                      |
| <b>PAYER:</b> IBpayer Two                            |                      |                                  |                      |

| Step  | Procedure   |
|---|---|
| 4   | At the <b>Select Action:</b> prompt, enter <b>PA</b> for <b>Payer</b> .   |
| 5   | At the <b>Payer:</b> prompt, enter <b>??</b> to see a list of Payers.   |
| 6   | At the <b>Payer:</b> prompt, enter <b>IBpayer Two</b> for this example.   |
|  | <i>Users must hold the <b>IBCNE EIV MAINTENANCE</b> security key to access the (PA) Payer action.</i>                             |
|  | <i>To view the linked Payer for a particular insurance company, users may access <b>VI</b> for <b>View Insurance Company</b>.</i> |

The following screen will be displayed:

|  |                        |                         |              |
|--|------------------------|-------------------------|--------------|
| Insurance Company Editor                             |                        | Jul 07, 2010@13:55:50   | Page: 8 of 9 |
| Insurance Company Information for: IBinsurance Two A |                        |                         |              |
| Type of Company: HEALTH INSURANCE                    | Currently Active       |                         |              |
| +  |                        |                         |              |
| Payer Information: e-IV, e-Pharmacy                  |                        |                         |              |
| Payer Name: IBpayer Two                              |                        |                         |              |
| VA National ID: VA10                                 | CMS National ID:       |                         |              |
| Payer Application: E-PHARM                           | FSC Auto-Update: NO    |                         |              |
| National Active: YES                                 | Deactivated: NO        |                         |              |
| Local Active: YES                                    |                        |                         |              |
| Payer Application: eIV                               | FSC Auto-Update: NO    |                         |              |
| National Active: YES                                 | Deactivated: NO        |                         |              |
| Local Active: YES                                    |                        |                         |              |
| +  |                        |                         |              |
| Enter ?? for more actions                            |                        |                         | >>>          |
| BP Billing/EDI Param                                 | IO Inquiry Office      | EA Edit All             |              |
| MM Main Mailing Address                              | AC Associate Companies | AI (In)Activate Company |              |
| IC Inpt Claims Office                                | ID Prov IDs/ID Param   | CC Change Insurance Co. |              |
| OC Opt Claims Office                                 | PA Payer               | DC Delete Company       |              |
| PC Prescr Claims Of                                  | RE Remarks             | VP View Plans           |              |
| AO Appeals Office                                    | SY Synonyms            | EX Exit                 |              |
| Select Action: Next Screen//                         |                        |                         |              |

To view the linked payer for an insurance company, go back to the **Patient Insurance Menu** and select **View Insurance Company**.


| Step | Procedure   |
|------|---|
| 1    | Access the <b>PI Patient Insurance Menu</b> .   |
| 2    | Access the <b>VI View Insurance Company</b> option.   |
| 3    | At the <b>Select INSURANCE COMPANY NAME:</b> prompt, enter <b>IBinsurance Two A</b> for this example. |

The following screen will be displayed:

|  |  |                                  |              |
|--|--|----------------------------------|--------------|
| <b>Insurance Company Editor</b>                      |  | Sep 22, 2009@15:11:57            | Page: 1 of 8 |
| Insurance Company Information for: IBinsurance Two A |  |                                  |              |
| Type of Company: HEALTH INSURANCE                    |  | Currently Active                 |              |
| Billing Parameters                                   |  |                                  |              |
| Signature Required?: NO                              |  | Type Of Coverage: HEALTH INSURAN |              |
| Reimburse?: WILL REIMBURSE                           |  | Billing Phone: 555-555-5555      |              |
| Mult. Bedsections: YES                               |  | Verification Phone: 555-555-5555 |              |
| One Opt. Visit: NO                                   |  | Precert Comp. Name:              |              |
| Diff. Rev. Codes:                                    |  | Precert Phone: 1-800-555-5555    |              |
| Amb. Sur. Rev. Code:                                 |  |                                  |              |
| Rx Refill Rev. Code:                                 |  |                                  |              |
| Filing Time Frame: (12 MONTH(S))                     |  |                                  |              |
| EDI Parameters                                       |  |                                  |              |
| Transmit?: YES-LIVE                                  |  | Insurance Type: GROUP POLICY     |              |
| Inst Payer Primary ID: XXXXX                         |  | Prof Payer Primary ID: XXXXX     |              |
| + Enter ?? for more actions                          |  | >>>                              |              |
| CC Change Insurance Co.                              |  | EX Exit                          |              |
| Select Action: Next Screen//                         |  |                                  |              |




### 3.3 Payer Edit (Activate/Inactivate)

To edit the payer information users must use the **Payer Maintenance Menu**. The **Payer Edit** option is restricted to users with the **IBCNE EIV MAINTENANCE** security key.

| Step  | Procedure  |
|---|--|
| 1   | Access the <b>PI Patient Insurance Menu</b> .  |
| 2   | Access the <b>PM Payer Maintenance Menu</b> .  |
| 3   | Access the <b>PE Payer Edit (Activate/Inactivate)</b> option.                              |
| 4   | At the <b>Payer Name:</b> prompt, enter <b>IBpayer Two</b> for this example.               |
|  | <i>Users must hold the <b>IBCNE EIV MAINTENANCE</b> security key to access Payer Edit.</i> |

The following screen will be displayed:

| Payer Edit   |  |
|--|--|
| <p>This option allows you to view the data in the Payer file for a particular Payer. You may only edit local flags. Most of the fields in the Payer file are not editable. This data comes into VistA electronically. If an application has been deactivated, the local flag cannot be edited.</p> |  |
| <p>Payer Name: IBpayer Two<br/>           VA National ID: VA10<br/>           CMS National ID:<br/>           Inst Electronic Bill ID: 11111<br/>           Prof Electronic Bill ID: 11111<br/>           Date/Time Created: 09/23/2003@10:54:57</p>   |  |
| <p>Payer Application: eIV<br/>           National Active: Active<br/>           Future Service Days: 9999<br/>           Past Service Days: 9999<br/>           Auto-update Pt. Insurance: YES<br/>           Local Active: <b>Active</b>//</p>  |  |

| Step  | Procedure  |
|---|--|
| 5   | At the <b>Local Active:</b> prompt, users can locally <b>Activate</b> or <b>Deactivate</b> a Payer. Press <b>RETURN</b> to accept the default for this example.          |
|  | <i>Users can only Activate/Deactivate a Payer locally. The remainder of the Payer information is set by FSC.</i>   |
|  | <i>A payer must be nationally ACTIVE and locally ACTIVE for 270/271 Health Care Eligibility Inquiry and Response messages to be transmitted.</i>                         |
|  | <i>Patch IB*2*416 removed the ability for patient SSNs be transmitted as IDs in a 270 Health Care Eligibility Inquiry so those prompts were removed from Payer Edit.</i> |

*(This page included for two-sided copying.)*

## 4 PROCESS INSURANCE BUFFER

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

- **Complete Buffer** – Contains all records that can be found on the other Insurance Buffer views (Positive, Negative, Medicare, Failure and ePharm) in addition to the following types of records: eIV inquiries waiting for responses “?”, manual entries <blank> , ambiguous responses “#” and buffer entries from other VAMCs “\*”.
- **Positive Buffer** – Positive 271 Health Care Eligibility Benefits Responses (that failed to meet the auto-update criteria and are non-Medicare). These responses may have one of the following eIV symbols: “+”, “\$”, or a “\*”, which was previously a “+”.
- **Negative Buffer** - Negative 271 Health Care Eligibility Benefits Responses (non-Medicare). These responses may have one of the following eIV symbols: “-” or a “\*”, which was previously a “-”.
- **Medicare Buffer** – Positive, Negative or Ambiguous 271 Health Care Eligibility Benefits Responses. These responses may have any of the eIV symbols. (Refer to section 4.1.1 below.)
- **Failure Buffer** – Contains only non-Medicare records that have an eIV symbol of “!”
- **ePharm Buffer** – Contains insurance billable pharmacy data.
- **TRICARE/CHAMPVA** – Entries that contain the word TRICARE and/or CHAMPVA in the insurance company name.

### 4.1 Status Flags

#### 4.1.1 Buffer Symbols

| Flag    | Meaning   |
|---------|---|
| (blank) | Inquiry not yet sent  |
| +       | Matching patient data was found at payer, payer indicates active policy   |
| -       | Matching patient data was found at payer, payer indicates expired policy  |
| #       | eIV is unable to determine if payer indicates active or expired policy OR matching patient data was NOT found at payer  |
| ?       | Inquiry was sent, waiting for response  |
| !       | eIV was unable to send an inquiry for this entry. A manual correction is required before eIV can send inquiry. A descriptive error message will be displayed on the last screen of the expanded buffer entry. |
| \$      | Buffer entry was escalated to user with appropriate security key.   |

#### 4.1.2 Buffer Entry Status Flags

| Flag | Meaning   |
|------|---|
| *    | This entry has been manually verified and the asterisk is not an eIV indicator. |
| d    | Patient appears on more than one buffer view (Duplicate).                       |



### 4.1.3 Patient Status Flags

| Flag | Meaning  |
|------|--|
| i    | Patient currently has active insurance on file                                       |
| I    | Patient is currently admitted as an inpatient  |
| E    | Patient is deceased (expired)  |
| Y    | Patient is required to pay VA copayment for incurred charges according to Means Test |
| H    | Patient has charges on hold  |
| *    | Buffer entry verified by user  |

### 4.1.4 Buffer Entry Source of Information Indicators

| Letter | Meaning                  |
|--------|--------------------------|
| I      | Interview                |
| P      | Pre-registration         |
| M      | Medicare                 |
| D      | Data Match               |
| E      | eIV Appointment Extract  |
| R      | Insurance Capture Buffer |
| V      | IVM                      |
| H      | HMS                      |
| C      | Contract Services        |
| X      | e-Pharmacy               |
| F      | Interfacility Ins Update |

### 4.1.5 Insurance Entry Update Methods

| Letter | Meaning   |
|--------|---|
| M      | Merge - Data from the buffer entry will be saved to the insurance entry ONLY if the corresponding data field in the insurance entry is blank.   |
| O      | Overwrite - ALL non-blank data in the buffer entry will be saved to the insurance entry. If a buffer entry field has a value it will be saved to the corresponding insurance entry field. Blank insurance fields will be filled and existing insurance data replaced. |
| R      | Replace - ALL fields in the buffer entry will be saved to the insurance entry, including blank fields. Therefore all data in the insurance entry will be deleted then completely replaced by the buffer entry.  |
| N      | No Change - This option may be used to identify the Insurance entry that corresponds to a buffer entry without actually changing any of the Insurance Information. The Buffer data is ignored.  |
| I      | Individually Accept - This option may be used to accept only non-blank specific fields from the buffer entry into the Insurance entry. Only those values accepted by the user will replace the corresponding fields in the Insurance entry.                           |

See Appendix B for a detailed list of error messages associated with entries that were created because a 270 Health Care Eligibility Benefits Inquiry could not be transmitted.

## 4.2 Buffer Actions

All views provide users the same actions for each buffer view.

Note that patients with no insurance on file will not be included in the nightly Buffer Extract.

These following actions are available in **Process Insurance Buffer**:

- **PE** – Process Entry
- **RE** – Reject Entry
- **EE** – Expand Entry
- **AE** – Add Entry
- **ST** – Sort Entry
- **CC** – Check Ins. Co.
- **PB** – Positive Buffer
- **NB** – Negative Buffer
- **MB** – Medicare Buffer
- **FB** – Failure Buffer
- **RX** – ePharm Buffer
- **EX** – Exit
- **CB** – Complete Buffer
- **TC** – TRICARE/CHAMPVA



These following actions are hidden, but available in Process Insurance Buffer:

- **+** – Next Screen
- **-** – Previous Screen
- **UP** – Up a Line
- **DN** – Down a Line
- **>** - Shift view to Right
- **<** - Shift view to Left
- **FS** – First Screen
- **LS** – Last Screen
- **GO** – Go to Page
- **RD** – Re Display Screen
- **PS** – Print Screen
- **PL** – Print List
- **SL** – Search List
- **ADPL** – Auto Display (On/Off)
- **Q** - Quit

## 4.2.1 Process Entry

Processing an entry in a **Buffer View** results in updating the patient's insurance and removing the entry from the buffer. Once users access **Process Entry**, they will have access to the following additional actions:

- **Accept Entry** - Allows users to update the patient's insurance and remove the entry from the buffer
- **Reject Entry** – Allows users to remove the entry from the buffer without updating the patient's insurance
- **Compare Entry** – Allows users to compare the data in the buffer with the data in the patient's insurance
- **Expand Entry** – Allows users to Expand an Entry – Refer to Section 4.2.3
- **Insurance Co/Patient** – Allows users to view specific information about an insurance company's available policies

| Step  | Procedure  |
|---|--|
| 1   | Access the <b>PI Patient Insurance Menu</b> .  |
| 2   | Access the <b>BI Process Insurance Buffer</b> option.  |
|  | <i>The default Insurance Buffer view is the Positive Insurance Buffer and users can move between views using the action for each view.</i> |
|  | <i>Some actions such as Reject Entry are only available to users who hold the <b>IB INSURANCE SUPERVISOR</b> key.</i>                      |

The following screen will be displayed:

|                              |                       |                       |                    |              |       |
|------------------------------|-----------------------|-----------------------|--------------------|--------------|-------|
| Complete Buffer              |                       | Oct 19, 2015@16:16:01 |                    | Page: 1 of 1 |       |
| Sorted by: Patient Name      |                       |                       |                    |              |       |
| Patient Name                 | Insurance Company     | Subscr Id             | S                  | Entered      | iIEYH |
| 1 !IBPATIENT,ONE             | XXXX IBINSURANCE,ONE  | SUB ID XXXX           | E                  | 10/01/15     | iI    |
| 2 !IBPATIENT,TWO             | XXXX IBINSURANCE,ONE  | SUB ID XXXX           | E                  | 09/10/15     |       |
| 3 !IBPATIENT,THREE           | XXXX IBINSURANCE,ONE  | SUB ID XXXX           | E                  | 09/10/15     |       |
| 4 !IBPATIENT,FOUR            | XXXX IBINSURANCE,TWO  | SUB ID XXXX           | P                  | 09/10/15     |       |
| 5 !IBPATIENT,FIVE            | XXXX IBINSURANCE,FOUR | SUB ID XXXX           | P                  | 09/10/15     |       |
| 6 !IBPATIENT,SIX             | XXXX IBINSURANCE,FOUR | SUB ID XXXX           | P                  | 09/03/15     |       |
| 7 !IBPATIENT,SEVEN           | XXXX IBINSURANCE,FOUR | SUB ID XXXX           | P                  | 09/10/15     |       |
| 8 !IBPATIENT,EIGHT           | XXXX IBINSURANCE,FIVE | SUB ID XXXX           | P                  | 09/10/15     |       |
| 9 !IBPATIENT,NINE            | XXXX IBINSURANCE,ONE  | SUB ID XXXX           | I                  | 09/09/15     |       |
| 10 !IBPATIENT,TEN            | XXXX IBINSURANCE,SIX  | SUB ID XXXX           | I                  | 09/30/15     |       |
| 11 !IBPATIENT,ELEVEN         | XXXX IBINSURANCE,TWO  | SUB ID XXXX           | I                  | 10/01/15     | I     |
| 12 !IBPATIENT,TWELVE         | XXXX IBINSURANCE,TWO  | SUB ID XXXX           | P                  | 10/01/15     | i H   |
| 13 ?IBPATIENT,THIRTEEN       | XXXX IBINSURANCE,ONE  | SUB ID XXXX           | E                  | 09/30/15     | Y     |
| 14 !IBPATIENT,FOURTEEN       | XXXX IBINSURANCE,TWO  | SUB ID XXXX           | P                  | 09/30/15     | i H   |
| 15 !IBPATIENT,FIFTEEN        | XXXX IBINSURANCE,FOUR | SUB ID XXXX           | I                  | 09/30/15     | i Y   |
| + Enter ?? for more actions  |                       |                       |                    |              |       |
| PE Process Entry             | ST Sort List          | MB Medicare Buffer    | TC TRICARE/CHAMPVA |              |       |
| RE Reject Entry              | CC Check Ins Co's     | FB Failure Buffer     |                    |              |       |
| EE Expand Entry              | PB Pos. Buffer        | RX ePharm Buffer      |                    |              |       |
| AE Add Entry                 | NB Neg. Buffer        | CB Complete Buffer    |                    |              |       |
| Select Action: Next Screen// |                       |                       |                    |              |       |

| Step | Procedure  |
|------|--|
| 3    | At the <b>Select Action:</b> prompt, enter <b>PE</b> for <b>Process Entry</b> .        |
| 4    | At the <b>Select Buffer Entry(s): (1-12):</b> prompt, enter <b>1</b> for this example. |

The following screen will be displayed:

```

Insurance Buffer Process      May 21, 2010@10:21:24      Page: 1 of 1
IBpatient,One                XXX-XX-XXXX      DOB: XXX XX,XXXX AGE: XX

      IBinsurance One      (P.O. BOX 555555, CLEVELAND, OH)
- IBinsurance One      GRP NUM 11269      PATIEN 10/01/00

      Patient's Existing Insurance
Insurance Company      Group #      Subscriber Id      Holder      Effective Expires
1  IBinsurance Two      GRP NUM 11269      SUB ID XXXX      PATIEN 04/01/95 10/01/00

      Any Group/Plan that may match Group Name or Group Number
Insurance Company      Group Name      Group Number
2  IBinsurance Two      PO BOX 740800      XXXXX      GRP NUM XXXX
3  IBinsurance Two      PO BOX 740800      XXXXX      GRP NUM XXXXX

Enter ?? for more actions
AE  Accept Entry      CE  Compare Entry      VP  Insurance Co/Patient
RE  Reject Entry      EE  Expand Entry      EX  Exit
Select Action: Quit//

```

| Step | Procedure  |
|------|--|
| 5    | At the <b>Select Action:</b> prompt, enter <b>AE</b> for <b>Accept Entry</b> .       |
| 6    | At the <b>Select Company/Policy: (1-3):</b> prompt, enter <b>1</b> for this example. |

The following screen will be displayed:



```

Insurance Data:  Buffer Data      Selected Insurance Company
Company Name:    TEST-1          | BLUE CROSS
Reimburse?:     | WILL REIMBURSE
Phone Number:   |
Billing Phone:   | 877.277.3368
Pre-Cert Phone:  | 877.277.3368
Street [Line 1]: | 123 HERE
Street [Line 2]: |
Street [Line 3]: |
City:           | SAN FRANCISCO
State:          | CALIFORNIA
Zip Code:       | 94114
                (bold=accepted on Merge)      | (bold=replaced on Overwrite)

Is this the correct INSURANCE COMPANY to match with this Buffer entry? YES

Select the method to update the INSURANCE COMPANY:  (M/O/R/N/I): NO CHANGE

```

| Step  | Procedure   |
|---|---|
| 7   | At the <b>Is this the correct INSURANCE COMPANY</b> to match with this Buffer entry? Prompt, enter <b>YES</b> .   |
| 8   | At the <b>Select the method to update the INSURANCE COMPANY: (M/O/R/N/I):</b> prompt, always enter <b>N</b> .   |
|  | <i>VistA has no control over the information that the payers return, so by selecting <b>N</b>, the details about the payer in the VistA insurance file will not be changed.</i> |
|  | <i>See Section 4.1.5 for details of the update methods.</i>   |

The following screen will be displayed:

```


Patient is a member of this Insurance Group/Plan

Group/Plan Data:  Buffer Data                      Selected Group/Plan
Company Name:    TEST-1                          | BLUE CROSS
Is Group Plan?:  | YES
Group Name:      | BLUE CROSS OF CA
Group Number:    | 3485
BIN:             |
PCN:             |
Require UR:      | NO
Require Pre-Cert: |
Require Amb Cert: |
Exclude Pre-Cond: |
Benefits Assign: | YES
Type of Plan:    | ACCIDENT AND HEALTH INSURANCE
                  (bold=accepted on merge)         | (bold=replaced on overwrite)

Is this the correct GROUP/PLAN to match with this Buffer entry? YES

Select the method to update the GROUP/PLAN:  (M/O/R/N/I): NO CHANGE

```

| Step  | Procedure  |
|---|--|
| 9   | At the <b>Is this the correct Group Plan</b> to match with this Buffer entry? Prompt, enter <b>YES</b> .   |
| 10  | At the <b>Select the method to update the Group Plan: (M/O/R/N/I):</b> prompt, enter <b>N</b> .  |
|  | <i>VistA has no control over the information that the payers return, so by selecting <b>N</b> the details about the payer in the VistA insurance file will not be changed.</i> |

The following screen will be displayed

```

Do you want to Review the AB Y/N? No// YES

Benefit year:
JAN 01, 2001
JAN 20, 2001
JAN 01, 2002
JAN 01, 2016
FEB 05, 2012
FEB 09, 2015
FEB 16, 2015
MAR 01, 2015

```

APR 01, 2001  
 MAY 01, 2015  
 JUN 01, 2015  
 JUL 01, 2015  
 AUG 01, 2015  
 SEP 25, 2005  
 SEP 01, 2015  
 SEP 25, 2015  
 OCT 01, 2015  
 NOV 25, 2005  
 NOV 01, 2015  
 DEC 16, 2015  
 DEC 26, 2015

Enter Existing Date or Add New Benefit Year: JAN 1, 2001 (JAN 01, 2001)

| Step | Procedure   |
|------|---|
| 11   | At the <b>Do you want to Review the AB Y/N?</b> prompt, enter <b>YES</b> .  |
| 12   | At the <b>Enter the Existing Data or Add New Benefit Year</b> prompt, enter the <b>JAN 01, 2001</b> for this example. |

The follow screen will be displayed:

```

Annual Benefits Data
Benefit Year      : JAN 01, 2001
Policy Information : BLUE CROSS
Max Out of Pocket : 33.33
Ambulance Coverage(%) : 9

Inpatient:
Annual Deductible : 23
Per Admis Deduct  : 2
Inpt. Lifetime Max : 100
Inpt. Annual Max   : 68
Room & Board (%)   : 34
Drug/Alcohol Lifet. Max : 67.00
Drug/Alcohol Annual Max : 02
Nursing Home (%)    : 44
Other Inpt. Charges (%) : 77

Outpatient:
Annual Deductible : 38.89
Per Visit Deductible : 56.12

Enter RETURN to continue or '^' to exit:

Lifetime Max      : 69.99
Annual Max        : 99.00
Visit (%)         : 50
Max Visits Per Year : 4
Surgery (%)       : 67
Emergency (%)     : 23
Prescription (%)  : 98
Adult Day Health Care? : YES
Dental Cov. Type  : PERCENTAGE AMOUNT
Dental Cov. (%)   : 69
  
```

```

Mental Health Inpatient:
  MH Inpt. Max Days/Year   :   89
  MH Lifetime Inpt. Max    :  56.32
  MH Annual Inpt Max       :   48
  Mental Health Inpt. (%)  :    5

Mental Health Outpatient:
  MH Opt. Max Days/Year    :   92
  MH Lifetime Opt. Max     :   42

Enter RETURN to continue or '^' to exit:
  MH Annual Opt. Max       :   78
  Mental Health Opt. (%)   :    4

Home Health Care:
  Care Level               :  THERAPIST/OTHER
  Visits Per Year          :   56
  Max. Days Per Year       :   89
  Med. Equipment (%)      :   50
  Visit Definition        :  CHECK-UP

Hospice:
  Annual Deductible       :  10.00
  Inpatient Annual Max.   :  25.00
  Inpatient Lifetime Max. : 100.00
  Room and Board (%)     :   30
  Other Inpt. Charges (%) :    1

Rehabilitation:
  OT Visits/Yr           :   93
  PT Visits/Yr           :   99

Enter RETURN to continue or '^' to exit:

  ST Visits/Yr           :   92
  Med Cnslg Visits/Yr    :   94

IV Management:
  IV Infusion Opt?       :  YES
  IV Infusion Inpt?      :  YES
  IV Antibiotics Opt?    :  YES
  IV Antibiotics Inpt?   :  YES

Are you sure you want to edit existing benefit year information for: JAN 1,2001 Y/N?:
YES

```

| Step | Procedure   |
|------|---|
| 13   | At the <b>Are you sure you want to edit the existing benefit year information for &lt;date&gt; Y/N</b> prompt, enter the <b>YES</b> . |

The following screen will display:

```

----- EDIT ANNUAL BENEFITS INFORMATION -----
Benefit Year           : JAN 1,2001//
Policy Information     : BLUE CROSS//
Max Out of Pocket      : 33.33// 80.00

```

```

Ambulance Coverage(%)      : 9//

Inpatient:
  Annual Deductible         : 23//
  Per Admis Deduct          : 2// ^

Save Changes to Annual Benefits File Y/N? No//    NO

Do you want to Review the AB Y/N? No//    NO

```

| Step | Procedure   |
|------|---|
| 14   | At the <b>Save Changes to Annual Benefits File Y/N?</b> prompt, enter <b>NO</b> . |
| 15   | At the <b>Do you want to review the AB Y/N</b> prompt, enter <b>N</b> .           |
| 16   | At the <b>Do you want to Review the CV Y/N?</b> prompt, enter <b>YES</b> .        |

The following screen will be displayed:

```

Do you want to Review the CV Y/N? No// YES

Coverage Date:
  JAN 01, 1995
  JAN 01, 2002
  APR 08, 2015
  APR 10, 2015
  APR 20, 2015
  APR 25, 2015
  SEP 01, 2005
  SEP 25, 2005
  SEP 22, 2014
  SEP 25, 2015
  OCT 01, 2003
  NOV 01, 2003
  DEC 25, 2011
  DEC 31, 2015

Enter Existing Date or Add New Coverage Date:  JAN 01,1995  (JAN 01, 1995)

```

| Step | Procedure  |
|------|--|
| 17   | At the <b>Enter Existing Date or Add New Coverage Date</b> prompt, enter the <b>JAN 01, 2001</b> for this example. |

The following screen will be displayed:

```

                                Coverage Limitations Data

INPATIENT:
  Inpatient Coverage           : COVERED
  Inpatient Date of Coverage   : JAN 01, 1995
  Inpatient Limit Comments     : test

OUTPATIENT:
  Outpatient Coverage          :
  Outpatient Date of Coverage  :
  Outpatient Limit Comments    :

```



```

PHARMACY:
  Pharmacy Coverage      :
  Pharmacy Date of Coverage :
  Pharmacy Limit Comments :

DENTAL:
  Dental Coverage      :
  Dental Date of Coverage :
  Dental Limit Comments :

Enter RETURN to continue or '^' to exit:

                                Coverage Limitations Data

MENTAL HEALTH:
  MH Health Coverage      :
  MH Health Date of Coverage :
  MH Health Limit Comments :

LONG TERM CARE:
  Long Term Coverage      :
  Long Term Date of Coverage :
  Long Term Limit Comments :

Are you sure you want to Edit existing Coverage Date information: JAN 1,1995 Y/N
?: NO

Do you want to Review the CV Y/N? No//  NO

```

| Step | Procedure   |
|------|---|
| 18   | At the <b>Are you sure you want to edit existing Coverage Date information Y/N?</b> prompt, enter <b>NO</b> . |
| 19   | At the <b>Do you want to Review the CV Y/N</b> prompt, enter <b>N</b> .                                       |

The following screen will be displayed:

|                   |                |                 |
|-------------------|----------------|-----------------|
| Policy Data:      | Buffer Data    | Selected Policy |
| Company Name:     | TEST-1         | BLUE CROSS      |
| Group #:          | 3458           | 3485            |
| Patient Name:     | IBPATIENT, ONE | IBPATIENT,ONE   |
| Last Verified:    |                | APR 23, 2015    |
| Effective Date:   | MMM DD, YYYY   | JAN 01, 2015    |
| Expiration Date:  |                | JAN 01, 2040    |
| Subscriber Id:    |                | 123456789       |
| Whose Insurance:  |                | VETERAN         |
| Relationship:     |                | PATIENT         |
| Rx Relationship:  |                | 0               |
| Rx Person Code:   |                | 001             |
| Subscriber Name:  |                | IBTEST,EB       |
| Subscriber's DOB: | MMM DD, YYYY   | MMM DD, YYYY    |
| Subscriber's SSN: |                | XX-XX-XXXX      |
| Subscriber's SEX: |                | FEMALE          |
| Primary Provider: |                | IBDOCTOR,ONE    |
| Provider Phone:   |                | (555)515-5555   |
| Coor of Benefits: |                | SECONDARY       |
| Emp Sponsored?:   |                | YES             |

|                           |                   |
|---------------------------|-------------------|
| Patient Id:               | 7654321           |
| Subscr Str Ln 1:          | 936 Little Street |
| Subscr Str Ln 2:          | Suite 17          |
| Subscr City:              | Brooklyn          |
| Subscr State:             | NEW YORK          |
| Subscr Zip:               | 21323             |
| Subscr Country:           | USA               |
| Subscr Subdiv:            | 321               |
| Subscr Phone:             | (111)111-111      |
| Subscriber Id: XXXXXXXXXX | XXXXXXXXXX        |

Enter RETURN to continue:


|                   |                     |
|-------------------|---------------------|
| Employer Name:    | Cognitive Solutions |
| Emp Status:       |                     |
| Retirement Date:  |                     |
| Send to Employer: |                     |
| Emp Street Ln 1:  | 1 Alpha Lane        |
| Emp Street Ln 2:  | Galaxy Suite        |
| Emp Street Ln 3:  |                     |
| Emp City:         | San Diego           |
| Emp State:        | CALIFORNIA          |
| Emp Zip Code:     | 91970               |
| Emp Phone:        |                     |

(bold=accepted on merge) | (bold=replaced on overwrite)

Is this the correct PATIENT POLICY to match with this Buffer entry? YES

Select the method to update the PATIENT POLICY: (M/O/R/N/I): INDIVIDUALLY ACCEP  
T (SKIP BLANKS)

Select the Patient Relationship to Subscriber: 01 SPOUSE

| Step  | Procedure   |
|---|---|
| 20  | At the <b>Is this the correct Patient Policy to match with this Buffer entry?</b> Prompt, enter <b>YES</b> .  |
| 21  | At the <b>Select the method to update the Patient Policy: (M/O/R/N/I):</b> prompt, enter <b>I</b> .   |
|  | <i>VistA has no control over the information that the payers return, so by selecting <b>I</b>, the user has full control over the details that are changed in the VistA insurance file.</i> |

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

|                         |                |                 |
|-------------------------|----------------|-----------------|
| Policy Data:            | Buffer Data    | Selected Policy |
| Company Name:           | TEST-1         | BLUE CROSS      |
| Group #:                | 3485           | 3485            |
| Patient Name:           | IBPATIENT, ONE | IBPATIENT, ONE  |
| Last Verified:          |                | APR 23, 2015    |
| Effective Date:         | MMM DD, YYYY   | JAN 01, 2015    |
| Accept Change, Replace? | No// NO        |                 |
| Expiration Date:        |                | JAN 01, 2040    |
| Subscriber Id:          |                | 123456789       |
| Whose Insurance:        | VETERAN        | VETERAN         |
| Relationship:           | PATIENT        | PATIENT         |

```

Rx Relationship:                | 0
Rx Person Code:                 | 001
Subscriber Name:                | IBTEST,EB
Subscriber's DOB:  MMM DD, YYYY | MMM DD, YYYY
Accept Change, Replace? No//   NO

Subscriber's SSN:               | XX-XX-XXXX
Subscriber's SEX:               | FEMALE
Primary Provider:              | IBDOCTOR,ONE
Provider Phone:                 | (555)515-5555
Coor of Benefits:              | SECONDARY
Emp Sponsored?:                 | YES
Patient Id:                     | 7654321
Subscr Str Ln 1:                | 936 Little Street
Subscr Str Ln 2:                | Suite 17
Subscr City:                    | Brooklyn
Subscr State:                   | NEW YORK
Subscr Zip:                     | 21323
Subscr Country:                 | USA
Subscr Subdiv:                  | 321
Subscr Phone:                   | (111)111-111
Subscriber Id: XXXXXXXXXXXX     | XXXXXXXXXXXX
Accept Change, Replace? No//   NO

Employer Name:                  | Cognitive Solutions
Emp Status:                     |
Retirement Date:               |
Send to Employer:               |
Emp Street Ln 1:                | 1 Alpha Lane
Emp Street Ln 2:                | Galaxy Suite
Emp Street Ln 3:                |
Emp City:                       | San Diego
Emp State:                      | CALIFORNIA
Emp Zip Code:                   | 91970
Emp Phone:                      |
                                (bold=accepted on merge) | (bold=replaced on overwrite)

End of changes for POLICY related data.

Enter RETURN to continue or '^' to exit:

Select the Patient Relationship to Subscriber: 01  SPOUSE

```



| Step | Procedure  |
|------|--|
| 22   | At the <b>Select the Patient Relationship to Subscriber</b> prompt, enter the <b>01 SPOUSE</b> for this example. |

|                   |                      |                          |
|-------------------|----------------------|--------------------------|
| Subscriber Data:  | Patient Registration | Patient Insurance Policy |
| Subscriber Id:    | 098765               | 123456789                |
| Whose Insurance:  | VETERAN              | VETERAN                  |
| Relationship:     | SELF                 | SELF                     |
| Rx Relationship:  | 1 - NOT SPECIFIED    | 0                        |
| Rx Person Code:   | 001                  | 001                      |
| Subscriber Name:  | IBTEST,EB            | IBTEST,EB                |
| Subscriber's DOB: | NOV 04, 1939         | NOV 04, 1939             |
| Subscriber's SSN: | XX-XX-XXXX           | XX-XX-XXXX               |
| Subscriber's SEX: | MALE                 | MALE                     |

|                   |                          |  |                              |
|-------------------|--------------------------|--|------------------------------|
| Primary Provider: | IBPROVIDER, ONE          |  | IBPROVIDER, TWO              |
| Provider Phone:   | (222)222-2222            |  | (555)555-5555                |
| Coor of Benefits: | PRIMARY                  |  | SECONDARY                    |
| Patient Id:       |                          |  | 2345678                      |
| Subscr Str Ln 1:  | 20-06 18th Street        |  | 936 Little Street            |
| Subscr Str Ln 2:  |                          |  | Suite 17                     |
| Subscr City:      | QUEENS                   |  | Brooklyn                     |
| Subscr State:     | NEW YORK                 |  | NEW YORK                     |
| Subscr Zip:       | 23405                    |  | 21323                        |
| Subscr Country:   | USA                      |  | USA                          |
| Subscr Phone:     | 777-777-7777             |  | (444)444-4444                |
|                   | (bold=accepted on merge) |  | (bold=replaced on overwrite) |

Is this the correct SUBSCRIBER INSURANCE to match with this Patient Registration entry? YES

Select the method to update the SUBSCRIBER INSURANCE: (M/O/R/N/I): NO CHANGE

| Step  | Procedure   |
|---|---|
|    | <i>Eligibility/benefit data groups may be available on multiple pages. To scroll through each page, enter RETURN. To skip to the last page, enter ^.</i>                                    |
| 23  | At the <b>Is this the correct SUBSCRIBER INSURANCE to match with this Patient Registration entry?</b> prompt, enter <b>YES</b> .  |
| 24  | At the <b>Select the method to update the SUBSCRIBER INSURANCE: (M/O/R/N/I):</b> prompt, enter <b>N</b> .   |
|  | <i>VistA has no control over the information that the payers return, so by selecting <b>N</b>, the user has full control over the details that are changed in the VistA insurance file.</i> |

|  |                     |
|--|---------------------|
| *** Non-editable Patient Eligibility/Benefit data from payer *** |                     |
| Payer Response   | VISTA Pt. Insurance |
| <u>Eligibility Information</u>                                   |                     |
| Subscriber: IBpatient,One  |                     |
| Subscriber Id: XXXXXXXXX   |                     |
| Subscriber DOB: XXXXXXXX   |                     |
| Subscriber SSN: XXXXXXXX   |                     |
| Group Name: XXXXXXXX   |                     |
| Group ID: XXXXXXXXXXXXXXX  |                     |
| Whose Insurance: VETERAN   |                     |
| Pt.Rel. to Subscriber: PATIENT                                   |                     |
| Member ID:   |                     |
| COB:   |                     |
| Service Date:  |                     |
| Effective Date: XXX XX, XXXX                                     |                     |
| Certification Date:  |                     |
| Expiration Date:   |                     |
| Payer Updated Policy:  |                     |
| Response Date: XXX XX, XXXX                                      |                     |
| Trace #:   |                     |
| Policy Number:   |                     |
| Contact Information  | Contact Information |
| <u>Eligibility/Group Plan Information</u>                        |                     |

|   |                           |
|---|---------------------------|
| Reference ID Qualifier:                           | Reference ID Qualifier:   |
| Reference ID:                                     | Reference ID:             |
| Reference ID description:                         | Reference ID description: |
| Provider Code:                                    | Provider Code:            |
| Reference ID:                                     | Reference ID:             |
| Primary Diagnosis Code:                           | Primary Diagnosis Code:   |
| Secondary Diagnosis Code:                         | Secondary Diagnosis Code: |
| Military Info Status:                             | Military Info Status:     |
| Employment Status:                                | Employment Status:        |
| Government Affiliation:                           | Government Affiliation:   |
| Date Time Period:                                 | Date Time Period:         |
| Service Rank:                                     | Service Rank:             |
| Desc:   | Desc:                     |
| Summary of eIV Eligibility/                       | No eIV Eligibility/Benefi |
| Coverage Status: ACTIVE                           | No eIV Eligibility/Benefi |
| Insurance Type: BLUE CROSS                        | No eIV Eligibility/Benefi |
| eIV Eligibility/Benefit Data Group# 1 of 7        |                           |
| Eligibility/Benefit Information                   |                           |
| Elig/Ben Info: Active Coverage                    |                           |
| Coverage Level: Individual                        |                           |
| Date/Time Qual:                                   |                           |
| D/T Period:                                       |                           |
| Service Type:                                     |                           |
| Time Period:                                      |                           |
| Insurance Type: Medicare Part A                   |                           |
| Plan Coverage Desc:                               |                           |
| Benefit Amount:                                   |                           |
| Benefit %:  |                           |
| Quantity Qual:                                    |                           |
| Quantity Amount:                                  |                           |
| Auth/Certification Required:                      |                           |
| In-Plan-Network:                                  |                           |
| Enter RETURN to continue or '^' to exit: ^        |                           |
| Replace the Pt's Eligibility/Benefits data? YES// |                           |

| Step | Procedure  |
|------|--|
| 25   | At the <b>Replace the Pt's Eligibility/Benefits data?</b> prompt, enter <b>YES</b> . |

The following screen will be displayed:

```

STEP 1: Insurance Company
There will be NO CHANGE to the existing Insurance Company data.

STEP 2: Group/Plan
There will be NO CHANGE to the existing Group/Plan data.

STEP 3: Annual Benefits
No Edits made/saved. No data saved into the Annual Benefits File.

STEP 4: Coverage Limitation
No Edits made/saved. No data saved into the Coverage Limitations File.

STEP 5: Patient Policy
The Buffer data will INDIVIDUALLY ACCEPT (SKIP BLANKS) the existing Policy data.

STEP 6: Subscriber Update
There will be NO CHANGE to the existing Patient Insurance data.

STEP 7: Eligibility/Benefits
The Buffer data will replace the existing EB data.



Is this Correct, update the existing Insurance files now? YES ...

Patient Policy Updated...

Warning:  Insurance Company selected already on file for this patient.
          The previous entry is active.
          The WHOSE INSURANCE are the same.
          The Group Plans are the same.


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

```

| Step  | Procedure   |
|---|---|
| 26  | If you want to review the changes that were made when you chose Individually Accept, at the <b>Press 'V' to view the changes or Return to continue:</b> prompt, press <b>RETURN</b> for this example. |
|  | <i>Note: Users may select more than one entry from the buffer at a time to process. The system will then cycle users through each selected entry.</i>   |


#### 4.2.2 Reject Entry

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

| Step | Procedure   |
|------|---|
| 1    | At the Select Action: prompt, enter <b>RE</b> for <b>Reject Entry</b> .                 |
| 2    | At the <b>Select Buffer Entry(s): (1-17):</b> prompt, enter <b>12</b> for this example. |

The following screen will be displayed:

|  |                   |
|--|-------------------|
| -----  |                   |
| Entered: 9/9/09@13:46  | Source: INTERVIEW |
| Entered By: IBclerk,One  | Verified:         |
| Patient: IBpatient,Twelve  | Sub Id: XXXXXX    |
| Insurance: IBinsurance Five  | Group #: XXXXX-XX |
| -----  |                   |
| <p>This action will delete all insurance and patient specific data from a buffer entry without first saving that data to the insurance files, leaving a stub entry for reporting purposes.</p> |                   |
| <p>Reject this buffer entry (delete without saving to Insurance files)? N// Y</p>  |                   |

| Step  | Procedure  |
|---|--|
| 3   | At the <b>Reject this buffer entry (delete without saving to Insurance files)? N//</b> prompt, enter <b>YES</b> to remove entry from the buffer.   |
|  | <i>Note: Users may select more than one entry from the buffer at a time to reject. The system will then cycle users through each entry prompting them to reject each selected entry.</i> |

#### 4.2.3 Expand Entry

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

- Insurance Company Information;
- Group/Plan Information;
- Policy/Subscriber Information;
- Buffer Entry Information.

| Step | Procedure   |
|------|---|
| 1    | Access the <b>BI Process Insurance Buffer</b> .   |
| 2    | At the <b>Select Action:</b> prompt, enter <b>EE</b> for <b>Expand Entry</b> .                                      |
| 3    | At the <b>Select Buffer Entry(s): (1-17):</b> prompt, enter <b>1</b> for this example and page through the screens. |

The following screens will be displayed:

Insurance Buffer Entry Jul 23, 2013@17:16:47 Page: 1 of 4  
IBpatient,One XXX-XX-XXXX DOB: XXX XX, XXXX AGE: XX  
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

-----  
Insurance Company Information

Name: XYZ INS Reimburse?: WILL REIMBURSE  
Phone: Billing Phone:  
Precert Phone:  
Remote Query From:

Address:

Group/Plan Information

Group Plan?: Yes  
Group Name: TEST1  
Group Number: INS1234  
BIN: Require UR: No  
PCN: Require Amb Cert: No

+-----Enter ?? for more actions-----  
EI Ins. Co. Edit ES Escalate Entry EX Exit  
EA All Edit PI Pt. Policy Edit  
PE Group/Plan Edit EB Expand Benefits  
Select Action: Next Screen//

Insurance Buffer Entry Jul 23, 2013@17:19:39 Page: 2 of 4  
IBpatient,One XXX-XX-XXXX DOB: XXX XX, XXXX AGE: XX  
Buffer entry created on 07/05/13 by CLERK, IB INTERVIEW)

-----  
Type of Plan: COMPREHENSIVE MAJOR MEDIC  
Require Pre-Cert: No  
Exclude Pre-Cond: No  
Benefits Assignable: Yes

Policy/Subscriber Information

Whose Insurance: SPOUSE Effective: 07/01/01  
Expiration:

Subscriber's Name: IBINS,ACTIVE  
Subscriber Id: W123  
Relationship: SPOUSE

Primary Provider:  
Provider Phone:  
Coord of Benefits:  
Patient Id: W123

+-----Enter ?? for more actions-----  
EI Ins. Co. Edit ES Escalate Entry EX Exit  
EA All Edit PI Pt. Policy Edit  
PE Group/Plan Edit EB Expand Benefits  
Select Action: Next Screen// NEXT SCREEN



```

Insurance Buffer Entry      Jul 23, 2013@17:20:17      Page:      3 of      4
IBpatient,One              XXX-XX-XXXX      DOB: XXX XX, XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

+-----+
Employer Sponsored Group Health Plan?:

                                Buffer Entry Information
Date Entered: 7/5/13@09:05      Date Verified:
Entered By: CLERK, IB          Verified By:
** This response is based on service date XX/XX/XXXX and service type: Health
Benefit Plan Cov **
eIV Trace #: xxxxxxxxxx      eIV Processed Date: 7/5/13@09:38
Source: INTERVIEW
Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active
insurance.

+-----Enter ?? for more actions-----+
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit    EB  Expand Benefits
Select Action: Next Screen//      NEXT SCREEN

```

```

Insurance Buffer Entry      Jul 23, 2013@17:20:26      Page:      4 of      4
IBpatient,One              XXX-XX-XXXX      DOB: XXX XX. XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB (INTERVIEW)

+-----+
Action to take: Review the details listed in the eIV Response Report
before processing this buffer entry.

-----Enter ?? for more actions-----+
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit    EB  Expand Benefits
Select Action: Quit//

```

Once users access **Expand Entry**, they will have access to the following additional Actions:

- **Ins. Co. Edit** – Allows users to edit or change the Insurance Company.
- **All edit**– Allows users to edit each of the Expand Entry categories.
- **Group/Plan Edit** - Allows users to edit the Group/Plan category.
- **Escalate Entry** – Allows users to escalate an entry, to indicate to other buffer users that the record needs to be processed by someone else with more rights. Only active policies may be 'Escalated'. Also, not all users may 'Escalate' a buffer record. Those users who do not have the IB INSURANCE COMPANY EDIT security key and the IB GROUP PLAN EDIT security key will be the only ones authorized to use this 'Escalate' action. These users are restricted to accessing only certain positive "+" buffer entries.
- **Pt. Policy Edit** – Allows users to edit the Policy/Subscriber category.
- **Expand Benefits** – Allows users to see the Eligibility/Benefits data that was returned in the associated 271 Health Care Eligibility Benefits Response if there is one for this entry.

#### 4.2.4 Add Entry

The Add Entry action, allows users to manually add a patient to the insurance buffer.

| Step | Procedure  |
|------|--|
| 1    | At the <b>Select Action:</b> prompt, enter <b>AE</b> for <b>Add Entry</b> .                  |
| 2    | At the <b>Select PATIENT NAME:</b> prompt, enter <b>IBpatient,Thirteen</b> for this example. |

The following screen will be displayed:

```

Select PATIENT NAME: IBpatient,Thirteen X-X-XX  XXXXXXXXX  YES  SC VETERAN
Enrollment Priority:          Category: NOT ENROLLED  End Date:

Financial query queued to be sent to HEC...

*** Patient Requires a Means Test ***

Primary Means Test Required from APR 15,1999

Enter <RETURN> to continue.

MEANS TEST REQUIRED

```

| Step | Procedure  |
|------|--|
| 3    | Follow the prompts shown below to enter the insurance company, group/plan and policy and subscriber information. |
| 4    | When you have added an entry to the insurance buffer, you will be returned to the <b>Complete Buffer</b> .       |

Insurance Company: ??

Please enter the name of the insurance company that provides coverage for this patient. This response is a free text response, however, a partial insurance company name look-up is available here.

Insurance Company: IBinsurance

- 1 IBinsurance One
- 2 IBinsurance Two
- 3 IBinsurance Three
- 4 IBinsurance Four
- 5 IBinsurance Five

CHOOSE 1-5: 2

Add a new Insurance Buffer entry for this patient and company? YES//

----- INSURANCE COMPANY INFORMATION -----

INSURANCE COMPANY NAME: IBinsurance Two//

- 1 IBinsurance Two

CHOOSE 1-1: 1

REIMBURSE?:

PHONE NUMBER:

BILLING PHONE NUMBER:

PRECERTIFICATION PHONE NUMBER:

STREET ADDRESS [LINE 1]:

CITY:

STATE:

ZIP CODE:

----- GROUP/PLAN INFORMATION -----

The following data defines a specific Group or Plan provided by an Insurance Company. This may be either a group plan with many potential members or an individual plan with a single member.

IS THIS A GROUP POLICY?: N NO

GROUP NAME:

GROUP NUMBER:

BANKING IDENTIFICATION NUMBER:

PROCESSOR CONTROL NUMBER (PCN):

TYPE OF PLAN:

UTILITIZATION REVIEW REQUIRED:

PRECERTIFICATION REQUIRED:

AMBULATORY CARE CERTIFICATION:

EXCLUDE PREEXISTING CONDITION:

BENEFITS ASSIGNABLE:

----- POLICY AND SUBSCRIBER INFORMATION -----

The following data defines the subscriber specific policy information for a particular Insurance Plan. The subscriber, the insured, and the policy holder all refer to the person who is a member of the plan and therefore holds the policy. The patient must be covered under the plan but may not be the policy holder.

EFFECTIVE DATE:

EXPIRATION DATE:

PT. RELATIONSHIP TO SUBSCRIBER:

NAME OF SUBSCRIBER:

SUBSCRIBER'S DOB:

SUBSCRIBER'S SEX:

PATIENT PRIMARY ID:

```

PRIMARY CARE PROVIDER:
PRIMARY PROVIDER PHONE:
COORDINATION OF BENEFITS:
SOURCE OF INFORMATION: INTERVIEW//
ESGHP?:
SUBSCRIBER ADDRESS LINE 1:
SUBSCRIBER ADDRESS LINE 2:
SUBSCRIBER ADDRESS CITY:
SUBSCRIBER ADDRESS STATE:
SUBSCRIBER ADDRESS ZIP: .....|

```

#### 4.2.5 Sort Buffer Views

The default sort for all Buffer views (except the **Positive Insurance Buffer**) is alphabetically by patient name. The **Positive Insurance Buffer** is sorted by “+” eIV Status first and then alphabetically by patient name.

Users may re-sort the buffer based upon the following criteria:

- Insurance Company
- Source of Information
- Date Entered
- Inpatients
- Means Test
- On Hold
- Verified
- eIV Status

#### 4.2.6 Check Insurance Company

Users may view a list of insurance companies that exist in the insurance buffer that do not match any of the insurance company names or synonyms in the insurance company file. These insurance companies do not match any entries in the IIV AUTO MATCH file.

Once users select the **Check Ins Co's** action, they will have access to the following actions (Refer to Section 7 Auto Match):

- Select Entry
- Auto Match Enter/Edit

| Step | Procedure  |
|------|--|
| 1    | Access the <b>BI Process Insurance Buffer</b> .                                  |
| 2    | At the <b>Select Action:</b> prompt, enter <b>CC</b> for <b>Check Ins Co's</b> . |

The following screen will be displayed.

```



Unmatched Buffer Names      Jul 07, 2010@12:02:54      Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not

```

exist in the Insurance Company file (either as Names or as Synonyms). They also do not exist or pattern match with any entry in the Auto Match file.

- 1 IBinsurance One
- 2 IBinsurance Twu
- 3 IBinsurance Three
- 4 IBinsurance Four
- 5 IBinsurance Five
- 6 IBinsurance Six
- 7 IBinsurance Seven
- 8 IBinsurance Eight
- 9 IBinsurance Nine
- 10 IBinsurance Ten

Enter ?? for more actions  
 Select Entry                      Auto Match Enter/Edit              Exit  
 Select Action: Next Screen//

| Step   | Procedure  |
|--|--|
|   | <i>Each buffer entry that fails to make any match to an entry in the Insurance Company file (#36) or the IIV AUTO MATCH file (#365.11) is presented to the user.</i> |
|  | <i>This example sets up an auto match entry to associate <b>IBinsurance Twu</b> with <b>IBinsurance Two</b>.</i>   |
| 3  | At the <b>Select Action:</b> prompt, enter <b>SE</b> for <b>Select Entry</b> .   |
| 4  | At the <b>Select Entry:</b> (1-192): prompt select <b>2</b> for <b>IBinsurance Twu</b> .   |
| 5  | At the <b>Select INSURANCE COMPANY NAME:</b> prompt enter <b>IBinsurance Two</b> .   |

The following screen will be displayed.

|   |                 |             |            |          |    |
|---|-----------------|-------------|------------|----------|----|
| Select INSURANCE COMPANY NAME: IBinsurance Two  |                 |             |            |          |    |
| 1   | IBinsurance Two | SAMPLE RD   | NEWARK     | OHIO     | Y  |
| 2   | IBinsurance Two | TEST RD     | LIVONIA    | MICHIGAN | ** |
| 3   | IBinsurance Two | PO BOX 5555 | MIDDLETOWN | NEW YORK | ** |
| CHOOSE 1-3: 1 IBinsurance Two                      SAMPLE RD                      NEWARK                      OHIO                      Y |                 |             |            |          |    |

| Step | Procedure   |
|------|---|
| 6    | At the <b>CHOOSE 1-3:</b> prompt in this example, enter <b>1</b> for <b>IBinsurance Two SAMPLE RD</b> .                                     |
| 7    | At the <b>Do you want to add an Auto Match entry that associates IBinsurance Twu with IBinsurance Two? No//:</b> prompt, enter <b>YES</b> . |

The following prompts are displayed along with a confirmation message.

```
Do you want to add an Auto Match entry that associates
IBinsurance Twu with IBinsurance Two? No// Y  YES

AUTO MATCH VALUE: IBinsurance Twu //

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

#### 4.2.7 Buffer Views: Complete, Positive, Negative, Medicare, Failure, ePharmacy

Users may switch back and forth between the different available **Buffer Views** by selecting one of the following actions:

- **PB** – Pos. Buffer
- **NB** – Neg. Buffer
- **MB** – Medicare Buffer
- **FB** – Failure Buffer
- **CB** – Complete Buffer
- **RX** – ePharm Buffer
- **TC** – TRICARE/CHAMPVA

#### 4.2.8 AAA Errors – Complete Buffer View, Expand Entry

Users may view the Error Reporting Codes and corresponding textual descriptions in the Expand Entry when an Error Reporting Code is received in response to an associated 270 Health Care Eligibility Benefits entry.

| Step | Procedure   |
|------|---|
| 1    | Access the <b>BI Process Insurance Buffer</b> .   |
| 2    | At the <b>Select Action:</b> prompt, enter <b>EE</b> to expand an entry that has a “#”. |
| 3    | Note any AAA error messages listed in the Buffer entry.                                 |

The AAA errors are displayed as shown in the following sample Expand Entry when accessed from within the Process Insurance Buffer option:

```
Insurance Buffer Entry      May 07, 2013@13:26:09      Page:      4 of      4
IBPATIENT,ONE              XXX-XX-XXXX      DOB: XXX XX,XXXX      AGE: XX
      Buffer entry created on 05/07/13 by IBCLERK,ONE (eIV)

+

Action to take:  Review the details listed in the eIV Response Report and
contact the insurance company to manually verify this insurance
information.

      Eligibility Communicator Error Information
Invalid/Missing Subscriber/Insured ID (Error Condition '72')
Please Correct and Resubmit (Error Action 'C')
```

```

Enter ?? for more actions
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Quit//

```

The AAA errors listed will be identical whether displayed on the Expand Entry screen within the Insurance Buffer or the Response Report called from the eIV Menu.

```

eIV Response Report

Insurance verification responses are received daily.
Please select a date range in which responses were received to view the
associated response detail.  Otherwise, select a Trace # to view specific
response detail.
    Select one of the following:
        1      Report by Date Range
        2      Report by Trace #
Select the type of report to generate: 1// 2  Report by Trace #
Enter Trace # for report:
Enter Trace # for report: XXXXXXXXXXXXXXXXXXXX      xxxxxx,xxxxxxx  IBINSURANCE2
    ...OK? Yes// y  (Yes)

DEVICE: HOME//  Linux Telnet/SSH

Compiling report data ...

```

The AAA errors are displayed as shown in the following sample Response Report when accessed from the eIV Menu:

```

eIV Response Report by Trace #                               May 07, 2013@11:48:22  Page:1
Trace #: XXXXXXXXXXXX

Payer: IBINSURANCE2
Patient: IBpatient,One (SSN: XXX-XX-XXXX  DOB: XX/XX/XXXX

    Subscriber: IBPATIENT, ONE
    Subscriber ID:
    Subscriber DOB: XX/XX/XXXX
    Subscriber SSN:
    Subscriber Sex: M
    Group Name:
    Group ID:
    Whose Insurance: VETERAN                                PATIENT
    Member ID:
    Service Date:
    Date of Death:
    Effective Date:
    Certification Date:
    Expiration Date:
    Payer Updated Policy:
    Response Date: XX/XX/XXXX                                Trace #: XXXXXXXXXXXX

ERROR INFORMATION:

Reject Reason Code: 72
Reject Reason Text: Invalid/Missing Subscriber/Insured ID
Action Code:      C
Action Code Text:  Please Correct and Resubmit

```

|               |                 |
|---------------|-----------------|
| HIPAA Loop:   | Subscriber Name |
| HL7 Location: | N/A             |
| Error Source: | P               |




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## 5 MEDICARE POTENTIAL INSURANCE WORKLIST - POTENTIAL COB REPORT

### 5.1 User Prompts

Users may create a worklist of those patients Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance.

| Step  | Procedure   |
|---|---|
| 1   | Access the <b>Integrated Billing Master Menu</b> .  |
| 2   | Select the <b>PI Patient Insurance Menu</b> .   |
| 3   | Select the <b>EIV eIV MENU</b> .  |
| 4   | Select the <b>MW Medicare Potential COB Worklist</b> option.  |
| 5   | Accept all default answers to the prompts for <b>Earliest Report Date</b> , <b>Latest Report Date</b> and <b>Sort Report By</b> . |
| 6   | Select either <b>S</b> "Screen List" or <b>R</b> "Report" for the format type.  |
|  | <i>This is new for patch IB*2*497.</i>  |

#### 5.1.1 Search Criteria - Potential COB Worklist

Users may search for patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance based on the following:

- Earliest Date 271 HL7 message received
- Latest Date 271 HL7 message received

#### 5.1.2 Sort Criteria – Potential COB Worklist

Users may sort entries for patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Chronological Order
- Reverse Chronological Order

#### 5.1.3 Format – Potential COB Worklist

Users may select one of the following formats for the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Report (refer to report section for more details)
- ListManager

#### 5.1.4 Screen ListManager for Completed Entries – Potential COB Worklist

The ListManager view of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance does not display completed entries.

### **5.1.5 ListManager – Potential COB Worklist**

Users may perform the following actions from within the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance:

- Mark entry as Not Reviewed
- Mark entry as Review in Process
- Mark entry as Review Complete
- Enter Comments
- View Comments

### **5.1.6 Comments – Potential COB Worklist**

The system captures the following information when users enter comments to an entry on the list of patients whom Medicare has identified as having insurance subsequent to their Medicare Insurance:

- User Name
- Date
- Time

### **5.1.7 Visual Indicators – Potential COB Worklist**

The system provides visual indicators for entries on the list of patients whom Medicare has identified as having insurance subsequent to their Medicare insurance for the following conditions:




- Entries as Not Reviewed
- Entries marked as Review in Process
- Entries marked as Review Complete (can only be seen on the report format)
- Entries the system thinks, based on exact match of insurance company name and address, already exist in the Patient's Insurance.

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## 6 REQUEST ELECTRONIC INSURANCE INQUIRY

This option allows users to create a 270 Health Care Eligibility Benefits Inquiry whenever needed. This option allows users to override the re-verification of Service Date of today and individually select a specific Service Type Code. If no code is selected the default of Service Type Code 30 as set in the IB Site Parameters is used. Using this option to create a buffer entry will by-pass the auto-update feature, leaving the buffer entry for manual processing.

### 6.1 Request a 270 Health Care + Benefits Inquiry

| Step  | Procedure   |
|---|---|
|    | <i>This example will send an insurance inquiry for Service Code Type 87 (cancer). If Service Type Code is defaulted then an inquiry will be sent for the Service Type Code defined in section 2.3 Define Service Code Parameters</i>                  |
| 1   | Access the <b>PI Patient Insurance Menu</b> .   |
| 2   | Access the <b>eIV Menu</b> .  |
| 3   | Access the <b>EI Request Electronic Insurance Inquiry</b> option.   |
| 4   | At the Select <b>Patient Name</b> prompt, enter <b>Patient Name</b> (in this example IBPATIENT, ONE)  |
|   | <i>Users must hold the <b>IBCNE IIV SUPERVISOR</b> security key to access this option.</i>  |
|  | <i>Patch IB*2*438 provided the ability to request insurance inquiries with specific Service Type Codes. Patch IB*2*497 removed the ability to request multiple Service Type Codes but does allow for the selection of a single Service Type Code.</i> |

The following screen will be displayed:

```
eIV Insurance Request      Dec 22, 2010@16:53:22      Page:      1 of      1
Request Electronic Insurance Inquiry for Patient: IB,PATIENT C XXXX

Insurance Co.      Type of Policy      Group      Holder      Effect.      Expires
1 Insurance Comp1      TST1223      OTHER      07/01/2001
2 Insurance Comp2      GRP NUM 20      SELF      04/09/2010

Enter ?? for more actions      >>>
SE Select Entry      EX Exit
Select Action: Quit// SE Select Entry
Select entry to request electronic inquiry: (1-2): 1

Enter Service Type Code: 30// ?

Answer with X12 271 SERVICE TYPE CODE
Do you want the entire 187-Entry X12 271 SERVICE TYPE List? N
Enter Service Type Code: 30// ??

Enter the single SERVICE TYPE CODE to be sent with inquiry or press 'ENTER' to
send DEFAULT Service Type Code 30 (Health Benefit Plan Coverage).
No response generated by this option will auto-update the patient file.
```

```

Enter Service Type Code: 30// ?

Answer with X12 271 SERVICE TYPE CODE
Do you want the entire 187-Entry X12 271 SERVICE TYPE List? Y (Yes)
Choose from:
1      Medical Care
2      Surgical
3      Consultation
4      Diagnostic X-Ray
5      Diagnostic Lab
6      Radiation Therapy
7      Anesthesia
8      Surgical Assistance
9      Other Medical
10     Blood Charges
11     Used DME
12     DME Purchase
13     Ambulatory SC Facility
14     Renal Supplies/Home
15     Alt. Method Dialysis
16     CRD Equipment
17     Pre-Admission Testing
18     DME Rental
19     Pneumonia Vaccine
20     2nd Surgical Opinion
'^' TO STOP:


Enter Service Type Code: 30// 11      Used DME
Enter Eligibility Date: TODAY//

Are you sure you want to request an insurance inquiry? NO// Y  YES

Insurance Buffer entry created!

Enter RETURN to continue or '^' to exit:

```

| Step  | Procedure   |
|---|---|
| 5   | At the <b>Select Action</b> prompt, enter <b>SE</b> Select Entry.   |
| 6   | At the <b>Select entry to request electronic inquiry: (1-2):</b> prompt, enter <b>1</b> for this example.   |
| 7   | At the <b>SERVICE TYPE CODE</b> prompt, enter ? for a list of the Service Type Codes or enter the one required. In this example enter <b>11</b> . Now select Yes.   |
| 8   | At the Enter Eligibility Date Prompt enter a valid date in MM/DD/YY. You will then be prompted “Are you sure you want to request an insurance inquiry? Enter Yes for this example. You will see the message “Insurance Buffer entry created!” |
|  | <i>Note: An asterisk (*) will indicate that the request already has a buffer entry.</i>   |

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## 7 PATIENT INSURANCE INFO VIEW/EDIT

The Patient Insurance Info View/Edit option is used to look at a patient's insurance information and edit that data, if necessary. The system groups information that is specific to the insurance company, specific to the patient, specific to the group plan, specific to the annual benefits available, and the annual benefits already used.

Once a patient is selected, this screen is displayed listing all the patient's insurance policies. Information provided for each policy may include type of policy, group name, holder, effective date, and expiration date.

### 7.1 View Patient Policy Information

This screen displays expanded policy information for the selected company. Categories include utilization review data, subscriber data, subscriber's employer information, effective dates, plan coverage limitations, last contact, and comments on the patient policy or insurance group plan.

| Step | Procedure   |
|------|---|
| 1    | Access the <b>PI Patient Insurance Menu</b> .                         |
| 2    | Access the <b>PI Patient Insurance Info View/Edit</b> Option          |
| 3    | At the Select <b>Patient Name</b> prompt, enter <b>Patient Name</b> . |

The following screen will be displayed:

|  |                  |                 |                 |              |                      |         |
|--|------------------|-----------------|-----------------|--------------|----------------------|---------|
| Patient Insurance Management Jul 21, 2010@13:23:59 |                  |                 |                 | Page: 1 of 1 |                      |         |
| Insurance Management for Patient: IB,PATIENT XXXXX |                  |                 |                 | XX/XX/XXXX   |                      |         |
|  | Insurance Co.    | Type of Policy  | Group           | Holder       | Effect.              | Expires |
| 1  | IBinsurance      | COMPREHENSIVE M | GRP NUM 13      | SELF         | 08/24/14             |         |
| Enter ?? for more actions                          |                  |                 |                 |              |                      | >>>     |
| AP   | Add Policy       | EA              | Fast Edit All   | CP           | Change Patient       |         |
| VP   | Policy Edit/View | BU              | Benefits Used   | WP           | Worksheet Print      |         |
| DP   | Delete Policy    | VC              | Verify Coverage | PC           | Print Insurance Cov. |         |
| AB   | Annual Benefits  | RI              | Personal Riders | EB           | Expand Benefits      |         |
| EX   | Exit             |                 |                 |              |                      |         |
| Select Item(s): Quit//                             |                  |                 |                 |              |                      |         |



| Step | Procedure   |
|------|---|
| 4    | At the <b>Select Action</b> prompt, enter <b>VP</b> for Policy Edit/View. |

The following series of screens will be displayed:

```

Patient Insurance Management  Jul 21, 2010@13:23:59          Page:      1 of      1
Insurance Management for Patient: IBPATIENT,ONE XXXX

      Insurance Co.      Type of Policy      Group      Holder      Effect.      Expires
1      IBinsurance      COMPREHENSIVE M      GRP NUM 13      SELF      06/20/09

Enter ?? for more actions                                     >>>
AP  Add Policy          EA  Fast Edit All          CP  Change Patient
VP  Policy Edit/View    BU  Benefits Used          WP  Worksheet Print
DP  Delete Policy      VC  Verify Coverage      PC  Print Insurance Cov.
AB  Annual Benefits    RI  Personal Riders      EB  Expand Benefits
RX  RX COB Determination  EX  Exit
Select Item(s): Quit// VP      Policy Edit/View .....

```

```

Patient Policy Information      Mar 12, 2015@11:15:02          Page:      1 of      8
For: IBPATIENT,ONE   XXX-XX-XXXX   XX/XX/XXXX
IBinsurance Insurance Company          ** Plan Currently Active **

Insurance Company
Company: IBinsurance
Street: XXXXXXXXXXXXXXXX
City/State: XXXXXX, IN 46801
Billing Ph: 800/XXX-XXXX
Precert Ph: 800/XXX-XXXX

Plan Information
Is Group Plan: YES
Group Name: XXXXXXXX
Group Number: GRP NUM 13
BIN:
PCN:
Type of Plan: COMPREHENSIVE MAJOR MED
Electronic Type: COMMERCIAL
Plan Filing TF: (2 YEAR(S))
ePharmacy Plan ID:
ePharmacy Plan Name:
ePharmacy Natl Status:
ePharmacy Local Status:

Utilization Review Info          Effective Dates & Source
Require UR:                      Effective Date: 08/24/14
Require Amb Cert: YES           Expiration Date:

```

Require Pre-Cert: YES  
Exclude Pre-Cond:  
Benefits Assignable: YES

Source of Info: INTERVIEW  
Stop Policy From Billing: NO

Subscriber Information

Whose Insurance: VETERAN  
Subscriber Name: IB,PATIENT One  
Relationship: SELF  
Primary ID: XXXXXXXXXX  
Coord. Benefits: PRIMARY

Subscriber's Employer Information

Employment Status: Emp Sponsored Plan: No  
Employer: Claims to Employer: No, Send to Insurance  
Street: Retirement Date:  
City/State:  
Phone:

Primary Provider:  
Prim Prov Phone:

Subscriber's Information (use Subscriber Update Action)

Subscriber's DOB: XX/XX/XXXX  
Str 1: xxxx Test Street  
Str 2:  
City: CHEYENNE  
St/Zip: WY 82007  
SubDiv:  
Country:  
Phone: XXXXXXXX

Subscriber's Sex: FEMALE  
Subscr's Branch:  
Subscr's Rank:

Insurance Company ID Numbers (use Subscriber Update Action)  
Subscriber ID: xxxxxxxx

Plan Coverage Limitations

| Coverage       | Effective Date | Covered?   | Limit Comments |
|----------------|----------------|------------|----------------|
| -----          | -----          | -----      | -----          |
| INPATIENT      | 08/24/2014     | YES        |                |
| OUTPATIENT     |                | BY DEFAULT |                |
| PHARMACY       | 09/24/2014     | NO         |                |
| DENTAL         |                | BY DEFAULT |                |
| MENTAL HEALTH  |                | BY DEFAULT |                |
| LONG TERM CARE |                | BY DEFAULT |                |

User Information

Entered By: IBCLERK,ONE  
Entered On: 10/08/14  
Last Verified By:  
Last Verified On:  
Last Updated By: IBCLERK,ONE  
Last Updated On: 10/08/14

Comment -- Group Plan

This is a long group comment. This area can hold much more than 80  
Characters in the field.

Comment -- Patient Policy

| Dt Entered | Entered By  | Method | Person Contacted |
|------------|-------------|--------|------------------|
| 09/25/15   | IBCLERK,TWO | PHONE  | USER-A           |

JUST A COMMENT AND NOTHING ELSE

+09/25/15      IBCLERK,TWO                      PHONE              USER-A  
THIS IS A COMMENT THAT IS LONGER THAN 74 CHARACTERS TO SHOW THE WRAP INDICATO

Personal Riders

Rider #1: DENTAL COVERAGE


+              Enter ?? for more actions

|    |                   |    |                     |    |                    |
|----|-------------------|----|---------------------|----|--------------------|
| PI | Change Plan Info  | GC | Group Plan Comments | CP | Change Policy Plan |
| UI | UR Info           | EM | Employer Info       | VC | Verify Coverage    |
| ED | Effective Dates   | CV | Add/Edit Coverage   | AB | Annual Benefits    |
| SU | Subscriber Update | PT | Pt Policy Comments  | BU | Benefits Used      |
| IP | Inactivate Plan   | EA | Fast Edit All       | EB | Expand Benefits    |
| EX | Exit              |    |                     |    |                    |

Select Action:

### 7.1.1 Patient Policy Comments


Patch IB\*2\*528 enhances Patient Policy Comments. The Patient Policy Comments can be accessed from the Patient Policy Information screens. The Patient Policy Comments can now hold 245 characters. This field will also hold a history of previously entered comments. With patch IB\*2.0\*549, the first 74 characters of the two most recent comments will be displayed when a user selects the action 'Policy Edit/View' (VP) from with the Patient Policy Information screens.

| Step  | Procedure  |
|---|--|
| 1   | Access the <b>PI Patient Insurance Menu</b> .  |
| 2   | Access the <b>PI Patient Insurance Info View/Edit</b> Option   |
| 3   | At the Select <b>Patient Name</b> prompt, enter <b>Patient Name</b> .  |
| 4   | At the <b>Select Action</b> prompt, enter <b>VP</b> for Policy Edit/View.  |
|  | <i>A "+" symbol next to a comment indicates that there is more to the comment and only a portion is currently displayed to the user.</i> |

The following is a sample of what will be displayed along with other policy related information:

|   |             |        |                  |
|---|-------------|--------|------------------|
| Comment -- Patient Policy   |             |        |                  |
| Dt Entered  | Entered By  | Method | Person Contacted |
| 09/25/15  | IBCLERK,TWO | PHONE  | USER-A           |
| JUST A COMMENT AND NOTHING ELSE   |             |        |                  |
| +09/25/15   | IBCLERK,TWO | PHONE  | USER-A           |
| THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO SHOW THE WRAP INDICATO |             |        |                  |

To modify, delete, or add a comment the user must select the 'Pt Policy Comments' (PT) action.

| Step  | Procedure  |
|---|--|
| 5   | At the <b>Select Action</b> prompt, enter <b>PT</b> for <b>Pt Policy Comments</b> .  |
|  | <i>A "+" symbol next to a comment indicates that there is more to the comment and only a portion is currently displayed to the user.</i> |

The following screen will be displayed:

| Patient Policy Comments   |   | Nov 17, 2015@16:51:41 | Page: 1 of 1   |                  |
|---|---|-----------------------|----------------|------------------|
| Policy Comment History for: IBPATIENT, ONE XXX-XX-XXXX XX/XX/XXXX |   |                       |                |                  |
| IBinsurance ** Plan Currently Active **                           |   |                       |                |                  |
|   | Dt Entered  | Entered By            | Method         | Person Contacted |
| 1   | 09/25/15  | IBCLERK,TWO           | PHONE          | USER-A           |
|   | JUST A COMMENT AND NOTHING ELSE   |                       |                |                  |
| 2   | +09/25/15   | IBCLERK,TWO           | PHONE          | USER-A           |
|   | THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO TEST THE WRAP INDI |                       |                |                  |
| 3   | 04/26/15  | IBCLERK,ONE           | MAIL           | USER-B           |
|   | Contacted the insurance company to confirm the subscriber ID.             |                       |                |                  |
| 4   | +04/26/15   | IBCLERK,FOUR          | PHONE          | USER-D           |
|   | CONTACTED THE PATIENT'S GRANDSON WHO WAS ABLE TO CONFIRM THE INSURANCE A  |                       |                |                  |
| 5   | +04/25/15   | IBCLERK,FOUR          | PERSONAL       | USER-B           |
|   | THIS IS THE VERY FIRST PATIENT POLICY COMMENT FOR IB,PATIENT AND I'M JUST |                       |                |                  |
| + Enter ?? for more actions                                       |   |                       |                |                  |
| EE  | Expand Entry  | AC                    | Add Comment    | SL Search List   |
| EC  | Edit Comment  | DC                    | Delete Comment | EX Exit          |
| Select Action: Quit//   |   |                       |                |                  |

These following actions are available in **Patient Policy Comments** screen:

- **EE** – Expand Entry
- **AC** – Add Comment
- **SL** – Search List
- **EC** – Edit Comment
- **DC** – Delete Comment
- **EX** - Exit

**Expand Entry** – Use this action to view a specific comment in its entirety including the following additional information that may be associated with that comment:

- **Last Edited Date**
- **Last Edited By**
- **Contact Person**
- **Contact Phone #**
- **Method**
- **Call Reference #**
- **Authorization #**
- **Comment (Entire comment – no truncation)**

**Add Comment** – Use this action to create a new comment. If you were the last person to add a comment and it is the same day as when you added the last comment, this action will function like the “Edit Comment” action.

**Search List** – Use this action to search all comments for that patient policy. It will display all comments where the search criteria was found in at least one of the following fields:

- **Contact Person**
- **Contact Phone #**
- **Call Reference #**
- **Authorization #**
- **Comment (Entire comment – no truncation)**

**Edit Comment** – Use this action to edit a comment. Comments can be edited later on the same date they were entered. If another comment is entered on that day, the comment will be locked. Users can only edit a comment during the same business day that it was created, until another user creates a new comment. A user cannot edit another user’s comment.

**Delete Comment** – Use this action to delete a comment. Comments can be deleted later on the same date they were entered. If another comment is entered on that day, the comment will be locked. Users can only delete a comment during the same business day that it was created, until another user creates a new comment. A user cannot delete another user’s comment.

**Exit** – Use this action to leave the Patient Policy Comment screen.

## 7.2 View Eligibility Benefit Information

This screen allows eligibility / benefit information to be displayed.

| Step | Procedure  |
|------|--|
| 1    | Access the <b>PI Patient Insurance Menu</b> .  |
| 2    | Access the <b>PI Patient Insurance Info View/Edit</b> Option   |
| 3    | At the Select <b>Patient Name</b> prompt, enter <b>Patient Name</b> (in this example IBpatient,One). |
| 4    | At the <b>Select Action</b> prompt, enter <b>EB for Expand Benefits</b> .                            |

The following screen will be displayed:

```
eIV Elig/Benefit Information  Jul 23, 2015@17:41:07    Page:  1 of  11
PATIENT,ONE                      xxx-xx-xxxx      IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
-----
Eligibility/Group Plan Information
Reference ID Qualifer: OTHER                      Reference ID: 12345
Reference ID description:
Reference ID Qualifer: Group Number                Reference ID: AET1234
Reference ID description: TEST1

Provider Code:
Reference ID:

Primary Diagnosis Code:

Military Info Status:                             Employment Status:
Government Affiliation:                           Personnel Desc:
Service Rank:                                     Date Time Period:

                                eIV Eligibility/Benefit Data Group# 1 of 6
+-----Enter ?? for more actions-----
PS  Payer Summary                                EX  Exit
Select Action: Next Screen//                     NEXT SCREEN
```

```



eIV Elig/Benefit Information  Jul 23, 2015@17:41:10          Page:    2 of   11
IBPATIENT,ONE                xxx-xx-xxxx          IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
+-----+

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

                                eIV Eligibility/Benefit Data Group# 2 of 6

Eligibility/Benefit Information
Elig/Ben Info: Active Coverage          Coverage Level:
+-----Enter ?? for more actions-----
PS  Payer Summary                    EX  Exit
Select Action: Next Screen//

```

| Step  | Procedure   |
|---|---|
| 5   | At the <b>Select Action</b> prompt, enter <b>PS for Payer Summary</b> . (This will show all the other data that the payer responded with, which is not specifically benefit related.)   |
|  | <i>Note: This is the same data that is displayed on the eIV Response Report if one used the trace# to look up the payer's response. The eIV Response Report data is periodically purged from the system; therefore, the data has been added to this screen.</i> |
|  | <i>Note: The Eligibility Benefits action (and this subscreen of related information ... Payer Summary) only contains one payer response at any given time.</i>  |



The following screen will be displayed:

```
eIV Elig/Benefit Information  Jul 23, 2015@17:41:07          Page:    1 of    1
IBPATIENT,ONE                xxx-xx-xxxx          IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **

-----
Subscriber: IB,Patient
Subscriber ID: XXXXXXXXXX
Subscriber DOB: XXXXXXXXX
Subscriber SSN: XXXXXXXXXXXX          Subscriber Sex:
Group Name: XXXXXXXXXXXXXXXX
Group ID: XXXXXXXXXXXXXXXX
Whose Insurance:  XXXXXXXX
Patient Relationship to Subscriber: PATIENT
Member ID: XXXXXXXXXXXX
COB: XXXXXXXXXX
Service Date: 07/05/2015              Date of Death:
Effective Date: XXXXXXXXXX            Certification Date:
Expiration Date:                      Payer Updated Policy:
Response Date: XXXXXXXXXX             Trace #: XXXXXXXXXXXX
Policy Number: XXXXXXXXXXXXXXXX

Contact Information
+-----Enter ?? for more actions-----
EX  Exit
Select Action: Next Screen//          NEXT SCREEN
```

*(This page included for two-sided copying.)*

## 8 IIV AUTO MATCH PAYERS

Auto Match is a VistA feature designed to help match user-entered insurance company names to the correct payers in the database. In VistA, there are several places a user can enter an insurance company name (free text) without a list of valid insurance names from which to pick. Patient registration and the insurance buffer are two examples. This can result in misspelled, improperly formatted or incomplete insurance company names. Auto Match is necessary because the eIV software must be able to identify which insurance company the user is referring to in order to appropriately generate inquiries and process responses. This functionality promotes the use of consistent insurance company names.

There is an IIV AUTO MATCH file (#365.11) in each VistA system. Each record in the file has two fields. The first field, **Entered Name**, stores the insurance company name that the user entered into the VistA system without validation. The second field, **Proper Name**, stores the name of the insurance company that can be found in the insurance file of the VistA database.

The Auto Match feature is used to teach the VistA system how to interpret common misspellings or incomplete entries that users enter when typing in free text insurance company names.

It is recommended that users run the **Check Ins Co's** action on names from the **Insurance Buffer Views** to initially populate the Auto Match files based on existing entries in the **Insurance Buffer**. Selecting this action will generate a list of insurance company names found in the current insurance buffer file that do not exist in the Insurance Company file (#36). The more one “teaches” the IIV AUTO MATCH file the fewer problems eIV will encounter when it creates insurance inquiries for electronic transmission to the payers.

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

Users must have the IBCNE EIV MAINTENANCE security key to add, update, or delete an Auto Match entry.

### 8.1 Auto Match in VistA Applications

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

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

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

## 8.2 Types of Auto Match Matches




### 8.2.1 Simple Auto Match Matches

In a simple Auto Match, the **Entered Name** field literally contains the name found in the insurance buffer. Leading and trailing spaces are ignored. An entry in this form might have **BC/BS** as the **Entered Name** and show **IBinsurance BC/BS** in the **Proper Name** field. As the insurance staff encounter misnamed insurance companies (i.e. the name on the insurance card does not match the name in the VistA database), users can correct the name and VistA will prompt users to add it as a new record in the IIV AUTO MATCH file (#365.11).

### 8.2.2 Wildcard Auto Match Matches

In a wildcard Auto Match, simple matches are supported but now the wildcard character, the asterisk (\*), can be utilized. Wildcards may be used to anticipate common spelling mistakes. The asterisk can be substituted for any number of characters. For example, if users enter BC\*BS, the system will return all Insurance Company names that begin with BC and end with BS. BC/BS, BC BS, BC-BS, BCBS and BC / BS would all match BC\*BS.

An **Entered Name** may contain more than one asterisk (i.e. BC\*BS\*). When a wildcard is used, a minimum of four non-wildcard characters must be specified as well.

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

```

Enter/Edit Insurance Company Name Auto Match Entries

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

Select an Auto Match Entry: IBinsurance Number Two

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

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

IBinsurance Number Two is now associated with IBinsurance Two.

```

### 8.3 Maintain the Auto Match Entries

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



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

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

| Step | Procedure   |
|------|---|
| 1    | Access the <b>eIV Menu</b> .  |
| 2    | Access the <b>AB Add Auto Match Entries Using Insurance Buffer Data</b> option. |

The following screen will be displayed:

|   |                       |              |
|---|-----------------------|--------------|
| Unmatched Buffer Names  | Jul 07, 2010@12:02:54 | Page: 1 of 1 |
| These are Insurance Company names from the Insurance Buffer file that do not exist in the Insurance Company file (either as Names or as Synonyms). They also do not exist or pattern match with any entry in the Auto Match file. |                       |              |
| 1 IBinsurance One<br>2 IBinsurance Number Two<br>3 IBinsurance Three<br>4 IBinsurance Four<br>5 IBinsurance Five<br>6 IBinsurance Six<br>7 IBinsurance Seven<br>8 IBinsurance Eight<br>9 IBinsurance Nine<br>10 IBinsurance Ten   |                       |              |
| Enter ?? for more actions   |                       |              |
| Select Entry  | Auto Match Enter/Edit | Exit         |
| Select Action: Next Screen//  |                       |              |

| Step  | Procedure   |
|---|---|
| 3   | At the <b>Select Action</b> prompt, enter <b>Auto Match Enter/Edit</b> for this example.  |
| 4   | Access the <b>AE Enter/Edit Auto Match Entries</b> option.  |
| 5   | At the <b>Select an Auto Match Entry</b> prompt, enter <b>IBinsurance Number Two</b> for this example.                              |
| 6   | At the <b>Are you adding 'IBinsurance Number Two' as a new eIV AUTO MATCH (the 144<sup>th</sup>)? No//</b> prompt, enter <b>YES</b> |
| 7   | At the <b>eIV Auto Match Insurance Company Name:</b> prompt, enter <b>IBinsurance Two</b> for this example.                         |
|  | <i>Remember – the Entered Name must be a minimum of 3 characters and an '*' must be used with four additional characters.</i>       |
|  | <i>Entered Names must be unique. One Entered Name cannot be associated with more than one Insurance Company Name.</i>               |

#### 8.4 Check Insurance Buffer Company Names

As described in section 4.2.6, the action **Check Ins Co's.** in the **Insurance Buffer** screen is another method of accessing the **Auto Match Enter/Edit** option.

| Step | Procedure   |
|------|---|
| 1    | Access the <b>PI Patient Insurance Menu.</b>          |
| 2    | Access the <b>BI Process Insurance Buffer</b> option. |

The following screen will be displayed:

| Positive Insurance Buffer    |                   |                        | May 21, 2010@10:18:01 | Page:      | 1 of 1 |
|------------------------------|-------------------|------------------------|-----------------------|------------|--------|
| Sorted by: Positive Response |                   |                        |                       |            |        |
|                              | Patient Name      | Insurance Company      | Subscr Id             | S Entered  | iIEYH  |
| 1                            | +IBpatient,One    | XXXX IBinsurance One   | SUB ID XXXX           | E 05/18/10 | i      |
| 2                            | +IBpatient,Two    | XXXX IBinsurance One   | SUB ID XXXX           | E 05/18/10 | i      |
| 3                            | +IBpatient,Three  | XXXX IBinsurance One   | SUB ID XXXX           | E 05/18/10 | i      |
| 4                            | +IBpatient,Four   | XXXX IBinsurance Two   | SUB ID XXXX           | P 09/21/04 | Y      |
| 5                            | +IBpatient,Five   | XXXX IBinsurance Four  | SUB ID XXXX           | P 03/31/05 |        |
| 6                            | +IBpatient,Six    | XXXX IBinsurance Four  | SUB ID XXXX           | P 12/08/04 |        |
| 7                            | +IBpatient,Seven  | XXXX IBinsurance Two   | SUB ID XXXX           | P 11/30/04 | Y      |
| 8                            | +IBpatient,Eight  | XXXX IBinsurance Four  | SUB ID XXXX           | P 02/28/05 | YH     |
| 9                            | +IBpatient,Nine   | XXXX IBinsurance Two   | SUB ID XXXX           | I 03/29/05 | Y      |
| 10                           | +IBpatient,Ten    | XXXX IBinsurance Three | SUB ID XXXX           | I 11/16/04 |        |
| 11                           | +IBpatient,Eleven | XXXX IBinsurance Two   | SUB ID XXXX           | P 03/31/05 | YH     |
| 12                           | +IBpatient,Twelve | XXXX IBinsurance Five  | SUB ID XXXX           | I 03/24/05 | H      |

\*Verified    +Active    ?Await/Reply  
 PE Process Entry    AE Add Entry    PB Pos. Buffer    FA Future Appts.  
 RE Reject Entry    ST Sort List    NB Neg. Buffer    EX Exit  
 EE Expand Entry    CC Check Ins Co's    MB Medicare Buffer  
 Select Action: Next Screen//

| Step | Procedure  |
|------|--|
| 3    | At the <b>Select Action:</b> prompt, enter <b>CC</b> for <b>Check Ins Co's</b> . |



The following screen will be displayed:

| Unmatched Buffer Names  |                        |  | Jul 07, 2010@12:02:54 | Page: | 1 of 1 |
|---|------------------------|--|-----------------------|-------|--------|
| These are Insurance Company names from the Insurance Buffer file that do not exist in the Insurance Company file (either as Names or as Synonyms). They also do not exist or pattern match with any entry in the Auto Match file. |                        |  |                       |       |        |
| 1   | IBinsurance One        |  |                       |       |        |
| 2   | IBinsurance Number Two |  |                       |       |        |
| 3   | IBinsurance Three      |  |                       |       |        |
| 4   | IBinsurance Four       |  |                       |       |        |
| 5   | IBinsurance Five       |  |                       |       |        |
| 6   | IBinsurance Six        |  |                       |       |        |
| 7   | IBinsurance Seven      |  |                       |       |        |
| 8   | IBinsurance Eight      |  |                       |       |        |
| 9   | IBinsurance Nine       |  |                       |       |        |
| 10  | IBinsurance Ten        |  |                       |       |        |

Enter ?? for more actions  
 Select Entry    Auto Match Enter/Edit    Exit  
 Select Action: Next Screen//

## 8.5 Change Company Name via the Insurance Buffer

Auto Match entries can also be created when users change an **Insurance Buffer** entry's insurance company name in the insurance buffer edit screen. When users change the existing insurance company name, listed on an **Insurance Buffer** entry, VistA prompts users to keep track of the original typed name and new name as an Auto Match entry. If users concur, the original typed insurance company name is treated as the **Entered Name** and the new insurance company name is considered the **Proper Name**. The user is then offered the opportunity to modify the **Entered Name**, possibly to make it more general.

| Step  | Procedure  |
|---|--|
|  | <i>This example sets up an auto match entry to associate <b>IBinsurance Flur</b> with <b>IBinsurance Four</b>.</i>   |
| 1   | Access the <b>PI Patient Insurance Menu</b> .  |
| 2   | Access the <b>BI Process Insurance Buffer</b> option.  |
|  | <i>VistA warns users when the <b>Proper Name</b> matches an insurance company's name synonym and not the company's name, or the <b>Proper Name</b> matches more than one synonym and company name.</i> |

The following screen will be displayed:

| Positive Insurance Buffer      |                   |                        | May 21, 2010@10:18:01 |                    | Page: 1 of 1 |                  |
|--------------------------------|-------------------|------------------------|-----------------------|--------------------|--------------|------------------|
| Sorted by: Positive Response   |                   |                        |                       |                    |              |                  |
|                                | Patient Name      | Insurance Company      | Subscr Id             | S                  | Entered      | iIEYH            |
| 1                              | +IBpatient,One    | XXXX IBinsurance One   | SUB ID XXXX           | E                  | 05/18/10     | i                |
| 2                              | +IBpatient,Two    | XXXX IBinsurance One   | SUB ID XXXX           | E                  | 05/18/10     | i                |
| 3                              | +IBpatient,Three  | XXXX IBinsurance One   | SUB ID XXXX           | E                  | 05/18/10     | i                |
| 4                              | +IBpatient,Four   | XXXX IBinsurance Two   | SUB ID XXXX           | P                  | 09/21/04     | Y                |
| 5                              | +IBpatient,Five   | XXXX IBinsurance Four  | SUB ID XXXX           | P                  | 03/31/05     |                  |
| 6                              | +IBpatient,Six    | XXXX IBinsurance Flur  | SUB ID XXXX           | P                  | 12/08/04     |                  |
| 7                              | +IBpatient,Seven  | XXXX IBinsurance Two   | SUB ID XXXX           | P                  | 11/30/04     | Y                |
| 8                              | +IBpatient,Eight  | XXXX IBinsurance Four  | SUB ID XXXX           | P                  | 02/28/05     | YH               |
| 9                              | +IBpatient,Nine   | XXXX IBinsurance Two   | SUB ID XXXX           | I                  | 03/29/05     | Y                |
| 10                             | +IBpatient,Ten    | XXXX IBinsurance Three | SUB ID XXXX           | I                  | 11/16/04     |                  |
| 11                             | +IBpatient,Eleven | XXXX IBinsurance Two   | SUB ID XXXX           | P                  | 03/31/05     | YH               |
| 12                             | +IBpatient,Twelve | XXXX IBinsurance Five  | SUB ID XXXX           | I                  | 03/24/05     | H                |
|                                |                   |                        |                       |                    |              |                  |
| *Verified +Active ?Await/Reply |                   |                        |                       |                    |              |                  |
| PE Process Entry               |                   | AE Add Entry           |                       | PB Pos. Buffer     |              | FA Future Appts. |
| RE Reject Entry                |                   | ST Sort List           |                       | NB Neg. Buffer     |              | EX Exit          |
| EE Expand Entry                |                   | CC Check Ins Co's      |                       | MB Medicare Buffer |              |                  |
| Select Action: Exit//          |                   |                        |                       |                    |              |                  |

| Step | Procedure  |
|------|--|
| 3    | At the <b>Select Action:</b> prompt, enter <b>EE</b> for <b>Expand Entry</b> .                             |
| 4    | At the <b>Select Buffer Entries:</b> prompt, enter <b>6</b> for this example and page through the screens. |



The following screens will be displayed:

```
Insurance Buffer Entry      Jul 23, 2013@17:16:47      Page: 1 of 4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

-----

Insurance Company Information
Name: IBinsurance          Reimburse?: WILL REIMBURSE
Phone:                     Billing Phone:
                           Precert Phone:
                           Remote Query From:
Address:

Group/Plan Information
Group Plan?: Yes
Group Name: TEST1
Group Number: IB 1234
BIN:                       Require UR: No
PCN:                       Require Amb Cert: No
+-----Enter ?? for more actions-----
EI  Ins. Co. Edit          ES  Escalate Entry          EX  Exit
EA  All Edit               PI  Pt. Policy Edit
PE  Group/Plan Edit        EB  Expand Benefits
Select Action: Next Screen//
```

|                        |                       |              |
|------------------------|-----------------------|--------------|
| Insurance Buffer Entry | Jul 23, 2013@17:19:39 | Page: 2 of 4 |
|------------------------|-----------------------|--------------|

IBpatient,One      xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX  
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

---

Type of Plan: COMPREHENSIVE MAJOR MEDIC      Require Pre-Cert: No  
Exclude Pre-Cond: No  
Benefits Assignable: Yes

Policy/Subscriber Information

Whose Insurance: SPOUSE      Effective: 07/01/01  
Expiration:

Subscriber's Name: IBINS,ACTIVE  
Subscriber Id: XXXXXXXXXXXX  
Relationship: SPOUSE      Primary Provider:  
Provider Phone:  
Subscriber's DOB: XX/XX/XXXX      Coord of Benefits:  
Patient Id: XXXXXXXXXXXXXXXX

---

+-----Enter ?? for more actions-----

|                    |                    |         |
|--------------------|--------------------|---------|
| EI Ins. Co. Edit   | ES Escalate Entry  | EX Exit |
| EA All Edit        | PI Pt. Policy Edit |         |
| PE Group/Plan Edit | EB Expand Benefits |         |

Select Action: Next Screen//      NEXT SCREEN

|                        |                       |              |
|------------------------|-----------------------|--------------|
| Insurance Buffer Entry | Jul 23, 2013@17:20:17 | Page: 3 of 4 |
|------------------------|-----------------------|--------------|

IBpatient,One      xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX  
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

---

Employer Sponsored Group Health Plan?:

Buffer Entry Information

Date Entered: 7/5/13@09:05      Date Verified:  
Entered By: CLERK,IB      Verified By:

\*\* This response is based on service date 07/05/2013 and service type: Health Benefit Plan Cov \*\*

eIV Trace #: xxxxxxxxx      eIV Processed Date: 7/5/13@09:38  
Source: INTERVIEW

Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active insurance.

---

+-----Enter ?? for more actions-----

|                    |                    |         |
|--------------------|--------------------|---------|
| EI Ins. Co. Edit   | ES Escalate Entry  | EX Exit |
| EA All Edit        | PI Pt. Policy Edit |         |
| PE Group/Plan Edit | EB Expand Benefits |         |

Select Action: Next Screen//      NEXT SCREEN

```

Insurance Buffer Entry          Jul 23, 2013@17:20:26          Page:    4 of    4
IBpatient,One                  xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
      Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

+-----
Action to take:  Review the details listed in the eIV Response Report
before processing this buffer entry.

-----Enter ?? for more actions-----
EI  Ins. Co. Edit              ES  Escalate Entry              EX  Exit
EA  All Edit                  PI  Pt. Policy Edit
PE  Group/Plan Edit           EB  Expand Benefits
Select Action: Quit//

```

| Step | Procedure  |
|------|--|
| 3    | At the <b>Select Action:</b> prompt, enter <b>EI</b> for <b>Ins. Co. Edit</b> .  |
| 4    | At the <b>Insurance Company Name: IBinsurance Flur //</b> prompt, enter <b>IBinsurance Four</b> .  |
| 5    | At the <b>CHOOSE 1-5:</b> prompt, enter <b>1</b> for this example.   |
| 6    | At the <b>Do you want to add an Auto Match entry that associates IBinsurance Flur with IBinsurance Four? No//</b> prompt, enter <b>YES</b> . |

The following prompts are displayed along with a confirmation message:

```

----- INSURANCE COMPANY INFORMATION -----
INSURANCE COMPANY NAME: IBinsurance Flur // IBinsurance Four
  1  IBinsurance Four
  2  IBinsurance Four A
  3  IBinsurance Four B
  4  IBinsurance Four C
CHOOSE 1-5: 1

Do you want to add an Auto Match entry that associates
IBinsurance Flur with IBinsurance Four? No// Y  YES

AUTO MATCH VALUE: IBinsurance Flur //

      IBinsurance Flur is now associated with IBinsurance Four.

```

| Step | Procedure  |
|------|--|
| 7    | There will then be a series of prompts to update the insurance company details. At each prompt, enter <b>RETURN</b> to keep the current setting. |

```

REIMBURSE?:
PHONE NUMBER: 8005555555//
BILLING PHONE NUMBER:
PRECERTIFICATION PHONE NUMBER:
STREET ADDRESS [LINE 1]: PO BOX 55555//
STREET ADDRESS [LINE 2]:
CITY: CLEVELAND//
STATE: OHIO//
ZIP CODE: 44101//

```

| Step | Procedure   |
|------|---|
| 8    | After accepting all the current insurance company settings the original insurance buffer entry will be displayed showing the revised insurance company. |

```

Insurance Buffer Entry      Jul 23, 2013@17:16:47      Page: 1 of 4
IBpatient,One             xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

-----

                        Insurance Company Information
Name: IBinsurance-----      Reimburse?: WILL REIMBURSE
Phone:                        Billing Phone:
                              Precert Phone:
                              Remote Query From:

Address:

                        Group/Plan Information
Group Plan?: Yes
Group Name: TEST1
Group Number: IB1234
BIN:
PCN:
Require UR: No
Require Amb Cert: No

+-----Enter ?? for more actions-----
EI  Ins. Co. Edit      ES  Escalate Entry      EX  Exit
EA  All Edit          PI  Pt. Policy Edit
PE  Group/Plan Edit   EB  Expand Benefits
Select Action: Next Screen//

```

|                        |                       |              |
|------------------------|-----------------------|--------------|
| Insurance Buffer Entry | Jul 23, 2013@17:19:39 | Page: 2 of 4 |
|------------------------|-----------------------|--------------|

IBpatient,One      xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX  
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

---

Type of Plan: COMPREHENSIVE MAJOR MEDIC      Require Pre-Cert: No  
Exclude Pre-Cond: No  
Benefits Assignable: Yes

Policy/Subscriber Information

Whose Insurance: SPOUSE      Effective: 07/01/01  
Expiration:

Subscriber's Name: IBINS,ACTIVE  
Subscriber Id: XXXXXXXXXXXX  
Relationship: SPOUSE      Primary Provider:  
Provider Phone:  
Subscriber's DOB: XX/XX/XXXX      Coord of Benefits:  
Patient Id: XXXXXXXXXXXX

---

+-----Enter ?? for more actions-----

|                    |                    |         |
|--------------------|--------------------|---------|
| EI Ins. Co. Edit   | ES Escalate Entry  | EX Exit |
| EA All Edit        | PI Pt. Policy Edit |         |
| PE Group/Plan Edit | EB Expand Benefits |         |

Select Action: Next Screen//      NEXT SCREEN

|                        |                       |              |
|------------------------|-----------------------|--------------|
| Insurance Buffer Entry | Jul 23, 2013@17:20:17 | Page: 3 of 4 |
|------------------------|-----------------------|--------------|

IBpatient,One      xxx-xx-xxxx      DOB: XXX XX,XXXX      AGE: XX  
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

---

Employer Sponsored Group Health Plan?:

Buffer Entry Information

Date Entered: 7/5/13@09:05      Date Verified:  
Entered By: CLERK,IB      Verified By:

\*\* This response is based on service date 07/05/2013 and service type: Health Benefit Plan Cov \*\*

eIV Trace #: xxxxxxxxxx      eIV Processed Date: 7/5/13@09:38  
Source: INTERVIEW

Current eIV Status: Response Received, Active Policy

Information received via electronic inquiry indicates patient has active insurance.

---

+-----Enter ?? for more actions-----

|                    |                    |         |
|--------------------|--------------------|---------|
| EI Ins. Co. Edit   | ES Escalate Entry  | EX Exit |
| EA All Edit        | PI Pt. Policy Edit |         |
| PE Group/Plan Edit | EB Expand Benefits |         |

Select Action: Next Screen//      NEXT SCREEN

Insurance Buffer Entry                      Jul 23, 2013@17:20:26                      Page:       4 of       4  
IBpatient,One                      xxx-xx-xxxx                      DOB: XXX XX,XXXX                      AGE: XX  
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)

+-----  
Action to take: Review the details listed in the eIV Response Report  
before processing this buffer entry.

-----Enter ?? for more actions-----  
EI Ins. Co. Edit                      ES Escalate Entry                      EX Exit  
EA All Edit                      PI Pt. Policy Edit  
PE Group/Plan Edit                      EB Expand Benefits  
Select Action: Quit//

*(This page included for two-sided copying.)*

## 9 eIV REPORTS

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

The first six eIV Reports can be found on the **eIV Menu** on the **Patient Insurance Menu**.

|    |  |
|----|--|
| AB | Add Auto Match Entries Using Insurance Buffer Data |
| AE | Enter/Edit Auto Match Entries                      |
| EI | Request Electronic Insurance Inquiry               |
| HL | HL7 Response Report                                |
| IU | eIV Patient Insurance Update Report                |
| LR | eIV Payer Link Report                              |
| MW | Medicare Potential COB Worklist                    |
| NI | Potential New Insurance Found ...                  |
| PR | eIV Payer Report                                   |
| RR | eIV Response Report                                |
| SR | eIV Statistical Report                             |

Select eIV Menu Option:

The remaining two eIV Reports can be found under the **Potential New Insurance Found** option on the **eIV Menu**.

|    |                             |
|----|-----------------------------|
| AR | eIV Ambiguous Policy Report |
| IR | eIV Inactive Policy Report  |

Select Potential New Insurance Found Option:

### 9.1 HL7 Response Report

#### Purpose of this Report

This report is used to capture incoming and outgoing HL7 messages transmitted from a VistA database to the FSC.

#### Report Parameters

Search Criteria:

- All or Selected Payers
- Response Received Date Range
- All or Selected Patients

Sort Criteria:

- Payer Name
- Patient Name

This is a 132 column report.



## Sample Report

|  |            |              |      |                               |               |         |
|--|------------|--------------|------|-------------------------------|---------------|---------|
| HL7 Response Report<br>01/01/2014 - 08/03/2015 |            |              |      | Aug 03, 2015@09:12:53 Page: 1 |               |         |
| All Payers                                     | Payer Name | Patient Name | SSN  | Dt Sent                       | Dt Rec'd      | Trace # |
| -----  |            |              |      |                               |               |         |
| CIGNA  |            |              |      |                               | Count = 1     |         |
| CIGNA  |            | IBTEST,EB    | 1234 |                               | 9/24/14@10:10 | 2424    |
|  |            |              |      |                               |               | 45      |

## 9.2 eIV Auto Update Report

### Purpose of this Report

This report is used to view the list of patients whose Patient Insurance Information has been updated automatically based on a 271 Response message

### Report Parameters

Search Criteria:

- Summary or Detail
- All or Selected Payers
- Insurance Company Detail or not (only applies to 'Selected Payers')
- Response Received Date Range
- All or Selected Patients (only applies to 'Detailed' version of the report)

Sort Criteria:

- Payer Name
- Patient Name
- Clerk Name

This is a 132 column report, for the 'Detailed' version of the report.

## Sample Report

|  |              |                 |      |            |            |                       |            |        |
|--|--------------|-----------------|------|------------|------------|-----------------------|------------|--------|
| Auto Update Report   |              |                 |      |            |            | Jun 03, 2010@10:35:41 |            | Page:1 |
| Response Received: 05/12/2010 - 05/23/2010                         |              |                 |      |            |            |                       |            |        |
| Detailed Report: All Payers; All Insurance Companies; All Patients |              |                 |      |            |            |                       |            |        |
| Payer  | Insurance Co | Patient Name    | SSN  | Dt Sent    | Auto Dt    | Days                  | eIV Trace  |        |
| -----  |              |                 |      |            |            |                       |            |        |
| AETNA  | AETNA        | IBpatient,One   | XXXX | 05/12/2010 | 05/12/2010 | 22                    | XXXXXXXXXX |        |
| AETNA  | AETNA        | IBpatient,Two   | XXXX | 05/12/2010 | 05/12/2010 | 80                    | XXXXXXXXXX |        |
| AARP   | AARP         | IBpatient,One   | XXXX | 05/13/2010 | 05/13/2010 | 16                    | XXXXXXXXXX |        |
| AARP   | AARP         | IBpatient,Two   | XXXX | 05/16/2010 | 05/16/2010 | 22                    | XXXXXXXXXX |        |
| CIGNA  | CIGNA        | IBpatient,One   | XXXX | 05/21/2010 | 05/21/2010 | 62                    | XXXXXXXXXX |        |
| CIGNA  | CIGNA        | IBpatient,Two   | XXXX | 05/21/2010 | 05/21/2010 | 22                    | XXXXXXXXXX |        |
| CIGNA  | CIGNA        | IBpatient,Three | XXXX | 05/22/2010 | 05/22/2010 | 32                    | XXXXXXXXXX |        |
| CIGNA  | CIGNA        | IBpatient,Four  | XXXX | 05/23/2010 | 05/23/2010 | 17                    | XXXXXXXXXX |        |
| Enter RETURN to continue or 'Q' to exit:                           |              |                 |      |            |            |                       |            |        |

Enter RETURN to continue or '^' to exit:

## 9.3 eIV Response Report

### Purpose of this Report

This report is used to view the data that was received through the eIV process – receipt of 271 Health Care Eligibility Benefits Response messages.

### Report Parameters

Search Criteria:

- Response Received Date Range
- Trace #
- All or Selected Payers
- All or Selected Patients

- All Responses or Most Recent (for a payer/patient combination)

Sort Criteria:

- Payer or Patient

## Sample Report

```
eIV Response Report

Insurance verification responses are received daily.
Please select a date range in which responses were received to view the
associated response detail.  Otherwise, select a Trace # to view specific
response detail.

    Select one of the following:

        1          Report by Date Range
        2          Report by Trace #

Select the type of report to generate: 1//    Report by Date Range

Start DATE:  T-1   (JUL 09, 2013)
End DATE:    T    (JUL 10, 2013)

    Payer or <Return> for All Payers:

    Patient or <Return> for All Patients:

    Select one of the following:

        A          All Responses
        M          Most Recent Responses

Select the type of responses to display: A// 11 Responses

    Select one of the following:

        1          Payer Name
        2          Patient Name

Select the primary sort field: 1//    Payer Name
DEVICE: HOME//

Compiling report data ...

eIV Response Report                               Jul 10, 2013@12:08:38  Page: 1
Sorted by: Payer Name                               Responses Displayed: All
                                           07/09/2013 - 07/10/2013
                                           All Payers
                                           All Patients

Payer: IBINSURANCE2
Patient: IBINS,ACTIVE (SSN: xxx-xx-xxxx  DOB: XX/XX/XXXX)
```

```

Subscriber: IBINS,ACTIVE
Subscriber ID: XXXXXXXXXXXX
Subscriber DOB: XX/XX/XXXX
Subscriber SSN:
Subscriber Sex:
Group Name: TEST1
Group ID: AET1234
Whose Insurance: 01
Member ID:
COB:
Service Date:
Date of Death:
Effective Date: 07/01/2001
Certification Date:
Expiration Date:
Payer Updated Policy:
Response Date: 07/09/2013
Trace #: XXXXXXXXXXXX
Policy Number:

Subscriber Dates:

Discharge: 20010801
Issue: 20010715
COBRA Begin: 20010501
COBRA End: 20010531

Patient Dates:
Plan Begin: 20010701

*** END OF REPORT ***

```

**Below is an example of the error information generated by the Payer or FSC displayed in the Response Report.**

```

eIV Response Report by Trace # May 07, 2013@11:48:22 Page:1
Trace #: XXXXXXXXXXXX

Payer: IBINSURANCE2
Patient: IBPATIENT,ONE (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

Subscriber: IBSUB,AAAERROR
Subscriber ID:
Subscriber DOB: XX/XX/XXXX
Subscriber SSN:
Subscriber Sex: M
Group Name:
Group ID:
Whose Insurance: VETERAN PATIENT
Member ID:
COB:
Service Date:
Date of Death:
Effective Date:
Certification Date:
Expiration Date:
Payer Updated Policy:
Response Date: 05/02/2013
Trace #: XXXXXXXXXXXX

ERROR INFORMATION:

Reject Reason Code: 72
Reject Reason Text: Invalid/Missing Subscriber/Insured ID
Action Code: Invalid/Missing Subscriber/Insured ID
HIPAA Loop: Please Correct and Resubmit
HL7 Location: N/A
Error Source: Subscriber Name

```

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

## 9.4 eIV Payer Report

### Purpose of this Report

This report is used to monitor the communication between VistA and the payers, including the types of error and warning messages that are received by VistA from the different payers.

### Report Parameters

Search Criteria:

- Inquiry Made Date Range
- All or Selected Payers
- Include Rejection Detail (Yes/No)
- All Responses or Most Recent (for a payer/patient combination)

Sort Criteria:

- Payer Name
- Total Inquiries

This is a 132 column report.

### Sample Report

|  |         |        |        |                                       |       |      |       |   |         |         |  |
|--|---------|--------|--------|---------------------------------------|-------|------|-------|---|---------|---------|--|
| eIV Payer Report<br>Sorted by: Payer     |         |        |        | 05/04/2010 - 06/03/2010<br>All Payers |       |      |       | Jun 03, 2010@10:39:21 Page: 1<br>Rejection Detail: Not Included |         |         |  |
| ***** SENT *****    *** RECEIVED ***     |         |        |        |                                       |       |      |       |   |         |         |  |
| Payer [Inactive Date]                    | Created | Cancel | Queued | 1st Att                               | Retry | Good | Error | AvgResp<br>(Days)   | Timeout | Pending |  |
| IBpayer One                              | 12      | 0      | 0      | 12                                    | 0     | 12   | 0     | 0.00  | 0       | 0       |  |
| IBpayer Two                              | 6       | 0      | 0      | 6                                     | 1     | 7    | 0     | 0.00  | 0       | 0       |  |
| IBpayer Three                            | 12      | 0      | 0      | 12                                    | 0     | 11   | 1     | 0.00  | 0       | 0       |  |
| IBpayer Four                             | 37      | 0      | 0      | 37                                    | 3     | 28   | 5     | 0.00  | 3       | 5       |  |
| Grand Totals                             | 67      | 0      | 0      | 67                                    | 4     | 58   | 6     | 0.00  | 3       | 5       |  |
| *** END OF REPORT ***                    |         |        |        |                                       |       |      |       |   |         |         |  |
| Enter RETURN to continue or '^' to exit: |         |        |        |                                       |       |      |       |   |         |         |  |

## 9.5 Medicare Potential Insurance Worklist - Potential COB Worklist/Report

### Purpose of this Report

This report is used to create a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance with the following data extracted from the 271 HL7 message when available:

- Patient Name
- Payer Code (primary, secondary, tertiary)

- Name of Insurance Company
- Insurance Company ID
- Review Status (not reviewed, review in process, completed)
- Insurance Company Address
- Insurance Company Phone Number
- Insurance Company Web Address

## Report Parameters

### Search Criteria:

- Earliest Date 271 HL7 message received
- Latest Date 271 HL7 message received

### Sort Criteria

- Chronological Order
- Reverse Chronological Order

### Report Format:

- Report
- Screen List (for additional details including screenshot, see in Section 4.3)

### Report Type:

- COMPLETED entries ONLY
- COMPLETED entries ONLY with comments
- Exclude COMPLETED entries
- Exclude COMPLETED entries with comments

## Sample Medicare COB Report

```
Pt. Secondary Insurance Report                               Jul 23, 2013@18:02:01  Page: 1
Sort: Chronological Order                                   06/23/2013 - 07/23/2013
Includes Completed Entries

IB,PATIENT  XX/XX/XXXX  2
-----
      IBINSURANCE3  \T\ HEALTH INSURANCE COMPANY, INC.,
        2900 NORTH LOOP W
        SOMEWHERE, TX XXXXX      Phone: 9999999999      Website: www.
IBinsurance3

IB,PATIENT  XX/XX/XXXX  2
-----
      HEALTHSPRING LIFE \T\ HEALTH INSURANCE COMPANY, INC.,
        2900 NORTH LOOP W
        SOMEWHERE, TX XXXXX      Phone: 9999999999      Website: www.
IBinsurance3.com

IB,PATIENT  XX/XX/XXXX  2
-----
```

IBINSURANCE3 \T\ HEALTH INSURANCE COMPANY, INC.,  
2900 NORTH LOOP W  
SOMEWHERE, TX XXXXX Phone: 999999999  
Website: www. IBinsurance3.com

\*\*\* END OF REPORT \*\*\*

### 9.5.1 Medicare Potential COB – as a Worklist

User comments are not shown in the Worklist version of the Medicare Potential COB display.

The EE – Expand Entry action is available in **Medicare Potential COB Worklist**.

These following actions are hidden, but available in Medicare Potential COB Worklist:

- + – Next Screen
- - – Previous Screen
- UP – Up a Line
- DN – Down a Line
- > - Shift view to Right
- < - Shift view to Left
- FS – First Screen
- LS – Last Screen
- GO – Go to Page
- RD – Re Display Screen
- PS – Print Screen
- PL – Print List
- SL – Search List
- ADPL – Auto Display (On/Off)
- QU - Quit

Several indicators may be found on the main screen of the worklist:

- Stat – Status of the eIV Response Record. A “Y” means that the review of the response has been started by someone.
- Following the insurance company name:
  - P – the eIV response indicates that the insurance company is the primary insurance
  - S – eIV response indicates that the insurance company is the secondary insurance
  - T – eIV response indicates that the insurance company is the tertiary insurance

### Sample Medicare Potential COB Worklist

|                             |                       |       |      |   |
|-----------------------------|-----------------------|-------|------|---|
| Medicare Potential COB List | Dec 10, 2013@13:47:22 | Page: | 1 of | 1 |
|-----------------------------|-----------------------|-------|------|---|

Sorted in Chronological Order.

---Resp Rcv--Subscriber-----DOB-----Stat-INS COMPANY-----  
03/14/13

1 IB,PATIENT A SR 0150P 01/01/50 Y INSURANCE COMPANY ONE (P)  
INSURANCE COMPANY TWO

-----\*Exact Match-----

EE Expand Entry

Select Action: Quit// EE

Once an entry is selected and expanded by using the EE – Expand Entry action, additional actions are available to the user.

### Sample Medicare Potential COB Worklist – Expanded Entry

Medicare Potential COB List Jan 06, 2014@07:16:26 Page: 1 of 1

Patient: IB,PATIENT A SR

In Process

Code Payer

P INSURANCE COMPANY ONE

111 MAIN STREET

HOUSTON, TX 999991111

Phone: 1112223333

Website: www.INSURANCECOMPANYONE.com

INSURANCE COMPANY TWO

222 MAIN STREET

DALLAS, TX 888882222

Phone: 4445556666

Website: www.INSURANCECOMPANYTWO.com

Comments:

No Comments Entered.

\*Exact Match

CS Change Status AC Add Comments

Select Action: Quit//

The CS – Change Status action is used to change the status of the record.

The AC – Add Comments action is used to enter comments.

### 9.5.2 Medicare Potential COB – as a Report

The information displayed on the Medicare Potential COB directly depends on which "Report Type" was selected. The header of the report reflects the selected date range and Report Type.

### Sample Medicare Potential COB Report

|   |                         |         |
|---|-------------------------|---------|
| Pt. Secondary Insurance Report  | Jul 23, 2013@18:02:01   | Page: 1 |
| Sort: Chronological Order   | 06/23/2013 - 07/23/2013 |         |
| Includes Completed Entries  |                         |         |
| IB,PATIENT 03/09/1935 Review Status: Complete   |                         |         |
| -----   |                         |         |
| INSURANCE COMPANY ONE.,<br>111 MAIN STREET<br>HOUSTON, TX 999991111<br>Phone: 1112223333<br>Website: www.INSURANCECOMPANYONE.com    |                         |         |
| IB,PATIENT 03/09/1935 2   |                         |         |
| -----   |                         |         |
| INSURANCE COMPANY TWO, 222 MAIN STREET<br>HOUSTON, TX 999991111<br>Phone: 1112223333<br>Website: www.INSURANCECOMPANYTWO.com        |                         |         |
| IB,PATIENT 03/09/1935 2   |                         |         |
| -----   |                         |         |
| INSURANCE COMPANY THREE,<br>333 MAIN STREET<br>HOUSTON, TX 999991111<br>Phone: 1112223333<br>Website: www.INSURANCECOMPANYTHREE.com |                         |         |
| *** END OF REPORT ***   |                         |         |

## 9.6 eIV Statistical Report

### Purpose of this Report

This report is used to monitor the eIV process including statistics based on outgoing inquiries, incoming responses, pending responses and queued inquiries, etc.

This report should be monitored on a daily basis as it provides users the ability to detect eIV communication problems with the FSC in addition to potential problems in the configuration of the **eIV Site Parameters**. It also provides users with a quick view of new eIV associated payers and a summary of the insurance buffer entries.

This report is distributed daily as a MailMan message to the members of the mail group that is defined in the **IB Site Parameters**. The MailMan version covers the most recent 24 hours and is based on the default report parameters. The MailMan message is only sent when enabled through the **IB Site Parameters**.



## Report Parameters

### Search Criteria:

- Response Received Date Range
- Trace #
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)

## Sample Report

|  |                                     |         |
|--|-------------------------------------|---------|
| eIV Statistical Report                               | Jun 29, 2009@10:46:41               | Page: 1 |
|  | Report Timeframe:                   |         |
|  | 11/07/2007 05:00 - 06/29/2009 05:00 |         |
| Outgoing Data  |                                     |         |
| =====  |                                     |         |
| Inquiries Sent:                                      | 0                                   |         |
| Insurance Buffer                                     |                                     | 0       |
| Appointment  |                                     | 0       |
| Non-verified Insurance                               |                                     | 0       |
| Incoming Data  |                                     |         |
| =====  |                                     |         |
| Responses Received:                                  | 0                                   |         |
| Insurance Buffer                                     |                                     | 0       |
| Appointment  |                                     | 0       |
| Non-verified Insurance                               |                                     | 0       |
| Current Status                                       |                                     |         |
| =====  |                                     |         |
| Responses Pending:                                   | 1                                   |         |
| Queued Inquiries:                                    | 0                                   |         |
| Deferred Inquiries:                                  | 0                                   |         |
| Insurance Companies w/o National ID:                 | 891                                 |         |
| eIV Payers Disabled Locally:                         | 0                                   |         |
| Insurance Buffer Entries:                            | 11                                  |         |
| User Action Required:                                | 11                                  |         |
| # of * entries (User Verified policy)                |                                     | 4       |
| # of + entries (Payer indicated Active policy)       |                                     | 1       |
| # of \$ entries (Escalated, Active policy)           |                                     | 0       |
| # of - entries (Payer indicated Inactive policy)     |                                     | 1       |
| # of # entries (Policy status undetermined)          |                                     | 0       |
| # of ! entries (eIV needs user assistance for entry) |                                     | 5       |
| Entries Awaiting Processing:                         | 0                                   |         |
| # of ? entries (IIV is waiting for a response)       |                                     | 0       |
| # of blank entries (yet to be processed or accepted) |                                     | 0       |
| Current Status                                       |                                     |         |
| =====  |                                     |         |
| New eIV Payers received during report date range:    |                                     |         |
| No new Payers added                                  |                                     |         |
| National Payers - ACTIVE flag changes at FSC         |                                     |         |
| =====  |                                     |         |
| IBpayer One  | Message Dt: 09/06/09 Set: ON        |         |
| IBpayer Three  | Message Dt: 09/11/09 Set: OFF       |         |
| IBpayer Four   | Message Dt: 09/14/09 Set: OFF       |         |
| IBpayer Five   | Message Dt: 09/05/09 Set: ON        |         |

```

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

```

## 9.7 eIV Payer Link Report

### Purpose of this Report

To be eligible for electronic insurance eligibility communications via the eIV software, participating Insurance Companies must be linked to a payer from the National EDI Payer list. The National EDI Payer list contains the names of the payers that are currently participating with the eIV process.

This report provides information based on the relationship that the users set up in VistA between the insurance companies and the payers. This report can assist with finding insurance companies that are linked to the wrong payer. Also, the report can assist with identifying unlinked insurance companies or payers. Additionally, this report will indicate the payer locally active status.

### Report Parameters

Search Criteria:

- Payer List or Insurance Company List
- All or Selected Payers
- All or Linked or Unlinked Payers
- Linked Detail or Summary

Sort Criteria:

- Payer Name
- VA National Payer ID
- Nationally Enabled Status
- Locally Enabled Status
- # of Linked Insurance Companies

This is a 132 column report.

### Sample Report – Payer Link

|  |                      |                      |                                  |                    |                 |                  |                       |               |       |
|--|----------------------|----------------------|----------------------------------|--------------------|-----------------|------------------|-----------------------|---------------|-------|
| eIV Payer Link Report  |                      |                      |                                  |                    |                 |                  | May 28, 2015@14:57:18 |               | Page: |
| 1  |                      |                      |                                  |                    |                 |                  |                       |               |       |
| Report Option: Payer List  |                      |                      | All Payers, With Ins. Co. Detail |                    |                 |                  |                       |               |       |
| ** indicates the Linked Insurance Company HPID/OEID failed validation checks |                      |                      |                                  |                    |                 |                  |                       |               |       |
| Payer Name:  | National<br>Payer ID | # Linked<br>Ins. Co. | Nationally<br>Active?            | Locally<br>Active? | FSC<br>Trusted? | Prof.<br>EDI#    | Inst.<br>EDI#         | HPID/<br>OEID |       |
| -----  |                      |                      |                                  |                    |                 |                  |                       |               |       |
| ---  |                      |                      |                                  |                    |                 |                  |                       |               |       |
| CIGNA  | 123                  | 4                    | YES                              | YES                | NO              |                  |                       |               |       |
| Linked Insurance Companies:  |                      |                      |                                  |                    |                 |                  |                       |               |       |
| BLUE CROSS   |                      | 123 HERE             |                                  | SAN FRANCISCO, CA  |                 | 1234567890123456 | 0987654321098765      |               |       |
| KATE'S INSURANCE CO.   |                      | 123 ANYPLACE         |                                  | MESQUITE, TX       |                 |                  |                       |               |       |
| PGBA TRICARE EXTRA CLAIMS  |                      | PO BOX NUMBER        |                                  | SURFSIDE BEACH, SC |                 |                  |                       |               |       |
| TEST-1   |                      | DKFJSDF QWFDKHJWEIFO |                                  | SDAGSDF, NY        |                 |                  |                       |               |       |
| MEDICARE WNR   | VA123                | 0                    | YES                              | YES                | NO              | 123              | 123                   |               |       |
| *** END OF REPORT ***  |                      |                      |                                  |                    |                 |                  |                       |               |       |

## Sample Report – Insurance Company List

|   |          |       |                         |      |          |                    |                  |       |
|---|----------|-------|-------------------------|------|----------|--------------------|------------------|-------|
| eIV Payer Link Report   |          |       |                         |      |          | May 28, 2015@15:13 |                  | Page: |
| 1   |          |       |                         |      |          |                    |                  |       |
| Report Option: Insurance Company List                                 |          |       | All Insurance Companies |      |          |                    |                  |       |
| ** indicates the Insurance Company HPID/OEID failed validation checks |          |       |                         |      |          |                    |                  |       |
| Insurance Company:  | # Active |       | Nat.                    | Loc. | FSC      | Prof.              | Inst.            | HPID/ |
| Payer:  | Groups   |       | Act?                    | Act? | Trusted? | EDI#               | EDI#             | OEID  |
|   |          | VA ID |                         |      |          |                    |                  |       |
| -----   |          |       |                         |      |          |                    |                  |       |
| ---   |          |       |                         |      |          |                    |                  |       |
| BLUE CROSS  | 1        |       |                         |      |          | 1234567890123456   | 0987654321098765 |       |
| 123 HERE SAN FRANCISCO, CA 94114                                      |          |       |                         |      |          |                    |                  |       |
| CIGNA   | 123      |       | YES                     | YES  | NO       |                    |                  |       |
| KATE'S INSURANCE CO.  | 1        |       |                         |      |          |                    |                  |       |
| 123 ANYPLACE MESQUITE, TX 74249                                       |          |       |                         |      |          |                    |                  |       |
| CIGNA   | 123      |       | YES                     | YES  | NO       |                    |                  |       |
| MEDICARE WNR  | 1        |       |                         |      |          |                    |                  |       |
| 123 MAIN STR SMALLVILLE, FL 33712                                     |          |       |                         |      |          |                    |                  |       |
| ** NOT CURRENTLY LINKED **  |          |       |                         |      |          |                    |                  |       |
| PGBA TRICARE EXTRA CLAIMS   | 1        |       |                         |      |          |                    |                  |       |
| Enter RETURN to continue or '^' to exit:                              |          |       |                         |      |          |                    |                  |       |

## 9.8 MailMan Summaries

VistA automatically produces a daily MailMan message with a copy of the eIV Statistical Report summarizing the eIV activity for the preceding 24 hours. This mail message will be sent to those in the pre-determined mail group that is designated in the general parameters section of the **IB Site Parameter**.

### Sample - eIV Statistical Report in MailMan Message

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

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

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

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

Insurance Buffer Entries:                             235
User Action Required:                               215
# of * entries (User Verified policy)                19
# of + entries (Payer indicated Active policy)       24
# of $ entries (Escalated, Active policy)            0
# of - entries (Payer indicated Inactive policy)      7
# of # entries (Policy status undetermined)          39
# of ! entries (IIV needs user assistance for entry) 126
Entries Awaiting Processing:                          20
# of ? entries (IIV is waiting for a response)       16
# of blank entries (yet to be processed or accepted) 4

Current Status
=====

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

to the Integrated Billing IIV Interface User Guide.

IBpayer One  
IBpayer Three

National Payers - ACTIVE flag changes at FSC

```
=====
IBpayer Two           Message Dt: 09/06/09 Set: ON
IBpayer Four          Message Dt: 09/11/09 Set: OFF
IBpayer Six           Message Dt: 09/14/09 Set: OFF
IBpayer Eight         Message Dt: 09/05/09 Set: ON
```

Nationally Active Payers - TRUSTED flag changes at FSC

```
=====
IBpayer Five          Message Dt: 09/12/09 Set: ON
IBpayer Seven         Message Dt: 09/10/07 Set: OFF
IBpayer Nine          Message Dt: 09/05/07 Set: ON
```

\*\*\* END OF REPORT \*\*\*

## 9.9 MailMan Notification to Link Payers

VistA automatically triggers a mailman message on a weekly basis to the IBCNE EIV Message Mail group if the following information is available:

- Total Number of Nationally Active Unlinked Payers with Potential Matches to active insurance companies.

### Sample MailMan Notification

```
Subj: ACTION REQ: POTENTIAL PAYERS TO BE LINKED  [#159564] 01/14/11@10:46
7 lines
From: EIV INTERFACE (IB)  In 'IN' basket.    Page 1  *New*
-----
--
TOTAL NUMBER OF PAYERS WITH POTENTIAL INSURANCE COMPANY MATCHES: 4
Immediate Attention Required:
-----
Please link the associated active insurance companies to these payers at your
earliest convenience. Please visit the e-Business Projects Webpage on VistA
University Website to download the Link Payer Instructions.
Enter message action (in IN basket): Ignore//
```

## 9.10 MailMan Notification to Activate Payers

VistA automatically triggers a mailman message on a weekly basis to IBCNE EIV Message Mail group if the following information is available:

- A List of Payers that meet the following criteria:
  - Locally inactive AND
  - Nationally Active AND
  - Have linked insurance companies.

### Sample MailMan Notification

```

Subj: ACTION REQ: PAYERS TO BE LOCALLY ACTIVATED  [#159565] 01/14/11@10:46
12 lines
From: EIV INTERFACE (IB)  In 'IN' basket.  Page 1  *New*
-----
Nationally Active Payers that are Locally Inactive:
-----
INSURANCE ONE
INSURANCE TWO
INSURANCE THREE

INSURANCE FOUR
INSURANCEFIVE Immediate Attention Required:
-----
Please locally activate the payers after you link insurance companies to
them.
Please visit the e-Business Projects Webpage on VistA University Website to
download the Payer Activation Instructions.
Enter message action (in IN basket): Ignore//

```

## 9.11 eIV Ambiguous Policy Report

### Purpose of Report

This report allows users to view ambiguous payer 270 Health Care Eligibility Benefits Responses. Ambiguous payer responses are those responses that do not have enough information for eIV to safely determine if the policy is active or not active.

### Report Parameters

#### Search Criteria:

- Response Received Date Range
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)

#### Sort Criteria:

- Payer Name
- Patient Name

## Sample Report

### eIV Ambiguous Policy Report

Please select a date range to view ambiguous policy information that the eIV process turned up while attempting to discover previously unknown insurance policies. (Date range selection is based on the date that eIV receives the response from the payer.)

Start DATE: T-10000 (FEB 22, 1986)

End DATE: T (JUL 10, 2013)

Payer or <Return> for All Payers:

Patient or <Return> for All Patients:

Select one of the following:

|   |                       |
|---|-----------------------|
| A | All Responses         |
| M | Most Recent Responses |

Select the type of responses to display: A// 11 Responses

Select one of the following:

|   |              |
|---|--------------|
| 1 | Payer Name   |
| 2 | Patient Name |

Select the primary sort field: 1// Payer Name

DEVICE: HOME//

Compiling report data ...

eIV Ambiguous Policy Report

Jul 10, 2013@12:19:19 Page: 1

Sorted by: Payer Name

Responses Displayed: All

02/22/1986 - 07/10/2013

All Payers

All Patients

Payer: IBINSURANCE2

Patient: IB,PATIENT (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

Subscriber: IB,PATIENT

Subscriber ID: XXXXXXXXX

Subscriber DOB:

Subscriber SSN: XX-XXX-XXXX

Subscriber Sex:

Group Name:

Group ID:

Whose Insurance:

Member ID:

Service Date: 11/19/2003

COB:

Date of Death:

Effective Date:

Certification Date:

Expiration Date:

Payer Updated Policy:

Response Date: 02/17/2004

Trace #: XXXXXXXXXX

```
eIV Ambiguous Policy Report                               Jul 10, 2013@12:19:34  Page: 2
Sorted by: Payer Name                                     Responses Displayed: All
Payer: IBINSURANCE2
Patient: IB,PATIENT   (SSN: xxx-xx-xxxx  DOB: XX/XX/XXXX)
```

\*\*\* END OF REPORT \*\*\*

## 9.12 eIV Inactive Policy Report

### Purpose of Report

This report displays any inactive insurance policies that the eIV software identified while making 270 Health Care Eligibility Benefits Inquiries.

Users have the ability to define which inactive policies are included in the report based on the reported policy expiration date. This allows users the ability to search for inactive policies that expired within the payer's filing timeframe.

### Report Parameters

Search Criteria:

- Response Received Date Range
- All or Selected Payers
- All or Selected Patients
- All Responses or Most Recent (for a payer/patient combination)
- Earliest Possible Expiration Date

Sort Criteria:

- Payer or Patient

### Sample Report

eIV Inactive Policy Report

Please select a date range to view inactive policy information that the eIV process turned up while attempting to discover previously unknown insurance policies. (Date range selection is based on the date that eIV receives the response from the payer.)

Start DATE: T-10000 (FEB 22, 1986)

End DATE: T (JUL 10, 2013)

Payer or <Return> for All Payers:

Patient or <Return> for All Patients:

Select one of the following:

A All Responses



M Most Recent Responses

Select the type of responses to display: A// 11 Responses

Earliest Policy Expiration Date to Select From: T-365// (JUL 10, 2012)

Select one of the following:

- 1 Payer Name
- 2 Patient Name

Select the primary sort field: 1// Payer Name

DEVICE: HOME//

Compiling report data ...

eIV Inactive Policy Report

Jul 10, 2013@12:23:57 Page: 1

Sorted by: Payer Name

Responses Displayed: All

02/22/1986 - 07/10/2013

All Payers

All Patients

Payer: IBINSURANCE2

Patient: Patient,One (SSN: xxx-xx-xxxx DOB: XX/XX/XXXX)

)

Subscriber: Patient,One

Subscriber ID:

Subscriber DOB:

Subscriber SSN: XXXXXXXXXX

Subscriber Sex:

Group Name:

Group ID:

Whose Insurance:

Member ID:

COB:

Service Date: 11/19/2003

Date of Death:

Effective Date:

Certification Date:

Expiration Date:

Payer Updated Policy:

Response Date: 02/17/2004

Trace #: XXXXXXXXXX

Payer: IBINSURANCE2

\*\*\* END OF REPORT \*\*\*

## 10 INSURANCE REPORTS

Patch IB\*2\*528 introduced a menu for Insurance Reports. Multiple insurance-related reports have been gathered under **Insurance Reports** on the **Patient Insurance Menu**.

|           |   |
|-----------|---|
| ABUF      | Insurance Buffer Activity                       |
| <b>AU</b> | <b>User Edit Report</b>                         |
| EBUF      | Insurance Buffer Employee                       |
| <b>GP</b> | <b>List Group Plans without Annual Benefits</b> |
| ID        | Generate Insurance Company Listings             |
| IN        | Patients with Unidentified Insurance            |
| INSC      | Veterans w/Insurance and Inpatient Admissions   |
| IU        | eIV Patient Insurance Update Report             |
| LC        | List Inactive Ins. Co. Covering Patients        |

Patches IB\*2\*525 and IB\*2\*528 also added the following new reports or modified reports to this menu option:

- List Group Plans without Annual Benefits
- User Edit Report

### 10.1 List Group Plans without Annual Benefits Report

#### Purpose of this Report

This report will generate a list of group insurance plans by company without annual benefits for the year requested. The definition of "without" is: either missing year and/or a year (date) is entered but no values within the Annual Benefits have been completed.

#### Report Parameters

Search Criteria:

- Annual Benefit Year
- All or Selected Insurance Companies
- All or Selected Group Plans

Sort Criteria:

- Insurance Company IEN
- Group Plan IEN

This is a 132 column report.

#### Sample Report

|  |
|--|
| <p>GP List Group Plans without Annual Benefits</p> <p>This report will generate a list of group insurance plans by company without annual benefits for the year requested. The definition of "without" is: either missing year and/or a year (date) is entered but no values within the AB have been completed.</p> <p>Select the Annual Benefit Year: 2017// (2017)</p> <p>There are 5 insurance companies associated with plans.</p> <p>1. List All 5 Ins. Companies<br/>2. List Only Ins. Companies That You Select</p> |
|--|

```

SELECT 1 or 2: 2. List Only Ins. Companies That You Select

Select a Filter for Insurance Company:

1. Active
2. Inactive
SELECT 1 or 2: 1. Active

There are 5 plans. List all plans for each company? No// NO

Select a Filter for Group:

1. Active
2. Inactive
SELECT 1 or 2: 1. Active
Select insurance company: TEST-1      DKFJSDF QWFDKHJWEIFO      SDAGSDF
NEW YORK      Y
Select another insurance company: KATE'S INSURANCE CO.      123 ANYPLACE
MESQUITE      TEXAS      Y
Select another insurance company:

Insurance Company # 1: KATE'S INSURANCE CO.
...OK? YES// ...building a list of plans...

Insurance Plan Lookup      May 21, 2015@14:44:48      Page: 1 of 1
All Active Plans for: KATE'S INSURANCE CO.      Phone: <not filed>
123 ANYPLACE      Precerts: <not filed>
MESQUITE, TX 74249

# + => Indiv. Plan      Pre- Pre- Ben
Group Name      Group Number      Type of Plan      UR? Ct? ExC? As?
KATE'S GROUP      K-3900      DENTAL INSURA      UNK UNK UNK UNK
Enter ?? for more actions
SP Select PlanSelect Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//

Insurance Company # 2: TEST-1
...OK? YES// ...building a list of plans...

Insurance Plan Lookup      May 21, 2015@14:44:54      Page: 1 of 1
All Active Plans for: TEST-1      Phone: <not filed>
DKFJSDF QWFDKHJWEIFO      Precerts: <not filed>
SDAGSDF, NY 12233

# + => Indiv. Plan      Pre- Pre- Ben
Group Name      Group Number      Type of Plan      UR? Ct? ExC? As?
GROUP 1 TEST      TEST-1212      MEDICARE SECO      NO NO YES YES
Enter ?? for more actions
SP Select PlanSelect Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//

(E)xcel Format or (R)eport Format: Report//

There is 1 insurance company associated with group plans without annual
benefits.

Enter RETURN to continue or '^' to exit:

*** You will need a 132 column printer for this report. ***

DEVICE: HOME// ;132 UCX/TELNET

LIST OF GROUP PLANS BY INSURANCE COMPANY WITHOUT ANNUAL BENEFITS      MAY 21, 2015@14:45      Page: 1
Benefit Year Selected: 2017
-----
INSURANCE COMPANY NAME: TEST-1      PHONE:
DKFJSDF QWFDKHJWEIFO      PRECERT PHONE:
SDAGSDF, NY 12233

REIMBURSE      TYPE OF COVERAGE      GROUP NAME      GROUP NUMBER      ACTIVE/INACTIVE      LAST PERSON TO EDIT      TYPE OF PLAN
WILL REIMBURSE      GROUP 1 TEST      TEST-1212      ACTIVE      IBUSER,ONE      MEDICARE SECO

Enter RETURN to continue or '^' to exit:

```

## 10.2 User Edit Report

### Purpose of this Report

This report captures all of the Creates, Edits, and Deletes done by specific users in the following files:

- Insurance Company File (#36)
- Group Plan File (#355.3)
- Coverage File (#355.32)
- Annual Benefits File (355.4)

### Report Parameters

Search Criteria:

- Insurance Company (multiple select)
- Group Plan (multiple select)

- Date Range
- User ID (one, multiple, all)

## Sort Criteria:

- User

## Sample Report

```

Insurance Company Selection:
1. Report User Edits for all 6 Insurance Companies
2. Report User Edits for selected Insurance Companies
   ENTER 1 or 2: 2 Report Insurance Companies that are selected

Group Plan Selection:
Do you want to report any edits made to Group Plans (Y/N)? YES
1. Report User Edits for all Group Insurance Plans
2. Report User Edits for selected Group Insurance Plans
   ENTER 1 or 2: 2 Report Group Insurance Plans that are selected
Select Insurance Company: BLUE CROSS      911 STREET      SAN FRANCISCO
CALIFORNIA      Y
Select another Insurance Company:

Insurance Company # 1: BLUE CROSS
...OK? YES//
...building a list of plans...

Insurance Plan Lookup      Sep 14, 2015@12:26:10      Page: 1 of 1
All Active Plans for: BLUE CROSS      Phone: <not filed>
      911 STREET      Precerts: 877.277.3368
      SAN FRANCISCO, CA 94114

# + => Indiv. Plan      Pre- Pre- Ben
Group Name      Group Number      Type of Plan      UR? Ct? ExC? As?
1 BLUE CROSS OF CA 1234      HIGH DEDUCTIB NO UNK UNK YES

      Enter ?? for more actions
SP Select Plan
Select Action: Quit// SP Select Plan
Select Plan(s): (1-1): 1
Would you like to select any other plans? NO//
User Selection:
1. All User IDs
2. Select One or Multiple User IDs
   ENTER 1 or 2: 2 Specified Users
Select NEW PERSON NAME: IBUSER,ONE AC
Is IBUSER, ONE the one you want? YES//
Select NEW PERSON NAME:

Start date: 5/13 (MAY 13, 2015)
End date: 6/12 (JUN 12, 2015)
Export to Microsoft Excel (Y/N): ? NO//

*** You will need a 132 column printer for this report. ***

DEVICE: HOME// ;132

eIV USER EDIT REPORT      Aug 04, 2015@12:51:39      Page: 1
Insurance Company      Group Name

User      Date/Time of Change      Modified Field      Previous Value of Data      Modified Value of Data

BLUE CROSS
IBUSER, ONE      5/13/15@15:47:43      BLUE CROSS OF CA
DATE ENTERED      COVERED      NOT COVERED

BLUE CROSS
IBUSER, ONE      5/13/15@15:47:43      BLUE CROSS OF CA
BENEFIT YEAR BEGINNING ON NOT COVERED      COVERED

BLUE CROSS
IBUSER, ONE      5/15/15@15:06:28      BLUE CROSS OF CA
DATE ENTERED      COVERED

BLUE CROSS
IBUSER, ONE      5/15/15@15:06:28      BLUE CROSS OF CA
DATE ENTERED      MAY 22, 2015@12:23:37

Enter RETURN to continue or '^' to exit:

eIV USER EDIT REPORT      Aug 04, 2015@12:51:39      Page:
52
Insurance Company      Group Name

```

| User                                     | Date/Time of Change | Modified Field   | Previous Value of Data      | Modified Value of Data |
|--|---------------------|--|-----------------------------|------------------------|
| <hr/>                                    |                     |  |                             |                        |
| BLUE CROSS<br>IBUSER, ONE                | 5/15/15@15:06:28    | BLUE CROSS OF CA<br>BENEFIT YEAR BEGINNING ON LONG TERM CARE |                             |                        |
| BLUE CROSS<br>IBUSER, ONE                | 5/18/15@14:14:53    | BLUE CROSS OF CA<br>BENEFIT YEAR BEGINNING ON                | <no previous value>         | COVERED                |
| BLUE CROSS<br>IBUSER, ONE                | 5/18/15@14:14:53    | BLUE CROSS OF CA<br>DATE ENTERED                             | <no previous value>         | OUTPATIENT             |
| BLUE CROSS<br>IBUSER, ONE                | 5/18/15@14:14:53    | BLUE CROSS OF CA<br>ENTERED BY                               | <no previous value>         | DEC 31, 2015           |
| Enter RETURN to continue or '^' to exit: |                     |  |                             |                        |
| eIV USER EDIT REPORT                     |                     |  | Aug 04, 2015@12:51:39 Page: |                        |
| 53                                       |                     |  |                             |                        |
| Insurance Company                        | Group Name          |  |                             |                        |
| User                                     | Date/Time of Change | Modified Field   | Previous Value of Data      | Modified Value of Data |
| <hr/>                                    |                     |  |                             |                        |
| BLUE CROSS<br>IBUSER, ONE                | 6/12/15@09:51:43    | BLUE CROSS OF CA<br>BENEFIT YEAR BEGINNING ON                | <no previous value>         | COVERED                |
| BLUE CROSS<br>IBUSER, ONE                | 6/12/15@09:51:43    | BLUE CROSS OF CA<br>DATE ENTERED                             | <no previous value>         | PHARMACY               |
| BLUE CROSS<br>IBUSER, ONE                | 6/12/15@09:51:43    | BLUE CROSS OF CA<br>ENTERED BY                               | <no previous value>         | DEC 31, 2015           |
| END OF REPORT                            |                     |  |                             |                        |
| Enter RETURN to continue or '^' to exit: |                     |  |                             |                        |

## 11 EXPORTING REPORTS TO EXCEL

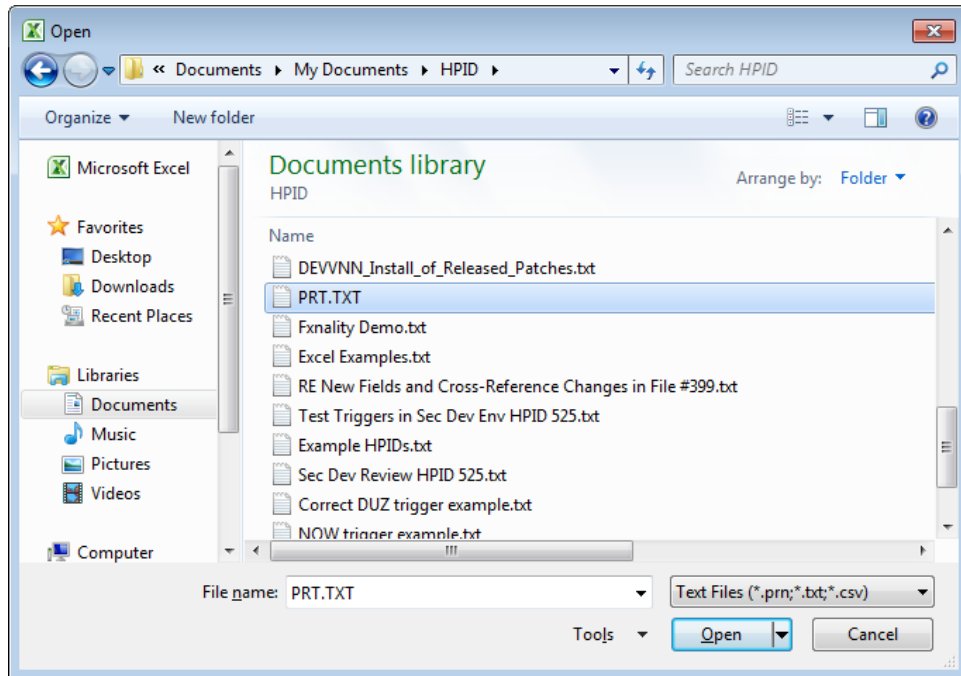
Patch IB\*2\*528 added the ability to output reports in a format that can be opened by Excel.

| Step | Procedure                                   |
|------|---|
| 1    | Run the report of your choice.              |
| 2    | At the format prompt, choose <b>Excel</b> . |

A screen similar the following will be displayed:

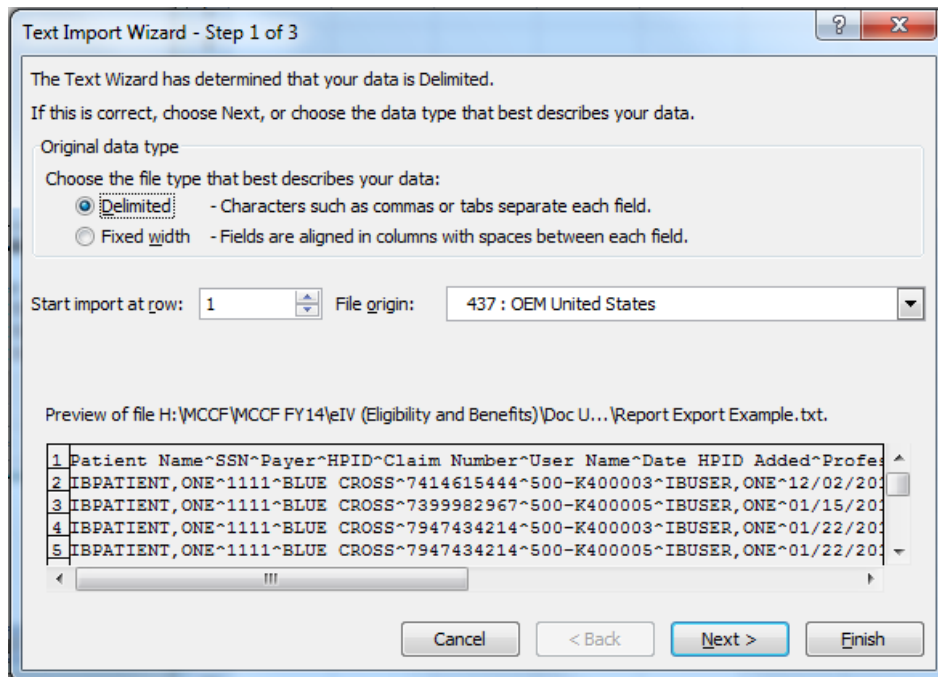
|  |
|--|
| Patient Name^SSN^Payer^HPID^Claim Number^User Name^Date HPID Added^Professional ID^Institutional ID  |
| IBPATIENT,ONE^1111^BLUE CROSS^7414615444^500-  |
| K400003^IBUSER,ONE^12/02/2014^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,ONE^1111^BLUE CROSS^7399982967^500-  |
| K400005^IBUSER,ONE^01/15/2015^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-  |
| K400003^IBUSER,ONE^01/22/2015^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-  |
| K400005^IBUSER,ONE^01/22/2015^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,ONE^1111^BLUE CROSS^7467061371^500-  |
| K400003^IBUSER,ONE^01/23/2015^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-  |
| K400005^IBUSER,ONE^02/05/2015^12345678901234567890^0987654321098765432109                            |
| 87654321   |
| IBPATIENT,TWO^9341^BLUE CROSS^7462706327^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890^0987 |
| 65432109876543210987654321   |
| IBPATIENT,TWO^9341^BLUE CROSS^7444643416^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890^0987 |
| 65432109876543210987654321   |
| IBPATIENT,TWO^9341^BLUE CROSS^7908996151^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890^0987 |
| 65432109876543210987654321   |
| Enter RETURN to continue or '^' to exit:   |

| Step | Procedure  |
|------|--|
| 3    | Capture the output as a text file. Note: This step will depend on the terminal emulation application being used. |
| 4    | Open <b>Excel</b> and select the <b>From Text</b> button from the Get External Data group on the Data tab        |



| Step | Procedure                           |
|------|-------------------------------------|
| 5    | Open the text file saved in step 3. |

The following screen will be displayed.



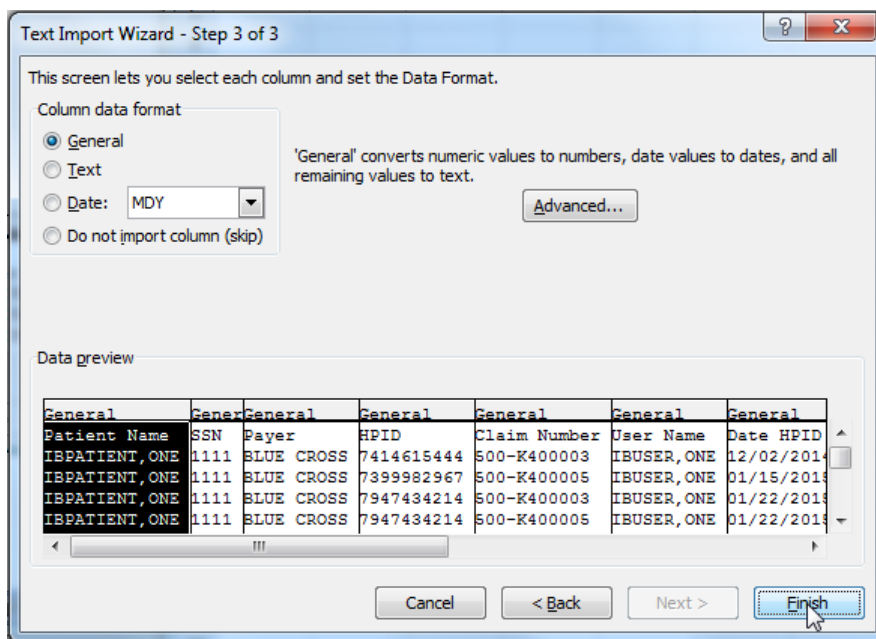
| Step | Procedure                                       |
|------|---|
| 6    | Choose <b>Delimited</b> and press <b>Next</b> . |

The following screen will be displayed.

| Step | Procedure  |
|------|--|
| 7    | Deslect the <b>Tab</b> Delimiter box. Choose <b>Other</b> for the delimiter. |
| 8    | Type ^ in the box next to the <b>Other</b> and press <b>Next</b> .           |



The following screen will be displayed.



| Step | Procedure  |
|------|--|
| 9    | Apply any special formatting.  |
| 10   | Press the <b>Finish</b> button.  |
| 11   | Depending on your version of Excel an <b>Import Data</b> dialog may display. If it does, select the <b>New worksheet</b> and <b>OK</b> . |
| 12   | Save the Excel file.   |

*(This page included for two-sided copying.)*

## 12 SCHEDULE/UNSCHEDULE MAILMAN MESSAGES

This existing feature allows users to schedule and unscheduled MailMan messages to their preference. Both Activate Payer and Link Payer messages can be scheduled using this one option “IBCNE EIV PAYER LINK NOTIFY” option. Note: This option is controlled by IRM access only.

The following screens will be displayed:

```
Select OPTION to schedule or reschedule: IBCNE
  1   IBCNE EIV PAYER LINK NOTIFY           Unlinked payers notification
  2   IBCNE IIV BATCH PROCESS               eIV NIGHTLY PROCESS

Schedule/Unschedule Options

Select OPTION to schedule or reschedule: unlinked PAYERS NOTIFICATION  IBCNE EIV
PAYER LINK NOTIFY           Unlinked payers notification
Are you adding 'IBCNE EIV PAYER LINK NOTIFY' as
a new OPTION SCHEDULING (the 503RD)? No//Y
```

```
Edit Option Schedule
Option Name: IBCNE EIV PAYER LINK NOTIFY
Menu Text: Unlinked payers notification                TASK ID:

_____  

QUEUED TO RUN AT WHAT TIME:   MMM DD, YYYY@HH:MM

DEVICE FOR QUEUED JOB OUTPUT:

QUEUED TO RUN ON VOLUME SET:

RESCHEDULING FREQUENCY:      7D

TASK PARAMETERS:

SPECIAL QUEUEING: < This field is only for special jobs:
1. That need to start every time the system is rebooted.
2. Need to be persistent.
3. BOTH >

MAIL CODE:
```

*(This page included for two-sided copying.)*

### 13 REAL TIME INSURANCE VERIFICATION INQUIRY

A real time eligibility verification inquiry is created when a new buffer entry has been entered in the file 355.33 (INSURANCE BUFFER). The inquiry is triggered immediately if the following information is available in the buffer entry:






- INSURANCE COMPANY NAME,
- PATIENT NAME,
- SUBSCRIBER ID (if patient is the subscriber),
- INSURED'S DOB (if patient is not the subscriber), and
- PATIENT ID (if patient is not the subscriber)

No inquiry will be created if:

- An inquiry already exists in the queue waiting to be transmitted.
- The same patient and policy is waiting for a response from the payer.
- The patient insurance information is locked by another user.
- The Master Switch Realtime is set to NO.

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

- INSURANCE COMPANY NAME; or
- GROUP NAME; or
- GROUP NUMBER; or
- PATIENT NAME; or
- SUBSCRIBER ID; or
- INSURED'S DOB; or
- PATIENT ID



|   |   |
|---|---|
|  | <i>Remember – To utilize the benefit of real-time verification and get immediate responses, the facility should set the “HL7 Response Processing Method” to “Immediate”.</i>  |
|  | <i>Remember – The Request Electronic Inquiry option can be used to create a buffer entry for real-time verification. The response received for buffer entries created by EI; stay in the buffer and never automatically updates the patient insurance file.</i>   |
|  | <i>Remember – Real time verification inquiries are not triggered for buffer entries created by HMS data upload. Source = HMS</i>  |
|  | <i>Remember – The system does not send a registration request message to FSC each time a real time insurance verification is triggered.</i>   |
|  | <i>Remember – If the Master Switch Realtime is set to NO, then the inquiry will be added to the buffer but will not transmit to the payer until the eIV Nightly Process runs. The eIV Nightly Process will not run if the Master Switch Nightly is set to NO.</i> |

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## 14 PURGING eIV FILES (IRM USERS)

### 14.1 Purge Transmission Queue and or Response File

IRM users have the ability to purge files from the IIV TRANSMISSION QUEUE file (#365.1) and IIV RESPONSE file (#365) beyond a date range. The **Purge eIV Transactions** option is on the **Purge Menu** which is on the **System Manager's Integrated Billing Menu**.

| Step  | Procedure   |
|---|---|
| 1   | Access the <b>IRM System Manager's Integrated Billing Menu</b> .  |
| 2   | Access the <b>Purge Menu</b> .  |
| 3   | Access the <b>Purge eIV Transaction</b> option.   |
|  | <i>Note: purged data can fill journal files if the files are not purged routinely. It may be a good idea to temporarily disable journaling of the global that includes the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files prior to running the purge if the files have not be purged in a long time.</i> |
|  | <i>The Purge eIV Transactions option is locked with the <b>XUMGR</b> security key.</i>  |

The following screen will be displayed:

```
Purge Electronic Insurance Identification and Verification (IIV) Data Files

This option will allow you to purge data from the IIV Response File (#365)
and the IIV Transmission Queue File (#365.1). The data must be at least six
months old before it can be purged. Only insurance transactions that have a
transmission status of "Response Received", "Communication Failure", or
"Cancelled" may be purged. You will be allowed to select a date range for
this purging. The default beginning date will be the date of the oldest
eligible record in the system. The default ending date will be six months
ago from today's date. You may modify this default date range. However, you
may not select an ending date that is more recent than six months ago.


Enter the purge begin date: 10/04/2004// 3/8/09 (MAR 8, 2009)

Enter the purge end date: 04/08/2009// (APR 08, 2009)

You want to purge all IIV data created between 03/08/2004 and 04/08/2009.

OK to continue? NO//
```

| Step | Procedure  |
|------|--|
| 4    | At the <b>Enter the Purge Begin Date:</b> prompt, enter <b>6 Months plus 30 days</b> for this example. |
| 5    | At the <b>Enter the Purge End Date:</b> prompt, press <b>RETURN</b> to accept the default.             |
| 6    | At the <b>OK to continue:</b> prompt, enter <b>YES</b> .   |

| Step  | Procedure   |
|---|---|
|  | <i>Note: Files that are not older than six months cannot be purged.</i> |

## 14.2 Purge Mailman Reminder

On the first day of each month, during the nightly batch extract process, the eIV application determines if historical data exists that is eligible to be purged. The process utilizes the same search criteria used by the **Purge eIV Transactions** utility described above. If at least one eligible eIV transaction exists, the mail group defined in the **General Parameters** section of the **IB Site Parameters** will receive the following MailMan reminder.

```
Subj: IIV Data Eligible for Purge [#13511224] 11/06/03@17:37 13 lines
From: IB IIV INTERFACE In 'IN' basket. Page 1
Subject: IIV Data Eligible for Purge
```

ATTENTION IRM: There are IIV TRANSMISSION QUEUE and IIV RESPONSE records eligible to be purged.

| File                                 | Eligible<br>Count | Total<br>Count |
|--------------------------------------|-------------------|----------------|
| -----                                | -----             | -----          |
| IIV RESPONSE FILE (#365)             | 267               | 1993           |
| IIV TRANSMISSION QUEUE FILE (#365.1) | 331               | 2400           |
| =====                                | =====             | =====          |
| Total                                | 598               | 4393           |

Please run option IBCNE PURGE IIV DATA - Purge IIV Transactions,  
if you would like to purge the eligible records.



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## 15 INTERFACILITY INSURANCE UPDATE ACTIVITY REPORT

The IB\*2\*528 patch added the automated ability to check information and share it between VA Medical Systems. If Interfacility Insurance Updates are active for your site, use the following steps to share that updated subscriber information with other treating sites.

The Interfacility Insurance Update Activity report can be run by picking the **IFIU** option from the **Patient Insurance Menu (PI)**.

|             |   |
|-------------|---|
| PI          | Patient Insurance Info View/Edit                |
| VP          | View Patient Insurance                          |
| EI          | Insurance Company Entry/Edit                    |
| VI          | View Insurance Company                          |
| BI          | Process Insurance Buffer                        |
| EIV         | eIV Menu ...                                    |
| EPH         | e-Pharmacy Menu ...                             |
| EPR         | Insurance Company EDI Parameter Report          |
| ID          | Generate Insurance Company Listings             |
| <b>IFIU</b> | <b>Interfacility Ins Update Activity Report</b> |
| INSR        | Insurance Reports ...                           |

### Purpose of Report

This report lists the Interfacility Insurance Updates sent and received by a facility.

### Report Parameters

Search Criteria:

- Date Range
- Sending or Receiving Facility

Sort Criteria:

- Date
- Facility

Report Views:

- Summary
- Detail

This is a 132 column report.

### Sample Report - Interfacility Insurance Update Activity Report Summary

|  |     |  |                       |         |
|--|-----|--|-----------------------|---------|
| Interfacility Ins Update Activity Report     |     |  | Apr 13, 2015@14:13:48 | Page: 1 |
| 01/01/2015 - 04/13/2015                      |     |  |                       |         |
| Sending Site                                 |     |  |                       |         |
| -----  |     |  |                       |         |
| TRANSMITTED DATE: 01/22/15                   |     |  |                       |         |
| ALEXANDRIA, LA                               | 502 |  | 2                     |         |
| ANN ARBOR, MI                                | 506 |  | 2                     |         |
| ATLANTA, GA                                  | 508 |  | 2                     |         |
|  |     |  | -----                 |         |
|  |     |  | 6                     |         |
| TRANSMITTED DATE: 04/07/15                   |     |  |                       |         |
| ALEXANDRIA, LA                               | 502 |  | 2                     |         |
| ANN ARBOR, MI                                | 506 |  | 2                     |         |
| ATLANTA, GA                                  | 508 |  | 2                     |         |
|  |     |  | -----                 |         |
|  |     |  | 6                     |         |
| Total for Date Range (01/01/15 to 04/13/15): |     |  | 12                    |         |
| *** END OF REPORT ***                        |     |  |                       |         |

## Sample Report - Interfacility Insurance Update Activity Report by Detail

| Interfacility Ins Update Activity Report |          |                   |                 | 01/01/2015 - 04/13/2015 |                  | Apr 13, 2015@14:15:13 |  | Page: 1 |  |
|--|----------|-------------------|-----------------|-------------------------|------------------|-----------------------|--|---------|--|
|  |          |                   |                 | Sending Site            |                  |                       |  |         |  |
| Patient                                  | PAT ID # | Insurance Company | Subscriber ID # | COB COB                 | Sending Facility | Date Sent             |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        | SUBID-0987624   | P                       | ALEXANDRIA, LA   | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      | SUBID-0987624   | P                       | ALEXANDRIA, LA   | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        | SUBID-0987624   | P                       | ANN ARBOR, MI    | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      | SUBID-0987624   | P                       | ANN ARBOR, MI    | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        | SUBID-0987624   | P                       | ATLANTA, GA      | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      | SUBID-0987624   | P                       | ATLANTA, GA      | 01/22/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        |                 |                         | ALEXANDRIA, LA   | 04/07/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      |                 |                         | ALEXANDRIA, LA   | 04/07/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        |                 |                         | ANN ARBOR, MI    | 04/07/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      |                 |                         | ANN ARBOR, MI    | 04/07/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | BLUE CROSS        |                 |                         | ATLANTA, GA      | 04/07/15              |  |         |  |
| IB,PATIENT A SR                          | 0150     | MEDICARE WNR      |                 |                         | ATLANTA, GA      | 04/07/15              |  |         |  |
| *** END OF REPORT ***                    |          |                   |                 |                         |                  |                       |  |         |  |

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## 16 APPENDIX A – EIV TROUBLESHOOTING

### 16.1 No eIV Inquiries Transmitted

If the **Inquiries Sent** and **Responses Received** entries on the **eIV Statistical Report** both remain at zero while the **Queued Inquiries** entry on the report continues to increase over a period of time, then no 270 Health Care Eligibility Benefits Inquiry transmissions are being sent to FSC. If this situation continues and both the **Inquiries Sent** and **Responses Received** entries remain at zero, there is a communications problem with FSC. This section provides information to restore connectivity to FSC.

The eIV Statistical report should be reviewed the following day to ensure that 270 Health Care Eligibility Benefits Inquiry transmissions are once again being sent to FSC.

#### 16.1.1 Site Parameters

- Verify MCCR Site Parameters
  - Check General Parameters
    - Messages Mailgroup must be: IBCNE EIV MESSAGE
      - IBCNE EIV MESSAGE mail group must be populated with valid personnel
    - Contact Person Name, Number and Email address must be valid
  - Check eIV Site Parameters
    - Mail Group for eIV Messages must be: IBCNE EIV MESSAGE IBCNE EIV MESSAGE mail group must be populated with valid personnel
    - Contact Person name must be valid

#### 16.1.2 Restoring Connectivity to FSC (IRM)

- Verify that the names of the HL7 Logical Links were not changed. It must be **IIV EC**
- Verify the following settings for the HL7 Logical Link **IIV EC**
  - The institution field is **blank**
  - The domain field is set to **IIV.VITRIA-EDI.AAC.VA.GOV**
  - The AUTOSTART field is set to **enabled**
  - The TCP/IP address is set to **10.224.187.133**
  - The TCP/IP Port is set to **5100**
  - Verify that the HL7 Logical Link **IIV EC** is running
- Ask the IB Supervisor or insurance personnel to review the **eIV Statistical Report** the following day and confirm that connectivity has been restored with FSC
- If this does not resolve the connectivity issue with FSC for eIV, ask the IB Supervisor or insurance personnel to log a Remedy Ticket with VA Product Support

#### 16.1.3 Requeue Batch Process (IRM)

- Verify the IBCNE IIV BATCH PROCESS taskman is still running

- Reschedule the IBCNE IIV BATCH PROCESS task

#### 16.1.4 Restart HL7 Logical Link (IRM)

- Verify the IIV EC HL7 logical link is running
- Stop & Restart IIV EC HL7 logical link

#### 16.2 No link between an Insurance Company and a Payer

For eIV to work, insurance companies must be linked to a payer. This is an important on-going process. To link insurance companies to a payer follow the basic guidelines listed below:

- Run the **eIV Payer Link Report** option by **Insurance Company List**, for all unlinked insurance companies. Use the keyword feature when running the report to narrow down the search. This will provide a report showing which insurance companies, whose name contains the keyword, that are not linked to a payer.
- Next, use the **Insurance Company Entry/Edit** option to link those insurance companies to the correct payer.

#### 16.3 A Buffer or Appointment Extract Entry Failed to Create an Inquiry

When the eIV process is unable to create and transmit a 270 Health Care Eligibility Benefits Inquiry to a payer, the entry in **Process Insurance Buffer** will be flagged with an exclamation point. To view the error or problem that eIV encountered, expand the buffer entry using the **Expand Entry** action. Underneath the section **Buffer Entry Information**, the error message will be displayed as the **Current eIV Status**. Read the explanation of the problem. Sometimes there is more than one way to correct the problem. For a possible solution, follow the instructions listed below for the specific error. These instructions usually start with, **Action to take**.

For a list of all Error Messages that may display as the **Current eIV Status** of an insurance buffer entry, see Appendix B.

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## 17 APPENDIX B – eIV ERROR MESSAGE DESCRIPTIONS

1. **eIV could not create an inquiry for this entry.** eIV could not match the insurance company name in the Insurance Buffer file to a valid insurance company name in the Insurance Company file.

**Action to take:** Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file. Otherwise, contact the insurance company to manually verify this insurance information.

2. **eIV could not create an inquiry for this entry.** eIV matched the insurance company name in the Insurance Buffer file to more than one uniquely named insurance company in the Insurance Company file. This indicates that the Auto Match check or the Synonym check yielded multiple insurance companies from the Insurance Company file.

**Action to take:** Correct the spelling of the insurance company name found in the buffer so that it matches one found in the Insurance Company file. Otherwise, contact the insurance company to manually verify this insurance information. (\*Advanced users: Use the option **Enter/Edit Auto Match Entries** to check the entries in the IIV AUTO MATCH file. Make sure there is no more than one entry in the IIV AUTO MATCH file that corresponds to the insurance company name found in this buffer entry.)

3. **eIV could not create an inquiry for this entry.** eIV matched the insurance company name in the Insurance Buffer file to more than one insurance company entry with the same name in the Insurance Company file. At least one of these matching entries are linked to a different payer.

**Action to take:** Run the **eIV Payer Link Report** option by **Insurance Company List**, for all linked insurance companies, using the keyword feature to narrow down the search. This will provide a report showing which payer the different insurance company records are linked to. Next, use the **Insurance Company Entry/Edit** option to correct those insurance companies that are linked to the wrong payer.



4. **eIV could not create an inquiry for this entry.** There is no link for this insurance company between the Insurance Company file and the Payer file.

**Action to take:** Use the Insurance Company Entry/Edit option to link this insurance company to the correct payer.

5. **eIV could not create an inquiry for this entry.** The payer is not nationally active for eIV.

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

6. **eIV could not create an inquiry for this entry.** The payer is not locally active for eIV.

**Action to take:** Use the option **Payer Edit (Activate/Inactivate)** to locally activate this payer.

7. **eIV could not create an inquiry for this entry.** The payer does not accept electronic insurance eligibility requests. The eIV application data does not exist in the Payer file for this payer.

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

8. **Information received via electronic inquiry indicates patient has active insurance.**

**Action to take:** Review the details listed in the **eIV Response Report** before processing this buffer entry.

9. **Information received via electronic inquiry indicates patient does NOT have active insurance.**

**Action to take:** Review the details listed in the **eIV Response Report** before processing this buffer entry.

10. **This buffer entry is currently being processed by the eIV application.** Unless instructed otherwise, there is no reason you should do anything with this buffer entry.

**Action to take:** None.

11. **The electronic response indicated an error of some kind that needs to be corrected before the insurance inquiry can be re-transmitted.**

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

12. **An unknown and unforeseen error has occurred with this entry.**

**Action to take:** Log a Remedy ticket for this issue; include a trace number if available.

13. **eIV could not create an inquiry for this entry.** The insurance company found is listed as inactive in the Insurance Company file.

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

14. **eIV was unable to electronically verify this insurance information due to a communication failure.**

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

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

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

16. **eIV could not create an inquiry for this entry.** The payer associated with this insurance company has been deactivated.

**Action to take:** Either edit this insurance company and link it to another payer, using the **Insurance Company Entry/Edit** option or contact the insurance company to manually verify this insurance information.

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

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

18. **An ambiguous response has been received.** It could NOT be determined whether the insurance company identified the patient as an active member of the insurance plan. Please contact the insurance company to manually verify this insurance information.

**Action to take:** Review the details listed in the **eIV Response Report** and contact the insurance company to manually verify this insurance information and correct any inaccuracies that may exist in the patient's insurance file.

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

**Action to take:** Log a Remedy ticket for this issue; include a trace number if available. A user may process this buffer entry if a Remedy ticket has been logged with the associated trace number. To process this buffer entry, review the details listed in the **eIV Response Report** and contact the insurance company to manually verify this insurance information.

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

**Current eIV Status: Problem Identified**

eIV could not create an inquiry for this entry. This dependant inquiry requires the Patient ID field to be populated before an inquiry can be transmitted electronically.

**Action to take:** Update the inquiry with the missing Patient ID or contact the insurance company to manually verify this insurance information.

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

**Current eIV Status: Problem Identified**

eIV could not create an inquiry for this entry. This inquiry requires the Subscriber ID field to be populated before an inquiry can be transmitted electronically.

**Action to take:** Update the inquiry with the missing Subscriber ID or contact the insurance company to manually verify this insurance information.

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## 18 APPENDIX C – ACRONYMS/ABBREVIATIONS/TERMS

| Term             | Definition   |
|------------------|--|
| AITC             | Austin Information Technology Center.  |
| EC               | Eligibility Communicator – this refers to the National Health Insurance database that is housed at the FSC. The eIV software communicates with the Eligibility Communicator directly through HL7.  |
| EDI              | Electronic Data Interchange.   |
| eIV              | Electronic Insurance Verification. It is also the Insurance buffer entry source name in the Insurance Buffer List to signal entry processing by Electronic Insurance Verification.   |
| Freshness Days   | FRESHNESS DAYS (#350.9,51.01) is a general site parameter that determines how recent the insurance verification must be before eIV seeks to electronically re-verify it.   |
| FSC              | VA Financial Services Center – Austin, TX.   |
| HL7              | Health Level Seven, a standardized application level communications protocol that enables systems to exchange information.   |
| HMO              | Health Maintenance Organization.   |
| HPID             | Health Plan Identifier   |
| IIV              | Insurance Identification and Verification. This nomenclature was used during initial software development. The official title of the software is now eIV, although some programming options are still labeled with the old IIV nomenclature.   |
| Insurance Buffer | The data store within the VistA database that holds proposed permanent insurance file changes for review and acceptance and upon acceptance, merges the changes into the permanent insurance files. The IBCN Insurance Buffer Process option available in VistA is also known as Process Insurance Buffer. |
| IRM              | Information Resource Management.   |
| MailMan          | MailMan is an integrated data channel in VistA for the distribution of: Patches (KIDS builds), software releases (KIDS builds), computer-to-computer communications (HL7 transfers, Servers, etc.), Person-to-person messaging (Email).  |
| MCCF             | Medical Care Cost Fund.  |
| MCCR             | Medical Care Cost Recovery. This term has been officially replaced by MCCF though both are used interchangeably.   |
| OEID             | Other Entity Identifier  |
| Payer            | An entity that makes third party payments (the patient is the first party, VHA is the second party) for health care services. Health care insurance companies are payers.  |
| Provider         | A term used to describe both human and organizational entities that provide health care.   |
| SRS              | Software Requirements Specification.   |
| SSVI             | System Shared Verified Insurance   |
| Trusted Payer    | A payer whose responses, the FSC determines can be used for Automatic Updates. It is also referred to as the Automatic Update Setting.   |
| VA               | Veterans Administration.   |
| VAMC             | Veterans Administration Medical Center.  |
| VHA              | Veterans Health Administration.  |
| VISN             | Veterans Integrated Service Network.   |
| VistA            | Veterans Health Information Systems & Technology Architecture, which includes the systems formerly known as the Decentralized Hospital Computer Program (DHCP) System.   |
| WNR              | Will not reimburse.  |

| Term | Definition   |
|------|--|
| X12  | A standardized application level communications protocol that enables systems to exchange information. |