



Batch Eligibility Verification Setup

Document Revision History

Version	Date	Author	Description
1	2002	NEHEN Technical Team	Initial version
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Table of Contents

1. Purpose	3
2. Batch Extract File	4
2.1 Record Layout	4
2.2 Record Layout Guidelines	4
2.3 Sample File	5
2.4 Setup Guidelines	5
3. Database	6
3.1 Data Model	6
3.2 Database Tables	6
3.2 Database Tables	7
Appendix A – Required Fields	15
Appendix B – Sample VB Script	16

1. Purpose

The batch extract is a batch-mode solution for submitting eligibility transactions to the various payers. The extract file is created from the hospital management system based on a defined set of criteria. The comma separated file may contain multiple records, each containing the following information: Payer, Date of Service, Policy Number, Patient First Name, Patient Last Name, Patient Middle Name, Patient Date of Birth, and Patient Gender. The file is transferred to a known directory on the production server using FTP.

The Send270 application is used to process the batch file. The application opens the file and sends an eligibility request to the appropriate payer for each record in the file. The eligibility response records are loaded into the NEHENLite database. The NEHENLite web-based application may be used to view the eligibility information or reports may be created using the information stored in the NEHENLite database.

2. Batch Extract File

This section describes the record layout for the extract file that is sent to NEHEN from the provider's system.

2.1 Record Layout

FIELD NAME	REQUIRED	VALID VALUES or FIELD FORMAT
User	Y	Batch
Payer	Y	NEHEN002 (Tufts) NEHEN003 (HPHC), NEHEN004 (BCBSMA), NEHEN005 (Medicaid), NEHEN006 (Medicare), NEHEN013 (NHP)
Patient's Date of Service	Y	CCYYMMDD
Patient's Policy Number	Y	See Appendix A
Patient's First Name	Y	See Appendix A
Patient's Last Name	Y	See Appendix A
Patient's Middle Name	N	See Appendix A
Patient's Date of Birth	Y	CCYYMMDD , See Appendix A
Patient's Gender	Y	F, M or U , See Appendix A
Subscriber's Policy Number	Not Used with current payers	Blank
Subscriber's First Name	Not Used with current payers	Blank
Subscriber's Last Name	Not Used with current payers	Blank
Subscriber's Middle Name	Not Used with current payers	Blank

2.2 Record Layout Guidelines

1. Create a separate file for each payer.
2. The comma is used to separate fields in the record. Each record is one line in the file.
3. Put double quotes before and after each field in the record.
4. The user field may contain a user's ID or any value available in your information system. If the value changes or multiple values are used, the new values must be communicated to the NEHEN support team. These values are stored in the NEHENLite database. One option is to use a user ID that identifies the request was generated by the batch processing. For example a user ID of BATCH.
5. The date of service field may contain future dates only if the payer allows for future eligibility checking. Harvard Pilgrim, Neighborhood Health Plan, and Tufts are the only payers who allow this functionality. The date of service should be sent as today for BCBSMA, Medicaid, and Medicare. All payers allow dates of the service in the past for eligibility checks.
6. The subscriber fields are not used for our payers, but the record needs to contain the four empty fields. When building the record, put four empty fields after the patient's gender. Do not put spaces between the double quotes.
7. If a field does not have a value, build the record with the field and leave it empty. Do not put spaces between the double quotes.

2.3 Sample File

This sample file contains three records with the provider custom fields at the end of each record. Each record represents one line in the extract file.

```
"Batch","NEHEN003","20010620","HP34567000-00","Bonez","Alvarez","","","19630226","F","","","",""
```

```
"Batch","NEHEN002","20010620","989898989","Mary","Smith","","","19990226","F","","","",""
```

```
"Batch","NEHEN005","20010620","029121111","Tom","Jones","","","19420101","M","","","",""
```

2.4 Setup Guidelines

1. Develop a batch process to extract information from your hospital system and create a file using the above record format.
2. Create a file for each payer. This will give you the ability to schedule each file during the off-hours based on the payer's system availability. For example, the Tufts file would be scheduled to process at 2:00 AM and the Medicare file would be scheduled at 7:00 AM.
3. Create an automated method to run the batch process nightly against the hospital system and use FTP to transfer the file to the server where the eGateway is installed and running.
4. Configure the NEHEN server to accept the nightly batch files by activating the FTP service in Internet Information Server and create a login ID for the FTP process.
5. Setup an automated process on the NEHEN server to trigger the execution of the SEND270 application after the batch extract arrives at the NEHEN server. Use a batch scheduler tool or the NT Task Scheduler. See Appendix B for a sample script.
6. The SEND270 application resides in the [NEHEN core path]\NEHENLite\Bin directory. The application requires one parameter the file name with location. Sample command to run SEND270:

```
send270 d:\NehenExtract\extract.txt
```

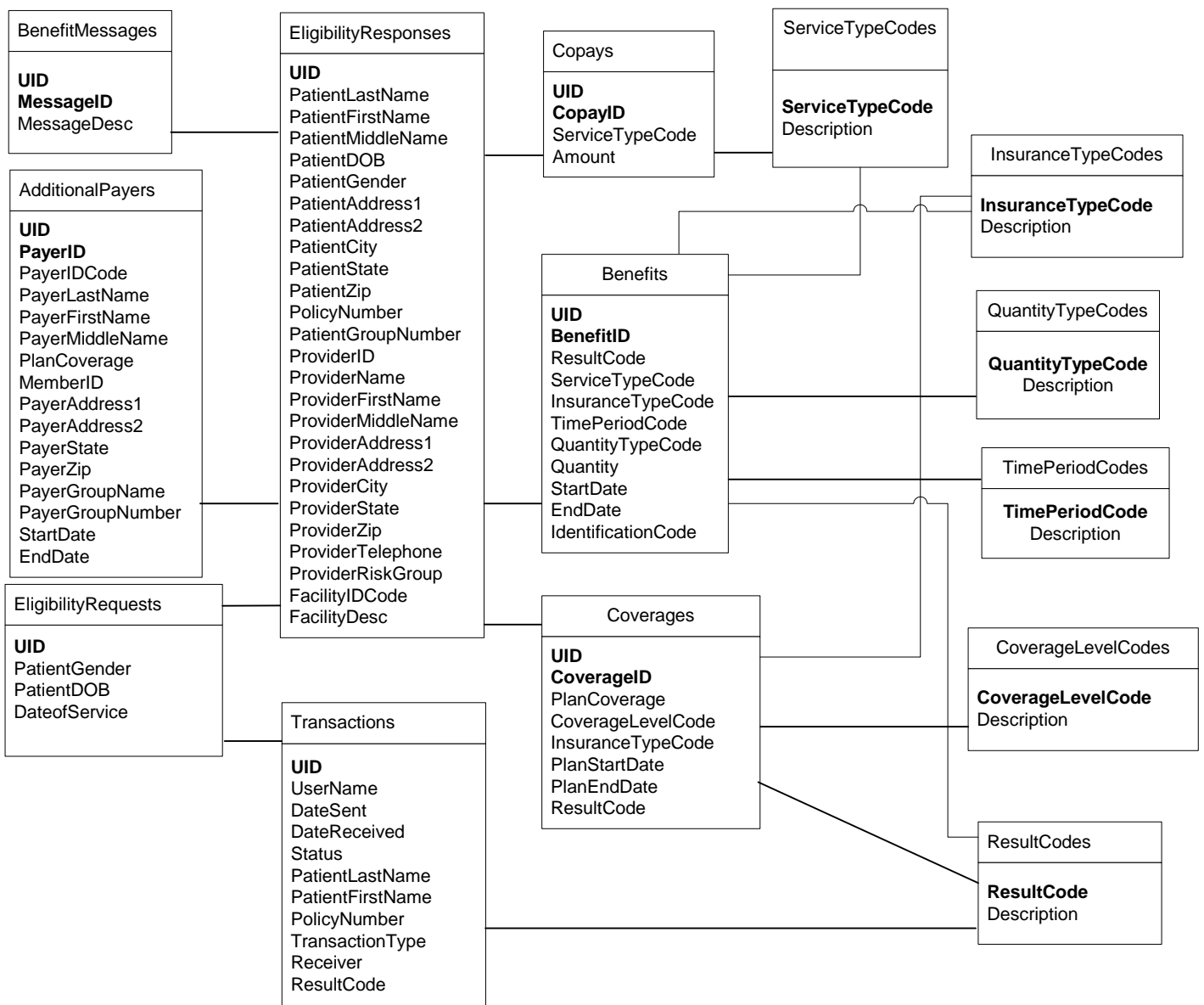
This command will be run by the automated process on the NEHEN server and may also be run manually from the DOS command prompt.

3. Database

This section describes the tables in the NEHENLite database that will be used to store the eligibility request and response data. The primary key in each table is highlighted.

3.1 Data Model

NEHEN Eligibility Verification Data Model



3.2 Database Tables

Table: Transactions

Description: This table contains each transaction that was sent to a trading partner using NEHENLite the web-based application or the batch process.

Transactions Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction.
UserName	Varchar	The user who submitted the transaction.
DateSent	DateTime	The date and time the 270 transaction was sent to the payer.
DateReceived	DateTime	The date and time the 271 response transaction was received.
Status	Varchar	This code identifies the status of the transaction. Valid values: sent, received, reviewed
PatientLastName	Varchar	The last name of the patient. This field is populated with the information that was entered in the original request or returned from the payer.
PatientFirstName	Varchar	The first name of the patient. This field is populated with the information that was sent in the original request or returned from the payer.
PolicyNumber	Varchar	The policy number of the patient. This field is populated with the information that was sent in the original request or returned from the payer.
TransactionType	Integer	This code identifies the transaction type. Valid values: 270, 278, 276
Receiver	Varchar	This code identifies the payer. Valid values: NEHEN002 – Tufts NEHEN003 – HPHC NEHEN013 – NHP NEHEN004 – BCBS NEHEN005 – Medicaid NEHEN006 – Medicare
ResultCode	Varchar	This code identifies the result of the eligibility request. Valid values are stored in the ResultCodes table.

Table: EligibilityRequests

Description: This table contains some of the eligibility request information that was used to create the 270 transaction. The other fields are stored in the Transactions table.

EligibilityRequests Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction.
PatientGender	Char	The patient's gender. This value is sent to the payer.
PatientDOB	Date	The patient's date of birth. This value is sent to the payer.
DateofService	Date	The date of service. This value is sent to the payer.

Table: EligibilityResponses

Description: This table contains the eligibility response information from the 271 transaction that was sent from the trading partner. A record in the Transactions table will have a corresponding record in this table when the response is active.

EligibilityResponses Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction.
PatientLastName	Varchar	The last name of the patient.
PatientFirstName	Varchar	The first name of the patient.
PatientMiddleName	Varchar	The middle initial of the patient.
PatientDOB	Varchar	The patient's date of birth.
PatientGender	Char	The patient's gender. Valid values: M, F or U
PatientAddress1	Varchar	Line one of the patient's address.
PatientAddress2	Varchar	Line two of the patient's address.
PatientCity	Varchar	The city name of the patient's address.
PatientState	Varchar	The state name of the patient's address.
PatientZip	Varchar	The zip code of the patient's address.
PolicyNumber	Varchar	The patient's policy number.
PatientGroupNumber	Varchar	The patient's group number for the plan.
ProviderID	Varchar	The provider's identification number.
ProviderName	Varchar	The last name of the provider, the business entity name or the full name of the provider.
ProviderFirstName	Varchar	The first name of the provider.
ProviderMiddleName	Varchar	The middle initial of the provider.
ProviderAddress1	Varchar	Line one of the provider's address.
ProviderAddress2	Varchar	Line two of the provider's address.
ProviderCity	Varchar	The city name of the provider's address.

ProviderState	Varchar	The state name of the provider's address.
ProviderZip	Varchar	The zip code of the primary care physician's address.
ProviderTelephone	Varchar	The provider's telephone number.
ProviderRiskGroup	Varchar	The provider's taxonomy code.
FacilityIDCode	Varchar	This code identifies the facility. This information is typically sent back from Medicaid.
FacilityDesc	Varchar	A description of the facility. This information is typically sent back from Medicaid.

Table: AdditionalPayers

Description: This table contains the additional payers from the eligibility response transaction. An eligibility response may contain zero to many payers.

AdditionalPayers Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction.
PayerID	Int	This is a system generated value that uniquely identifies a row in this table.
PayerIDCode	Varchar	The payer's identification code.
PayerLastName	Varchar	The last name or the entire name of the payer.
PayerFirstName	Varchar	The first name of the payer.
PayerMiddleName	Varchar	The middle name of the payer.
PlanCoverage	Varchar	A description of the coverage plan.
MemberID	Varchar	The member's policy number assigned by the additional payer.
PayerAddress1	Varchar	Line one of the payer's address.
PayerAddress2	Varchar	Line two of the payer's address.
PayerState	Varchar	The state of the payer's address.
PayerZip	Varchar	The zip code of the payer's address.
PayerGroupNumber	Varchar	The group number of the payer.
PayerGroupName	Varchar	The group name of the payer.
StartDate	Datetime	The starting coverage date of the payer.
EndDate	Datetime	The ending coverage date of the payer.

Table: Benefits

Description: This table contains additional benefits or eligibility information. The Medicare 271 response transaction usually carries these extra segments.

Benefits Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction
BenefitID	Int	A system generated identifier to uniquely identify a message.
ResultCode	Varchar	A code to identify the benefit or eligibility information.
ServiceTypeCode	Varchar	A code to identify the classification of service.
InsuranceTypeCode	Varchar	A code to identify the type of insurance policy.
TimePeriodCode	Varchar	A code to identify the time period category.
QuantityTypeCode	Varchar	A code to identify the type of units.
Amount	Float	Dollar value of the benefit.
Quantity	Int	Numeric value of the quantity.
StartDate	Date	The period start date for the eligibility or benefit.
EndDate	Date	The period end date for the eligibility or benefit.
IdentificationCode	Varchar	A code to identify a provider or payer ID number.

Table: BenefitCodes

Description: This code table contains the valid values for the benefit codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

BenefitCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
BenefitCode	Varchar	A code that identifies the type of eligibility or benefit.
Description	Varchar	A description of the benefit.

Table: BenefitMessages

Description: This table contains the benefit messages from the eligibility response transaction. An eligibility response may contain zero to many messages. Medicaid is usually the only payer who returns benefit messages.

BenefitMessages Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction
MessageID	Int	A system generated identifier to uniquely identify a message.
MessageDesc	Varchar	The benefit message.

Table: Copays

Description: This table contains the co-payments from the Eligibility response transaction. An eligibility response may contain zero to many co-payments.

Copays Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction.
CopayID	Int	This is a system generated value that uniquely identifies a row in this table.
ServiceTypeCode	Varchar	A code that identifies the type of copay. Valid values are stored in the ServiceTypeCodes table
Amount	Float	The monetary amount of the co-payment.

Table: Coverages

Description: This table contains additional benefits or eligibility information. The Medicare 271 response transaction usually carries these extra segments.

Coverages Table

COLUMN NAME	DATA TYPE	DESCRIPTION
UID	Varchar	This value uniquely identifies a transaction
CoverageID	Int	A system generated identifier to uniquely identify a message.
PlanCoverage	Varchar	A description of the coverage plan.
CoveageLevelCode	Varchar	A code to identify the level of coverage being provided.
InsuranceTypeCode	Varchar	A code to identify the type of insurance policy.
PlanStartDate	Date	The start date of the plan.
PlanEndDate	Date	The end date of the plan.
ResultCode	Varchar	A code to identify the eligibility information (active or inactive).

Table: CoverageLevelCodes

Description: This code table contains the valid values for the coverage level codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

CoverageLevelCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
CoverageLevelCode	Varchar	A code that identifies the level of coverage.
Description	Varchar	A description of the coverage level.

Table: InsuranceTypeCodes

Description: This code table contains the valid values for the insurance type codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

InsuranceTypeCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
InsuranceTypeCode	Varchar	A code that identifies the type of insurance.
Description	Varchar	A description of the insurance type.

Table: QuantityTypeCodes

Description: This code table contains the valid values for the quantity type codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

QuantityTypeCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
QuantityTypeCode	Varchar	A code that identifies the type of quantity.
Description	Varchar	A description of the quantity type.

Table: ResultCodes

Description: This code table contains the valid values for the result codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

ResultCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
ResultCode	Varchar	A code that identifies the result of the eligibility request.
Description	Varchar	A description of the eligibility response.

Table: ServiceTypeCodes

Description: This code table contains the valid values for the service type codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

ServiceTypeCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
ServiceTypeCode	Varchar	A code that identifies the type of copay service.
Description	Varchar	A description of the copay service.

Table: TimePeriodCodes

Description: This code table contains the valid values for the time period codes. The codes from the ASC 270/271 transaction guide will be used to populate this table manually. This table should not require any modifications unless the ASC transaction guide changes.

TimePeriodCodes Table

COLUMN NAME	DATA TYPE	DESCRIPTION
TimePeriodCodes	Varchar	A code that identifies the type of time.
Description	Varchar	A description of the time period code.

Appendix A – Required Fields

Purpose: *This table outlines the required fields that are needed when sending an eligibility request to a payer based on the search type. You also have the option to fill in all the fields on the record.*

Payer	Search Option 1	Search Option 2
Harvard Pilgrim Health Care	Member ID	Last Name, First Name, Date of Birth, Gender
Neighborhood Health Plan	Member ID	Last Name, First Name, Date of Birth, Gender
Network, Health	Member ID	Last Name, First Name, Date of Birth, Gender
Tufts Health Plan	Member ID, Date of Birth	Last Name, First Name, Date of Birth
MassHealth	Member ID,	Last Name, First Name, Date of Birth, Gender
Medicare * <i>proprietary</i>	Member ID, Last Name, First Name, Date of Birth, Gender	N/A
Aetna	Member ID, Date of Birth	Last Name, First Name, Date of Birth
Cigna	Member ID, Last Name, First Name, Date of Birth	Subscriber Last Name and Relationship if Patient is not the Subscriber

Appendix B – Sample VB Script

```
set fso = wscript.createobject("scripting.filesystemobject")
set ls = wscript.createobject("scripting.filesystemobject")
set ws = wscript.createobject("wscript.shell")

randomize(Timer)

Dim runflag
Dim newfilename
Dim filectr
Dim fname
Dim mypos
runflag = true
filectr = 0

Set f = fso.GetFolder("d:\Inetpub\ftproot\")
Set t = ls.OpenTextFile("d:\Program Files\Nehen\BatchEligibility\Logs\HPHCBatch.txt",8, true,
TristateFalse)
t.WriteLine (Date & " " & Time & " ----- START OF HPHC BATCH ELIGIBILITY -----")

Set fs = f.Files

Do While runflag = true
    For each fl in fs
        fname = fl.name
        mypos = InStr(1,fname,"HPHC", 1)
        if mypos > 0 then
            newfilename = "d:\Program Files\Nehen\NehenLite\Bin\" & fl.name
            fl.Move (newfilename)
            ws.Run("Send270.exe " & newfilename)
            t.WriteLine("    File Processed = " & fl.name)
            filectr = filectr + 1
            Wscript.Sleep(50000)
        end if
    Next

    If filectr = 0 then
        Wscript.Sleep(100000)
    else
        runflag = false
    end if
Loop

t.WriteLine(Date & " " & Time & " ----- END OF HPHC BATCH ELIGIBILITY -----")
t.WriteBlankLines 2

t.Close
set ls = nothing
set fso = nothing
set ws = nothing
```