

# **Department of Veterans Affairs**

**Health Administration Product Enhancements (HAPE)**

**Electronic Data Interchange (EDI)**

**Medical Care Collection Fund (MCCF) Enhancements**

**Uniform Use of Claim Adjustment Reason Code (CARC) and  
Remittance Advice Remark Code (RARC) (835) Rule**

**(Phase 2, Iteration 2)**

**Increment 1**

**System Design Document**



***May 2014***

**Version 1.0**

## Revision History

Date	Version	Description	Author
5/23/2014	1.0	Initial Version	

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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 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.

VHA uses the following standard, unique identifiers and Electronic Data Interchange (EDI) transactions in support of its third-party revenue and collections operation:

- National Provider Identifier (NPI)
- 270/271 Health Care Eligibility Benefit Inquiry and Response
- 837 Health Care Claims – Institutional and Professional
- National Council Pharmacy Drug Program (NCPDP) Pharmacy Transactions
- 835 Health Care Claim Payment/Advice
- EFT

The Uniform Use of CARC/RARC (835) Rule (Phase 2, Iteration 2) projects allow VA to more effectively obtain payment from patients, to more quickly generate secondary claims to other payers, and to reduce open accounts receivable through implementation of standard CARC/RARC usage.

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]  
[REDACTED]

## 1.1. Purpose of the SDD

The Uniform Use of CARC/RARC (835) Rule (Phase 2, Iteration 2) projects allow VA to more effectively obtain payment from patients, to more quickly generate secondary claims to other payers, and to reduce open accounts receivable through implementation of standard CARC/RARC usage.

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

The purpose of this Software Design Document (SDD) is to detail the system design to be constructed that will support the requirements for the CARC/RARC (835) Rule

(Phase 2, Iteration 2) projects 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 Uniform Use of CARC RARC 835 Rule (Phase 2 Iteration 2) Requirements Specifications Document (RSD).

Please refer to Section 1 of the Uniform Use of CARC RARC 835 Rule (Phase 2 Iteration 2) Requirements Specifications Document 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

### Primary and Secondary Users

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	Oversee billing and collection activities at the VISN, VAMC and CPAC level.

	Coordinators/Consolidated Patient Account Center (CPAC) Revenue Coordinators	
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:** 20130515 Uniform Use of CARC RARC 835 Rule (Phase 2 Iteration 2) BRD

**Requirement Specification Document:** Uniform Use of CARC and RARC Rule Increment 1 Requirements Specification Document

**Requirements Traceability Matrix:** Uniform Use of CARC and RARC Rule 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
BRD	Business Requirements Document
CA	Certification and Accreditation



<b>Term</b>	<b>Definition</b>
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
IRM	Information Resource Manager
ISO	International Organization for Standardization

Term	Definition
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
UCD	User Centered Design
UI	User Interface

Term	Definition
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

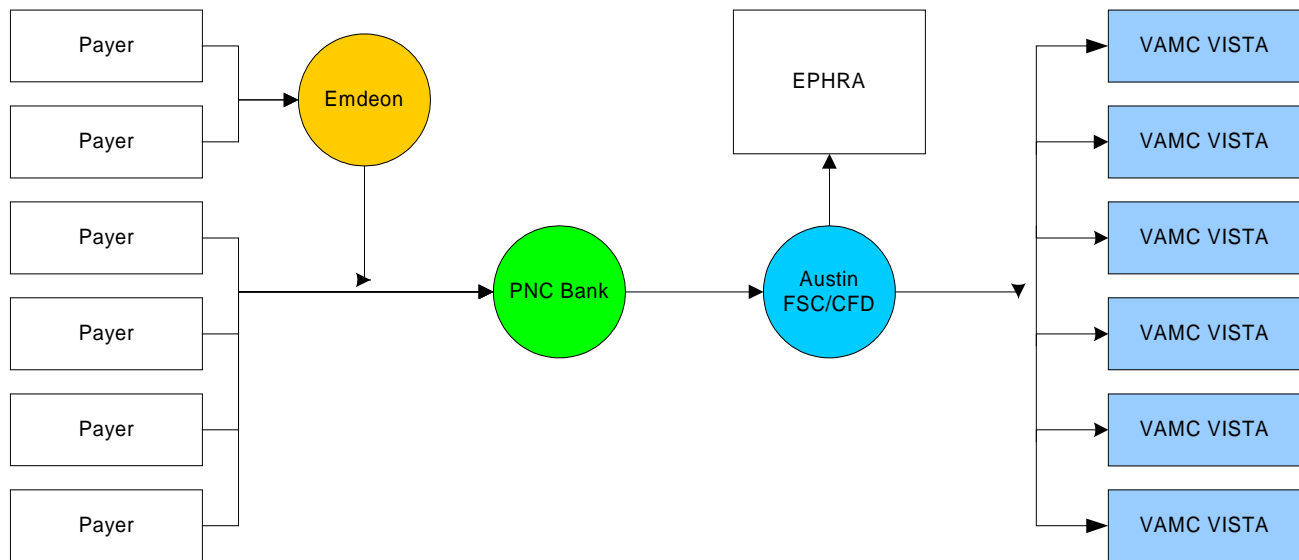
- 20130515 Uniform Use of CARC RARC 835 Rule (Phase 2 Iteration 2) BRD
- VistA Document Library (VDL) <http://www4.va.gov/vdl>
- Technical Services Project Repository (TSPR)  
<http://tspr.vista.med.va.gov/tspr/index.asp>
- VHA National Directive 2010-0021, published May 14, 2010. [h](#)

## 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 ePayment 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 20130515\_Uniform Use of CARC RARC 835 Rule (Phase 2 Iteration 2) BRD.doc for a discussion of the benefits.

### 2.4. Assumptions and Constraints

- Modifications to the Uniform Use CARC RARC processes and to VistA will adhere to all HIPAA standards.
- Modifications to the Uniform Use CARC RARC processes and to VistA will adhere to all VHA Fiscal Accounting policies and guidelines.

#### 2.4.1. Design Assumptions

No design assumptions were made related to this change.

## **2.4.2. Design Constraints**

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

N/A

### **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**

No additional requirements for the addition security for these enhancements.

### **2.5.6. Overview of System Criticality and High Availability Requirements**

The ePayment 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**

N/A

### **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

#### 3.1.1. 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

**Table 9: Database Inventory**

Database Name	Description	Type	Steward
File 361.1	Explanation of Benefits	Add index on field .06, the EOB PAID DATE	Application
File 361.1	Explanation of Benefits	Add index on field .02 PAYER NAME	Application

#### 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

##### 3.2.3.2.1. CARC CODE PAYER REPORT [RCDPE PAYER CARC CODE PAYER REPORT]

**Table 11: CARC CODE PAYER Report Description**

Report Column	Data Source
Payer Name	File 361.1 (EOB File) Field .02 (PAYER NAME) using Bill # /Claim #
Payer TIN/ID	File 344.4 (ERA file) Field .03 (INSURANCE CO ID)
Date of Service	File 399 (BILL/CLAIMS) Field .03 (EVENT DATE)
Claim/Bill #	File 399 (BILL/CLAIMS) Field .01 (BILL NUMBER)
Amount Billed	File 399 (BILL/CLAIMS) Field 201 (TOTAL CHARGES) get to it by EOB Detail (File 344.41 (ERA DETAIL) Field .02 (EOB DETAIL) ) which should point to File 361.1 (EOB File) look at Field .01 (BILL) which should point to File 399 (BILL/CLAIMS)
Claim Balance	From "Amount Billed", above, subtract amount paid from File 344.4 (ERA File) Field .05 (TOTAL AMOUNT PAID)
CARC Code	[Need more analysis] File 361.1 (EOB File) field 10 (835 CLAIM LEVEL ADJUSTMENTS) and Field 15 (835 LINE LEVEL ADJUSTMENTS) are possible locations as is File 344.42 (ERA LEVEL ADJUSTMENTS) Field .02 (ADJUSTMENT CODE) and File 361.111 (REASONS SUB-FIELD) Field .01 (REASON CODE)
CARC Write-off Amount	[Moer Analysis required] but, this information appears to occur in sub-file 361.111 (REASONS SUB-FIELD) Field .02 (AMOUNT)
Patient	From "Claim/Bill #" go to file 399 (BILL/CLAIMS) Field .02 (PATIENT NAME) which is a pointer to the File 2 (PATIENT)
SSN	From "Claim/Bill #" go to file 399 (BILL/CLAIMS) Field .02 (PATIENT NAME) which is a pointer to the File 2 (PATIENT) and retrieve Field .09 (SOCIAL SECURITY NUMBER)
Trace Number	File 344.4 (ELECTRONIC REMITTANCE ADVICE) Field .02 (TRACE NUMBER)
Date of Payment	File 361.1 (EOB File) Field .06 (EOB PAID DATE) using Bill # /Claim #

### 3.2.3.2.2. RARC CODE PAYER REPORT [RCDPE PAYER RARC CODE PAYER REPORT]

**Table 11: RARC CODE PAYER Description**

Report Column	Data Source
Payer Name	File 361.1 (EOB File) Field .02 (PAYER NAME) using Bill # /Claim #
Payer TIN/ID	File 344.4 (ERA file) Field .03 (INSURANCE CO ID)
Date of Service	File 399 (BILL/CLAIMS) Field .03 (EVENT DATE)
Claim/Bill #	File 399 (BILL/CLAIMS) Field .01 (BILL NUMBER)
Amount Billed	File 399 (BILL/CLAIMS) Field 201 (TOTAL CHARGES) get to it by EOB Detail (File 344.41 (ERA DETAIL) Field .02 (EOB DETAIL) ) which should point to File 361.1 (EOB File) look at Field .01 (BILL) which should point to File 399 (BILL/CLAIMS)



Report Column	Data Source
Claim Balance	From "Amount Billed", above, subtract amount paid from File 344.4 (ERA File) Field .05 (TOTAL AMOUNT PAID)
RARC Code	[More analysis required] File 361.1 (EOB File) field 10 (835 CLAIM LEVEL ADJUSTMENTS) and Field 15 (835 LINE LEVEL ADJUSTMENTS) are possible locations as is File 344.42 (ERA LEVEL ADJUSTMENTS) Field .02 (ADJUSTMENT CODE) and File 361.111 (REASONS SUB-FIELD) Field .01 (REASON CODE)
RARC Write-off Amount	[More Analysis required] but, this information appears to occur in sub-file 361.111 (REASONS SUB-FIELD) Field .02 (AMOUNT)
Patient	From "Claim/Bill #" go to file 399 (BILL/CLAIMS) Field .02 (PATIENT NAME) which is a pointer to the File 2 (PATIENT)
SSN	From "Claim/Bill #" go to file 399 (BILL/CLAIMS) Field .02 (PATIENT NAME) which is a pointer to the File 2 (PATIENT) and retrieve Field .09 (SOCIAL SECURITY NUMBER)
Trace Number	File 344.4 (ELECTRONIC REMITTANCE ADVICE) Field .02 (TRACE NUMBER)
Date of Payment	File 361.1 (EOB File) Field .06 (EOB PAID DATE) using Bill # /Claim #

### **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**

#### **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 existing 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**

The CARC/RARC code report application uses the standard FileMan database structures. The CARC/RARC code report application database structures will require additional indices to be created to improve report running time. FileMan changes will be documented as needed in section 6.2.2.2 (System Features)

### **5.1. DBMS Files**

N/A

### **5.2. Non-DBMS Files**

N/A

### **5.3. Data View**

N/A

## **6. Detailed Design**

### **6.1. Hardware Detailed Design**

No new hardware is needed for this enhancement.

### **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 is no Graphical User Interface.

##### **6.2.1.1.2. Hardware Interfaces**

No new hardware is needed for this enhancement.

##### **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 the Claims Adjustment Reason Codes:

- Allow the CARC CODE PAYER REPORT [RCDPE PAYER CARC CODE PAYER REPORT] to show payers and the CARC codes returned on the 835 forms to be imported into Excel
- Shall provide a summary of the CARC codes returned by payer for the date range specified
- Display the PAYER Name and TIN when viewing an ERAs.

This product shall provide the following functionality the Remittance Advice Remark Codes:

- Allow the CARC CODE PAYER REPORT [RCDPE PAYER CARC CODE PAYER REPORT] to show payers and the CARC codes returned on the 835 forms to be imported into Excel
- Shall provide a summary of the CARC codes returned by payer for the date range specified
- Display the PAYER Name and TIN when viewing an ERAs

#### **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**

Index on file 361.1 field .06 field (EOB PAID DATE) for the EOB.

Index on file 344.4 field .03 (INSURANCE CO ID) also called Payer TIN

### **6.2.2.2. System Features**

The CARC and RARC reports will allow Account Managers to get a summary of the adjustments that payers make to assist in evaluating that the payers are returning meaningful data to the Veterans Administration.

The following is the possible selection criteria for the report:

- Date Range, off the date paid from the EOB PAID DATE in file 361.1 field .06. A range shall be required.
- Payer TIN (INSURANCE CO ID) which can be a single Payer, a list of Payers or ALL with ALL being the default.
- List of CARC/RARC codes or ALL, with ALL being the default.

The report shall order the report on Payer names and summarize the CARC codes used for that date range.

Output shall be to the screen or it can be specified to be output to a delimited file that can be imported to a spreadsheet application.

### **6.2.2.3. Design Element Tables**

Report fields, Detailed

- Payer Name: Retrieved from File 361.1 field .02 using bill number to find payer
- Payer TIN: Retrieved from File 361.1 field .03 or from payer id ^RCY(344.4,,0) piece 3
- Date of Service Event date: File 399 field .03
- Claim/Bill #: File 399 field .01
- Amount Billed (file 399 field 201) get to it by EOB Detail (344.41 .02 field ) which will point to IB 361.1 then look at the .01 (BILL field) which will point to 399 file.
- Claim Balance (take "Amount Billed" and subtract amount paid (344.4 the .05 field)
- CARC Code: From File 361.1 field 10 and 15 are possible locations asi is File 344.42 field .02
- CARC Write-off Amount: Frrom sub-file 361.111 field .02
- Patient name: From Claim/Bill # go to File 399, field .02 points to the patient file
- SSN in the patient file see "Patient Name"
- Trace Number: File 344.4 field .02 (^RCY(344.4..0) piece 2)
- Date of Payment: File 361.1 field .06 (EOB paid date)

Report fields, Summary:

- Payer Name: Retrieved from File 361.1 field .02 using bill number to find payer
- Payer TIN: Retrieved from File 361.1 field .03 or from payer id ^RCY(344.4,,0) piece 3

- CARC Code and count for the date range specified

#### 6.2.2.3.1. Routines (Entry Points)

**Table 15 (Grouping): Routines**

<b>Routines</b>	<b>Activities</b>
<b>Routine Name</b>	RCDPARC
<b>Enhancement Category</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
<b>RTM</b>	
<b>Related Options</b>	

<b>Related Routines</b>	<b>Routines “Called By”</b>	<b>Routines “Called”</b>

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

<b>Current Logic</b>
NA

<b>Modified Logic (Changes are in bold)</b>
New routine

**Table 15 (Grouping): Routines**

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

Related Routines	Routines “Called By”	Routines “Called”

Routines	Activities
Data Dictionary (DD) References	
Related Protocols	
Related Integration Control Registrations (ICRs)	
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
NA

Modified Logic (Changes are in bold)
New routine

#### 6.2.2.3.2. Templates

This section is not applicable.

#### 6.2.2.3.3. Bulletins

This section is not applicable.



#### **6.2.2.3.4. Data Entries Affected by the Design**

No changes to the data as stored is required for this enhancement.

#### **6.2.2.3.5. Unique Record(s)**

No unique records are required by this enhancement.

#### **6.2.2.3.6. File or Global Size Changes**

The additional indices will affect the size of the files and it will be approximately 30 bytes per record in each file.

**Table 22: File or Global Size Changes**

<b>File/Global Name(s)</b>	<b>Estimated Increase</b>	<b>Estimated Decrease</b>
344.4	30 bytes/record	
361.1	30 bytes/record	

#### **6.2.2.3.7. Mail Groups**

No mail group will be affected by this enhancement.

#### **6.2.2.3.8. Security Keys**

No Security Keys shall be affected by the addition of these reports.

#### **6.2.2.3.9. Options**

No Options are affected by this enhancement.

### **6.3. Network Detailed Design**

No changes to network design required by these enhancements.

### **6.4. Service Oriented Architecture / ESS Detailed Design**

No changes to network design required by these enhancements.

## **7. External System Interface Design**

No new external system interfaces are needed for this enhancement.

### **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