INTEGRATED BILLING ELECTRONIC INSURANCE VERIFICATION INTERFACE (eIV)

TECHNICAL MANUAL / SECURITY GUIDE

IB Version 2.0

Patch IB*2.0*184, 246, 252, 271, 316, 300, 416, 444, 438, 497, 506, 525, 528, 549, 582, 593, 601, 595, 621

January 2019

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Revision History

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

Date	Revision	Description	Author
09/18/03	Patch 184	Initial Version	Darlene White
02/08/05	Patch 271	Updated	Darlene White
07/07/05	Patch 300	Updated	Darlene White
01/17/06	Patch 300	Updated	Ellen Nam
05/18/10	Patch 416	Updated	Jonathan Bolas
08/01/11	Patch 438	Updated	Jonathan Bolas/Berry Anderson
8/26/13	Patch 497	Updated	FirstView Team
5/22/14	Patch 506	Updated	FirstView Team
02/2016	Patch 525,528	Updated	Harris Team
08/2016	Patch 549	Updated	Fred Altman/Darlene White
11/2017	Patch 582	Only added this patch number to the cover page to track that it was eIV related; however, the patch did not require updates to the contents of this document.	Tim Zimmer
11/2017	Patch 593	Updated contents a result of IB*2*593.	Tim Zimmer/Henry Normand
03/2018	Patch 601	Add new program sub-namespace Add new routines Update File list Update Input Templates Add Protocol Update appendix F with new routine	Daniel Moran
06/2018	Patch 595	Update the Purging section Add mailman msg from nighly job to Appendix A Add "Group Number" to column header in test grid in Appendix F	Daniel Moran

Date	Revision	Description	Author
01/2019	Patch 621	Add Routine Add Protocols	Timothy Zimmer

PREFACE

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

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

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

Symbols

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

<RET>   Press the RETURN or ENTER key.

<SP>   Press the SPACEBAR.

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

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

Note to Users with Qume Terminals

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

Select TERMINAL TYPE NAME: {type} //

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

Who Should Read this Manual?

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

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INTRODUCTION

Overview

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

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

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

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

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

Functional Description

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

VistA performs both a Buffer Extract and an Appointment Extract. For the Appointment Extract; VistA prepares HL7 inquiries during the night in response to appointment events. For the Buffer Extract, VistA immediately prepares HL7 inquiries in response to registration and check in events. The HL7 inquiries are transmitted to the Eligibility Communicator at the FSC. The messages are translated into 270 Health Care Eligibility Benefits Inquiry messages. They are then sent to the VA's clearinghouses who then distribute them to the correct insurance companies. The 271 Health Care Eligibility Benefits Responses are returned from the payer through the clearinghouses to FSC for translation into an HL7 format and then transmitted to the originating VistA system. There the information is either placed into the insurance buffer for the insurance clerk to review and process to the patient's insurance file or used to automatically update the patient's insurance file.
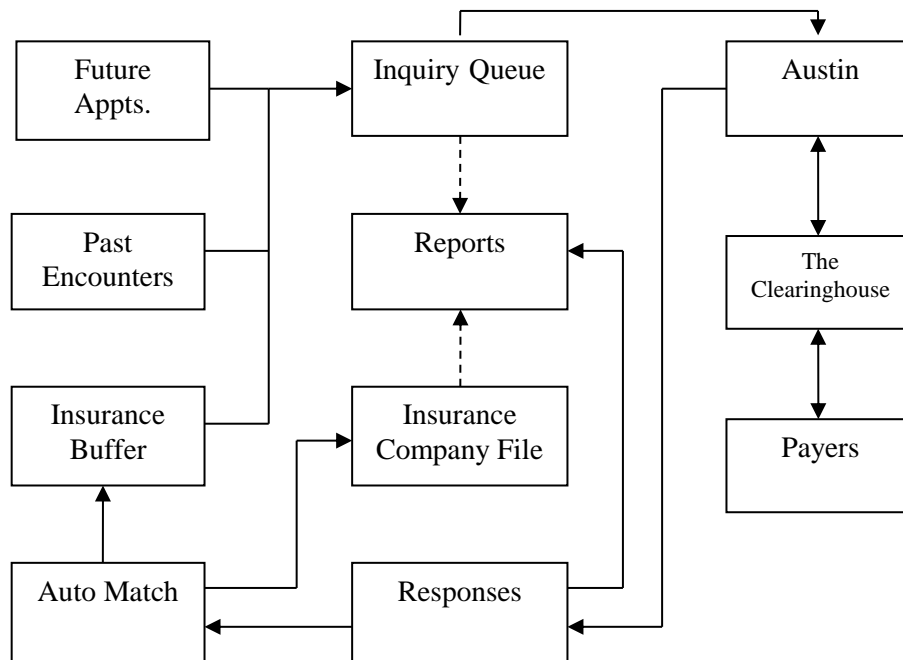
Figure 1. Overview of eIV Process

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

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

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

eIV Process Flow

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

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

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

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

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

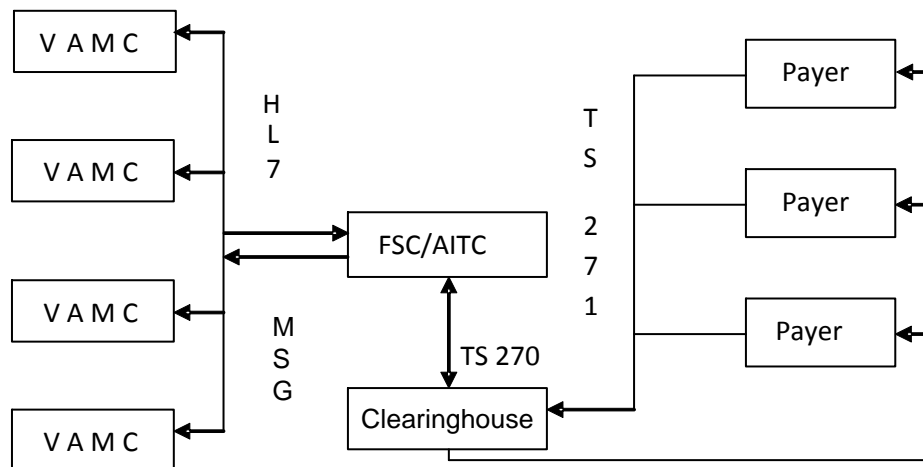**Figure 2.** Diagram of the process-flow for electronic eligibility requests sent by the eIV process

VistA Registration Dialog

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

IMPLEMENTATION AND MAINTENANCE

General Notes Regarding Changes to this Software

1. Integrated Billing files may only be updated through distributed options.
2. Per VA Directive 6402 regarding security of software that affects financial systems, most of the IB routines and files may not be modified. Routines that may not be modified will be indicated by a comment on the third line. Files that may not be modified will have a note in the file description.
3. According to the same directive, most of the IB Data Dictionaries may not be modified.

Platform Requirements

VistA System:

A fully patched and complete VistA system is required, running Integrated Billing (IB) Version 2.0.

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

Hardware Requirements

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

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

Globals

Global ^IBCN should have been created prior to installation of IB*2.0*184.

Data Files Stored in the Global ^IBCN:
- IIV RESPONSE (#365)
- IIV TRANSMISSION QUEUE (#365.1)
- IIV AUTO MATCH (#365.11)
- EIV EICD TRACKING (#365.18)
- IIV RESPONSE REVIEW (#365.2)

Data Files Stored in the Global ^IBE:
- X12 271 ELIGIBILITY/BENEFIT (#365.011)
- X12 271 COVERAGE LEVEL (#365.012)
- X12 271 SERVICE TYPE (#365.013)
- X12 271 INSURANCE TYPE (#365.014)

- X12 271 TIME PERIOD QUALIFIER (#365.015)
- X12 271 QUANTITY QUALIFIER (#365.016)
- X12 271 ERROR CONDITION (#365.017)
- X12 271 ERROR ACTION (#365.018)
- X12 271 CONTACT QUALIFIER (#365.021)
- PAYER (#365.12)
- PAYER APPLICATION (#365.13)
- IIV TRANSMISSION STATUS (#365.14)
- IIV STATUS TABLE (#365.15)
- X12 271 ENTITY IDENTIFIER CODE (#365.022)
- X12 271 IDENTIFICATION QUALIFIER (#365.023)
- X12 271 PROVIDER CODE (#365.024)
- X12 271 DELIVERY FREQUENCY CODE (#365.025)
- X12 271 DATE QUALIFIER FILE (#365.026)
- X12 271 LOOP ID (#365.027)
- X12 271 REF IDENTIFICATION (#365.028)
- X12 271 UNITS OF MEASUREMENT (#365.029)
- X12 271 ENTIITY RELATIONSHIP CODE (#365.031)
- X12 271 DATE FORMAT QUALIFIER (#365.032)
- X12 271 YES/NO RESPONSE CODE (#365.033)
- X12 271 LOCATION QUALIFER (#365.034)
- X12 271 PROCEDURE CODING METHOD (#365.035)
- X12 271 DELIVERY PATTERN (#365.036)
- X12 271 PATIENT RELATIONSHIP (#365.037)
- X12 271 INJURY CATEGORY (#365.038)
- X12 271 MILITARY PERSONNEL INFO STATUS CODE (#365.039)
- X12 271 MILITARY GOVT SERVICE AFFILIATION (#365.041)
- X12 271 MILITARY SERVICE RANK (#365.042)
- X12 271 ENTITY TYPE QUALIFIER (#365.043)
- X12 271 CODE LIST QUALIFIER (#365.044)
- X12 271 NATURE OF INJURY CODES (#365.045)
- X12 271 MILITARY EMPLOYMENT STATUS CODE (#365.046)

Data Files Stored in the Global ^DIA:
- AUDIT (#1.1)

Globals to Journal

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

Estimated Global Growth

Only three of the files related to eIV are expected to grow significantly over time. These files are the EIV EICD TRACKING (#365.18), IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files. The growth rate of these files is directly proportional to the number of inquiries/responses that are

generated each day. The volume of daily activity at each site can be controlled through the batch extract settings defined in the MCCR Site Parameters screen. As an example, if 5,000 records are generated for one day, the total growth for that day may be up to 20 MB.

> ^IBCN(365) - .003 Mb per entry (IIV Response File #365)
> ^IBCN(365.1) - .001Mb per entry (IIV Transmission Queue #365.1)
> ^IBCN(365.18) - .001Mb per entry (EIV EICD TRACKING #365.18)

Note that functionality has been included that will purge data in these files if it is at least six months old.

Another file that is expected to grow is the AUDIT (#1.1) used to track changes for the User Edit Report.

> ^DIA(1.1) - 1KB/record (Audit File #1.1)

HL7 Management

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

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

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

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

Bulletins

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

TECHNICAL NOTES

Namespace

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

For all eIV routines, the next letter(s) in the routine name also provide guidance as to the module to which that routine belongs. The breakdown of the eIV internal namespaces is as follows:

Sub-namespace	Description
IBCNEAM	Auto Match routines
IBCNEBF	eIV to create entry the Buffer File
IBCNEDE	Data Extract routines
IBCNEDST	HL7 Registration Message Statistics (reports statics to FSC)
IBCNEHL	Processing inbound or outbound HL7 messages
IBCNEHLM	Registration message and associated acknowledgement
IBCNEHLK	Registration message and associated acknowledgement
IBCNEHLU	HL7 related utilities
IBCNEK	Purge eIV data from IIV files (#365, #365.1, and 365.18)
IBCNEML	Mailman notification to link Payers
IBCNEMS	Mailman messages for eIV processing (location to store the body of messages to generate thus allowing reuse from multiple places and improve maintenance)
IBCNEP	Payer related routines (related to PAYER file #365.12)
IBCNEQ	Request Electronic Inquiry (ad hoc QUERY requests)
IBCNERP	Reports
IBCNERTQ	Makes eIV real-time insurance verification.
IBCNES	(excluding IBCNESI) Eligibility/Benefit display and summary from eIV responses and summary.
IBCNESI	Potential Medicare worklist.
IBCNETST	eIV Gate-keeper test scenarios
IBCNEUT	Utilities

File Number Space

The eIV package file range is 365-366.2.

Routines

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

Routine Name	Description
IBCEMMR	IB MRA Report of Patients w/o Medicare WNR
IBCN118	This program is Data Dictionary trigger logic for comments.
IBCNAU	This program is part of the User Edit Report.
IBCNAU1	This program is part of the User Edit Report.
IBCNAU2	This program is part of the User Edit Report.
IBCNAU3	This program is part of the User Edit Report.
IBCNBAA	This program displays subscriber registration information from the Insurance Buffer, IIV Response Report file, and Annual Benefits file (#355.4).
IBCNBAC	This program contains subroutines for the individual acceptance of buffer entry information.
IBCNBAR	Insurance Buffer Accept/Reject functions.
IBCNBCD	Compare buffer entry with existing patient insurance.
IBCNBCD1	This program edits subscriber information in the Patient Insurance subfile (File #2.312).
IBCNBCD2	This program sets up the Insurance Buffer to process Accepts.
IBCNBCD3	This program displays IB Annual Benefits/Coverage Limitations Display Screens.
IBCNBCD4	This program is part of Subscriber Display Screens.
IBCNBCD5	This program is part of Subscriber Display Screens.
IBCNBCD6	This program is part of Subscriber Display Screens.
IBCNBCD7	This program is part of Subscriber Display Screens.
IBCNBCD8	This program is part of Subscriber Display Screen Fields.
IBCNBEE	This program edits existing entries in the Insurance Buffer.
IBCNBES	This program files new entries/data into the Insurance Buffer.
IBCNBLA	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA1	This program executes List Manager actions for the Insurance Buffer List Manager.
IBCNBLA2	This program contains subroutines for processing and validating the selection of multiple entries from the INSURANCE VERIFICATION PROCESSOR file (#355.33).
IBCNBLB	"Expand benefits" option in Insurance Buffer views.
IBCNBLE	This program is the Insurance Buffer entry screen.
IBCNBLE1	This program performs the Expand Entry action in the Insurance Buffer List Manager screen. Code to call utilities to reevaluate the eIV Status and display revised values is included, as well.
IBCNBLL	This program generates the Insurance Buffer entries for the initial List Manager screen.
IBCNBME	This program is used to add or edit an Insurance Buffer entry for other packages.
IBCNBMI	This program moves data from the Insurance Buffer to the Insurance files.
IBCNBOA	This program contains the Ins Buffer Activity Report.

Routine Name	Description
IBCNBOE	This program contains the Ins Buffer Employee Report.
IBCNBOF	This program contains the Ins Buffer Employee Report (Entered)
IBCNBU1	This program contains Insurance Buffer utilities.
IBCNBUH	This program contains Insurance Buffer Help text.
IBCNEAMC	This program produces the list of auto matched entries for the INSURANCE VERIFICATION PROCESSOR file (#355.33).
IBCNEAME	This program allows users to enter or edit Auto matched entries.
IBCNEAMI	This program performs an input transform for the Auto Match functionality.
IBCNEBF	This program will create a Buffer entry based upon input values.
IBCNEDE	This program is the main driver for all data extracts associated with the Insurance Identification and Verification interface. This program will run each extract in the specified order, which populates the IIV Transmission File (sometimes it creates/updates an entry in the insurance buffer as well). It then begins to process the inquiries in the IIV TRANSMISSION FILE (#365.1).
IBCNEDE1	This program loops through the insurance buffer and creates eIV transaction queue entries when appropriate. Periodically checks for stop request for background task.
IBCNEDE2	This program finds veterans who are scheduled to be seen within a specified date range. Periodically checks for stop request for background task.
IBCNEDE3	This program finds veterans who have been seen within a specified date range that have active insurance records that have not been verified recently. Periodically checks for stop request for background task.
IBCNEDE4	This program finds veterans who are scheduled to be seen within a specified date range but who have no active or no insurance records on file. Periodically checks for stop request for background task. (This routine was repurposed with IB*2.0*621 for insurance discovery.)
IBCNEDE5	This program contains function calls used for the data extracts.
IBCNEDE6	This program contains function calls used for the data extracts.
IBCNEDE7	This program was added to include subroutines originally in routine IBCNEDE when IBCNEDE had expanded beyond the routine size limitation in VistA.
IBCNEDEP	This program finds records needing HL7 message creation and creates records in the Transmission Queue and Response Files.
IBCNEDEQ	This program contains some subroutines for processing a transmission.
IBCNEDST	HL7 Registration Message Statistics
IBCNEHLD	This program will process deactivate registration MFN message. This should only be executed by instruction – to be used to turn off a site from electronic Insurance Identification and Verification interface.
IBCNEHLI	This program parses each incoming HL7 message and passes the message on to the processing program.
IBCNEHL1	This program, which processes incoming RPI messages, replaces IBCNEHLR
IBCNEHL2	This program, which processes incoming RPI messages, replaces IBCNEHLP

Routine Name	Description
IBCNEHL3	This program, which processes incoming RPI messages, replaces IBCNEHLS
IBCNEHL4	This program, which processes incoming RPI messages, replaces IBCNEHLP
IBCNEHL5	HL7 Process Incoming RPI Messages
IBCNEHL6	HL7 Process Incoming RPI Continued
IBCNEHL7	HL7 Process Incoming 271 Messages Continued
IBCNEHLK	This program processes the Registration MFN Acknowledgement message.
IBCNEHLM	This program will create the outgoing Registration MFN message.
IBCNEHLO	This program takes "ready to transmit" records and sets variables needed to create the HL7 message.
IBCNEHLQ	This routine builds the HL7 segments for an eIV Verification (RQI^I01) or Identification (RQI^I03) request.
IBCNEHLT	This program will process incoming HL7 MFN messages and update the appropriate tables
IBCNEHLU	This program contains some specialized HL7 utility functions.
IBCNEKI2	This program is a continuation of the eIV purge logic in IBCNEKIT.
IBCNEKIT	This program handles the purging of the eIV data stored in the IIV TRANSMISSION QUEUE File (#365.1) and in the IIV RESPONSE File (#365). User can pick a date range for the purge. Data created within 6 months cannot be purged. The actual global kills are done by a background task after hours.
IBCNEML	MAILMAN NOTIFICATION TO LINK PAYERS
IBCNEMS1	Consolidated Mailman messages
IBCNEPM	This program executes the Payer Maintenance option.
IBCNEPM1	This program is a continuation of the Payer Maintenance option.
IBCNEPM2	This program is a continuation of the Payer Maintenance option.
IBCNEPST	This is the KIDS post-installation program for IB*2.0*184.
IBCNEPY	This program modifies entries in the PAYER File (#365.12).
IBCNEQU	This program performs the Request Electronic Insurance Inquiry functionality.
IBCNERP0	This program is part of the eIV Statistical Report.
IBCNERP1	This program is part of the eIV Response Report.
IBCNERP2	This program is part of the eIV Response Report compile.
IBCNERP3	This program is part of the eIV Response Report print.
IBCNERP4	This program is part of the eIV Payer Report.
IBCNERP5	This program is part of the eIV Payer Report compile.
IBCNERP6	This program is part of the eIV Payer Report print.
IBCNERP7	This program is part of the eIV Statistical Report.
IBCNERP8	This program is part of the eIV Statistical Report compile.
IBCNERP9	This program is part of the eIV Statistical Report print.
IBCNERPA	This program is part of the eIV Response Report.
IBCNERPB	This program is part of the eIV Payer Link Report.
IBCNERPC	This program is part of the eIV Payer Link Report.
IBCNERPD	This program is part of the eIV Payer Link Report.
IBCNERPE	This program is part of the eIV Response Report.
IBCNERPF	This program is part of the eIV Insurance Update Report.

Routine Name	Description
IBCNERPG	This program is part of the eIV Insurance Update Report.
IBCNERPH	This program is part of the eIV Insurance Update Report.
IBCNERPI	IBCNE eIV Secondary Insurance Report Print
IBCNERPJ	This program is part of the HL7 Response Report.
IBCNERPK	This program is part of the HL7 Response Report.
IBCNERPL	This program is part of the HL7 Response Report.
IBCNERTC	Covered by Health Insurance
IBCNERTQ	Real-time Insurance Verification
IBCNES	Eligibility/Benefits screen.
IBCNES1	Eligibility/Benefits screen utilities.
IBCNES2	Eligibility/Benefits screen action protocols.
IBCNES3	Eligibility/Benefits screen action protocols, cont.
IBCNES4	Eligibility/Benefits screen action protocols, cont.
IBCNESI	Potential Medicare COB Prompts
IBCNESI1	MEDICARE POTENTIAL COB Patient Selection
IBCNESI2	MEDICARE PATIENTS WITH SUBSEQUENT INSURANCE
IBCNETST	eIV Gate-keeper test scenarios
IBCNEUT1	This program contains general eIV utilities.
IBCNEUT2	This program contains general eIV utilities.
IBCNEUT3	This program contains general eIV utilities.
IBCNEUT4	This program contains general eIV utilities.
IBCNEUT5	This program contains general eIV utilities.
IBCNEUT6	This program contains general eIV utilities.
IBCNEUT7	This program contains general eIV utilities.
IBCNEUT8	This program contains general eIV utilities.
IBCNGPF	This program is part of the List Group Plans without Annual Benefits Report.
IBCNGPF1	This program is part of the List Group Plans without Annual Benefits Report.
IBCNGPF2	This program is part of the List Group Plans without Annual Benefits Report.
IBCNGPF3	This program is part of the List Group Plans without Annual Benefits Report.
IBCNICB	Update utilities for the ICB interface.
IBCNHPR	This program is part of the Manually Added HPIDs to Billing Claim Report.
IBCNHPR1	This program is part of the Manually Added HPIDs to Billing Claim Report.
IBCNHPR2	This program is part of the Manually Added HPIDs to Billing Claim Report.
IBCNS3	Display extended insurance information.
IBCNSC	This program edits an Insurance Company.
IBCNSC01	This program edits an Insurance Company.
IBCNSC41	Insurance plan screen utilities.
IBCNSM	This routine displays in list format one patient's policies, and allows for editing of these policies.

Routine Name	Description
IBCNSM1	This routine displays in list format one patient's policies, and allows for editing of these policies
IBCNSM2	This routine displays in list format one patient's policies, and allows for editing of these policies
IBCNSM3	This routine contains Insurance Management - Outputs
IBCNSM4	These routines display in list format one patient's policies, and allows for editing of these policies.
IBCNSM5	This routine prints the insurance plan worksheets and policy coverage reports.
IBCNSM6	This routine prints the insurance plan worksheets and policy coverage reports.
IBCNSM7	This routine prints the insurance plan worksheets and policy coverage reports.
IBCNSM8	This routine prints the insurance plan worksheets and policy coverage reports.
IBCNSM9	This routine prints the insurance plan worksheets and policy coverage reports.
IBCNSM31	This routine displays in list format one patient's policies, and allows for editing of these policies
IBCNSM32	This routine displays in list format one patient's policies, and allows for editing of these policies
IBCNSP	This routine displays policy data for a patient in expanded format and allows for editing of the data.
IBCNSP0	This routine contains Insurance Management – Expanded Policy
IBCNSP01	This routine contains Insurance management – Expanded Policy.
IBCNSP02	This routine contains Insurance Management - Expanded Policy
IBCNSP1	Insurance Management - Policy Actions
IBCNSP2	This routine is the supported call to allow for editing of a patient's insurance policy and plan information from registration and billing.
IBCNSP3	This routine displays policy data for a patient in expanded format and allows for editing of the data.
IBCNSP11	This routine displays policy data for a patient in expanded format and allows for editing of the data.
IBCNUPD	Update Subscriber Info for Selected Patients
IBCNVCC	This program is part of the Patient Insurance Consistency Checker for System Sharing Verified Insurance.
IBCNVCC1	This program is part of the Patient Insurance Consistency Checker for System Sharing Verified Insurance.
IBCNVPU0	This program is the PIN/HL7 Utility Functions for HL7 System Sharing Verified Insurance.
IBCNVRD0	This program is part of System Sharing Verified Insurance.
IBCNVRD1	This program is part of System Sharing Verified Insurance.
IBCNVRP0	This program is part of the Interfacility Ins Update Activity Report.
IBCNVRP1	This program is part of the Interfacility Ins Update Activity Report.
IBCNVRP2	This program is part of the Interfacility Ins Update Activity Report.
IBCNVUT0	This program is part of System Sharing Verified Insurance.
IBCOC	Prints a list of inactive insurance companies still listed as insuring patients.

Routine Name	Description
IBCOC1	Prints a list of new but not verified insurance.
IBCOMA	Identify active policies w/no effective date.
IBCOMA1	Identify active policies w/no effective date (con't).
IBCOMC	Identify Pt By Age With Or Without Insurance.
IBCOMC1	ALB/CMS-identify Pt by age with or without insurance (con't).
IBCOMC2	Identify Pt by age with or without insurance (con't).
IBCOMD	Generate insurance company listings.
IBCOMD1	Generate insurance company listings.
IBCOMN	Patients no coverage verified report.
IBCOMN1	Patients no coverage verified report (con't).
IBCONS1	Veterans with insurance outputs. (Routines formerly named DGCRONS1, DGCRONS2, DGCRONSC.).
IBCONS2	Veterans with insurance outputs. (Routines formerly named DGCRONS1, DGCRONS2, DGCRONSC.).
IBCONS3	Veterans with insurance outputs interface with Claims Tracking.
IBCONSC	Veterans with insurance outputs. (Routines formerly named DGCRONS1, DGCRONS2, DGCRONSC.).
IBCOPP	List Ins. Plans by Co. (Driver).
IBCOPP1	List Ins. Plans by Co. (Driver 1).
IBCOPP2	List Ins. Plans by Co. (Compile).
IBCOPP3	List Ins. Plans by Co. (Print).
IBCOPR	Print dollar amounts for Pre-registration.
IBCOPR1	Print dollar amounts for Pre-registration.
IBJDI4	Patients with unidentified insurance.
IBJDI41	Patients with unidentified insurance (cont'd).
IBJDI5	Insurance policies not verified.
IBJPI	This program is used to define the IIV Site Parameters.
IBJPI2	This program performs the IIV Site Parameters actions.
IBJPI3	Most popular payer screen.
IBJPI4	Most popular payer screen.
IBJPI5	IBJP5 eIV Site Parameters Screen
IBJPM	This program displays and allows editing of the MCCR Site Parameters.
IBOTR	Insurance Payment Trend Report user interface. (Routines IBOTR and IBOTR1 were formerly named DGCROTR, DGCROTR1.)
IBOTR1	Insurance Payment Trend Report user interface. (Routines IBOTR and IBOTR1 were formerly named DGCROTR, DGCROTR1.)
IBOTR2	Insurance Payment Trend Report data compilation. (Routine formerly named DGCROTR2.)
IBOTR3	Insurance Payment Trend Report output. (Routines formerly named DGCROTR3, DGCROTR4.)
IBOTR4	Insurance Payment Trend Report output. (Routines formerly named DGCROTR3, DGCROTR4.)
IBOTR11	Insurance Payment Trend Report user interface. (Routines IBOTR and IBOTR1 were formerly named DGCROTR, DGCROTR1.)
IBOUNP1	Inpatients w/Unknown or Expired Insurance Report.
IBOUNP2	Inpatients w/Unknown or Expired Insurance Report.
IBOUNP3	Inpatients w/Unknown or Expired Insurance Report.

Routine Name	Description
IBOUNP4	Outpatients w/Unknown or Expired Insurance Report.
IBOUNP5	Outpatients w/Unknown or Expired Insurance Report.
IBOUNP6	Outpatients w/Unknown or Expired Insurance Report.

File List with Descriptions

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

File #	File Name	Data Dictionary
2	PATIENT	^DPT – contains all the patients followed by the medical center/Outpatient clinic.
2.312	INSURANCE TYPE SUB_FILE	This multiple contains patient's insurance information.
2.322	ELIGIBILITY/BENEFIT SUB-FILE	This multiple contains all of the eligibility and benefit data for a specific insured person returned from the Payer.
36	INSURANCE COMPANY	^DIC(36)- This file contains the names and addresses of insurance companies as needed by the local facility. The data in this file is NOT EDITABLE USING VA FILEMAN. If a new entry needs to be made or an existing entry changed, the user must be assigned the appropriate MAS or IB module option.
350.9	IB SITE PARAMETERS	^IBE(350.9) – This file contains the data necessary to run the IB package. It has been modified to store the parameters needed for the Insurance Identification and Verification Interface. All data elements for the Insurance Identification and Verification Interface will be numbered 51.nn.
350.9002	BATCH EXTRACTS (sub-file)	This multiple contains site parameters related to batch extracts.
353.1	PLACE OF SERVICE	
355.12	SOURCE OF INFORMATION	^IBE(355.12) – This file contains codes that respresent the origination of the patient's insurance information
355.33	INSURANCE VERIFICATION PROCESSOR	^IBA(355.33) – This file contains insurance information accumulated by various sources. The data is held in this file until an authorized person processes the information by either rejecting it or moving it to the Insurance files.
365	IIV RESPONSE	^IBCN(365) – This file holds all responses to HL7 messages generated from the IIV TRANSMISSION QUEUE File (#365.1) for Insurance Identification and Verification.
365.011	X12 271 ELIGIBILITY/BENEFIT	^IBE(365.011) – This contains the eligibility statuses of the individual or the benefit related categories from the corresponding X.12 271 EB01 codes.

File #	File Name	Data Dictionary
365.012	X12 271 COVERAGE LEVEL	^IBE(365.012) – This contains the level of coverage of benefits from the corresponding X.12 271 EB02 codes.
365.013	X12 271 SERVICE TYPE	^IBE(365.013) – This contains the classification of services from the corresponding X.12 271 EB03 codes.
365.014	X12 271 INSURANCE TYPE	^IBE(365.014) – This contains different types of insurance policies from the corresponding X.12 271 EB04 codes.
365.015	X12 271 TIME PERIOD QUALIFIER	^IBE(365.015) – This contains the time period category when qualifying benefit availability from the corresponding X.12 271 EB05 codes.
365.016	X12 271 QUANTITY QUALIFIER	^IBE(365.016) – This contains the type of units that are conveyed when describing a benefit quantity from the corresponding X.12 271 EB06 codes.
365.017	X12 271 ERROR CONDITION	^IBE(365.017) – This file contains all the corresponding X.12 271 AAA03 codes. These values are returned because of an error in processing.
365.018	X12 271 ERROR ACTION	^IBE(365.018) – This file contains the action that eIV should take as a result of an error encountered.
365.02	ELIGIBILITY / BENEFIT SUB-FILE	This multiple contains eligibility/benefit information.
365.021	X12 271 CONTACT QUALIFIER	^IBE(365.021) – This contains the different types of communications.
365.022	X12 ENTITY IDENTIFIER CODE	This file contains all the corresponding X.12 codes which identify an eligibility/benefit entity.
365.023	X12 271 IDENTIFICATION QUALIFIER	This file contains all the corresponding X.12 codes for identification qualifiers.
365.024	X12 271 PROVIDER CODE	This file contains all the corresponding X.12 codes which identify a provider.
365.025	X12 271 DELIVERY FREQUENCY CODE	This file contains all the corresponding X.12 codes for delivery frequency.
365.026	X12 271 DATE QUALIFIER FILE	This file contains all the corresponding X.12 codes for date/time qualifiers.
365.027	X12 271 LOOP ID	This file contains all the corresponding X.12 codes for loop IDS
365.028	X12 271 REF IDENTIFICATION	This file contains all the corresponding X.12 codes for ref identification.
365.029	X12 271 UNITS OF MEASUREMENT	This file contains all the corresponding X.12 271 Units of measurement.
365.031	X12 271 ENTITY RELATIONSHIP CODE	This file contains all the corresponding X.12 271 Entity Relationship codes.
365.032	X12 271 DATE FORMAT QUALIFIER	This file contains all the corresponding X.12 271 date format qualifiers.
365.033	X12 271 YES/NO RESPONSE CODE	This file contains the corresponding X.12 271 YES/NO condition or Response codes.
365.034	X12 271 LOCATION QUALIFER	This file contains all the corresponding X.12 271 Location Qualifiers.
365.035	X12 271 PROCEDURE CODING METHOD	This file contains all the corresponding X.12 271 procedure coding methods.

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

File #	File Name	Data Dictionary
365.15	IIV STATUS TABLE	^IBE(365.15) – This file contains the possible eIV Status symbols, and in some cases the applicable error message, that is found in the Insurance Buffer entries.
365.152	DESCRIPTION SUB-FILE	This is the explanation of what the IIV status means. This description will appear in the Expand Entry action of the Insurance Buffer application.
365.17	CORRECTIVE ACTION SUB-FILE	This is the set of steps a user needs to follow in order to resolve this IIV problem that is displayed on the Expand Entry screen in the Insurance Buffer.
365.18	EIV EICD TRACKING FILE	This file allows VistA to track data associated with the Electronic Insurance Coverage Discovery (EICD) extract process. Both Identification and Verification EICD transactions (inquiries and responses) are detailed and tracked in this file.
365.185	INSURANCE DISCOVERED SUB-FILE	When an EICD Identification response returns with one or more discovered policies, they are detailed in this sub-file to be used when creating EICD Verification inquiries.
365.2	IIV RESPONSE REVIEW	^IBCN(365.2) - This file holds the outcome of the reviews of MEDICARE (WNR) messages contained in the IIV RESPONSE file (#365). The file is populated when the user enters comments and statuses against selected messages using the Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST] option.
366	IB SSVI PIN/HL7 PIVOT	^IBCN(366) – This file collects all of the PIN events that need to be broadcast to the system. The entries in this file contain information on how to get back to its parent event in PIMS. There are no parent-child relationships stored here.
366.1	IB INSURANCE INCONSISTENT DATA	^IBCN(366.1) – This file contains those patients who were found to have missing and/or inconsistent data elements in the PATIENT file by the IB Insurance Info VIEW/EDIT consistency checker. The inconsistent data elements are stored in this file where individual checks can be turned on or off by the facility. Once the data is corrected through the appropriate insurance menu options, the entry will be removed from this file.
366.2	IB INSURANCE CONSISTENCY ELEMENTS	^IBCN(366.2) – This file contains those entries which are checked by the IB Insurance Info View/Edit module consistency checker. Other than turning individual checks on or off, the user should not alter or add to this file in any way. Making any modification to this file will definitely cause the consistency checker to function improperly.

Input Templates

Following is a list of the VA FileMan input templates associated with the processing and generation of X12 270/271 messages.

Input Template	File
IBCNE GENERAL PARAMETER EDIT	IB SITE PARAMETERS #350.9
IBCN PATIENT INSURANCE	IBCN PATIENT INSURANCE #2
IBEDIT INS CO1	INSURANCE COMPANY #36

List Templates

Following is a list of the VA FileMan list templates associated with the processing and generation of X12 270/271 messages. This includes List Templates associated with the VistA menu option PROCESS INSURANCE BUFFER [IBCN INSURANCE BUFFER PROCESS].

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

Mail Group

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

Options for eIV

eIV (VistA) options	Description	Attached to Menu
Interfacility Ins Update Activity Report [IBCN INTERFACILITY INS UPDATE]	This option runs the new Interfacility Ins Update Activity Report .	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
List Group Plans without Annual Benefits Report [IBCN GRP PLAN FILES RPT]	This option runs the List Group Plans without Annual Benefits Report.	Insurance Reports [IBCN INS RPTS]
HL7 Response Report [IBCNE HL7 RESPONSE REPORT]	This option displays the time the request was sent to FSC and the Time the response was receive. It also shows the Buffer #, Payer # and Patient #	eIV Menu [IBCNE IIV MENU]
Insurance Reports [IBCN INS RPTS]	This is the main menu to view and print insurancereports.	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT]	This option allows the editing of insurance company information.	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
Patient Insurance Menu [IBCN INSURANCE MGMT MENU]	This is a main menu to edit, view, and print insurance information.	Integrated Billing Master Menu [IB MANAGER MENU]
Patient Insurance Info View/Edit [IBCN PATIENT INSURANCE]	This option allows viewing and editing of patient insurance.	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
User Edit Report [IBCN USER EDIT RPT]	This option runs the new User Edit Report.	Insurance Reports [IBCN INS RPTS]
Enter/Edit Auto Match Entries [IBCNE AUTO MATCH ENTER/EDIT]	This option is used to define and/or edit eIV Auto Match rules which assist the eIV software with matching free-text insurance company names in the Insurance Buffer with insurance companies in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]

eIV (VistA) options	Description	Attached to Menu
Add Auto Match Entries Using Insurance Buffer Data [IBCNE AUTO MATCH BUFFER]	This option is a tool that lists each of the free-text insurance company names in the Insurance Buffer to determine whether a match is able to be made to an existing insurance company in the INSURANCE COMPANY File (#36).	eIV Menu [IBCNE IIV MENU]
IIV Nightly Process [IBCNE IIV BATCH PROCESS]	This option is used to begin the nightly batch processing. The nightly processing checks to ensure that all required parameters are defined, runs the inquiry extracts, send a registration message to the EC, and then proceeds to deliver the inquiries. This option is typically run on a nightly basis through a scheduled TaskMan task.	(TaskMan ONLY)
Link Insurance Companies to Payers [IBCNE PAYER LINK]	This option allows the user to see payers added during a date range entered by the user. They will then be able to link these payers to selected insurance companies.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]	This menu lists options to maintain the PAYER File (#365.12).	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
IIV Statistical Report [IBCNE IIV STATISTICAL REPORT]	This option runs the eIV Statistical Report which contains a summary of incoming and outgoing message traffic, as well as current statistics for the Insurance Buffer.	eIV Menu [IBCNE IIV MENU]
Unlinked Payers Notification [IBCNE EIV PAYER LINK NOTIFY]	This option sends a Mailman notification to eIV mail group that contains total number of nationally active unlinked payers with potential insurance company matches along with the list of nationally active linked payers that are locally inactive.	

eIV (VistA) options	Description	Attached to Menu
eIV Auto Update Report [IBCNE EIV UPDATE REPORT]	This option generates the eIV Auto Update Report based on eIV Inquiries and Responses for a given date range and current Patient Insurance data. This report only reflects policies that were last edited/verified (within the date range) by the automatic processing (also known as Auto Update) of an eIV payer response (X12 271 message).	Patient Insurance Menu [IBCN INSURANCE MGMT MENU]
IIV Payer Link Report [IBCNE IIV PAYER LINK REPORT]	This option runs the eIV Payer Link Report which provides either a Payer List or an Insurance Company List. The Payer List reflects the payer / insurance company link information while the Insurance Company List reflects the insurance company / payer link information.	eIV Menu [IBCNE IIV MENU]
IIV Payer Report [IBCNE IIV PAYER REPORT]	This option runs the eIV Payer Report which provides statistics on a payer-by-payer basis regarding the number of inquiries sent and received and summaries of error codes that have been returned.	eIV Menu [IBCNE IIV MENU]
Payer Edit [IBCNE PAYER EDIT] *Requires the security key IBCNE EIV MAINTENANCE	This option is used to review the list payers that are currently available for EDI communications in the national payer list maintained by the EC. This option can be used to locally enable or disable each payer for the site.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
Purge IIV Transactions [IBCNE PURGE IIV DATA]	This option allows the site to purge eIV inquiry and response data from the IIV TRANSMISSION QUEUE (#365.1) and IIV RESPONSE (#365) files, respectively.	Purge Menu [IB PURGE MENU]

eIV (VistA) options	Description	Attached to Menu
Request Electronic Insurance Inquiry [IBCNE REQUEST INQUIRY] *Requires the security key IBCNE IIV SUPERVISOR	This option provides the means to manually request an electronic eligibility inquiry for a specified patient and insurance company. This option also allows an identification request to the sent for a specified patient that directs the EC to send all known insurance for that patient.	eIV Menu [IBCNE IIV MENU]
Link Insurance Companies to Payers [IBCNE PAYER LINK] *Requires the security key IB IBCNE EIV MAINTENANCE	This option is a tool that assists insurance supervisor staff with matching the individual insurance companies in the INSURANCE COMPANY File (#36) to payers in the PAYER File (#365.12) by utilizing the professional and institutional EDI identifier to propose potential matches.	Payer Maintenance Menu [IBCNE PAYER MAINTENANCE MENU]
IIV Ambiguous Policy Report [IBCNE IIV AMBIGUOUS POLICY RPT]	This option displays details of ambiguous responses that were received as a result of identification inquiries. These responses are not stored in the buffer. Therefore, this report was added as a mechanism for reviewing this information.	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]
IIV Inactive Policy Report [IBCNE IIV INACTIVE POLICY RPT]	This option display details of no active insurance responses were received as a result of identification inquiries. These responses are not stored in the buffer. Therefore, this report was added as a mechanism for reviewing this information.	Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]
Potential New Insurance Found [IBCNE POTENTIAL NEW INS FOUND]	This menu contains the eIV Ambiguous Policy and eIV Inactive Policy reports.	eIV MENU [IBCNE IIV MENU]
eIV Response Report [IBCNE IIV RESPONSE REPORT]	This option runs the eIV Response Report that displays details about the incoming electronic responses from the payers via the Eligibility Communicator.	eIV MENU [IBCNE IIV MENU]
Update Subscriber Info [IBCN UPDATE SUBSCRIBER INFO]	This option will update subscriber fields defined to the INSURANCE TYPE sub-file (2.312).	MCCR System Definition Menu [IB SYSTEM DEFINITION MENU]

eIV (VistA) options	Description	Attached to Menu
Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST]	This option creates a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare Insurance.	eIV MENU [IBCNE IIV MENU]
MCCR Site Parameters [IBJ MCCR SITE PARAMETERS]	This option allows editing of the MCCR Site Parameters	MCCR System Definition Menu [IB SYSTEM DEFINITION MENU]
Manually Added HPIDs to Billing Claim Report [IBCN HPID CLAIM RPT]	This option runs the Manually Added HPIDs to Billing Claim Report.	Patient Billing Reports Menu [IB OUTPUT PATIENT REPORT MENU] Or Patient Insurance Menu, [IBCN INSURANCE MGMT MENU]

List Manager Templates

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

Protocols

Protocol	Type
IBCNB ELIG PAYER SUMMARY	Menu
IBCNB EDIT SUBSCRIBER	Action
IBCNB ENTRY EDIT ALL	Action
IBCNB ENTRY EDIT GROUP	Action
IBCNB ENTRY EDIT INSURANCE	Action
IBCNB ENTRY EDIT POLICY	Action
IBCNB ENTRY ESCALATE	Action
IBCNB ENTRY RESPONSE REPORT	IB*2.0*549 - No longer called from within the option "IBCN INSURANCE BUFFER PROCESS" (was Action)
IBCNB ENTRY SCREEN MENU	Menu
IBCNB ENTRY VERIFY	Removed with IB*2.0*506 (was Action)
IBCNB EXPAND BENEFITS	Action
IBCNB FAST EXIT	Action
IBCNB LIST ADD	Action
IBCNB LIST APPOINTMENTS VIEW	Removed with IB*2.0*506 (was Action)
IBCNB LIST CHECK NAMES	Action
IBCNB LIST COMPLETE VIEW	Action
IBCNB LIST ENTRY SCREEN	Action
IBCNB LIST EPHARMACY VIEW	Action
IBCNB LIST FAILURE VIEW	Action
IBCNB LIST MEDICARE VIEW	Action
IBCNB LIST NEGATIVE VIEW	Action
IBCNB LIST POSITIVE VIEW	Action
IBCNB LIST PROCESS SCREEN	Action
IBCNB LIST REJECT	Action
IBCNB LIST SCREEN MENU	Menu
IBCNB LIST SORT	Action
IBCNB LIST TRICARE/CHAMPVA VIEW	Action
IBCNB PROCESS ACCEPT	Action
IBCNB PROCESS COMPARE/EDIT	Action
IBCNB PROCESS ENTRY SCREEN	Action
IBCNB PROCESS REJECT	Action
IBCNB PROCESS SCREEN MENU	Menu
IBCNB PROCESS TOGGLE	Action
IBCNE AUTO MATCH BUFFER EXIT	Action
IBCNE AUTO MATCH BUFFER LINK	Action
IBCNE AUTO MATCH BUFFER MENU	Menu
IBCNE AUTO MATCH BUFFER SELECT	Action
IBCNE AB VIEW EXP ELIG BEN SCREEN	Action
IBCNE EIV ID REQUEST	Subscriber
IBCNE EIV ID RESPONSE	Subscriber
IBCNE EIV PIN-I07 IN	Event driver

Protocol	Type
IBCNE EIV RQP OUT	Event driver
IBCNE ELIG BEN INFO MENU	Menu
IBCNE ELIG PAY SUM MENU	Menu
IBCNE FAST EXIT	Action
IBCNE IIV ID REQUEST	Event driver
IBCNE IIV IN	Event driver
IBCNE IIV MFN OUT	Event driver
IBCNE IIV MFN IN	Subscriber
IBCNE IIV REGISTER	Event driver
IBCNE IIV RESPONSE	Subscriber
IBCNE IIV RQI OUT	Event driver
IBCNE IIV RQV OUT	Event driver
IBCNE IIV TABLE	Subscriber
IBCNE IIV VER REQUEST	Subscriber
IBCNE JT COVERAGE LIMIT DATE RANGE	Action
IBCNE JT VIEW EXP ELIG BEN SCREEN	Action
IBCNE MBI REQUEST	Action
IBCNE MEDICARE COB	Menu
IBCNE MEDICARE COB AC	Action
IBCNE MEDICARE COB CS	Action
IBCNE MEDICARE COB DISP	Menu
IBCNE MEDICARE COB EE	Action
IBCNE PAYER EXIT	Action
IBCNE PAYER EXPAND	Action
IBCNE PAYER EXPAND MENU	Menu
IBCNE PAYER LINK	Action
IBCNE PAYER MAINT MENU	Menu
IBCNE REVERIFY INSURANCE MENU	Menu
IBCNE SELECT INSURANCE	Action
IBCNE SV VIEW EXP ELIG BEN SCREEN	Action
IBCNE VP VIEW EXP ELIG BEN SCREEN	Action
IBCNS EXIT	Action
IBCNS QUIT	Action
IBCNSA AN BEN ADD COM	Action
IBCNSA AN BEN CH YR	Action
IBCNSA AN BEN ED ALL	Action
IBCNSA AN BEN HOME HEA	Action
IBCNSA AN BEN HOSPC	Action
IBCNSA AN BEN INPT	Action
IBCNSA AN BEN IV MGMT	Action
IBCNSA AN BEN MEN H	Action
IBCNSA AN BEN OPT	Action
IBCNSA AN BEN POL INF	Action
IBCNSA AN BEN REHAB	Action
IBCNSA AN BEN USER INF	Action
IBCNSA ANNUAL BENEFITS	Menu

Protocol	Type
IBCNSC INS CO (IN)ACTIVATE COMPANY	Action
IBCNSC INS CO APPEALS OFFICE	Action
IBCNSC INS CO ASSOCIATION	Action
IBCNSC INS CO BILLING PARAMETERS	Action
IBCNSC INS CO CHANGE COMPANY	Action
IBCNSC INS CO DELETE COMPANY	Action
IBCNSC INS CO EDIT ALL	Action
IBCNSC INS CO INPT CLAIMS	Action
IBCNSC INS CO INQUIRY OFFICE	Action
IBCNSC INS CO MAIN MAILING ADDRESS	Action
IBCNSC INS CO OPT CLAIMS	Action
IBCNSC INS CO PAYER	Action
IBCNSC INS CO REMARKS	Action
IBCNSC INS CO RX CLAIMS	Action
IBCNSC INS CO SYNONYMS	Action
IBCNSC INS CO TELEPHONE	Action
IBCNSC INSURANCE CO	Menu
IBCNSC PLAN DETAIL	Action
IBCNSC PLAN LIST	Menu
IBCNSC PROVIDER ID PARAMETERS	Action
IBCNSJ CHANGE PLAN	Action
IBCNSJ EDIT COVERAGE LIMITS	Action
IBCNSJ EDIT PLAN INFO	Action
IBCNSJ INACTIVATE PLAN	Action
IBCNSJ INS CO EDIT COVERAGE LIMITS	Action
IBCNSJ INS CO INACTIVATE PLAN	Action
IBCNSJ INS CO PLANS	Action
IBCNSJ PLAN COMMENT	Action
IBCNSJ PLAN LOOKUP	Menu
IBCNSJ PLAN SELECT	Action
IBCNSJ PLAN UR INFO	Action
IBCNSJ PLAN VIEW/EDIT	Action
IBCNSJ SWITCH PLANS	Action
IBCNSJ UPDATE ANNUAL BENEFITS	Action
IBCNSM INSURANCE MANAGEMENT	Menu
IBCNSM ADD POLICY	Action
IBCNSM BENEFITS USED	Action
IBCNSM CHANGE PATIENT	Action
IBCNSM DELETE POLICY	Action
IBCNSM EDIT ALL	Action
IBCNSM PATIENT INSURANCE	Menu
IBCNSM PERSONAL RIDERS	Action
IBCNSM PRINT PATIENT INS	Action
IBCNSM PRINT WORKSHEET	Action
IBCNSM RX COB DETERMINATION	Action
IBCNSM UPDATE ANNUAL BENEFITS	Action
IBCNSM UPDATE INS BENEFITS	Action
IBCNSM UPDATE INS CO.	Action

Protocol	Type
IBCNSM UPDATE POLICY	Action
IBCNSM VERIFY INS	Action
IBCNSM VIEW BENEFITS	Action
IBCNSM VIEW INS CO	Action
IBCNSM VIEW NAT INS CO	Action
IBCNSM VIEW PAT POLICY	Action
IBCNSP ADD COMMENT	Action
IBCNSP ANNUAL BENEFITS	Action
IBCNSP BENEFITS USED	Action
IBCNSP EDIT ALL	Action
IBCNSP EDIT EFFECTIVE DATES	Action
IBCNSP EDIT POLICY INFO	Action
IBCNSP EMPLOYER INFO FOR CLAIMS	Action
IBCNSP INSURANCE CONTACT INF	Action
IBCNSP PERSONAL RIDERS	Action
IBCNSP POLICY MENU	Action
IBCNSP SUBSCRIBER UPDATE	Action
IBCNSP UR INFO	Action
IBCNSP VERIFY COVERAGE	Action
IBCNSV ANNUAL BENEFITS	Menu
IBCNSV BENEFITS USED BY DATE	Menu
IBCNSV INSURANCE CO	Menu
IBCNSV PATIENT INSURANCE	Action
IBCNSV POLICY MENU	Menu
IBCNSV VIEW AN BEN	Action
IBCNSV VIEW BEN USED	Action
IBCNSV VIEW EXP POL	Action
IBJ EXIT	Action
IBJP AUTO BILLING SCREEN	Action
IBJP CLAIMS TRACKING SCREEN	Action
IBJP IB SITE PARAMETER SCREEN	Action
IBJP IB SITE SELECTED SERVICE CODES	Action
IBJP IIV BATCH EXTRACT EDIT	Action
IBJP IIV GENERAL EDIT	Action
IBJP IIV MOST POPULAR ADD	Action
IBJP IIV MOST POPULAR DELETE	Action
IBJP IIV MOST POPULAR EDIT	Action
IBJP IIV MOST POPULAR EXIT	Action
IBJP IIV MOST POPULAR MENU	Action
IBJP IIV MOST POPULAR MODIFY	Action
IBJP IIV MOST POPULAR REORDER	Action
IBJP IIV MOST POPULAR RESTORE	Action
IBJP IIV MOST POPULAR SAVE	Action
IBJP IIV PAT W/O INS	Action
IBJP INS VER MENU	Action
IBJP INS VER SCREEN	Action
IBJP MCCR PARAMETERS MENU	Menu
IBJT ACTIVE LIST SCREEN SKIP	Action

Protocol	Type
IBJT AR ACCOUNT PROFILE SCREEN	Action
IBJT AR COMMENT HISTORY SCREEN	Action
IBJT BILL CHARGES SCREEN	Action
IBJT BILL DX SCREEN	Action
IBJT BILL PROCEDURES SCREEN	Action
IBJT CHANGE BILL	Action
IBJT CLAIM MENU SCREEN	Menu
IBJT CLAIM SCREEN SKIP	Action
IBJT CT/IR COMMUNICATIONS LIST SCREEN	Action
IBJT EDI STATUS SCREEN	Action
IBJT HS HEALTH SUMMARY	Action
IBJT NS VIEW AN BEN MENU	Menu
IBJT NS VIEW AN BEN REDISPLAY	Action
IBJT NS VIEW AN BEN SCREEN	Action
IBJT NS VIEW EXP POL MENU	Menu
IBJT NS VIEW EXP POL REDISPLAY	Action
IBJT NS VIEW EXP POL SCREEN	Action
IBJT NS VIEW INS CO SCREEN	Action
IBJT PT ELIGIBILITY SCREEN	Action
VALM BLANK 1	Menu
VALM PRINT LIST	Menu
VALM SEARCH LIST	Action

HL7 Application Parameters

HL7 Application Parameter
IIV EC
IIV VistA

HL Logical Links

HL Logical Link	Description
IIV EC	Link to Austin from VistA

Purging

All inquiries and responses for electronic eligibility requests made through eIV are stored in the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365). Over time these files will continue to grow as more inquiries and responses are stored. Therefore, the option Purge Insurance Verification Transactions [IBCNE PURGE IIV DATA] has been provided to allow inquiry and response data that is at least six months old to be purged. Note that it is critical to the eIV software to maintain at least six months of inquiry and response data to properly determine when a new inquiry should be made. This is due to the fact that eIV uses the information in these histories to determine when inquiries were

made for specific patients/payers. The eIV nightly process will send an email reminder notice to the IBCNE eIV MESSAGE mail group on the first day of each month if records are found that are eligible to be purged.

In patch IB*2.0*621 it was decided to add the new EIV EICD TRACKING File (#365.18) (TRACKING) to the purge functionality in order to insure that the files stay in sync. Entries in the IIV TRANSMISSION QUEUE File (#365.1) (TQ) and the IIV RESPONSE File (#365) (RESPONSE) will not be purged unless the associated entries in the EIV EICD TRACKING File (365.18) have been purged.

> Notice: A TRACKING record may point to 1 (one) or more sets of TQ and RESPONSE records. If any RESPONSE record associated with a TRACKING record contains a "Do Not Purge" field set to "1" (Yes) then all associated TQ and RESPONSE records of that TRACKING record will be retained. There is no limit to the number of sets of TQ and RESPONSE records that can be associated with a TRACKING record.

It was decided that implementing an automatic purge of records from the IIV TRANSMISSION QUEUE File (#365.1) and the IIV RESPONSE File (#365) would minimize the growth of these files. As of patch IB*2.0*595, the nightly process on the first day of the month will automatically purge records older than 180 days old where the DO NOT PURGE flag (#365,.11) is set to NO, thus retaining the required six months worth of data to facilitate inquiries and reports.

A modification was made with patch IB*2.0*549 where the field DO NOT PURGE (#.11) was added to the IIV RESPONSE FILE (#365). This flag is set to yes – meaning do not purge – when it is associated with a response to which the INSURANCE TYPE subfile (#2.312) is pointing. Therefore, even though a response and its associated inquiry may be older than six months, it may not be eligible to be purged. The flag will be set back to no – meaning it can be purged – once the INSURANCE TYPE subfile (#2.312) is no longer pointing to the record. The INSURANCE TYPE subfile points to a response record when one of two situations occur: a) eIV payer response (X12 271 message) is auto updated and processed programmatically updating the patient's policy without user intervention , b) A buffer entry (Insurance Verification Processor file #355.33) is manually accepted and the user elects to update/accept the eligibility benefit information. If the INSURANCE TYPE subfile points to a response record prior to either of those situations, the DO NOT PURGE flag (#365, .11) on the original message will be changed from YES to NO. Then the INSURANCE TYPE subfile will be updated to point to the new (the accepted) eIV Response and the DO NOT PURGE flag will be set to YES for the current record.

SECURITY

File Protection

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

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

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365	IIV RESPONSE	@					
365.011	X12 271 ELIGIBILITY/BENEFIT	@			@	@	
365.012	X12 271 COVERAGE LEVEL	@			@	@	
365.013	X12 271 SERVICE TYPE	@			@	@	
365.014	X12 271 INSURANCE TYPE	@			@	@	
365.015	X12 271 TIME PERIOD QUALIFIER	@			@	@	
365.016	X12 271 QUANTITY QUALIFIER	@			@	@	
365.017	X12 271 ERROR CONDITION	@			@	@	
365.018	X12 271 ERROR ACTION	@			@	@	
365.021	X12 271 CONTACT QUALIFIER	@			@	@	
365.022	X12 ENTITY IDENTIFIER CODE	@			@	@	
365.023	X12 271 IDENTIFICATION QUALIFIER	@			@	@	

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.024	X12 271 PROVIDER CODE	@			@	@	
365.025	X12 271 DELIVERY FREQUENCY CODE	@			@	@	
365.026	X12 271 DATA QUALIFIER FILE	@			@	@	
365.027	X12 271 LOOP ID	@			@	@	
365.028	X12 271 REFERENCE IDENTIFICATION	@			@	@	
365.029	X12 271 UNITS OF MEASUREMENT	@			@	@	
365.031	X12 271 ENTITY RELATIONSHIP CODE	@			@	@	
365.032	X12 271 DATE FORMAT QUALIFIER						
365.033	X12 271 YES/NO RESPONSE CODE	@			@	@	
365.034	X12 271 LOCATION QUALIFER						
365.035	X12 271 PROCEDURE CODING METHOD	@			@	@	
365.036	X12 271 DELIVERY PATTERN						
365.037	X12 271 PATIENT RELATIONSHIP	@			@	@	
365.038	X12 271 INJURY CATEGORY						
365.039	X12 271 MILITARY PERSONNEL INFO STATUS CODE	@			@	@	
365.041	X12 271 MILITARY GOVT SERVICE AFFILIATION						
365.042	X12 271 MILITARY SERVICE RANK	@			@	@	

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
365.043	X12 271 ENTITY TYPE QUALIFIER						
365.044	X12 271 CODE LIST QUALIFIER	@			@	@	
365.045	X12 271 NATURE OF INJURY CODES						
365.046	X12 271 MILITARY EMPLOYMENT STATUS CODE	@			@	@	
365.1	IIV TRANSMISSION QUEUE	@					
365.11	IIV AUTO MATCH	@					
365.12	PAYER	@					
365.13	PAYER APPLICATION	@					
365.14	IIV TRANSMISSION STATUS	@			@	@	
365.15	IIV STATUS TABLE	@			@	@	
365.18	EIV EICD TRACKING	@					
365.2	IIV RESPONSE REVIEW	@	@	@	@	@	
366	IB SSVI PIN/HL7 PIVOT						
366.1	IB INSURANCE INCONSISTENT DATA						
366.2	IB INSURANCE CONSISTENCY ELEMENTS						

Security Keys

Security Key Name	Description
IBCNE EIV MAINTENANCE	This security key is for Electronic Insurance Verification project (eIV). It is used to restrict access to the Auto Match add/edit

Security Key Name	Description
	options, functions, and applications. Auto Match is a utility that links incorrect, user entered insurance company names with correct, active insurance company names. Only users holding this key may add, edit, or delete entries in the Auto Match file.
IBCNE IIV SUPERVISOR	This security key is for the Electronic Insurance Verification project (eIV). It will be used to restrict access to certain eIV options and applications. Only users holding this key will be allowed to access these eIV options and applications.
IBCNE IIV AUTO MATCH	Changed to IBCNE EIV MAINTENANCE by patch IB*2.0*528.
IB INSURANCE COMPANY EDIT	This security key is for both integrated billing and the Electronic Insurance Verification project (eIV). It will be used within the Insurance Verification Processor to determine what warning message to display to the user if one needs to create an insurance company while processing an entry from within the buffer
IB GROUP/PLAN EDIT	This security key is for both integrated billing and the Electronic Insurance Verification project (eIV). It will be used within the Insurance Verification Processor to determine what warning message to display to the user if one needs to create a group/plan while processing an entry from within the buffer.

Options Locked by Security Keys

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

EXTERNAL INTERFACES

HL7 Messaging with the Eligibility Communicator (EC)

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

HL7 Communication Setup

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

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

```
          SYSTEM LINK MONITOR for VAMC

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

   IIV EC  850       850       850       850       NC      Inactive




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

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

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

Data Sent to the Eligibility Communicator

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

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

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

Note: The details for the mapping of these messages (last updated with patch IB*2.0*549) can be found in the most current ICD document, eIV_ICD_v4.doc. This document can be found at the following VA location:
http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1733&Type=Active

Data Received From the Eligibility Communicator

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

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

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

- **TABLE UPDATES -** All table messages are an MFN^M01 event. When a VistA site initially installs the eIV software, the Eligibility Communicator for eIV is notified via an MFN^M01 message. The EC sends all current Payer identifications to the VistA site as part of this enrollment process. Any subsequent modifications or additions to the Payer table maintained by the EC are sent in the same manner. Table updates are also used to maintain some other eIV dictionaries and some eIV parameter settings.

Note: The details for the mapping of these messages (last updated with patch IB*2.0*549) can be found in the most current ICD document, eIV_ICD_v4.doc. This document can be found at the following VA location: http://tspr.vista.med.va.gov/warboard/anotebk.asp?proj=1733&Type=Active

APPENDIX A – TABLE OF EIV GENERATED MAILMAN MESSAGES

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

Triggering Event	Routine Reference	Recipients	Subject	Message Text
Error returned when adding an Insurance Buffer entry	IBCNEBF+156	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Buffer Entry	Error returned by $$ADDSTF^IBCNBES: {Error Message} Values: Patient DFN = {Patient IEN} Pt Ins Record IEN = {Patient Ins IEN} Please log a NOIS for this problem.
Error returned when creating an IIV Transmission Queue entry	IBCNEDE+199	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Problem: Trouble setting entry in File 365.1	Tried to create an entry in the IIV TRANSMISSION QUEUE File (#365.1) without success. Error encountered: {Error Message} The data that was to be stored is as follows: Transaction #: {Transaction #} Patient: {Patient Name} Extract: {Data Extract} Payer: {Payer Name} Please log a NOIS for this problem.
Unable to schedule the daily eIV Statistical report and distribute via MailMan	IBCNEDE+249	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Statistical Message Not Sent	TaskManager could not schedule the daily eIV MailMan message at the specified time of {DAILY MSG TIME (#350.9,51.03)}. This is defined in the eIV Site Parameters option.
Missing Person, 'AUTOUPDATE,IBEIV' and/or 'INTERFACE,IBEIV' from NEW PERSON (#200)	IBCNEDE^ CHKPER	Messages Mailgroup (#350.9,51.04) and outlook: vhaeinsurancerr@va.gov	Missing EIV New Person entries	Missing EIV New Person entries, for station xxx Entry for 'AUTOUPDATE,IBEIV' is missing Entry for 'INTERFACE,IBEIV' is missing
Error returned when creating an outgoing HL7 message	IBCNEDEQ+27	MESSAGES MAILGROUP (#350.9, 51.04)	IIV HL7 Creation Error	Error – {HL7 Result} occurred when trying to create the outgoing HL7 message for Patient: {Patient Name} and Payer: {Payer Name} Please log a NOIS for this problem.

Triggering Event	Routine Reference	Recipients	Subject	Message Text
Error when NUMBER RETRIES (#350.9, 51.06) is not defined and the timeout has elapsed without a response (*only if FAILURE MSG flag is YES)	IBCNEDEQ+52	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}. A single attempt was made to electronically confirm the insurance with this payer.
The number of retries have been exceeded indicating that a communication failure has occurred (*only if FAILURE MSG flag is YES)	IBCNEDEQ+75	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Error	VistA was unable to electronically confirm insurance for Patient: {Patient Name} and Payer: {Payer Name}.
Error creating an IIV Response File entry	IBCNEDEQ+137	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating Response	{Error Messages returned by FILE^DIE call} Please log a NOIS for this problem.
A response has not been received in TIMEOUT DAYS (IB SITE PARAMETERS field) (*only if TIMEOUT MSG flag is YES)	IBCNEDEQ+149	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Communication Timeout	No Response has been received within the defined failure days of {Timeout Days} for Patient: {Patient Name} and Payer: {Payer Name}
Error returned when creating an outgoing HL7 message to deactivate IIV	IBCNEHLD+57	MESSAGES MAILGROUP (#350.9, 51.04)	IIV Deactivation Failure	IIV Deactivation Message not created. Error – {HL7 Result} Please log a NOIS for this problem.
MSH Segment is not the first segment in the HL7 message when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	MSH Segment is not the first segment found. Please log a NOIS for this problem.
Protocol not defined for the HL7 Event Type when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	Unable to find a protocol for Event = {Event Type} Please log a NOIS for this problem
ACK – AE received when processing responses	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	N/A

Triggering Event	Routine Reference	Recipients	Subject	Message Text
Error returned when creating/updating an IIV Response File entry	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	{Error messages array from multiple calls to FILE^DIE} and may also include National ID: {VA National ID} not found in Payer Table for Trace Number: {Trace #} OR Not able to create a Response for an unsolicited response for Trace Number: {Trace #}
Error returned when creating/updating non-Payer files	IBCNEHLI+78	MESSAGES MAILGROUP (#350.9, 51.04)	INCOMING IIV HL7 PROBLEM	File Number not found in MFN message OR File {File Number} not found in the Data Dictionary
Error(s) returned when creating the HL7 Registration message for Vitria	IBCNEHLM+116	MESSAGES MAILGROUP (#350.9, 51.04)	eIV Registration Failure	The "HL7 Response Processing Method" selected is Batch but the HL7 Batch Start and End Times are blank. OR The following IIV Site Parameters are not defined: "Days between electronic reverification checks" is blank. OR "Look at a patient's inactive insurance?" is blank. OR "HL7 Response Processing Method" is blank.
Error returned when creating/updating an IIV Response File entry	IBCNEHLR+79	MESSAGES MAILGROUP (#350.9, 51.04)	Error creating IIV Response	An invalid Eligibility Status flag {Status Flag} was received for site {VA National ID}, trace number {Trace #} and message control id {Message Control ID}. It has been interpreted as an ambiguous response in VistA.
Message received from the Eligibility Communicator could not be processed.	IBCNEHLR+193	MESSAGES MAILGROUP (#350.9, 51.04)	IMPORTANT: Error While Processing Response Message from the EC	IMPORTANT: Error While Processing Response Message from the EC. ***IRM*** Please log a NOIS because the response message received from the Eligibility Communicator could not be processed. Programming changes may be necessary to properly handle the response. The associated trace is {Trace #}. If applicable, please review the

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

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

Triggering Event	Routine Reference	Recipients	Subject	Message Text
				(Most Popular Payers) within the IIV parameters to populate the list.

APPENDIX B – INCOMING DATA MAPPING

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

- IIV Response file (#365) includes a pointer BUFFER ENTRY (#.04) to the Insurance Verification Processor file (#355.33).
- Patient file's (#2), Insurance Type subfile (#2.312) includes a pointer EB DISPLAY ENTRY (#8.03) to the IIV Response file (#365).
- Patient file's (#2), Insurance Type subfile (#2.312) that are auto updated are indicated by 'Auto Update'. Fields that are manually updated are indicated by 'Manual Update'. Note that some fields may be both auto and manually updated.

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
MESSAGE CONTROL ID (#365, .01)	N/A	EB DISPLAY ENTRY (# 2.312, 8.03) Auto Update	N/A
PATIENT (#365, .02)	N/A	N/A	N/A
PAYER (#365, .03)	N/A	N/A	N/A
BUFFER ENTRY (#365, .04)	N/A	N/A	N/A
TRANSMISSION QUEUE (#365, .05)	N/A	N/A	N/A
TRANSMISSION STATUS (#365, .06)	N/A	N/A	N/A
DATE/TIME RECEIVED (#365, .07)	N/A	N/A	N/A
DATE/TIME CREATED (#365, .08)	N/A	N/A	N/A

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[1] As viewed by VistA options: "Patient Insurance Info View/Edit" and Claim Tracking edit options (several of them)

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IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
TRACE NUMBER (#365, .09)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
RESPONSE TYPE (#365, .1)	N/A	REQUESTED SERVICE TYPE (#2.312,8.02) Auto Update	N/A
DO NOT PURGE (#365,.11)	N/A	N/A	N/A
INSURED DOB (#365, 1.02)	INSURED'S DOB (#355.33, 60.08)	INSURED'S DOB (#2.312, 3.01) Manual Update/Auto Update	Uses pointer to IIV Response file (#365) to display data
INSURED SSN (#365, 1.03)	INSURED'S SSN (#355.33, 60.09)	INSURED'S SSN (#2.312, 3.05) Manual Update/Auto Update	Uses pointer to IIV Response file (#365) to display data
INSURED SEX (#365, 1.04)	N/A	INSURED'S SEX (# 2.312, 3.12) Manual Update	Uses pointer to IIV Response file (#365) to display data
WHOSE INSURANCE (#365, 1.08)	WHOSE INSURANCE (#355.33, 60.05)	WHOSE INSURANCE (#2.312, 6) Manual Update/Auto Update	Uses pointer to IIV Response file (#365) to display data
PT RELATIONSHIP TO INSURED (#365, 1.09)	PT. RELATIONSHIP TO INSURED (#355.33, 60.06)	PT. RELATIONSHIP - HIPAA (#2.312, 4.03) Auto Update PT. RELATIONSHIP TO INSURED (# 2.312, 16) Manual Update	Uses pointer to IIV Response file (#365) to display data
SERVICE DATE (#365, 1.1)	N/A	REQUESTED SERVICE DATE (# 2.312, 8.01) Manual Update/Auto Update	N/A
EFFECTIVE DATE (#365, 1.11)	EFFECTIVE DATE (#355.33, 60.02)	EFFECTIVE DATE OF POLICY (#2.312, 8) Manual Update	Uses pointer to IIV Response file (#365) to display data
EXPIRATION DATE (#365, 1.12)	EXPIRATION DATE (#355.33, 60.03)	INSURANCE EXPIRATION DATE (#2.312, 3) Manual Update	Uses pointer to IIV Response file (#365) to display data

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
COORDINATION OF BENEFITS (#365,1.13)	COORDINATION OF BENEFITS (#355.33, 60.12)	COORDINATION OF BENEFITS (#2.312,.2) Manual Update	Uses pointer to IIV Response file (#365) to display data
ERROR CONDITION (#365, 1.14)	N/A	N/A	N/A
ERROR ACTION (#365, 1.15)	N/A	N/A	N/A
DATE OF DEATH (#365, 1.16)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
CERTIFICATION DATE (#365, 1.17)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
MEMBER ID (#365, 1.18)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
PAYER UPDATED POLICY (#365, 1.19)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
POLICY NUMBER (#365, 1.2)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
ELIGIBILITY/BENEFIT (#365, 2) (multiple subfile is #365.02)	N/A	N/A	N/A
EB NUMBER (#365.02, .01)	N/A	N/A	EB NUMBER (#2.322, .01)
ELIGIBILITY/BENEFIT INFO (#365.02, .02)	N/A	N/A	ELIGIBILITY/BENEFIT INFO (#2.322, .02)
COVERAGE LEVEL (#365.02, .03)	N/A	N/A	COVERAGE LEVEL (#2.322, .03)
INSURANCE TYPE (#365.02, .05)	N/A	N/A	INSURANCE TYPE (#2.322, .05)
PLAN COVERAGE DESCRIPTION (#365.02, .06)	N/A	N/A	PLAN COVERAGE DESCRIPTION (#2.322, .06)
TIME PERIOD QUALIFIER (#365.02, .07)	N/A	N/A	TIME PERIOD QUALIFIER (#2.322, .07)
MONETARY AMOUNT (#365.02, .08)	N/A	N/A	MONETARY AMOUNT (#2.322, .08)
PERCENT (#365.02, .09)	N/A	N/A	PERCENT (#2.322, .09)

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
QUANTITY QUALIFIER (#365.02, .1)	N/A	N/A	QUANTITY QUALIFIER (#2.322, .1)
QUANTITY (#365.02, .11)	N/A	N/A	QUANTITY (#2.322, .11)
AUTHORIZATION/CERTIFICATION (#365.02, .12)	N/A	N/A	AUTHORIZATION/CERTIFICATION (#2.322, .12)
IN PLAN (#365.02, .13)	N/A	N/A	IN PLAN (#2.322, .13)
PROCEDURE CODING METHOD (#365.02, 1.01)	N/A	N/A	PROCEDURE CODING METHOD (#2.322, 1.01)
PROCEDURE CODE (#365.02, 1.02)	N/A	N/A	PROCEDURE CODE (#2.322, 1.02)
PROCEDURE MODIFIER 1 (#365.02, 1.03)	N/A	N/A	PROCEDURE MODIFIER 1 (#2.322, 1.03)
PROCEDURE MODIFIER 2 (#365.02, 1.04)	N/A	N/A	PROCEDURE MODIFIER 2 (#2.322, 1.04)
PROCEDURE MODIFIER 3 (#365.02, 1.05)	N/A	N/A	PROCEDURE MODIFIER 3 (#2.322, 1.05)
PROCEDURE MODIFIER 4 (#365.02, 1.06)	N/A	N/A	PROCEDURE MODIFIER 4 (#2.322, 1.06)
NOTES (#365.02, 2)	N/A	N/A	NOTES (#2.322, 2)
ENTITY ID CODE (#365.02, 3.01)	N/A	N/A	ENTITY ID CODE (#2.322, 3.01)
ENTITY TYPE (#365.02, 3.02)	N/A	N/A	ENTITY TYPE (#2.322, 3.02)
NAME (#365.02, 3.03)	N/A	N/A	NAME (#2.322, 3.03)
ENTITY ID (#365.02, 3.04)	N/A	N/A	ENTITY ID (#2.322, 3.04)
ENTITY ID QUALIFIER (#365.02, 3.05)	N/A	N/A	ENTITY ID QUALIFIER (#2.322, 3.05)
ENTITY RELATIONSHIP CODE (#365.02, 3.06)	N/A	N/A	ENTITY RELATIONSHIP CODE (#2.322, 3.06)
ADDRESS LINE 1 (#365.02, 4.01)	N/A	INSURED'S STREET 1 (# 2.312, 3.06) Manual Update/Auto Update	ADDRESS LINE 1 (#2.322, 4.01)

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
ADDRESS LINE 2 (#365.02, 4.02)	N/A	INSURED'S STREET 2 (# 2.312, 3.07) Manual Update /Auto Update	ADDRESS LINE 2 (#2.322, 4.02)
CITY (#365.02, 4.03)	N/A	INSURED'S CITY (# 2.312, 3.08) Manual Update /Auto Update	CITY (#2.322, 4.03)
STATE (#365.02, 4.04)	N/A	INSURED'S STATE (# 2.312, 3.09) Manual Update /Auto Update	STATE (#2.322, 4.04)
ZIP (#365.02, 4.05)	N/A	INSURED'S ZIP (# 2.312, 3.1) Manual Update/Auto Update	ZIP (#2.322, 4.05)
COUNTRY CODE (#365.02, 4.06)	N/A	INSURED'S COUNTRY (# 2.312, 3.13) Manual Update /Auto Update	COUNTRY CODE (#2.322, 4.06)
LOCATION (#365.02, 4.07)	N/A	N/A	LOCATION (#2.322, 4.07)
LOCATION QUALIFIER (#365.02, 4.08)	N/A	N/A	LOCATION QUALIFIER (#2.322, 4.08)
SUBDIVISION CODE (#365.02, 4.09)	N/A	INSURED'S COUNTRY SUBDIVISION (# 2.312, 3.14) Manual Update /Auto Update	SUBDIVISION CODE (#2.322, 4.09)
PROVIDER CODE (#365.02, 5.01)	N/A	N/A	PROVIDER CODE (#2.322, 5.01)
REFERENCE ID (#365.02, 5.02)	N/A	N/A	REFERENCE ID (#2.322, 5.02)
REFERENCE ID QUALIFIER (#365.02, 5.03)	N/A	N/A	REFERENCE ID QUALIFIER (#2.322, 5.03)
CONTACT INFORMATION (#365.02, 6)	N/A	N/A	CONTACT INFORMATION (#2.322, 6)
SEQUENCE (#365.26, .01)	N/A	N/A	SEQUENCE (#2.3226, .01)
NAME (#365.26, .02)	N/A	N/A	NAME (#2.3226, .02)
COMMUNICATION QUALIFIER (#365.26, .04)	N/A	N/A	COMMUNICATION QUALIFIER (#2.3226, .04)
COMMUNICATION NUMBER (#365.26, 1)	N/A	N/A	COMMUNICATION NUMBER 1 (#2.3226, 1)

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
HEALTHCARE SERVICES DELIVERY (#365.02, 7)	N/A	N/A	HEALTHCARE SERVICES DELIVERY (#2.322, 7)
SEQUENCE (#365.27, .01)	N/A	N/A	SEQUENCE (#2.3227, .01)
BENEFIT QUANTITY (#365.27, .02)	N/A	N/A	BENEFIT QUANTITY (#2.3227, .02)
QUANTITY QUALIFIER (#365.27, .03)	N/A	N/A	QUANTITY QUALIFIER (#2.3227, .03)
SAMPLE SELECTION MODULUS (#365.27, .04)	N/A	N/A	SAMPLE SELECTION MODULUS (#2.3227, .04)
UNITS OF MEASUREMENT (#365.27, .05)	N/A	N/A	UNITS OF MEASUREMENT (#2.3227, .05)
TIME PERIODS (#365.27, .06)	N/A	N/A	TIME PERIODS (#2.3227, .06)
TIME PERIOD QUALIFIER (#365.27, .07)	N/A	N/A	TIME PERIOD QUALIFIER (#2.3227, .07)
DELIVERY FREQUENCY (#365.27, .08)	N/A	N/A	DELIVERY FREQUENCY (#2.3227, .08)
DELIVERY PATTERN (#365.27, .09)	N/A	N/A	DELIVERY PATTERN (#2.3227, .09)
SUBSCRIBER DATES (#365.02, 8)	N/A	N/A	SUBSCRIBER DATES (#2.322, 8)
SEQUENCE (#365.28, .01)	N/A	N/A	SEQUENCE (#2.3228, .01)
DATE (#365.28, .02)	N/A	N/A	DATE (#2.3228, .02)
DATE QUALIFIER (#365.28, .03)	N/A	N/A	DATE QUALIFIER (#2.3228, .03)
DATE FORMAT (#365.28, .04)	N/A	N/A	DATE FORMAT (#2.3228, .04)
SUBSCRIBER ADDITIONAL INFO (#365.02, 9)	N/A	N/A	SUBSCRIBER ADDITIONAL INFO (#2.322, 9)
SEQUENCE (#365.29, .01)	N/A	N/A	SEQUENCE (#2.3229, .01)
PLACE OF SERVICE (#365.29, .02)	N/A	N/A	PLACE OF SERVICE (#2.3229, .02)
DIAGNOSIS (#365.29, .03)	N/A	N/A	DIAGNOSIS (#2.3229, .03)
QUALIFIER (#365.29, .04)	N/A	N/A	QUALIFIER (#2.3229, .04)

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
NATURE OF INJURY CODE (#365.29, .05)	N/A	N/A	NATURE OF INJURY CODE (#2.3229, .05)
NATURE OF INJURY CATEGORY (#365.29, .06)	N/A	N/A	NATURE OF INJURY CATEGORY (#2.3229, .06)
NATURE OF INJURY TEXT (#365.29, .07)	N/A	N/A	NATURE OF INJURY TEXT (#2.3229, .07)
SUBSCRIBER REFERENCE ID (#365.02, 10)	N/A	N/A	SUBSCRIBER REFERENCE ID (#2.322, 10)
SEQUENCE (#365.291, .01)	N/A	N/A	SEQUENCE (#2.3229, .01)
REFERENCE ID (#365.291, .02)	N/A	N/A	REFERENCE ID (#2.3229, .02)
REFERENCE ID QUALIFIER (#365.291, .03)	N/A	N/A	REFERENCE ID QUALIFIER (#2.3229, .03)
DESCRIPTION (#365.291, .04)	N/A	N/A	DESCRIPTION (#2.3229, .04)
SERVICE TYPES (#365.02, 14)	N/A	N/A	SERVICE TYPES (#2.322, 11)
SERVICE TYPES (#365.292, .01)	N/A	N/A	SERVICE TYPES (#2.32292, .01)
CONTACT PERSON (#365, 3)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
CONTACT PERSON (#365.03, .01)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION QUALIFIER #1 (# 365.03, .02)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION QUALIFIER #2 (# 365.03, .04)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION QUALIFIER #3 (# 365.03, .06)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION NUMBER #1 (# 365.03, 1)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION NUMBER #2 (# 365.03, 2)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
COMMUNICATION NUMBER #3 (# 365.03, 3)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
ERROR TEXT (#365, 4.01)	N/A	N/A	N/A

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
SUBSCRIBER ADDRESS LINE 1 (#365, 5.01)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS LINE 2 (#365, 5.02)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS CITY (#365, 5.03)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS STATE (#365, 5.04)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS ZIP (#365, 5.05)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS COUNTRY (#365, 5.06)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
SUBSCRIBER ADDRESS SUBDIVISION (#365, 5.07)	N/A	N/A	Uses pointer to IIV Response file (#365) to display data
REJECT REASON (#365, 6) (multiple subfile is #365.06)	N/A	N/A	N/A
SEQUENCE (#365.06, .01)	N/A	N/A	N/A
ERROR LOCATION (#365.06, .02)	N/A	N/A	N/A
REJECT REASON (#365.06, .03)	N/A	N/A	N/A
ACTION CODE (#365.06, .04)	N/A	N/A	N/A
LOOP ID (#365.06, .05)	N/A	N/A	N/A
SOURCE (#365.06, .06)	N/A	N/A	N/A
ADDITIONAL MSGS (#365.06, 1) (multiple subfile is #365.061)	N/A	N/A	N/A
ADDITIONAL MSG (#365.061, .01)	N/A	N/A	N/A
SUBSCRIBER DATES (#365, 7) (multiple subfile is #365.07)	N/A	N/A	N/A
SEQUENCE (#365.07, .01)	N/A	N/A	N/A
DATE (#365.07, .02)	N/A	N/A	N/A
DATE QUALIFIER (#365.07, .03)	N/A	N/A	N/A
LOOP ID(#365.07, .04)	N/A	N/A	N/A

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
PT. RELATIONSHIP – HIPAA (#365, 8.01)	N/A	N/A	N/A
GROUP REFERENCE INFORMATION (#365, 9) (multiple subfile is #365.09)	N/A	N/A	N/A
SEQUENCE (#365.09, .01)	N/A	SEQUENCE (GROUP) (# 2.3129, .01) Auto Update	SEQUENCE (#2.3129, .01)
REFERENCE ID (GROUP) (#365.09, .02)	N/A	REFERENCE ID (GROUP) (# 2.3129, .02) Auto Update	REFERENCE ID (GROUP) (#2.3129, .02)
REF ID QUALIFIER (GROUP) (#365.09, .03)	N/A	REF ID QUALIFIER (GROUP) (# 2.3129, .03) Auto Update	REF ID QUALIFIER (GROUP) (#2.3129, .03)
DESCRIPTION (#365.09, .04)	N/A	DESCRIPTION (# 2.3129, .04) Auto Update	DESCRIPTION (#2.3129, .04)
GROUP PROVIDER INFO (#365,10) (multiple subfile is #365.04)	N/A	N/A	N/A
SEQUENCE (#365.04, .01)	N/A	SEQUENCE (# 2.332, .01) Auto Update	SEQUENCE (#2.332, .01)
PROVIDER CODE (#365.04, .02)	N/A	PROVIDER CODE (# 2.332, .02) Auto Update	PROVIDER CODE (#2.332, .02)
PROV REFERENCE ID (#365.04, .03)	N/A	PROV REFERENCE ID (# 2.332, .03) Auto Update	PROV REFERENCE ID (#2.332, .03)
HEALTH CARE CODE INFORMATION (#365, 11) (multiple subfile is #365.01)	N/A	N/A	N/A
SEQUENCE (#365.01, .01)	N/A	SEQUENCE (# 2.31211, .01) Auto Update	SEQUENCE (#2.31211, .01)
DIAGNOSIS CODE (#365.01, .02)	N/A	DIAGNOSIS CODE (# 2.31211, .02) Auto Update	DIAGNOSIS CODE (#2.31211, .02)

Appendix B – Incoming Data Mapping

IIV Response File (#365) →	Insurance Verification Processor file (#355.33) →	Patient File (#2) – Patient's policy OR Group Insurance Plan File (#355.3)	Display of data related to Eligibility Benefits after Payer response is manually accepted or auto updated[1]
DIAGNOSIS CODE QUALIFIER (#365.01, .03)	N/A	DIAGNOSIS CODE QUALIFIER (# 2.31211, .03) Auto Update	DIAGNOSIS CODE QUALIFIER (#2.31211, .03)
PRIMARY OR SECONDARY? (#365.01, .04)	N/A	PRIMARY OR SECONDARY? (# 2.31211, .04) Auto Update	PRIMARY OR SECONDARY? (#2.31211, .04)
MILITARY INFO STATUS CODE (#365, 12.01)	N/A	N/A	MILITARY INFO STATUS CODE (#2.312, 12.01)
MILITARY EMPLOYMENT STATUS (#365, 12.02)	N/A	N/A	MILITARY EMPLOYMENT STATUS (#2.312, 12.02)
MILITARY GOVT AFFILIATION CODE (#365, 12.03)	N/A	N/A	MILITARY GOVT AFFILIATION CODE (#2.312, 12.03)
MILITARY PERSONNEL DESCRIPTION (#365, 12.04)	N/A	N/A	MILITARY PERSONNEL DESCRIPTION (#2.312, 12.04)
MILITARY SERVICE RANK CODE (#365, 12.05)	N/A	N/A	MILITARY SERVICE RANK CODE (#2.312, 12.05)
DATE TIME PERIOD FORMAT QUAL (#365, 12.06)	N/A	N/A	DATE TIME PERIOD FORMAT QUAL (#2.312, 12.06)
DATE TIME PERIOD (#365, 12.07)	N/A	N/A	DATE TIME PERIOD (#2.312, 12.07)
NAME OF INSURED (#365, 13.01)	NAME OF INSURED (#355.33, 91.01)	NAME OF INSURED (LONG) (# 2.312, 7.01) Manual Update /Auto Update	Uses pointer to IIV Response file (#365) to display data as the field "Subscriber"
SUBSCRIBER ID (#365, 13.02)	SUBSCRIBER ID (#355.33, 90.03)	SUBSCRIBER ID (FX) (# 2.312, 50.02) Manual Update	Uses pointer to IIV Response file (#365) to display data
GROUP NAME (#365, 14.01)	GROUP NAME (#355.33, 90.01)	GROUP NAME (LONG) (# 355.3, 2.01) Manual Update	Uses pointer to IIV Response file (#365) to display data
GROUP NUMBER (#365, 14.02)	GROUP NUMBER (#355.33, 90.02)	GROUP NUMBER (LONG) (# 355.3, 2.02) Manual Update	Uses pointer to IIV Response file (#365) to display data

APPENDIX C – TROUBLESHOOTING

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

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

How To Determine If Connectivity To Austin Is Lost…

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

How To Restore Connectivity To Austin…

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

Example – HL7 Logical Link

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


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

Select HL7 Main Menu Option: FILER and Link Management Options


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

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


Select Filer and Link Management Options Option: ED  Link Edit

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

Example – HL7 Logical Link "IIV EC"

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

          NODE: IIV EC

   INSTITUTION:

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

     AUTOSTART: Enabled

    QUEUE SIZE: 10

      LLP TYPE: TCP
```

```
                         HL7 LOGICAL LINK
--------------------------------------------------------------------------
-
  [------------------TCP LOWER LEVEL PARAMETERS----------------------
]
  |                    IIV EC
|
  |
|
  |  TCP/IP SERVICE TYPE: CLIENT (SENDER)
|
  |      TCP/IP ADDRESS:              ← it will self-populate        |
  |        TCP/IP PORT: 5100
  | |
  |
  |
|
  |   ACK TIMEOUT: 60                      RE-TRANSMISION ATTEMPTS:
|
```

```
 |  READ TIMEOUT: 60                    EXCEED RE-TRANSMIT ACTION: restart
|
 |    BLOCK SIZE:                                SAY HELO:
|
 |
|
 |STARTUP NODE:                                PERSISTENT: NO
|
 |   RETENTION: 60                      UNI-DIRECTIONAL WAIT:
|
 [---------------------------------------------------------------------
]
_____
_

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

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

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

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

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

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

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

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

APPENDIX E – eIV Database Integration Agreements (DBIAs)

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

IA #	Between IB and	Related to	FORUM Status
DBIA950	INCOME VERIFICATION MATCH	Direct global read and w/Fileman to fields at ^DPT(D0,.31), Write with Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA2780	PATIENT DATA EXCHANGE	Both R/W w/Fileman to fields at ^DPT(D0,.31), ^DPT(D0,.312,D1)	Active
DBIA2782	MENTAL HEALTH	Direct Global Read & w/Fileman to fields at ^DPT(D0,.312,D1)	Active
DBIA3302	ENROLLMENT APPLICATION SYSTEM	$$BUFF^IBCNBES1	Active
DBIA4238-A	REGISTRATION	$$MFE^VAFHLMFE	Active
DBIA4238-B DBIA4239	REGISTRATION	$$MFI^VAFHLMFI	Active
DBIA4240	PCE – PATIENT CARE ENCOUNTER	^AUPNVSIT direct references VISIT FILE	Active
DBIA4242	REGISTRATION	^DG(43 direct access MAS PARAMETERS FILE (#43)	Active
DBIA4243	REGISTRATION	^DGPR(408.13 direct reference INCOME PERSON File (#403.13)	Active
DBIA4244	REGISTRATION	^DGPR(408.12 direct reference PATIENT RELATION File(#408.12)	Active
DBIA4785	REGISTRATION	Direct Global Read & w/Fileman to all fields stored at ^IBA(#355.33)	Active
DBIA419	REGISTRATION	^DGPM(D0,0)	Active
DBIA263-A	HL7	EN^VAFHLPID	Approved by Donna H. Harris 9/8/03. Acknowledged by Cameron 9/8/03.
DBIA2120	KERNAL	KCHK^XUSRB	Approved by Joel L. Ivey 9/9/03. Acknowledged by Cameron 9/9/03.
DBIA5293	INSURANCE CAPTURE BUFFER	Read w/FileMan to fields at^IBA(355.3,D0,0) and ^IBA(355.3,D0,6) FileMan read/write to fields at ^IBA(355.3,D0,11,D1,0)	Active
DBIA5294	INSURANCE CAPTURE BUFFER	FileMan read/write to fields at: ^IBA(355.33,D0,0) ^IBA(355.33,D0,20) ^IBA(355.33,D0,21) ^IBA(355.33,D0,40)	Active

		^IBA(355.33,D0,60) ^IBA(355.33,D0,61) ^IBA(355.33,D0,62)	
DBIA5304	INSURANCE CAPTURE BUFFER	Fileman read/write to fields at ^DPT(D0,.31) Read w/FileMan to fields at ^DPT(D0,.312,D1,0) ^DPT(D0,.312,D1,1) ^DPT(D0,.312,D1,2) ^DPT(D0,.312,D1,3) ^DPT(D0,.312,D1,4) ^DPT(D0,.312,D1,5) ^DPT(D0,.312,D1,7)	Active

APPENDIX F – How to Test the eIV Interface with the Test Eligibility Communicator

This appendix explains how to test the electronic Insurance Verification interface from a VistA test or development account with the test Eligibility Communicator (EC) that is located in Austin.

In order to test the eIV interface from a development/test account with the test EC, the developer must use a small set of preapproved test patients with specific criteria that the Financial Services Center (FSC) has agreed upon. This is because eIV inquiries (270 transmission) to the insurance clearinghouse can only be made for actual patients. Therefore, when this testing is performed FSC does not send or receive messages from the clearinghouse and instead returns back a canned response (271 transmission – payer response) that is hardcoded for each type of test being performed.

Prior to patch IB*2.0*549, if the interface was on for a development/test account and the developer sent a 270 transmission (eIV inquiry) for a patient that was not one of the agreed upon test patients, or key data elements (e.g., subscriber ID, patient's date of birth, patient's sex, patient's name, and payer's name) of that patient did not match the data that FSC was expecting, an error would occur at FSC and the issue would have to be fixed manually before testing could proceed again. No other test eIV inquiries would be processed from any VistA development/test account while FSC was manually addressing the situation of receiving an eIV inquiry with unexpected data. Not only did this cause manual work, but it also stopped other people from testing with eIV.

With the introduction of IB*2.0*549, the system checks to see if the site is in test or production mode. If the site is in test mode, the system checks the data in the transmission to determine if all of the data fields match a test that has been previously approved by FSC. If the eIV inquiry did not match a test then the eIV inquiry is not transmitted to FSC but would instead remain in the IIV Transmission Queue (#365.1) with a status of 'Ready to Transmit'. This alleviates the bottleneck that would have occurred when improper test data was sent to FSC and had to be manually deleted. This check is done in the XMITOK method of routine IBCNETST. After July 2016, FSC will send a default AAA error response (message with error code T4) whenever VistA sends an eIV inquiry to the test EC system for which there is no predetermined (previously agreed upon) response based on the Subscriber ID/Patient ID and Payer's VA National ID combination.[2] It is important to maintain the existence of XMITOK^IBCNETST to control the number eIV inquiries/responses between VistA and the test EC system especially when one is trying to trace a specific scenario.

Below is a table which lists the data required for the currently agreed upon test cases. If a different set of criteria is needed to test something that these cases do not currently cover, the developer must talk to someone at FSC to either modify an existing test case or add a new one. Any new or modified test case must be updated in both the XMITOK^IBCNETST routine and in the chart below in this document. These two items must remain in synch for future developers and efforts.

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[2] When a tester/developer receives an eIV response with an error code of T4 from the test EC system, they either need to correct the Payer's VA National ID or the Subscriber ID/Patient ID on the eIV inquiry. However, if the tester/developer believes the data is correct per the test data chart below, FSC should be contacted.

Important things to know to read this chart:

PAYER
The patient must have an insurance policy that is active (no expiration date) in VistA with an insurance company (#2.312, .01) that is active and linked to the payer in the "Payer" column of this chart. This payer must be Nationally Active and Locally Active in file #365.12 for the application "IIV". This payer must also have the VA National ID match what is listed below in the chart.

* Note the VA National ID may be different than what the VA National ID is in production for that Payer. For example, the payer "CMS" has a different VA National ID for testing than for production.

Group ID
The patient's active policy on file must have the NEW GROUP NUMBER (#2.312, 21) match exactly what is listed in the "Group ID" column of this chart, including spaces. It is case sensitive due to XMITOK^IBCNETST and Auto Update.

* Note: For these test cases it does not matter what the Group Name is. It is recommended that the NEW GROUP NAME (#2.312,20) is set to the same thing as the Group ID. It will help reduce confusion when reviewing test data and when troubleshooting with FSC.

** Note: The patient's policy uses GROUP PLAN (#2.312, .18) to point to the GROUP INSURANCE PLAN file #355.3. It is this pointer that calculates the fields (#2.312, 20) & (#2.312, 21).

Subscriber ID
The patient's active policy on file must have the SUBSCRIBER ID (#2.312, 7.02) match exactly what is listed in the "Subscriber ID" column of this chart. It is case sensitive due to XMITOK^IBCNETST and Auto Update.

Subscriber
The patient's active policy on file must have the NAME OF INSURED (#2.312, 7.01) match exactly what is listed in the "Subscriber" column of this chart. It is case sensitive due to XMITOK^IBCNETST and Auto Update.

Patient ID
The patient's active policy on file must have the PATIENT ID (#2.312, 5.01) match exactly what is listed in the "Patient ID" column. It is case sensitive due to XMITOK^IBCNETST and Auto Update.

Patient
The patient's active policy on file must have the NAME (#2, .01) be the exact same as the name listed in the "Subscriber" column if not stated otherwise below in the chart. Refer to the "Patient" column for instructions of what the value of this field should be. It is case sensitive due to XMITOK^IBCNETST and Auto Update.

* Note: The test patient must have an INTEGRATION CONTROL NUMBER (#2,991.01) populated before it can be used as a test patient for an eIV inquiry.

Patient's DOB	The patient's active policy on file must have the DATE OF BIRTH (#2, .03) match exactly what is listed in the "Patient's DOB" column.
Patient's Sex	The patient's active policy on file must have the SEX (#2, .02) match exactly what is listed in the "Patient's Sex" column. In the future, a developer may drop the SEX from XMITOK^IBCNETST and the chart below with FSC permission. Currently, FSC and eIV Auto Match checks (AUTOUPD^IBCNEHL1) does not need this data element to work but XMITOK^IBCNETST checks for this value.
What is returned & Additional Instructions	This column may give other important information needed in order to set up the test case properly in VistA. This column tells you what type of payer response you will receive back from FSC for each different test case. ** Note: For Dependent eIV inquiries (the patient is not the subscriber), the INSURED'S DOB (#2.312, 3.01) must be set to the subscriber's date of birth, the INSURED'S SEX (#2.312, 3.12) must be set to the subscriber's sex, and the PT. RELATIONSHIP TO INSURED (#2.312, 16) must be set as indicated in the below chart. The subscriber must already be a patient defined in VistA with the appropriate NAME (#2, .01), DATE OF BIRTH (#2, .03) and SEX (#2, .02) fields set to the appropriate values for the <u>subscriber's</u> information.*

Payer	Group ID (a.k.a. Group Number)	Subscriber ID	Subscriber	Patient ID	Patient	Patient's DoB	Patient's Sex	What is returned & additional instructions
Aetna (with VA National ID "VA1")	GRP NUM 13805	111111AE	IBSUB,ACTIVE	111111AE	Same as subscriber	2/2/1922	M	FSC returns an <u>Active</u> response for a patient who is the subscriber. The response contains benefit information.
CIGNA (with VA National ID "VA10")	GRP NUM 5442	222222CI	IBSUB,ACTIVE	Same as subscriber ID	Same as subscriber	2/2/1922	M	FSC returns an <u>Active</u> response for a patient who is the subscriber. The response contains benefit information.

Payer	Group ID (a.k.a. Group Number)	Subscriber ID	Subscriber	Patient ID	Patient	Patient's DoB	Patient's Sex	What is returned & additional instructions
Aetna (with VA National ID "VA1")	GRP NUM 13188	111111FG	IBSUB,INACTIVE	111111FG	Same as subscriber	1/1/1948	F	FSC returns an Inactive response for a patient who is the subscriber.
Cigna (with VA National ID "VA10")	GRP NUM 5442	012345678	IBSUB,AAAERROR	012345678	Same as subscriber	2/11/1947	M	FSC returns a response for a patient who is the subscriber. The response will contain a AAA (271 msg with an error). (i.e., Patient not found.)
CMS[3] (with VA National ID "VA1628")	Doesn't matter	333113333A	IB,PATIENT	333113333A	Same as subscriber	3/9/1935	M	FSC returns an Active response for a patient who is the subscriber. The response contains 1 additional 'potential' insurance reported by Medicare (1 trailer).
CMS [4] (with VA National ID "VA1628")	Doesn't matter	111223333A	IBSUB,TWOTRLRS	111223333A	Same as subscriber	5/5/1955	M	FSC returns an Active response for a patient who is the subscriber. The response contains 2 additional 'potential' insurances reported by Medicare (2 trailers).

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[3] See footnote below regarding "CMS"

[4] CMS is the current payer representing Medicare as of July 2016. Before setting up a test case for Medicare, one must confirm with FSC which payer to use for Medicare in the "Test EC" environment. Also, confirm the payer's "VA National ID" that must be used for testing. The MEDICARE PAYER (#350.9, 51.25) must be set to the current payer that FSC is currently using for Medicare testing. Therefore, the CMS in the table above would change to the current Medicare payer used for testing.

Payer	Group ID (a.k.a. Group Number)	Subscriber ID	Subscriber	Patient ID	Patient	Patient's DoB	Patient's Sex	What is returned & additional instructions
Aetna (with VA National ID "VA1")	AET1234	W1234561111	IBINS,ACTIVE	W12345222 2	IBDEP,ACTIVE	3/4/1990	F	FSC returns an <u>Active</u> response for a patient who is a ***dependent*** of the subscriber. For FSC setup only: Dependent resp. with EB12=W For VistA setup only: Set the Subscriber's DOB to 7/26/41. Make sure the subscriber (not patient) is a Male. Define the dependent 'IBDEP,ACTIVE' to be the subscriber's CHILD by setting the patient relationship to insured.
Aetna (with VA National ID "VA1")	GRP NUM 13805	222222AE	IBSUB,CANN OTFIND	222222AE	Same as subscriber	7/7/1922	M	FSC returns an response saying that the user can not be found by replying with an ambigious reponse but no AAA message for a patient who is the subscriber. This is happening today in the real world.

GLOSSARY

Term	Description
AITC	Austin Information Technology Center (formerly Austin Automation Center - AAC)
EC	Eligibility Communicator – this refers to the National Health Insurance Cache database that is housed in the AITC in Austin, TX. The eIV software communicates with the Eligibility Communicator directly through HL7. The EC in turn communicates with Communication Partners to create an eligibility response that is returned to the VistA system.
EICD	Electronic Insurance Coverage Discovery – this refers to the added functionality IB*2*621 delivered to search for patient insurance through an electronic transaction sent to a contracted clearinghouse.
FSC	Austin Financial Services Center
HIPAA	Health Insurance Portability and Accountability Act of 1996
HL7	Health Level Seven, a standardized application level communications protocol that enables systems to exchange information and to affect requests and responses. Basically, HL7 is an agreement between two HL7-compliant systems that specifies where to expect certain data in a stream of characters.
IB	Integrated Billing
MCCR	Medical Care Cost Recovery. The collection of monies by the Department of Veterans Affairs (VA).
Required Variable	An attribute of a package interface. It is a variable that must exist in order for the interface's entry point to be called.
Security Key	Used in conjunction with locked options or functions. Only holders of this key may perform these options/functions. Used for options, which perform a sensitive task.
SSVI	System Shared Verified Insurance. This functionality provides higher quality patient insurance data to users both locally and nationally as well as reduces redundant data entry. This is achieved by ensuring that patient insurance data fields are filled in and that data is moved to other sites where the patient has been seen.