

**Medical Care Collection Fund (MCCF) eBilling Compliance
Phase 3**

**X12N 5010 Health Care Services Review – Request for
Review and Response (278)
Version 4.0**

RELEASE NOTES/ Installation Guide/ Rollback Plan

IB*2.0*517



August 2016

Department of Veterans Affairs

Office of Information and Technology (OI&T)

Table of Contents

1	Introduction	1
1.1	Documentation and Distribution.....	1
2	Patch Description and Installation Instructions.....	3
2.1	Patch Description.....	3
2.2	Pre/Post Installation Overview.....	12
2.3	Installation Instructions.....	12
3	Backout and Rollback Procedures.....	17
3.1	Overview of Backout and Rollback Procedures.....	17
3.2	Backout Procedure	17
3.3	Rollback Procedure	17
4	Enhancements.....	19
4.1	System Feature: 278X217 – Health Care Services Review – Creation and Transmission of Request	19
4.2	System Feature: 278X217 – Health Care Services Review – Receiving, Storing and Displaying of Response.....	19
4.3	System Feature: 278X215 – Health Care Services Review – Creation and Transmission of Inquiry and Response	19
4.4	System Feature: 278X215 – Health Care Services Review – Receiving, Storing and Displaying of Inquiry and Response	19
4.5	System Feature: Create New Claims Tracking Site Parameters	19
4.6	System Feature: Create New Security Keys	19
4.7	System Feature: Create New Health Care Services Review Worklist.....	19
4.8	System Feature: Create a Health Care Services Review Worklist Trigger to Request for Review and Response	19
4.9	System Feature: Create a Health Care Services Review Worklist Trigger to Request for Inquiry and Response	20
4.10	System Feature: 278 Health Care Services Review – Worklist – Add Entry	20
4.11	System Feature: 278 Health Care Services Review – Worklist – Deletion Reason	20

4.12 System Feature: 278 Health Care Services Review - Worklist	20
4.13 System Feature: 278 Health Care Services Review - Worklist – View Request.....	20
4.14 System Feature: Create Health Care Services Review Response Worklist	20
4.15 System Feature: Automatically add the Authorization Number(s) to Claims	20
4.16 System Feature: Claims Tracking - Insurance Review - Authorizations	20
4.17 System Feature: 278 Health Care Services Review – Reports (278x217)	20
4.18 Systems Feature: 278 Health Care Services Review – Reports (278x215)	21
4.19 System Feature: 278 Health Care Services Review - Table Maintenance – Payer IDs.....	21
4.20 System Feature: 278 Health Care Services Review - Table Maintenance – Code Sets.....	21

(This page included for two-sided copying.)

1 Introduction

This Integrated Billing (IB) patch introduces changes to VistA's IB module.

APPLICATION/VERSION	PATCH
-----	-----
INTEGRATED BILLING (IB) V. 2.0	IB*2*517

This patch (IB*2*517) is being released in the Kernel Installation and Distribution System (KIDS) distribution.

1.1 Documentation and Distribution

Software and Documentation Retrieval Instructions:

Software being released as a host file and/or documentation describing the new functionality introduced by this patch are available.

The preferred method is to retrieve files from download.vista.med.va.gov. This transmits the files from the first available server. Sites may also elect to retrieve files directly from a specific server.

Sites may retrieve the software and/or documentation directly using Secure File Transfer Protocol (SFTP) from the ANONYMOUS.SOFTWARE directory at the following OI Field Offices:

Albany:	fo-albany.med.va.gov
Hines:	fo-hines.med.va.gov
Salt Lake City:	fo-slc.med.va.gov

Documentation can also be found on the VA Software Documentation Library at: <http://www4.va.gov/vdl/>

Title	File Name	FTP Mode
-----	-----	-----
Claims Tracking and Health Care Service Review	ib_2_0_CT_ug.pdf	binary
IB User Manual	ib_2_0_um.pdf	binary
IB Release Notes/Installation Guide	ib_2_0_p517_rn.pdf	binary
IB Technical Manual	ib_2_0_tm.pdf	binary

(This page included for two-sided copying.)

2 Patch Description and Installation Instructions

2.1 Patch Description

```
=====
Run Date:  AUG 04, 2016                      Designation:  IB*2*517
Package :  INTEGRATED BILLING                Priority   :  MANDATORY
Version :  2                                Status     :  COMPLETE/NOT RELEASED
=====
```

```
Associated patches: (v)IB*2*62      <=< must be installed BEFORE `IB*2*517'
                   (v)IB*2*384     <=< must be installed BEFORE `IB*2*517'
                   (v)IB*2*438     <=< must be installed BEFORE `IB*2*517'
                   (v)IB*2*519     <=< must be installed BEFORE `IB*2*517'
```

Subject: E-BILLING - HCS REVIEW X12 278

Category: INPUT TEMPLATE
 ENHANCEMENT (MANDATORY)
 DATA DICTIONARY
 ROUTINE
 OTHER

Description:

=====

This patch provides the capability to send and receive X12N 5010 Health Care Services Review - Request for Review and Response transactions (278X217) in addition to X12N 5010 Health Care Services Review - Inquiry and Response transactions (278X215) for the purpose of obtaining referral certification and authorization numbers. The numbers will then be used by IB personnel when creating claims for reimbursement from third-party payers.

Patch IB*2*517 will include the following changes to VistA's Integrated Billing Module:

1. Create and transmit Accredited Standards Committee (ASC) X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transactions to the Financial Services Center (FSC).
2. Receive, store and display ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transactions that come back from payers.
3. Create and transmit ASC X12N 5010 Health Care Services Review - Inquiry and Response (278X215) transaction to FSC for a previously submitted ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) request once an ASC X12N 5010 Health Care Services Review - Request for Review and Response (278x217) transaction returns with a pending status.
4. Receive, store and display ASC X12N 5010 Health Care Services Review -

- Inquiry and Response (278X215) transactions that return from payers.
5. Create new claims tracking site parameters in MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] for the search of the appointments and the admissions.
 6. Create new security key, IB HCSR PARAM EDIT, to add/edit claims tracking site parameters.
 7. Create new Health Care Services Review (HCSR) Worklist [IBT HCSR WORKLIST] for future appointments, future admissions, past appointments and past admissions based on site parameters.
 8. Provide the ability to trigger ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transaction from the worklist.
 9. Provide the ability to trigger ASC X12N 5010 Health Care Services Review - Inquiry and Response (278X215) transaction from the worklist.
 10. Provide the ability for users to add an entry to the Health Care Services Review (HCSR) Worklist [IBT HCSR WORKLIST]
 11. Provide the ability for users to add a reason for the deletion of an entry on the Health Care Services Review (HCSR) Worklist [IBT HCSR WORKLIST].
 12. Provide the ability for users to choose between deleting data or saving data when they exit before completing an X12N Health Care Service Review request (278X217) transaction.
 13. Provide the ability to view the data Health Care Services Review (HCSR) 278 Response [IBT HCSR RESPONSE VIEW] that was transmitted in an ASC X12N Health Care Services Review-Request (278) transactions.
 14. Create a Response worklist Health Care Services Review (HCSR) Worklist [IBT HCSR WORKLIST] of 278 response messages received for all ASC X12N 5010 Health Care Services Review - Request for Review and Response (278x217) and all ASC X12N 5010 Health Care Services Review - Inquiry and Response (278x215) messages submitted.
 15. Provide the ability to automatically add the authorization number(s) to claims.
 16. Provide the ability to automatically add an Authorization Number that is received in an Health Care Service Review response (278X217) transaction to the Insurance Review for a Claims Tracking event at the following times:
 - * When the final 278 is received if the billable event already exists in Claims Tracking.
 - * When the billable event is added to Claims Tracking if the Authorization Number was received prior to the event being added to Claims Tracking.
 17. Provide statistical reporting of the ASC X12N Health Care Services

Review-Request for Review and Response (278x217) transactions.

18. Provide statistical reporting of the ASC X12N Health Care Services Review-Inquiry for Review and Response (278x215) transactions.
19. Provide the ability to send the 278 Payer IDs to be used for ASC X12N Health Care Services Review-Request for Review and Response (278) transactions if available.
20. Provide the ability to add industry standard codes that are used for ASC X12N Health Care Services Review-Request for Review and Response (278) transactions.

Patch Components

=====

Files & Fields Associated:

File Name (#)		New/Modified/ Deleted
Sub-file Name (#)	Field Name (Number)	
IB SITE PARAMETERS (#350.9)		Modified
	CPAC ADM FUTURE DAYS (#62.02)	New
	CPAC APPT PAST DAYS (#62.03)	New
	CPAC ADM PAST DAYS (#62.04)	New
	TRICARE APPT FUTURE DAYS (#62.05)	New
	TRICARE ADM FUTURE DAYS (#62.06)	New
	TRICARE APPT PAST DAYS (#62.07)	New
	TRICARE ADM PAST DAYS (#62.08)	New
	PURGE DAYS (#62.09)	New
	INQUIRY TRIGGER APPT (#62.1)	New
	INQUIRY TRIGGER ADM (#62.11)	New
	HSCR RESPONSE PURGE DAYS (#62.12)	New
	CPAC APPT FUTURE DAYS (#62.13)	New
HCSR CLINIC LIST sub-file (#350.963)		New
INCLUDE CLINIC FOR PAYERS sub-file (#350.9631)		New
HCSR WARD LIST sub-file (#350.964)		New
INCLUDE WARD FOR PAYERS sub-file (#350.9641)		New
HCSR INSCO APPT LIST sub-file (#350.965)		New
HCSR INSCO ADM LIST sub-file (#350.966)		New
X12 278 REQUEST CATEGORY (#356.001)		New
X12 278 CERTIFICATION TYPE CODE (#356.002)		New
X12 278 CURRENT HEALTH CONDITION CODE (#356.003)		New
X12 278 PROGNOSIS CODE (#356.004)		New
X12 278 DELAY REASON CODE (#356.005)		New
X12 278 DIAGNOSIS TYPE (#356.006)		New
X12 278 DELIVERY PATTERN TIME CODE (#356.007)		New
X12 278 CONDITION CODE (#356.008)		New
X12 278 ADMISSION SOURCE (#356.009)		New
X12 278 PATIENT STATUS (#356.01)		New
X12 278 NURSING HOME RESIDENTIAL STATUS (#356.011)		New
X12 278 SUBLUXATION LEVEL CODE (#356.012)		New
X12 278 OXYGEN EQUIPMENT TYPE (#356.013)		New
X12 278 OXYGEN TEST CONDITION (#356.014)		New
X12 278 OXYGEN TEST FINDINGS (#356.015)		New
X12 278 OXYGEN DELIVERY SYSTEM CODE (#356.016)		New
X12 278 PATIENT LOCATION (#356.017)		New
X12 278 REPORT TYPE CODE (#356.018)		New

X12 278 NURSING HOME LEVEL OF CARE (#356.019)	New
X12 278 CERTIFICATION ACTION CODES (#356.02)	New
X12 278 HCS DECISION REASON CODES (#356.021)	New
X12 278 DENTAL NUMBERING SYSTEM (#356.022)	New
HCSR WORKLIST DELETE REASON CODE (#356.023)	New
HCS REVIEW TRANSMISSION (#356.22)	New
X12 271 SERVICE TYPE (#365.013)	Modified
X12 271 TIME PERIOD QUALIFIER (#365.015)	Modified
X12 271 QUANTITY QUALIFIER (#365.016)	Modified
X12 271 ERROR CONDITION (#365.017)	Modified
X12 271 CONTACT QUALIFIER (#365.021)	Modified
X12 271 ENTITY IDENTIFIER CODE (#365.022)	Modified
X12 271 DELIVERY FREQUENCY CODE (#365.025)	Modified
X12 271 LOOP ID (#365.027)	Modified
BILL/CLAIMS (#399)	Modified
PRIMARY INSURANCE POLICY (#112)	Modified
SECONDARY INSURANCE POLICY (#113)	Modified
TERTIARY INSURANCE POLICY (#114)	Modified

Bulletins Associated:

Bulletin Name	New/Modified/ Deleted
-----	-----
N/A	

Dialogs Associated:

Dialog Name	New/Modified/ Deleted
-----	-----
N/A	

Forms Associated:

Form Name	File Name (Number)	New/Modified/ Deleted
-----	-----	-----
N/A		

Functions Associated:

Function Name	New/Modified/ Deleted
-----	-----
N/A	

HL Logical Link:

HL Logical Name	New/Modified/ Deleted
-----	-----
HCSR OUT	New
IBTUPD OUT	New

HL7 Application Parameters:

HL7 Parameter Name	New/Modified/ Deleted
-----	-----
IB HCSR EC	New
IB HCSR VISTA	New
IB TABLE UPDATE FSC	New
IB TABLE UPDATE VISTA	New

HLO Application Registry:

HLO Registry Name	New/Modified/ Deleted
-----	-----
N/A	

Help Frames Associated:

Help Frame Name	New/Modified/ Deleted
-----	-----
N/A	

Mail Groups Associated:

Mail Group Name	New/Modified/ Deleted
-----	-----
IBTR 278 MESSAGE	New
IBTUPD MESSAGE	New

Options Associated:

Option Name	Type	New/Modified/ Deleted
-----	----	-----
IBT 278 CERTIFICATION REPORT	run routine	New
IBT 278 DISPOSITION REPORT	run routine	New
IBT 278 STATISTICAL REPORT	run routine	New
IBT HCSR NIGHTLY PROCESS	run routine	New
IBT HCSR RESPONSE VIEW	run routine	New
IBT HCSR WORKLIST	run routine	New
IBT OUTPUT MENU	menu	Modified
IBT USER COMBINED	menu	Modified
MCCR/UR MENU		
IBT USER MENU (IR)	menu	Modified
ZTMQUEUABLE OPTIONS	menu	Modified

Parameter Definitions:

New/Modified/

Parameter Name -----	Deleted -----
N/A	

Parameter Template:

Template Name -----	New/Modified/ Deleted -----
N/A	

Protocols Associated:

Protocol Name -----	New/Modified/ Deleted -----
IB TABLE UPDATE	New
IB TBLUPD IN	New
IBJ EXIT	Modified
IBJP CLAIMS TRACKING MENU	Modified
IBJP CT EDIT ALL	Modified
IBJP CT GENERAL EDIT	Modified
IBJP CT RANDOM SAMPLE EDIT	Modified
IBJP CT TRACKING EDIT	Modified
IBJP HCSR ADM INSCO ADD	New
IBJP HCSR ADM INSCO DEL	New
IBJP HCSR ADM INSCO EDIT	New
IBJP HCSR ADM INSCO MENU	New
IBJP HCSR APPT INSCO ADD	New
IBJP HCSR APPT INSCO DEL	New
IBJP HCSR APPT INSCO EDIT	New
IBJP HCSR APPT INSCO MENU	New
IBJP HCSR CLINIC ADD	New
IBJP HCSR CLINIC ADD PAYER	New
IBJP HCSR CLINIC DEL	New
IBJP HCSR CLINIC DEL PAYER	New
IBJP HCSR CLINICS EDIT	New
IBJP HCSR CLINICS MENU	New
IBJP HCSR OTHER EDIT	New
IBJP HCSR PARAMETERS EDIT	New
IBJP HCSR PARAMETERS MENU	New
IBJP HCSR WARD ADD	New
IBJP HCSR WARD ADD PAYER	New
IBJP HCSR WARD DEL	New
IBJP HCSR WARD DEL PAYER	New
IBJP HCSR WARDS EDIT	New
IBJP HCSR WARDS MENU	New
IBT HCSR ADD COMMENT	New
IBT HCSR ADD COMMENT WORKLIST	New
IBT HCSR COPY 278 REQUEST	New
IBT HCSR ENTRY MENU	New
IBT HCSR EXPAND ENTRY	New
IBT HCSR IN PROGRESS EE REM	New
IBT HCSR IN PROGRESS EE SET	New
IBT HCSR IN PROGRESS REM	New

IBT HCSR IN PROGRESS SET	New
IBT HCSR LIST DEL	New
IBT HCSR LIST SORT	New
IBT HCSR MANUAL 278 REQUEST	New
IBT HCSR NEXT REVIEW	New
IBT HCSR REFRESH	New
IBT HCSR RESPONSE EDIT	New
IBT HCSR RESPONSE EE SEND278	New
IBT HCSR RESPONSE EXPAND ENTRY	New
IBT HCSR RESPONSE IN PROGRESS EE REM	New
IBT HCSR RESPONSE IN PROGRESS EE SET	New
IBT HCSR RESPONSE IN PROGRESS REM	New
IBT HCSR RESPONSE IN PROGRESS SET	New
IBT HCSR RESPONSE LIST DEL	New
IBT HCSR RESPONSE LIST SORT	New
IBT HCSR RESPONSE MENU	New
IBT HCSR RESPONSE NEXT REVIEW	New
IBT HCSR RESPONSE REFRESH	New
IBT HCSR RESPONSE VIEW MENU	New
IBT HCSR SEND 278 ADD DATA	New
IBT HCSR SEND 278 INQUIRY	New
IBT HCSR SEND 278 REQUEST	New
IBT HCSR SEND 278 REQUEST SHORT	New
IBT HCSR SEND 278 SHORT	New
IBT HCSR SEND 278 SHORT MENU	New
IBT HCSR VIEW PENDING RESPONSE	New
IBT HCSR VIEW X12 MESSAGE	New
IBT HCSR WORKLIST MENU	New
IBTR HCSR IN	New
IBTR HCSR INQUIRY	New
IBTR HCSR OUT	New
IBTR HCSR RESPONSE	New
VALM BLANK 1	Modified
VALM BLANK 2	Modified

Remote Procedures Associated:

Remote Procedure Name	New/Modified/ Deleted
-----	-----
N/A	

Security Keys Associated:

Security Key Name	New/Modified/ Deleted
-----	-----
IB HCSR PARAM EDIT	New

Templates, Input Associated:

Template Name	Type	File Name (Number)	New/Modified/ Deleted
-----	----	-----	-----
IB ADD/EDIT 278	Input	HCS REVIEW TRANSMISSION (#356.22)	New

IB CREATE 278 REQUEST	Input	HCS REVIEW TRANSMISSION (#356.22)	New
IB CREATE 278 REQUEST SHORT	Input	HCS REVIEW TRANSMISSION (#356.22)	New

Templates, List Associated:

Template Name	Type	New/Modified/Deleted
-----	----	-----
IBJP CLAIMS TRACKING	List	Modified
IBJP HCSR ADM INSCO	List	New
IBJP HCSR APPT INSCO	List	New
IBJP HCSR CLINICS	List	New
IBJP HCSR PARAMETERS	List	New
IBJP HCSR WARDS	List	New
IBT CLAIMS TRACKING EDITOR	List	Modified
IBT COMMUNICATIONS EDITOR	List	Modified
IBT HCSR ENTRY	List	New
IBT HCSR RESPONSE VIEW	List	New
IBT HCSR RESPONSE WORKLIST	List	New
IBT HCSR SEND 278 SHORT	List	New
IBT HCSR WORKLIST	List	New

Templates, Print Associated:

Template Name	Type	File Name (Number)	New/Modified/Deleted
-----	----	-----	-----
N/A			

Templates, Sort Associated:

Template Name	Type	File Name (Number)	New/Modified/Deleted
-----	----	-----	-----
N/A			

New Service Requests (NSRs)

20110503 - Electronic Data Interchange (EDI) New Standards and Operating Rules (Veterans Health Administration) VHA Provider-Side Technical Compliance Requirements (TCRs)

20140414 - Medical Care Collection Fund (MCCF) eBilling Compliance Phase 3

Defect Tracking System Ticket(s) & Overview

N/A

Test Sites:

Tennessee Valley HCS
Memphis
Providence
Columbus

2.2 Pre/Post Installation Overview

The post installation routine, IBY517PO, sets up defaults for the new IB SITE PARAMETERS (#350.9) fields, and the routine is automatically deleted after the install. The post install also schedules the HCSR NIGHTLY PROCESS [IBT HCSR NIGHTLY PROCESS].

2.3 Installation Instructions

This patch may be installed with users on the system although it is recommended that it be installed during non-peak hours to minimize potential disruption to users. Installation may be queued.

This patch should take less than 5 minutes to install.

Installation Instructions

1. Choose the PackMan message containing this patch, IB*2.0*517.
2. Choose the INSTALL/CHECK MESSAGE PackMan option.
3. From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following options. When prompted for the INSTALL enter the patch #(ex. IB*2.0*517):
 - a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DD's or templates.
 - b. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DD's, templates, etc.).
 - c. Verify Checksums in Transport Global - This option will allow you to ensure the integrity of the routines that are in the transport global.
4. From the Installation Menu, select the Install Package(s) option and choose the patch to install.
5. When prompted 'Enter the Coordinator for the Mail Group 'IBTR 278 MESSAGE':', respond with the name of the person who will be the coordinator for this new mail group. This would be the Information Resource Management (IRM) representative or person responsible for HL7 issues.
6. When prompted 'Enter the Coordinator for the Mail Group 'IBTUPD MESSAGE':', respond with the name of the person who will be the coordinator for this new mail group. This would be the IRM or person responsible for HL7 issues.

7. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES//', respond YES.
8. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//', respond NO.
9. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO//', respond NO.
10. If prompted "Delay Install (Minutes): (0 - 60): 0// respond 0.

Post-Installation Instructions

Once the installation has been completed, it might be necessary to change the scheduled time of the new HCSR NIGHTLY PROCESS [IBT HCSR NIGHTLY PROCESS], which sends inquiries on pending entries and purges old entries, to run at a more convenient time. It is initially set to run daily at 9PM.

If installing into a production account, enable the logical links for the HL7 interfaces.

1. From the HL7 Main Menu [HL MAIN MENU], select Filer and Link Management Options [HL MENU FILER LINK MGT].
2. Select Start/Stop Links [HL START].
3. When prompted to "Select HL LOGICAL LINK NODE:" enter "HCSR OUT" and press ENTER.
4. The system will display "This LLP has been enabled!" to confirm that the HCSR OUT link has successfully started.
5. Repeat with HL LOGICAL LINK "IBTUPD OUT"

There is one new Security Key, IB HCSR PARAM EDIT. Assignment of this Security Key will be coordinated with eBilling, CPAC and VAMCs. IRMs will not have to assign the security key upon installation.

The person that is assigned this new Security Key will need to run menu option IBJ MCCR SITE PARAMETERS [MCCR Site Parameter Display/Edit] and select the 'HS' action to add the Insurance Companies, Clinics, and Wards that are to be 'included' in the search.

NOTE: If Insurance Companies to be included are not set, then the nightly process will not find any appointments or admission to add to the HCSR Worklist. At this point, no insurance companies should be set. eBilling will work with VAMCs to set TRICARE/CHAMPVA at some point in the future.

Routine Information:

=====

The second line of each of these routines now looks like:

```
; ;2.0;INTEGRATED BILLING; **[Patch List]**; 21-MAR-94; Build 240
```

The checksums below are new checksums, and can be checked with CHECK1^XTSUMBLD.

Routine Name: IBCNS4	Before: n/a	After: B3702577	**517**
Routine Name: IBJPC	Before: B14718227	After: B34128004	**39,517**
Routine Name: IBJPC1	Before: n/a	After: B109463109	**517**
Routine Name: IBJPC2	Before: n/a	After: B18114113	**517**
Routine Name: IBJPC3	Before: n/a	After: B14208611	**517**
Routine Name: IBJPM	Before: B10881232	After: B11156673	**39,137,184,271,316,416,438,517**
Routine Name: IBMFNHLI	Before: n/a	After: B107548431	**517**
Routine Name: IBTRH1	Before: n/a	After: B195054371	**517**
Routine Name: IBTRH1A	Before: n/a	After: B221868988	**517**
Routine Name: IBTRH1B	Before: n/a	After: B30643582	**517**
Routine Name: IBTRH2	Before: n/a	After: B142856464	**517**
Routine Name: IBTRH2A	Before: n/a	After: B101621694	**517**
Routine Name: IBTRH2B	Before: n/a	After: B4869140	**517**
Routine Name: IBTRH3	Before: n/a	After: B110798316	**517**
Routine Name: IBTRH3A	Before: n/a	After: B156802114	**517**
Routine Name: IBTRH3B	Before: n/a	After: B148426620	**517**
Routine Name: IBTRH5	Before: n/a	After: B229496459	**517**
Routine Name: IBTRH5A	Before: n/a	After: B142025931	**517**
Routine Name: IBTRH5B	Before: n/a	After: B121449376	**517**
Routine Name: IBTRH5C	Before: n/a	After: B109276107	**517**
Routine Name: IBTRH5D	Before: n/a	After: B177666961	**517**
Routine Name: IBTRH5E	Before: n/a	After: B137475866	**517**
Routine Name: IBTRH5F	Before: n/a	After: B134425924	**517**
Routine Name: IBTRH5G	Before: n/a	After: B92609469	**517**
Routine Name: IBTRH5H	Before: n/a	After: B25009378	**517**
Routine Name: IBTRH5I	Before: n/a	After: B233667896	**517**
Routine Name: IBTRH5J	Before: n/a	After: B115879805	**517**
Routine Name: IBTRH5K	Before: n/a	After: B41363452	**517**

Routine Name: IBTRH6	Before: n/a	After: B163678664	**517**
Routine Name: IBTRH7	Before: n/a	After: B41208064	**517**
Routine Name: IBTRH8	Before: n/a	After: B196836390	**517**
Routine Name: IBTRH8A	Before: n/a	After: B120085680	**517**
Routine Name: IBTRHDE	Before: n/a	After: B135940675	**517**
Routine Name: IBTRHDE1	Before: n/a	After: B5388716	**517**
Routine Name: IBTRHLI	Before: n/a	After: B2260238	**517**
Routine Name: IBTRHLI1	Before: n/a	After: B11775197	**517**
Routine Name: IBTRHLI2	Before: n/a	After: B196116381	**517**
Routine Name: IBTRHLI3	Before: n/a	After: B185121370	**517**
Routine Name: IBTRHLO	Before: n/a	After: B150899426	**517**
Routine Name: IBTRHLO1	Before: n/a	After: B184271063	**517**
Routine Name: IBTRHLO2	Before: n/a	After: B22869624	**517**
Routine Name: IBTRHLU	Before: n/a	After: B3594614	**517**
Routine Name: IBTRHRC	Before: n/a	After: B203075385	**517**
Routine Name: IBTRHRD	Before: n/a	After: B116950528	**517**
Routine Name: IBTRHRS	Before: n/a	After: B158405913	**517**
Routine Name: IBTRP	Before: B4755209	After: B8798598	**517**
Routine Name: IBTUTL	Before: B16901114	After: B52307998	**23,62,517**
Routine Name: IBTUTL1	Before: B60382231	After: B61280810	**13,223,249,292,384,517**
Routine Name: IBY517PO	Before: n/a	After: B30255307	**517**
Routine Name: IBY517PR	Before: n/a	After: B911220	**517**

Routine list of preceding patches: 62, 384, 438

(This page included for two-sided copying.)

3 Backout and Rollback Procedures

3.1 Overview of Backout and Rollback Procedures

The rollback plan for VistA applications is complex and not able to be a “one size fits all.” The general strategy for VistA rollback is to repair the code with a follow-up patch. The development team recommends that sites log a Defect Tracking System ticket if it is a nationally released patch; otherwise, the site should contact the Enterprise Program Management Office (EPMO) team directly for specific solutions to their unique problems.

3.2 Backout Procedure

During the VistA Installation Procedure of the KIDS build, the installer can back up the modified routines using the ‘Backup a Transport Global’ action. The installer can restore the routines using the MailMan message that were saved prior to installing the patch. The backout procedure for global, data dictionary and other VistA components is more complex and will require issuance of a follow-up patch to ensure all components are properly removed. All software components (routines and other items) must be restored to their previous state at the same time and in conjunction with restoration of the data. This backout may need to include a database cleanup process.

Please contact the Enterprise Program Management Office (EPMO) team for assistance if the installed patch that needs to be backed out contains anything at all besides routines before trying to backout the patch. If the installed patch that needs to be backed out includes a pre or post install routine please contact the Enterprise Program Management Office (EPMO) team before attempting the backout.

From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following options. When prompted for the INSTALL enter the patch #(ex. IB*2.0*517):

- a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DD's or templates.

3.3 Rollback Procedure

The rollback procedure for VistA patches is complicated and may require a follow-up patch to fully roll back to the pre-patch state. This is due to the possibility of Data Dictionary updates, Data updates, cross references, and transmissions from VistA to offsite data stores.

Please contact the product development team for assistance if needed.

(This page included for two-sided copying.)

4 Enhancements

The following features in VistA, Integrated Billing are affected by this effort:

4.1 System Feature: 278X217 – Health Care Services Review – Creation and Transmission of Request

Create and transmit Accredited Standards Committee (ASC) X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transactions to the Financial Services Center (FSC).

4.2 System Feature: 278X217 – Health Care Services Review – Receiving, Storing and Displaying of Response

Receive, store and display ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transactions that come back from payers.

4.3 System Feature: 278X215 – Health Care Services Review – Creation and Transmission of Inquiry and Response

Create and transmit ASC X12N 5010 Health Care Services Review - Inquiry and Response (278X215) transaction to FSC for a previously submitted ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) request once an ASC X12N 5010 Health Care Services Review - Request for Review and Response (278x217) transaction returns with a pending status.

4.4 System Feature: 278X215 – Health Care Services Review – Receiving, Storing and Displaying of Inquiry and Response

Receive, store and display ASC X12N 5010 Health Care Services Review - Inquiry and Response (278X215) transactions that return from payers.

4.5 System Feature: Create New Claims Tracking Site Parameters

Create new claims tracking site parameters [IBJ MCCR SITE PARAMETERS] for the search of the appointments and the admissions.

4.6 System Feature: Create New Security Keys

Create new security key [IB HCSR PARAM EDIT] to add/edit claims tracking site parameters.

4.7 System Feature: Create New Health Care Services Review Worklist

Create a new worklist [IBT HCSR WORKLIST] for future appointments, future admissions, past appointments and past admissions based on site parameters.

4.8 System Feature: Create a Health Care Services Review Worklist Trigger to Request for Review and Response

Provide the ability to trigger ASC X12N 5010 Health Care Services Review - Request for Review and Response (278X217) transaction from the worklist.

4.9 System Feature: Create a Health Care Services Review Worklist Trigger to Request for Inquiry and Response

Provide the ability to trigger ASC X12N 5010 Health Care Services Review - Inquiry and Response (278X215) transaction from the worklist.

4.10 System Feature: 278 Health Care Services Review – Worklist – Add Entry

Provide the ability for users to add an entry to the HCSR Worklist.

4.11 System Feature: 278 Health Care Services Review – Worklist – Deletion Reason

Provide the ability for users to add a reason for the deletion of an entry on the HCSR Worklist.

4.12 System Feature: 278 Health Care Services Review - Worklist

Provide the ability for users to choose between deleting data or saving data when they exit before completing an X12N Health Care Service Review request (278X217) transaction.

4.13 System Feature: 278 Health Care Services Review - Worklist – View Request

Provide the ability to view the data [IBT HCSR RESPONSE VIEW] that was transmitted in an ASC X12N Health Care Services Review-Request (278) transactions.

4.14 System Feature: Create Health Care Services Review Response Worklist

Create a Response worklist [IBT HCSR WORKLIST] of 278 response messages received for all ASC X12N 5010 Health Care Services Review -Request for Review and Response (278x217) and all ASC X12N 5010 Health Care Services Review - Inquiry and Response (278x215) messages submitted.

4.15 System Feature: Automatically add the Authorization Number(s) to Claims

Provide the ability to automatically add the authorization number(s) to claims.

4.16 System Feature: Claims Tracking - Insurance Review - Authorizations

Provide the ability to automatically add an Authorization Number that is received in an Health Care Service Review response (278X217) transaction to the Insurance Review for a Claims Tracking event at the following times:

- * When the final 278 is received if the billable event already exists in Claims Tracking.
- * When the billable event is added to Claims Tracking if the Authorization Number was received prior to the event being added to Claims Tracking.

4.17 System Feature: 278 Health Care Services Review – Reports (278x217)

Provide statistical reporting of the ASC X12N Health Care Services Review-Request for Review and Response (278x217) transactions.

4.18 Systems Feature: 278 Health Care Services Review – Reports (278x215)

Provide statistical reporting of the ASC X12N Health Care Services Review-Inquiry for Review and Response (278x215) transactions.

4.19 System Feature: 278 Health Care Services Review - Table Maintenance – Payer IDs

Provide the ability to send the 278 Payer IDs to be used for ASC X12N Health Care Services Review-Request for Review and Response (278) transactions if available.

4.20 System Feature: 278 Health Care Services Review - Table Maintenance – Code Sets

Provide the ability to add industry standard codes that are used for ASC X12N Health Care Services Review-Request for Review and Response (278) transactions.