

Integrated Billing Setup Checklist

ACTIVITY	STATUS	RESPONSIBLE	COMMENTS
<p>IB is not multidivisional. The “host” facility and billing for other divisions will still reflect the “host” Address and NPI data in certain locations on the claim, particularly the UB-04.</p>			
<p>1. Pre-Activation</p>			
<p>A. Depending on a variety of variables, Patient Insurance information will likely have to be “seeded” manually. It is imperative that the staff doing this have the ability for two (or more) log in sessions going at the same time on their PC in order to validate data contained in current database. But, clearly, a strategy for populating the patient insurance information, the Group Insurance Plan information, and the Plan Coverage Limitations information, and so on, must be developed early on. Bear in mind that EDI specific data, including the Transmit Electronically Insurance parameter will have an immediate affect once you go live. Recommend turning on only a handful of payers, initially, until the process is validated. Define Provider ID values when known.</p>			
<p>B. Compare the IB Site Parameters (IB) on the current database, using the MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] option. Decide if you want to keep the set up similar to current database or if you want to make changes for the new facility database.</p>			
<p>C. Compare the Third Party Auto Billing Parameters (AB) to current database, using the MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] option. Decide if you want to keep the set up similar to the current database or if you want to make changes for the new facility.</p>			
<p>D. Compare the Claims Tracking Parameters (CT) to the current database, using the MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] option. Decide if you want to keep the set up similar or if you want to make changes for the new facility database.</p>			

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<p>E. Compare the Insurance Id and Verification Parameters (IV) to the current database using the MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS] option. Decide if you want to keep the set up similar or if you want to make changes for the new facility database.</p>			
<p>F. Establish/Verify Rate Schedules, Charge Sets and Charge Items for the new divisions. Identify the TYPE of billing to be done at the new facility and its CBOCs (RI, Tricare, Sharing Agreements, etc) and determine the appropriate set of rates needed for each. A good start might be to run the Print Charge Master option [IBCR REPORTS FOR CHARGE MASTER] at the current facility and become familiar with the various outputs possible using that menu. Management Systems Support Staff can assist with this, upon request.</p>			
<p>G. Identify stop codes, dispositions, and clinics flagged as non-billable for 3rd party. These flags must be re-entered on the new system using the Flag Stop Codes/Clinics for Third Party [IB TP FLAG OPT PARAMS] option. Exercise caution when using this option, as otherwise billable 3rd party clinics can be made non billable.</p>			
<p>H. Review IB TaskMan jobs, like IB MT NIGHT COMP. Inform users of any changes to times tasks are scheduled to run.</p>			
<p>I. Common Business Practices: Review billing practices for all sites and agree on how to accomplish billing activities after target date. It is expected that all new billing activity will occur on the new system after 9/30/08, but any existing billing will need to be “flushed out” of the current system until reconciled. Ensure that roles, responsibilities and expectations in the regard are known to all staff.</p>			
<p>J. Review menus and security keys with all staff and either agree on standard menus or having the Activation site(s) menus established. This is a critical task that needs to be resolved prior to the Activation date. Suggest each user can run the DISPLAY USER CHARACTERISTICS option [XUUSERDISP] in his/her common menu on the current system</p>			

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<p>and compare to their set up on the new system (once your user account is established). This will help you spot any mail groups, security keys or File Manager access codes that you had on the old system but might be lacking on the new system. Listing provided on page 7 of this checklist.</p>			
<p>K. Make sure you have a least ONE ACTIVE member in each of the mail groups (attached), where applicable.</p>			
<p>L. Test transmitting an EDI claim with Austin to make sure the correct claim data and messaging is occurring on both ends.</p>			
<p>M. Ensure your default UB-04 and CMS-1500 printers are setup and tested. CBO purchased a new printer (Lexmark T644) for the remodeled UB-04 billing form. Should probably have MCCR Coordinator contact CBO about the possibility of purchasing one for the new facility. Either way, any printer employed will need the capability for “edge to edge” printing. See IB*2*348 for set up guidance for the CMS-1500 printer and IB*2*349 for set up guidance for the UB-04 printer. You’ll need IRM assistance with this.</p>			
<p>N. Ensure your Quadramed server and client software is installed and tested where applicable. May require contact with vendor (Document Storage Systems) or CBO in order to determine who will pay for equipment and provide any needed training. You’ll need IRM assistance with this.</p>			
<p>2. Post Activation</p>			
<p>A. REMINDER: The IB package is not multidivisional; therefore, all billing activity will be reported under the Primary station number in most cases.</p>			
<p>B. Develop a mechanism to validate that patients who are subject to an OPT copay are generating copay activity in the IB Action file (350). Suggest running CANCEL/EDIT/ADD PATIENT CHARGE [IB CANCEL/EDIT/ADD CHARGES] option on known Cat C patients the day after an appointment. Charges should show up, whether passed to AR or still on hold.</p>			
<p>C. Develop a mechanism to validate that patients who are subject to RX</p>			

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<p>copay are generating activity in the IB Action file (350). Suggest running Patient Billing Inquiry option [IB PATIENT BILLING INQUIRY]</p>			
<p>D. Develop a mechanism to validate that patients with Insurance are being added to Claims Tracking (356). Realize that there are built in delays for Claims Tracking entries (1 day for opt visits, 7 days for RX fills, PTF record status for inpatient care, etc). So, on Day Two of Activation, it's not likely you'll have many claims tracking entries. But, that should change shortly thereafter.</p>			
<p>E. Verify that all Default Revenue Codes attached to any active Charge Sets are active in the Revenue Code file (using the Activate Revenue Codes option). Also, do the same for all entries in the Billing Revenue Code Links file (363.33 - note, the same RC can be in this file more than once, but it only needs to be activated in the Revenue Code file (399.2) once)</p>			
<p>F. Develop a mechanism to validate that, once CT entries are established with future Earliest Auto Bill Dates, that the AutoBiller is creating new claims. Suggest running the Print Auto Biller Results option [IB OUTPUT AUTO BILLER]. Ensure that billers know who will be responsible for what type of billing, and that performance measures are adversely affected by delays between episode of care and creation of 3rd party claims. Delays in 3rd party claims can also adversely affect patients who are required to make co-payments.</p>			
<p>G. Ensure that someone is designated to provide timely processing of the Insurance Buffer file. IB treats pending entries as verified and will add events to CT when, after insurance coverage is validated, it might not otherwise occur.</p>			
<p>H. Ensure that someone is designated to process the CSA report (Claims Status Awaiting Resolution option [IBCE CLAIMS STATUS AWAITING]) for EDI claims and the MRA Management Worklist [IBCE MRA MANAGEMENT] on a regular basis. Rejects can pile up quickly if not acted upon promptly.</p>			

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I. Ensure that electronic claims are being transmitted automatically as determined by the HOURS TO TRANSMIT parameter in the IB Site Parameters. Routinely run Ready for Extract Status Report option [IBCE READY FOR EXTRACT REP] to see if claims are pending more than a day.			

Vista Mail Groups involved with Integrated Billing

IB Name spaced mail groups:

Mail groups listed in **Red** are obsolete...

IB CHAMP RX REJ

This mail group is used to report billing transactions rejected from the CHAMPUS fiscal intermediary.

IB CHAMP RX REV

This mail group is used to report cancellation transactions rejected from the CHAMPUS fiscal intermediary.

IB CHAMP RX START

This is used to report when the CHAMPUS billing engines have been started. It also reports when AWP updates are received.

IB COMBAT VET RX COPAY

Each site must determine the IB/Pharmacy staff members/responsibility for researching and canceling Rx charges. These staff members must be included in this e-mail group in order to receive the MailMan messages.

IB EDI

This mail group will receive error and confirmation messages dealing with EDI transmissions and return messages for IB.

IB EDI SUPERVISOR

The members of this mail group will be the recipients of mail messages containing reports that cannot be divided by claim or batch that are sent by the clearinghouse for EDI.

IB ERROR

This mail group will receive co-pay error messages from integrated billing.

IB LTC 1010EC MISSING

This mail group will receive messages when LTC care is provided to a patient and the patient has no 1010EC information on file.

IB LTC BACK BILLING

This mail group will receive messages when a patient has a change of LTC care (new, edit, deletion) that is after monthly LTC processing has occurred. The message indicates that there is a possible LTC Back Billing issue.

IB MEANS TEST

This mail group will receive Means Test error messages from Integrated Billing.

IB NEW INSURANCE

This mail group will receive notification whenever a new insurance policy is added.

IB RX COPAY CAP ERROR

This mail group receives error messages when a cap tracking transaction from file 354.71 cannot be transmitted to at least one of the patient's treating facilities for at least 2 days.

IB UNBILLED AMOUNTS

This mail group will be automatically mailed the IB Unbilled Amounts report each month.

IBB PFSS CHARGE ERRORS

The purpose of this mail group is to receive any error message generated in IBB during processing of charge transaction data. Processing of a charge transaction is initiated by a call from a clinical application to CHARGE^IBBAPI.

This mail group is added to the MAIL GROUP file via patch IB*2.0*286. A post-installation routine adds this mail group to the MAIL GROUP FOR CHARGE field (#.06) in the PFSS SITE PARAMETERS file (#372).

IBB PFSS DATA TRANS ERROR

This Mailgroup will receive a message whenever an error is encountered while building an HL7 message for PFSS.

IBCI COMMUNICATION ERROR

The members of this mail group receive messages when there is a communication failure between the Claims Manager server and VistA.

IBCI GENERAL ERROR

The members of this mail group receive messages during the Claims Manager Multiple Claim send option when bills have Claims Manager errors.

IBCNE IIV MESSAGE

This mail group will be used to deliver notifications for the Insurance Identification and Verification process.

IBCNR EPHARM

Mail notifications that pertain to ePharmacy (that had been previously going to IB MEANS TEST and IB ERROR mail groups) shall be forwarded to this mail group.

IBQ ROLLUP

This mail group will automatically alert UR persons that entries are ready for/or received transmission.

IB Site Parameter File:

The following fields in the IB SITE PARAMETERS File (#350.9) allow the user to specify a local mail group for the following purposes:

COPAY BACKGROUND ERROR GROUP field (#.09) of the IB SITE PARAMETERS File (#350.9).

MEANS TEST BILLING MAIL GROUP field (#.11) of the IB SITE PARAMETERS File (#350.9).

COPAY EXEMPTION MAIL GROUP field (#.13) of the IB SITE PARAMETERS File (#350.9).

BILL CANCELLATION MAILGROUP field (#1.07) of the IB SITE PARAMETERS File (#350.9).

BILL DISAPPROVED MAILGROUP field (#1.09) of the IB SITE PARAMETERS File (#350.9).

NEW INSURANCE MAIL GROUP field (#4.04) of the IB SITE PARAMETERS File (#350.9).

UNBILLED MAIL GROUP field (#6.25) of the IB SITE PARAMETERS File (#350.9).

GENERAL ERROR MSG MAIL GROUP field (#50.03) of the IB SITE PARAMETERS File (#350.9).

COMM ERR MSG MAIL GROUP field (#50.04) of the IB SITE PARAMETERS File (#350.9).

MESSAGES MAILGROUP field (#51.04) of the IB SITE PARAMETERS File (#350.9).

Other Mail groups specified in IB Files:

MAILGROUP TO NOTIFY field (#.02) of the IB MESSAGE ROUTER File (#364.3)

This file contains a listing of the transactions that can be handled by the IB message server. This file also contains the mailgroup that will receive any transaction processing error message and the entry point (TAG^ROUTINE) for each different transaction processing.

```
364.3,.02      MAILGROUP TO NOTIFY      0;2 POINTER TO MAIL GROUP FILE (#3.8)
                LAST EDITED:      MAR 04, 1996
                HELP-PROMPT:      Enter the name of the mail group that will
                                receive errors or notification of this
                                transaction type.
                DESCRIPTION:      This is the mail group which will receive
                                transaction processing error messages and
                                notifications.
```