Electronic Insurance Verification
User Guide

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Veterans Affairs
Product Development (PD)

Revision History

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1/29/14	2.0	Updated IB*2*497	FirstView Team
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02/2016	2.3	Updated IB*2*525, IB*528	Harris Team
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1 INTRODUCTION

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

1.1 Electronic Insurance Verification (eIV) Process Flow

The VistA users enter patient insurance information through a variety of processes:
- Insurance information may be entered manually during the Registration process
- It may be entered when the patient's insurance card is read by the insurance card reader
- A user may enter patient's insurance information directly into the Patient file using the Patient Insurance Info View/Edit option

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

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

The 271 Health Care Eligibility Benefit Response originates at the payer and is sent to FSC through the clearinghouse. FSC translates the response back into an HL7 message and transmits it to the originating VAMC VistA system.
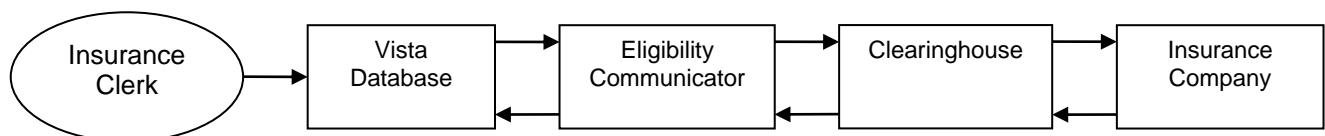
Figure 1. eIV Process Flow

1.2   Intended Audience

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

1.3   The Role of the Insurance Verification Interface

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

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

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

VistA performs both a Buffer Extract and an Appointment Extract. For the Appointment Extract; VistA prepares HL7 inquiries during the night in response to appointment events. For the Buffer Extract, VistA immediately prepares HL7 inquiries in response to registration and check in events. The HL7 inquiries are transmitted to the Eligibility Communicator at the FSC. The messages are translated into 270 Health Care Eligibility Benefits Inquiry messages. They are then sent to the VA's clearinghouses who then distribute them to the correct insurance companies. The 271 Health Care Eligibility Benefits Responses are returned from the payer through the clearinghouses to FSC for translation into an HL7 format and then transmitted to the originating VistA system. There the information is either placed into the insurance buffer for the insurance clerk to review and process to the patient's insurance file or used to automatically update the patient's insurance file.
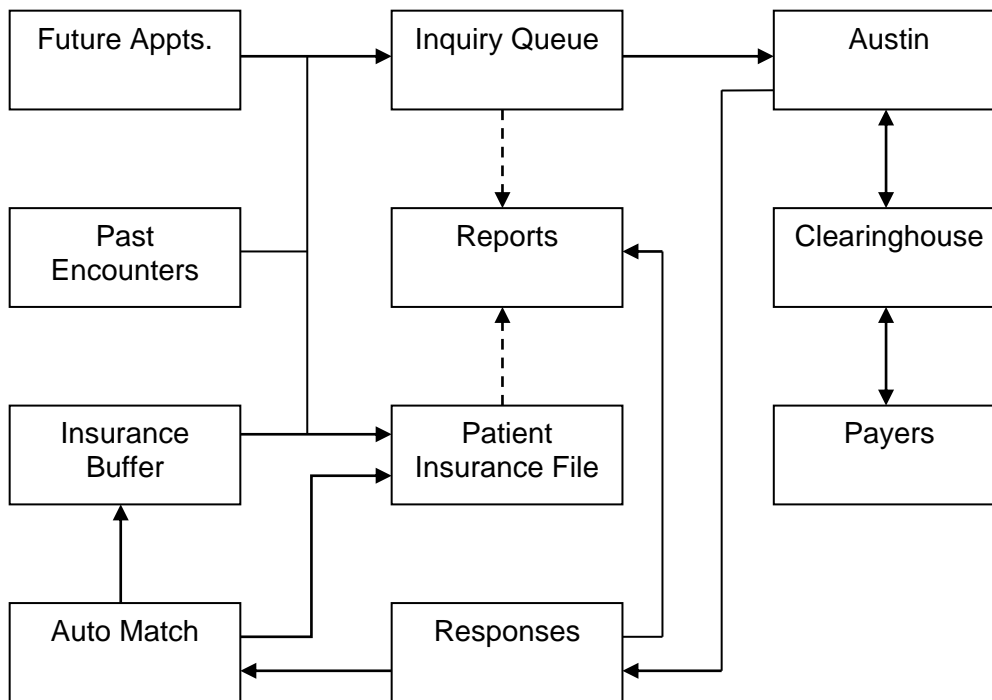
Figure 2. Flowchart of eIV Processes

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

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

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

1.4   National Insurance Payers

In order for the various VistA sites to be able to request eligibility information from the various payers, a national VA insurance payer list has been established. The national payer list provides a standard identification system for all payers that are participating in this process. Each VistA site has the ability to link the insurance companies in their own database to the appropriate payer in the national payer list. This standardizes the identification of the payer to which each inquiry will be directed.
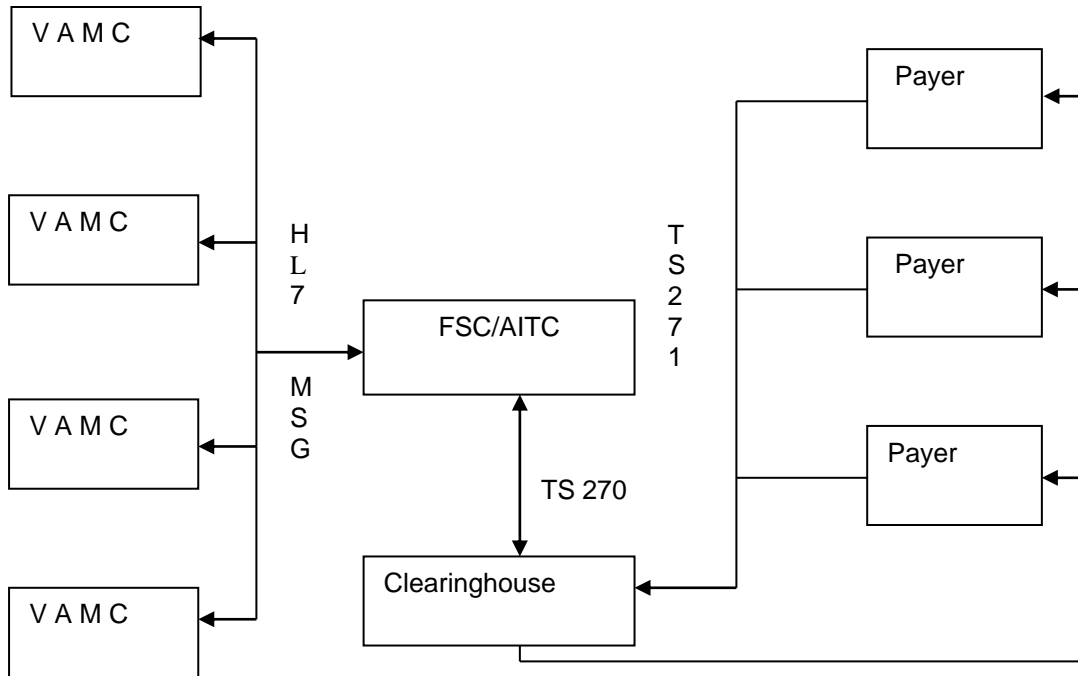
Figure 3. Flowchart of Inquiries from VistA to Payers and Responses from Payers to VistA

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2   SITE PARAMETERS

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

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

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

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

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

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

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

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

2.1 Define General Parameters

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

```
MCCR Site Parameters          Dec 10, 2010@11:15:16        Page:   1 of   1
Display/Edit MCCR Site Parameters.
Only authorized persons may edit this data.
_____

 IB Site Parameters                     Claims Tracking Parameters
    Facility Definition                    General Parameters
    Mail Groups                            Tracking Parameters
    Patient Billing                        Random Sampling
    Third Party Billing
    Provider Id
    EDI Transmission

 Third Party Auto Billing Parameters     Insurance Verification
    General Parameters                     General Parameters
    Inpatient Admission                    Batch Extracts Parameters
    Outpatient Visit                       Service Type Codes
    Prescription Refill


                            actions
IB  Site Parameter        AB  Automated Billing     EX  Exit
CT  Claims Tracking       IV  Ins. Verification
Select Action:  Quit// IV    Ins. Verification
```

The following screen will be displayed.

```
IV Site Parameters            May 28, 2015@18:58:17        Page:   1 of   2
Only authorized persons may edit this data.

--------------------------------------------------------------------------
 General Parameters (editable)
                     Medicare Payer: CMS
                      HMS Directory: USER$:[HMS]
                         EII Active: YES
                       SSVI Enabled: NO
 Number of days to retain SSVI data:

 General Parameters (non-editable)
         Freshness Days: 180          HL7 Maximum Number: 99999
          Timeout Days: 5                     Retry Flag: NO
     Timeout Mailman Msg: NO          Number of Retries: 1
            Default STC: 30                    Mail Group: IBCNE EIV MESSAGE
 Master Realtime Switch: YES       Master Nightly Switch: YES

Send MailMan Message if Communication Problem: YES
   Receive MailMan Message, Daily Statistical: YES at 0700



+        Enter ?? for more actions
GP  General Parameters    EX  Exit
Select Action: Next Screen//
```

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

```
Buffer          ON      n/a         99999
Appt            ON      10          99999




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

```
General Parameters

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

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

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

2.2 Define Batch Extract Parameters

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

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

3   PAYERS

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

When a 270 Health Care Eligibility Benefits Inquiry is constructed, it is this payer name in the Payer file (#365.12), not the Insurance Company name, which is transmitted with the inquiry. In order for an individual insurance company to participate in the eIV process, it must be linked to a payer in the Payer file. It is important to note that:
- An insurance company can be linked to only one payer.
- Many insurance companies can be linked to a single payer.
- The payer must also be active locally in order for it to be eligible for inclusion in the eIV process.

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

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

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

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

```
Payer Maintenance            Sep 22, 2009@14:26:21        Page:   1 of    1
Payers with potential matches to active insurance companies.


    Payer Name                              # Potential Matches
1   IBpayer One                             2
2   IBpayer Two                             1
3   IBpayer Three                           3
4   IBpayer Four                            1






        Enter ?? for more actions
EE Expand Entry                              EX  Exit
Select Action: Quit//
```

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

The following screen will be displayed.

```
Payer Expand Screen          Sep 22, 2009@14:45:22       Page:   1 of    1
PAYER: IBpayer Two     Prof. EDI#:11111  Inst. EDI#:11111


Insurance Company Name - Active Only
    Insurance Company Name    Address                         Prof#   Inst#
1   IBinsurance Two A         PO BOX 5555  SCRANTON,  PA      11111   11111
2   IBinsurance Two B         PO BOX 55555  COLUMBUS OHIO     11111   11111






        Enter ?? for more actions
PL Print List                            EX   Exit
LP Link Payer
Select Action: Quit//
```

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

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

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

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

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

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

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

The following screen will be displayed.

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

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

3.2   Link Insurance Company to Payers using Insurance Company Editor

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

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

The following screen will be displayed:

```
Insurance Company Editor      Sep 22, 2009@15:11:57        Page:    1 of    9
Insurance Company Information for: IBinsurance Two A
Type of Company: HEALTH INSURANCE                    Currently Active


                        Billing Parameters
  Signature Required?: NO                    Type Of Coverage: HEALTH INSURAN
          Reimburse?: WILL REIMBURSE              Billing Phone: 555-555-5555
    Mult. Bedsections: YES               Verification Phone: 555-555-5555
      One Opt. Visit: NO                    Precert Comp. Name:
     Diff. Rev. Codes:                         Precert Phone: 1-800-555-5555
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (12 MONTH(S))


                        EDI Parameters
            Transmit?: YES-LIVE              Insurance Type: GROUP POLICY
+        Enter ?? for more actions                                        >>>
BP  Billing/EDI Param    IO  Inquiry Office        EA  Edit All
MM  Main Mailing Address  AC  Associate Companies   AI  (In)Activate Company
IC  Inpt Claims Office    ID  Prov IDs/ID Param     CC  Change Insurance Co.
OC  Opt Claims Office     PA  Payer                 DC  Delete Company
PC  Prescr Claims Of      RE  Remarks               VP  View Plans
AO  Appeals Office        SY  Synonyms              EX  Exit
Select Action: Next Screen// PA Payer

PAYER: IBpayer Two
```

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

The following screen will be displayed:

```
Insurance Company Editor      Jul 07, 2010@13:55:50      Page:    8 of    9
Insurance Company Information for: IBinsurance Two A
Type of Company: HEALTH INSURANCE                  Currently Active
+
                 Payer Information:  e-IV, e-Pharmacy
       Payer Name: IBpayer Two
   VA National ID: VA10                         CMS National ID:

 Payer Application: E-PHARM                    FSC Auto-Update: NO
   National Active: YES                            Deactivated: NO
     Local Active: YES

 Payer Application: eIV                        FSC Auto-Update: NO
   National Active: YES                            Deactivated: NO
     Local Active: YES

+        Enter ?? for more actions                                    >>>
BP  Billing/EDI Param    IO  Inquiry Office      EA  Edit All
MM  Main Mailing Address  AC  Associate Companies  AI  (In)Activate Company
IC  Inpt Claims Office   ID  Prov IDs/ID Param   CC  Change Insurance Co.
OC  Opt Claims Office    PA  Payer               DC  Delete Company
PC  Prescr Claims Of     RE  Remarks             VP  View Plans
AO  Appeals Office       SY  Synonyms            EX  Exit
Select Action: Next Screen//
```

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

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

The following screen will be displayed:

```
Insurance Company Editor      Sep 22, 2009@15:11:57       Page:   1 of    8
Insurance Company Information for: IBinsurance Two A
Type of Company: HEALTH INSURANCE                        Currently Active

                          Billing Parameters
  Signature Required?: NO                        Type Of Coverage: HEALTH INSURAN
         Reimburse?: WILL REIMBURSE                  Billing Phone: 555-555-5555
    Mult. Bedsections: YES                      Verification Phone: 555-555-5555
      One Opt. Visit: NO                         Precert Comp. Name:
     Diff. Rev. Codes:                               Precert Phone: 1-800-555-5555
  Amb. Sur. Rev. Code:
  Rx Refill Rev. Code:
    Filing Time Frame:  (12 MONTH(S))

                            EDI Parameters
           Transmit?: YES-LIVE                Insurance Type: GROUP POLICY
  Inst Payer Primary ID: XXXXX          Prof Payer Primary ID: XXXXX
+        Enter ?? for more actions                                          >>>
CC  Change Insurance Co.                EX  Exit
Select Action: Next Screen//
```

3.3   Payer Edit (Activate/Inactivate)

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

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

The following screen will be displayed:

```
                            Payer Edit

 This option allows you to view the data in the Payer file for a particular
 Payer.  You may only edit local flags.  Most of the fields in the Payer file
 are not editable.  This data comes into VistA electronically.  If an
 application has been deactivated, the local flag cannot be edited.


             Payer Name: IBpayer Two
         VA National ID: VA10
        CMS National ID:
  Inst Electronic Bill ID: 11111
  Prof Electronic Bill ID: 11111
       Date/Time Created: 09/23/2003@10:54:57

              Payer Application: eIV
                National Active: Active
            Future Service Days: 9999
              Past Service Days: 9999
     Auto-update Pt. Insurance: YES
                   Local Active: Active//
```

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

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4   PROCESS INSURANCE BUFFER

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

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

4.1   Status Flags

4.1.1   Buffer Symbols

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

4.1.2   Buffer Entry Status Flags

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

4.1.3 Patient Status Flags

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

4.1.4 Buffer Entry Source of Information Indicators

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

4.1.5 Insurance Entry Update Methods

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

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

4.2 Buffer Actions

All views provide users the same actions for each buffer view.
Note that patients with no insurance on file will not be included in the nightly Buffer Extract.

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

These following actions are hidden, but available in Process Insurance Buffer:
- **+** – Next Screen
- **-** – Previous Screen
- UP – Up a Line
- DN – Down a Line
- > - Shift view to Right
- < - Shift view to Left
- FS – First Screen
- LS – Last Screen
- GO – Go to Page
- RD – Re Display Screen
- PS – Print Screen
- PL – Print List
- SL – Search List
- ADPL – Auto Display (On/Off)
- Q - Quit

4.2.1 Process Entry

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

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

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

The following screen will be displayed:

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

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

The following screen will be displayed:

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


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

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

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




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

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

The following screen will be displayed:

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

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

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

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

The following screen will be displayed:

```
            Patient is a member of this Insurance Group/Plan

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


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

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

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

The following screen will be displayed

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

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

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


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

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

The follow screen will be displayed:

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

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

Outpatient:
  Annual Deductible        :  38.89
  Per Visit Deductible     :  56.12


Enter RETURN to continue or '^' to exit:

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

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

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


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

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

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

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


Enter RETURN to continue or '^' to exit:

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

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


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

Step	Procedure
13	At the **Are you sure you want to edit the existing benefit year information for <date> Y/N** prompt, enter the **YES**.

The following screen will display:

```
---------------------- EDIT ANNUAL BENEFITS INFORMATION ----------------------

  Benefit Year          : JAN 1,2001//
  Policy Information     : BLUE CROSS//
  Max Out of Pocket      : 33.33// 80.00
```

```
   Ambulance Coverage(%)   : 9//

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

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

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

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

The following screen will be displayed:

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

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


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

Step	Procedure
17	At the **Enter Existing Date or Add New Coverage Date** prompt, enter the **JAN 01, 2001** for this example.

The following screen will be displayed:

```
                    Coverage Limitations Data

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

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

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

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



Enter RETURN to continue or '^' to exit:


                         Coverage Limitations Data

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

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


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

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

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

The following screen will be displayed:

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

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

Enter RETURN to continue:

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

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

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




Select the Patient Relationship to Subscriber: 01  SPOUSE
```

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

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

```
    Policy Data:  Buffer Data                   Selected Policy
   Company Name:  TEST-1                       | BLUE CROSS
        Group #:  3485                         | 3485
   Patient Name:  IBPATIENT, ONE               | IBPATIENT,ONE
  Last Verified:                               | APR 23, 2015
 Effective Date:  MMM DD, YYYY                 | JAN 01, 2015
Accept Change, Replace? No//   NO


 Expiration Date:                              | JAN 01, 2040
   Subscriber Id:                              | 123456789
 Whose Insurance: VETERAN                      | VETERAN
    Relationship: PATIENT                      | PATIENT
```

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


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


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


End of changes for POLICY related data.


Enter RETURN to continue or '^' to exit:



Select the Patient Relationship to Subscriber: 01  SPOUSE
```

Step	Procedure
22	At the **Select the Patient Relationship to Subscriber** prompt, enter the **01 SPOUSE** for this example.

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

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

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

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

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

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

Eligibility/Group Plan Information
```

```
 Reference ID Qualifier:                            | Reference ID Qualifier:
 Reference ID:                                      | Reference ID:
 Reference ID description:                          | Reference ID description:
                                                    |
 Provider Code:                                     | Provider Code:
 Reference ID:                                      | Reference ID:
                                                    |
 Primary Diagnosis Code:                            | Primary Diagnosis Code:
 Secondary Diagnosis Code:                          | Secondary Diagnosis Code:
                                                    |
 Military Info Status:                              | Military Info Status:
 Employment Status:                                 | Employment Status:
 Government Affiliation:                            | Government Affiliation:
 Date Time Period:                                  | Date Time Period:
 Service Rank:                                      | Service Rank:
 Desc:                                              | Desc:
                                                    |
                  Summary of eIV Eligibility/       |
                                                    | No eIV Eligibility/Benefi
Coverage Status: ACTIVE                             | No eIV Eligibility/Benefi
Insurance Type: BLUE CROSS                          | No eIV Eligibility/Benefi


                  eIV Eligibility/Benefit Data Group# 1 of 7
                                                    |
Eligibility/Benefit Information
 Elig/Ben Info: Active Coverage             |
 Coverage Level: Individual                 |
 Date/Time Qual:                            |
 D/T Period:                                |
 Service Type:                              |
 Time Period:                               |
 Insurance Type: Medicare Part A            |
 Plan Coverage Desc:                        |
 Benefit Amount:                            |
 Benefit %:                                 |
 Quantity Qual:                             |
 Quantity Amount:                           |
 Auth/Certification Required:               |
 In-Plan-Network:                           |
                                            |

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

Replace the Pt's Eligibility/Benefits data? YES//
```

Step	Procedure
25	At the **Replace the Pt's Eligibility/Benefits data?** prompt, enter **YES**.

The following screen will be displayed:

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

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

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

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

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

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

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



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

Patient Policy Updated...

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


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

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

4.2.2 Reject Entry

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

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

The following screen will be displayed:

```
-------------------------------------------------------------------------------
  Entered:      9/9/09@13:46                           Source:    INTERVIEW
  Entered By:   IBclerk,One                            Verified:

  Patient:      IBpatient,Twelve                        Sub Id:   XXXXXX
  Insurance:    IBinsurance Five                        Group #:  XXXXX-XX


-------------------------------------------------------------------------------

This action will delete all insurance and patient specific data from a buffer
entry without first saving that data to the insurance files, leaving a stub
entry for reporting purposes.

Reject this buffer entry (delete without saving to Insurance files)? N// Y
```

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

4.2.3 Expand Entry

Users can **Expand an Entry**. Expanding an entry will cause the following categories of information to be displayed:
- Insurance Company Information;
- Group/Plan Information;
- Policy/Subscriber Information;
- Buffer Entry Information.

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

The following screens will be displayed:

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

--------------------------------------------------------------------------------

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

                            Group/Plan Information
    Group Plan?: Yes
     Group Name: TEST1
   Group Number: INS1234
           BIN:                               Require UR: No
           PCN:                         Require Amb Cert: No
+---------Enter ?? for more actions-----------------------------------------
EI  Ins. Co. Edit          ES  Escalate Entry          EX  Exit
EA  All Edit               PI  Pt. Policy Edit
PE  Group/Plan Edit        EB  Expand Benefits
Select Action: Next Screen//
```

```
Insurance Buffer Entry        Jul 23, 2013@17:19:39        Page:    2 of    4
IBpatient,One                      XXX-XX-XXXX    DOB: XXX XX, XXXX    AGE: XX
Buffer entry created on 07/05/13 by CLERK, IB INTERVIEW)
--------------------------------------------------------------------------------
                                         Require Pre-Cert: No
  Type of Plan: COMPREHENSIVE MAJOR MEDIC   Exclude Pre-Cond: No
                                         Benefits Assignable: Yes

                         Policy/Subscriber Information
 Whose Insurance: SPOUSE                          Effective: 07/01/01
                                                 Expiration:
  Subscriber's Name: IBINS,ACTIVE
   Subscriber Id: W123
    Relationship: SPOUSE                     Primary Provider:
                                             Provider Phone:
  Subscriber's DOB: XX/XX/XX                 Coord of Benefits:
                                                 Patient Id: W123


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

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

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

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

  Information received via electronic inquiry indicates patient has active
  insurance.

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

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

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













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

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

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

4.2.4 Add Entry

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

Step	Procedure
1	At the **Select Action:** prompt, enter **AE** for **Add Entry**.
2	At the **Select PATIENT NAME:** prompt, enter **IBpatient,Thirteen** for this example.

The following screen will be displayed:

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


Financial query queued to be sent to HEC...


           *** Patient Requires a Means Test ***

           Primary Means Test Required from APR 15,1999


Enter <RETURN> to continue.

MEANS TEST REQUIRED
```

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

```
Insurance Company: ??

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

Insurance Company: IBinsurance
      1   IBinsurance One
      2   IBinsurance Two
      3   IBinsurance Three
      4   IBinsurance Four
      5   IBinsurance Five
CHOOSE 1-5: 2

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

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

INSURANCE COMPANY NAME: IBinsurance Two//
      1   IBinsurance Two
CHOOSE 1-1: 1
REIMBURSE?:
PHONE NUMBER:
BILLING PHONE NUMBER:
PRECERTIFICATION PHONE NUMBER:
STREET ADDRESS [LINE 1]:
CITY:
STATE:
ZIP CODE:

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

IS THIS A GROUP POLICY?: N  NO
GROUP NAME:
GROUP NUMBER:
BANKING IDENTIFICATION NUMBER:
PROCESSOR CONTROL NUMBER (PCN):
TYPE OF PLAN:
UTILITZATION REVIEW REQUIRED:
PRECERTIFICATION REQUIRED:
AMBULATORY CARE CERTIFICATION:
EXCLUDE PREEXISTING CONDITION:
BENEFITS ASSIGNABLE:

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

EFFECTIVE DATE:
EXPIRATION DATE:
PT. RELATIONSHIP TO SUBSCRIBER:
NAME OF SUBSCRIBER:
SUBSCRIBER'S DOB:
SUBSCRIBER'S SEX:
PATIENT PRIMARY ID:
```

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

4.2.5 Sort Buffer Views

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

Users may re-sort the buffer based upon the following criteria:
- Insurance Company
- Source of Information
- Date Entered
- Inpatients
- Means Test
- On Hold
- Verified
- eIV Status

4.2.6 Check Insurance Company

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

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

Step	Procedure
1	Access the **BI Process Insurance Buffer**.
2	At the **Select Action:** prompt, enter **CC** for **Check Ins Co's**.

The following screen will be displayed.

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

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

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




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

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

The following screen will be displayed.

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

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

The following prompts are displayed along with a confirmation message.

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


AUTO MATCH VALUE: IBinsurance Twu //

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

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

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

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

4.2.8 AAA Errors – Complete Buffer View, Expand Entry

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

Step	Procedure
1	Access the **BI Process Insurance Buffer**.
2	At the **Select Action:** prompt, enter **EE** to expand an entry that has a "#".
3	Note any AAA error messages listed in the Buffer entry.

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

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


+

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

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

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

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

```
eIV Response Report

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

DEVICE: HOME//   Linux Telnet/SSH

Compiling report data ...
```

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

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

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

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

 ERROR INFORMATION:

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

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

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5 MEDICARE POTENTIAL INSURANCE WORKLIST - POTENTIAL COB REPORT

5.1 User Prompts

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

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

5.1.1 Search Criteria - Potential COB Worklist

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

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

5.1.2 Sort Criteria – Potential COB Worklist

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

- Chronological Order
- Reverse Chronological Order

5.1.3 Format – Potential COB Worklist

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

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

5.1.4 Screen ListManager for Completed Entries – Potential COB Worklist

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

5.1.5 ListManager – Potential COB Worklist

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

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

5.1.6 Comments – Potential COB Worklist

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

- User Name
- Date
- Time

5.1.7 Visual Indicators – Potential COB Worklist

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

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

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6 REQUEST ELECTRONIC INSURANCE INQUIRY

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

6.1 Request a 270 Health Care + Benefits Inquiry

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

The following screen will be displayed:

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


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


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

Enter Service Type Code: ?

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

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

```
Enter Service Type Code: ?

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

Enter Service Type Code: 11      Used DME
Enter Eligibility Date:

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

Insurance Buffer entry created!

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

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

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7 PATIENT INSURANCE INFO VIEW/EDIT

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

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

7.1 View Patient Policy Information

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

Step	Procedure
1	Access the **PI Patient Insurance Menu**.
2	Access the **PI Patient Insurance Info View/Edit** Option
3	At the Select **Patient Name** prompt, enter **Patient Name**.

The following screen will be displayed:

```
Patient Insurance Management  Jul 21, 2010@13:23:59        Page:   1 of   1
Insurance Management for Patient: IB,PATIENT XXXXX              XX/XX/XXXX

    Insurance Co.     Type of Policy   Group        Holder   Effect.    Expires
1   IBinsurance       COMPREHENSIVE M  GRP NUM 13   SELF     08/24/14








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

Step	Procedure
4	At the **Select Action** prompt, enter **VP** for Policy Edit/View.

The following series of screens will be displayed:

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

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











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

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

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

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

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

```
   Require Pre-Cert: YES                      Source of Info: INTERVIEW
   Exclude Pre-Cond:            Stop Policy From Billing: NO
Benefits Assignable: YES

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

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

Primary Provider:
  Prim Prov Phone:

  Subscriber's Information (use Subscriber Update Action)
 Subscriber's DOB: XX/XX/XXXX
           Str 1: xxxx Test Street
           Str 2:
            City: CHEYENNE
           St/Zip: WY  82007
           SubDiv:
          Country:
            Phone: XXXXXXX
 Subscriber's Sex: FEMALE
  Subscr's Branch:
    Subscr's Rank:

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

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

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

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

  Comment -- Patient Policy
  Dt Entered  Entered By              Method    Person Contacted
  09/25/15    IBCLERK,TWO             PHONE     USER-A
   JUST A COMMENT AND NOTHING ELSE
```

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

  Personal Riders
    Rider #1: DENTAL COVERAGE

+         Enter ?? for more actions
PI  Change Plan Info     GC  Group Plan Comments   CP  Change Policy Plan
UI  UR Info              EM  Employer Info         VC  Verify Coverage
ED  Effective Dates      CV  Add/Edit Coverage     AB  Annual Benefits
SU  Subscriber Update    PT  Pt Policy Comments    BU  Benefits Used
IP  Inactivate Plan      EA  Fast Edit All         EB  Expand Benefits
EX  Exit
Select Action:
```

7.1.1 Patient Policy Comments

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

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

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

```
 Comment -- Patient Policy
 Dt Entered  Entered By                 Method     Person Contacted
 09/25/15    IBCLERK,TWO                PHONE      USER-A
 JUST A COMMENT AND NOTHING ELSE


+09/25/15    IBCLERK,TWO                PHONE      USER-A
  THIS IS A COMMENT THAT IS LONGER THAN 77 CHARACTERS TO SHOW THE WRAP INDICATO
```

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

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

The following screen will be displayed:

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

+          Enter ?? for more actions
EE  Expand Entry        AC  Add Comment           SL  Search List
EC  Edit Comment        DC  Delete Comment        EX  Exit
Select Action: Quit//
```

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

- **EE** – Expand Entry

- **AC** – Add Comment

- **SL** – Search List

- **EC** – Edit Comment

- **DC** – Delete Comment

- **EX** - Exit

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

- **Last Edited Date**

- **Last Edited By**

- **Contact Person**

- **Contact Phone #**

- **Method**

- **Call Reference #**

- **Authorization #**

- **Comment (Entire comment – no truncation)**

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

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

- **Contact Person**

- **Contact Phone #**

- **Call Reference #**

- **Authorization #**

- **Comment (Entire comment – no truncation)**

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

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

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

7.2 View Eligibility Benefit Information

This screen allows eligibility / benefit information to be displayed.

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

The following screen will be displayed:

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

 Provider Code:
 Reference ID:

 Primary Diagnosis Code:

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


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

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

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

                    eIV Eligibility/Benefit Data Group# 2 of 6

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

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

The following screen will be displayed:

```
eIV Elig/Benefit Information  Jul 23, 2015@17:41:07      Page:   1 of  1
IBPATIENT,ONE                      xxx-xx-xxxx      IBinsurance
** This response is based on service date 07/05/2015 and service type: Health
Benefit Plan Cov **
-----------------------------------------------------------------------------
 Subscriber: IB,Patient
 Subscriber ID: XXXXXXXXX
 Subscriber DOB: XXXXXXXX
 Subscriber SSN: XXXXXXXXXXX                 Subscriber Sex:
 Group Name: XXXXXXXXXXXXXX
 Group ID: XXXXXXXXXXXX
 Whose Insurance:  XXXXXXX
 Patient Relationship to Subscriber: PATIENT
 Member ID: XXXXXXXXXX
 COB: XXXXXXXXX
 Service Date: 07/05/2015                 Date of Death:
 Effective Date: XXXXXXXXX                Certification Date:
 Expiration Date:                         Payer Updated Policy:
 Response Date: XXXXXXXXX                 Trace #: XXXXXXXXXXX
 Policy Number: XXXXXXXXXXX

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

(This page included for two-sided copying.)

8   IIV AUTO MATCH PAYERS

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

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

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

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

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

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

8.1   Auto Match in VistA Applications

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

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

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

8.2 Types of Auto Match Matches

8.2.1 Simple Auto Match Matches

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

8.2.2 Wildcard Auto Match Matches

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

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

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

```
Enter/Edit Insurance Company Name Auto Match Entries

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

Select an Auto Match Entry: IBinsurance Number Two

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

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

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

8.3 Maintain the Auto Match Entries

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

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

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

Step	Procedure
1	Access the **eIV Menu.**
2	Access the **AB Add Auto Match Entries Using Insurance Buffer Data** option.

The following screen will be displayed:

```
Unmatched Buffer Names     Jul 07, 2010@12:02:54        Page:   1 of   1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.

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




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

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

8.4 Check Insurance Buffer Company Names

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

Step	Procedure
1	Access the **PI Patient Insurance Menu**.
2	Access the **BI Process Insurance Buffer** option.

The following screen will be displayed:

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




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

Step	Procedure
3	At the **Select Action:** prompt, enter **CC** for **Check Ins Co's**.

The following screen will be displayed:

```
Unmatched Buffer Names        Jul 07, 2010@12:02:54         Page:    1 of    1
These are Insurance Company names from the Insurance Buffer file that do not
exist in the Insurance Company file (either as Names or as Synonyms).  They
also do not exist or pattern match with any entry in the Auto Match file.

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






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

8.5 Change Company Name via the Insurance Buffer

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

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

The following screen will be displayed:

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




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

Step	Procedure
3	At the **Select Action:** prompt, enter **EE** for **Expand Entry**.
4	At the **Select Buffer Entries:** prompt, enter **6** for this example and page through the screens.

The following screens will be displayed:

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

--------------------------------------------------------------------------------

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


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

```
Insurance Buffer Entry       Jul 23, 2013@17:19:39       Page:   2 of   4
IBpatient,One          xxx-xx-xxxx    DOB: XXX XX,XXXX        AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-------------------------------------------------------------------------------
                                              Require Pre-Cert: No
  Type of Plan: COMPREHENSIVE MAJOR MEDIC    Exclude Pre-Cond: No
                                          Benefits Assignable: Yes


                         Policy/Subscriber Information
 Whose Insurance: SPOUSE                            Effective: 07/01/01
                                                  Expiration:
  Subscriber's Name: IBINS,ACTIVE
    Subscriber Id: XXXXXXXXXXX
     Relationship: SPOUSE                    Primary Provider:
                                             Provider Phone:
  Subscriber's DOB: XX/XX/XXXX               Coord of Benefits:
                                                 Patient Id: XXXXXXXXXXXX


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

```
Insurance Buffer Entry       Jul 23, 2013@17:20:17       Page:   3 of   4
IBpatient,One          xxx-xx-xxxx    DOB: XXX XX,XXXX        AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
+-------------------------------------------------------------------------------
 Employer Sponsored Group Health Plan?:

                         Buffer Entry Information
   Date Entered: 7/5/13@09:05                Date Verified:
     Entered By: CLERK,IB            Verified By:
** This response is based on service date 07/05/2013 and service type: Health
Benefit Plan Cov **
     eIV Trace #: xxxxxxxxx               eIV Processed Date: 7/5/13@09:38
         Source: INTERVIEW
Current eIV Status: Response Received, Active Policy

  Information received via electronic inquiry indicates patient has active
  insurance.

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

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


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














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

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

The following prompts are displayed along with a confirmation message:

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

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

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


AUTO MATCH VALUE: IBinsurance Flur //

   IBinsurance Flur is now associated with IBinsurance Four.
```

Step	Procedure
7	There will then be a series of prompts to update the insurance company details. At each prompt, enter **RETURN** to keep the current setting.

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

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

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


-------------------------------------------------------------------------

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

                             Group/Plan Information
   Group Plan?: Yes
    Group Name: TEST1
  Group Number: IB1234
          BIN:                              Require UR: No
          PCN:                        Require Amb Cert: No
+---------Enter ?? for more actions----------------------------------------
EI  Ins. Co. Edit        ES  Escalate Entry          EX  Exit
EA  All Edit             PI  Pt. Policy Edit
PE  Group/Plan Edit      EB  Expand Benefits
Select Action: Next Screen//
```

```
Insurance Buffer Entry        Jul 23, 2013@17:19:39        Page:    2 of    4
IBpatient,One       xxx-xx-xxxx       DOB: XXX XX,XXXX        AGE: XX
Buffer entry created on 07/05/13 by CLERK,IB (INTERVIEW)
-------------------------------------------------------------------------
                                          Require Pre-Cert: No
  Type of Plan: COMPREHENSIVE MAJOR MEDIC   Exclude Pre-Cond: No
                                         Benefits Assignable: Yes


                        Policy/Subscriber Information
 Whose Insurance: SPOUSE                              Effective: 07/01/01
                                                     Expiration:
  Subscriber's Name: IBINS,ACTIVE
    Subscriber Id: XXXXXXXXXX
     Relationship: SPOUSE                      Primary Provider:
                                                Provider Phone:
   Subscriber's DOB: XX/XX/XXXX                Coord of Benefits:
                                                    Patient Id: XXXXXXXXXXXX


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

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

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

                        Buffer Entry Information
   Date Entered: 7/5/13@09:05                 Date Verified:
     Entered By: CLERK,IB                       Verified By:
** This response is based on service date 07/05/2013 and service type: Health
Benefit Plan Cov **
     eIV Trace #: xxxxxxxxx              eIV Processed Date: 7/5/13@09:38
         Source: INTERVIEW
Current eIV Status: Response Received, Active Policy

  Information received via electronic inquiry indicates patient has active
  insurance.

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

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

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







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

(This page included for two-sided copying.)

9   eIV REPORTS

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

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

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


 Select eIV Menu Option:
```

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

```
   AR      eIV Ambiguous Policy Report
   IR      eIV Inactive Policy Report

 Select Potential New Insurance Found Option:
```

9.1   HL7 Response Report
Purpose of this Report
This report is used to capture incoming and outgoing HL7 messages transmitted from a VistA database to the FSC.

Report Parameters
Search Criteria:
- All or Selected Payers
- Response Received Date Range
- All or Selected Patients

Sort Criteria:
- Payer Name
- Patient Name

This is a 132 column report.

Sample Report

```
HL7 Response Report                                               Aug 03, 2015@09:12:53  Page: 1
01/01/2014 - 08/03/2015


All Payers
  Payer Name               Patient Name        SSN   Dt Sent       Dt Rec'd        Trace #        Buffer #
----------------------------------------------------------------------------------------------------------
CIGNA                                                                  Count = 1
  CIGNA                    IBTEST,EB           1234                9/24/14@10:10    2424           45
```

9.2   eIV Auto Update Report

Purpose of this Report

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

Report Parameters

Search Criteria:

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

Sort Criteria:

- Payer Name
- Patient Name
- Clerk Name

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

Sample Report

```
Auto Update Report                                               Jun 03, 2010@10:35:41  Page:1
Response Received: 05/12/2010 - 05/23/2010
 Detailed Report: All Payers; All Insurance Companies; All Patients

  Payer   Insurance Co   Patient Name     SSN   Dt Sent      Auto Dt     Days  eIV Trace
----------------------------------------------------------------------------------------------------------
  AETNA   AETNA          IBpatient,One    XXXX  05/12/2010   05/12/2010  22    XXXXXXXX
  AETNA   AETNA          IBpatient,Two    XXXX  05/12/2010   05/12/2010  80    XXXXXXXX
  AARP    AARP           IBpatient,One    XXXX  05/13/2010   05/13/2010  16    XXXXXXXX
  AARP    AARP           IBpatient,Two    XXXX  05/16/2010   05/16/2010  22    XXXXXXXX
  CIGNA   CIGNA          IBpatient,One    XXXX  05/21/2010   05/21/2010  62    XXXXXXXX
  CIGNA   CIGNA          IBpatient,Two    XXXX  05/21/2010   05/21/2010  22    XXXXXXXX
  CIGNA   CIGNA          IBpatient,Three  XXXX  05/22/2010   05/22/2010  32    XXXXXXXX
  CIGNA   CIGNA          IBpatient,Four   XXXX  05/23/2010   05/23/2010  17    XXXXXXXX

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

9.3   eIV Response Report

Purpose of this Report

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

Report Parameters

Search Criteria:

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

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

Sort Criteria:
- Payer or Patient

Sample Report

```
eIV Response Report

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

     Select one of the following:

         1          Report by Date Range
         2          Report by Trace #

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

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

      Payer or <Return> for All Payers:

  Patient or <Return> for All Patients:

     Select one of the following:

         A          All Responses
         M          Most Recent Responses

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

     Select one of the following:

         1          Payer Name
         2          Patient Name

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


Compiling report data ...

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

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

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


  Subscriber Dates:

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


  Patient Dates:
   Plan Begin:                            20010701

                        *** END OF REPORT ***
```

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

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

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

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

   ERROR INFORMATION:

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

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

9.4   eIV Payer Report

Purpose of this Report

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

Report Parameters

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

Sort Criteria:
- Payer Name
- Total Inquiries

This is a 132 column report.

Sample Report

```
eIV Payer Report                                                              Jun 03, 2010@10:39:21  Page: 1
 Sorted by: Payer                                                             Rejection Detail: Not Included
                                          05/04/2010 - 06/03/2010
                                               All Payers

                                                    ***** SENT *****  *** RECEIVED ***  AvgResp
 Payer [Inactive Date]              Created  Cancel  Queued  1st Att  Retry   Good  Error  (Days)  Timeout  Pending
 ==========================================================================================================
 IBpayer One                          12       0       0       12      0       12     0    0.00      0        0
 ----------------------------------------------------------------------------------------------------------
 IBpayer Two                           6        0       0        6      1        7     0    0.00      0        0
 ----------------------------------------------------------------------------------------------------------
 IBpayer Three                        12        0       0       12      0       11     1    0.00      0        0
 ----------------------------------------------------------------------------------------------------------
 IBpayer Four                         37        0       0       37      3       28     5    0.00      3        5
 ==========================================================================================================
 Grand Totals                         67        0       0       67      4       58     6    0.00      3        5
 ==========================================================================================================
                                         *** END OF REPORT ***


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

9.5   Medicare Potential Insurance Worklist - Potential COB Worklist/Report

Purpose of this Report

This report is used to create a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare insurance with the following data extracted from the 271 HL7 message when available:
- Patient Name
- Payer Code (primary, secondary, tertiary)

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

Report Parameters

Search Criteria:
- Earliest Date 271 HL7 message received
- Latest Date 271 HL7 message received

Sort Criteria
- Chronological Order
- Reverse Chronological Order

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

Report Type:
- COMPLETED entries ONLY
- COMPLETED entries ONLY with comments
- Exclude COMPLETED entries
- Exclude COMPLETED entries with comments

Sample Medicare COB Report

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


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

IB,PATIENT  XX/XX/XXXX  2
 --------------------------------------------------------------------------
    HEALTHSPRING LIFE \T\ HEALTH INSURANCE COMPANY, INC.,
     2900 NORTH LOOP W
     SOMEWHERE, TX XXXXX     Phone: 999999999     Website: www.
IBinsurance3.com

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

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


                                             *** END OF REPORT ***
```

9.5.1 Medicare Potential COB – as a Worklist

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

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

These following actions are hidden, but available in Medicare Potential COB Worklist:
- **+** – Next Screen
- **-** – Previous Screen
- UP – Up a Line
- DN – Down a Line
- > - Shift view to Right
- < - Shift view to Left
- FS – First Screen
- LS – Last Screen
- GO – Go to Page
- RD – Re Display Screen
- PS – Print Screen
- PL – Print List
- SL – Search List
- ADPL – Auto Display (On/Off)
- QU - Quit

Several indicators may be found on the main screen of the worklist:
- Stat – Status of the eIV Response Record. A "Y" means that the review of the response has been started by someone.
- Following the insurance company name:
    - o P – the eIV response indicates that the insurance company is the primary insurance
    - o S – eIV response indicates that the insurance company is the secondary insurance
    - o T – eIV response indicates that the insurance company is the tertiary insurance

Sample Medicare Potential COB Worklist

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

```
Sorted in Chronological Order.
---Resp Rcv--Subscriber---------DOB------Stat-INS COMPANY------------------
  03/14/13
  1       IB,PATIENT A SR  0150P 01/01/50  Y   INSURANCE COMPANY ONE (P)
                                               INSURANCE COMPANY TWO


----------*Exact Match-----------------------------------------------------
EE  Expand Entry
Select Action: Quit// EE
```

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

Sample Medicare Potential COB Worklist – Expanded Entry

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

Patient: IB,PATIENT A SR                                    In Process
 Code  Payer
-----------------------------------------------------------------------------
 P     INSURANCE COMPANY ONE

       111 MAIN STREET
       HOUSTON, TX 999991111
       Phone: 1112223333
       Website: www.INSURANCECOMPANYONE.com

       INSURANCE COMPANY TWO

       222 MAIN STREET
       DALLAS, TX 888882222
       Phone: 4445556666
       Website: www.INSURANCECOMPANYTWO.com

       Comments:

       No Comments Entered.
          *Exact Match
CS  Change Status       AC  Add Comments
Select Action: Quit//
```

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

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

9.5.2 Medicare Potential COB – as a Report

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

Sample Medicare Potential COB Report

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

IB,PATIENT  03/09/1935  Review Status: Complete
 ------------------------------------------------------------------------------
    INSURANCE COMPANY ONE.,
      111 MAIN STREET
      HOUSTON, TX 999991111
      Phone: 1112223333
      Website: www.INSURANCECOMPANYONE.com

IB,PATIENT  03/09/1935  2
 ------------------------------------------------------------------------------
    INSURANCE COMPANY TWO,      222 MAIN STREET
      HOUSTON, TX 999991111
      Phone: 1112223333
      Website: www.INSURANCECOMPANYTWO.com

IB,PATIENT  03/09/1935  2
 ------------------------------------------------------------------------------
    INSURANCE COMPANY THREE,
      333 MAIN STREET
      HOUSTON, TX 999991111
      Phone: 1112223333
      Website: www.INSURANCECOMPANYTHREE.com

                        *** END OF REPORT ***
```

9.6 eIV Statistical Report

Purpose of this Report

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

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

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

Report Parameters

Search Criteria:

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

Sample Report

```
eIV Statistical Report      Jun 29, 2009@10:46:41        Page: 1
                         Report Timeframe:
                  11/07/2007 05:00 - 06/29/2009 05:00
 Outgoing Data
 ==============
 Inquiries Sent:                        0
   Insurance Buffer                              0
   Appointment                                  0
   Non-verified Insurance                       0


 Incoming Data
 ==============
 Responses Received:                    0
   Insurance Buffer                              0
   Appointment                                  0
   Non-verified Insurance                       0

 Current Status
 ==============
 Responses Pending:                     1
 Queued Inquiries:                      0
 Deferred Inquiries:                    0
 Insurance Companies w/o National ID:     891
 eIV Payers Disabled Locally:           0


 Insurance Buffer Entries:              11
   User Action Required:                        11
     # of * entries (User Verified policy)            4
     # of + entries (Payer indicated Active policy)   1
     # of $ entries (Escalated, Active policy)        0
     # of - entries (Payer indicated Inactive policy) 1
     # of # entries (Policy status undetermined)      0
     # of ! entries (eIV needs user assistance for entry)  5
   Entries Awaiting Processing:         0
     # of ? entries (IIV is waiting for a response)   0
     # of blank entries (yet to be processed or accepted)  0

 Current Status
 ==============
 New eIV Payers received during report date range:
    No new Payers added


 National Payers - ACTIVE flag changes at FSC
 ============================================
 IBpayer One                        Message Dt: 09/06/09 Set: ON
 IBpayer Three                      Message Dt: 09/11/09 Set: OFF
 IBpayer Four                       Message Dt: 09/14/09 Set: OFF
 IBpayer Five                       Message Dt: 09/05/09 Set: ON
```

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

9.7   eIV Payer Link Report

Purpose of this Report

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

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

Report Parameters

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

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

This is a 132 column report.

Sample Report – Payer Link

```
eIV Payer Link Report                                                        May 28, 2015@14:57:18  Page:
1
 Report Option: Payer List              All Payers, With Ins. Co. Detail
'*' indicates the Linked Insurance Company HPID/OEID failed validation checks

                          National     # Linked Nationally  Locally FSC     Prof.           Inst.           HPID/
Payer Name:               Payer ID     Ins. Co. Active?     Active? Trusted? EDI#            EDI#            OEID
-----------------------------------------------------------------------------------------------------------------
---
 CIGNA                    123              4       YES        YES     NO
    Linked Insurance Companies:
    BLUE CROSS                    123 HERE           SAN FRANCISCO, CA     1234567890123456 0987654321098765
    KATE'S INSURANCE CO.          123 ANYPLACE       MESQUITE, TX
    PGBA TRICARE EXTRA CLAIMS     PO BOX NUMBER      SURFSIDE BEACH, SC
    TEST-1                        DKFJSDF QWFDKHJWEIFO SDAGSDF, NY
 MEDICARE WNR             VA123            0       YES        YES     NO   123             123
                      *** END OF REPORT ***
```

Sample Report – Insurance Company List

```
eIV Payer Link Report                                        May 28, 2015@15:13  Page:
1
 Report Option: Insurance Company List           All Insurance Companies
'*' indicates the Insurance Company HPID/OEID failed validation checks


                              # Active          Nat.    Loc.   FSC       Prof.              Inst.             HPID/
Insurance Company:            Groups            Act?    Act?   Trusted?  EDI#               EDI#              OEID
  Payer:                               VA ID
--------------------------------------------------------------------------------------------------------------------
---
 BLUE CROSS                       1                                      1234567890123456   0987654321098765
       123 HERE  SAN FRANCISCO, CA 94114
    CIGNA                               123       YES     YES    NO

 KATE'S INSURANCE CO.             1
       123 ANYPLACE  MESQUITE, TX 74249
    CIGNA                               123       YES     YES    NO

 MEDICARE WNR                     1
        123 MAIN STR  SMALLVILLE, FL 33712
     ** NOT CURRENTLY LINKED **

 PGBA TRICARE EXTRA CLAIMS        1
Enter RETURN to continue or '^' to exit:
```

9.8 MailMan Summaries

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

Sample - eIV Statistical Report in MailMan Message

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


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


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

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

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

Current Status
 ==============


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

```
    to the Integrated Billing IIV Interface User Guide.

      IBpayer One
      IBpayer Three

National Payers – ACTIVE flag changes at FSC
 =============================================
 IBpayer Two                           Message Dt: 09/06/09 Set: ON
 IBpayer Four                          Message Dt: 09/11/09 Set: OFF
 IBpayer Six                           Message Dt: 09/14/09 Set: OFF
 IBpayer Eight                         Message Dt: 09/05/09 Set: ON

 Nationally Active Payers – TRUSTED flag changes at FSC
 =======================================================
 IBpayer Five                          Message Dt: 09/12/09 Set: ON
 IBpayer Seven                         Message Dt: 09/10/07 Set: OFF
 IBpayer Nine                          Message Dt: 09/05/07 Set: ON

                    *** END OF REPORT ***
```

9.9   MailMan Notification to Link Payers

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

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

Sample MailMan Notification

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

9.10 MailMan Notification to Activate Payers

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

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

Sample MailMan Notification

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

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

9.11 eIV Ambiguous Policy Report

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

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

Sort Criteria:
- Payer Name
- Patient Name

Sample Report

```
eIV Ambiguous Policy Report

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

Start DATE:  T-10000  (FEB 22, 1986)
  End DATE:  T  (JUL 10, 2013)

      Payer or <Return> for All Payers:

   Patient or <Return> for All Patients:

      Select one of the following:

          A          All Responses
          M          Most Recent Responses

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

      Select one of the following:

          1          Payer Name
          2          Patient Name

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

Compiling report data ...

 eIV Ambiguous Policy Report                   Jul 10, 2013@12:19:19  Page: 1
 Sorted by: Payer Name                             Responses Displayed: All
                        02/22/1986 - 07/10/2013
                              All Payers
                             All Patients

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

      Subscriber: IB,PATIENT
   Subscriber ID: XXXXXXXXX
  Subscriber DOB:
  Subscriber SSN: XX-XXX-XXXX                 Subscriber Sex:
      Group Name:
        Group ID:
 Whose Insurance:
       Member ID:                                  COB:
    Service Date: 11/19/2003              Date of Death:
  Effective Date:                     Certification Date:
 Expiration Date:                     Payer Updated Policy:
   Response Date: 02/17/2004                  Trace #: XXXXXXXXX
```

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




                          *** END OF REPORT ***
```

9.12 eIV Inactive Policy Report

Purpose of Report

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

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

Report Parameters

Search Criteria:

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

Sort Criteria:

- Payer or Patient

Sample Report

```
eIV Inactive Policy Report


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

Start DATE:  T-10000  (FEB 22, 1986)
  End DATE:  T  (JUL 10, 2013)

      Payer or <Return> for All Payers:

  Patient or <Return> for All Patients:

     Select one of the following:

          A         All Responses
```

```
         M         Most Recent Responses

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

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

      Select one of the following:

          1         Payer Name
          2         Patient Name

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


Compiling report data ...

eIV Inactive Policy Report                    Jul 10, 2013@12:23:57  Page: 1
Sorted by: Payer Name                             Responses Displayed: All
                          02/22/1986 - 07/10/2013
                                All Payers
                               All Patients

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

      Subscriber: Patient,One
   Subscriber ID:
  Subscriber DOB:
  Subscriber SSN: XXXXXXXXX                  Subscriber Sex:
      Group Name:
        Group ID:
 Whose Insurance:
       Member ID:                                      COB:
    Service Date: 11/19/2003              Date of Death:
  Effective Date:                         Certification Date:
 Expiration Date:                         Payer Updated Policy:
    Response Date: 02/17/2004                     Trace #: XXXXXXXXX
    Payer: IBINSURANCE2

                          *** END OF REPORT ***
```

10 INSURANCE REPORTS

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

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

Patches IB*2*525 and IB*2*528 also added the following new reports or modified reports to this menu option:
- List Group Plans without Annual Benefits
- User Edit Report

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

Report Parameters
Search Criteria:
- Annual Benefit Year
- All or Selected Insurance Companies
- All or Selected Group Plans

Sort Criteria:
- Insurance Company IEN
- Group Plan IEN

This is a 132 column report.

Sample Report

```
GP  List Group Plans without Annual Benefits

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

Select the Annual Benefit Year: 2017//   (2017)

    There are 5 insurance companies associated with plans.

1. List All 5 Ins. Companies
2. List Only Ins. Companies That You Select
```

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

     Select a Filter for Insurance Company:

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

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


     Select a Filter for Group:

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

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

Insurance Plan Lookup        May 21, 2015@14:44:48       Page:   1 of   1
All Active Plans for: KATE'S INSURANCE CO.                Phone: <not filed>
                  123 ANYPLACE                          Precerts: <not filed>
                  MESQUITE, TX  74249
#  + => Indiv. Plan                                        Pre-  Pre-  Ben
    Group Name          Group Number      Type of Plan   UR?  Ct?  ExC?  As?
    KATE'S GROUP        K-3900            DENTAL INSURA  UNK  UNK   UNK   UNK
         Enter ?? for more actions
SP  Select PlanSelect Action: Quit// SP   Select Plan
Select Plan(s):  (1-1): 1
Would you like to select any other plans? NO//

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

Insurance Plan Lookup        May 21, 2015@14:44:54       Page:   1 of   1
All Active Plans for: TEST-1                              Phone: <not filed>
                  DKFJSDF QWFDKHJWEIFO                  Precerts: <not filed>
                  SDAGSDF, NY  12233
#  + => Indiv. Plan                                        Pre-  Pre-  Ben
    Group Name          Group Number      Type of Plan   UR?  Ct?  ExC?  As?
    GROUP 1 TEST        TEST-1212         MEDICARE SECO  NO   NO    YES   YES
         Enter ?? for more actions
SP  Select PlanSelect Action: Quit// SP   Select Plan
Select Plan(s):  (1-1): 1
Would you like to select any other plans? NO//


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

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

Enter RETURN to continue or '^' to exit:

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

DEVICE: HOME//  ;132  UCX/TELNET

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

REIMBURSE          TYPE OF COVERAGE   GROUP NAME          GROUP NUMBER     ACTIVE/INACTIVE  LAST PERSON TO EDIT  TYPE OF PLAN

WILL REIMBURSE                        GROUP 1 TEST        TEST-1212        ACTIVE           IBUSER,ONE           MEDICARE SECO

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

10.2 User Edit Report

Purpose of this Report

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

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

Report Parameters

Search Criteria:

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

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

Sort Criteria:
- User

Sample Report

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

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

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

Insurance Plan Lookup        Sep 14, 2015@12:26:10        Page:   1 of   1
All Active Plans for: BLUE CROSS                       Phone: <not filed>
                      911 STREET                      Precerts: 877.277.3368
                      SAN FRANCISCO, CA  94114
#  + => Indiv. Plan                                   Pre-  Pre-  Ben
   Group Name        Group Number      Type of Plan   UR?  Ct?  ExC?  As?
1  BLUE CROSS OF CA  1234              HIGH DEDUCTIB   NO   UNK  UNK   YES


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

Start date:  5/13  (MAY 13, 2015)

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

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

DEVICE: HOME// ;132


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

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

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


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


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


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


Enter RETURN to continue or '^' to exit:


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

```
     User             Date/Time of Change    Modified Field        Previous Value of Data   Modified Value of Data
_____
___

     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       5/15/15@15:06:28       BENEFIT YEAR BEGINNING ON LONG TERM CARE


     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       5/18/15@14:14:53       BENEFIT YEAR BEGINNING ON <no previous value>     COVERED


     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       5/18/15@14:14:53       DATE ENTERED          <no previous value>     OUTPATIENT


     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       5/18/15@14:14:53       ENTERED BY            <no previous value>     DEC 31, 2015

Enter RETURN to continue or '^' to exit:

eIV USER EDIT REPORT                                                    Aug 04, 2015@12:51:39   Page:
53
     Insurance Company               Group Name

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

     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       6/12/15@09:51:43       BENEFIT YEAR BEGINNING ON <no previous value>     COVERED


     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       6/12/15@09:51:43       DATE ENTERED          <no previous value>     PHARMACY


     BLUE CROSS                          BLUE CROSS OF CA
     IBUSER, ONE       6/12/15@09:51:43       ENTERED BY            <no previous value>     DEC 31, 2015



END OF REPORT
Enter RETURN to continue or '^' to exit:
```

11 EXPORTING REPORTS TO EXCEL

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

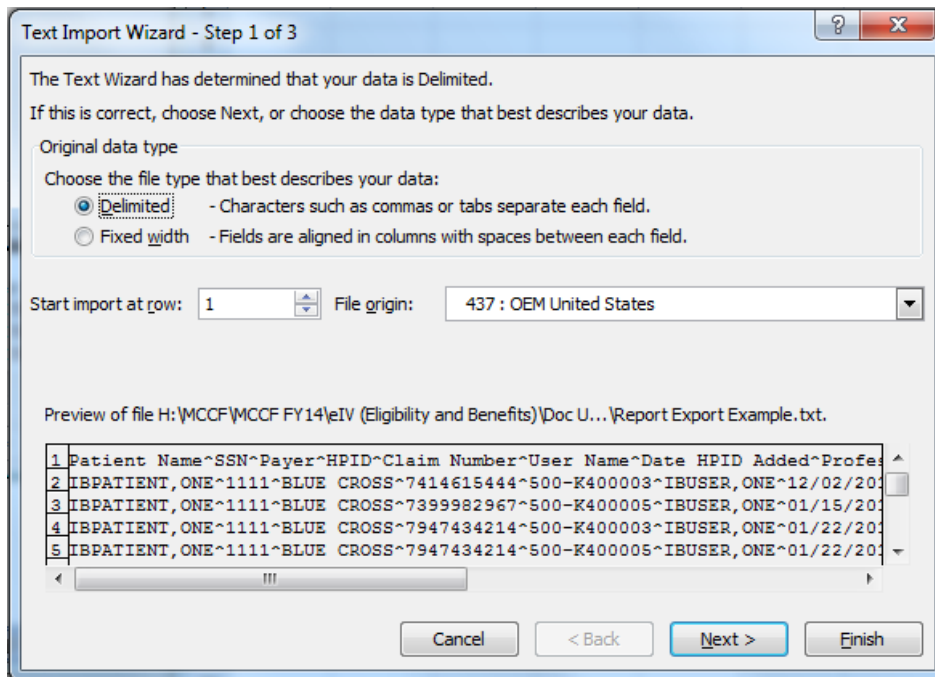| Step	Procedure
1	Run the report of your choice.
2	At the format prompt, choose **Excel.**

A screen similar the following will be displayed:

```
Patient Name^SSN^Payer^HPID^Claim Number^User Name^Date HPID Added^Professional ID^Institutional ID
IBPATIENT,ONE^1111^BLUE CROSS^7414615444^500-
K400003^IBUSER,ONE^12/02/2014^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7399982967^500-
K400005^IBUSER,ONE^01/15/2015^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400003^IBUSER,ONE^01/22/2015^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400005^IBUSER,ONE^01/22/2015^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7467061371^500-
K400003^IBUSER,ONE^01/23/2015^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,ONE^1111^BLUE CROSS^7947434214^500-
K400005^IBUSER,ONE^02/05/2015^12345678901234567890123456789^0987654321098765432109
87654321
IBPATIENT,TWO^9341^BLUE CROSS^7462706327^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890123456789^0987
65432109876543210987654321
IBPATIENT,TWO^9341^BLUE CROSS^7444643416^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890123456789^0987
65432109876543210987654321
IBPATIENT,TWO^9341^BLUE CROSS^7908996151^500-K400008^IBUSER,ONE^02/09/2015^12345678901234567890123456789^0987
65432109876543210987654321
Enter RETURN to continue or '^' to exit:
```

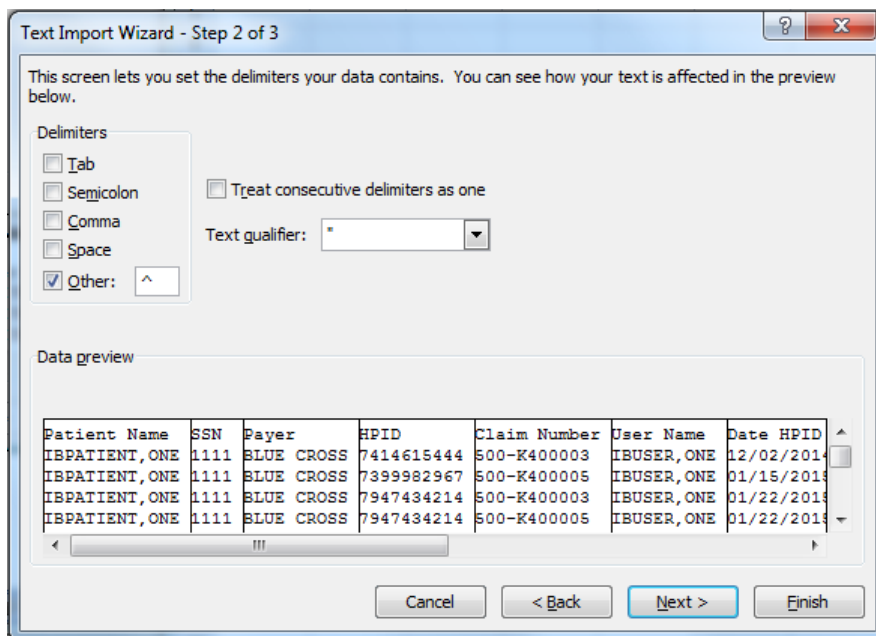| Step	Procedure
3	Capture the output as a text file. Note: This step will depend on the terminal emulation application being used.
4	Open **Excel** and select the **From Text** button from the Get External Data group on the Data tab
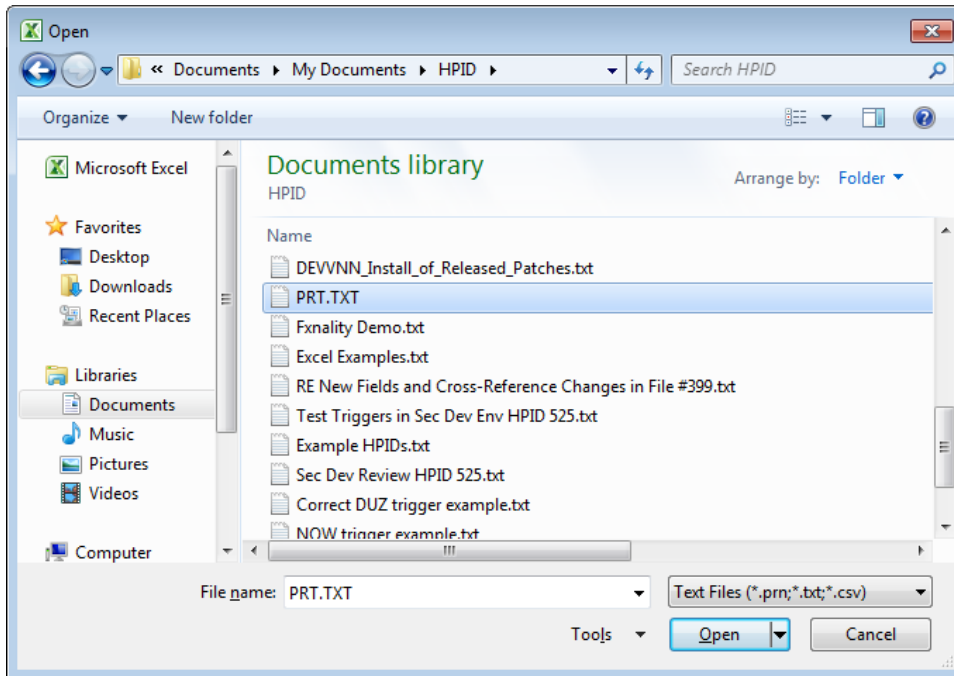
Step	Procedure
5	Open the text file saved in step 3.

The following screen will be displayed.

Step	Procedure
6	Choose **Delimited** and press **Next**.

The following screen will be displayed.

Step	Procedure
7	Deslect the **Tab** Delimiter box. Choose **Other** for the delimiter.
8	Type ^ in the box next to the **Other** and press **Next**.

The following screen will be displayed.
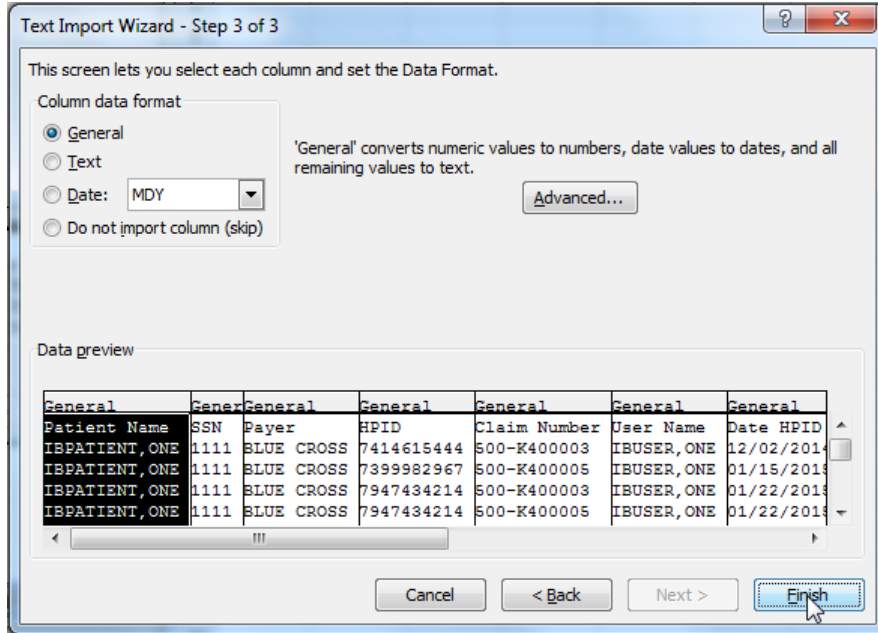
Step	Procedure
9	Apply any special formatting.
10	Press the **Finish** button.
11	Depending on your version of Excel an **Import Data** dialog may display. If it does, select the **New worksheet** and **OK**.
12	Save the Excel file.

(This page included for two-sided copying.)

12 SCHEDULE/UNSCHEDULE MAILMAN MESSAGES

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

The following screens will be displayed:

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


Schedule/Unschedule Options

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

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

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


DEVICE FOR QUEUED JOB OUTPUT:


QUEUED TO RUN ON VOLUME SET:


     RESCHEDULING FREQUENCY:    7D


          TASK PARAMETERS:


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


                MAIL CODE:
```

(This page included for two-sided copying.)

13   REAL TIME INSURANCE VERIFICATION INQUIRY

A real time eligibility verification inquiry is created when a new buffer entry has been entered in the file 355.33 (INSURANCE BUFFER). The inquiry is triggered immediately if the following information is available in the buffer entry:
- INSURANCE COMPANY NAME,
- PATIENT NAME,
- SUBSCRIBER ID (if patient is the subscriber),
- INSURED'S DOB (if patient is not the subscriber), and
- PATIENT ID (if patient is not the subscriber)

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

Real time inquiry is triggered by modifications to the following fields in file #355.33 (INSURANCE VERIFICATION PROCESSOR):
- INSURANCE COMPANY NAME; or
- GROUP NAME; or
- GROUP NUMBER; or
- PATIENT NAME; or
- SUBSCRIBER ID; or
- INSURED'S DOB; or
- PATIENT ID

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

(This page included for two-sided copying.)

14 PURGING eIV FILES (IRM USERS)

14.1 Purge Transmission Queue and or Response File

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

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

The following screen will be displayed:

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


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


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

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


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

 OK to continue? NO//
```

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

Step	Procedure
(i)	*Note: Files that are not older than six months cannot be purged.*

14.2 Purge Mailman Reminder

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

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

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

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

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

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15 INTERFACILITY INSURANCE UPDATE ACTIVITY REPORT

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

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

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

Purpose of Report

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

Report Parameters

Search Criteria:
- Date Range
- Sending or Receiving Facility

Sort Criteria:
- Date
- Facility

Report Views:
- Summary
- Detail

This is a 132 column report.

Sample Report - Interfacility Insurance Update Activity Report Summary

```
Interfacility Ins Update Activity Report        Apr 13, 2015@14:13:48  Page: 1
                        01/01/2015 - 04/13/2015
                            Sending Site
 -------------------------------------------------------------------------------

 TRANSMITTED DATE:   01/22/15
     ALEXANDRIA, LA           502                2
     ANN ARBOR, MI            506                2
     ATLANTA, GA              508                2
                                              -----
                                                6

 TRANSMITTED DATE:   04/07/15
     ALEXANDRIA, LA           502                2
     ANN ARBOR, MI            506                2
     ATLANTA, GA              508                2
                                              -----
                                                6

 Total for Date Range (01/01/15 to 04/13/15):     12
        *** END OF REPORT ***
```

Sample Report - Interfacility Insurance Update Activity Report by Detail

```
Interfacility Ins Update Activity Report                         Apr 13, 2015@14:15:13  Page: 1
                                      01/01/2015 - 04/13/2015
                                          Sending Site

                    PAT   Insurance                Subscriber        COB  Sending                    Date
Patient             ID #  Company                  ID #              COB  Facility                   Sent
---------------------------------------------------------------------------------------------------------
IB,PATIENT A SR     0150  BLUE CROSS               SUBID-0987624      P   ALEXANDRIA, LA             01/22/15
IB,PATIENT A SR     0150  MEDICARE WNR             SUBID-0987624      P   ALEXANDRIA, LA             01/22/15
IB,PATIENT A SR     0150  BLUE CROSS               SUBID-0987624      P   ANN ARBOR, MI              01/22/15
IB,PATIENT A SR     0150  MEDICARE WNR             SUBID-0987624      P   ANN ARBOR, MI              01/22/15
IB,PATIENT A SR     0150  BLUE CROSS               SUBID-0987624      P   ATLANTA, GA                01/22/15
IB,PATIENT A SR     0150  MEDICARE WNR             SUBID-0987624      P   ATLANTA, GA                01/22/15
IB,PATIENT A SR     0150  BLUE CROSS                                      ALEXANDRIA, LA             04/07/15
IB,PATIENT A SR     0150  MEDICARE WNR                                    ALEXANDRIA, LA             04/07/15
IB,PATIENT A SR     0150  BLUE CROSS                                      ANN ARBOR, MI              04/07/15
IB,PATIENT A SR     0150  MEDICARE WNR                                    ANN ARBOR, MI              04/07/15
IB,PATIENT A SR     0150  BLUE CROSS                                      ATLANTA, GA                04/07/15
IB,PATIENT A SR     0150  MEDICARE WNR                                    ATLANTA, GA                04/07/15
                              *** END OF REPORT ***
```

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16 APPENDIX A – eIV TROUBLESHOOTING

16.1 No eIV Inquiries Transmitted

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

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

16.1.1 Site Parameters

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

16.1.2 Restoring Connectivity to FSC (IRM)

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

16.1.3 Requeue Batch Process (IRM)

- Verify the IBCNE IIV BATCH PROCESS taskman is still running

o   Reschedule the IBCNE IIV BATCH PROCESS task

16.1.4 Restart HL7 Logical Link (IRM)

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

16.2 No link between an Insurance Company and a Payer

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

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

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

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

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

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17 Appendix B – eIV Error Message Descriptions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    Action to take: None.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    Current eIV Status: Problem Identified

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

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

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

    Current eIV Status: Problem Identified

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

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

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18 APPENDIX C – ACRONYMS/ABBREVIATIONS/TERMS

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

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