

Department of Veterans Affairs

Medical ePayments Compliance (Phase 2, Iteration 2)

System Design Document



May 2014

Version 1.0

Revision History

Date	Version	Description	Author
May 23, 2014	1.0	Original	

Artifact Rationale

The System Design Document (SDD) is a dual-use document that provides the conceptual design as well as the as-built design. This document will be updated as the product is built, to reflect the as-built product. Per the Project Management Accountability System (PMAS) Guide, the SDD as a conceptual design is required prior to the Milestone 1 Review. (Sections 1, 2, 3, 4, 5, 7, 9 need to be populated, as applicable.) The as-built design for each delivery must be incorporated prior to the Milestone 2 Review. (The entire document needs to be populated or updated, as applicable.)

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1. Introduction

Changes to Veterans Health Information Systems and Technology Architecture (VistA) Accounts Receivable (AR), Integrated Billing (IB), Insurance Capture Buffer (ICB) and Kernel application software are being requested by the Veterans Health Administration (VHA) Chief Business Office (CBO) eBusiness Solutions to comply with the legislative changes mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by Public Law (P.L.) 111-148 The Patient Protection and Affordable Care Act (PPACA), Section 1104.

The Medical ePayments Compliance (Phase 2, Iteration 2) project ensures VA's compliance with Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA) Operating Rules and enables VA to more effectively use ERA data, resulting in better revenue and cash flow management; provides the infrastructure foundation for electronic exchange of claim payment information and promotes an interoperable system; reduces the time elapsed between receipt of the 835 and receipt of the CCD+ transaction; ensures that trace numbers between payments and remittances can be used by VA, reducing the level of open accounts receivable and allowing claim denials to be more quickly addressed; and standardizes EFT & ERA enrollment, reducing workload burden on VA staff.

This project work is necessary to meet federally mandated requirements of the Administrative Simplification provisions in Section 1104 of the [PPACA of 2010](#) [REDACTED] and the [Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#): [h](#) [REDACTED]

Changes to the ePayments (835 and EFT) program area will be required to ensure compliance. Specifically, enhancements to the VistA Third Party EDI Lockbox module to increase timely and accurate processing of payments for electronic pharmacy claims in compliance with HIPAA and VHA Fiscal Accounting policies will also be required. The ePayments system is used by AR staff to process payments from third party payers for both medical and pharmacy claims. The objectives of the requested ePayments software modifications are to expedite accurate payments by enhancing the ePayments software to streamline the user's ability to process the pharmacy 835 while:

- Complying with HIPAA legislative requirements to meet patient needs and secure Protected Health Information (PHI).
- Conducting payment accounting in accordance with the Office of Management and Budget (OMB) directives.
- Systematically enforcing VHA Fiscal Accounting policy.
- Providing software tools in support of efficient business models to maximize the volume of electronic data received from third party payers to increase revenue and save productive dollars.

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 ePayments Compliance Phase 2 for VHA. It identifies the top-level system architecture, and identifies hardware, software, communication, and interface components.

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

1.2. Identification

This project will provide an enhancement to the Accounts Receivable and Integrated Billing application packages. The patch number for these releases are:

Accounts Receivable – Version 4.5 – Patch #303

Integrated Billing – Version 2 – Patch #525

1.3. Scope

The scope of this SDD is limited to satisfying the functional requirements specified in the Medical ePayments Compliance Phase 2 Iteration 2_Requirements Specifications Document (RSD).

Please refer to Section 1 of the Medical ePayments Compliance Phase 2 Iteration 2_Requirements Specifications Document RSD for more detailed information.

1.4. Constraining Policies, Directives and Procedures

No additional constraining policies, directives, and procedures apply to this project.

1.5. User Characteristics

Type of User	Description	Responsibilities
Primary Users	AR Technicians (Account Management/Cash Management)	Ensure VHA claims are appropriately adjudicated by third party payers and post those payments in VistA, including amounts that offset veteran copayments
Secondary Users	CBO Business Operations	Measure performance of billing staff in processing claims.

Secondary Users	Veterans Integrated Service Network (VISN) Business Implementation Managers, VA Medical Center (VAMC) Revenue Coordinators/Consolidated Patient Account Center (CPAC) Revenue Coordinators	Oversee billing and collection activities at the VISN, VAMC and CPAC level.
Secondary Users	CBO	Oversee revenue cycle operations, national payer relations and collections.
Secondary Users	VAMC Information Resource Managers (IRMs)	Provide on-site support for VistA system at each medical center.
Secondary Users	Product Support (PS)	Provide national user support.
Secondary Users	PNC Bank	Process all electronic payments.
Secondary Users	Veterans	Receive timely first party statements on recently dispensed prescriptions and medical care.

1.6. Relationship to Other Documents and Plans

Business Requirements Document:

20130518_Medical_ePayments_Compliance_Phase 2_Iteration 2_BRD_v1 0

Requirement Specification Document: ePayments Compliance (Phase 2 Iteration 2) Increment 1 Requirements Specification Document

Requirements Traceability Matrix: ePayments Compliance (Phase 2 Iteration 2) Increment 1 Requirements Traceability Matrix

1.7. Definitions, Acronyms, and Abbreviations

OIT Master Glossary: [REDACTED]

Term	Definition
ACH	Automated Clearing House
AITC	Austin Information Technology Center
AR	Accounts Receivable
ASC	Accredited Standards Committee
BN	Business Need

Term	Definition
BRD	Business Requirements Document
CA	Certification and Accreditation
CBO	Chief Business Office
CCD	Continuity of Care Document
CCD+	Cash Concentration or Disbursement Plus Addendum
CFR	Code of Federal Regulations
CM	Clinical Modifications
CPAC	Consolidated Patient Account Center
EDES	Emergency Department Encounter Summary
EEOB	Electronic Explanation of Benefits
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
EOB	Explanation of Benefits
EPHRA	Explanation of Benefit Payment Healthcare Resolution Application
eMRA	Electronic Medicare Remittance Advice
ERA	Electronic Remittance Advice
FIPS	Federal Information Processing Standard
FMS	Financial Management System
FSC	Financial Services Center
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HITSP	Health Information Technology Standards Panel
HL7	Health Level Seven
HPID	Health Plan Identifier
IB	Integrated Billing
ICB	Insurance Capture Buffer
ICD	International Classification of Diseases
IEC	International Electrochemical Commission
IFR	Interim Final Rules
IHE	Integrating the Healthcare Enterprise
IPT	Integrated Project Team

Term	Definition
IRM	Information Resource Manager
ISO	International Organization for Standardization
IT	Information Technology
LOINC	Logical Observation Identifiers, Names, and Codes
(M) MUMPS	Massachusetts General Hospital Utility Multi-Programming System
MU	Meaningful Use
NCPDP	National Council for Prescription Drug Programs
NIST	National Institute of Standards and Technology
NISTIR	National Institute of Standards and Technology Interagency Report
NPI	National Provider Identifier
NSR	New Service Request
NTRT	New Term Rapid Turnaround
OIA	Office of Informatics and Analytics
OIT	Office of Information and Technology
OM	Operations and Maintenance
ONC	Office of the National Coordinator for Health Information Technology
OWNR	Owner Requirement
PCS	Procedure Coding System
PNC	Pittsburgh National Corporation
PPACA	Patient Protection and Affordable Care Act
PRF	Problem Reporting Form
PS	Product Support
Rx	Prescription
RAEM	Requirements Analysis and Engineering Management
RDM	Requirements Development and Management
RMR	Requirements Management Repository
SDS	Standard Data Services
SIM	Strategic Investment Management
SME	Subject Matter Expert
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
STS	Standards and Terminology Services

Term	Definition
UCD	User Centered Design
UI	User Interface
VA	Department of Veterans Affairs
VAMC	Veterans Administration Medical Center
VETS	VA Enterprise Terminology Services
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture

1.8. References

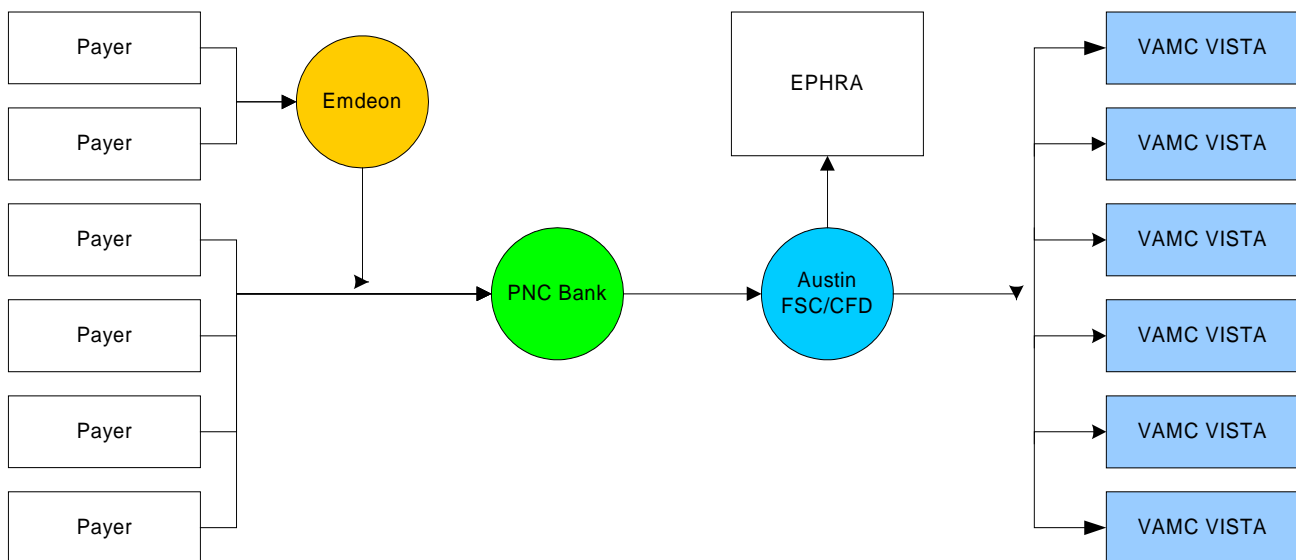
- 20130518_Medical_ePayments_Compliance_Phase 2_Iteration_2_BRD
- VistA Document Library (VDL) <http://www4.va.gov/vdl>
- Technical Services Project Repository (TSPR)
<http://tspr.vista.med.va.gov/tspr/index.asp>
- VHA National Directive 2010-0021, published May 14, 2010. [REDACTED]

2. Background

2.1. Overview of the System

The ePayments software supplements the current accounts receivable processes by eliminating some data entry and automating the process of entering payments on a field service receipt. The FSC in Austin sends ERA and EFT data files Explanation of Benefits (EOB) Payment Healthcare Remittance Advice (EPHRA) to the ePayments software in VistA. This allows a VA site to create an electronic receipt that replaces the paper field service receipt for payments.

2.2. Overview of the Business Process



2.3. Business Benefits

Please refer to the document 20130518_Medical_ePayments_Compliance_Phase 2_Iteration_2_BRD_v1 0.doc for a discussion of the benefits.

2.4. Assumptions and Constraints

2.4.1. Design Assumptions

No design assumptions were made related to this change.

2.4.2. Design Constraints

- Modifications to the ePayments processes and to VistA will adhere to all HIPAA standards.

- Modifications to the ePayments processes and to VistA will adhere to all VHA Fiscal Accounting policies and guidelines.

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

N/A

2.5.2. Overview of Functional Workload / Performance Requirements

N/A

2.5.3. Overview of Operational Requirements

N/A

2.5.4. Overview of the Technical Requirements

N/A

2.5.5. Overview of the Security or Privacy Requirements

N/A

2.5.6. Overview of System Criticality and High Availability Requirements

The ePayments system is composed of and is a subset of two VistA applications Integrated Billing and Accounts Receivable. Each of these applications has its own availability and downtime requirements which will be VAMC dependent. The ePayments application does not impose any requirement beyond the requirement already specified by each of the applications.

2.5.7. Single Sign-on Requirement

No additional Single Sign-on requirements are needed for this project.

2.5.8. Requirement for Use of Enterprise Portals

This project will use existing Enterprise Portals.

2.5.9. Special Device Requirements

No Special Devices are needed for this project.

2.6. Legacy System Retirement

No Legacy systems will be retired by the changes needed for this project.

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

N/A

3.3.2. Special Technology

N/A

3.3.3. Technology Locations

N/A

3.3.4. Conceptual Infrastructure Diagram

N/A

3.3.4.1. Location of Environments and External Interfaces

N/A

3.3.4.2. Conceptual Production String Diagram

N/A

4. System Architecture

This 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

5.1. DBMS Files

The ePayments application uses the standard FileMan database structures. Please refer to 6.2.3.3 for any changes to these structures.

5.2. Non-DBMS Files

N/A

5.3. Data View

N/A

6. Detailed Design

6.1. Hardware Detailed Design

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

- IB – Integrated Billing – where 3rd party (insurance) pharmacy claims are entered and managed
- AR – Accounts Receivable – where monies from the pharmacy 3rd party claims are received and managed

6.2.1.1.1. User Interfaces

User Interface with all ePayments 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 ePayments 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

N/A

6.2.1.1.3. Software Interfaces

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

- Kernel V. 8.0
- VA FileMan V. 22.0
- Integrated Billing V. 2.0
- Accounts Receivable V. 4.5

6.2.1.1.4. Communications Interfaces

This project does not add or modify any existing communication interfaces

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:

- Allow the IB OUTPUT TREND REPORT be imported into Excel
- Allow AR to auto post paper bills during the nightly AR processes
- Display the PAYER Name and TIN when viewing an ERA entry under the Bill Charges option in the EEOB Worklist.

6.2.1.3. User Characteristics

In general, the resources that shall work with ePayments software need to be knowledgeable in the area of Accounts Receivable and Integrated Billing.

6.2.1.4. Dependencies and Constraints

This project does not add any additional dependencies or constraints.

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 Medical ePayments Compliance Phase 2 Iteration 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. The system shall provide enhancements to the Auto-auditing function for Paper Bills [Requirement 13.2]

- 6.2.2.2.1.1. The system shall, as part of the current nightly processing, automatically run through open bills/paper bills with a status in the AR file of NEW BILL.
- 6.2.2.2.1.2. The system shall identify which bills are in NEW BILL status, that have all of the necessary information (i.e. all necessary fields are completed – patient info, insurance company, subscriber info, codes).
- 6.2.2.2.1.3. If all of the necessary information is in the AR file, the process shall update the AR entry to contain the Category of REIMBURSABLE INSURANCE, HI (HEALTH INSURANCE 3RD PARTY BILLING) in the 'Bill Resulting From' field.
- 6.2.2.2.1.4. For records updated during this process, the system shall update the status to ACTIVE in the Accounts Receivable file.
- 6.2.2.2.1.5. The system shall have a settable site parameter to allow an authorized user (i.e.an AR Supervisor) to turn the auto audit on or off as desired.

6.2.2.2.2. The system shall provide modifications to the Insurance Payment Trend Report

- 6.2.2.2.2.1. The system shall have the field 'ERA Payer Name/TIN' = name and TIN directly from the 835 and display this under the ERA and TRACE # on the EEOB Screen for the Bill Charges Option.[Requirements 11.3 and 13.1]
- 6.2.2.2.2.2. The Insurance Payment Trend Report shall be modified to display the Payer's Name/TIN in the Header on the Summary and Main reports using the Payer TIN and Name stored in the (835). [Requirement 11.4]
- 6.2.2.2.2.3. A new option shall be provided for users to export the Insurance Payment Trend Report to Microsoft Excel. [Requirement 13.1]
- 6.2.2.2.2.4. The Insurance Payment Trend Report shall be modified to display the 835 flag in front of the patient Name if an 835 (ERA) is attached to the reported claim. [Requirement 13.1]

6.2.2.3. Design Element Tables

6.2.2.3.1. Routines (Entry Points)

Routines	Activities
Routine Name	PRCABJ
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.1.1

Routines	Activities
Routine Name	PRCABJ
Related Options	[PRCA NIGHTLY PROCESS]

Related Routines	Routines "Called By"	Routines "Called"
	None	PRCABJ1

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic
<p>DRIVER ;All processes are called from this point N CHK,POP,% S CHK=0 D CHK,INT,CHK,EN^RCCPCBJ,CHK,STM,CHK,RECPT,CHK,TOP,CHK,EVNT,CHK,BNUM D CHK,ENUM,CHK,PURFMS,CHK,EN3^RCFMOBR,CHK,START^RCRJR,CHK,UB D CHK,STATMNT,CHK,UDLIST^PRCABJ1,CHK,LIST,CHK,COMMENT,CHK,REPAY D CHK,WRKLD,CHK,EFT,CHK,CBO D NOW^%DTC S \$P(^RC(342,1,0),"^",10)=% L ^RC("PRCABJ") K ^RC("PRCABJ") Q</p>

Modified Logic (Changes are in bold)

Modified Logic (Changes are in bold)

Add a new call to a new tag, ABPOST, at DRIVER+5, to call the process to queue the Auto Posting

Add a new TAG at the end of the routine, ABPOST which shall queue the process in tag ABPOST^PRCABJ1 to perform the Auto Posting.

Routines	Activities
Routine Name	PRCABJ1
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.1.2
Related Options	[PRCA NIGHTLY PROCESS]

Related Routines	Routines "Called By"	Routines "Called"
	PRCABJ	None

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic

N/A – New logic to add

Modified Logic (Changes are in bold)

<add to the end after tag UDLIST>.

ABPOST ; Auto Post Paper Bills if required information is present.

For every entry in the Accounts Receivable File (#430) with a status of **NEW BILL**

- Check to see if the bill has data in the following fields
 - Patient IEN
 - Debtor
 - Subscriber IEN
 - Group Name
 - Group Number
- If all needed fields above are present the following fields will be updated in the AR file.
 - Category will be updated REIMBURS.HEALTH INS.
 - Bill Resulting From will be updated to HI (Health Insurance, 3rd Party Billing)
 - Status will be updated to ACTIVE

Routines	Activities
Routine Name	IBJTBA1
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.2.1
Related Options	[RCDPE EDI LOCKBOX WORKLIST]

Related Routines	Routines “Called By”	Routines “Called”
IBJTBA*	IBJTBA	None

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A

Routines	Activities
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic
<pre> MRA2 ; N IBD S IBLN=\$\$SET^IBJTBA("",IBLN) S IBD="EOB/MRA Information"_\$S(\$D(IBCTOF):("\$_G(IBEObCT)" OF "_IBCTO F_")",1:"") S IBSTR=\$\$SETLN^IBJTBA(IBD,"",30,45),\$E(IBSTR,1,2)=">>",IBLN=\$\$SET^IBJT BA(IBSTR,IBLN) S IBD="EOB Type: "_IBTY,IBSTR=\$\$SETLN^IBJTBA(IBD,"",5,59) S IBLN=\$\$SET^IBJTBA(IBSTR,IBLN) S IBD="ICN: "_IBCN,IBSTR=\$\$SETLN^IBJTBA(IBD,"",10,30) S IBD="Patient Resp Amount: "_\$S('IBPT:X,1:IBPT) S IBSTR=\$\$SETLN^IBJTBA(IBD,IBSTR,44,35) S IBLN=\$\$SET^IBJTBA(IBSTR,IBLN) S IBD="Payer Name: "_IBPY,IBSTR=\$\$SETLN^IBJTBA(IBD,"",3,40) S IBD="Total Allowed Amount: "_\$S('IBTA:X,1:IBTA) S IBSTR=\$\$SETLN^IBJTBA(IBD,IBSTR,43,36) S IBLN=\$\$SET^IBJTBA(IBSTR,IBLN) S IBD="EOB Date: "_IBPR,IBSTR=\$\$SETLN^IBJTBA(IBD,"",5,35) S IBD="Total Submitted Charges: "_\$S('IBTS:X,1:IBTS) S IBSTR=\$\$SETLN^IBJTBA(IBD,IBSTR,40,39) S IBLN=\$\$SET^IBJTBA(IBSTR,IBLN) S IBD="Svc From Dt: "_\$\$DAT1^IBOUTL(\$P(IBM1,U,10)) S IBSTR=\$\$SETLN^IBJTBA(IBD,"",2,38) S IBD="Svc To Dt: "_\$\$DAT1^IBOUTL(\$P(IBM1,U,11)) S IBSTR=\$\$SETLN^IBJTBA(IBD,IBSTR,54,25) S IBLN=\$\$SET^IBJTBA(IBSTR,IBLN) S IBSTR="" I IBTY["MRA" S IBD="MRA Review Status: "_IBST,IBSTR=\$\$SETLN^IBJTBA(IBD, "",2,38) S IBD=\$\$S('\$G(IBSPL):" ",1:"****")_ "Reported Payment Amt: "_\$S('IBCA:\$J(X ,"",2),1:\$J(+IBCA,"",2)) </pre>

Current Logic

```
S IBSTR=$$SETLN^IBJTBA(IBD,IBSTR,41,37)
S IBLN=$$SET^IBJTBA(IBSTR,IBLN)
;
; begin IB*2.0*451
; display Trace # and ERA # for every EOB record found. MRAs will not have an ERA #, only a Trace #
I IBTY]" D
. S IBTRACE=$P($G(^IBM(361.1,IBI,0)),U,7)
. I IBTRACE]" S IBERAE=$O(^RCY(344.4,"D",IBTRACE,""))
. S IBD="    ERA #: "_$G(IBERAE),IBSTR=$$SETLN^IBJTBA(IBD,"",1,25)
. S IBLN=$$SET^IBJTBA(IBSTR,IBLN)
. S IBD="    Trace #: "_$G(IBTRACE),IBSTR=$$SETLN^IBJTBA(IBD,"",1,80)
; Trace # can be up to 50 characters long
. S IBLN=$$SET^IBJTBA(IBSTR,IBLN)
. S IBLN=$$SET^IBJTBA("",IBLN)
; end IB*2.0*451
;
I IBTY["MRA",$D(^IBM(361.1,IBI,21)) D
. S IBD=$TR($J("",35)," ","-")_"Review"_$TR($J("",38)," ","-")
. S IBSTR=$$SETLN^IBJTBA(IBD,"",1,79),IBLN=$$SET^IBJTBA(IBSTR,IBLN)
. S (IBST,IBCN)=0 F S IBCN=$O(^IBM(361.1,IBI,21,IBCN)) Q:'IBCN S X=$G(^IBCN,0)) D
.. S IBST=0
.. S IBD="Review Date: "_$$DAT1^IBOUTL($P(X,U))
.. S IBSTR=$$SETLN^IBJTBA(IBD,"",1,30)
.. S IBD="Reviewed By: "_$P($G(^VA(200,$P(X,U,2),0)),U)
.. S IBSTR=$$SETLN^IBJTBA(IBD,IBSTR,40,39)
.. S IBLN=$$SET^IBJTBA(IBSTR,IBLN)
.. S IBD=0 F S IBD=$O(^IBM(361.1,IBI,21,IBCN,1,IBD)) Q:'IBD S IBSTR=$$SETLN^IBJTBA($S('IBST:"Comments: ",1:"")_$G(^IBD,0)), "",1,$S('IBST:69,1:79)),IBST=1,IBLN=$$SET^IBJTBA(IBSTR,IBLN)
. I 'IBST D
.. S IBSTR=$$SETLN^IBJTBA("None","",1,10)
.. S IBLN=$$SET^IBJTBA(IBSTR,IBLN)
;
```

Modified Logic (Changes are in bold)

Modify the software at line MRA2+39 to add a line of code to display the Payer Name and TIN

Modified Logic (Changes are in bold)

on one line after the ERA and Trace #. Also add a new blank line afterwards.,

Routines	Activities
Routine Name	IBOTR1
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.2.2
Related Options	[IB OUTPUT TREND REPORT]

Related Routines	Routines "Called By"	Routines "Called"
IBOTR*	IBOTR	IBOTR2

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic

```

EXRC  S DIR(0)="Y",DIR("B")="NO"
      S DIR("A")="Do you want to include receivables referred to Reg. Counsel
"
      S DIR("?")="^S IBOFF=66 D HELP^IBOTR11"
      W ! D ^DIR K DIR S IBINRC=+Y I $D(DIRUT)!$D(DTOUT)!$D(DUOUT) G END
      ;
DEV   W !,"You will need a 132 column printer for this report!"

```

Current Logic
<pre> S %ZIS="QM" D ^%ZIS G:POP END I \$D(IO("Q")) D G END .S ZTRTN="^IBOTR2",ZTDESC="INSURANCE PAYMENT TREND REPORT" .F X="IB*", "VAUTD", "VAUTD(" S ZTSAVE(X)=" .D ^%ZTLOAD W !,\$S(\$D(ZTSK):"This job has been queued. The task number is "_ZTSK_",1:"Unable to queue this job.") .K ZTSK,IO("Q") D HOME^%ZIS U IO .*** ' END K DIRUT,DTOUT,DUOUT,DIROUT Q </pre>

Modified Logic (Changes are in bold)
<p>Modify the software between the EXRC and the DEV tags to</p> <ul style="list-style-type: none"> • Add a new tag, EXCEL, to <ul style="list-style-type: none"> ○ Ask the user if they wish to download the report to Excel, calling tag DISPTY ○ If so, display an information message for the user explaining how to set up their device definition in the future and screen logging so they can capture the downloaded information. ○ Ask for device information. The code currently falls through. This will need to be converted into a subroutine. ○ If the report is not queued, run the report ○ Clean up variables and End. (END^IBOTR1) • Using DISPTY^RCDPEM3 as a template, create a tag DISPTY to do ask if the user wishes to output the report in EXCEL importable format. • Using tag INFO^RCDPEM6 as a template, create the tag INFO to explain how to set up logging and device capture. • Convert tags DEV and END to subroutines instead of tags.

Routines	Activities
Routine Name	IBOTR3
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.2.2
Related Options	[IB OUTPUT TREND REPORT]

Related Routines	Routines "Called By"	Routines "Called"
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Related Routines	Routines “Called By”	Routines “Called”
IBOTR*	IBOTR2	IBOTR4

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic
<p>IBOTR3 ;ALB/CPM - INSURANCE PAYMENT TREND REPORT - OUTPUT ;5-JUN-91 ;;2.0;INTEGRATED BILLING;**42,80,100,118,128,133,447**;;21-MAR-94;Build 80 ;;Per VHA Directive 2004-38, this routine should not be modified. ; ;MAP TO DGCROTR3 ; EN(IBDIV) ; - Entry point from IBOTR2. ; ; - Extract zero totals if no data available. I \$G(IBXTRACT),'\$D(^TMP(\$J,"IBOTR",IBDIV)) D G END .S IBUNPD=0 F X=1:1:8 S IBTT(X)=0 .D E^IBJDE(8,0) ; I \$G(IBXTRACT) G IBX ; Calculate grand totals for extract. ; S IBPAG=0,IBLINE="", \$P(IBLINE,"-",IOM)="-",Y=DT D D^DIQ S IBTDT=Y I \$D(IBAF) D ADDFLD^IBOTR4 I '\$D(^TMP(\$J,"IBOTR",IBDIV)) D S IBCALC=3 D PAUSE G END .S IBX=\$S("Bb"[IBBRT:IBBRT,IBBRN="C": "A",1:"I")</p>

Current Logic

```
.D HDR W !," NO INFORMATION MATCHES SELECTION CRITERIA."
;
IBX   S IBX="" F S IBX=$O(^TMP($J,"IBOTR",IBDIV,IBX)) Q:IBX="" D Q:IBQUIT
.I IBPRNT="G"!($G(IBG)) S IBTT="0^0^0^0^0^0^0^0^0^0"
.D:$G(IBXTRACT) HDR Q:IBQUIT D INS
;
END   K IBINS,IBPAG,IBLINE,IBTDT,IBX,IBTT,IBTI,IBCALC,IBBN,IBD,IBDS,IBAF
K IBAMT,IBG,IBI,IBPERC,IBUNPD,X,X1,X2,IBGRP
Q
;
INS   ; - Loop through each insurance company or amount.
I IBSORT="I" D
.S IBINS="" F S IBINS=$O(^TMP($J,"IBOTR",IBDIV,IBX,IBINS)) Q:IBINS=""
D BILLNO Q:IBQUIT
I IBSORT="I" D
.S IBAMT="" F S IBAMT=$O(^TMP($J,"IBOTRS",IBDIV,IBX,IBAMT)) Q:IBAMT=""
S IBINS="" F S IBINS=$O(^TMP($J,"IBOTRS",IBDIV,IBX,IBAMT,IBINS)) Q:IBINS=""(
IBQUIT) D BILLNO Q:IBQUIT
;
; - Extract grand totals data.
I $G(IBXTRACT),IBQUIT D Q
.S IBUNPD=$J($P(IBTT,U,2)-$P(IBTT,U,5),0,2)
.F X=1:1:8 S IBTT(X)=$S(19'[X:$J($P(IBTT,U,X),0,2),1:$P(IBTT,U,X))
.D E^IBJDE(8,0)
;
I 'IBQUIT,$G(IBG) D GTOT^IBOTR4 ; Write grand totals for report.
Q
;
BILLNO ; - Loop through all bills for an insurance company.
I $G(IBXTRACT) G LOOP
I $Y>(IOSL-15) S IBCALC=15 D PAUSE Q:IBQUIT D HDR Q:IBQUIT
I IBPRNT="G" S IBDS=0,IBTI="0^0^0^0" D INSADD
E I $G(IBG) S IBTT="0^0^0^0^0^0^0^0^0^0" D INSADD
LOOP   ; add group# for p447
;S IBBN="" F S IBBN=$O(^TMP($J,"IBOTR",IBDIV,IBX,IBINS,IBBN)) Q:IBBN=""
" S IBD=^(IBBN) D DETAIL Q:IBQUIT
S IBGRP="" F S IBGRP=$O(^TMP($J,"IBOTR",IBDIV,IBX,IBINS,IBGRP)) Q:IBGR
P=""!(IBQUIT) D
.I IBPRNT="M" W !,"Group #"_$S(IBGRP=0:IBGRP,1:" None Defined")
.S IBBN="" F S IBBN=$O(^TMP($J,"IBOTR",IBDIV,IBX,IBINS,IBGRP,IBBN)) Q:
```

Current Logic

```
IBBN="" S IBD=^(IBBN) D DETAIL Q:IBQUIT
  I 'IBQUIT D
  .I IBPRNT="G" D SUBTOT^IBOTR4 ; Write insurance co. sub-totals.
  .E D:$G(IBG) GTOT^IBOTR4 ; Write insurance co. grand totals.
  Q
  ;
DETAIL ; - Write out detail lines.
  N IBPEN S IBPEN=$S($P(IBBN,"@@",2))["*":0,1:$P(IBM,U,6)-$P(IBM,U,7))
  G:IBPRNT="S" SUBTOT G:IBPRNT="G" GNDTOT
  I $Y>(IOSL-7) S IBCALC=7 D PAUSE Q:IBQUIT D HDR Q:IBQUIT D INSADD
  ;W !,$P(IBBN,"@@",2),?10,$P(IBBN,"@@"),?34,$$DATE($P(IBM,U,2))
  W !,$P(IBBN,"@@",2),?13,$P(IBBN,"@@"),?35,$$DATE($P(IBM,U,2))
  W ?44,$$DATE($P(IBM,U,3)),?54,$$DATE($P(IBM,U,4))
  W ?64,$S($P(IBM,U,5)):$DATE($P(IBM,U,5)),1:$P(IBM,U,5))
  S X1=$S($P(IBM,U,5):$P(IBM,U,5),1:DT),X2=$P(IBM,U,4) D ^%DTC S IBDS=IBM
S+X
  W ?74,$J(X,4),?79,$J($P(IBM,U,6),11,2),?91,$J($P(IBM,U,7),10,2)
  W ?102,$J($P(IBM,U,6)-$P(IBM,U,7),11,2),?114,$J(IBPEN,11,2)
  W ?126,$J($S(+$P(IBM,U,6)=0:0,1:$P(IBM,U,7)/$P(IBM,U,6)*100),6,2)
  ;
SUBTOT ; - Update sub-totals.
  S $P(IBM,U)=$P(IBM,U)+1,$P(IBM,U,2)=$P(IBM,U,2)+$P(IBM,U,6)
  S $P(IBM,U,3)=$P(IBM,U,3)+$P(IBM,U,7),$P(IBM,U,4)=$P(IBM,U,4)+IBPEN
  ;
GNDTOT ; - Update grand totals.
  S $P(IBM,U)=$P(IBM,U)+1,$P(IBM,U,2)=$P(IBM,U,2)+$P(IBM,U,6)
  I +$P($P(IBBN,"@@"),("2)<65 S $P(IBM,U,3)=$P(IBM,U,3)+$P(IBM,U,6),$
P(IBM,U,6)=$P(IBM,U,6)+$P(IBM,U,7)
  E S $P(IBM,U,4)=$P(IBM,U,4)+$P(IBM,U,6),$P(IBM,U,7)=$P(IBM,U,7)+$P
(IBM,U,7)
  S $P(IBM,U,5)=$P(IBM,U,5)+$P(IBM,U,7),$P(IBM,U,8)=$P(IBM,U,8)+IBPEN
  I $G(IBCANC),$P(IBM,U,8) S $P(IBM,U,9)=$P(IBM,U,9)+1,$P(IBM,U,10)=$P
(IBM,U,10)+$P(IBM,U,6)
  Q
  ;
HDR ; - Print the report header.
  S IBPAG=IBPAG+1 W @IOF,IBRTN," PAYMENT TREND REPORT - "
  W $S(IBX="I":"INPATIENT",IBX="O":"OUTPATIENT",1:"COMBINED INPATIENT AND
OUTPATIENT")," BILLING"
  W ?109,IBTDT," PAGE ",$J(IBPAG,3),!
```


Current Logic

```
I IBDIV W "For: ", $P($G(^DG(40.8,IBDIV,0)),U), " - "
W IBDFN,": ", $$DATE(IBBDT), " - ", $$DATE(IBEDT)
I IBPRNT="M" W ?82,"Note: '*' after the Bill No. denotes a CLOSED bill"
W:$D(IBAF) !,IBAFT G:IBPRNT="G" HDL
;W !,"BILL",?10,"PATIENT",?55,"DATE",?64,"DATE BILL",?75,"#"
W !,"BILL",?13,"PATIENT",?55,"DATE",?64,"DATE BILL",?75,"#"
W ?83,"AMOUNT",?93,"AMOUNT",?106,"AMOUNT",?117,"AMOUNT",?127,"PERC"
;W !,"NUMBER",?10,"NAME (AGE)",?34,"BILL FROM - TO",?54,"PRINTED"
W !,"NUMBER",?13,"NAME (AGE)",?35,"BILL FROM - TO",?54,"PRINTED"
W ?65,"CLOSED",?74,"DAYS",?83,"BILLED",?92,"COLLECTED",?106,"UNPAID"
W ?117,"PENDING",?127,"COLL"
HDL W !,IBLINE
I IBPRNT="M" W !?56,"M A I N R E P O R T"
I IBPRNT="G" W !?55,"G R A N D T O T A L S",!
I IBPRNT="S" W !?49,"S U M M A R Y S T A T I S T I C S"
I "OP"[IBSORT W !?30,"S O R T E D B Y A M O U N T ", $S(IBSORT="O": "O
W E",1:"P A I"), " D - H I G H E S T T O L O W E S T"
S IBQUIT=$$STOP^IBOUTL("Trend Report")
Q
;
DATE(IBX) S:IBX]" IBX=$E(IBX,4,5)_"_/$E(IBX,6,7)_"_/$E(IBX,2,3) Q IBX
;
PAUSE I $E(IOST,1,2)'="C-" Q
I IOSL<60 F IBI=$Y:1:(IOSL-IBCALC) W !
S DIR(0)="E" D ^DIR K DIR
I $D(DIRUT)!($D(DUOUT)) S IBQUIT=1 K DIRUT,DTOUT,DUOUT
Q
;
INSADD ; - Display Insurance Company name and address.
; Input: IBINS
N D,PH,IEN
W !?16,"INSURANCE CARRIER: ", $P(IBINS,"@ @")
S IEN=$P(IBINS,"@ @",2) G:IEN INSADQ
S D=$G(^DIC(36,IEN,.11)),PH=$P($G(^.13),U) G:D="" INSADQ
W:$P(D,U)]"" !?35,$P(D,U)
W:$P(D,U,2)]"" !?35,$P(D,U,2)
W:$P(D,U,3)]"" !?35,$P(D,U,3)
W:$P(D,U)]""!($P(D,U,2)]""!($P(D,U,3)]"" !?35
W $P(D,U,4) W:$P(D,U,4)]""&($P(D,U,5)]"" ) , "
W $P($G(^DIC(5,$P(D,U,5),0)),U)
```

Current Logic
W:\$P(D,U,6)]""&(\$P(D,U,4)]""!(\$P(D,U,5)]"")) " " W \$P(D,U,6) W:PH]"" \$J("",8),"Phone: ",PH INSADQ W ! Q

Modified Logic (Changes are in bold)
<p>Modify the current software to allow output to appear in a character delimited format for screen capturing and importing into Excel. The following tags will need to be adjusted so that Excel output flag (IBOEXCEL) is set, then the output is “^” delimited.</p> <ul style="list-style-type: none"> • LOOP • DETAIL • HDR • HDL • INSADD

Routines	Activities
Routine Name	IBOTR4
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.2.2
Related Options	[IB OUTPUT TREND REPORT]

Related Routines	Routines “Called By”	Routines “Called”
IBOTR*	IBOTR3	N/A

Routines	Activities
Data Dictionary (DD) References	N/A
Related Protocols	N/A
Related Integration Control Registrations (ICRs)	N/A
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local

Routines	Activities
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:

Current Logic
<p>IBOTR4 ;ALB/CPM - INSURANCE PAYMENT TREND REPORT - OUTPUT (CON'T.) ; 31-DEC-91</p> <p>;;2.0;INTEGRATED BILLING;**42,100,118,128**;21-MAR-94</p> <p>;</p> <p>;MAP TO DGCROTR4</p> <p>;</p> <p>ADDFLD ; - Build descriptive title for BILL/CLAIMS field.</p> <p>S IBAFT=IBAFN_": "</p> <p>I IBAFD D Q</p> <p>.S IBAFT=IBAFN_\$(IBAFF=0&(IBAFL=9999999):"ALL DATES",IBAFF=0:"ALL DATE</p> <p>S THROUGH "_\$\$DATE^IBOTR3(IBAFL),IBAFL=9999999:"ALL DATES ON AND AFTER</p> <p>"_\$\$DATE^</p> <p>IBOTR3(IBAFL),1:\$\$DATE^IBOTR3(IBAFF)_" THROUGH "_\$\$DATE^IBOTR3(IBAFL))</p> <p>I \$(IBAFZ) S IBAFT=IBAFN_\$(IBAFZ="ALL":"ALL VALUES",1:"NULL VALUES ON</p> <p>LY") Q</p> <p>I IBAFF="@ " S IBAFT=IBAFN_\$(IBAFL)":"ALL VALUES THROUGH "_IBAFL_", IN</p> <p>CLUDING NULLS",1:"ALL VALUES, INCLUDING NULLS") Q</p> <p>S IBAFT=IBAFN_\$(IBAFF)":"ALL VALUES THROUGH "_IBAFL,IBAFL)":"ALL V</p> <p>ALUES FOLLOWING "_IBAFF,1:"ALL VALUES BETWEEN "_IBAFF_" AND "_IBAFL)</p> <p>Q</p> <p>;</p> <p>SUBTOT ; - Calculate and write sub-totals for each insurance company.</p> <p>I \$Y>(IOSL-7) S IBCALC=7 D PAUSE^IBOTR3 Q:IBQUIT D HDR^IBOTR3,INSADD^</p> <p>BOTR3</p> <p>I IBPRNT="M" W !?79,"----- ----- -----</p> <p>---</p> <p>W !,"TOTAL NUMBER OF BILLS",\$(IBPRNT="M":(AVG # DAYS)",1:""),": "</p> <p>W +IBTI,\$\$(IBPRNT="M":("_\$J(\$\$(+IBTI:IBDS/+IBTI,1:0),0,1)_)",1:"")</p> <p>W ?79,\$J(\$P(IBTI,U,2),11,2),?91,\$J(\$P(IBTI,U,3),10,2),\$(IBSORT="P":"</p> <p>,1:"")</p> <p>W ?102,\$J(\$P(IBTI,U,2)-\$P(IBTI,U,3),11,2),\$(IBSORT="O":",1:"")</p> <p>W ?114,\$J(\$P(IBTI,U,4),11,2),?126,\$J(\$P(\$P(IBTI,U,2):0,1:\$P(IBTI,U,3)/</p> <p>\$P(IBTI,U,2)*100),6,2)</p>

Current Logic
<pre> Q ; GTOT ; - Calculate and write grand totals for report. I \$Y>(IOSL-15) S IBCALC=15 D PAUSE^IBOTR3 Q:IBQUIT D HDR^IBOTR3 I IBPRNT'="G" W ! W !?40,"GRAND TOTAL NUMBER OF BILLS:",?80,\$J(+IBTT,11) W !?40,"GRAND TOTAL AMOUNT BILLED:",?80,\$J(\$P(IBTT,U,2),11,2) W !?40,"GRAND TOTAL AMOUNT BILLED-UNDER 65:",?80,\$J(\$P(IBTT,U,3),11,2) W !?40,"GRAND TOTAL AMOUNT BILLED-65 & OVER:",?80,\$J(\$P(IBTT,U,4),11,2) W !?40,"GRAND TOTAL AMOUNT COLLECTED:",?80,\$J(\$P(IBTT,U,5),11,2) W !?40,"GRAND TOTAL AMOUNT COLLECTED-UNDER 65:",?80,\$J(\$P(IBTT,U,6),11, 2) W !?40,"GRAND TOTAL AMOUNT COLLECTED-65 & OVER:",?80,\$J(\$P(IBTT,U,7),11 ,2) W !?40,"GRAND TOTAL AMOUNT UNPAID:",?80,\$J(\$P(IBTT,U,2)-\$P(IBTT,U,5),11 ,2) W !?40,"GRAND TOTAL AMOUNT PENDING:",?80,\$J(\$P(IBTT,U,8),11,2) W !?40,"PERCENTAGE COLLECTED:",?80,\$J(\$S('\$P(IBTT,U,2):0,1:\$P(IBTT,U,5) /\$P(IBTT,U,2)*100),11,2) I \$G(IBCANC) D .W !?40,"GRAND TOTAL NUMBER OF CANCELLED BILLS:",?80,\$J(\$P(IBTT,U,9),11) .W !?40,"GRAND TOTAL AMOUNT OF CANCELLED BILLS:",?80,\$J(\$P(IBTT,U,10),1 1,2) S IBCALC=3 D PAUSE^IBOTR3 Q </pre>

Modified Logic (Changes are in bold)
<p>Modify the current software to allow output to appear in a character delimited format for screen capturing and importing into Excel. The following tags will need to be adjusted so that Excel output flag (IBOEXCEL) is set, then the output is “^” delimited.</p> <ul style="list-style-type: none"> • SUBTOT • GTOT

6.2.2.3.2. Templates

Templates	Description
Template Name	RCMS EDI LOCKBOX
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RSD	2.6.1.2
Template Type	<input type="checkbox"/> Sort <input checked="" type="checkbox"/> Input <input type="checkbox"/> Print <input type="checkbox"/> Other
Related Options	N/A

Related Routines	Routines “Called By”	Routines “Called”
N/A	RCMSITE	

Routines	Description
Data Dictionary (DD) References	<p>^DD(342,7.02,0)="NUMBER OF DAYS EFT UNMATCHED^NJ2,0^^7;2^K:+X'=X!(X>99)!(X<0)!(X?.E1"".""1N.N)X"</p> <p>^DD(342,7.03,0)="NUMBER OF DAYS ERA UNMATCHED^NJ2,0^^7;3^K:+X'=X!(X>99)!(X<0)!(X?.E1"".""1N.N)X"</p> <p>^DD(342,1,7.04 (NEW))="AUTO POST PAPER BILLS" = YES OR NO</p>
Global References	

6.2.2.3.3. Field Definition Changes

Field Name	Auto Post Paper Bills
Field Description	A Yes/No prompt to see if the site wishes to allow their Paper Bills to be posted during the AR Nightly Processes [PRCA NIGHTLY PROCESS]
Field #	342,7.04
Node #	7
Piece #	4
New Field	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Delete
Data Type	<input type="checkbox"/> Date/Time <input checked="" type="checkbox"/> Numeric <input type="checkbox"/> Set of Codes <input type="checkbox"/> Free Text <input type="checkbox"/> Pointer to a File <input type="checkbox"/> Variable-Pointer
Identifier	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Uneditable Field	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Mandatory Field	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Field Documentation or Help Changes Necessary	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Current Field Definition	N/A
Modified Field Definition Changes are highlighted	<p>342, 7.04 Auto Post Paper Bills 7;4 NUMBER</p> <p>INPUT TRANSFORM: N/a</p> <p>LAST EDITED: N/A</p> <p>HELP-PROMPT: 0 for No, 1 for Yes</p> <p>DESCRIPTION: A Yes/No prompt to see if the site wishes to allow their Paper Bills to be posted during the AR Nightly Processes [PRCA NIGHTLY PROCESS]</p> <p>TECHNICAL DESCR: A Yes/No prompt to see if the site wishes to allow their Paper Bills to be posted during the AR Nightly Processes [PRCA NIGHTLY PROCESS]</p>
Input/Output Transform	N/A
Cross-Reference (id and type)	<input type="checkbox"/> Regular <input type="checkbox"/> Kwic <input type="checkbox"/> Mnemonic <input type="checkbox"/> Mumps <input type="checkbox"/> Soundex <input type="checkbox"/> Trigger <input type="checkbox"/> Bulletin

7. External System Interface Design

This project does not include an interface to an external system.

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.

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