

REQUIREMENTS SPECIFICATIONS DOCUMENT

eIV System Modifications Technical Compliance Requirements



Version: 1.2

Revision History

| Date | Version | Description/Comments | Author(s) |
|---------|---------|--|-----------|
| 5/17/13 | 1.0 | Initial Draft | |
| 6/5/13 | 1.1 | Incorporate CBO's feedback | |
| 8/8/13 | 1.2 | Updated after discovering additional information during the design phase of this project. Dropped requirement: 2.6.5.11 Updated requirement: 2.6.1.6 Revised requirement: 2.6.1.14 Added requirements: 2.6.1.20 through 2.6.1.22 | |
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1 INTRODUCTION

1.1 Purpose

The purpose of this Requirements Specification Document (RSD) is to outline the requirements for the eInsurance System Modifications project.

The target audience for this RSD includes the Office of Enterprise Development (OED), Product Development (PD), Product Support (PS), Software Quality Assurance (SQA), the Chief Business Office (CBO), and the software end users.

1.2 Scope

The section describes the project scope which includes changes to the Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) module.

1.2.1 Scope Inclusion

The following changes to the IB module are included in the project:

Enhancements to the Insurance Buffer

- Insurance Buffer – Display revised Insurance Buffer views
- Insurance Buffer – Remove the ability for a user to manually Verify a Buffer record
- Insurance Buffer - Rename the VistA file that stores the records for the Insurance Buffer
- Insurance Buffer – Disable the ability to create new Insurance companies and Group/Plans
- Insurance Buffer – Create Buffer entry for those appointments that meet the extract criteria but the payer is Nationally Inactive

eIV HL7 Transactions

- HL7 Transactions - Modify the daily eIV registration message (HL7 MFN^M01 message) that is sent to the Financial Service Center (FSC) in Austin, TX to include additional data
- HL7 Transactions – Update/Create several eIV Site Parameters in Vista using the existing table update message (HL7 MFN^M01 message)
- HL7 Transactions – Modify VistA's retry methodology (resending inquiries to the Financial Service Center (FSC) in Austin, TX)

Enhancements to the eIV Site Parameters

- eIV Site Parameters - Enhancements to several existing General Parameters (Timeout Days, Freshness Days, & HL7 Response Processing)
- eIV Site Parameters – Add a new General Parameter associated with Retries (resending inquiries to the Financial Service Center (FSC) in Austin, TX)

Enhancements using Security Keys

- Security Keys – Define new security keys to control add/edits of insurance companies and group/plans

Enhancements to Patient's Eligibility Benefits

- Eligibility Benefits - Enhancements to update the eligibility benefits viewed from the Process Insurance Buffer option
- Eligibility Benefits - Enhancements to update the eligibility benefits viewed from the Patient Insurance Info View/Edit option
- Eligibility Benefits - Enhancements to update the eligibility benefits viewed from the TPJI option
- Eligibility Benefits - Enhancements to add eligibility benefit information to the existing eIV Response Report

*Modifications to HL7 Transactions are dependent on approval of HL7 group.

1.2.2 Scope Exclusions

The Insurance Capture Buffer (ICB) module currently extracts data from the VistA IB database to enhance insurance data collection and verification processes for VA facilities. The enhancements in this project will provide additional data that could be included in the ICB extract; however, modification of the ICB extract is beyond the scope of this project.

1.3 Acronyms and Definitions

1.3.1 Acronyms/Abbreviations

| Acronyms | Description |
|-----------------|---|
| 270 Transaction | Eligibility Benefit Inquiry – ASC X12N 5010 Health Care Eligibility Benefit Inquiry and Response |
| 271 Transaction | Eligibility Benefit Response - ASC X12N 5010 Health Care Eligibility Benefit Inquiry and Response |
| CBO | Chief Business Office |
| CM | Configuration Management |
| CORE | Committee on Operating Rules for Information Exchange |
| CR | Change Request |
| EC | Eligibility Communicator |
| EDI | Electronic Data Interchange |
| eIV | The term used to described projects related to the 270/271 transactions |
| FSC | Financial Services Center – Austin, Texas |
| HIPAA | Health Insurance Portability and Accountability Act of 1996 |
| HL7 | Health Level 7 |

| Acronyms | Description |
|-----------|---|
| IB | Integrated Billing software version 2.0 |
| ICB | Insurance Capture Buffer |
| MFN | Master File Notification - HL7 Message |
| M (MUMPS) | Massachusetts General Hospital Utility Multi-Programming System |
| OED | Office of Enterprise Development |
| PD | Product Development |
| PS | Product Support |
| RSD | Requirements Specification Document |
| SACC | Standards and Conventions Committee |
| VistA | Veterans Health Information Systems and Technology Architecture |

1.3.2 Definitions

| Term | Definition |
|-------|---|
| 270 | EDI transaction set for Health Care Eligibility Benefit Inquiry, used to send an inquiry to a trading partner - ASC X12N 5010 Health Care Eligibility Benefit Inquiry and Response |
| 271 | EDI transaction set for Health Care Eligibility Benefit Response This is returned from the payer to the billing facility - ASC X12N 5010 Health Care Eligibility Benefit Inquiry and Response |
| HL7 | A framework (and related standards) for the exchange, integration, sharing and retrieval of electronic health information |
| ICB | ICB module is an insurance card scanning and VistA buffer file update management system designed to enhance insurance data collection and verification processes for VA facilities including medical centers and Community Based Outpatient Clinic(CBOC)s |
| Payer | An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims |
| User | The person or persons who operate or interact directly with this product. |

1.4 References

| Name | Location | Date |
|---|----------|------------|
| Electronic Insurance Verification User Guide | | 01/11/2012 |
| Electronic Insurance Verification Technical Manual/Security Guide | | 08/26/2011 |

2 OVERALL SPECIFICATIONS

2.1 Accessibility Specifications

The enhancements described in this document do not contain any specification for functionality that is impacted by 508 Compliance.

2.2 Business Rules Specifications

Real-time eIV Transaction Rules

- Buffer must contain the Patient Name, Subscriber ID, Patient DOB and the Insurance Company name
- Insurance Company must be linked to Payer
- Payer must be locally and nationally active
- No other buffer entry for same patient/policy combination in the transmission queue or awaiting response

Appointment Extract Rules

- Patient has appointment in the next 10 days
- Patient has active insurance
- No buffer entry for that insurance exists already
- Insurance has not been verified within freshness day setting
- Extract is run nightly, including weekends & holidays

Nightly Buffer Extract Rules

- Payer is nationally active
- Insurance Company is linked to payer
- Payer is locally active
- There is no existing buffer entry with the exact patient / company combination already awaiting a response
- Extract is run nightly, including weekends & holidays

An edit to the following fields within an existing Insurance Buffer record will trigger a transmission of a new eIV inquiry

- Insurance Company
- Group/Plan Name
- Group Number
- Subscriber ID

New mailman notification messages go to: IBCNE EIV MESSAGES

2.3 Design Constraints Specifications

There are no design constraints associated with this effort.

2.4 Disaster Recovery Specifications

There are no disaster recovery specifications specific to this effort.

2.5 Documentation Specifications

The following documentation will be provided in association with this effort:

- Electronic Insurance Verification Technical manual / Security Guide
- Electronic Insurance Verification User Guide
- Electronic Insurance Verification Release Notes/Installation Guide
- Integrated Billing (IB) V.2.0 User Manual – if applicable
- IB Technical Manual/Security Guide – if applicable

2.6 Functional Specifications

2.6.1 System Feature: Enhancements to the Insurance Buffer

2.6.1.1 Insurance Buffer – Create New ‘Complete Buffer’ (CB) Screen

A new view ‘Complete Buffer’ (CB) within the Insurance Buffer shall be created.

2.6.1.2 Insurance Buffer – Default View to be the ‘Complete Buffer’ (CB) Screen

The Process Insurance Buffer [IBCN INSURANCE BUFFER PROCESS] option shall default to the ‘Complete Buffer’ (CB) view.

2.6.1.3 Insurance Buffer – ‘Complete Buffer’ Screen Contents

The ‘Complete Buffer’ view within the Insurance Buffer shall contain all records that can be found on the other Insurance Buffer views.

2.6.1.4 Insurance Buffer – ‘Complete Buffer’ Screen Actions

The ‘Complete Buffer’ view within the Insurance Buffer shall have the same actions as the Positive Buffer view.

2.6.1.5 Insurance Buffer – Ability to Jump to the ‘Complete Buffer’ Screen

All views within the Insurance Buffer shall contain an action to jump to the ‘Complete Buffer’ (CB) screen.

2.6.1.6 Insurance Buffer – ‘Positive Buffer’ Screen Fix Filter

The ‘Positive Buffer’ view within the Insurance Buffer shall contain only non-Medicare records that meet any of the following criteria:

- Non-Medicare records that have an eIV symbol of “+”

- Non-Medicare records that have an “*” that had an eIV symbol of “+” in the past¹
- Non-Medicare records that have an “*” with no current or past eIV symbol
- Non-Medicare records that have a “\$” symbol.

2.6.1.7 Insurance Buffer – ‘Medicare Buffer’ Screen Fix Filter

The ‘Medicare Buffer’ view within the Insurance Buffer shall contain only Medicare records regardless of the eIV symbol.

2.6.1.8 Insurance Buffer – ‘Negative Buffer’ Screen Fix Filter

The ‘Negative Buffer’ view within the Insurance Buffer shall contain only non-Medicare records that meet any of the following criteria:

- Non-Medicare records that have an eIV symbol of “-“
- Non-Medicare records that have an “*” that had an eIV symbol of “-” in the past

2.6.1.9 Insurance Buffer – Remove ‘Future Appointments’ Screen

The ‘Future Appointment’ view within the Insurance Buffer shall be completely removed.

2.6.1.10 Insurance Buffer – Create New ‘Failure Buffer (FB) Screen

A new view, ‘Failure Buffer’ (FB), within the Insurance Buffer shall be created.

2.6.1.11 Insurance Buffer – ‘Failure Buffer’ Screen Contents

The ‘Failure Buffer’ view within the Insurance Buffer shall contain only non-Medicare records that have an eIV symbol of “!”.

2.6.1.12 Insurance Buffer – ‘Failure Buffer’ Screen Actions

The ‘Failure Buffer’ view within the Insurance Buffer shall have the same actions as the ‘Positive Buffer’ view.

2.6.1.13 Insurance Buffer – Remove ‘Verify Entry’ Action from the Buffer Views

The ability for a user to select the action ‘Verify Entry’ from within the Insurance Buffer shall be completely removed.

2.6.1.14 Insurance Buffer – Filter Insurance Buffer Records Based on User’s Security Keys (REVISED)

Revised requirement 8/1/13: All Insurance Buffer views shall show users (who do NOT have either the new insurance edit key or the new group/plan edit key) only those NON-MEDICARE buffer records in that have an eIV symbol of “+” and the patient identified on the buffer record has at least one active policy on their insurance records. (The insurance company name has no part in this comparison.)

- In other words: the user would see the same things on the complete buffer view and the positive view, while all other views will be empty of records.

¹ SDD notation: will need to look at the response file (eligibility benefits) because those records that were “+” but are now “*” no longer have eIV symbol populated within the insurance buffer record.

Requirement prior to 8/1/13: ~~All Insurance Buffer views shall show users (who do NOT have either the new insurance edit key or the new group/plan edit key) only those buffer records in which both the insurance company and group/plan on the buffer record equal an active insurance company and an active group/plan for that insurance company in VistA.~~

Reason for revision 8/1/13: Reason requirement 2.6.1.14 can't be as originally written is due to the fact that the insurance company on the buffer record is a free text field and is not a pointer to the insurance company file.

2.6.1.15 Insurance Buffer – Ability to Jump to the ‘Failure Buffer’ Screen

All views within the Insurance Buffer shall contain an action to jump to the ‘Failure Buffer’ (FB) screen.

2.6.1.16 Insurance Buffer – Remove Ability to Create New Insurance Company

The ability for a user to create a new insurance company from within the Insurance Buffer option shall be removed.

2.6.1.17 Insurance Buffer - Remove Ability to Create New Group/Plan

The ability for a user to create a new group/plan from within the Insurance Buffer option shall be removed.

2.6.1.18 Insurance Buffer - Rename the Insurance Buffer File

The VistA ‘Insurance Buffer’ (#355.33) file shall be renamed to ‘Insurance Verification Processor’ (#355.33).

2.6.1.19 Insurance Buffer - Create Insurance Buffer Entry for Appointments with Nationally Inactive Payers

An Insurance Buffer record with a blank eIV symbol shall be created for instances where the eIV appointment extract would have created an eIV inquiry except for the fact that the payer was nationally inactive.

2.6.1.20 Insurance Buffer – Add “Escalate” Action to the Buffer Views

The Insurance Buffer views shall display a new action, “Escalate”.

2.6.1.21 Insurance Buffer – Restrict use of the “Escalate” Action

The Insurance Buffer action “Escalate” shall only be used by users who do NOT have either the new insurance edit key or the new group/plan edit key.

2.6.1.22 Insurance Buffer – Implement the “Escalate” Action

The Insurance Buffer action “Escalate” shall replace the “+” symbol to “\$” for the selected insurance buffer entry to indicate that the policy on the insurance buffer record cannot be processed by that user.

2.6.2 System Feature: eIV - HL7 Transactions

2.6.2.1 eIV HL7 Transactions - Daily Registration Message to FSC

The IB system shall transmit the following data to FSC daily via the eIV Registration message:

- The value of Freshness Days (#350.9,51.01)
- The value of Timeout Days (#350.9,51.05)
- The value of Retry Flag (new field – field number TBD (#350.9, TBD)

2.6.2.2 eIV HL7 Transactions – Receive Retry Flag from FSC

The IB system shall provide the ability to receive the Retry flag when received as an eIV table update message (HL7 MFN^M01).

2.6.2.3 eIV HL7 Transactions – Store Retry Flag from FSC

The IB system shall provide the ability to store the Retry flag within the IB Site Parameter file.

2.6.2.4 eIV HL7 Transactions – Receive Freshness Days from FSC

The IB system shall provide the ability to receive the Freshness Days when received as an eIV table update message (HL7 MFN^M01).

2.6.2.5 eIV HL7 Transactions – Store Freshness Days from FSC

The IB system shall provide the ability to store the Freshness Days within the IB Site Parameter file.

2.6.2.6 eIV HL7 Transactions – Receive Timeout Days from FSC

The IB system shall provide the ability to receive the Timeout Days when received as an eIV table update message (HL7 MFN^M01).

2.6.2.7 eIV HL7 Transactions – Store Timeout Days from FSC

The IB system shall provide the ability to store the Timeout Days within the IB Site Parameter file.

2.6.2.8 eIV HL7 Transactions – Treat all AAA Action Codes as Though the Payer/FSC Responded

The eIV system shall NOT resend an inquiry for any X12 271 message that contains an error action code, thus treating the X12 271 as having received an answer to the X12 270 inquiry.

2.6.2.9 eIV HL7 Transactions – Honor the Retry Flag when Resending an eIV Inquiry

The eIV system shall only resend an X12 270 message (eIV inquiry) if the Retry flag is set to YES and all other criteria is met.

2.6.2.10 eIV HL7 Transactions – Honor the Timeout Days when Resending an eIV Inquiry

The eIV system shall only resend an X12 270 message (eIV inquiry) if it has been at least the number of Timeout Days since the last time the eIV inquiry was sent to FSC and all other criteria is met.

2.6.2.11 eIV HL7 Transactions – Honor the ‘# of Retries’ when Resending an eIV Inquiry

The eIV system shall only resend an X12 270 message (eIV inquiry) if the number of times an eIV inquiry was resent to FSC is less than the ‘# of Retries’ allowed and all other criteria is met.

2.6.2.12 eIV HL7 Transactions – Honor the Payer’s Nationally Active Flag when Resending an eIV Inquiry

The eIV system shall only resend an X12 270 message (eIV inquiry) if the payer defined in the eIV inquiry is currently Nationally Active and all other criteria is met.

2.6.2.13 eIV HL7 Transactions – Do Not Send MailMan Message When Retries are Exhausted

The eIV system shall NOT send a MailMan message when the number of retries for a missing X12 271 message (eIV response) has been exhausted (this could be zero retries based on the RETRY flag).

2.6.3 System Feature: eIV Site Parameters

2.6.3.1 eIV Site Parameters – Retry Flag Not Editable

The eIV Site Parameters shall NOT display the Retry Flag.

2.6.3.2 eIV Site Parameters - Freshness Days Not Editable

The eIV Site Parameters shall display the Freshness Days as viewable only.

2.6.3.3 eIV Site Parameters – Timeout Days Not Editable

The eIV Site Parameters shall NOT display the Timeout Days.

2.6.3.4 eIV Site Parameters – Set the Value of “# of Retries” Field

The eIV Site Parameter, “# of Retries”, shall be initially defined as having a value of “1”.

2.6.3.5 eIV Site Parameters – Set the Initial Value of the Retry Flag

The eIV Site Parameter, Retry Flag, shall be initially defined as having a value of ‘No’.

2.6.3.6 eIV Site Parameters – Set the Initial Value of the Freshness Days

The eIV Site Parameter, Freshness Days, shall be initially defined as having a value of ‘180’.

2.6.3.7 eIV Site Parameters – Set the Initial Value of the Timeout Days

The eIV Site Parameter, Timeout Days, shall be initially defined as having a value of ‘5’.

2.6.3.8 eIV Site Parameters - Set the Value of the ‘HL7 Response Processing’ Field

The eIV Site Parameter, ‘HL7 Response Processing’ field shall be initially defined as having a value of ‘immediate’.

2.6.3.9 eIV Site Parameters – ‘HL7 Response Processing’ Field Not Editable

The eIV Site Parameters shall NOT display the ‘HL7 Response Processing’ field.

2.6.3.10 eIV Site Parameters – Restrict eIV Number of Possible Retries

The eIV Site Parameter, 'Number Retries' field shall be defined as having a value of '1'.

2.6.4 System Feature: Security Keys

2.6.4.1 Security Key – Create New Key to Add/Edit an Insurance Company

The IB system shall include a new IB security key to control edits/additions to records in VistA's Insurance Company file.

2.6.4.2 Security Key – Lock the “Insurance Company Entry/Edit” Option

The IB system shall restrict the ability to add/edit an insurance company through the “Insurance Company Entry/Edit” [IBCN INSURANCE CO EDIT] option to only those users with the new IB Insurance Edit security key.

2.6.4.3 Security Key – User Requires Key to Add/Edit Insurance Company in the Insurance Buffer

The IB system shall restrict the ability to add/edit an insurance company through the Insurance Buffer to only those users with the new IB Insurance Edit security key.

2.6.4.4 Security Key – Create New Key to Add/Edit a Group/Plan

The IB system shall include a new IB security key to control edits/additions to records in VistA's Group Insurance Plan file.

2.6.4.5 Security Key – User Requires Key to Add/Edit Group/Plan in the Buffer

The IB system shall restrict the ability to add/edit a Group/Plan through the Insurance Buffer to only those users with the new IB Group/Plan Edit security key.

2.6.4.6 Security Key – Lock the Ability to Create a Group/Plan within ‘Patient Insurance Info View/Edit’ Option

The IB system shall restrict the ability to add/edit a Group/Plan through the ‘Patient Insurance Info View/Edit’ option to only those users with the new IB Group/Plan Edit security key.

2.6.5 System Feature: Eligibility Benefits

2.6.5.1 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Process Insurance Buffer’ option

The IB system shall display the newly formatted eligibility benefit information (as described in this RSD) when accessed by the ‘Process Insurance Buffer’ option.

2.6.5.2 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘TPJI’ Option

The IB system shall display the newly formatted eligibility benefit information (as described in this RSD) when accessed by the ‘TPJI’ option.

2.6.5.3 Eligibility Benefits – Update the Eligibility Benefit Information Accessed via the ‘Patient Insurance Info View/Edit’ Option

The IB system shall display the newly formatted eligibility benefit information (as described in this RSD) when accessed by the ‘Patient Insurance Info View/Edit’ option.

2.6.5.4 Eligibility Benefits – Include the Eligibility Benefit Information on the eIV Response Report

The eIV system shall display the eligibility benefit information that is associated with the X12 271 response on the eIV Response Report.

2.6.5.5 Eligibility Benefits – Store the Service Date on the Patient’s Policy Record

The eIV system shall store on the patient’s record the Service Date associated with the eligibility benefits when eligibility benefits are saved from the Insurance Buffer to the patient’s policy.

2.6.5.6 Eligibility Benefits – Store the Service Type on the Patient’s Policy Record

The eIV system shall store on the patient’s record the Service Type that was inquired about when eligibility benefits are saved from the Insurance Buffer to the patient’s policy.

2.6.5.7 Eligibility Benefits – Display the Service Date of the Response

The IB system shall display the service date the payer responded to at the top of the Eligibility Benefit section above the insurance status.

2.6.5.8 Eligibility Benefits – Display the Service Type of the Response

The IB system shall display the service type inquired about at the top of the Eligibility Benefit section above the insurance status.

2.6.5.9 Eligibility Benefits – Eligibility Benefit (1st Priority Sort Order): Insurance Status

The IB system shall display the insurance status of the policy found within the eligibility benefit data at the top of the Eligibility Benefit section.

2.6.5.10 Eligibility Benefits - Eligibility Benefit (2nd Priority Sort Order): Insurance Type

The IB system shall display the insurance type (PPO, HMO, etc.) of the policy, when available, that is found in the eligibility benefit data as the second data element of the Eligibility Benefit section.

2.6.5.11 Eligibility Benefits – Eligibility Benefit (3rd Priority Sort Order): Coordination of Benefits (COB) (REMOVED)

~~The IB system shall display the Coordination of Benefits associated with the policy (primary, secondary, etc.), when available, that is found in the eligibility benefit data as the third data element of the Eligibility Benefit section.~~

Removed on 8/1/13: Reason requirement 2.6.5.11 won’t be implemented is due to the fact that the Coordination of Benefits value is not found within the Eligibility Benefit loop of the X12 271 payer response. The Coordination of Benefits value (if present) is part of the header information and can be viewed when using action “VP” when viewing the patient’s policy from within the Patient Insurance Info View/Edit option (“PI”).

2.6.5.12 Eligibility Benefits - Eligibility Benefit (4th Priority Sort Order): Indication of Other Insurance

The IB system shall indicate possible other insurance as the fourth data element of the Eligibility Benefit section, only if the payer's response contains potential additional insurance.

2.7 Graphical User Interface (GUI) Specifications

There are no Graphical User Interface (GUI) specifications applicable to this effort.

2.8 Multi-Divisional Specifications

There are no multi-divisional specifications associated with this effort.

2.9 Performance Specifications

There are no performance specifications specific to this effort.

2.10 Quality Attributes Specifications

All Mumps coding will comply with the VistA Programming Standards and Conventions as set forth by the Standards and Conventions Committee (SACC).

HL7 messaging will be executed using HL7 Version 2.4.

2.11 Reliability Specifications

There are no reliability specifications specific to this effort.

2.12 Scope of Integration

eInsurance relies on the Eligibility Communicator (EC) HL7 interface with the Veteran's Affairs Financial Services Center in Austin, TX.

The Insurance Capture Buffer (ICB) is a graphical user interface that is integrated with the VistA insurance software.

2.13 Security Specifications

There are no security specifications specific to this effort.

2.14 System Features

The following features in the VistA Integrated Billing module will be affected by this effort:

- Process Insurance Buffer [IBCN INSURANCE BUFFER PROCESS]
- Patient Insurance Info View/Edit [IBCN PATIENT INSURANCE]
- eIV Response Report [IBCNE IIV RESPONSE REPORT]
- Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]
- eIV site Parameters within the IB site parameters (MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS])
- HL7 Transactions related to table update transactions and daily registration messages

2.15 Usability Specifications

This effort involves enhancements to existing Integrated Billing software. Updates to the User Guide will be provided. Minimal training, presented via Live Meeting, may be required to introduce the changes resulting from this effort.

3 APPLICABLE STANDARDS

The following standards apply to this effort:

- HL7 Version 2.4
- X12N/5010 Health Care Eligibility and Benefits Inquiry and Response TR3
- Committee on Operating Rules for Information Exchange (CORE)

4 INTERFACES

4.1 Communications Interfaces

The VistA eIV system at each VA Medical Center communicates with the Eligibility Communicator (EC) at the Financial Services Center in Austin, TX via HL7 messaging.

4.2 Software Interfaces

The eInsurance software supports the Patient Insurance software which is used by the Integrated Billing software to create claims to third-party payers for health care services provided to the patient. eInsurance is an integral part of the revenue process.

5 USER CLASS CHARACTERISTICS

The eInsurance software and the Patient Insurance software are used by Insurance Supervisors, Insurance Clerks, Integrated Billing Supervisors, and Integrated Billing Clerks.

6 ESTIMATION

This section is reserved for the future Function Point Count.

Attachment A - Approval Signatures

This section is used to document the approval of the Requirements Specification Document during the Formal Review. The review should be conducted face to face where signatures can be obtained “live” during the review. If unable to conduct a face-to-face meeting, then it should be held via LiveMeeting and concurrence captured during the meeting.

REVIEW DATE:

SCRIBE:

Signed:
< Integrated Project Team (IPT) Chair >

Date:

Signed:
< IPT Member >

Date: