

**Fee Basis
Release Notes**



FB*3.5*133

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Version 1.0

**Department of Veterans Affairs
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Revision History

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1. Introduction

The Chief Business Office (CBO) is requesting an enhancement to the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis software application that will meet the Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) 5010 mandate.

On January 16, 2009, the Department of Health and Human Services (HHS) published the final rule that will facilitate the United States' ongoing transition to an electronic health care environment through the adoption of updated standards for electronic health care and pharmacy transactions. This portion of the transition involves converting all EDI transactions from HIPAA Accredited Standards Committee (ASC) X12 Version 4010 and 4010A1 to ASC X12 Version 5010. Effective January 1, 2012, VHA must reach Level II compliance, which means "that a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards." All covered entities must be fully compliant on January 1, 2012. On this date, VHA will cease accepting 4010 and 4010A1 transactions.

2. Overview

Changes for the HIPAA 5010 project will be released in iterations with multiple patches. FB*3.5*122 contains the screen and report changes, as well as a new monitor process that will help keep track of the FB FPPS TRANSMIT option to assist in diagnosing issues. It will also include the transmission of bank account, routing and name information to the FPPS system for completion of the 835 ELECTRONIC REMITTANCE process.

3. New Service Request

3.1. 20090705 – VistA Fee HIPAA 5010 Implementation

VistA Fee HIPAA 5010 Implementation, Discovery and Requirements to meet the expanding needs of Electronic Data Interchange (EDI) processes and address the system and data changes required with the 5010 version, the Fee Basis package will need to collect, store and report additional elements from the claim data. National Provider Identifiers (NPI) and physical service locations are needed to better inform downstream or dependent processes. Much of the additional data collection is needed to support (1) revenue functions, where a third party insurance has a financial obligation surrounding payments made for non-service connected episodes of care and (2) pricing functions, where the service location impacts the allowed amount for a healthcare service.

Note: This is the second of three patches for this NSR

4. Patch FB*3.5*133 includes the following modifications:

4.1. Move Data Fields for 5010 Provider and Servicing Facility

Problem:

When a patient has two different claims that have the same vendor and date of service, some 5010 data under the Initial Treatment Date multiple is being overwritten for outpatient claims.

Resolution:

Moved the 5010 provider and servicing facility fields under the Service Provided Multiple in the FEE BASIS PAYMENT (#162) file.

4.2. Ensure Enter, Edit and View Screens Display the Moved Data Fields

Problem:

The primary users of the PCRR, the VistA Revenue team, Integrated Billing (IB), can utilize some of the new information provided in VistA Fee 5010 enhancements to generate 3rd party billing to recover funds.

Resolution:

The Potential Cost Recovery Report will now contain new 5010 provider data. FBPCR2, FBPCR67, FBPCR671 were modified to display provider name, NPI and Taxonomy codes, and Servicing Facility address for the following 5010 provider fields:

- Attending Name, NPI and Taxonomy Code
- Operating Name, NPI
- Rendering Name, NPI and Taxonomy Code
- Servicing Name, NPI
- Servicing Facility Address and City, State, ZIP
- Referring Name, NPI

4.3. Transmit Invoices to FPPS [FB FPPS TRANSMIT]

Problem:

Outpatient payment enter, edit, invoice display and the PCRR report routines need to edit and read from the new field locations.

Resolution:

Edited the following routines to accomplish the enter/edit/view requirements:

FBUTL8	(Created in FB*3.5*122). Removed FILE tag and code as it is no longer needed
FBAACO	removed reference to FILE^FBUTL8 that is no longer needed
FBAACO2	Merged the two separate ^DIE calls into the main call since the fields are on the same level now
FBAACO3	Merged the two separate ^DIE calls into the main call since the fields are on the same level now
FBAAPET	Merged the two separate ^DIE calls into the main call since the fields are on the same level now
FBAAPCR2	Retrieving the new fields from the SERVICE PROVIDED level

FBAAPIN instead of the SERVICE DATE level
updated the nodes to extract the provider information to be
displayed during Invoice Display (changes within PROV linetag)
FBXIP133 (New pre/post install routine) to remove old data dictionary
fields in the wrong location in file FEE BASIS PAYMENT (#162)

4.4. Ensure Line Item Provider Information was Saved Properly for Civil Hospital

Problem:

When trying to enter the line item provider information for a civil hospital claim, the information was not being properly saved.

Resolution:

A variable was improperly being newed which was preventing the data from being saved properly. This fix was made in FBUTL8

4.5. Ensure Line Item Provider Information was Being Edited Properly for Civil Hospital

Problem:

When trying to edit the line item provider information for a civil hospital claim, the information was not being properly saved.

Resolution:

Made changes to the routine to allow for proper saving of the edited line item provider information. This fix was made in FBCHEP1.