

Department of Veterans Affairs

Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 2, Iteration 2) NSR # 20130516

System Design Document



**June 2014
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1. Introduction

The Chief Business Office (CBO) has requested enhancements to the Veterans Health Administration's (VHA) Veterans Health Integrated Systems Technology Architecture (VistA) Electronic Insurance Verification (eIV) module to contain three new comparison screens that will display information contained in the Insurance Capture Buffer (ICB) and Patient Insurance Benefits data found within the Insurance Company File. Also, to automate the processing of Buffered Insurance data into the VistA system.

1.1. Purpose of the SDD

The purpose of this Software Design Document (SDD) is to detail the system design to be constructed that will support the requirements for the Health Administration Product Enhancements (HAPE) Electronic Data Interchange (EDI) Medical Care Collection Fund (MCCF) Enhancements for the insurance (eIV) application (New Service Request (NSR) #180833, NSR #20110215 Update to Third Party Joint Inquiry (TPJI) and Claims Match Report, and NSR #20120118 Share Verified Insurance Information) project for VHA and comply with Health Insurance Portability and Accountability Act (HIPAA) and industry standards.

The target audience for this SDD includes the Office of Enterprise Development (OED), Product Support, Software Quality Assurance (SQA), Testing Services, and the Chief Business Office.

1.2. Identification

This project will provide enhancements to the VistA eIV Menu option.

1.3. Scope

The CBO is requesting the following enhancement for VistA eIV software in order to maintain compliance.

Table 1: Scope Inclusions

Includes
Creation of a new screen to display side-by-side the patient Health Care Benefits Eligibility information found in the Insurance Buffer and the patient Subscriber information found in the VistA Insurance file.
Creation of a new screen to display side-by-side the patient Health Care Benefits Eligibility information found in the Insurance Buffer and the patient Annual Benefits information found in the VistA Insurance file.
Creation of a new screen to display side-by-side the patient Health Care Benefits Eligibility information found in the Insurance Buffer and the patient Coverage Limitations information found in the VistA Insurance file.

Table 2: Scope Exclusion

Excludes
Only items specifically listed in Table 1 are to be included in the scope of work for this project.

1.4. Constraining Policies, Directives and Procedures

All HPID enhancements will be compliant with the regulations mandated by:

- HIPAA (Health Insurance Portability and Accountability Act of 1996)
- PPACA (Patient Protection and Affordable Care Act)--"Health Care Reform" House of Representatives (H.R.) 3590, Section 1104--Administrative Simplification, Section 10109--Development of Standards for Financial and Administrative Transactions
- The Department of Veterans Affairs M Programming Standards and Conventions (SAC)

1.5. User Characteristics

The user base of the eIV system includes the following individuals:

Name	Description	Responsibilities
Primary Users	Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	Verify Veterans insurance information. Enters insurance policy, groups, and companies into local insurance company file.
	Insurance Intake and Capture Associates	Obtain insurance information from the patient.
	VA Medical Center (VAMC) Patient Registration Teams	Registers patients into VHA to include obtaining insurance information from the patient.
	Billing Clerks	Generate VHA third party claims in VistA
	Accounts Receivable Technicians	Make sure VHA claims are appropriately adjudicated by third party claims in VistA
Secondary Users	CPAC Project Management Office (PMO)	Oversee, assess performance of staff in entering data and processing eligibility transactions.
	CPAC Regional Revenue Managers (RRM)	Oversee eligibility verification, billing, and collection activities at the VISN level.
	CPAC Facility Revenue Managers (FRM)	Oversee eligibility, billing and collection activities at the VAMC

Name	Description	Responsibilities
		level
	Veterans Integrated Service Network (VISN) Business Implementation Managers (BIM)	Oversee eligibility, billing, and collection activities at the VISN and VAMC level.
	CBO Revenue Operations	Oversee revenue cycle operations and collections.
	AMC Information Resource Managers (IRMs)	Provide on-site support for VistA system at each medical center. Coordinate and provide patient insurance data for use in transactions
	Product Support (PS)	Provide national user support.
	Clearinghouse Business Services	Receive and transmit VHA eligibility transactions electronically to third party payers.
	HMS	Coordinate and provide patient insurance data for use in transactions
	Business Office Managers/Service Line Managers/Patient Information Collections Management (PICM)	Oversee insurance intake & collection at the VAMC level

1.6. Relationship to Other Documents and Plans

Business Requirements Document: Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 2, Iteration 2); NSR # 20130516 (CBO# 180833)

Requirement Specification Document: Eligibility Benefits and Claim Status Data Content and Infrastructure Requirements Specification Document (June 2014)

Requirements Traceability Matrix: Eligibility Benefits and Claim Status Data Content and Infrastructure Requirements Traceability Matrix (June 2014)

1.7. Definitions, Acronyms, and Abbreviations

1.7.1. Acronyms

Term	Definition
270 Transaction	Eligibility Benefit Inquiry – ASC X12N 5010 Healthcare Eligibility Benefit Inquiry and Response
271 Transaction	Eligibility Benefit Response - ASC X12N 5010 Healthcare Eligibility Benefit Inquiry and Response
835 Transaction	Health Care Claim Payment and Remittance Advice.
837 Transaction	Health Care Claim Transaction
ACA	Affordable Care Act
AITC	Austin Information Technology Center
ANR	Automated Notification Reporting
ANSI	American National Standards Institute
ASC	Accredited Standards Committee
BN	Business Need
BRD	Business Requirements Document
CA	Certification and Accreditation
CARC	Claim Adjustment Reason Code
CASE	Certification and Accreditation Security Engineering
CBO	Chief Business Office
CCD	Continuity of Care Document
CHP	Controlling Health Plan
CMS	Centers for Medicare & Medicaid Services
CPAC	Consolidated Patient Account Center
EC	Eligibility Communicator
EDI	Electronic Data Interchange
EDES	Emergency Department Encounter Summary
EEOB	Electronic Explanation of Benefits
EFT	Electronic Funds Transfer
eIV	Electronic Insurance Verification
eMRA	Electronic Medicare Remittance Advice

Term	Definition
EPHRA	EEOB and Payment Healthcare Resolution Application
ERA	Electronic Remittance Advice
FIPS	Federal Information Processing Standard
FMS	Financial Management System
FRM	Facility Revenue Manager
FSC	Financial Services Center
H.R.	House of Representatives
HCCH	Healthcare Clearinghouse
HEC	Health Eligibility Center
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HITECH	Health Information Technology for Economic and Clinical Health Act
HITSP	Health Information Technology Standards Panel
HL7	Health Level 7
HMS	Health Management Systems, Inc.
HPID	Health Plan Identifier
HPOES	Health Plan and Other Entity Enumeration System
IB	Integrated Billing
ICB	Insurance Capture Buffer
ICD-9	International Classification of Diseases, Ninth Edition
ICD-10	International Classification of Diseases, Tenth Edition
ID	Identifier
IHE	Integrating the Healthcare Enterprise
IPT	Integrated Product Team
IRM	Information Resource Manager
IT	Information Technology
IVP	Insurance Verification Processor
MRA	Medicare Remittance Advice
NCPDP	National Council for Prescription Drug Programs
NIF	National Insurance File
NIST	National Institute of Standards and Technology

Term	Definition
NPI	National Provider Identifier
NSR	New Service Request
OCR	Optical Character Reader
OEID	Other Entity Identifier
OIT	Office of Information and Technology
OM	Operations and Maintenance
OPECC	Outpatient Pharmacy Electronic Claims Coordinator
OWNR	Owner Requirement
P.L.	Public Law
PICM	Patient Information Collections Management
PKI	Public Key Infrastructure
PM	Project Manager
PMAS	Project Management Accountability System
PMO	Program Management Office
PNC	Pittsburgh National Corporation
POWER	Performance and Operational Web-Enabled Reports
PPACA	Patient Protection and Affordable Care Act
PS	Product Support
RARC	Remittance Advice Remark Code
RMR	Requirements Management Repository
RRM	Regional Revenue Manager
Rx	Prescription
SDS	Standard Data Services
SHP	Sub Health Plans
SLA	Service Level Agreements
SME	Subject Matter Expert
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Term	Definition
VistA	Veterans Health Information Systems and Technology Architecture
WEDI	Workgroup for Electronic Data Interchange

1.8. References

The following references were used in the development of this SDD:

- Business Requirements Document (BRD): Eligibility Benefits & Claim Status Data Content & Infrastructure (Phase 2, Iteration 2), NSR # 20130516, (CBO# 180833)
- VA Handbook 6500 – Information Security Program
[REDACTED]
- HIPAA (Health Insurance Portability and Accountability Act of 1996 [REDACTED])
- PPACA (Patient Protection and Affordable Care Act)--"Health Care Reform" House of Representatives (H.R.) 3590, Section 1104--Administrative Simplification, Section 10109--Development of Standards for Financial and Administrative Transactions
- Public Law 111–148, The Patient Protection and Affordable Care Act [REDACTED]
- PPACA Compliance, Certification, and Penalties
[REDACTED]
- The Health Information Technology for Economic and Clinical Health Act (HITECH)
[REDACTED]
- The Department of Veterans Affairs M Programming Standards and Conventions

2. Background

2.1. Overview of the System

The primary function of the eIV system is to allow VistA users to enter patient insurance information manually during the Registration process or directly into the Patient file using the Patient Insurance Info View/Edit option. 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, are accurate and up-to-date.

The changes made for this enhancement will allow insurance verification staff a more efficient way to compare insurance data sent via 271 against the data that is in VistA. The system will be changed so the data can be viewed side by side on one screen, rather than the user having to access multiple screens.

2.2. Overview of the Business Process

An overview of the business process will be provided in a future iteration.

2.3. Business Benefits

Creation of the new screens that will display side by side data from the 271-Health Care Benefits Eligibility responses from payers and the Patient Insurance information can make more effective, timely and accurate processing decisions.

2.4. Assumptions and Constraints

The change does not introduce any additional design assumptions or constraints.

2.4.1. Design Assumptions

No design assumptions were made related to this change.

2.4.2. Design Constraints

The enhancements for the eIV Menu will be compliant with the regulations mandated by HIPPA.

2.4.3. Design Trade-offs

There are no design trade-offs with the chosen design.

2.5. Overview of the Significant Requirements

2.5.1. Overview of Significant Functional Requirements

The VistA system will need the capability to view/display Insurance Verification data from the 271 responses and Patient Insurance information from VistA on one screen. To meet this need, no new data fields will be required. However, there will be new display fields on each of the three (3) newly created screens.

These changes will allow the users to not have to jump out or move back and forth between different existing Insurance screens to view Insurance data. The data fields will be exactly what

are on VistA screens such as coverage, dental, inpatient, pharmacy, mental, outpatient, long term care, etc.

2.5.2. Overview of Functional Workload / Performance Requirements

The Workload and Performance shall be consistent with the site's current local VistA system environment.

2.5.3. Overview of Operational Requirements

The Operational Requirements shall be consistent with the Standard Operational Requirements within the local site's VistA system.

2.5.4. Overview of the Technical Requirements

The VistA system shall be modified to ensure that the eIV Menu Options contain three (3) new Menu Options to include 1) A Menu Option for displaying side-by-side Insurance Eligibility Verification data and Patient Subscriber Policy information; 2) A Menu Option for displaying side-by-side Insurance Eligibility Verification data and the Patient Annual Benefits information; 3) A Menu Option for displaying side-by-side Insurance Eligibility Verification data and the Patients Coverage Limitation information.

The system should be updated with the most recent application/system/software patches to ensure system integrity, stability and access.

2.5.5. Overview of the Security or Privacy Requirements

N/A

2.5.6. Overview of System Criticality and High Availability Requirements

The eIV system is composed of and is a subset of multiple VistA applications. Each application has its own availability and downtime requirements which will be VAMC dependent. The eIV application does not impose any requirement beyond the requirement already specified by each of the applications.

2.5.7. Single Sign-on Requirement

Access is controlled by the VistA application and the underlying operating system. This application does not mandate any additional access or sign-on requirements.

2.5.8. Requirement for Use of Enterprise Portals

N/A

2.5.9. Special Device Requirements

N/A

2.6. Legacy System Retirement

N/A

3. Conceptual Design

This project does not require any changes to the conceptual design

3.1. Conceptual Application Design

3.1.1. Application Context

N/A

3.1.2. High-Level Application Design

N/A

3.1.3. Application Locations

N/A

3.2. Conceptual Data Design

3.2.1. Project Conceptual Data Model

N/A

3.2.2. Database Information

N/A

3.2.3. User Interface Data Mapping

N/A

3.2.3.1. Application Screen Interface
N/A

3.2.3.2. Application Report Interface
N/A

3.2.3.3. Unmapped Data Element
N/A

3.3. Conceptual Infrastructure Design

3.3.1. System Criticality and High Availability

This section is not applicable to this SDD because this is not mission critical software and it falls under existing VistA procedures.

Special Technology

N/A

3.3.2. Technology Locations

N/A

3.3.3. Conceptual Infrastructure Diagram

N/A

3.3.3.1. Location of Environments and External Interfaces

N/A

3.3.3.2. Conceptual Production String Diagram

N/A

4. System Architecture

This eIV project does not require any changes to the architecture

4.1. Hardware Architecture

N/A

4.2. Software Architecture

N/A

4.3. Network Architecture

N/A

4.4. Service Oriented Architecture / ESS

N/A

4.5. Enterprise Architecture

N/A

5. Data Design

This project does not require any changes to the data design

5.1. DBMS Files

The eIV application uses the standard FileMan database structures. The eIV database structures will not require any changes.

5.2. Non-DBMS Files

N/A

5.3. Data View

N/A

6. Detailed Design

6.1. Hardware Detailed Design

This eIV project does not require any changes to the existing hardware

6.2. Software Detailed Design

6.2.1. Conceptual Design

6.2.1.1. Product Perspective

The VistA eIV system is a software package that resides in and among multiple VistA packages. These VistA packages include:

- IB – Integrated Billing – where 3rd party insurance claims are entered and managed

6.2.1.1.1. User Interfaces

User Interface with all eIV application software is performed through existing and new VistA screens. VistA is a character based application accessible through terminal emulator software resident on networked computers.

The eIV application is a character-based system using VA FileMan as its database manager and Cache/M as the programming language. This software application is part of the VistA suite of applications, which include additional clinical and financial applications. There are no Graphical User Interfaces.

6.2.1.1.2. Hardware Interfaces

Communications between VistA sites and HIPAA EDI Services pass through the Local Area Networks (LANs) and across the Department of Veterans Affairs (VA) intranet. The Services communicate over the Austin Automation Technology Center (AITC) LAN and through the private frame relay to the communications clearinghouse for this project. The clearinghouse communicates with the trading partner processors that are continually designated using previously negotiated contractual terms and conditions.

6.2.1.1.3. Software Interfaces

The following software must be installed prior to the release of this product.

- Kernel V. 8.0
- MailMan V. 8.0
- VA FileMan V. 22.0
- Health Level Seven (HL7) V. 1.6
- Integrated Billing V. 2.0

6.2.1.1.4. Communications Interfaces

This project does not add or modify any existing communication interfaces. For IB, the primary communication is the submission of insurance eligibility inquiries and health care claim transactions from the VistA sites to third-party payers via the Financial Services Center (FSC)/AITC and a clearinghouse and then receiving a response.

6.2.1.1.5. Memory Constraints

There are no memory constraints associated with this project.

6.2.1.1.6. Special Operations

There are no special operations associated with this project.

6.2.1.2. Product Features

This product shall provide the following functionality:

- Update the eIV Menu to include three new Menu Options.

6.2.1.3. User Characteristics

In general, the resources that shall work with eIV software need to be knowledgeable in the area of Health Care Eligibility Benefits, Integrated Billing, Insurance payer/billing practices.

6.2.1.4. Dependencies and Constraints

The enhancements to the eIV Menu options will be compliant with regulations mandated by HIPPA.

6.2.2. Specific Requirements

6.2.2.1. Database Repository

This project does not include a change to the existing logical database design.

6.2.2.2. System Features

The following sections of this SDD are taken from the eIV Compliance Phase 2 Requirements Specification Document (RSD). Each individual requirement text as included in the RSD is included here for completeness and readability. The technical overview and technical design for each section will be included after the requirement text by the inclusion of one or more of the Design Element Tables.

6.2.2.2.1. Subscriber Information

- 6.2.2.2.1.1. The system shall allow the user to view Subscriber information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry with the following sections:

- Data from Patient Insurance File

6.2.2.2.1.2. The system shall display the data that will be updated (merged, overwritten, etc.) via the Subscriber Update function in VistA as a result of processing an IVP entry:

- Company Name
- Group #
- Patient Name
- Last Verified
- Effective Date
- Expiration Date
- Subscriber Id
- Whose Insurance
- Pt. Relationship to Subscriber
- Rx Relationship
- Rx Person Code
- Name of Subscriber
- Subscriber's DOB
- Subscriber's SSN
- Subscriber's SEX
- Coord of Benefits
- Emp Sponsored?
- Patient Id
- Subscr Str Ln 1
- Subscr Str Ln 2
- Subscr City
- Subscr State
- Subscr Zip
- Subscr Country
- Subscr Subdiv

6.2.2.2.2. Annual Benefits

6.2.2.2.2.1. The system shall allow the user to view Annual Benefits information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry at the group level with the following sections:

- Data from the Annual Benefits File #355.4
- Data from eIV Report

6.2.2.2.2.2. The system shall display the following data from the Annual Benefits File and eIV Report side by side during IVP entry processing in order for the user to compare the data:

- Last Verified
- Ben Yr
- Policy Information
- Max. Out of Pocket
- Ambulance Coverage (%)

- **Inpatient :**
- Annual Deductible
- Per Admis Deductible
- Inpt. Lifetime Max
- Inpt. Annual Max
- Room & Board (%)
- Drug/Alcohol Lifet. Max
- Drug/Alcohol Annual Max
- Nursing Home (%)
- Other Inpt. Charges (%)
- **Outpatient:**
- Annual Deductible
- Per Visit Deductible
- Lifetime Max
- Annual Max
- Visit (%)
- Max Visits Per Year
- Surgery (%)
- Emergency (%)
- Prescription (%)
- Adult Day Health Care?
- Dental Cov. Type
- Dental Cov. (%)
- **Mental Health Inpatient**
- MH Inpt. Max Days/Year
- MH Lifetime Inpt. Max
- MH Annual Inpt. Max
- Mental Health Inpt. (%)
- **Mental Health Outpatient:**
- MH Opt. Max Days/Year
- MH Lifetime Opt. Max
- MH Annual Opt. Max
- Mental Health Opt. (%)
- **Home Health Care**
- Care Level
- Visits Per Year
- Max. Days Per Year
- Med. Equipment (%)
- Visit Definition
- **Hospice:**
- Annual Deductible
- Inpatient Annual Max.

- Lifetime Max.
- Room and Board (%)
- Other Inpt. Charges (%)
- **Rehabilitation:**
- OT Visits/Yr
- PT Visits/Yr
- ST Visits/Yr
- Med Cnslg. Visits/Yr
- **IV Management:**
- IV Infusion Opt?
- IV Infusion Inpt?
- IV Antibiotics Opt?
- IV Antibiotics Inpt?

6.2.2.2.3. Coverage Limitations

- 6.2.2.2.3.1. The system shall allow the user to view Coverage Limitations information in VistA while utilizing the IBCN Process Insurance Buffer menu to process an IVP entry at the group level with the following sections:
- Data from Patient Insurance File
 - Data from Coverage Limitations File #355.32
 - Data from IVP Entry
- 6.2.2.2.3.2. The system shall display the following data from both sections side by side during IVP entry processing in order for the user to compare the data:
- Plan Coverage Limitations
 - Limit Comments
 - Outpatient Date of Coverage
 - Outpatient Coverage Y/N
 - Outpatient Limit Comments
 - Pharmacy Date of Coverage
 - Pharmacy Coverage Y/N
 - Pharmacy Limit Comments
 - Dental Date of Coverage
 - Dental Coverage Y/N
 - Dental Limit Comments
 - Mental Health Date of Coverage
 - Mental Health Coverage Y/N
 - Mental Health Limit Comments
 - Long Term Care Date of Coverage
 - Long Term Care Coverage Y/N
 - Long Term Limit Comments

6.2.2.3. Design Element Tables

The selected policy data elements that will be used on the display comparison screen will be obtained from the VistA database from the Patient File (#2), Plan Limitation Category File (#355.32). The System shall map the following data elements to the screens.

6.2.2.4. Subscriber Information mapped fields from the Patient File (#2)

	FIELD	FIELD	NAME
Patient Name:	.01		NAME
Last Verified:	.3121,	1.03	DATE LAST VERIFIED (D)
Effective Date:	.3121,	8	EFFECTIVE DATE OF POLICY
Expiration Date:	.3121,	3	INSURANCE EXPIRATION DATE
Subscriber Id:	.3121,	7.02	SUBSCRIBER ID
Whose Insurance:	.3121,	6	WHOSE INSURANCE
Relationship:	.3121,	16	PT. RELATIONSHIP TO INSURED
Rx Relationship:	.3121,	4.05	PHARMACY RELATIONSHIP CODE
Rx Person Code:	.3121,	4.06	PHARMACY PERSON CODE
Name of Insured:	.3121,	7.01	NAME OF INSURED
Insured's DOB:	.3121,	3.01	INSURED'S DOB
Insured's SSN:	.3121,	3.05	INSURED'S SSN
Insured's SEX:	.3121,	3.12	INSURED'S SEX
Primary Provider:	.3121,	4.01	PRIMARY CARE PROVIDER
Provider Phone:	.3121,	4.02	PRIMARY PROVIDER PHONE
Coor of Benefits:	.3121,	.2	COORDINATION OF BENEFITS
Emp Sponsored?:	.3121,	2.1	ESGHP
Patient Id:	.3121,	5.01	PATIENT ID
Subscr Str Ln 1:	.3121,	3.06	INSURED'S STREET 1
Subscr Str Ln 2:	.3121,	3.07	INSURED'S STREET 2
Subscr City:	.3121,	3.08	INSURED'S CITY
Subscr State:	.3121,	3.09	INSURED'S STATE
Subscr Zip:	.3121,	3.1	INSURED'S ZIP
Subscr Country:	.3121,	3.13	INSURED'S COUNTRY
Subscr Subdiv:	.3121,	3.14	INSURED'S COUNTRY SUBDIVISION

=====

6.2.2.5. Annual Benefits Information mapped fields from the Annual Benefits File (#355.4)

	Field	Field Name
Last Verified:	.3121,1.03	DATE LAST VERIFIED (D)
Ben Yr :	355.4,.01	BENEFIT YEAR BEGINNING ON
Policy Information:	355.4,.02	HEALTH INSURANCE POLICY
Max. Out of Pocket:	355.4,.05	MAX. OUT OF POCKET

Ambulance Coverage (%):	355.4,.06	AMBULANCE COVERAGE (%)
Inpatient :		
Annual Deductible:	355.4,5.01	ANNUAL DEDUCTIBLE (INPATIENT)
Per Admis Deductible:	355.4,5.02	PER ADMISSION DEDUCTIBLE
Inpt. Lifetime Max:	355.4,5.03	INPATIENT LIFETIME MAXIMUM
Inpt. Annual Max:	355.4,5.04	INPATIENT ANNUAL MAXIMUM
Room & Board (%):	355.4,5.09	ROOM AND BOARD (%)
Drug/Alcohol Lifet. Max:	355.4,5.07	DRUG & ALCOHOL LIFETIME MAX
Drug/Alcohol Annual Max:	355.4,5.08	DRUG & ALCOHOL ANNUAL MAX
Nursing Home (%):	355.4,5.1	NURSING HOME (%)
Other Inpt. Charges (%):	355.4,5.12	OTHER INPATIENT CHARGES (%)
Outpatient:		
Annual Deductible:	355.4,2.01	ANNUAL DEDUCTIBLE (OPT)
Per Visit Deductible:	355.4,2.02	PER VISIT DEDUCTIBLE
Lifetime Max:	355.4,2.03	OUTPATIENT LIFETIME MAXIMUM
Annual Max:	355.4,2.04	OUTPATIENT ANNUAL MAXIMUM
Visit (%):	355.4,2.09	OUTPATIENT VISIT (%)
Max Visits Per Year:	355.4,2.15	OUTPATIENT VISITS PER YEAR
Surgery (%):	355.4,2.13	OUTPATIENT SURGERY (%)
Emergency (%):	355.4,2.1	EMERGENCY OUTPATIENT (%)
Prescription (%):	355.4,2.12	PRESCRIPTION (%)
Adult Day Health Care? :	355.4,2.17	ADULT DAY HEALTH CARE
Dental Cov. Type:	355.4,2.07	DENTAL COVERAGE TYPE
Dental Cov. (%):	355.4, 2.08	DENTAL COVERAGE \$ OR %
Mental Health Inpatient:		
MH Inpt. Max Days/Year:	355.4,5.14	MH INPT. MAX DAYS PER YEAR
MH Lifetime Inpt. Max:	355.4,5.05	MH LIFETIME INPATIENT MAXIMUM
MH Annual Inpt. Max:	355.4,5.06	MH ANNUAL INPATIENT MAXIMUM
Mental Health Inpt. (%):	355.4,5.11	MENTAL HEALTH INPATIENT (%)
Mental Health Outpatient		
MH Opt. Max Days/Year:	355.4,2.14	MH OPT. MAX DAYS PER YEAR
MH Lifetime Opt. Max:	355.4,2.05	MH LIFETIME OUTPATIENT MAX
MH Annual Opt. Max:	355.4,2.06	MH ANNUAL OUTPATIENT MAX
Mental Health Opt. (%):	355.4,2.11	MENTAL HEALTH OUTPATIENT (%)
Home Health Care:		
Care Level:	355.4,3.01	HOME HEALTH CARE LEVEL
Visits Per Year:	355.4,3.02	HOME HEALTH VISITS PER YEAR
Max. Days Per Year:	355.4,3.03	HOME HEALTH MAX DAYS PER YEAR
Med. Equipment (%):	355.4,3.04	HOME HEALTH MED. EQUIPMENT (%)
Visit Definition:	355.4,3.05	HOME HEALTH VISIT DEFINITION
Hospice:		
Annual Deductible:	355.4,4.01	HOSPICE ANNUAL DEDUCTIBLE
Inpatient Annual Max. :	355.4,4.02	HOSPICE INPATIENT ANNUAL MAX
Lifetime Max. :	355.4,4.03	HOSPICE INPT. LIFETIME MAX
Room and Board (%):	355.4,4.04	ROOM AND BOARD (%)
Other Inpt. Charges (%):	355.4,4.05	OTHER INPATIENT CHARGES (%)

Rehabilitation:

OT Visits/Yr:	355.4,3.06	OCCUPATIONAL THERAPY # VISITS
PT Visits/Yr:	355.4,3.07	PHYSICAL THERAPY # VISITS
ST Visits/Yr:	355.4,3.08	SPEECH THERAPY # VISITS
Med Cnslg. Visits/Yr:	355.4,3.09	MEDICATION COUNSELING # VISITS

IV Management:

IV Infusion Opt? :	355.4,4.06	IV INFUSION OPT.
IV Infusion Inpt? :	355.4,4.07	IV INFUSION INPT.
IV Antibiotics Opt? :	355.4,4.08	IV ANTIBIOTICS OPT.
IV Antibiotics Inpt? :	355.4,4.09	IV ANTIBIOTICS INPT.

6.2.2.6. Coverage Limitations Information mapped fields from the Patient File (#2) and from the Plan Limitation Category File (#355.32)

Coverage Limitations Information mapped fields from the Patient File (#2),

FIELD	FIELD	NAME
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Fields are Mapped from the Plan Limitation Category File (#355.32)

Coverage:	355.32,	.02	COVERAGE CATEGORY
Effective Date:	355.32,	.03	EFFECTIVE DATE
Covered?:	355.32,	.04	COVERAGE STATUS
Limit Comments:	355.32,	2	LIMITATION COMMENT
Outpatient Coverage:	355.32,	.04	COVERAGE STATUS
Outpatient Date:	355.32,	.03	EFFECTIVE DATE
Pharmacy Coverage:	355.32,	.04	COVERAGE STATUS
Pharmacy Date:	355.32,	.03	EFFECTIVE DATE
Dental Coverage:	355.32,	.04	COVERAGE STATUS
Dental Date:	355.32,	.03	EFFECTIVE DATE
Mental Health Coverage:	355.32,	.04	COVERAGE STATUS
Mental Health Date:	355.32,	.03	EFFECTIVE DATE
Long Term Coverage:	355.32,	.04	COVERAGE STATUS
Long Term Date:	355.32,	.03	EFFECTIVE DATE

6.2.2.7. Proposed Screen Mockup – Subscriber Information Screen**Patient Policy Information**

Policy Information for: [REDACTED] XXX-XX-XXXX

[REDACTED] Insurance Company ** Plan Currently Active **

Company Name: [REDACTED]

Group #: GRP NUM 13805

Patient Name: IBSUB,ACTIVE

Last Verified: APR 22, 2014

Effective Date: MAR 12, 2014

Expiration Date:

Subscriber Id: 111111AE
 Whose Insurance: VETERAN
 Relationship: PATIENT
 Rx Relationship:
 Rx Person Code:
 Name of Insured: XXXXXXXXXX
 Insured's DOB: FEB 02, 1922
 Insured's SSN: xxx-xx-xxxx
 Insured's SEX: MALE
 Primary Provider:
 Provider Phone:
 Coord of Benefits: PRIMARY
 Emp Sponsored?:
 Patient Id: 111111AE
 Subscr Str Ln 1: 15 Main Street
 Subscr Str Ln 2: APT 15
 Subscr City: DAYTON
 Subscr State: OHIO
 Subscr Zip: 45404
 Subscr Country: US
 Subscr Subdiv:

6.2.2.8. Proposed Screen Mockup – Annual Benefits Information Screen

Buffer Data	Selected Group/Plan
Last Verified:	
Ben Yr :	
Policy Information:	
Max. Out of Pocket:	
Ambulance Coverage (%):	
Inpatient :	
Annual Deductible:	
Per Admis Deductible:	
Inpt. Lifetime Max:	
Inpt. Annual Max:	
Room & Board (%):	
Drug/Alcohol Lifet. Max:	
Drug/Alcohol Annual Max:	
Nursing Home (%):	
Other Inpt. Charges (%):	
Outpatient:	
Annual Deductible:	
Per Visit Deductible:	
Lifetime Max:	

Annual Max:	
Visit (%):	
Max Visits Per Year:	
Surgery (%):	
Emergency (%):	
Prescription (%):	
Adult Day Health Care? :	
Dental Cov. Type:	
Dental Cov. (%):	
Mental Health Inpatient:	
MH Inpt. Max Days/Year:	
MH Lifetime Inpt. Max:	
MH Annual Inpt. Max:	
Mental Health Inpt. (%):	
Mental Health Outpatient	
MH Opt. Max Days/Year:	
MH Lifetime Opt. Max:	
MH Annual Opt. Max:	
Mental Health Opt. (%):	
Home Health Care:	
Care Level:	
Visits Per Year:	
Max. Days Per Year:	
Med. Equipment (%):	
Visit Definition:	
Hospice:	
Annual Deductible:	
Inpatient Annual Max. :	
Lifetime Max. :	
Room and Board (%):	
Other Inpt. Charges (%):	
Rehabilitation:	
OT Visits/Yr:	
PT Visits/Yr:	
ST Visits/Yr:	
Med Cnslg. Visits/Yr:	
IV Management:	
IV Infusion Opt? :	
IV Infusion Inpt? :	
IV Antibiotics Opt? :	
IV Antibiotics Inpt? :	
PT Visits/Yr:	
ST Visits/Yr:	
Med Cnslg. Visits/Yr:	
IV Management:	
IV Infusion Opt? :	

IV Infusion Inpt? :	
IV Antibiotics Opt? :	
IV Antibiotics Inpt? :	

6.2.2.9. Proposed Screen Mockup – Coverage Limitations Information Screen

Policy Data: Selected Policy
 Company Name: XXXXXXXXXX
 Group #: GRP NUM 13805
 Patient Name: IBSUB,ACTIVE
 Last Verified: APR 22, 2014

Plan Coverage Limitations

Coverage	Effective Date	Covered?	Limit Comments
-----	-----	-----	-----
INPATIENT	00/00/1900	NO	
OUTPATIENT	00/00/1900	NO	
PHARMACY	00/00/1900	NO	
DENTAL	00/00/1900	NO	
MENTAL HEALTH	00/00/1900	NO	
LONG TERM CARE	00/00/1900	NO	

6.3.Network Detailed Design

N/A

6.4.Service Oriented Architecture / ESS Detailed Design

N/A

7. External System Interface Design

N/A

7.1. Interface Architecture

N/A

7.2. Interface Detailed Design

N/A

8. Human-Machine Interface

This project does not change the human-machine interface, which is composed of a user reading a Mailman message using the Mailman application.

8.1. Interface Design Rules

N/A

8.2. Inputs

N/A

8.3. Outputs

N/A

8.4. Navigation Hierarchy

N/A

9. Security and Privacy

This project does not add any additional security or privacy design considerations

9.1. Security

N/A

9.2. Privacy

N/A

Attachment A – Approval Signatures

This section is used to document the approval of the System Design Document. The review should be conducted face to face where signatures can be obtained ‘live’ during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add /es/name by each position cited. Example provided below.

The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, Project Manager, and the Co-chairs of the Architecture and Engineering Review Board (AERB) are required to sign.

Signed:

Date:

< *Integrated Project Team (IPT) Chair* >

Signed:

Date:

< *Business Sponsor* >

Signed:

Date:

< *IT Program Manager* >

Signed:

Date:

< *Project Manager* >

Signed:

Date:

Co-Chair of Architecture & Engineering Review Board (AERB)

Architecture, Strategy, and Design (ASD)

Signed:

Date:

Co-Chair of Architecture & Engineering Review Board (AERB)
Service, Delivery, and Engineering (SDE)

A. Additional Information

A.1. RTM

See section 1.6 (Relationship to Other Documents and Plans) for information on the Requirements Traceability Matrix and other documents.

A.2. Packaging and Installation

Software packaging and installation will be done using the VistA Kernel Installation and Distribution System (KIDS) application.

A.3. Design Metrics

N/A

A.4. Acronym List and Glossary

See section 1.7 (Definitions, Acronyms, and Abbreviations) for a list of definitions and acronyms.

A.5. Required Technical Documents

N/A