

**Health Administration Product Enhancements (HAPE)  
Electronic Data Interchange (EDI)  
Medical Care Collection Fund (MCCF) Enhancements**

**Insurance Verification Processor (IVP) (Phase 1, Iteration 1)  
Increment 3**

**NSR #20130517  
IDRP #180838**

**Requirements Specification Document**



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# 1. Introduction

Chief Business Office (CBO) eBusiness Solutions is sponsoring this request. In an ongoing effort to improve and increase revenue, eBusiness Solutions will implement best practices related to insurance capture and verification. The project will incorporate industry standard card scanning capabilities and a Windows Graphical User Interface (GUI) interface for Veterans Health Information Systems and Technology Architecture (VistA) to provide Veterans Health Administration (VHA) insurance intake and verification clerks the electronic software system necessary to capture and verify insurance information for Veterans. This business process will be appointment driven and will implement a standard business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

## 1.1. Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the requirements for the following project: Health Administration Product Enhancements (HAPE) Electronic Data Interchange (EDI) Medical Care Collection Fund (MCCF) Enhancements for the Insurance Verification Processor (IVP) application. The RSD will specifically address the Business Needs (BN), Business Features (BF), and Business Detailed Requirements (BDR). The target audience for this RSD includes the Office of Enterprise Development (OED), Product Support, Software Quality Assurance, the CBO, Financial Services Center (FSC) technical support staff, and the end users.

New GUI software is being requested to streamline and enhance existing data capture and processing abilities of Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) package. VHA is also in the process of updating its current Health Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards to the updated operating rules and Health Plan Identifier (HPID) requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA). VHA must address business changes and software system impacts that will result from final rules published by the Department of Health and Human Services (HHS) to meet the administrative simplification mandates of PPACA section 1104. While this body of work will not specifically address any particular HIPAA or PPACA regulations, any GUI software developed will need to be cognizant of HIPAA and PPACA mandates now and in the future.

An Office of Inspector General (OIG) audit, OIG Report 11-00333-254 - Audit of VHA's Medical Care Collections Fund (MCCF) Billing of Veterans Administration (VA) – Provided Care Status Update Request, focused on VHAs intake process of collecting insurance information. The current intake process method was found lacking in the collection, monitoring and auditing performance. This engineered GUI software project will develop a more aggressive and consolidated method of meeting OIG's improvement expectations.

## 1.2. Scope

This document presents the functional requirements for the Insurance Verification Processor (IVP) Enhancement. Harris Corporation development team derived these requirements from the business needs referenced in the following table as well as requirements elaboration meetings with the customer.

In an ongoing effort to increase revenue and improve the collections process, the Chief Business Office (CBO) will implement best practices related to insurance capture and verification. The IVP will incorporate industry standard card scanning capabilities and a Windows GUI to provide VHA insurance intake and verification clerks the electronic software system necessary to seamlessly capture new insurance information for veterans. This business process will be appointment driven and will implement a standard business process that captures and verifies insurance information and demographic data through paperless technology combined with VistA integration.

The IVP will be a real-time insurance intake and verification processor developed for Insurance Intake Clerks who perform veteran check-in processes; Insurance Verification clerks who perform insurance validation processes; VA Medical Center (VAMC) and Consolidated Patient Account Center (CPAC) Managers who perform process monitoring activities; CPAC Project Management Office (CPAC PMO) performing business oversight; and VHA CBO Leadership performing business systems guidance. This software must be present at CPACs and at every patient treatment area of all VHA facilities. The IVP application incorporates insurance card scanning along with integrating VistA Appointment Scheduling, the Master Insurance File, the Insurance Buffer file, the Patient's Insurance File, and Veterans Point of Service (VPS) kiosks in a user friendly, standardized software application.

The BNs from the Business Requirements Document (BRD) are:

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
BN 1		Adhere to the Enterprise Level requirements within the Requirements Management Repository (RMR) and as specifically addressed in Appendix D of the BRD.
BN 2		Utilize nationally standardized terminology for use of trademarked names created in IVP (e.g., Health Care Clearing House (HCCH) for Emdeon, WebMD).
OWNER 2.1		Provide the ability to express all content using nationally recognized reference and authoritative terminology standards (e.g., Logical Observation Identifiers, Names, and Codes [LOINC], Systematized Nomenclature of Medicine Clinical Terms [SNOMED CT], etc.).
OWNER 2.2		Utilize nationally standardized terminology for all VistA data files.
BN 3		Provide Windows based GUI integrating VistA Patient File (#2), Patient Insurance File (#2.312), Insurance Company File (#36); Group Plan File (#355.3), Insurance Buffer File (#355.3), IIV Response File (#365), HPID (file # To Be Determined [TBD]) and other such VistA files as deemed necessary for MCCC and Non-MCCC insurance verification purposes.
OWNER 3.1		System must utilize single sign on routine.
OWNER 3.2		System shall synchronize VistA assigned menus with IVP assigned menus or user roles.
OWNER 3.3		System shall provide the ability to access multiple VistA installations across multiple VAMCs, Veterans Integrated Service Networks (VISNs) and Regions with single sign on.
OWNER 3.4		System shall be compatible with the majority of scanners in current use, regardless of manufacturer, model, and design. Only TWAIN driver scanners are used.
OWNER 3.5		System shall be 508 compliant.
OWNER 3.6		Create new VistA Source of Information Code – IVP (#355.12).
BN 4		IVP shall be accessible at CBO Revenue Operations, to include: CPAC PMO, eBusiness Solutions, and Business Information Office (BIO).
OWNER 4.1		System shall provide ability for CBO designated personnel to provide oversight over all system functionality.
OWNER 4.2		All system data shall be available to designated CBO level personnel, including reports.

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 4.3		All system data and reports shall have the ability to be generated, viewed and exported.
OWNER 4.4		CBO shall have access to view, add, edit, and save IVP system parameters across all IVP system data and reports.
OWNER 4.5		CBO shall have access to assign VAMC databases (VistA) at different geographic locations.
BN 5		Create multiple user roles to control access levels to menus, actions, and data. Each higher user role shall include all access provided at the user role levels below it.
OWNER 5.1		System shall create the ability to assign user roles.
OWNER 5.2		User Role 1 – High – Reserved for VAMC IRM and CBO access to system parameters, national reports and system troubleshooting.
OWNER 5.3		User Role 2 – Med-High – Reserved for CPAC IV Manager/Supervisor & non-MCCF Chief; includes limited parameter setting abilities and report access.
OWNER 5.4		User Role 3 – Medium – Reserved for CPAC IV Lead & POC & non-MCCF Supervisor, includes report access.
OWNER 5.5		User Role 4 – Med-Low – Reserved for experienced insurance verification person, includes report access at limited levels.
OWNER 5.6		User Role 5 – Low – Reserved for inexperienced insurance verification personnel, includes personal report access.
OWNER 5.7		User Role 6 – Minimal – Reserved for insurance intake personnel, includes personal report access.
OWNER 5.8		User Role 7 – Read Only – Reserved for non-insurance personnel to view insurance data without edit or creation capabilities, includes report access.
OWNER 5.9		User Role 8 – Report Only – Reserved for personnel to view data reports only.
BN 6		Provide Daily Appointment worklist to insurance intake personnel, with integrated VistA appointment check in.
OWNER 6.1		User Role 6 shall have access to utilize Daily Appointment worklist.
OWNER 6.2		The IVP Daily Appointment worklist displays all patient appointments for 'today' for insurance intake personnel based on user's VistA account.
OWNER 6.3	No longer valid requirement as per client in Requirements session (it was decided VistA profile cannot control appointment clinic locations)	The IVP Daily Appointment worklist automatically updates based on changes made to user's VistA account.

<b>BN/ OWNER #</b>	<b>Increment</b>	<b>Business Need (BN)/Owner (OWNER) Requirement</b>
OWNER 6.4		The IVP Daily Appointment worklist is integrated into VistA live appointment scheduling; updating automatically upon appointment creation, edit, or cancellation.
OWNER 6.5		System automatically marks VistA scheduling package as “patient checked in” once insurance information is addressed.
OWNER 6.6		System shall force the creation of an appropriate insurance intake entry prior to patient being checked in for appointment.
OWNER 6.7		System automatically marks insurance intake entries with VistA Source of Information Code – IVP.
OWNER 6.8		Insurance intake personnel can select existing active insurance to scan associated card, system files images with insurance intake entry containing minimum data required for VistA electronic Insurance Verification (eIV) module.
OWNER 6.9		Insurance intake personnel can select existing active insurance without associated card, system files insurance intake entry containing minimum data required for VistA eIV module.
OWNER 6.10		Insurance intake personnel can select existing active insurance to indicate patient asserts insurance is now expired; system files insurance intake entry containing minimum data required for VistA eIV module.
OWNER 6.11		Insurance intake personnel can create new insurance entry to scan associated card, system files images with insurance intake entry containing minimum data required for VistA eIV module.
OWNER 6.12		Insurance intake personnel can create new insurance entry without associated card, system files insurance intake entry containing with minimum data required for VistA eIV module.
OWNER 6.13		Insurance intake personnel can create ‘no insurance’ entry without associated card, system files insurance intake entry containing minimum data required for VistA to post ‘no insurance’ automatically to Patient Insurance file (#2.312).
OWNER 6.14		Insurance intake personnel can create ‘not enough information available’ entry without associated card, system files insurance intake entry containing minimum data required to notate Daily Appointment worklist entry has been addressed.
OWNER 6.15		System shall provide ability for insurance intake personnel to utilize Optical Character Recognition (OCR) technology to selectively populate fields necessary to complete an insurance intake entry.
OWNER 6.16		Completion of insurance intake entries and VistA “patient checked in” action will automatically update user Daily Appointment worklist as complete, removing patient name.
OWNER 6.17		System automatically marks insurance intake entries with user name, time & date stamp and clinic location for audit report tracking.
OWNER 6.18		System shall automatically store user name, date, time, clinic location and patient details to an audit file when insurance intake entries are created.
OWNER 6.19		System automatically prevents users from creating duplicate insurance intake entries with exact matching insurance data.
OWNER 6.20		System automatically prevents unique patients to be asked multiple times to provide insurance information during same day appointments once an insurance intake entry has been created for that same day.



BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 6.21		System automatically prompts insurance intake user to create Medicare entry if patient is over the age of 65 and does not currently have a Medicare insurance entry on file.
OWNER 6.22		System shall automatically prompt insurance intake user to create additional insurance intake entries if multiple active entries exist in the patient's VistA Patient Insurance file (#2.312)
OWNER 6.23		System automatically suppresses existing expired patient insurance file (#2.312) entries from view but makes them accessible, if desired, based on user role.
OWNER 6.24		System shall provide access to create insurance intake entry for patient not currently on Daily Appointment worklist.
OWNER 6.25	No longer valid requirement per client in Requirements session	System shall provide capability to open, view, edit, and save 'unfinalized' insurance intake entries for selected user roles.
BN 7		During insurance intake, insurance card images are captured.
OWNER 7.1		System provides ability for insurance intake user to view scanned image & re-scan prior to saving.
OWNER 7.2		System provides ability for user to default appropriate source scanner into user profile.
OWNER 7.3		System provides ability for user to set appropriate scanner settings based on scanner model for image size and quality.
OWNER 7.4		System automatically marks and stores images to be retrieved with associated insurance intake entry at any time.
OWNER 7.5		System automatically purges images based on selectable time parameter controlled by CBO.
BN 8		System contains editable business rules for finalizing insurance intake entries for insurance verification action based on selectable parameters controlled by CBO.
OWNER 8.1		Parameter setting shall be available to User Role 1 and have remote setting capabilities.
OWNER 8.2	No longer valid requirement as per client in Requirements session (because in BN6.6 it was decided that there would be one parameter, not two)	Selectable 'days since last verified' parameter will prevent insurance intake entries from being finalized when calculated to be within the parameter setting. Setting may be assigned to all or selected "insurance companies" and controlled by CBO.
OWNER 8.3		System shall provide override parameter to 'days since last verified' parameter to address open enrollment activities. Setting may be assigned to all or selected "insurance companies" and controlled by CBO.
OWNER 8.4		Selectable 'high dollar clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 8.5		Selectable 'inpatient clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.
OWNER 8.6		Selectable 'low dollar clinic' parameter will override general 'days since last verified' parameter and will finalize selectively marked insurance intake entries based on VistA clinic stop code and selectable time frame and controlled by CBO.
OWNER 8.7		Selectable 'no insurance' parameter will prevent insurance intake entries from being finalized when calculated to be within the parameter setting.
OWNER 8.8	No longer valid requirement as per client in Requirements session (because in BN6.6 it was decided that there would be one parameter, not two)	Insurance intake entries that do not meet parameters are available in special queue for viewing by selected user roles and marked 'unfinalized'.
OWNER 8.9		Insurance intake entries that meet parameter settings will be finalized automatically by the system.
OWNER 8.10		System prevents insurance entry from being viewed by insurance verification unless finalized.
OWNER 8.11		Selected user roles have ability to selectively and manually finalize insurance intake entries to create insurance verification entries.
OWNER 8.12		System automatically marks insurance intake entries when finalized manually by a user as 'finalized' with user name, time & date stamp for audit report tracking.
OWNER 8.13		System automatically purges 'unfinalized' insurance intake entries after set time frame controlled by CBO.
OWNER 8.14		Insurance intake entries marked 'no insurance' are automatically finalized by the system.
OWNER 8.15		Insurance intake entries marked 'not enough information available' are automatically finalized by the system.
OWNER 8.16		System automatically refreshes special 'unfinalized' queue when insurance intake entries are finalized.
BN 9		Insurance intake data, including images are immediately accessible upon finalization.
OWNER 9.1	No longer valid requirement as per client in Requirements session (because in BN6.6 it was decided that there would be one parameter, not two)	Finalized insurance intake entries are considered Insurance Verification Processor entries and are immediately visible in VistA file (#355.33).
OWNER 9.2		All Insurance Verification Processor entries are immediately registered to the VistA eIV inquiry queue for processing.

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 9.3	No longer valid requirement as per client in Requirements session (because in BN6.6 it was decided that there would be one parameter, not two)	Insurance Verification Processor entries that do not contain sufficient data for VistA eIV inquiry to process are marked for action by insurance verification user roles.
OWNER 9.4		Insurance Verification Processor entries will be marked with existing VistA eIV buffer entry status flags for viewing.
OWNER 9.5		System shall provide the ability to reasonably match insurance verification entry with existing HPID (File #TBD) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.
OWNER 9.6	No longer valid requirement as per client in Requirements session (because eBusiness did not implement the National Insurance File (NIF) file in VistA)	System shall provide the ability of the insurance verifier to select matching existing HPID (File #TBD) entry (if available) to view simultaneously with eIV response report data.
OWNER 9.7		System shall provide the ability to search existing VistA HPID (File #TBD) when system cannot prompt for matching entry.
BN 10		Insurance Verification Processor entries are processed by eIV automatically.
OWNER 10.1		IVP entries are automatically marked processed and removed if VistA Buffer file (365) is auto-updated via VistA eIV module.
OWNER 10.2		IVP 'no insurance' entries are automatically processed by the system, marking the VistA Patient Insurance File (#2.312) with 'verification of no coverage'.
OWNER 10.3		System automatically marks 'no insurance' insurance intake entries with system user name, time & date stamp for audit report tracking when system processes them.
BN 11		Finalized insurance intake entries are visible as insurance verification entries in an insurance verification working queue.
OWNER 11.1		Insurance verification working queue display can be customized by user selected features to include but not limited to: Date & Time; Patient; Insurance Company; eIV status; image; VistA Patient Status Flag, and appointment type.
OWNER 11.2		Insurance verification working queue display can be filtered by user selected features to include: Date & Time; Patient; Insurance Company; VistA eIV status; image; VistA Patient Status Flag, source, division, and appointment type.
OWNER 11.3		System contains selectable parameter to display multiple VistA system insurance verification entries under single user log in, controlled by CBO.
BN 12		System shall provide capability to open, view, edit, save, and process insurance verification entries.
OWNER 12.1		System shall provide ability to view in a single split screen the existing VistA patient insurance file (#2.312), insurance verification entries, scanned image, and eIV response report.

<b>BN/ OWNER #</b>	<b>Increment</b>	<b>Business Need (BN)/Owner (OWNER) Requirement</b>
OWNER 12.2		System shall provide the ability to reasonably match insurance verification entry with existing patient insurance file (#2.312) entry (if available) and prompt user approval.
OWNER 12.3	No longer valid requirement as per client in Requirements session (because in 9.5 decided they can see the summary and then click to see detail of buffer file)	System shall provide the ability of the insurance verifier to select matching existing patient insurance file (#2.312) entry (if available) to view simultaneously with eIV response report data.
OWNER 12.4		System shall provide the ability to reasonably match insurance verification entry with existing insurance company file (#36) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.
OWNER 12.5	No longer valid requirement as per client in Requirements session (because user doesn't need to see the eIV data)	System shall provide the ability of the insurance verifier to select matching existing patient insurance company file (#2.312) entry (if available) to view simultaneously with eIV response report data.
OWNER 12.6		System shall provide the ability to search existing VistA insurance company file (#36) when system cannot prompt for matching entry.
OWNER 12.7		System shall provide the ability to make edits to an existing VistA insurance company file (#36) entry if edits to matching or selected entry are needed based on user role.
OWNER 12.8		System shall provide the ability to create a new VistA insurance company file (#36) entry when the user cannot find an existing VistA Insurance company file (#36) entry based on user role.
OWNER 12.9		System shall provide the ability to reasonably match insurance verification entry with existing group plan file (#355.3) entry (if available) when matching existing patient insurance file (#2.312) entry does not exist.
OWNER 12.10		System shall provide the ability of the insurance verifier to select matching existing group plan file (#355.3) entry (if available) to view simultaneously with eIV response report data.
OWNER 12.11		System shall provide the ability to search existing VistA group plan file (#355.3) when system cannot prompt for matching entry.
OWNER 12.12		System shall provide the ability to make edits to an existing VistA group plan file (#355.3) entry if edits to matching or selected entry are needed based on user role.
OWNER 12.13		System shall provide the ability to create a new group plan file (355.3) entry when the user cannot find an existing VistA Insurance company file (#36) entry based on user role.
OWNER 12.14		System shall provide ability for insurance verification personnel to utilize Optical Character Recognition (OCR) technology to selectively populate fields necessary to complete an insurance verification entry.

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 12.15		System shall provide the ability to reasonably match insurance verification entry with existing patient policy information from patient insurance file (#2.312) entry (if available) and prompt user approval.
OWNER 12.16		System shall provide the ability of the insurance verifier to select matching existing patient policy information from patient insurance file(#2.312) entry (if available) to view simultaneously with eIV response report data.
OWNER 12.17		System shall provide the ability to enter new patient policy information when the user cannot find existing policy information from patient insurance file (#2.312) entry.
OWNER 12.18		System shall automatically write changes made to the VistA Insurance Company file (#36) and VistA group plan file (#355.3) during insurance verification entry processing to VistA, applying changes to all groups & members based on user role.
OWNER 12.19		System shall automatically prompt for user approval for edits to the VistA Insurance Company file (#36) and VistA group plan file (#355.3) during insurance verification entry processing.
OWNER 12.20		System shall automatically store user name, date & time to an audit file when edits are made to the VistA Insurance Company field (#36) and/or the VistA group plan file (#355.3).
BN 13		System contains editable business rules for processing insurance verification entries based on selectable parameters controlled by CBO.
OWNER 13.1		System provides the ability for insurance verification entries to be rejected by providing a 'reject reason code'. Rejected entries shall leave remaining 'stub' entry in audit file.
OWNER 13.2		System provides the ability for insurance verification entries to be processed to completion, saving all data to VistA's corresponding data files.
OWNER 13.3		System provides the ability to accept all/some VistA buffer filing flag options. (Merge, overwrite, replace, etc.)
BN 14		System shall provide access to multiple VistA menu items during insurance verification entry processing.
OWNER 14.1		System shall provide access to enter data to capture Annual Benefits, and save to VistA's Annual Benefits file (#355.4).
OWNER 14.2		System shall provide access to enter data to capture Coverage Limitations, and save to VistA's Plan Coverage Limitations file (355.32).
OWNER 14.3		System shall provide access to enter data to capture Insurance Review, and save to VistA's Insurance Review file (#356.2), and automatically mark the resulting VistA entries with 'Insurance Verification'.
OWNER 14.4		System shall provide access to view, enter, and accept data imported from the VistA Patient file (#2) regarding completing the VistA Patient Insurance file 'Insured's Information'.
BN 15		System shall create an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.
OWNER 15.1		System shall create an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.

BN/ OWNER #	Increment	Business Need (BN)/Owner (OWNER) Requirement
OWNER 15.2		System shall edit an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.
OWNER 15.3		System shall store an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.
OWNER 15.4		System shall retrieve an audit file to include creation, edits, and completion of all unfinalized insurance intake entries, finalized intake entries, and insurance verification entries.
BN 16		System shall create, edit, store, and retrieve reports.
OWNER 16.1		System shall provide output audit exports from the Daily Appointment worklist to capture who, what, when, how and where on work performed.
OWNER 16.2		System shall provide output audit reports from the Daily Appointment worklist to capture who, what, when, how and where on work not performed or 'missed'.
OWNER 16.3		System shall provide output audit reports from the insurance intake entries to capture who, what, when, how and where on work performed.
OWNER 16.4		System shall provide output audit reports from the insurance verification entries to capture who, what, when, how and where on work performed.
OWNER 16.5	No longer a valid requirement for the IVP project. Requirement has been moved to the Eligibility BRD/RSD (BN10, RSD 2.6.8)	System shall provide output audit reports when edits are detected in the VistA Insurance Company (#36); and the VistA group plan file (#355.3) to capture who, what, when, how and where.

### 1.3. References

- Business Requirements Document: Insurance Verification Processor (IVP) (Phase 1, Iteration 1), (New Service Request) NSR #20130517, IDRP #180838
- HIPAA (Health Insurance Portability and Accountability Act of 1996), <http://www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>
- 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 <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>
- PPACA Compliance, Certification, and Penalties, [https://www.cms.gov/Affordable-Care-Act/04\\_ComplianceCertificationandPenalties.asp](https://www.cms.gov/Affordable-Care-Act/04_ComplianceCertificationandPenalties.asp) VistA Document Library (VDL)
- Technical Services Project Repository (TSPR) [REDACTED]

## 2. Overall Description

### 2.1. Accessibility Specifications

Requirement #	The Data Store application shall be developed in compliance with VA requirements for Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d). Section 508
2.1.1	Software shall comply with requirements in the 508 checklists found at [REDACTED] 508workgroup/checklists.asp. Specifically, the software must comply with the following checklists:
2.1.2	Software Applications and Operating Systems Requirements Checklist (§1194.21 of Section 508)
2.1.3	Web-based Internet Information and Applications Requirements Checklist (§1194.22 of Section 508)
2.1.4	Functional Performance Criteria Requirements Checklist (§1194.31 of Section 508)
2.1.5	The following specific Section 508 requirements are mandated by the Registries Program:
2.1.6	A text equivalent for every non-text element shall be provided (e.g., via "alt", "longdesc", or in element content). See 508 Checklist item 1194.21(d)1.
2.1.7	Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup. See 508 Checklist item 1194.21(h)3(i).
2.1.8	When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology. See 508 Checklist item 1194.22(l).
2.1.9	A method shall be provided that permits users to skip repetitive navigation links. See 508 Checklist item 1194.22(o).
2.1.10	At least one mode of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided. See 508 Checklist item 1194.31(a).
2.1.11	When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet. See 508 Checklist item 1194.22(m).

### 2.2. Business Rules Specification

Refer to the section on Functional Specifications for business rules.

### 2.3. Design Constraints Specification

#### 2.3.1. Internet Constraints

While the system will employ best practices and comply with VA mandated web-based design requirements, the following constraints are possible and beyond the control of the system:

- Internet speeds – A user who connects via satellite or Digital Subscriber Line should expect slower response times than a user who connects via high-speed Fiber Optic Service.
- Computer Systems – users who have outdated hardware and software may experience performance issues.
- Browsers – Users using older versions of supported browsers or lesser known browsers may or may not experience browser-based issues. The following guidelines for browser listed will be utilized: XXXXXXXXXX [trm/](#)
- 

## **2.4. Disaster Recovery Specification**

There are no disaster recovery requirements specific to this development effort. The affected modules are integrated parts of the overall VistA system that are already covered by disaster-recovery plans, which are not affected by the enhancements described in this RSD.

## **2.5. Documentation Specifications**

Existing user manuals will be updated as necessary to reflect the enhancements described in this document. The following manuals will be evaluated for possible updating:

- IB User Manual
- IB Technical Manual
- Electronic Insurance Verification (eIV) Technical Manual/Security Guide
- Electronic Insurance Verification (eIV) User Guide

Additionally, new complete and comprehensive manuals will be created for this system.

- IVP Technical Manual (Office of Information and Technology [OIT])
- Insurance Intake Manual
- Insurance Verifier Manual
- Insurance Administrator Manual

## **2.6. Functional Specifications**

### **2.6.1. Insurance Intake Clerk GUI: Daily Appointment Worklist**

- 2.6.1.1. The system shall allow the Insurance Intake Clerk to view the Daily Appointment Worklist.
- 2.6.1.2. The system shall display the following data as a default view on the Daily Appointment Worklist:
  - Patient Name
  - Social Security Number (SSN)
  - Clinic
  - Division



- Appointment Date & Time
  - Check In User ID
  - Check Out User ID
- 2.6.1.3. The system shall display the appointment information from the Scheduling package in VistA.
- 2.6.1.4. The system shall display all appointments with the following criteria on the Daily Appointment Worklist:
- appointments that are for current system date, and
  - appointments that are for the clinic location(s) that are set up in the user clinic worklist profile, and
  - appointments for patients with Insurance Last Verified date that exceeds the Patient Policy Needs Verification date parameter, or
  - appointments for patients that do not have any insurance policies that have a related IVP record
  - appointments for patients with no insurance on file, or
  - appointments for patients at locations that are set up with a Clinic Stop Code parameter
- 2.6.1.5. The system shall allow a user in User Role 3 (and above) to select a filter/unfilter button.
- 2.6.1.6. The system shall toggle the display of the button from Unfilter to Filter when clicked by the user.
- 2.6.1.7. When the user clicks on Unfilter the system shall display all appointments, including appointments where insurance has already been captured. (an IVP entry has been created)
- 2.6.1.8. When the user clicks on Filter button, the system shall not display appointments where insurance has already been captured. (an IVP entry has been created)
- 2.6.1.9. The system shall default User Role 6 users to view Filtered option on Daily Appointment Worklist.
- 2.6.1.10. The system shall allow a user to select a patient record to take user to the Patient Information Summary Screen.
- 2.6.1.11. The system shall allow a user to export the daily appointment list to Excel.
- 2.6.1.12. The system shall auto-refresh the screen with updates made by the user (i.e., works a record out of the daily appointment list).
- 2.6.1.13. The system shall allow a user to print the daily appointment list.

**User Clinic Worklist Selection:**

- 2.6.1.14. The system shall filter the list of entries based on user's default clinic worklist profile.
- 2.6.1.15. The system shall allow a user to select a clinic worklist profile from their saved list of clinic profile(s) (suggest: drop-down selection).
- 2.6.1.16. The system preserves the user's last clinic worklist profile selection upon system exit.

**User Preferences:**

- 2.6.1.17. The system shall preserve the most recent sorting and filtering when returning to the Daily Appointment Worklist from any other IVP screens.
- 2.6.1.18. The system shall allow the user to re-arrange the order of the columns.
- 2.6.1.19. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last).
- 2.6.1.20. The system shall allow the user to save the personalized view of the results (filtering, sorting and column order) to their user profile.
- 2.6.1.21. The system shall load the stored user preferences when the user logs in to the application.

**Patient Lookup:**

- 2.6.1.22. The system shall allow a user to click on Patient Look Up button in order to find a patient who isn't on the work list.
- 2.6.1.23. The system shall allow a user to enter the following search criteria in Patient Lookup:
  - Patient Name
  - SSN
- 2.6.1.24. The system shall allow a user to enter a partial search on any of the fields in Patient Lookup.
- 2.6.1.25. The system shall display all results for the search, with the following data columns:
  - Patient Name
  - SSN
- 2.6.1.26. The system shall display search results alphabetically by last name.
- 2.6.1.27. The system shall allow a user to select a patient from the search results, which will take the user to the Patient Information Summary screen.

- 2.6.1.28. The system shall display a message if no patient records match the search criteria “No records found. Please try your search again.”
- 2.6.1.29. The system shall allow the user to select how many records should display on the page.
- 2.6.1.30. The system shall display pagination if there are a large number of results returned.

#### **Configure Clinic:**

- 2.6.1.31. The system shall allow a user to configure clinic worklist
- 2.6.1.32. The system shall allow a user to create multiple clinic worklists.
- 2.6.1.33. The system shall allow a user to specify a default clinic worklist.
- 2.6.1.34. The system shall allow a user to name the clinic worklists with a freeform list name field.
- 2.6.1.35. The system shall allow a user to rename the clinic worklist.
- 2.6.1.36. The system shall allow a user to delete a clinic worklist.
- 2.6.1.37. The system shall allow a user to edit the clinic worklist to add clinics into their clinic worklist(s).

### **2.6.2. Insurance Intake Clerk GUI: Patient Information Summary Screen**

- 2.6.2.1. The system shall allow the user to view Patient Information Summary screen with the following sections:
  - Patient Insurance File (#2.312) (refer to sec 2.6.2.3)
  - IVP Entries from IVP File #355.33 (refer to sec 2.6.2.4)
- 2.6.2.2. The system shall display the following patient information at the top of the screen:
  - Patient Name
  - SSN
  - Date of Birth
- 2.6.2.3. The system shall display the following data in the Patient Insurance File #2.312 section for all Patient Insurance records with an Active status (Active defined as: no insurance expiration or insurance expiration date=current system date and greater) Note: The results will be blank if the patient does not have any insurance information on file:
  - Insurance Company
  - Group Number
  - Effective Date

- Insurance Last Verified
  - Coordination of Benefits
- 2.6.2.4. The system shall display the following data in the IVP Entries section for all entries in the IVP file for the patient.
- Image Indicator
  - eIV Buffer flags (i.e., +, !, \$, #)
  - Insurance Company
  - Group Number
  - Subscriber ID
  - Date Created
  - Created by
  - Source of Information
  - Patient Status Flag
- 2.6.2.5. The system shall allow the user to click on a Start button, which will take the user to the Insurance Scanning screen (defaults to first active policy for the patient if there is a policy, otherwise insurance company and subscriber ID will be blank).
- 2.6.2.6. The system shall allow the user to select the “Previous” option, which takes the user back to the Daily Appointment Worklist.
- 2.6.2.7. The system shall change the Previous button to a Check In Patient button once the user has created at least one IVP entry (i.e., has scanned an insurance card or has selected the No Insurance, No Card, etc on the Insurance Scanning screen)
- 2.6.2.8. The system shall change the Start button to a Start Again button if the user has created at least one IVP entry.
- 2.6.2.9. The system shall auto-refresh the screen with updates made by the user (i.e., user returns to the page after scanning the insurance card and new IVP entry will display in IVP entry section)

### **2.6.3. Insurance Intake Clerk GUI: Insurance Scanning Screen**

**Note:** Please refer to section 2.6.12 Scanner for additional scanner requirements, including OCR functionality.

#### **Existing Policy with Matching Card:**

- 2.6.3.1. The system shall prepopulate a drop box (named “Scan an insurance card for”) with the active (active defined in 2.6.2.3) insurance company name(s) from the Patient Insurance File.
- 2.6.3.2. The dropdown box shall display the first active insurance company that has not had an associated IVP entry created.

- 2.6.3.3. The system shall display a “create new policy” option in the dropdown box. The system shall prepopulate the subscriber ID from the existing policy chosen from the dropdown box.
- 2.6.3.4. The system shall allow the user to select an option to scan an insurance card.
- 2.6.3.5. The system shall prevent the user from clicking Done until the insurance card has been scanned.
- 2.6.3.6. If the patient has multiple active policies, the system shall populate the next active policy in the insurance company dropdown box after each successful scan or “no card” option is selected. (process will loop until all active policy cards have been addressed)
- 2.6.3.7. When there are active policies for the patient, the system shall disable the “not enough information available” option.
- 2.6.3.8. When there are active policies for the patient, the system shall disable the “no insurance” option.

**Existing Policy without Matching Card:**

- 2.6.3.9. The system shall prepopulate a dropdown box (named “Scan an insurance card for:”) with the active (active defined in 2.6.2.3) insurance company name(s) from the Patient Insurance File #2.312 (field label called scan existing policy).
- 2.6.3.10. The dropdown box shall display the first active insurance company that has not had an associated IVP entry created.
- 2.6.3.11. The system shall display a “create new policy” option in the dropdown box.
- 2.6.3.12. The system shall prepopulate the subscriber ID from the existing policy chosen from the dropdown box.
- 2.6.3.13. The system shall allow the user to select the no card option.
- 2.6.3.14. The system shall prevent the user from clicking Done until the existing policies have been addressed (either by scanning a card or choosing no card option).
- 2.6.3.15. If the patient has multiple active policies, the system shall populate the next active policy in the insurance company dropdown box after each successful scan or “no card” option is selected. (process will loop until all active policies have been addressed)
- 2.6.3.16. When there are active policies for the patient, the system shall disable the “not enough information available” option.
- 2.6.3.17. When there are active policies for the patient, the system shall disable the “no insurance” option.

**New Policy:**

- 2.6.3.18. After selecting “create new policy” in the “Scan an insurance card for:” dropdown box for existing policies, the system shall dynamically display a second dropdown box named “Select an Insurance Company for this new policy”.
- 2.6.3.19. For the “Select an Insurance Company” for this new policy dropdown box, the system shall allow the user to select an insurance company name from a list of static insurance company names created via parameter access by CPAC.
- 2.6.3.20. The system shall allow the user to navigate to the insurance name company list by typing the first few letters of the company name.
- 2.6.3.21. The system shall allow the user to type the insurance company name into the field via free text characters when the prepopulated list does not contain the correct insurance company name.
- 2.6.3.22. The system shall allow the user to enter a subscriber ID.
- 2.6.3.23. The system shall prevent the user from clicking Done until the card has been scanned and the insurance company name and subscriber ID have been addressed.
- 2.6.3.24. The system shall disable the “no card” option when create a new policy is selected.
- 2.6.3.25. When the “create new” option is selected, the system shall disable the “not enough information available” option.
- 2.6.3.26. When the “create new” option is selected, the system shall disable the “no insurance” option.

**Not Enough Information:**

- 2.6.3.27. The system shall allow the user to select “not enough information available” only when no active existing policies are on file.
- 2.6.3.28. The system shall disable the insurance company name dropdown and subscriber ID entry when “not enough information available” is selected.
- 2.6.3.29. The system shall disable the scan button when the not enough information option is selected.
- 2.6.3.30. The system shall prevent the user from clicking Done until the “not enough information available” button has been selected.
- 2.6.3.31. The system shall allow the user to click the Done when “not enough information available” button is selected.

**No Insurance:**

- 2.6.3.32. The system shall allow the user to select “No Insurance” only when no active existing policies are on file.
- 2.6.3.33. The system shall disable the insurance company name dropdown and subscriber ID entry when “No Insurance” is selected.
- 2.6.3.34. The system shall disable the Scan button if the user has selected the “No Insurance” checkbox.
- 2.6.3.35. The system shall prevent the user from clicking Done until the “No Insurance” button has been selected.
- 2.6.3.36. The system allows the user to click the Done when “No Insurance” button is selected.

**Scan Card:**

- 2.6.3.37. The system shall allow a user to select a button/link to scan an insurance card.
- 2.6.3.38. The system shall allow a user to scan the front of the insurance card.
- 2.6.3.39. The system shall allow a user to scan the back of the insurance card.
- 2.6.3.40. The system shall allow a user to delete the image.
- 2.6.3.41. The system shall allow a user to rescan the image.
- 2.6.3.42. The system shall allow a user to rotate the scanned image.
- 2.6.3.43. The system shall allow a user to save the image scanned.

**2.6.4. Insurance Intake Clerk: Create IVP Entry****Done Button Selected on Insurance Scanning Screen:**

- 2.6.4.1. The system shall save information to the IVP file #355.33 when the user clicks Done on the Insurance Scanning screen
- 2.6.4.2. The system shall generate a warning message if the entry created matches another entry with the same data (matches on all three data elements: patient name, insurance company name, subscriber ID OR “not enough information” or “No Insurance”): “This record already exists”. Please check the data entered and try again.” (Preference for this feature is initiated with the Save button on the scanning screen each time an IVP record is created. Compare to entries in existence in VistA file #355.33 and if there is no duplicate, proceed to save. Would prefer to have the new IVP record stored in a temporary file until “Done” is selected).

- 2.6.4.3. When the user clicks OK on the warning message, the system shall return the user to Patient Insurance Summary screen.
- 2.6.4.4. The system shall display “start again” and “check in patient” button on the Patient Information screen. (refer to 2.6.2.7 and 2.6.2.8)

**“Check in Patient” Button Selected:**

- 2.6.4.5. The system shall display a message “Are you sure you want to check in this patient?” Yes/No.
- 2.6.4.6. If the user selects “Yes”, then the system displays a message that confirms that the patient has been checked in and returns the user to the refreshed Daily Appointment Worklist (removed this patient name).
- 2.6.4.7. If the user selects “No”, then the system returns the user to Patient Insurance Summary screen.

**System Processing:**

- 2.6.4.8. The system shall update the patient status as “checked in” in the scheduling package in VistA.
- 2.6.4.9. The system shall update the IVP entry with a Source of Information code of “IVP”.
- 2.6.4.10. If the user selects “No Insurance” and the patient has never had insurance on file and is under the age of 65, then the system shall update the patient insurance file (#2.312) indicating that there is no insurance. The system shall set the last verified date of the patient insurance file for patient’s policy to the current system date for only this scenario.
- 2.6.4.11. If the user selects “No Insurance” and the patient has never had insurance on file and is age 65 or older, then the system shall create an IVP entry with an insurance company = Medicare and the subscriber ID = SSN+A
- 2.6.4.12. If the user selects “No Insurance” and the patient has an insurance policy with a terminated date and the patient is under the age of 65, then the system shall create a “stub” IVP entry that indicates there is no insurance.
- 2.6.4.13. If the user selects “No Insurance” and the patient has an insurance policy with a terminated date and the patient is 65 or older, then the system shall create an IVP entry with an insurance company = Medicare and the subscriber ID = SSN+A.
- 2.6.4.14. The system shall update the intake entry with user name, date/time, and clinic location.
- 2.6.4.15. The system shall update the audit file with user name, date/time, clinic location, and patient details.



## **2.6.5. Insurance Verifier GUI: IVP Entries Screen**

- 2.6.5.1. The system shall allow the user to view records from the IVP Entries Screen containing all IVP entries.
- 2.6.5.2. The system shall display following data for the IVP entries:
  - Image Indicator
  - eIV Buffer flags (i.e., +, !, \$, #, ?, -)
  - Patient Name
  - Insurance Company Name
  - Subscriber ID
  - Created Date
  - Created By
  - Division
  - Source of Information
  - Patient Status Flag
- 2.6.5.3. The system shall allow a user to select an IVP entry which will take the user to the Patient Information Summary Screen for the patient record selected.
- 2.6.5.4. The system shall allow a user to click on Patient Look up button in order to find a patient who is not on the list.
- 2.6.5.5. The system shall allow a user to enter the following search criteria in Patient Lookup:
  - Patient First Name
  - Patient Last Name
  - SSN
- 2.6.5.6. The system shall allow a user to enter a partial search on any of the fields in Patient Lookup.
- 2.6.5.7. The system shall display all results for the search, with the following data columns:
  - Patient First Name
  - Patient Last Name
  - SSN
- 2.6.5.8. The system shall display the results in alphabetical order by last name.
- 2.6.5.9. The system shall allow a user to select a patient from the search results, which will take the user to the Patient Information Summary screen.
- 2.6.5.10. The system shall display a message if no patient records match the search criteria “No records found. Please try your search again.”

- 2.6.5.11. The system shall allow the user to select how many records should display on the page.
- 2.6.5.12. The system shall display pagination if there are a large number of results returned.
- 2.6.5.13. The system shall allow the user to filter the list of IVP entries on the following data elements:
- eIV status
  - Patient Name (or alphabetical range)
  - Insurance Company Name
  - Created Date
  - Source of Information
  - Patient Status Flag
  - Division
  - Created by
- 2.6.5.14. The system shall allow the user to utilize the following filtering features for the data listed above:
- From/To range (Created Date)
  - Alphabetical Range (Patient Name, Insurance Name, Division, Created by, Source of Information)
  - Greater Than (Created Date)
  - Less Than (Created Date)
  - Equal To (all)
  - Does not equal (all)
  - Begins with (all)
  - T-1 (Created date; shows all but current system date)
- 2.6.5.15. The system shall allow a user to select to restore the view to the default view (shows all data on the screen without filtering selections, clinic selections, user preferences).
- 2.6.5.16. The system shall allow a user to export the IVP Entries list to Excel.

**User Preferences:**

- 2.6.5.17. The system shall preserve the most recent sorting and filtering when returning to the IVP Entries screen from any other IVP screens.
- 2.6.5.18. The system shall allow the user to re-arrange the order of the columns.
- 2.6.5.19. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last).
- 2.6.5.20. The system shall allow the user to save the personalized view of the results (filtering, sorting and column order) to their user profile.

- 2.6.5.21. The system shall load the stored user preferences when the user logs in to the application.

## **2.6.6. Insurance Verifier GUI: IVP Patient Information Summary Screen**

- 2.6.6.1. The system shall allow the user to view Patient Information Summary Screen with the following sections:
- Patient Insurance File (#2.312) (refer to sec 2.6.6.3)
  - IVP Entries from IVP File #355.33 (refer to sec 2.6.2.4) Note: Display all entries made for this patient, even if only one was displayed on the IVP Entries Screen
- 2.6.6.2. The system shall display the following patient information at the top of the screen:
- Patient Name
  - SSN
  - Date of Birth
- 2.6.6.3. The system shall display the following data in the Patient Insurance File section for all Patient Insurance records with any status:
- Insurance Company
  - Group Name
  - Group Number
  - Subscriber ID
  - Type of Plan
  - Coordination of Benefits (COB)
  - Effective Date
  - Expiration Date
  - Insurance Last Verified (date)
  - Last Verified by
- 2.6.6.4. The system shall display the following data in the IVP Entries section for all entries in the IVP file #355.33 for the patient:
- Image Indicator
  - eIV status flags (i.e., +, !, \$, #, ?, -)
  - Insurance Company
  - Group Name
  - Group Number
  - Subscriber ID
  - Type of Plan
  - COB
  - Date Created
  - Created by

- Source of Information
  - Patient Status Flag
- 2.6.6.5. The system shall allow the user to select an option to suppress the display of expired insurance policies. (Note: Default selection is to view all policies in the same order as listed in VistA)
- 2.6.6.6. The system shall display the existing patient insurance policies in the same order as displayed in VistA.
- 2.6.6.7. The system shall allow multiple IVP records to be selected to be rejected.
- 2.6.6.8. The system shall allow the user to select an option to reject an IVP entry record
- 2.6.6.9. The system shall provide a refresh function. (Note: This should be a systematic refresh when any action is taken on the screen, rather than a refresh button)
- 2.6.6.10. The system shall allow the user an option to select to create a new IVP entry which takes the user to a blank IVP Consolidated screen.
- 2.6.6.11. The system shall allow the user to select an existing insurance policy record from the Patient Insurance File section which takes the user to the IVP Detailed View screen populated with the data from the record selected.
- 2.6.6.12. The system shall allow the user to select an IVP entry record (hyperlink) which takes the user to the IVP Consolidated screen populated with the data from the record selected
- 2.6.6.13. The system shall allow the user to click on “Previous” to return them to the IVP Entries screen without saving any changes to the record.

**User Preferences:**

- 2.6.6.14. The system shall preserve the most recent sorting and filtering when returning to the IVP Patient Information Summary screen from any other IVP screens.
- 2.6.6.15. The system shall allow the user to re-arrange the order of the columns.
- 2.6.6.16. The system shall allow users to sort each column or multiple columns selected (A-Z or first/last).
- 2.6.6.17. The system shall allow the user to save the personalized view of the results (sorting and column order) to their user profile.
- 2.6.6.18. The system shall load the stored user preferences when the user logs in to the application.

**Previous Images:**

- 2.6.6.19. The system shall allow the user to select an option to find previous images for the patient and/or this patient policy that are not associated with the current IVP entries.
- 2.6.6.20. The system shall display a list of results for all related images.
- 2.6.6.21. The system shall display the following data for images:
  - date file was saved
  - insurance company name
  - group plan name
  - group plan number (i.e., previous patient policy associated with this image)
- 2.6.6.22. The system shall display results by newest date file was saved to oldest.
- 2.6.6.23. The system shall allow the user to click on column headers to sort results.
- 2.6.6.24. The system shall allow the user to select an image record which takes user to view the image
- 2.6.6.25. The system shall allow the user to view the front and back of the insurance card image.
- 2.6.6.26. The system shall allow the user to rotate the insurance card image.
- 2.6.6.27. The system shall allow the user to print the insurance card image.
- 2.6.6.28. The system shall allow the user to zoom the insurance card image.
- 2.6.6.29. The system shall have a “Previous” button which returns the user back to the Patient Information Summary screen.

**2.6.7. Insurance Verifier GUI: IVP Consolidated Screen**

- 2.6.7.1. The system shall allow the user to view the following sections :
  - IVP Entry
  - Patient Insurance File (#2.312): Exact matching existing policies for the patient
  - VistA Insurance File: Suggested matching policies from VistA
  - eIV Response Report Information
  - Scanned Image(Note: Need to view both sides of insurance card in one view.)

- 2.6.7.2. The system shall display following data elements in the IVP Entry Section:
- Insurance Company
  - Group Name
  - Group Number
  - Subscriber ID
  - Type of Plan
  - COB
- 2.6.7.3. The system shall display following data elements in the Patient Insurance File matches Section:
- Insurance Company
  - Group Name
  - Group Number
  - Subscriber ID
  - Type of Plan
  - COB
  - Effective Date
  - Expiration Date
- 2.6.7.4. The system shall display matching policies in the VistA Insurance file matches section where at least two of the following three criteria match the policies on file for a patient:
- Insurance Company (first level)
  - Group Number (second level, all companies)
  - Group Name (third level, all companies)
- 2.6.7.5. The system shall display following data elements in the VistA Insurance File matches Section.
- Insurance Company
  - Group Name
  - Group Number
  - Type of Plan
- 2.6.7.6. The system shall display the list matching policies in order from best match to worst match for both the Patient Insurance File matches and VistA Insurance File matches.
- 2.6.7.7. The system shall highlight the matching values on the matching records.
- 2.6.7.8. The system shall allow the user to select an option to suppress expired policies.
- 2.6.7.9. The system shall allow the user to click on a policy match which will take the user to the IVP Detailed View screen populated with data from record selected.

- 2.6.7.10. The system shall allow the user to view all available data in the eIV response report while simultaneously viewing the other sections on the page.
- 2.6.7.11. The system shall allow the user to print all available data in the eIV response report.
- 2.6.7.12. The system shall allow the user to view the insurance card image while simultaneously viewing the other sections on the page.
- 2.6.7.13. The system shall allow the user to view the front and back of the insurance card image.
- 2.6.7.14. The system shall allow the user to rotate the insurance card image.
- 2.6.7.15. The system shall allow the user to delete the insurance card image.
- 2.6.7.16. The system shall allow the user to print the insurance card image.
- 2.6.7.17. The system shall allow the user to zoom the insurance card image.
- 2.6.7.18. The system shall provide an option for the user to select to search for an insurance company and/or group plan.
- 2.6.7.19. The system shall allow the user to search on either the insurance company name or the group plan. (Note: User doesn't need to search for insurance company name before searching for group plan; users will usually search using group plan number)
- 2.6.7.20. The system shall allow a user to search for an insurance company using the following data : (search file #36)
- Insurance Company Name
- 2.6.7.21. The system shall allow a user to search for a group plan using the following data: (search file #355.3)
- Group Number
  - Group Name
  - Type of Plan
- 2.6.7.22. The system shall display search results for insurance company: search as:
- Insurance Company Name
  - Insurance Company Address
  - Insurance Company State
- 2.6.7.23. The system shall display search results for group plan search as:
- Group Number
  - Group Name
  - Type of Plan

- 2.6.7.24. The system shall allow the user to view the insurance company and group plan information in an expandable tree view, grouped by insurance company name.  
Example:  
+ or - Insurance Company 1:  
Group Plan 1 (will display when Insurance Company is expanded)  
Group Plan 2
- 2.6.7.25. The system shall allow the user to select the Insurance Company/Group Plan found during search, which takes the user to the IVP Detailed View screen with the data populated in screen for both Insurance Company and Group Plan sections.
- 2.6.7.26. The system shall allow the user to select only the Insurance Company found during search (without selecting a group), which takes the user to the IVP Detailed View screen with the data populated in screen for only Insurance Company section.
- 2.6.7.27. The system shall allow the user to create a new Insurance Company/Group Plan, which takes the user to a blank IVP Detailed View screen.

**Copy/Clone:**

- 2.6.7.28. The system shall allow the user to select the Insurance Company found during search and select an option to use the Insurance Company result as a template (i.e., Copy function) which takes the user to the IVP Detailed View screen with the data populated in screen. (Note: No changes are made to the selected Insurance Company; it will just be used as a template).
- 2.6.7.29. The system shall allow the user to select the Group Plan found during search and select an option to use the Group Plan result as a template (i.e., Copy function) which takes the user to the IVP Detailed View screen with the data populated in screen. (Note: No changes are made to the selected Group Plan; it will just be used as a template)
- 2.6.7.30. The system shall allow the user to click “Previous” to return to the IVP Patient Information Summary screen without saving any data.

## 2.6.8. Insurance Verifier GUI: IVP Detail Information Screen

- 2.6.8.1. The system shall allow the user to view and edit the following sections:

- Insurance Company



BRIEF DATA  
DICTIONARY\_INSUR/

- Group Plan





#### BRIEF DATA DICTIONARY\_GROUP

○

- Coverage Limitations
- Annual Benefits
- Patient Policy



#### BRIEF DATA DICTIONARY\_PATIENT

○

- Insurance Review
- eIV Response Report
- Image

- 2.6.8.2. The system shall allow the user to expand/collapse the following sections in the group plan tab for viewing or editing:
- Coverage Limitations
  - Annual Benefits
- 2.6.8.3. The system shall allow the user to expand/collapse the following sections in the patient policy tab for viewing or editing:
- Insurance Review
- 2.6.8.4. The system shall allow the user to edit any fields that are in the Insurance Company section.
- 2.6.8.5. The system shall allow the user to edit any fields that are in the Group Plan section.
- 2.6.8.6. The system shall allow the user to click on a group comments button to view group comments field. (Note: May need to be an expandable field or popup)
- 2.6.8.7. The system shall allow the user to edit group comments.
- 2.6.8.8. The system shall allow the user to save group comments.
- 2.6.8.9. The system shall allow the user to cancel changes to group comments.
- 2.6.8.10. The system shall allow the user to edit any fields that are in the Patient Policy section.
- 2.6.8.11. The system shall allow the user to view all available data in the eIV response report while simultaneously viewing the other sections on the page.

- 2.6.8.12. The system shall allow the user to print all available data in the eIV response report.
- 2.6.8.13. The system shall allow the user to view the insurance card image while simultaneously viewing the other sections on the page.
- 2.6.8.14. The system shall allow the user to view the front and back of the insurance card image.
- 2.6.8.15. The system shall allow the user to rotate the insurance card image.
- 2.6.8.16. The system shall allow the user to delete the insurance card image.
- 2.6.8.17. The system shall allow the user to print the insurance card image.
- 2.6.8.18. The system shall allow the user to zoom the insurance card image.
- 2.6.8.19. The system shall allow the user to click “Previous” to be returned the IVP Consolidated Screen without saving any data.
- 2.6.8.20. The system shall allow the user to save the changes (clicks Save Work) without the record entering the processing logic.
- 2.6.8.21. When the user clicks Save Work, the system shall save the information to the IVP entry file (#355.33) and return the user to the Patient Information Screen for the patient worked. (Note: The eIV status flags may be updated on the IVP Entry record; this is also the way the eIV trigger fields can be initiated).
- 2.6.8.22. The system shall allow the user to click Accept to process the changes, which places IVP Entry into the processing logic.
- 2.6.8.23. When the user clicks Accept, the record will be processed according to Section 2.6.9 and will take the user to the Patient Information screen for the patient worked.

## **2.6.9. Insurance Verifier: Processing Logic**

The system shall follow the following steps:

- 2.6.9.1. If required fields are missing, return cursor to first missing required field.
- 2.6.9.2. If all required fields are completed, then continue processing.
- 2.6.9.3. If any coverage limitations are missing, return cursor to 1st missing field.
- 2.6.9.4. If all coverage limitations are complete, then continue processing.
- 2.6.9.5. If eIV 271 status flag is not equal to ‘+’ or ‘-’ then do not store the eIV data in the patient insurance subfile when processing entry.

- 2.6.9.6. If eIV 271 status flag is equal to '+' or '-' then store the eIV data in the patient insurance subfile and continue processing.
- 2.6.9.7. Save image to IVP image server (attached to the patient policy), continue processing.
- 2.6.9.8. Check VistA security keys:
  - 2.6.9.8.1. If the user has insurance company key = no and group key = no and insurance company or group data element(s) are edited, then set the eIV status flag to '\$' and save changes only to the IVP file and stop processing.
  - 2.6.9.8.2. If the user has insurance company key = yes and group key = no, and only an insurance company data element(s) has been edited, then continue processing.
  - 2.6.9.8.3. If the user has insurance company key = yes and group key = no and only a group data element(s) is edited, then set the eIV status flag to '\$' and save changes only to the IVP file and stop processing.
  - 2.6.9.8.4. If the user has insurance company key = no and group key = yes, and only an insurance company data element(s) has been edited, then set the eIV status flag to '\$' and save changes only to the IVP file and stop processing.
  - 2.6.9.8.5. If the user has insurance company key = no and group key = yes and only a group data element(s) is edited, then continue processing.
  - 2.6.9.8.6. If the user has insurance company key = yes and group key = yes, and any insurance company and/or group data element(s) is edited, then continue processing.
- 2.6.9.9. If user has created a new Insurance company, display message "A new Insurance Company has been created. Are you sure you want to save the new company? Yes/No".
  - 2.6.9.9.1. If the user answers Yes, continue.
  - 2.6.9.9.2. If the user answers No, return user to first Insurance Company field.
- 2.6.9.10. If user has created a new group, display message "A new group has been created. Are you sure you want to save the new group? Yes/No".
  - 2.6.9.10.1. If the user answers Yes, continue.
  - 2.6.9.10.2. If the user answers No, return user to first Group field.
- 2.6.9.11. Write all changes to data elements to the appropriate source of record VistA files (Insurance Company file 36, Group Plan file 355.3, Patient Insurance File 2.312).
- 2.6.9.12. The system shall set the last verified date of policy(s) to the current system date.
- 2.6.9.13. The system shall set the last verified by to the current user name.

- 2.6.9.14. Write user name, date and time to audit file.
- 2.6.9.15. IVP record is removed from the IVP file. (355.33)
- 2.6.9.16. User is returned to IVP Patient Information screen (record no longer displays).

## **2.6.10. Security and User Roles**

- 2.6.10.1. The system shall allow the user to sign in to IVP with the same credentials as the user's VistA login.
- 2.6.10.2. The system shall allow the user to sign in to IVP with the same credentials across multiple VistA installations.
- 2.6.10.3. The system shall allow the user to set up VistA location preferences in their user profile for any locations that they have access. (VistA security for scheduler package)
- 2.6.10.4. The system user shall inherit the menus and data from the VistA user profile.
- 2.6.10.5. The system user shall inherit the security keys for Insurance Company, Annual Benefits and Coverage Limitations (created in IB\*2\*506) that are set up in the VistA user profile.
- 2.6.10.6. The system shall allow an administrative user to assign user roles to a user.
- 2.6.10.7. The system shall allow an administrative user to delete user roles from a user.
- 2.6.10.8. The system shall have the following access levels:
  - 2.6.10.8.1. User Role 1 – High – Reserved for VAMC IRM and CBO access to system parameters, national reports and system troubleshooting.
  - 2.6.10.8.2. User Role 2 – Med-High – Reserved for CPAC IV Manager/Supervisor & non-MCCF Chief; includes limited parameter setting abilities and report access.
  - 2.6.10.8.3. User Role 3 – Medium – Reserved for CPAC IV Lead & POC & non-MCCF Supervisor, includes report access.
  - 2.6.10.8.4. User Role 4 – Med-Low – Reserved for experienced insurance verification person, includes report access at limited levels.
  - 2.6.10.8.5. User Role 5 – Low – Reserved for inexperienced insurance verification personnel, includes personal report access.
  - 2.6.10.8.6. User Role 6 – Minimal – Reserved for insurance intake personnel, includes personal report access. Access to Daily Worklist.
  - 2.6.10.8.7. User Role 7 – Read Only – Reserved for non-insurance personnel to view insurance data without edit or creation capabilities, includes report access.

2.6.10.8.8. User Role 8 – Report Only – Reserved for personnel to view data reports only.

2.6.10.9. The system shall allow user roles with higher access to inherit access from user roles at a lower level.

## **2.6.11. IVP System Parameters**

2.6.11.1. The system shall allow a user to have access to add system parameters. (based on user roles listed in 2.6.10)

2.6.11.2. The system shall allow a user to have access to edit system parameters. (based on user roles listed in 2.6.10)

2.6.11.3. The system shall allow a user to have access to save system parameters. (based on user roles listed in 2.6.10)

2.6.11.4. The system shall allow a user to have access to delete system parameters. (based on user roles listed in 2.6.10)

2.6.11.5. The system shall allow a user to set number of days for the Patient Policy Needs Verification parameter. (User Role 1 & 2)

2.6.11.6. The system shall allow a user to reduce the number of days for the Patient Policy Needs Verification parameter for a specific Insurance Company/Group Number for only active policies. (User Role 1 & 2),

2.6.11.7. The system shall allow a user (User Role 1) to set a parameter to indicate the highest number of days that can be entered for the Patient Policy Needs Verification parameter.

2.6.11.8. The system shall allow a user (User Role 1) to set a parameter to indicate the lowest number of days that can be entered for the Patient Policy Needs Verification parameter.

2.6.11.9. The system shall prevent any user with User Role 2 from setting the highest or lowest number of days for Patient Policy Needs Verification field outside of the parameters set by User Role 1 user.

2.6.11.10. The system shall allow the user to create multiple groupings of clinic stop codes. (User Role 1 & 2)

2.6.11.11. The system shall allow the user to name the grouping of selected clinic stop codes. (User Role 1 & 2)

2.6.11.12. The system shall allow a user to set a different Patient Policy Needs Verification parameter for each grouping of clinic stop code(s).(paired with requirement #2.6.1.4) (User Role 1 & 2)

2.6.11.13. If a single patient policy encounters multiple Patient Policy Needs Verification parameters, the system shall always use the smallest/shortest time frame.

- 2.6.11.14. The system shall allow a user to set a date parameter for images to be purged (i.e., purge any images where the insurance verification date is greater than 180 days). (User Role 1)
- 2.6.11.15. The system shall purge images based on the date parameter. (set in 2.6.11.9). (User Role 1)
- 2.6.11.16. The system shall allow administrative users to add/modify/delete which fields are required to be addressed in the IVP Detailed Information screen. (User Role 1)
- 2.6.11.17. The system shall provide the ability for the user to create a CPAC insurance list. (User Role 1 & 2)
- 2.6.11.18. The system shall provide the ability for the user to add, modify, and delete insurance companies from the CPAC insurance list.
- 2.6.11.19. The system shall provide the ability for user to import insurance names from the VistA Insurance company file. (Note: Prefer to extract from VistA systematically using the IBCN INSURANCE CO EDIT option)
- 2.6.11.20. The system shall provide the ability for the user to select certain insurance companies to be imported or to select all insurance companies to be imported.

## **2.6.12. Scanners**

- 2.6.12.1. The system scanners shall be compatible with TWAIN drivers.
- 2.6.12.2. The system shall store scanned images in one location to be accessed by all VistA instances.
- 2.6.12.3. The system shall store scanned images indexed to patient record in order to be retrieved.
- 2.6.12.4. The system shall store scanned images indexed to the IVP entry record.
- 2.6.12.5. The system shall provide ability for insurance verification personnel to utilize Optical Character Recognition (OCR) technology.
- 2.6.12.6. The system shall allow the user to map scanned data from the image to specific field(s) in the record.
- 2.6.12.7. The system shall provide the ability to set up a specific scanner as a default at the desktop (not user) level.
- 2.6.12.8. The system shall provide the ability save scanner image settings at the desktop (not user) level.

## **2.6.13. Help/Instructional Text**

- 2.6.13.1. The system shall allow the user to hover over a data element title to receive the VistA data dictionary text available for that data element, utilizing the help text from VistA. Preference is nightly batch update to keep application data in sync.
- 2.6.13.2. The system shall provide contextual help text for each screen (exact text to be determined during design phase).
- 2.6.13.3. The system shall provide help text for data elements on screens (exact data elements and text to be determined during design phase).

## **2.6.14. General Reporting Requirements**

- 2.6.14.1. The system shall store all of the report data in the VistA application, not in the Insurance Verification Processor (IVP) application.
- 2.6.14.2. The system shall ensure that all of the five reports referenced in this RSD have capability to be downloadable into Excel.
- 2.6.14.3. The system shall ensure that when the reports are downloaded into Excel all of the data will export in the same grouping and sorting as the user had previously chosen on the screen. The system should not just do an unintelligible download of the original data.
- 2.6.14.4. The system shall enable the reports to be run on an ad-hoc basis only. The system shall not put these reports on a schedule.
- 2.6.14.5. In terms of security, the system shall categorize the five reports mentioned in this RSD into existing security roles. If a user can access one report, they should be able to access all five reports.
  - Daily Appointment Report
  - IVP Entries Created Report
  - IVP Entries Processed Report
  - Insurance Not Captured Report
  - Insurance Intake Productivity Report
- 2.6.14.6. The system shall allow the user to manipulate categories in the report in the form of a collapsing and expanding tree view. The system shall allow the user to perform dynamic sorting and grouping on the report data. This existing reporting functionality will be available in the IVP System.
- 2.6.14.7. The system shall allow the users to drag and drop the column heading which will then create the grouping.

Example: The user could drag the Insurance Company to an area which would allow them to group the data by Insurance Company. Then, the user could drag a

secondary grouping to the same area. There should be no limit to the amount of grouping numbers.

- 2.6.14.8. The system shall allow a user to drag and drop columns in order to reorder the report.
- 2.6.14.9. The system definition of Patient Policy Needs Verified; Y = yes the patient policy needed verified due to unfresh data; N = no the patient policy data is fresh. Fresh = freshness day setting in VistA #350.9.
- 2.6.14.10. The system shall allow a user to dynamically sort if they click on a column heading and it sorts in ascending order within the grouping. The system shall allow the user to only sort on one column at a time.

## **2.6.15. Daily Appointment Report**

- 2.6.15.1. This report will be composed of insurance information that is comprised of the Patient Policy Needs Verification data “The purpose of this information is to determine whether the Patient Policy Needs Verification information that we have on file is no longer accurate (Patient Policy Needs Verification Indicator = Y) or just that so much time has elapsed that this information needs to be verified. The system should only pull in records for all patients that have an appointment in the selected date range where the Insurance Intake needs to collect insurance information because the record is not fresh.
- 2.6.15.2. The system shall make this report available on a daily basis.
- 2.6.15.3. The system shall allow the selection filters on this report to be the following, in order:
  - Date Range
  - Clinic Location (Single, Multiple or All)
- 2.6.15.4. The system shall allow the report column results to be displayed in the following manner:
  - Appointment Date and Time
  - Clinic Location
  - Patient Name
- 2.6.15.5. The system shall pull the source data for this report out of the Scheduling Package in VistA.
- 2.6.15.6. The sorting requirements should follow the standard as outlined in the General Reporting Requirements section.
- 2.6.15.7. The group by requirements should follow the standard as outlined in the General Reporting Requirements section.



## 2.6.16. IVP Entries Created Report

- 2.6.16.1. The system shall show the IVP entries that were made by the users within a date range.
  - Note: If the insurance information was entered multiple times, then there will be multiple entries.
- 2.6.16.2. The system shall only include those records where insurance intake users and/or verifiers have created IVP entries. Note: List all users who create an entry.
- 2.6.16.3. The system shall allow the following search criteria on the report:
  - Date Range
  - User Role (Intake Users-User Role #6, Verifier Users (#3, #4, #5), or all Roles,)
- 2.6.16.4. The sorting requirements should follow the standard as outlined in the General Reporting Requirements section.
- 2.6.16.5. The group by requirements should follow the standard as outlined in the General Reporting Requirements section.
- 2.6.16.6. The system shall maintain the source of the report data as the VistA buffer entry data, registration package (clinic name, division) and indicator calculation (File #350.9) and appointment date and time in the scheduling package.
- 2.6.16.7. The system shall capture “no insurance” as an entry created, even if IVP subsequently auto-processes the entry by rules.
- 2.6.16.8. The system shall display the following columns in the report:
  - Patient Name
  - Appointment Date/Time (if entry was created by a Verifier user, this value will be NULL)
  - Clinic Location (if entry was created by Verifier user, this value may be standardized)
  - Insurance Company Name
  - Source of Information
  - Patient Policy Needs Verification Indicator (Note: This will be calculated off of the IVP Entry date, not the report run/current system date)
  - Created By (User Name)
  - User Role
  - Division
  - Date and Time IVP Entry Created
  - Number of Images

## 2.6.17. IVP Entries Processed Report

- 2.6.17.1. The system shall keep track of the following in this report:
  - The work that was saved/escalated/processed by the Verification users. Note: If a verifier “touched” the entry.
- 2.6.17.2. The system shall only include in the report any records where there is an escalated and/or processed date.
  - Note: Do not run off of the saved by/as dates but capture the saved dates IF the IVP entry was subsequently escalated and/or processed.
- 2.6.17.3. The system shall include the following search criteria in the report:
  - Date range of the last escalated and/or processed date
- 2.6.17.4. The sorting requirements should follow the standard as outlined in the General Reporting Requirements section.
- 2.6.17.5. The group by requirements should follow the standard as outlined in the General Reporting Requirements section.
- 2.6.17.6. The system shall display the following columns on the report:
  - Patient Name
  - Appointment Date/Time (if entry was created by a Verifier user, this value will be NULL)
  - Clinic Location (if entry was created by Verifier user, this value may be standardized)
  - Insurance Company Name
  - Source of Information
  - Patient Policy Needs Verification Indicator
  - Created By (User Name)
  - Division (Associated with Clinic Name-In Registration Package)
  - Date and Time the IVP Entry was Created
  - Number of Images
  - Group Name
  - Group Number
  - Saved Date/Time
  - Saved By
  - Escalated Date/Time
  - Escalated By

- Processed Date/Time
- Processed By
- Electronic Insurance Verification (eIV) Buffer Status Indicator
- New Insurance Company Y/N (flag is derived from File #36 entry compared to entry in audit file for the IVP entry)
- New Group Y/N (same indicator logic as Insurance Company)
- New Patient Policy Y/N (flag is derived from: VistA date/time entry for new policy added)
- IVP Entry fields: Entered by (pt. insurance subfile)
  - If the data value in VistA's patient insurance subfile called Entered By + Entered On is exactly the same as the date & time the buffer entry was processed, then the patient policy is new.
  - If the data value in VistA's patient insurance subfile called Entered By + Entered On exists and is NOT equal to the date & time the buffer entry was processed, then the patient policy is old.

2.6.17.7. The system should only show the "uniques" for the IVP entry, no duplicate entries. The system should just show the last 'saved' 'escalated' or the single Processed Date on the record.

2.6.17.8. The system shall source all data for this report from VistA.

## 2.6.18. Insurance Not Captured Report

2.6.18.1. The system shall only generate the report based on the Date Range selected by the user and then by the Clinic (multiple select).

2.6.18.2. The system shall show the following columns in the results section of the report:

- Patient Name
- Clinic Location
- Date and Time of Appointment
- User Name of the Person that Checked the Person in for their appointment (from scheduling file) + time
- User Name of the Person that Checked the Person out for their appointment (from scheduling file) + time

2.6.18.3. The system should only pull records where the patient's name is on the daily worklist (patient was checked in or checked out and/or was on the scheduling file), the Patient Policy Needs Verification = Y and no IVP entry was created.

2.6.18.4. The source of data for this reporting is the following:

- Scheduling file
- VistA parameters
- Buffer file

## **2.6.19. Insurance Intake Productivity Report**

2.6.19.1. The system shall compare the Daily Appointment Report to the Insurance Not Captured Report to show percentage calculations of “work done” versus “work missed”.

2.6.19.2. The system shall allow the user to utilize the following criteria when generating the report:

- Date Range
- Clinic Name (one or multiple, all)
- Insurance Intake User ID (One or More, all)

2.6.19.3. The sorting requirements should follow the standard as outlined in the General Reporting Requirements section.

2.6.19.4. The group by requirements should follow the standard as outlined in the General Reporting Requirements section.

2.6.19.5. The system shall display the following columns on the report:

- Pure numbers (meaning total number for that data element; also known as: by user or clinic when multiple values are requested)
- All numbers (adding all like data elements for a grand total; also known as: add all users or all clinics)
- All Percentages
- Total opportunities
- Work Done numbers
- Work Done Percentage
- Work Missed numbers
- Work Missed Percentage
- Grand Totals

2.6.19.6. The system shall utilize the source of data for this report as the following files:

- Scheduling file
- Existing VistA parameters
- Buffer file

## **2.6.20. Insurance Rejection Report**

- 2.6.20.1. The system shall capture IVP entries that were rejected.
- 2.6.20.2. The system shall allow the user to utilize the following criteria when generating the report:
  - Date Range
- 2.6.20.3. The system shall display the following columns on the report:
  - Patient Name
  - Appointment Date/Time (if entry was created by a Verifier user, this value will be NULL)
  - Clinic Location
  - Insurance Company Name
  - Source of Information
  - Patient Policy Needs Verification Indicator
  - Created By (User Name)
  - Division (Associated with Clinic Name-In Registration Package)
  - Date and Time the IVP Entry was Created
  - Number of Images
  - Group Name
  - Group Number
  - Rejected By
  - Rejected Date
  - Reject Reason

## **2.7. Graphical User Interface (GUI) Specifications**

The GUI specifications are outline in the Functional Specifications section 2.6.

## **2.8. Multi-divisional Specifications**

The enhancements described in this document will preserve the multi-divisional functionality that currently exists.

## **2.9. Performance Specifications**

The MCCF IVP project will adhere to existing performance requirements.

The IVP applications exist at each site and will be subject to the normal performance standards.

## **2.10. Quality Attributes Specification**

Unless otherwise noted, all quality attributes specifications for the MCCF IVP project will be addressed in the Quality Assurance Plan.

## **2.11. Reliability Specifications**

The enhancements described in this document should have a negligible effect on reliability.

## **2.12. Scope Integration**

The systems that will be affected by the scope of the enhancements described in this document are as follows:

- FSC Eligibility Communicator (EC) – receives and translates Health Level 7 (HL7) messages to 270/271 transactions format
- AITC – receives and transmits 270/271 transactions to the clearinghouses
- Clearinghouses – receives and transmits 270/271 transactions to health insurance payers
- VistA Insurance Buffer
- VistA eIV Software
- VistA Appointment Scheduling package
- VistA Master Insurance File or NIF
- Patient's Insurance File
- VistA's eIV response files

## **2.13. Security Specifications**

The project team will adhere to all applicable VA and VHA security requirements.

## **2.14. System Features**

Refer to the section on Functional Specifications for system feature information.

## **2.15. Usability Specifications**

The National Training and Education Office will provide all necessary training for the MCCF IVP implementation.

## **3. Applicable Standards**

The following standards are listed in the section of References, which contains additional information for each:

- 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
-

## 4. Interfaces

The following interfaces will be addressed and tested in the MCCF IVP Project:

- VistA Insurance Buffer
- eIV
- FSC (HL7 messages)

### 4.1. Communications Interfaces

Existing communication interfaces will not be affected by the enhancements described in this document.

### 4.2. Hardware Interfaces

Existing hardware interfaces will not be affected by the enhancements described in this document.

### 4.3. Software Interfaces

Existing software interfaces will not be affected by the enhancements described in this document. Refer to the section Scope Integration 2.12 for identification of software interfaces.

### 4.4. User Interfaces

Existing user interfaces will not be affected by the enhancements described in this document.

## 5. Legal, Copyright, and Other Notices

All OED policies for appropriate management, development, and distribution of the MCCF IVP project will be followed.

## 6. Purchased Components

The enhancements described in this document do not require purchased components.

## 7. User Class Characteristics

Type of User	Description	IVP User Role	IVP Access
Primary Users	Insurance Intake and Capture Associates	User Role 6 - Minimal	Create insurance entries & limited report access
	VA Medical Center (VAMC) Patient Registration Teams	User Role 6 - Minimal	Create insurance entries & limited report access
	Primary Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	User Role 5 - Low	Enter/Edit Patient Policy records, limited report access
	Secondary Insurance Verification Clerks (those employed by facilities and by Consolidated Patient Account Centers (CPACs))	User Role 4 – Med-Low	Enter/Edit Insurance Company File, Enter/Edit Patient Policy records, limited report access
	CPAC IV Managers / Facility Billing Managers	User Role 2 – Med High	Limited parameters, report access

Type of User	Description	IVP User Role	IVP Access
Secondary Users	CBO CPAC PMO	User Role 8 – Report only	Report only
	Veterans Integrated Service Network (VISN) Business Implementation Managers	User Role 8 – Report only	Report only
	CBO Revenue Operations	User Role 7 – Read only	View only access
	Business Office Managers/Service Line Managers/PICM	User Role 8 – Report only	Report only
	CBO eBusiness Solutions Office	User Role 1 - High	System parameters, national reports
	CBO Business Information Office	User Role 8 – Report only	Report only
	AMC Information Resource Managers (IRMs)	User Role 2 – Med High	Limited parameters, report access.
	National Office of Information and Technology	User Role 1 - High	System parameters, national reports

## 8. Estimation

The following placeholders for the Function Point Analysis Results Table will be replaced with actual functional point analysis data when that data becomes available.



# Project Software Functional Size and Size-Based Effort and Duration Estimate

## Application

Item	A	B	C	D	E	Total
Counted Function Points						
Estimated Scope Growth						
Estimated Size at Release						

Size-Based Effort Estimates	Labor Hours	Probability
Low-Effort Estimate – With indicated probability, project will consume no more than:		
High-Effort Estimate – With indicated probability, project will consume no more than:		

Size-Based Duration Estimates	Work Days	Probability
Low-Duration Estimate – With indicated probability, project will consume no more than:		
High-Duration Estimate -- With indicated probability, project will consume no more than:		

Figure 1: Cumulative Probability (“S-curve”) Chart

## 9. Approval Signatures

*This section is used to document the approval of the RSD during the Formal Review. The review should be ideally conducted face to face where signatures can be obtained 'live' during the review, however the following forms of approval are acceptable:*





- *Physical signatures obtained face to face or via fax*
- *Physical signature obtained in person or via fax*
- *Digital signature tied cryptographically to the signer*

*/es/ in the signature block, provided that a separate digitally signed e-mail indicating the signer's approval is provided and kept with the document*

*The Chair of the governing Integrated Project Team (IPT), Business Sponsor, IT Program Manager, and the Project Manager are required to sign. Please annotate signature blocks accordingly.>*

REVIEW DATE: *<date>*

SCRIBE: *<name>*

Signed: [REDACTED]	 FW Action Requested 11 14 DEI	11/13/2014
<hr/>		
Integrated Project Team (IPT) Chair		Date
[REDACTED]	 RE DELIVERABLE_MCCF_	11/7/2014
<hr/>		
Business Sponsor		Date
[REDACTED]	 FW Action Requested 11 14 DEI	11/13/2014
<hr/>		
IT Program Manager		Date
[REDACTED]Z	 RE Action Requested 11 14 15	11/13/2014
<hr/>		
Project Manager		Date



## 9.1. Acronyms, Abbreviations and Term Definitions

OIT Master Glossary:

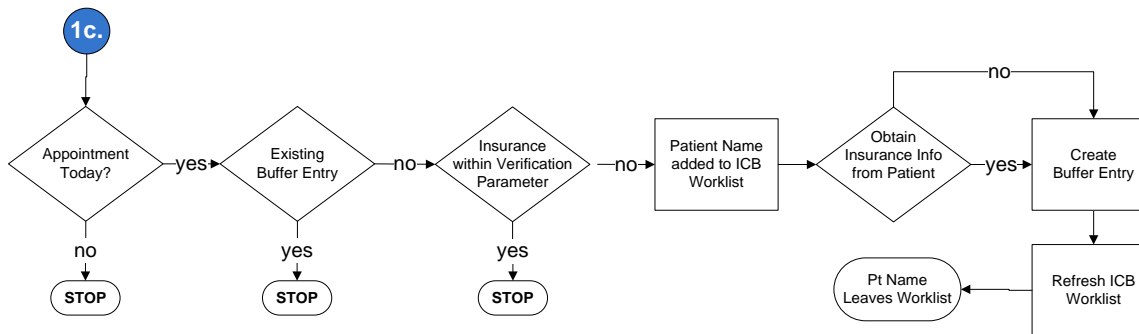
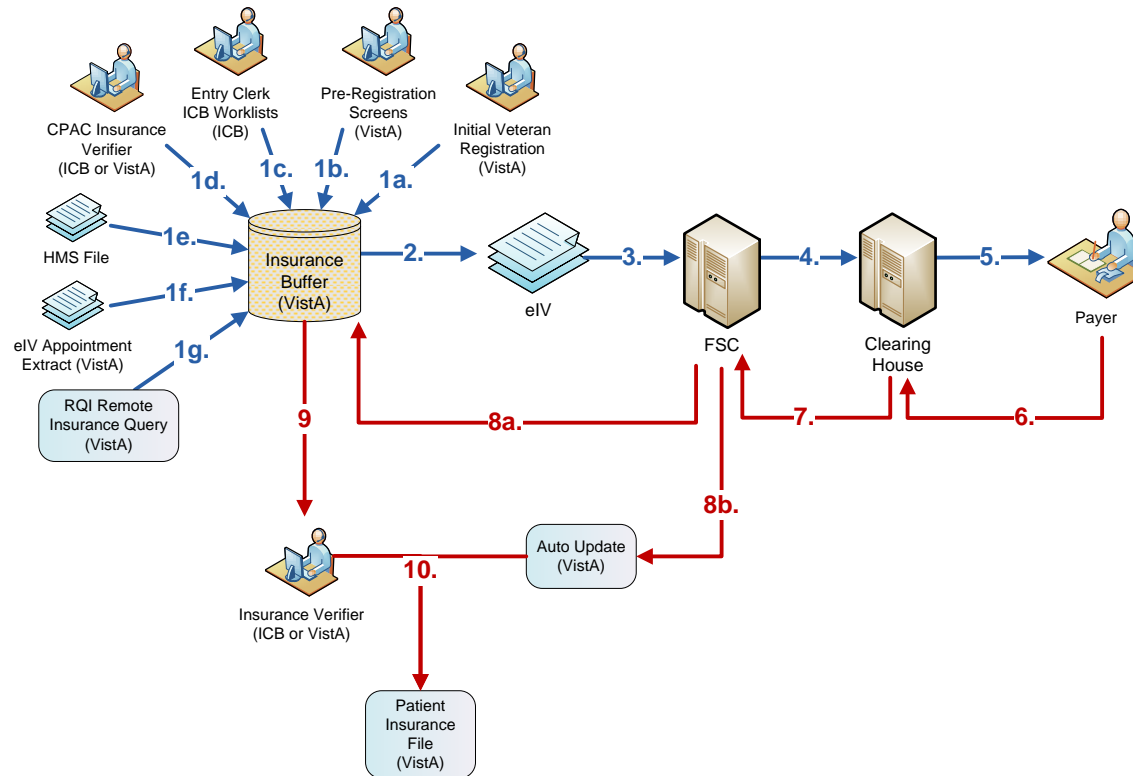
<process/OIT%20Master%20Glossary/Home.aspx>

Term	Definition
BDR	Business Detail Requirements
BF	Business Feature
BIO	Business Information Office
BN	Business Need
BRD	Business Requirements Document
CBO	Chief Business Office
COB	Coordination of Benefits
CPAC	Consolidated Patient Account Center
EDI	Electronic Data Interchange
EC	Eligibility Communicator
eIV	Electronic Insurance Verification
FSC	Financial Services Center
GUI	Graphical User Interface
HAPE	Health Administration Product Enhancements
HCCH	Health Care Clearing House
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HL7	Health Level Seven
HPID	Health Plan Identifier
IB	Integrated Billing
IRM	Information Resource Manager
IT	Information Technology
IVP	Insurance Verification Processor
LOINC	Logical Observation Identifiers, Names, and Codes
MCCF	Medicare Care Cost Fund
NIF	National Insurance File
NSR	New Service Request
OCR	Optical Character Recognition

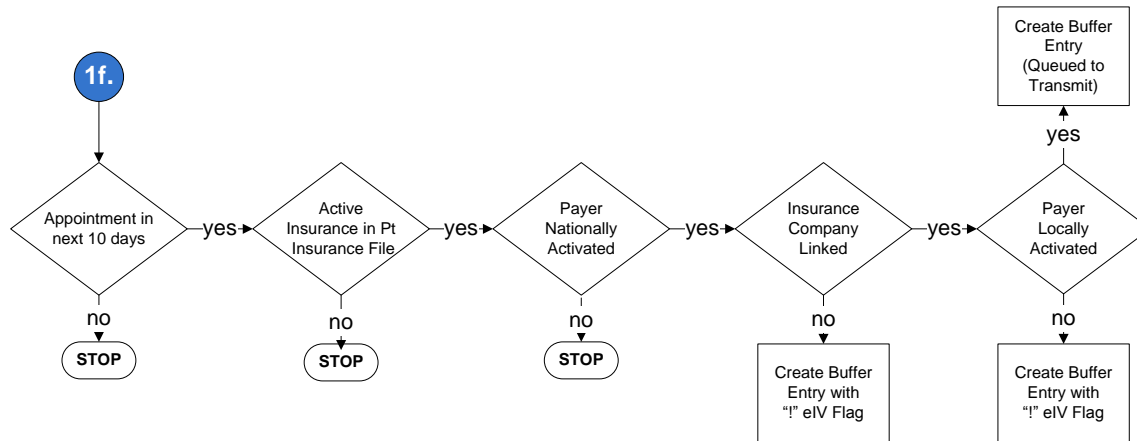
<b>Term</b>	<b>Definition</b>
OED	Office of Enterprise Development
OIG	Office of Inspector General
OIT	Office of Information and Technology
OWNR	Owner Requirement
PMO	Program Management Office
PPACA	Patient Protection and Affordable Care Act
RMR	Requirements Management Repository
RSD	Requirements Specification Document
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
SSN	Social Security Number
TBD	To Be Determined
TWAIN	Standard Software Protocol for Imaging Devices
UI	User Interface
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VistA	Veterans Health Information Systems and Technology Architecture
VPS	Veterans Point of Service

## Appendix A Models

The IVP project will be utilizing the current business process, as the processes will remain the same. Hence, the future state flow will be the same as the current business process.

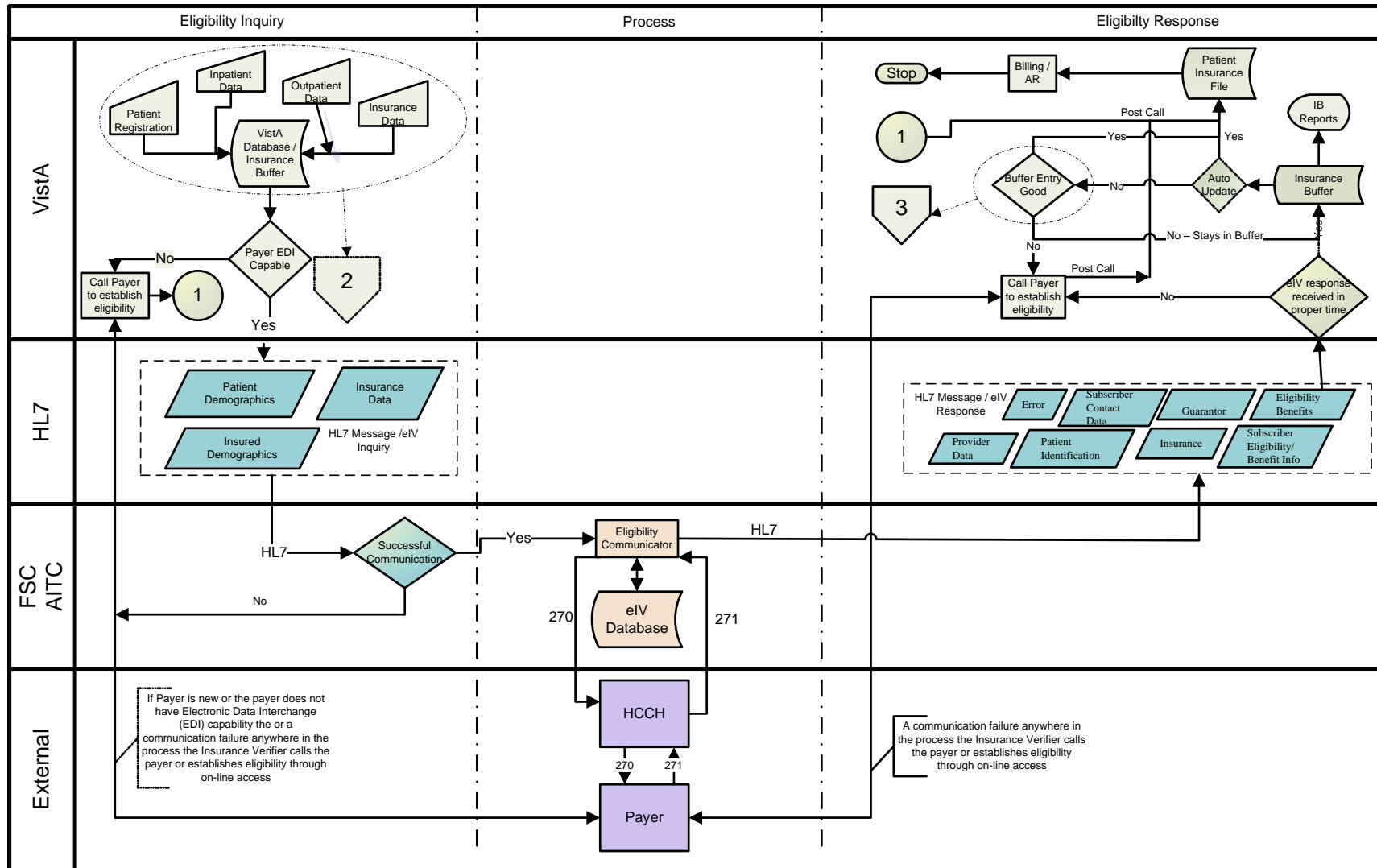


1f only makes a buffer entry when a) an accompanying 271 transaction is returned or b) a 271 transaction could have been obtained but VistA prevented it (the payer is locally not active or insurance company is not linked but a matching payer is assumed based on payer IDs).

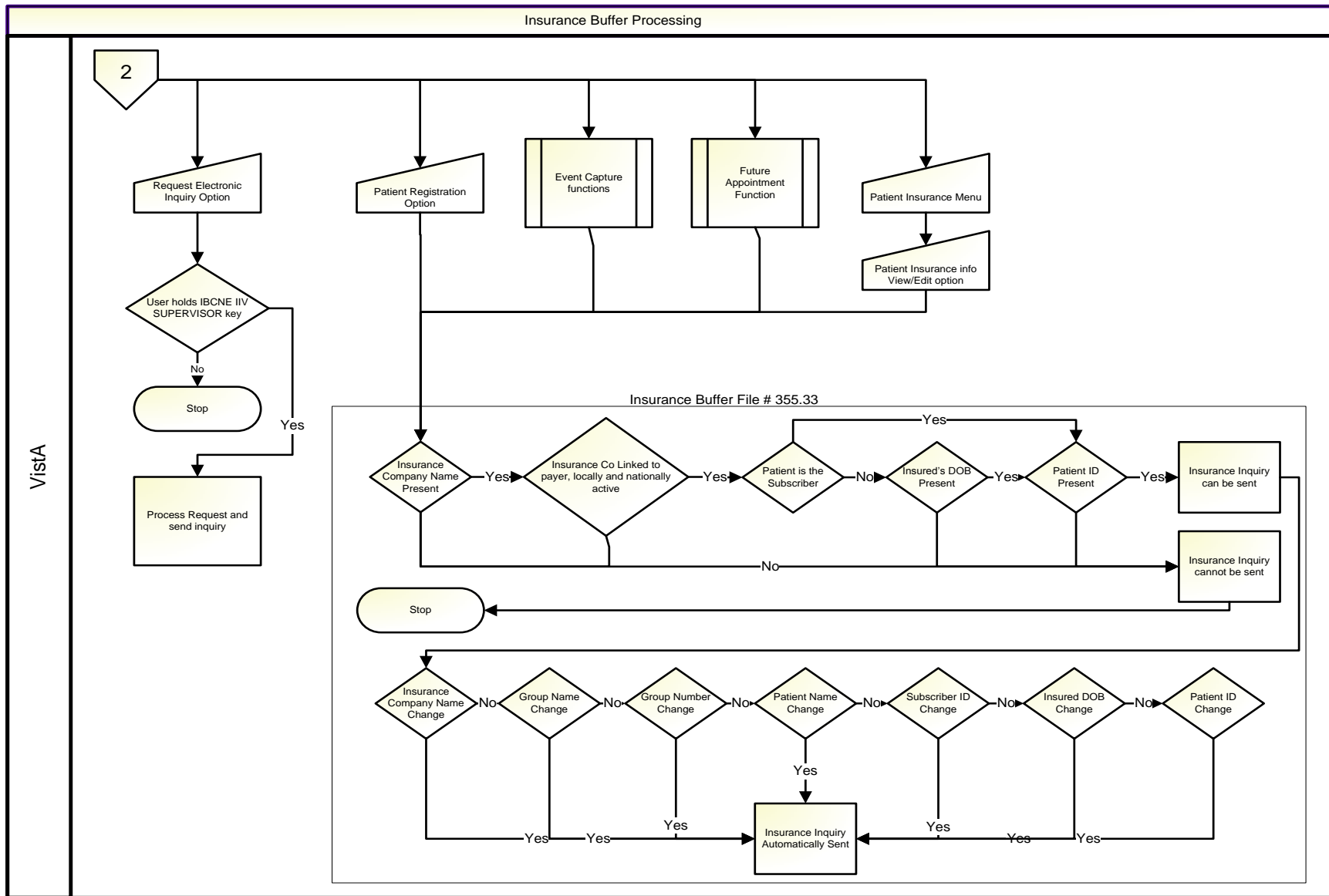


# Expanded eIV Process:

## Current eIV Flow Process







# Insurance Buffer Flags

Vista

