**User Story Number:** USIN-428

**User Story Name:** Stop Payer Responses from triggering eIV Inquiries

**Product Backlog ID: 428**

**Backlog Priority:** (High, Medium, Low) High

**Initial Sizing Estimate:** 89 (Medium Level of Effort by developer only due to previous knowledge & research.)

**Rational ID:**

**Author:** eInsurance Team

# Background

EIV creates multiple and/or duplicate 270 transactions when the initial 271 response includes unclear/ambiguous

*Email from Kupka, Alyssa H. on 8/24/16*

Darlene and Fred were able to reproduce the duplicate scenario.

When a payer responds stating: …cannot process/can’t find this patient, and does not include subscriber ID in response = no duplicate. When a payer responds stating:…cannot process/ can’t find this patient, and does include a subscriber ID in response, it gets saved in two locations (sub ID and patient ID). Patient ID then triggers a second inquiry because it wasn’t populated before.

Resolution: Once eIV receives the inquiry response, disallow any subsequent inquiries. This would stop automatic duplicates from being generated behind the scenes, but could also prevent user from manually triggering a new inquiry by editing certain fields.

30K+ scenario: The subscriber ID and SSN were being ping-ponged back and forth on response and got stuck in a loop until it finally tuckered out. FSC’s current band aid to not allow more than 10 inquiries is temporary fix.

Real-time & Extract: Both appear to behave the same, thus the same fix would be necessary. It may need to be applied in two locations, but same scenario.

Next steps: If you’d like more details, I’m sure Darlene would be happy to share/meet with us. We need to decide if we want to submit issue to VistA maintenance or put on our backlog. The resolution above would stop the duplicates. If we want a re-design of sorts to somehow allow users to edit existing buffers and intentionally trigger a new inquiry, that would need backlogged I think.

FSC is currently suppressing for three payers (Tricare, United Healthcare, and CMS). As of 9/21/16, Tricare is set at 3 duplicates to suppress, United Healthcare is at 5 and CMS is set at 10. We would request this FSC workaround to be removed once VistA has been repaired. FSC holds the records of the duplicates for 30 days and then removes them completely from their system.

# Story

As the eIV system, I want to stop automatically triggering an eIV inquiry (270) message when a payer response is filed in the insurance verification processor (buffer) so that eBusiness Solutions isn’t paying for unnecessary 270/271 transaction fees.

# Conversation

We are receiving thousands of duplicate responses which cost money. One patient inquiry created over 30,000 entries over three days.

We believe the duplicates occur with any payer, when the payer response meets the criteria of “not found/unknown”. We also believe this situation has been occurring for some time and is not the result of a specific patch change.

If a user is editing a buffer entry that was entered or updated by a payer response, allow the user the option of submitting a real time inquiry, if technically possible.

*Technical Note*: Consider looking at the DUZ variable to allow real time inquiry. DUZ is internal entry identifier for the new person file.

*Technical Note*: Only edit trigger fields as defined by code (ibcnertq) in the system.

Disallow an automatic 270 inquiry for as long as the triggering occurrence is the occurrence with a payer response of “not found/unknown”.

No additional messages or flags are required for users to see; no additional parameters are required.

# Detailed Listing of Acceptance Criteria

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| --- | --- | --- |
| Requirement ID | Description | External Dependency  (Y/N)  If Y, provide organization and description |
| USIN-1.01 | Stop automatically triggering an eIV inquiry (270) message when a payer responds ***with*** a subscriber ID ambiguous response that is filed in the insurance verification processor (buffer) when triggered by the ***appointment*** extract. |  |
| USIN-1.02 | Stop automatically triggering an eIV inquiry (270) message when a payer responds ***with*** a subscriber ID ambiguous response that is filed in the insurance verification processor (buffer) when triggered by the ***buffer*** extract. |  |
| USIN-1.03 | Stop automatically triggering an eIV inquiry (270) message when a payer responds ***without*** a subscriber ID ambiguous response that is filed in the insurance verification processor (buffer) when triggered by the ***appointment*** extract. |  |
| USIN-1.04 | Stop automatically triggering an eIV inquiry (270) message when a payer responds ***without*** a subscriber ID ambiguous response that is filed in the insurance verification processor (buffer) when triggered by the ***buffer*** extract. |  |
| USIN-1.05 | Automatically trigger an eIV inquiry when a human user edits a trigger field on a buffer entry, whether that entry has or does not have a payer response with a subscriber ID ambiguous response. |  |

# Tester Notes:

* Darlene and Fred were able to duplicate the scenario.
* We can use a test patient, FSC will need to respond.
* FSC could potentially monitor the transactions to assist with testing. Because the duplicate inquiries are not triggered by a user, FSC monitoring would be helpful to determine if FSC receives duplicate inquiries sent by VistA.
* Monthly invoices (clearinghouse) reflect volume excluding duplicates.
* A user cannot see the duplicate inquires, only personnel with Fileman access to a live account can see the transmission queue. This condition will affect IOC.
* Only the transmission queue (File 365.1) in VistA will have record of this.

# Constraints

* eIV is allowed to create a resubmission when the initial HL7 response is a time out message within existing parameters. This existing functionality should not be affected by the enhancement in this user story.
* Under current system architecture, we can test this scenario in a limited capacity as payer responses are required.
* Monitoring of these tests in production must be done by a developer and FSC because the requesting entity is a background process. Normal end user testing cannot be done.
* FSC will remove temporary coding at FSC to suppress duplicates. This code change needs to be made for testing and also for national deployment.

# Risks

* Not repairing this situation will cost money in the form of increased transaction fees.
* Duplicate inquiries could be interpreted as HIPAA violations due to volume of duplicate transactions.
* Volume of total transactions of duplicates can affect system performance negatively.
* Data storage in VistA and FSC/AITC is being wasted.

# Assumptions

* This problem is happening for all payers.
* A user cannot see this, only personnel with Fileman access to a live account can see transmission queue.

# Approval Signatures

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**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Description | Author |
| 09/22/2016 | V0.1 | Original | Melissa Eaton |
| 09/22/2016 | V0.2 | Developer elaboration | Darlene White |
| 09/27/2016 | V0.3 | eInsurance finalization | Amy Weymouth |
| 10/25/2016 | V0.4 | Edits from meeting review | Cindy Fawcett  Leidos |
| 10/31/2016 | V1.0 | Final version for submission | Team Leidos |